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Art Therapists' Perceptions of What Happens When They Create Art Alongside Their Clients in the Practice Of Group Therapy

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ART THERAPISTS' PERCEPTIONS OF WHAT HAPPENS WHEN THEY CREATE
ART ALONGSIDE THEIR CLIENTS IN THE PRACTICE OF GROUP THERAPY

A DISSERTATION

(submitted by)

LAURA A. TEOLI

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

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March 2019



Lesley University
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 ART THERAPISTS' PERCEPTIONS OF WHAT HAPPENS WHEN THEY CREATE
 ART ALONGSIDE THEIR CLIENTS IN THE PRACTICE OF GROUP THERAPY

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SIGNED: ___Laura Teoli_____

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ABSTRACT

Although case studies and personal accounts since the founding of the art therapy field discussed creating art alongside clients as a valuable practice, few systematic studies have explored this method. This collaborative art-based dissertation explored art therapists' perceptions of two research questions: (1) What happens when art therapists create art alongside their clients in their group art therapy practices? and (2) What is gained and what is lost when they engage in this practice? Four group art therapists (3 females, 1 male) with 5 to 31 (median 8.5) years of experience contributed as co-researchers. They participated in 6 hours of semistructured interviews that incorporated art-making and discussion. As the researcher, I used personal response art-making, creative writing, painting, and poetic responses to gain a holistic sense of the inquiry and generate four video summations. These summations identify and present the individual co-researchers' ideas, thoughts, gestures, phrases, and concepts related to the research questions. Finally, I created a culminating video to synthesize outcomes from work with all co-researchers. The outcomes suggest that creating art alongside clients affects four interrelated aspects of group art therapy: (a) developing an egalitarian group environment, (b) expressing authentic leadership, (c) augmenting therapist presence, and (d) boosting group member engagement. Three potential challenges of the alongside approach are (a) delayed therapist responses, (b) intimidating clients with artistic skills, and (c) decreased ability to recall sequential details related to construction of imagery. Further, methods to transform these risks into positive therapeutic encounters and benefits of creating art alongside group members emerged in more detail than in previous studies. Specifically, the study suggests that therapist engagement in art-making involves

four essential skills: (a) multitasking, (b) shifting awareness, (c) letting go of control, and (d) media awareness. The dissertation adds the term *companioning art-making* to the literature. This inclusive term emphasizes the practice of authentically making art in the presence of group members.

CHAPTER 1

Introduction

Art is the beating heart at the center of my professional practice in art therapy. Art-making is essential. It resonates with the passion that brought me into the field, weaves its way through the theories and ideas that influence my orientation, and bursts through as authentic expression. I am a group art therapist who creates art alongside her clients.

Case studies and personal accounts extending to the founding of the art therapy field discuss creating art alongside clients as a valuable practice. However, despite its longevity, few systematic inquiries have explored this method. As such, uncertainty still surrounds the definition of the practice, what it entails, skills needed, optimal or contraindicated therapeutic conditions, and the benefits and challenges of engaging in therapist art-making. For example, experienced group art therapists such as Bruce Moon (1999, 2016) and Catherine Hyland Moon (2002) emphasized the centrality of art-making in their practices, but introductory texts often caution, in vague or general terms, against group leaders making art during therapeutic sessions (Dalley, 1984; Liebmann, 2004; Wadeson, 1980). This practice appears to have become less acceptable (Waller, 2015), possibly even marginalized (Hyland Moon, 2016b), over the past 30 years.

Despite the challenges, many art therapists continue to value creating art alongside clients. Art therapists such as Haeseler (1989), Franklin (2010), Marshall-Tierney (2014), Hyland Moon (2002), McKaig (2003), and Moon (1999, 2016) provided insight into the role their art-making played in their practices. Hyland Moon (2002) discussed the intense curiosity that emerges at presentations and conferences when she

mentions that she creates art in her professional work, noting that practitioners wish to know more and to understand and explore this practice critically. Such inquisitiveness inspired my pilot study (Teoli, 2016), which explored ways I use art in my group art therapy practice.

This dissertation is rooted in the goal of better understanding the practice of creating art alongside clients. Frequent exposure to misconceptions and biases and the related robust anti-art-making sentiment in certain sectors of the field inspired me to look further into the theories, philosophies, writings, and beliefs that ground this practice. I hope this work will further support the varied approaches to practice within art therapy.

The primary research questions are: (1) What happens when art therapists create art alongside their clients in their group therapy practices? (2) What is gained and what is lost when they engage in this practice? I selected these questions to provide a balanced perspective for empirical exploration of the lived experience of art therapy group leaders who create art during their sessions. Although these questions focus on the experiences and perceptions of art therapy group leaders and cannot address the totality of the experience, they hopefully will initiate dialogue and promote further understanding.

In exploring the lived experiences of a small community of group art therapists who create art alongside their clients, it was assumed that art-making in the presence of clients affects the practice of group art therapy and that these influences can be articulated. The following terms and definitions are essential to this inquiry:

Art-making. The therapist's deliberate and purposive use of visual art media during a therapeutic group session.

Co-researcher. A member of the community upon which the inquiry focuses; group art therapist who creates art alongside clients. Co-researchers are considered collaborators in this research process.

Creating art alongside. Haeseler (1989) introduced this term to the literature, describing active therapists' engagement in visual art-making while in the presence of their clients. For the purposes of this study, alongside describes a way of creating and being with group members rather than indicating physical proximity to group members.

Group art therapy. A professional practice of art therapy conducted in a group setting. In this study, group art therapists are assumed to approach the process of art-making as a foundation of their professional work.

Group leader. The art therapist who has primary responsibility for the safety, structure, planning, and facilitation of a therapeutic group. The parameters of the work setting, together with the art therapist's training and individual identity, define the group leader's role.

Group session. In this study, a group is at least three participants plus an art therapist who meet at a regularly scheduled time for a set duration to work towards therapeutic goals.

Therapist art-making. This term is used interchangeably with *creating art alongside* to describe active creation of visual art responses during therapeutic practice while in the role of the group leader.

CHAPTER 2

Literature Review

This chapter explores the literature on collective experiences of art therapists who create art alongside their clients, their practice, and their community as it resonates with the research questions: What happens when art therapists create art alongside clients in their group art therapy practices? What is gained and what is lost when they engage in this practice?

Literature related to therapists creating art alongside their clients is challenging to compile. Interchangeable terms to describe different types of therapist art-making and contradictory statements about the validity and frequency of its use compound misunderstandings. Although therapist art-making is often described in passing, it has not been the focus of published works.

Further, there is a lack of research related to the practice of creating art alongside clients in art therapy. Case studies comprise a majority of the literature. That is, art therapists who practice with individuals and groups shared their experiences and provided examples of their work. These anecdotal accounts laid an essential foundation for further empirical inquiry. However, only two systematic studies on this topic were found in the literature. The first one established guidelines for the use of “art-based responses” in individual and group-therapy work at a large London hospital (Havsteen-Franklin, 2014); the second linked specific actions to therapeutic presence (Schwarz, Snir, & Regev, 2018). Also, an unpublished art-based pilot study for this dissertation explored experiences of group therapists who made art with clients as related to therapeutic presence (Teoli, 2016).

Although the dissertation research focuses on therapists' work with adult clients in a group setting, this review includes works of well-known therapists who created art in their work with adolescents or children and in individual therapy sessions, in order to capture the foundational literature.

Settings

Art therapists create art alongside their clients in a range of settings around the world. Marshall-Tierney (2014) noted that the practice is more accepted in the United States than in the United Kingdom. Therapists who created art alongside clients worked in a variety of care levels and settings. Art therapists worked with adolescents in psychiatric hospitals (Franklin, 2010; Haeseler, 1989), residential treatment centers (Moon, 1999; Nielsen, 2018), and day-treatment facilities (Beers Miller, 2007); with adults in hospital (de Knecht, 1980; Lachman-Chapin, 1987; Morter, 1997), forensic (Stott, 2018), acute psychiatric (Marshall-Tierney, 2014), long-term inpatient psychiatric (Havsteen-Franklin & Camarena Altamirano, 2015; Jones, 1983), semiresidential (Maclagen, 1985), community-based (Hyland Moon, 2002; Joseph, 2006; Rubesin, 2018), and outpatient facilities (Greenwood & Layton, 1987, 1991; Kaplan, 1983; Mahony, 2010; McKaig, 2003; Wolf, 1985); and with older adults in residential (M. Rogers, 2002) settings.

Decision Considerations

Introductory art therapy texts encourage therapists to consider carefully whether to make art in their group art therapy practice (Case & Dalley, 2014; Hyland Moon, 2002, 2016b; Liebmann, 2004; Moon, 2016; Wadeson, 1980; Waller, 2015). However, many texts only briefly cover the practice and include little information beyond a short list of

considerations. Moon (2016) and Hyland Moon (2016b) encouraged art therapists to consider the group members' needs, work environment, work-setting expectations, and goals, as well as the therapist's role, before deciding. The art therapists' beliefs about their roles and the function of their art within therapeutic relationships appear to be significant factors in the decision (Hyland Moon, 2002; Liebmann, 2004).

Essential Therapist Skills

Fox (2016) discussed three essential factors in choosing to create art alongside clients: the ability to divide focus, congruence, and authentic aesthetic response. She believed that therapists must cultivate their ability to engage with the client while also watching what is happening. Based on emerging *polyvagal theory*, she encouraged therapists to work towards integrating their visual expressions, vocal tone, verbalizations, and body language when interacting with clients through play, humor, or art.

Polyvagal theory emphasizes neurobiological cues that indicate safety in social situations. Porges (2017) found that social behaviors affect physiological states and the feeling of safety. When the therapists' bodily, emotional, and social expressions are calm and congruent, their clients are less defensive and more able to connect (Porges & Buczynski, 2017). Looking, witnessing, listening, and "feeling the other" are active ways therapists enhance clients' experiences of safety and social connectedness in therapeutic environments (Porges, 2017, p. 49).

Fox's (2016) final suggestion for therapists who choose to create art in their practice of group therapy was to remain faithful to their intuition. In her work as an expressive therapist, Fox experienced moments when she felt called to create art, music, and poetry or to perform songs with group members present. In these moments, she

carefully reflected on her intentions and the group's needs—determining if her actions would meet the group members' requirements. More often than not, when she “followed her gut,” group members resonated with her expressions and stated they had profound experiences.

Risks and Restrictions

Two general arguments against making art are prevalent in the literature. First, by making art, the therapist risks overly focusing on the self. The second argument points to the content of the art created and its potentially negative effects on group members.

Excessive focus on the self. The possibility of self-absorption associated with art-making seems to have emerged from the belief that therapists should not, and cannot, divide their therapeutic focus and attention. Such arguments include that clients pay therapists for a service and not for the therapists to work on their own issues (Wadeson, 1980) and that therapists must be available to their clients—to discuss the content of art made (Liebmann, 2004; Wadeson, 1980) and arrange and provide clients with art materials (Liebmann, 2004). These contentions coalesce around therapists' beliefs about their roles, abilities, and functions in their sessions. Although there is a theoretical basis for these arguments, it seems unlikely that practicing therapists would entirely ignore their client or group needs, make themselves unavailable, or forget to offer and orient clients to supplies. However, it is plausible that therapists may distance themselves in the art-making and may not anticipate client needs or intervene as quickly as when they are solely observing.

Hyland Moon (2002) believed therapists could combat potential self-immersion and distraction by (a) focusing on empathy and connection through their art-making,

(b) carefully selecting materials and techniques that do not lead to becoming overly absorbed in the art-making, (c) considering the intensity of their emotional experience before choosing to make art, and (d) deciding on the degree of transparency and authenticity of their work. She argued that therapists could create authentic, meaningful art in a community setting without losing sight of their responsibilities and roles, which can “add to the enrichment of the artistic experience for all persons in the art therapy studio” (p. 205). Hyland Moon encouraged therapists to carefully consider the effects of their media choices on attention and focus before engaging in art-making alongside clients.

Detriment to the client. Some researchers perceived therapist art-making as detrimental because of its impact on the client. The therapist’s artwork might inadvertently communicate their struggles (Haeseler, 1989; Wolf, 1985), be countertherapeutic and negatively affect client experiences and progress towards their goals (Haeseler, 1989; Henley, 1995), or intimidate the client (Hyland Moon, 2002). The belief that art uncovers aspects of inner experience is foundational to art therapy (Vick, 2003), and there is support for the argument that art-making may inadvertently convey information about the therapist by projecting unconscious material or unexpected self-expression. However, this view assumes that therapists are unable to monitor the content revealed in their art-making.

Intimidate or distress the client. In discussing the potential for therapists to intimidate clients with their art-making, Hyland Moon (2002) encouraged therapists to consider power dynamics and cultural and socio-economic influences at work in their sessions. They should avoid emphasizing their technical skills, which may exercise

“power over,” encourage dependency on, or influence the client perception of quality artistic expressions. She urged therapists to consider the self-disclosure and transparency involved in making art and to modulate skill when it fits the situation. Furthermore, she argued that although art can intimidate, it can also assist clients in “feeling affirmed, inspired, and at ease with their own making” (p. 208), provide clients with a sense of privacy and control over their sharing and actions, demonstrate the use of a broader range of materials, create a community environment, decrease self-consciousness, and lead to more egalitarian therapeutic relationships.

Recommendations for Use

Creating art alongside clients requires specific skills and considerations. In their textbooks, Hyland Moon (2002) and Moon (2016) addressed art made by art therapists and provided clinical implications of such art-making based on the type and focus of the therapists’ group work. Studies reviewed in the literature described the types of art therapists made, with whom, and why. However, relatively few studies directly addressed *how* the art therapist should use art-making in group therapy sessions. Marshall-Tierney (2014) felt this lack of research was due to the art therapist’s tendency to act as a witness rather than an active participant.

Havsteen-Franklin (2014), who conducted the only empirical study, addressed art-making in professional practice. He identified guidelines for what he called in-session, “art-based responses” to create standards and a shared view as to when and how clinicians use art-making in their practices. His recommendations focused on five primary considerations: storage and ownership of imagery, modelling interest and enthusiasm for art-making, using self-disclosure to further the therapeutic process,

selecting appropriate media, and competencies related to the practice of making art alongside clients. Although these guidelines emerged from a small sample of employees at a single institution, they serve as a foundation for other therapists and researchers.

What Changes if You Make Art?

Creating art alongside clients alters aspects of the group, including the leadership style, group process dynamics, and relationships. Moon (2016) asserted that the practice of group art therapy is not the same as inserting art and art media into a verbal group process. He noted that although some leadership tasks—such as establishing safety, setting structure, providing guidelines and feedback, supporting and encouraging clients, managing interactions within the group, and working to create a healing environment—remain the same, leaders who actively create art in sessions take on additional responsibilities. Moon maintained that those leaders who make art during sessions embrace their authenticity, create community, empower clients to assert control and embrace agency in their lives, communicate acceptance and respect for art expressions and group members verbally and nonverbally, form a culture around art and art-making, immerse themselves in the group’s creative flow, and navigate sensory and emotional aspects of their own art-making while modeling the positive effects of a relationship with art. He likened this process to “going on a shared artistic journey with clients” in which group members and the leader enter a “creative flow of expression and interpersonal sharing” (p. 179).

Moon (2016) theorized that this journey involves a perceptual shift on the therapists’ part because it changes how they view group dynamics. Art-based group therapy focuses on actively creating together. Emphasizing kinesthetic, auditory, visual,

and tacit interactions change relationships and add complexity to group dynamics. Along with Moon, Hyland Moon (2016b), Bragge and Fenner (2009), and Kossak (2015) described complex and nuanced therapeutic relationships that incorporate their artistic expression. For example, Kossak wrote that his creating in the presence of clients required attention to dynamic and shifting interactions among himself, materials, space, and the clients.

Congruency between the therapists' words and actions, expressed as unconditional positive regard for the client, is necessary for effective therapeutic relationships (C. Rogers, 1979). Successful therapists can model for, teach, and authentically be with their clients, which may entail therapists' self-disclosure, open stance, and trust in their bodily responses during the session (C. H. Kramer, 2013).

Building on this foundational work, several authors contended that a holistic therapeutic stance contributes to creating the therapeutic relationship by bringing both therapist and client into a receptive relational space (Colosimo & Pos, 2015; Geller, 2017; Geller & Greenberg, 2002, 2012; Robbins, 1998). Neurobiological research that revealed mechanisms through which the brain alters and affects relationships with others supports this idea, described as *therapeutic presence* (Geller, 2017). Therapeutic presence is a way of being that facilitates attuned interactions between clients and authentic, fully embodied therapists (Geller, 2017; Geller & Greenburg, 2002, 2012; Robbins, 1998). It is grounded in the belief that authenticity and congruence are expressed holistically through actions as well as verbal and nonverbal communication (Geller, 2017; Geller & Greenburg, 2002, 2012). According to polyvagal theory, interacting and relating with clients in this therapeutically present state generates a biological response whereby

clients experience safety, learn to co-regulate, and may make therapeutic progress (Geller, 2017; Porges, 2017). Verbal therapists enrich presence through a practice of mindfulness (Geller, 2017; Geller & Greenburg, 2002, 2012), whereas art-making cultivates presence for art therapists (Franklin, 2010, 2014; Schwartz et al., 2018; Teoli, 2016).

Therapeutic Roles and Ways of Making Art

Therapists create art in their sessions in a variety of ways. Creating art alongside clients is believed to be linked to the therapeutic identity, philosophical orientation, goals, and beliefs of the therapists who choose to engage in the practice (Hyland Moon, 2002; Liebmann, 2004; Moon, 2016; Wadson, 1980). Hyland Moon (2002) presented five distinct therapeutic roles related to the manifestation of identity and use of art-making in art therapy: analysts, witnesses, collaborators, role models, and peers. Therapists whose work directly involved making art in the group setting tend to approach their work as collaborators and role models.

Collaborators. Collaborators create art with the intent to work with their clients (Hyland Moon, 2002). The majority of group art therapists reviewed practiced in a manner that fit the collaborator approach (Beers Miller, 2007; Greenwood & Layton, 1987, 1991; Haeseler, 1989; Hyland Moon, 2016b; Maclagen, 1985; Mahony, 2010; Marshall-Tierney, 2014; McKaig, 2003; Moon, 2016). Collaborators create art in their work to develop relationships and demonstrate that they are with their clients (Moon, 2016; Moon & Belkofer, 2014). In being with their clients, therapists model media use and the benefits of art processes with the intention of developing relationships through their art (Moon, 2016; Moon & Belkofer, 2014).

Hyland Moon (2002) identified various types of collaborators and ways they cooperate with group members. For example, they may work together on the same art piece or together on a group or community project. They create a sense of collective space and focus by making art based on a theme similar to what group members are doing or use their skills at the group members' request to create imagery for or add elements to their clients' images. Some collaborators create art to represent a community, at the request of a group, or in response to the art their clients made.

Role models. Hyland Moon (2002) described role models as therapists who, unlike collaborators, "create art about their own lives" (p. 223) while helping their clients express themselves and meet their goals. Role models may create art in their work as a holistic, embodied response to what is happening in the group space (Franklin, 2010, 2014) or to express their internal struggles (Hyland Moon, 2002). These therapists present themselves as fellow struggling humans whose behaviors are laudable and inspire emulation (Greenwood & Layton, 1987, 1991; Hyland Moon, 2002; Maclagen, 1985). Hyland Moon (2002) noted that the art created in this role is not focused on the individuals or communities served. Instead, it emerges from personal experience and is integral to the group's social context. Therapists practicing this way tend to work communally; their examples show group members how to engage with materials, develop a relationship with art-making, and value such a relationship with creative processes. Likely, this approach may raise questions about the therapists' ability to navigate their processes without losing sight of their roles. Many strong criticisms of making art alongside clients naturally emerge from this role-model approach. However, with

adequate reflection, supervision, and practice, therapists can develop skills to express their experiences without compromising ethics (Hyland Moon, 2002, 2016a, 2016b).

Foundational Concepts

Making art in the presence of clients as a therapeutic practice existed throughout the history of art therapy. E. Kramer's (2000) foundational concept of *the third hand* directly relates to the current practice. E. Kramer theorized that at the center of art therapy practice is the third hand, a specific way of interacting whereby "artistic competence and imagination are employed in the empathic service of others" (p. 47). Art therapists strive to share knowledge cultivated through their art-making to promote clients' creative processes without being intrusive or interfering. Over time, the definition of the third hand shifted from Kramer's way of interacting or being with clients to an action taken to help the client succeed that affects the art product (Franklin, 2010; Henley, 1995).

Types of Art-Making

Practices of creating art in the presence of clients vary—not all therapists create in the same way or with the same intentions. Many engage in different types of art-making based on the changing needs of their group members and work environments. In addition, various terms are used to describe what and why art therapists are creating art in the context of their therapeutic work.

Therapists use phrases such as *response art* (Fish, 2012; Moon, 1999) and *responsive art-making* (Moon, 2016) interchangeably. However, because the words are not synonymous, their mixed use generates confusion. The primary differences between the expressions are the role, foci, and purpose of the art-making, as well as the art

created. Although these phrases *creating alongside*, *response art*, and *responsive art-making* somewhat overlap the concept of *the third hand*, they describe the distinct rationale for the therapist's use of art-making in practice.

Creating alongside. Haeseler (1989), whose article on making art alongside clients is one of the best known on this topic, introduced the phrase *creating alongside* to the literature. The term refers to therapists positioned beside clients and actively engaged in making art, which is also described in the literature as a *side-by-side approach* (Greenwood & Layton, 1987, 1991). The majority of art therapists who create art alongside their clients in the group setting use this approach (Beers Miller, 2007; Franklin, 2010, 2014; Greenwood & Layton, 1987, 1991; Haeseler, 1989; Havsteen-Franklin & Camarena Altamirano, 2015; Henley, 1995; Hyland Moon, 2002; Jones, 2006; Mahony, 2010; Marshall-Tierney, 2014; Moon, 1998, 1999, 2016; Morter, 1997; Nielsen, 2018; Rubesin, 2018).

Response art. Response art is an art-based expression used to gain insight and empathy. Art is created as a response to a situation or client and helps elucidate experiences (Fish, 2008, 2012; Kielo, 1991; Moon, 1998). As represented in the literature, response art tends to occur more frequently outside of therapeutic sessions and in individual, rather than group, therapy settings. Clients generally do not witness their therapist making art or view the art created.

Responsive art-making. Responsive art-making is active engagement in an art-making practice during therapeutic sessions—in the presence of clients during the practice of therapy (Franklin, 2014; Havsteen-Franklin & Camarena Altamirano, 2015; Marshall-Tierney, 2014; Moon, 1999, 2016; Nielsen, 2018). However, the literature

review showed subtle but important differences in the purpose and intent of each author's definition of responsive art-making, particularly related to variances in theoretical orientation, perspective, and group goals. In the following section, these differences are discussed to illustrate the full spectrum of ways therapists use responsive art-making.

Moon (1999, 2016) identified the purposes of responsive art-making as building relationships, establishing normative group behaviors, and creating a communal group environment. Responsive art-making is not simply the act of scribbling, doodling, or something to do while clients make art (McKaig, 2003; Moon, 1999, 2016). It involves spontaneity, improvisation, and presence (Havsteen-Franklin & Camarena Altamirano, 2015). Moon (1999, 2016) noted that responsive art-making is integral to the group process. The art created speaks to the core of what group members communicate and may parallel verbal responses (Franklin, 2014). Therapists noticed changes in group dynamics when they created meaningful art alongside their clients (Greenwood & Layton, 1987; Haeseler, 1989; Maclagen, 1985; Marshall-Tierney, 2014; McKaig, 2003).

Therapists differ slightly in their use of responsive art-making based on their philosophical perspectives and intentions. Whereas others conceptualized their responsive art-making as a way to attune to group members (Havsteen-Franklin & Camarena Altamirano, 2015; Marshall-Tierney, 2014), Moon (1999, 2016) emphasized intentional looking, listening, and offering a response to the art that group members create. He used active art-making to express understanding, whereas others used it to become attuned. These differences may appear subtle. However, they speak to the idea that responsive art-making is the *active* use of art-making in therapeutic work modified by the therapist's approach and beliefs.

An example of therapists personalizing responsive art-making arises from Nielsen's (2018) work. Nielsen described her approach to art therapy as *responsive art psychotherapy*. She presented a therapeutic method based on her clinical experiences and incorporated different types of in-the-moment art responses into her individual, group, and family therapy sessions. Art-making provided her a way to record and clarify experiences—a purpose Case and Dalley (2014) initially described. Nielsen (2018) also used art-making to translate embodied experiences with the intent to contain and manage projective processes. Although responsive art-making remained an active process of creation during therapeutic work in Nielsen's view, she clearly emphasized different aspects than had Moon (1999, 2016).

Empathic art responses, a specific type of art Franklin (2010, 2014, 2016) proposed, provide another example of how therapists integrate responsive art-making into their practices. Franklin believed in a holistic approach to therapy. He encouraged congruence among beliefs, values, presentation, and actions within and outside of therapeutic work. In his view, art-making was a way of being and practicing in therapeutic work rather than a task or action. The therapists' art communicates empathic understanding, increased awareness, and cultivated presence. This congruency is similar to how verbal therapists cultivate and express therapeutic presence in their work (Geller, 2017; Geller & Greenburg, 2012).

As these examples indicate, *responsive art-making* appears to be an umbrella term to describe a number of slightly different ways of using art-making in therapeutic practice. Therapists modify their approaches to responsive art-making to fit the purpose and intention of their art to their approaches, orientations, values, and practices. Based on

case studies and extensive clinical work, responsive art-making is widely believed to communicate understanding and empathy (Franklin, 2010, 2014; Havsteen-Franklin & Camarena Altamirano, 2015; Marshall-Tierney, 2014; Moon, 1999, 2016; Nielsen, 2018). Additionally, it may allow therapists to attune to their groups (Havsteen-Franklin & Camarena Altamirano, 2015; Marshall-Tierney, 2014), cultivate presence (Franklin, 2010, 2014; Teoli, 2016), and manage group dynamics (Nielsen, 2018).

What Happens When Art Therapists Create Art?

The most widely discussed outcome of making art within or outside of the therapy session is developing empathy (Beers Miller, 2007; Chapin & Fish, 2016; Fish, 2008, 2012; Franklin, 2010, 2014; Greenwood & Layton, 1987, 1991; Haeseler, 1989; Hass-Cohen & Findlay, 2015; Havsteen-Franklin & Camarena Altamirano, 2015; Hyland Moon, 2002, 2016a; Iliya, 2014; Jones, 1983; Joseph, 2006; Kielo, 1991; Lachman-Chapin, 1983a, 1983b, 1987; Mahony, 2010; Malis, 2014; Marshall-Tierney, 2014; McKaig, 2003; Moon, 1998, 1999, 2016; Moon & Belkofer, 2014; M. Rogers, 2002). While recognizing the significance of empathy, additional therapeutic features within the literature related to what art therapists believe happens when they create art alongside their clients during their practices are identified in the following section. The conclusions of the numerous case studies are divided into three categories based on whom or what experienced the effect: the therapist, the client, or the therapeutic relationship. Although no studies reviewed directly queried group members, the authors generally believed their art-making had positive potential for clients. Art-making affects the therapeutic relationship because, as reported by therapists who engaged in the practice, it encourages a sense of community, becomes a form of communication, develops collaborative

relationships, leads to attunement, and adds depth to relationships (Haeseler, 1989; Hyland Moon, 2002; Moon, 2016).

Effect on therapists. The literature identified that art-making becomes a way for therapists to create a visual record, achieve therapeutic presence, increase their awareness, translate tacit and visceral knowing, and be holistic and active participants.

Visual record. Art therapists believed that art made alongside clients becomes a visual record of changing relationships in individual therapy (Kaplan, 1983) and of the relational dynamics in family (Nielsen, 2018) and group sessions (Franklin, 2010; Haeseler, 1989; Mahony, 2010; McKaig, 2003; Nielsen, 2018). By making these relationships visible, therapists and clients can monitor and discuss what occurred.

Therapeutic presence. In the literature, making art alongside clients related to *therapeutic presence* (Franklin, 2014; Schwarz et al., 2018, Teoli, 2016)—a way of being that creates space for an attuned meeting between the client and an authentic, fully embodied therapist (Geller, 2017; Geller & Greenberg, 2002, 2012; Robbins, 1998). Art-making alongside clients cultivates presence (Franklin, 2010, 2014; Schwarz et al., 2018; Teoli, 2016) and expresses identity (Schwarz et al. 2018). Outcomes of an art-based pilot study identified four ways that art-making related to therapeutic presence: it supports the therapist, provides a conduit to a therapeutic presence, promotes empathy through an *aesthetic attunement* process, and supports group leadership (Teoli, 2016). Although Schwarz, Snir, and Regev's (2018) and Teoli's (2016) studies had several limitations, they indicated possible support for Robbins' (1998) theory linking communication and therapeutic presence.

Increased awareness. Contrary to expectations, creating art alongside clients increased, rather than detracted from, awareness (Hyland Moon, 2002; M. Rogers, 2002; Teoli, 2016). Making art helped therapists stay in the moment (Franklin, 2014; Hyland Moon, 2002), improved their ability to be present and aware (Franklin, 2014; M. Rogers, 2002), and increased their sensory acuity (Hyland Moon, 2002; Teoli, 2016). Plausibly, the self-care function of creating response art outside of sessions that Fish (2012) described occurs, to some degree, in making art during sessions as well. However, this remains to be investigated.

Knowledge translation. Therapists' art-making helps translate the tacit knowledge gained from being with clients into a tangible form for review (Franklin, 2014; Nielsen, 2018; Rogers, 2002). It expresses what was experienced and comprehended on a visceral level to gain insight into, rather than simply record, relational dynamics. Examples include those of Lachman-Chapin (1987), who used spontaneous art-making during individual therapy sessions to express inferences about her clients, and Franklin (2010, 2014), whose empathic art responses provided a way to become aware of and offer back his in-the-moment understanding of what occurred in his group work as it happened.

Holistic, active therapist participation. Making art alongside clients invites the therapist to participate holistically and actively (Bragge & Fenner, 2009; Greenwood & Layton, 1987, 1991; Havsteen-Franklin & Camarena Altamirano, 2015; Maclagen, 1985; Teoli, 2016). Therapists reported that clients see them as real people who struggle and learn to manage their emotions—a skill the therapists model in their group work (Greenwood & Layton, 1987; Henley, 1995; Lachman-Chapin, 1987; Maclagen, 1985;

McKaig, 2003; Moon, 2016). Additionally, the therapists' unique quirks, such as their humor, became valuable resources in therapeutic group work (Greenwood & Layton, 1991).

Effect on clients. Based on their experiences, therapists saw their art-making as empowering clients; role-modeling engagement with art, technique, a relationship with art-making, and trust in the process; therapeutic action designed to further clients' progress towards their goals; and increasing participation and comfort.

Empower clients. Therapists believed their art-making gives clients power in their treatment (Greenwood & Layton, 1987; Moon, 2016), teaches them skills they can use elsewhere (Kaplan, 1983), allows them to control disclosure and seek privacy (Hyland Moon, 2002; Mahony, 2010; McKaig, 2003), and decreases power struggles (McKaig, 2003). When therapists created *side by side* with clients, the clients are removed from the "sick role" and can accept responsibility for their care (Greenwood & Layton, 1987, p. 14).

Empowering clients requires therapists to keep in mind the social and political context of their work (Hyland Moon, 2002; McKaig, 2003). Hyland Moon (2002, 2016a, 2016b) proposed that the social and political context of the places where art therapy occurs define the work. She challenged therapists to be aware of how their social locations, powers, privileges, agendas, and beliefs affect the therapeutic encounter and relationship. She encouraged therapists to collaborate, improvise, and respond to their clients and thus co-create experience. In her work with abuse survivors mandated to attend therapy, McKaig (2003) addressed that making art alongside clients helps establish privacy and gives the survivors a sense of control over their disclosure. In her art-based

group work, members could address their issues and decide whether they wanted to disclose—and choose the content and degree to which they verbally discussed their artwork. McKaig noted that when she made art as well, group members ceased questioning her intentions and demonstrated increased trust by looking and listening.

Role model. Role-modeling the use of media, creative techniques, engagement in the art-making process, and attitude towards and benefits of art-making are among the most widely mentioned benefits in the literature (Allen, 1992; Beers Miller, 2007; Havsteen-Franklin, 2014; Havsteen-Franklin & Camarena Altamirano, 2015; Henley, 1995; Hyland Moon, 2002, 2016b; Jones & Jones, 2014; Mahony, 2010; Moon, 2016; Moon & Belkofer, 2014; Nielsen, 2018). Creating art alongside clients communicates that the group space is for creating art (Moon, 2016; Moon & Belkofer, 2014) and that therapists are willing to engage in what they ask of their clients (Hyland Moon, 2016b; Jones & Jones, 2014; Liebmann, 2004; Moon, 2016).

In a field built on a foundation of art, teaching clients to engage creatively with art media is an essential aspect of our practice. Ulman (1975) believed art therapists could help clients by offering a balance of role-modeling and technical support. Intimate knowledge of art and media are necessary for successful role-modeling (Hyland Moon, 2016b; Jones & Jones, 2014; Moon, 2016). Jones and Jones (2014) and Hluska (2016) echoed Allen (1992) and Ulman (1975), arguing that art-making is a professional competency. Although not all art therapists are equally skilled in all media, Ulman urged therapists to approach their work in ways that emphasize their abilities and make sense to them.

Further progress towards goals. Creating art alongside clients has been described as a therapeutic action designed to help clients achieve goals (Beers Miller, 2007; Henley, 1995; Marshall-Tierney, 2014; Moon, 2016). In the literature, therapists' actions often are called "interventions" and described as carefully considered, goal-oriented, and therapeutically beneficial activities (Beers Miller, 2007; Henley, 1995; Moon, 2016). Thus, helping clients select the appropriate brush or rescue a clay piece about to collapse become "third-hand interventions" (Beers Miller, 2007; Henley, 1995). The environment, the studio itself, can be perceived as a therapeutic intervention because space—and how the therapist uses it—affects therapy (Fenner, 2012; Henley, 1995).

The word *intervention* also implies linear progression towards goals, is medically oriented, and reinforces hierarchical relationships between therapist and client (Edwards, 2017a). This perspective belies the value of art therapists who create art alongside their clients as a way to diminish hierarchy and empower clients.

Increase participation and comfort. Studies in the literature proposed that making art alongside clients increases participation (Haeseler, 1989; Kaplan, 1983; Moon, 2016; Rubesin, 2018) and investment (Haeseler, 1989) in the art-making and decreases anxiety (Haeseler, 1989; Havsteen-Franklin, 2014; Nielsen, 2018). By creating art in the group, therapists communicate that art-making is normative (Moon & Belkofer, 2014) and that they would not ask the client to do something they would not do themselves (Moon, 2016). Anxiety reduction occurs when therapists use image-making to present a new perspective to the group and to model anxiety reduction, especially when patients first begin to use materials (Havsteen-Franklin, 2014; Nielsen, 2018).

Alternatively, Mahony (2010) believed her art-making contained the chaos experienced by group members diagnosed with anxiety.

Effect on therapeutic relationship. Art-making affects the therapeutic relationship, as reported by therapists who engaged in this practice, because it develops a sense of community, becomes a form of communication, develops cooperative relationships, leads to attunement, and adds depth to relationships.

Community. Art therapists who created art alongside their clients frequently described the practice as fostering community (Greenwood & Layton, 1987; Haeseler, 1989; Henley, 1995; Hyland Moon, 2002, 2016a, 2016b; Jones, 1983; Maclagen, 1985; Moon, 1999, 2016). A *community* was described as an inclusive environment that values the voices and agency of all members, gives responsibility to clients to guide their treatment, decreases the power differential between therapists and clients, and demonstrates that everyone struggles (Henley, 1995; Hyland Moon, 2002, 2016a, 2016b; Maclagen, 1985). Therapists maintain their roles and responsibilities but do so as active, embedded members of the environment (Hyland Moon, 2002, 2016a, 2016b). They are not the primary link between clients and healing but members of a collective that encourages social connection, cohesion, and shared group energy (Hyland Moon, 2016a).

Creating art alongside clients is believed to further a sense of cohesion and generate a spirit of collaboration (Greenwood & Layton, 1987, 1991; Hyland Moon, 2016a; Moon, 2016). Cohesion relates to the ideas of art for pleasure (Koch, 2017) and relational aesthetics (Gabel & Robb, 2017; Hyland Moon, 2002), both of which were determined to be therapeutic factors specific to art therapy (Gabel & Robb, 2017; Koch, 2017).

Communication. Therapists who created art in their group settings believed their art became a form of communication in individual (Lachman-Chapin, 1983b, 1987) and group therapy (Beers Miller, 2007; Franklin, 2010; Havsteen-Franklin & Camarena Altamirano, 2015; Hyland Moon, 2002, 2016b; Mahony, 2010; Marshall-Tierney, 2014; McKaig, 2003; Moon, 1999, 2016). It provides a nonverbal means to communicate to clients (Beers Miller, 2007; Jones & Jones, 2014) the therapist's interests and intentions (Moon, 2016), to parallel verbal responses (Franklin, 2010, 2014; Havsteen-Franklin & Camarena Altamirano, 2015), and to initiate verbal conversations (Jones, 1983).

Cooperative relationships. Therapist art-making shifts the power dynamics between therapists and clients (Franklin, 2014; Greenwood & Layton, 1987, 1991; Hyland Moon, 2002, 2016; Mahony, 2010; Marshall-Tierney, 2014; Moon, 2016). It establishes a more equitable balance of power and shifts group focus from "doing to" the client to "being with" the client (Marshall-Tierney, 2014; Moon, 2016; Moon & Belkofer, 2014). This perceptual shift implies that therapists are not experts offering professional advice or performing interventions. Instead, they perceive themselves as being on what Moon (2016) called "a shared journey" (p. 20). From this perspective, therapists honor and respect their clients' stories and pain without trying to change or alter them. They trust in their client's inner resources. Although they guide, encourage, and help clients work towards their goals, they do not direct or take an authoritative role. Art-making offers a way to demonstrate this standpoint (Hyland Moon, 2002; Marshall-Tierney, 2014; Moon, 2016).

A natural extension of this view is to develop therapeutic relationships that are more cooperative and equitable. Therapist art-making may decrease hierarchy (Franklin,

2014; Greenwood & Layton, 1987, 1991; Hyland Moon, 2002; Mahony, 2010; Moon, 2016; Moon & Belkofer, 2014) and result in clients demonstrating increased trust in the therapist, art-making, and group (Mahony, 2010; McKaig, 2003; Moon, 2016).

Attunement. Therapists believed that creating art alongside clients promotes development of *attunement* and *resonance* (Fox, 2016; Franklin, 2010; Havsteen-Franklin & Camarena Altamirano, 2015; Kossak, 2009, 2015; Marshall-Tierney, 2014). *Attunement* focuses on the therapist's and client's ability to co-create shared relational space through a rhythmic back-and-forth engagement of the cognitive, affective, kinesthetic, and relational levels of the self (Erskine, 1998; Kossak, 2015). Kossak (2009, 2015) integrated theories related to attachment, attunement, and embodiment with the process of creative expression in group expressive arts therapy sessions. He described therapeutic attunement as an embodiment of empathy in the therapeutic relationship. In an attuned state, therapists are fully present and spontaneous, take calculated risks, and rely on their ability to use creative responses to integrate and attend to the client or group.

Empathy and attunement are intertwined processes (Geller, 2017; Hass-Cohen & Findlay, 2015; Kossak, 2009). Art-making and -viewing facilitate development of empathy and attachment through attuned relational interactions (Hass-Cohen & Findlay, 2015). Actions such as being seen creating art, sharing and performing in the presence of clients (Fox, 2016; Kossak 2009, 2015), engaging in empathically attuned art-making (Franklin, 2010), and constructing attuned visual responses (Havsteen-Franklin & Camarena Altamirano, 2015) convey something of the therapist's self and promote healing (Lachman-Chapin, 1983a). Therapists relate their art-making to attunement in individual (Lachman-Chapin, 1983a; Stott, 2018) and group work (Fox, 2016; Franklin,

2010; Havsteen-Franklin & Camarena Altamirano, 2015; Kossak, 2009, 2015; Marshall-Tierney, 2014).

Added depth. Therapists reported that creating art alongside clients adds depth to their relationships (Haeseler, 1989; Moon, 1999, 2016; M. Rogers, 2002; Stott, 2018). Depth involves increased disclosure, more fruitful discussion (Haeseler, 1989; Stott, 2018), and enhanced group experience (Mahony, 2010).

Conclusion

This review described the *way of being* that encompasses the practice of creating art alongside clients. Clearly, the subject literature is scattered and challenging to compile. However, the practice itself is not as limited in scope as many may believe. This review generated a nuanced picture of the practice of making art in the presence of clients. It brought together published works to describe how and why art therapists choose to engage in this practice, the types of art and environments in which they do so, changes to the group process that emerge when using this approach, and what therapists believe happens when they engage in this practice.

CHAPTER 3

Method

This dissertation used methods of inquiry involving interviews, art-making during research sessions, response art, poetry, and video to explore art therapists' experiences of creating art in their group practices. Consistent with my belief in collaborative inquiry using multiple ways of knowing, the methodology was informed by art-based research.

Collaborative Research Approaches

Through in-depth interviews and art-based work with four expert co-researchers, this research explored what happens when art therapists create art alongside their clients in the practice of group art therapy. Although grounded in similar epistemology, this study did not expressly follow guidelines for either *cooperative inquiry* (Heron & Reason, 2008) or *companioning* (Lett, 2011). Both of those approaches promote the belief that knowledge emerges through shared inquiry into lived experiences, perceive participants as active collaborators in the inquiry process, value equitable relationships among researchers, and place importance on tacit and embodied ways of knowing.

Instead, this research was rooted in exploring therapists' reports of their direct experiences of creating alongside their clients, similar to Heron and Reason's (2008) *cooperative inquiry*, defined as action research "with," rather than "on," people. It was grounded in the lived experiences of a community, embraced the contributions of four ways of knowing, and sought to remove hierarchy in the research.

Companioning is a collaborative inquiry into something that matters to a group of people (Lett, 2011). The co-researchers were drawn to participate in this study because creating art alongside clients was an integral part of their practices. Companions follow

their collaborator's lead, carefully and actively listening to words and relational cues to identify and reflect further into what the collaborator believes is essential. This stance contrasts with that of an interviewer seeking to gather specific information based on perceptions of what matters to their inquiry; companions instead focus on reflecting words and images to which co-inquirers resonate.

Participating Co-Researchers

Recruitment and selection. Participant co-researchers were recruited through email and social media. Professional contacts received and distributed to their colleagues an electronic call for co-researchers. Additionally, art therapy associations in Wisconsin, Maryland, and North Carolina shared the call with their membership on social media. Ten people expressed interest. Based on their expertise, minimum of 5 years of experience in the field, and practice of creating art alongside adult group members, four masters-level registered art therapists were selected to participate as co-researchers.

Confidentiality. The Lesley University Institutional Review Board approved this research (Appendix A). The co-researchers reviewed and signed informed consent forms (Appendix B) before participating, and the researcher verbally explained informed consent and assured the co-researchers that they were free to withdraw from the study at any time or for any reason without consequences. In addition, all artistic activities were conducted within current professional standards of practice and codes of ethics of the American Art Therapy Association. The signed forms included consent to audio and video record sessions and to photograph art. Given a choice to be named or to remain anonymous in the study, all co-researchers chose to be named and to be described using their preferred pronouns.

Co-researchers. Of the four co-researchers, three were female and one male. Three identified as Caucasian and one as African-American. Three had obtained licenses (LCAT or LPC-IT) in their respective states and two were board certified (ATR-BC), with 5 to 31 years (median 8.5 years) of experience. All four worked with adults who had mental-health-related diagnoses, but in different levels of care and settings comprising an acute psychiatric hospital, partial-hospitalization mental health day-treatment program, residential-care facility, and outpatient clinic or community setting.

Roderick. At the time of the study, Roderick, who chose to be named in the study, was a 45-year-old Caucasian male licensed (LCAT) board-certified art therapist (ATR-BC) working with veterans in a western New York community center. He had practiced for 7 years and held the titles of art therapist and case manager. He described his practice as clinical, focused more on verbalization than on art, and stated that he most often tended to use directives and other goal-oriented interventions. Roderick facilitated individual and group art therapy and assisted veterans to receive community services. He conducted an open-studio art therapy group for veterans. He had graduated from an art therapy program in western New York and described his theoretical orientation as Jungian, although he incorporated client-centered and shamanic ideas into his group practice. He estimated that he created some form of art in the group setting 75% of the time.

Emery. Emery, who elected to be named in the study, was a 38-year-old Caucasian female licensed (LCAT) board certified art therapist (ATR-BC) practicing in New York City at the time of the study. Emery's company contracted art therapy services with local nursing and group homes and care facilities. She had practiced for 10 years,

primarily with adults in residential care diagnosed with Alzheimer's, dementia, or developmental disabilities. She described her practice as studio-based, heavily focused on art-making, and incorporating both directive and nondirective approaches. Emery graduated from an art therapy program in the western United States and described her theoretical orientation as transpersonal. She explained that she made some form of art 90% of the time in her group practice.

Delora. At the time of the study, Delora was a 43-year-old African American female licensed (LPC-IT) art therapist (ATR) who had practiced for 5 years at a large behavioral health hospital and in private practice in eastern Wisconsin. She chose to be named in the study. She described her practice as a balance of studio-based and clinical, but often incorporated some directives in her practice. She graduated from an art therapy school in Wisconsin and defined her group therapy practice as focused on teaching skills, freedom, and empowering the client. She described creating some form of art in 50% of her groups.

Gayla. Gayla, who preferred to be named in the study, was a 55-year-old Caucasian female art therapist (ATR) working with veterans on a military installation in North Carolina at the time of the study. She had 31 years of experience and described her practice as a balance of studio-based and clinical, incorporating both directive and nondirective approaches. She graduated from an art therapy program in Missouri and considered her art therapy practice integrative and heart-based. Gayla estimated that she created some form of art in 65% of her groups.

Disclosure statement. I knew Delora before the start of the inquiry. She and I taught different courses at the same online low-residency graduate art therapy program for 3 years before the study. Previously, we worked in different physical locations, over 50 miles apart, as art therapists for the same large Midwestern behavioral health hospital and held positions on the Wisconsin Art Therapy Association board at the same time, approximately 3 years before the start of the study. We also attended the same graduate art therapy program several years apart. I met Emery briefly after she presented an ethics workshop at Nazareth College shortly before the start of the study. The remaining two co-researchers were unknown to me.

Research Design: Interviews with Artistic Reflections and Video Documentation

The research followed an interview method with art created in response to further insight. Video summations and a culminating video statement served as artistic presentations of individual work with the art therapist co-researchers and with the entire community of co-researchers respectively. This collaborative approach aligned with my values as a researcher and clinician.

Interviews formed the foundation of the inquiry. My interview style mirrored Lett's (2011) description of companioning. Together, the co-researchers and I shifted between words, gestures, sounds, movements, verbal metaphors, stories, and art forms to slowly "search for essential truths about what matters most" (p. 13). Although this process led to an extensive amount of information to work through, it revealed the core of a practice generally described only when concerning impactful outcomes. Together, we described what mattered most to our practices and the relationships and experiences that arose when we engaged in creating art alongside our clients.

Overview of the method. The inquiry consisted of three semistructured face-to-face interviews to explore the research questions, incorporating art-making with each of the four art therapist co-researchers over the course of 1 to 2 weeks. The interviews lasted an average of 2 hours each (total 24 hours and 43 minutes) and were audio and video recorded with consent. Two video cameras were used; one focused on the discussion, and one captured the art-making process.

Interviews focused on a single query and did not include predetermined question sets. Instead, I reflected and summarized each co-researcher's statements to prompt clarity and a deeper understanding of what was shared. The initial session addressed what happened when the co-researchers created art alongside clients in their group art therapy practice, whereas the second session incorporated a discussion of what was gained and lost. It also provided an opportunity to share additional thoughts and experiences about the practice. The final session centered on reviewing what emerged in the first two sessions. The co-researchers created art after 45 to 60 minutes of discussion as a way to express and explore aspects of the practice of creating art alongside clients that emerged during the discussion (total 14 co-researcher-produced images). I created art in the interview sessions to express and explore my thoughts, feelings, and sensory responses to the interview (total 14 author-produced images). Approximately 10 months after the conclusion of interviews, the co-researchers participated in a final virtual interview conducted using Skype. The virtual interviews were video recorded with consent.

Art-making during interviews. Other than being asked to reflect on the interview, the co-researchers were self-directed in their art-making. Open-ended art-making provided them the freedom to express themselves and helped reduce my

influence on their thoughts. Art-making became a way for the co-researchers to reflect and express what happened when they created art alongside their clients. This process was a natural extension of the interview because the co-researchers reported that they engaged in a personal practice of art-making to explore, understand, and express themselves and ideas they struggled to put into words. We shared our art in the research sessions by discussing the symbols and metaphors used in the art pieces and through gesture, sound, and movement. Such multimodal engagement with the art pieces allowed continued exploration of ideas and concepts that were challenging to capture in words and visual art.

Art-making allowed me the freedom to respond to the co-researchers' varied modes of expression and to share my initial understanding of what they communicated. I was able to reflect visually in a way that invited feedback from the co-researchers about accuracy, potential bias, or misunderstandings. These images assisted me to remain open and true to what they shared throughout the research process. I discussed my art products and processes with the co-researchers at their request.

Process of Reviewing the Inquiry

I reviewed the interview transcripts, video footage, and art. As I reviewed the transcripts, I created short outlines of the concepts and ideas that emerged during the sessions and then consolidated the transcripts into research narratives (Appendix C) and distilled them into essential concepts. The co-researchers reviewed the videos to ensure they were accurate and captured the essence of what they had shared about their practices.

Research narratives. I composed research narratives after reviewing the transcripts and video footage. These summaries contain important statements, quotes, and discussions about the art created. They function as abridged versions of the research session transcripts that remain authentic and true to the spirit of the research sessions.

Art-based engagement. I explored the interviews through art-based engagement with the transcripts, video footage, and art created. Artistic work shaped my understanding of what was shared in the research sessions. Art-based engagement proceeded as I created, in order, (1) images in a research journal, (2) response paintings, (3) writings to gain insight into the imagery and to form poems, and (4) brief poetic responses and poetry to integrate with the paintings. Progression through these steps helped me to holistically engage with the interviews, my responses to them, and the information shared. What I understood on a sensory and emotional level, as well as with intuitive and tacit knowledge, slowly transformed from kinesthetic physical expression into abstract visualizations from which form emerged—followed eventually by words that surfaced and that I shaped into poems. The process enabled me to pause, reflect, and integrate fully what was shared in the words, imagery, and spirit of the interviews.

The co-researchers and I discussed and investigated holistically the practice of creating art alongside clients in the group setting, the gestalt of which the words or phrases of the session transcripts could not capture. Therefore, it was vital that I engage with the interviews in ways that were genuine and brought my whole self into the review process. I used journaling, response art and process painting, creative writing, poetry, and video responses to achieve this goal.

Art journaling and response art-making served as primary means to immerse myself in the inquiry. Art journaling provided a way to reflect on the interviews; respond to statements and ideas shared; and explore my beliefs, feelings, and thoughts related to what the co-researchers shared. It also enabled me to explore and reflect on potential bias. During the processes of transcription and video footage review, I used response art, as had Fish (2012), to deepen my understanding of what happens when the co-researchers create art in their practices of group therapy.

Poetry provided an evocative counterpoint, emphasizing feeling and embodiment together with a distillation of key ideas and concepts from the interviews. Prose and poetry created space for reflection and pauses and, as Leavy (2009) noted in her art-based research, helped “break through the noise to present an essence” (p. 63).

Research journal. I created the images in a research journal after each of three iterations of reading the transcripts and used art-making, journaling, creative writing, and poetry composition to (a) increase my awareness of potential bias or misunderstandings, (b) gain insight into the information shared during the interviews, (c) shape my initial thoughts and understanding of the co-researchers and their practices, and (d) separate the co-researchers’ experiences from my own as a group art therapist who created art alongside clients. Figure 1 is a sample of a research journal entry I created when I reviewed video footage, transcripts, and art from working with Gayla. It helped me understand the relationship between trust and distrust and the tension Gayla holds in her group therapy practice.



Figure 1. Example research journal page (Gayla).

Response art and process painting. I created a response painting for each co-researcher. In the interviews, the co-researchers shared their experiences of creating art alongside their clients in story, metaphorically describing them using concepts and words that relate to art media, art-making, and art processes. To remain faithful to the nature of the research and the co-researchers' ways of describing, I used my art-making to creatively engage with, respond to, and express the kinesthetic, sensory, gestural, and emotional information conveyed along with the words of the interviews.

These 16" x 20" paintings were created in stages over several weeks. For each, I read the session transcript, reviewed video footage of the sessions, and reflected on the art the co-researchers and I created during the sessions. Then, I responded by adding color, texture, dimension, and layers of abstract imagery to the canvas until an image emerged. Figure 2 is an example painting created in response to work with Gayla's research narrative and transcription. See Appendix D for all paintings created in response to the co-researchers.



Figure 2. Example response painting (to Gayla).

Creative writing. Creative writing provided insight into the response paintings and what they revealed. I responded to each stage of the painting process, the imagery in the research journal, and the completed paintings with creative writing. I began by freely writing thoughts and feelings that arose when I viewed and interacted with the images and what this conveyed about the co-researchers, their practices, and the research questions. I then engaged with the imagery by either dialoguing with the image (McNiff, 2004) or writing descriptions of what I felt, saw, and heard when viewing the painting. I isolated ideas, phrases, and passages in this writing that seemed to resonate, combined them with quotes of statements that stuck with me from the interviews, and shaped them

into a poem. The poems (Appendix E) honored the co-researchers and their stories and offered a moment to reflect on the whole of the inquiry before moving forward to identify and present essential findings. The following example poem was in response to Gayla:

Listening at the edges of feeling
 Experiencing; resonating
 with an open-heart intentionality
 meandering
 Into living image

Let them be themselves, Free
 in the process Reaching out
 towards the spiritual Grounding
 into physical
 opposites in unity

Into the depths trusting heart
 Bring it to the surface
 The wound in need of healing
 Be brave—give the pain voice
 Forgiveness
 And letting go

Poetic responses. I read, recorded, and paired the poetry with the paintings to create brief response videos. These short video statements captured the essential information the co-researchers had shared. They created an opportunity to pause and reflect, which was important because the co-researchers shared a wealth of information significant to their practices but that did not always trace directly to the research questions. Thus, the video process enabled me to honor their stories and determine if key concepts and statements related to the research questions resonated with the inquiry as a whole. These short responses were opportunities to gain a sense of the gestalt of the

inquiry before moving forward to present specific findings in a direct and condensed manner.

Video summations. The video summations served two essential functions in the research: They furthered identification of the research outcomes and were the medium for an artistic presentation of work with the each co-researcher individually. Creating the videos was a way to distill concepts from the overall inquiry while deepening insight and inviting viewers to experience their own aesthetic, sensory, and emotional reactions to the investigation. I created a 3- to 5-minute video for each co-researcher and shared the completed videos with them during a final interview. A final 12-minute culminating video incorporated all four co-researchers and presented an overview of the findings.

Immersion and review process. I used video editing to focus on and present key gestures, phrases, and concepts directly related to the research questions. This final review process served to aggregate findings from work with the transcripts (Appendix F) and my art-based engagement into a cohesive statement.

Video summations incorporated verbalizations, sounds, gestures, facial expressions, arm movements, and art that otherwise would be lost in a written presentation. They helped crystallize, organize, and ensure the findings that emerged from the transcripts accurately represented the inquiry as a whole, as documented in the video-recorded interviews.

Creating the video summaries entailed (1) reviewing notes, research narratives, and written summaries of key concepts distilled by coding during transcription; (2) re-reviewing video footage of interviews; (3) identifying each co-researcher's statement that carried key phrases, thoughts and gestures about what happened when they created art

alongside their clients; (4) reviewing the art work the co-researchers created during research sessions; (5) pairing statements with art work and creating response art work; (6) organizing these statements logically in the video timeline; and (7) sharing the videos with my advisor.

Inquiry presentation. Essential elements that emerged in the art-based review of the inquiry coalesced into short video summations designed to engage and immerse the viewer in the findings. Videos offered a unique opportunity to invite the viewer to experience the inquiry's richness and depth through sensory engagement. Concepts and ideas the co-researchers expressed in their voices allowed their passion, energy, and emphasis to be communicated together with their imagery, gestures, and movements. The videos added a level of authenticity to the findings that could not be described in a written presentation. This method was similar to Harris's (2018) use of video in art-based research to express lived experiences as "complex, multilayered and multisensory" (p. 449).

Additionally, use of video summations embraced the co-researchers as collaborators and as a crucial part of the research process, rather than simply as providers of information that I explored, distilled, and presented. The co-researchers were intricately woven into the inquiry as a whole, and their voices—rather than my interpretation of their voices—was the essential part of the aesthetic presentation of the research.

Trustworthiness and Integrity

I selected these art-based research methods for their flexibility and responsiveness to whatever emerged throughout the inquiry. I attempted to remain transparent and

authentic in gathering information, working with the co-researchers, exploring information and creative responses, and reporting results. Throughout the interviews, I reflected statements to the co-researchers to invite their acceptance, alteration, rejection, or discussion of the narratives formed in response to their comments. I accepted and valued the co-researchers' statements, beliefs, philosophical underpinnings, perceptions, and diverse ways of expressing an understanding of their practices, and I approached differences in training and beliefs with curiosity. Open-ended discussion ensured that I understood not only the words used, but also the broader sense of what the co-researchers communicated. I approached the art, gestures, movements, stories, metaphors, and sounds as valuable methods of expressing emotional, aesthetic, and sensory experience and of inviting further discussion. To ensure that I understood the abstract concepts and phrases that arose during the study, I explored them using art, poetry, and response writing.

In striving for trustworthiness and integrity, I maintained prolonged engagement with all inquiry aspects and explored the research questions through different inquiry modes, as described earlier in this chapter. I invited the co-researchers to review the Results chapter and summation videos to ensure accuracy and, whenever possible, I incorporated their suggestions.

The inquiry attempted to address the research questions most notably by generating aesthetic responses and creating video summations. I worked to animate and keep the experience of the interviews alive through art responses and poetry. These methods helped shape the collaborative research. They also honored the co-researchers' unique experiences and, hopefully, furthered their direct expression to readers.

Researcher Bias

As the researcher, I identify as a white, middle-class, heterosexual, cisgendered female strongly influenced by the values and beliefs of military service members and their families. Personal experiences with the cultures, mores, and values of the various domestic and foreign regions where I have lived influenced my perceptions and understandings. Thus, I maintained a reflective journal throughout the study to explore the potential impact of ethnicity, race, gender, geographical location, and socio-economic factors on the research process. Open discussion with all co-researchers when responding to their actions and artistic expressions, as well as welcoming their feedback throughout the research process, reduced the possibility of misrepresentation. During the research process, I openly described myself as an art therapist who engages in art-making in my practice. I am a strong proponent of art-based therapy in practice, in teaching, and in working within the art therapy community.

CHAPTER 4

Results

This chapter begins with a review of the video summations, co-researchers' responses and feedback related to these summations, and creation of the culminating video statement encapsulating the inquiry as a whole. A discussion of the research questions and outcomes that emerged from the inquiry follows this review. The chapter concludes with a brief summary.

Four expert co-researchers participated in 6 hours of video- and audio-recorded semistructured interviews that incorporated discussion of the research questions and art-making. In addition to studying the video footage and transcripts of discussions, I used response art-making, creative writing, painting, and poetic responses to review the inquiry. This examination resulted in creation of four video summations and a culminating video. These summations focus specifically on work with each co-researcher individually. The videos deepen insight and invite viewers to experience their own aesthetic, sensory, and emotional reactions to the investigation. The culminating video synthesizes and presents outcomes from work with all four co-researchers and from the inquiry as a whole. This final review process aggregated findings, provided a means to reflect on the work, and generated a complete artistic statement about the research.

I used video editing to identify and present the co-researchers' important thoughts, gestures, phrases, and concepts that directly related to the research questions. A brief review of each participant's video summation and responses to the summation, together with a discussion of the culminating video, follows. (See Appendix F for transcripts and links to the four individual session videos.)

Individual Co-Researcher Video Summations

Roderick. I created a 2:04-minute video (Appendix F) to summarize work with Roderick. The video incorporates statements he made related to the authenticity of engaging in art-making as a natural part of his process and the relationship of these practices to his identity. The video places additional focus on Roderick's perception of the effects of the art-making process on his group, particularly on the impact of his modeling, demonstrating technique, and engaging with materials, bringing "raw artistic energy" and his "special knowledge, that special vision of the depth."

Emery. The 3:52-minute video (Appendix F) summarizing work with Emery focuses on the benefits of her practice of creating art alongside clients, which helped reduce her clients' "inhibitions" and develop interpersonal relationships that "didn't rely on conversation." Emery discussed the reciprocal nature of art-making in the group as helping her "be more open," which in turn encourages members "to have that openness and trust." Additionally, art-making assisted Emery to lead the group. It allowed her to "be calmer and more grounded," increased reflexivity through the ability to "check in" with herself and to "stay connected to what's going on," and assisted her in "reflecting and accepting" and to "process as it's all occurring." In the interviews, Emery focused on media and her belief that use of media "opened up possibilities" and "created an experience" through sound and movement. However, she expressed that group size, group member needs, and acuity altered or limited her art-making in groups and she cautioned that group leaders could miss things when they create art alongside group members.

Delora. I created a 3:16-minute video (Appendix F) that incorporates footage, gestures, and response art to summarize Delora's and my work together. The video highlights three critical aspects of her work: Creating art alongside members was congruent with her beliefs, the group was structured to promote connection through art and discussion, and art-making was purposive.

Delora reinforced her statements about the value of art-making to the group through her active engagement: "I trust this process because it doesn't necessarily have to be this masterpiece, it could be doodling, but you're doing something." Aligning her thoughts, values, and actions demonstrated the depth of her commitment to art-making as a valuable tool for healing. She emphasized her passion for art and for sharing that passion with group members. Delora noted, "I made the connection a bit deeper, saying I need to do art for myself but also for them. I think I made it more of a ceremonial type of practice because it's part of our ritual."

Delora structured her group process to bring group members together in a central space "where you commune and interact, and so then we use that table to do art, and it makes it easier to have that conversation." She engaged in "loose artwork" to promote her ability to attend to the group and their needs when creating alongside. However, at times, she used art to self-regulate, increase focus, and release thoughts or emotions. "It kind of helps me stay grounded and be present in the moment. . . . It's about me making sure I'm providing them the best therapist." Delora discussed creating "meaningful art" that went beyond marks on a page, because "you may have thoughts in your head and you need to get that stuff out, or you're thinking about other things besides being in the space with that person, sometimes you have to get that stuff out."

Gayla. The 5:15-minute video summation (Appendix F) of work with Gayla incorporates gestures, art created during the research sessions, and response art associated with Gayla. The video highlights three aspects of what happened when Gayla created art alongside military personnel in her practice of group art therapy. This method was integral—authentically in service of the clients and active role-modeling. Making art alongside clients allowed Gayla to engage with clients “in a way that’s in alignment with my personality.” It was central to her work, to the point that she felt she “couldn’t do art therapy if I didn’t make art . . . [because] it would lose a lot for me.” It allowed her to live her beliefs actively, which included trusting the process, trusting people to find what they need, and “trusting the intuitive knowing of what’s happening, . . . surrendering to the art.” She felt that “watching them draw feels intrusive.” Instead, making art alongside enabled her to “be with” clients without interfering with “their creative process in any way.”

Although creating art alongside involved her personally and was enjoyable, Gayla’s purpose and intention were to build relationships. It increased member involvement in the group by “taking the pressure off of them” and decreasing their “self-consciousness” while establishing mutual “trust and respect.” Intentionality was required. Gayla created art to connect with group members “as a person with my experience” but used the art “in their treatment, not mine.” She initiated art-making in service of the group members with their therapeutic relationship, needs, and therapeutic journeys in mind.

Additionally, creating art in groups role-modeled the use of materials, challenged members to use new and diverse media, and demonstrated that creativity could lead to insight. Skills required to engage in this practice included multitasking and the ability to divide awareness between one's own art-making process and the group process.

Co-Researcher Responses to Video Summations

The co-researchers participated in a final 1-hour video-recorded research session conducted virtually through Skype. During this session, they reviewed their specific video summations and provided feedback, suggestions, and further clarification. All co-researchers responded positively. They expressed that the opportunity to articulate their beliefs and practices was healing and powerful. "I'm speaking my truth, and it's good to see myself doing that" (Roderick). "Seeing it in this condensed way reminded me of how rich it was, the color and depth and watching it, it evolves into more depth" (Emery). "Wow! I have never put all of that into words. I do know what I'm doing, and I do know what I'm talking about!" (Delora). "This was really healing and validating for me [despite the challenges of] finding words that would come close to what I'm attempting to do as an art therapist" (Gayla).

I reviewed recordings of these final sessions in conjunction with the previously compiled information to ensure accuracy of the findings. I then composed a final poem, shaped with the co-researchers' words, to express my ultimate understanding of what they shared throughout the whole of the inquiry and to illustrate the essential elements of what happened when the co-researchers created art alongside:

Authentic, Alongside creating
 Being
 With you, together we
 Become
 Community, space for opposites
 Within
 The self, healing in the flow
 Expanding
 Connecting, to one another and
 Within
 Contracting, moving into our depths
 Trusting
 Intuition, embracing the process
 Together

Culminating Video

I created an 11:54-minute video to portray an essential sense of what happens when art therapy group leaders create art alongside their clients. This video gathers and presents the co-researchers' important gestures, phrases, and concepts that directly related to the research questions. It honors the community of co-researchers. It is a statement presented in the co-researchers' own voices, emphasizing outcomes that emerged from our shared experiences and that resonated with our community.

The video (<https://drive.google.com/open?id=1dpB-fEHHNgpM2joPTb6Rrs2DizCk7cz>) includes the co-researchers' reasons for engaging in the practice of creating art alongside their clients, highlights statements that support this study's outcomes, and discusses how co-researchers successfully created art alongside their clients. It accentuates the importance of an egalitarian group environment that promotes empowerment and community. The co-researchers emphasized authentic leadership as an active expression of values. They discussed their in-session art-making as a way to self-regulate, ground, become present, connect, and attune to members, and

described changes in group members' behaviors and engagement that resulted from the side-by-side approach. The co-researchers imparted practicalities and skills related to creating art alongside group members. Finally, the culminating video voices the co-researchers' belief that working side by side is an equally valid therapeutic approach. They encouraged art therapists to remain open to multiple ways of practicing and to, as Delora eloquently concluded, "find what works for you." Appendix G contains the full transcript of the video discussion. This artistic statement consolidates and concisely presents the research outcomes that are discussed at length in the next section.

Outcomes

This study addressed two research questions as they pertained to the experiences of four art therapists who create art alongside clients in their practices: (1) What happens when art therapists create art alongside their clients in their group practices? and (2) What is gained and what is lost when they engage in this practice? This chapter presents the interrelated and overlapping gains—benefits and positive outcomes—as natural extensions of what happens when art therapists participate in this practice. Therefore, outcomes related to benefits are addressed with the first research question, whereas discussion of the second question focuses exclusively on challenges—what is potentially lost.

Outcomes are defined here as "ways of being" that emerge from the community and resonate with the practice being studied (Lett, 2011, p. 5). Outcomes emerged in this study following a process of repeatedly reviewing transcripts, video footage, research narratives, and video summations. I consulted the co-researchers at three points, during which they evaluated video summations to ensure accurate presentation of their work;

offered suggestions and feedback at a final virtual meeting; and assessed a draft of the Results chapter, evaluating and offering suggestions related to the findings.

Review and distillation of data gathered throughout this inquiry revealed that creating art alongside clients affects therapists, group leadership, group process, and group members. Recognizing significant overlap among these perspectives, I categorized the four primary benefits as (a) an egalitarian group environment, (b) authentic group leadership, (c) therapist presence, and (d) group member engagement. I present them separately, with illustrative quotations from the interview. Although these divisions are not absolute, they align with the literature and serve to systematize outcomes. The sections do not imply hierarchy and are not discrete. Instead, they function as interdependent focal areas around which the outcomes clustered.

Three potential challenges or losses perceived by the art therapists in this study emerged in response to the second research question. They are the risks of (a) slower response to group issues, (b) less recall and reporting, and (c) intimidating clients.

RQ 1: What Happens When Art Therapists Create Art Alongside Clients in Their Group Practice?

A review of the information gathered identified gains that naturally overlap and influence one another. However, to structure a clearer discussion of the outcomes herein, I grouped the gains into focal areas and, in the following section, highlight specific aspects of each, along with supporting quotations from the co-researchers. The four areas are (a) an egalitarian group environment, (b) authentic group leadership, (c) therapist presence, and (d) group member engagement.

Egalitarian group environment. This section describes the group environment and interpersonal effects of therapist art-making. This category overlaps with others, primarily group leadership, but is distinguished here by a focus on the *interpersonal environment* rather than on the leader's actions. Creating art alongside clients in the practice of group art therapy affected the group process by enabling therapists to (a) prioritize art-making, (b) role-model, and (c) add depth to the group process.

Prioritize art-making. The co-researchers prioritized the art-making process in their group therapy practices: "Trusting the process, that's what it's all about" (Gayla). Although each defined it differently, all believed that when it came to art-making, as Gayla stated, "something deeper is happening and something bigger is in control." Through meaningful personal experiences with art and media, the co-researchers developed deeply held beliefs that engagement with art is healing. As leaders, they maintained an environment that encouraged exploration, involvement with various media, and interaction with materials. They created space that helped members develop insight, build relationships with themselves and others, and trust the value of art-making.

Role-model. Visibly engaging in the practice of art-making alongside clients provided group therapists with the unique ability to role-model the practice of art-making and to bring their passion for it into the session. Modeling how to use materials and engage with art was an essential purpose for making art alongside. The co-researchers demonstrated trust in the process, intuition, and depth; they role-modeled their passion for the practice of, and a relationship with, art-making.

Model passion for art-making. The co-researchers valued art and the creative process. For the art therapists in this study, art-making communicated their excitement, enthusiasm, value, and respect for art-making as a way to express, cope, heal, and develop insight. They believed in the therapeutic value of art-making and shared their experiences verbally and visually.

The co-researchers were experienced artists who exuded confidence in art-making. They brought this “raw artistic energy” (Roderick) to the group and, through their comments and actions, showed their clients that art matters. These actions helped the co-researchers express and explain why they did art therapy and what they loved about the practice, and allowed “others to see my passion for art” (Delora).

Model the practice of art-making. Group members observed the art therapists while they created art. The co-researchers modeled engagement with materials and the art-making process while providing members feedback, critique, and guidance. Modeling offered a unique opportunity to show, share, and help clients develop skills indirectly and directly. Although the goal was not to teach group members to be technically proficient artists, the co-researchers believed, as Roderick stated, that if clients develop and “trust their artistic sense, . . . [then] some kind of truth will come out of it.”

Model a relationship with art-making. Group members learned to interact with their art processes and products and gained insight into art-making from observing and interacting with art therapists. The co-researchers in this study modeled these interactions by responding honestly to group members’ art and being “transparent to a point . . . [to] role-model the kind of behavior that I’m looking for in them; to open their minds, look for themes in the artwork that can actually guide them in their lives” (Gayla).

Add depth. The co-researchers identified that their art-making added depth to the group process. They described *depth* as a philosophical and theoretical construct, a way of understanding, and a method of defining group dynamics and interactions. They used different words, including *depth*, *layers*, and *intuition*, but each described adding something to the group process. Depth affected the relationship with art-making, the way the co-researchers interacted with group members' imagery after it was created, and how those members gained insight from the therapists' art-making.

Depth appeared as physical and technical engagement with imagery and in the way the co-researchers discussed imagery in the group setting. For example, Roderick stated that he believed depth emerged when group members brought "engagement and emotionality" to their art. He encouraged members to "go a little farther" into the image and learn to add light, shadow, and texture. His goal was to encourage members to develop a relationship with art-making that went beyond creating superficial or stereotyped forms to finding personal meaning and insights in working with images.

The co-researchers described that interactions with, and insights gained from, creating and interacting with art individually and that relating with others after it was created added depth to the group process. This depth occurs as multiplicity, connecting to something greater, and intuition. The group became a space that invited multiplicity and diverse stories to emerge so that "everybody gains something because they've made it their own," even when they do not discuss their insights with the group (Gayla). The co-researchers associated depth with connecting to something greater. Those elements were not specific to religious tradition or tenets. Instead, they arose when the co-researchers attributed some aspect of their work to something more significant or outside of the self.

They described the elements as the collective unconscious, intuition, energy flow, universe, and “where the magic happens” (Roderick). They discussed “tapping into” (Roderick) or “feeling into” (Emery) a connection to something bigger when they trusted their intuition and were able to stay in the moment. The moments might enter the group as “a snap of inspiration” (Roderick) or when “something bubbles up” (Gayla). The co-researchers embraced these elements in their practice and felt their most successful work occurred in moments when the group as a whole could engage these ideas. They expressed intuition as flowing among what is below, on, and above the surface. “I go into the depths of peoples’ pain with them, and then we bring that to the surface, and then we try to give it up, let go, accept” (Gayla).

Authentic group leadership. *Group leadership* is defined here as the orientation, beliefs, and values that shape how therapists approach their practice of group therapy. These ideas influenced how the therapists perceived their roles, as well as how they structured and facilitated therapeutic groups. The practice of creating art alongside clients influenced the co-researchers in their roles as group facilitators in four interconnected ways. Specifically, they (a) lead authentically, (b) expressed identity, (c) expressed values actively, and (d) collaborated.

Lead authentically. *Authenticity* emerged from the interviews as congruence between the internal beliefs and values therapists hold and their outward expression. Whether they arrived at the practice of creating art alongside clients through their graduate and post-graduate training and experiences or as a natural extension of their way of being in sessions, the co-researchers in this study carefully considered the benefits and challenges of engaging in such practice. They developed a unique skill set that allowed

them to create art alongside clients in a way that was genuine, connected them to their art-making processes, tapped into their tacit and intuitive knowledge, and served the client or group. The co-researchers developed the practice through deliberation, observation, trial and error, and experiential learning. Once they acquired these skills, creating art alongside clients became an integral and essential component of their practice and an extension of their selves.

Express identity. The co-researchers discussed art-making as emerging from the intersection of identity and therapeutic practices. *Identity* in this dissertation incorporates formative beliefs, values, philosophies, and theories that shape roles and therapeutic practices. In this study, the co-researchers carried authenticity into their leadership roles as group art therapists. They valued egalitarian leadership; interpersonal relationships; verbal, nonverbal, and metaverbal expression; intuition; and thoughtful disclosure. They de-emphasized hierarchical relationships. As leaders, they were responsible for the group structure, space, environment, interactions, materials, and safety. However, they did not take the role of “expert.” Instead, they perceived themselves as equal to, albeit slightly more experienced or responsible than, the group members.

The group therapists were challenged to balance authenticity, disclosure, and art-making to achieve what Gayla called “the sweet spot.” To achieve equipoise, the co-researchers approached leadership as an opportunity to relate to members as a “whole person” (Gayla) and allow organic exploration and discovery through the process of art-making, wherein “everyone was tapping into the process” (Roderick). In these moments, the therapists preserved their leadership roles without compromising their authenticity. They interacted, disclosed, and created in ways that express values. They believed

creating art alongside clients allowed them to integrate their values and actions and to be the best version of themselves in their leadership roles. This way of practicing harmonized with them because it was natural and intuitive. It situated their leadership style within their personalities and deeply held values.

Additionally, the co-researchers encouraged group members to engage with art while illustrating the value of art-making. As Delora summarized, “I don’t just say it, I live it.” Active engagement with art-making helped the co-researchers be genuine, engage, and bring their strengths into their leadership roles. It aligned their values, beliefs, and strengths in a way that worked for them and helped them to create an effective group environment.

Collaborate. The co-researchers’ leadership styles emphasized being with, rather than directing, group members. Working alongside highlighted the collaborative nature of the group process. The therapists strengthened relationships with members by demonstrating they “would not ask members to do something that they wouldn’t do” (Gayla). They addressed their beliefs in group members and their ability to meaningfully engage with and learn from their art-making. For the co-researchers, creating art alongside group members was a way to establish community and be beside and with them.

Establish community. The co-researchers approached their groups with a community mindset. Reflective art-making reinforced this sense of community and demonstrated, as Gayla outlined, “We’re in this together.” As such, they could establish a group environment where members work with and learn from one another and the leader, rather than the leader having insights and ideas and passing them down to the members.

Creating art alongside clients allowed the members and leaders to connect and learn without relying exclusively on verbalization or disclosure. This effect was particularly evident for those co-researchers whose practices brought members together around a central space, such as a table, where members worked alongside and could observe the group leader and one another.

The co-researchers varied their degrees of transparency, disclosure, and content of art created based on the group members' needs. They shared their artwork, when the group requested, as a way to role-model how to talk about art and they authentically responded to members' questions about the content. However, the co-researchers balanced their disclosure and sharing with the disclosure's value to the group. For example, Delora addressed that she created an image in response to a frustrating interpersonal experience but did not disclose the details or nature of the incident to group members. Instead, she focused on how members could use art to express and manage their feelings. These moments established community, supported genuineness and authenticity, and emphasized collaboration.

Be beside and be with. The co-researchers worked to be with, rather than to direct, their clients. These interactions were grounded in a philosophical orientation to the group whereby the therapists did not act as "experts" charged with directing clients to change. Instead, they guided group members towards their internal strengths and abilities. This style embraced the intrinsic ability of group members to grow and change. All co-researchers evidenced this practice by diminishing power inequities between leaders and members and between the more articulate and less articulate members—trusting clients and their ability to engage with and to learn from their art-making, accepting group

members and their artistic expressions, and letting everyone “go where they need to go” (Roderick).

Therapist presence. The co-researchers experienced internal changes and gained personally when they created art alongside their clients. Although this cluster of effects significantly overlaps with group leadership, it is distinguished here as occurring *within* therapists rather than as their *external* expression, as addressed in the Group Leadership section. When the group art therapists in this study created art alongside their clients, it enabled them to (a) learn in the moment, (b) be grounded and therapeutically present, and (c) be attuned and connected.

Learn in the moment. Creating art alongside allowed the co-researchers to “check in with the self” (Emery) and with the group throughout the group process. It provided therapists in this study with a way to explore group dynamics and intra- and interpersonal relationships and to ascertain needs. They gained insights that guided and shaped their continued in-the-moment interactions with clients. For example, Roderick described the value of those insights on group leadership, identifying moments when therapists know “it’s the right way to go” and “to see what happens.” Additionally, this process helped the therapists in this study notice their internal thoughts and feelings and “learn in the moment from my art” (Gayla).

Be grounded and therapeutically present. Creating art alongside clients helped the co-researchers to become grounded and present and to increase their focus. They noted that responsive art-making facilitated this process because it provided a means of self-regulation, calming, and self-reflection.

Self-regulation. The co-researchers used art-making to express and contain their internal state, emotions, or thoughts that otherwise would distract or be inappropriate to bring into the group process. It became a form of “self-care in the moment” (Delora). Delora, Emery, and Roderick described this form of art-making as emphasizing kinesthetic ways of working with materials, such as tearing paper, rapid painting, scribbling, or doodling.

Calming. Creating art alongside group members helped the co-researchers to calm. They described *calming* as reducing anxiety and letting go of distractions. Art-making helped them achieve tasks associated with their leadership roles, such as monitoring group interactions, writing extensive notes, tracking step by step how members engaged with materials, and recalling minute details of the group therapy sessions. The co-researchers prized authentic interactions in the group setting to focus entirely on the group and group communications while noticing and retaining valuable information about the group progress. Their art-making became a way to record and recall session information without extensive note-taking that can potentially pull them out of the moment and the session. Because their focus was not on tracking events, all co-researchers noted increased ability to be present for the group.

Delora described a second type of calmative effect—using art-making as a way to put her energy in a place where she could gain emotional distance, moderate distress, and interact positively with clients in intense and challenging situations.

Self-reflection. Art-making helped the therapists in this study check in with themselves and “remain in the moment even when things are coming up for you” (Emery), as well as to “know what you can talk about and what you are not ready to share

with somebody in their session about them” (Gayla). Roderick described this effect, experienced by all co-researchers, as “the magic spot” where leaders “avoid the enmeshment, find the balance between what the group needs, what each individual needs, and what you need. Putting the needs of the group first but not ignoring your own needs.”

Be attuned and connected. The co-researchers described being able to shift their awareness fluidly among their own art-making, individual group members, the group as a whole, and the group process. They developed ways to create art while being present, aware, and deeply connected to group members and defined the experience as being “connected” (Emery), “aware” (Delora), and “attuned to what’s going on around me” (Emery). They achieved these connections by trusting their intuition, integrating art-making into their group structures, and creating with intention.

Trust intuition. All co-researchers described intuition as fundamental to their practice. Although it emerged in many aspects of their work, it fostered connection and attunement in the group because it enabled them to attend to the group while engaging in their art-making. Emery summarized this as “knowing what’s happening in the room when no one is talking and trusting the process, and that I will feel when something is off.” It incorporated an awareness of nonverbal, gestural, emotional, and metaverbal communication that came from being “in tune with the group.” Gayla described this as “being really good at staying focused on your own art but being aware of your surroundings and seeing; like if your patient starts to cry, you know they are crying. You feel it. You hear it.”

Integrate art-making. The co-researchers reported structuring their art-making, intentionally selecting media and materials, choosing specific art-making styles such as

abstraction, and entering into their art-making processes in a way that allows them to remain aware and connected to the group. They checked in with group members periodically through eye contact, verbalization, comments about art, offering suggestions or technical advice to members, and moving around the space. In that way, art-making became a natural, integrated part of their group process. Whereas most group art therapists encourage art-making, the co-researchers in this study integrated it as an *essential* part of group routines and rituals.

Create with intent. For the co-researchers, art-making was purposive. They described *intentionality* as a way of responding and connecting to another person or image, “as a person with my experience [while using the imagery in] their treatment, not mine” (Gayla). Art-making connected the co-researchers to their clients around a shared process of creation and became a way to communicate curiosity and openness (Emery), guidance for clients on their journey (Gayla), and creation of art for art’s sake (Delora; Roderick).

Group member engagement. The final cluster of outcomes involves group members’ observable behaviors and reactions to therapist art-making, as reported by the co-researchers. It is important to note that the outcomes reflect the co-researchers’ perceptions of their group members’ experiences, and that group members were not queried in this study. According to the interviews, the therapists’ art-making affected clients in three ways. It (a) increased participation; (b) increased trust in the group therapist, the art-making, and the group process; and (c) empowered clients.

Increase participation. The co-researchers reported that creating art alongside clients increased participation in the art-making and group processes by increasing client

comfort and engagement with materials. They all said that creating alongside reduced the anxiety and fear of judgment that group members may experience when asked to participate in art therapy, while normalizing the art-making process. All co-researchers noted that group members were more likely to engage in art-making and appear less anxious when they observe the group leader making art. Gayla summarized, “Me creating side by side with somebody gets the pressure off of them, gets them less insecure or self-conscious.”

Additionally, the co-researchers said that group members more readily engaged with materials, used a more extensive range of materials, and used materials in novel ways when the therapist creates art alongside them. They believed that seeing, experiencing, and hearing the group art therapists talk about the value of art and the art-making process provided opportunities for the group members to learn. The co-researchers reported that members observed them creating art and expressed interest in what was being produced, what media were used, how it was designed, and how they might adapt the processes in their work. As Delora explained, “They see that I’m doing art and they think, ‘Oh this must work,’ or ‘if she can do it, I can do it too.’”

The co-researchers reported that group members expressed interest and curiosity *verbally* by commenting on or inquiring into the therapist’s art-making process, and *nonverbally* by observing or varying movement and media usage. The group members’ comments about the art or method provided opportunities for the therapists to teach skills, connect to group members through art-making and discussion, and demonstrate how to talk about and gain insight from art-making. All four co-researchers used role-modeling and taught skills in their groups. However, their group practices were not art classes or

group spaces in which an expert disseminated technical skills. Instead, their group environments promoted experiential learning and developing skills in the moment. The co-researchers guided members towards successful outcomes but did not direct or interfere unless safety was at risk. Emery referred to this group environment as welcoming and its members as “curious what comes next.”

Emery discussed increased participation from her clients whose communication styles were less verbal or nonverbal. For these clients, Emery said, creating alongside allowed her to demonstrate that she was “listening” by emulating their movements, styles, and gestures as visible lines or colors on the page. She could then gently alter her movements and art-making, inviting group members to be curious about and gently change their art-making in turn. In this way, Emery noted, nonverbal and art-based communication increase participation and interest in supplies for these group members.

Increase trust. The co researchers’ art-making increased their clients’ trust in the group therapist, art-making, and group process because it demonstrated the process’s value and communicated the leader’s trustworthiness. It conveyed that the group therapists in this study were willing to do what they asked of members and to be observed in the process. All co-researchers shared this sentiment. Emery stated that members “trust that not only am I coming in and asking them to make art, but I’m doing it too, so it must be okay, or more okay than they thought.” The co-researchers demonstrated their passion, energy, and interest in art through their actions while assuring group members that making art is worthwhile and healing.

Empower clients. Therapists’ art-making empowered clients and promoted agency. The co-researchers believed that individuals are able to explore, express, and use

their inherent strengths in their art-making. They maintained their professional roles and created art alongside group members, intending to gently guide or challenge but not direct or tell them. They noted in the interviews that this openness allowed members to explore and experiment with media and materials in unique and unorthodox ways. The co-researchers believed that group members could discover and channel their styles and relationships with art-making while accessing the leader to help them problem solve, troubleshoot, or redirect efforts to achieve their goals. They felt that this practice de-emphasized hierarchical relationships and power disparities between the group members and the leader. It created a community environment that the co-researchers likened to being an “artist with other artists” (Gayla).

Summary, RQ 1. Creating art alongside clients helped the co-researchers demonstrate their beliefs that group members are capable of making choices, solving problems, and achieving an art product. They communicated their trust in the clients and the art process by creating space for group members to be curious and explore art-making processes and by demonstrating engagement with media.

Although they offered suggestions, guidance, critique, and feedback and taught skills to help members achieve their goals, the co-researchers let group members lead in their expression. They supported and challenged members to achieve their desired results but did not direct the process of doing so. Instead, they encouraged members to invest time and effort into art-making and to go beyond the simple use of materials to develop skills and find personal meaning in the images they create. Delora summarized that art therapy becomes a way to empower clients by “giving them power, giving them ownership, . . . allowing space for success and allowing space to challenge thoughts.”

RQ 2: What Is Lost in the Process?

Risks. Three risks or potential losses associated with therapists' practice of creating art alongside their clients emerged from the co-researchers' reflections in the inquiry. Group members were not queried; therefore, these risks emerged from the co-researchers' perceptions of their group members' experiences. As detailed in the following section, the co-researchers identified that art-making could affect their abilities to respond quickly or recall details of the group session or the step-by-step details of how group members created their images, and that their advanced artistic skills may intimidate or distress group members. Additionally, the co-researchers developed methods to mitigate challenges, which are discussed along with the risks in the following sections.

Slower response. The co-researchers noted that engaging in art-making slowed their response to group members who struggle. They articulated that decreased ability to help early was particularly important when members struggled with media, did not effectively problem solve, or improperly used supplies. Although the therapists in this study were still able to redirect or guide members towards alternatives, watching (rather than engaging in) art-making might have allowed them to notice and react more quickly to the members' choices. The co-researchers were aware of this possibility and addressed it by working to make eye contact, look up and around at members, converse, move around the space, and trust themselves to be aware of their clients' distress.

Less recall and reporting. Art-making affected therapists' ability to recall and report on group members' actions. Although the co-researchers were able to report and share significant information with their treatment teams—focused on what they knew of the processes members used and what members shared about their imagery—they

struggled to recall sequential details as to how a group member produced a specific art product. However, the co-researchers emphasized that although this information was useful, it was not the full picture. They described feeling different from, and at times marginalized by, their colleagues who consider it so. Even the co-researchers who worked with other art therapists noticed that their peers relied more heavily on assessment, sequence of materials used, interpretation of client imagery, and verbal disclosure. This disparity appeared related to the co-researchers' identities, role perceptions, and perceptions of the groups themselves. Gayla summarized this as a firm belief that "I don't do psychological drawing assessments. I do art therapy." Because they valued and focused more heavily on understanding their clients' art and art-making processes, the co-researchers developed skills to communicate their tacit, visceral, and art-based knowing to other professionals. Emery described this as being "able to put [this knowing] in words and terms that the rest of the team and people who are dealing with those in a group on a daily basis can actually use for what they do."

Intimidating clients. The co-researchers perceived a risk that clients would find the art therapist's skills daunting when the therapist made art alongside clients. Although this inquiry did not include group members, the co-researchers believed that this risk existed. They shared personal experiences of group member and colleagues that indicated the potential for such intimidation. To address this risk, all co-researchers modulated their art-making in the group setting. Emery shared that she adjusted the complexity of her art-making to match the group members' abilities; for example, she might regulate her skill by creating abstract rather than representational art forms. The other co-researchers shared similar techniques for modulating their skills.

Carefully selecting the art-making type and methods helped the co-researchers attend to the group, decrease the possibility of intimidating the client, and “normalize the space” (Delora). Additionally, the co-researchers actively worked to decrease the potential for intimidation in their interactions with the imagery group members create. They approached art with respect and helped members gain confidence in their skills by offering gentle “honest critique” (Roderick) and making their goals “attainable” (Delora). They believed that when they were genuine about their skills, their history of developing those skills, and their limits, group members could work through their initial defensiveness and beliefs that they could not make meaningful art. Delora described, “[I] explain that I had to practice at it and, with anything, you have to practice at it.”

Managing risks. The co-researchers deliberated before engaging in art making. They carefully assessed advantages and challenges in relation to the needs of their groups. Gayla summarized this sentiment, which all co-researchers shared: “I know there are risks, and I know there is great benefit.” Awareness of potential pitfalls aided the co-researchers to address safety, structure, interactions, materials, and member needs to create a safe and therapeutically beneficial group environment. The co-researchers developed skills to convert these risks into strengths, transforming challenges into meaningful therapeutic opportunities.

Additional outcome: Essential enabling skills. According to the interviews, creating art alongside clients required the therapists to develop specific skills and abilities related to (a) multitasking, (b) shifting awareness, (c) letting go of control, and (d) media awareness. Gayla described the skills as “finding the sweet spot” as a group leader. That spot is where leaders could maintain the leadership role, be themselves, and disclose and

create in a way that furthers the group members' journeys. The co-researchers learned these skills experientially through practicing during internship or supervision, "trial and error" (Emery), reading and continuing education, or reflecting on what did and did not work in their groups. As Gayla noted, "You can only learn by experience."

Multitasking. The co-researchers described that they relied on their ability to multitask to create art alongside clients. *Multitasking*, in this context, refers to "doing my own artwork and watching [the clients'] process" (Roderick). It revolves around engaging in personal art-making without "distracting" (Roderick) or "being in the way" (Gayla) of group members' art-making. As Gayla described, learning to do this was "an art in itself" that involved being able to attend to leadership tasks and fluidly shift awareness from the internal to the external.

Shifting awareness. The co-researchers developed the skill to shift between internal and external awareness. They could check in with themselves in the moment, tap into intuitive and tacit ways of knowing, be genuine in their art-making and interactions with clients, and monitor the group process. They considered which foundational aspects of their training and guiding philosophies fit their groups' needs and assessed appropriate degrees of transparency, disclosure, media engagement, and artistic skills to bring into the group process. The co-researchers actively shifted their focus three ways: (a) deliberate actions, such as looking up to verbally engage and connect with the group, (b) turning awareness inward to ground before expanding awareness and focus and returning to navigate the group process, and (c) intuitively "[picking] up on something about this painting" and "thinking about how I can put that out there in a therapeutic way without turning it all about me" (Gayla).

Letting go of control. Trust and “not having to control or force” (Gayla) the group process was another leadership skill all co-researchers related to their practice of making art alongside clients. This skill focused on their ability to hold internal tension and make space for diverse ideas and images to emerge. The co-researchers were authentically themselves “in the moment with whatever comes up” (Emery) and they attempted to keep a “beginners mind” being “okay with not knowing” (Gayla). They described being able to navigate and sit with tension—holding tension between trust and distrust—as revolving around the need to let go of preconceived notions about the art process and accept their identity and leadership styles.

Let go of preconceived notions. The co-researchers described feeling caught between their belief in the art-making process and their trust of group members to create meaningful art. These conflictual moments played out in situations where they observed group members using materials in inappropriate or unusual ways or noticed members seemingly create superficial or stereotypical art. The co-researchers worked to resist redirecting or interfering with the group members’ processes in these moments. Once they are able to resist, these moments often resulted in compelling and meaningful experiences for the members and the group leader.

Accept identity and leadership styles. All therapists in this study expressed experiencing moments of doubt when their leadership styles and beliefs were called into question. They experienced negative feedback and disparaging remarks from colleagues about their practice of creating art alongside clients. At times, this led to self-doubt, fracturing off, not discussing an aspect of their work, or feeling obliged to alter or defend their practices. Criticisms came in different forms, such as dissonant narratives about how

to practice, critiques about the value of their work, and attacks on the integrity or ethicality of their practice. Gayla summarized the crux of these arguments as an accusation that when “making art with patients, . . . you’re too self-absorbed or too much into yourself.” All co-researchers resolved condemnation by carefully considering why they engaged in this practice, seeking feedback from colleagues and group members, and recognizing that their practices are authentic, ethically grounded, and aligned with their styles of practice. They addressed these challenges by “realizing that these are all suggestions [and they need to] find what works for you” (Delora), focusing on the fundamental values underpinning their practice and perceiving leadership as an extension of the identity and individuality of the group leader.

Media awareness. The therapists in this study needed to develop an intimate understanding of their art-making processes and how various media affected their ability to be present, aware, and attuned. They reported that the art they created in sessions involved different materials or processes than the art they made outside of the group setting. In outside settings, they fully embraced and sunk deeply into their art processes, whereas in the group, they created “surface level” (Delora) art. This art was authentic but did not embody or fully capture the extent of their creative processes.

The co-researchers reported deliberately choosing their media and styles of art-making. They selected less fluid materials, such as pencils, markers, pastels, or collage. However, they used clay and paint particularly in groups where they demonstrated or encouraged members to try media that were more diverse. In groups that required more attention due to acuity, the co-researchers used pencils or engaged in preparatory art-making, such as cutting out magazine images. Stylistically, they tended to create

symbolic or abstract art expressions. However, they also reported using realism or emotionality in their art when it suited the group environment.

All co-researchers were aware of internal and external cues that indicated they are overly involved in the art-making. These included specific thoughts, such as, “I hope they don’t finish any time soon” (Emery), and actions such as “I notice I haven’t looked up in 10 minutes” (Delora). In moments when they became too engrossed in the art-making, the co-researchers reported using grounding skills, such as breathing or mindfulness, getting up and moving around the room, or deliberately engaging group members in conversation to return to the group. Emery summarized this as “trusting that if I do get too involved with the art, I’ll catch it and be like, okay let’s step back, take a breath, and rebalance everything.”

Summary of Key Findings

The dissertation inquiry addressed therapists’ perceptions of what happens when art therapists create art alongside their clients in their group practices and what is gained and lost in doing so. It became clear that the outcomes overlap and naturally emerge from the practice of creating alongside clients. Thus, findings related to gains were addressed with the first research question, and those related to losses were discussed with the second question. An unexpected outcome, identification of essential therapist skills needed to create art alongside clients to fully realize gains, minimize losses, and transform potential losses into gains, also emerged.

RQ1: What happens when art therapists create art alongside clients in their group practice? This broad research question necessitated identification of overlapping and interrelated areas affected by the co-researchers’ perceptions of their art-making. For

discussion herein, I organized these outcomes into four groupings: (a) egalitarian group environment, (b) authentic group leadership, (c) therapist presence, and (d) group engagement.

Egalitarian group environment. This outcome suggests ways that art making influenced the environment, culture, and relationships within the group. Such an atmosphere prioritized art-making and was reinforced through role modeling, through which the therapists in this study demonstrated their passion for, practice of, and relationships with, art-making. Additionally, creating art alongside clients added depth to the group process. In this dissertation, *depth* emerged as the relationship with the art-making process and as a way to interact with and gain insight from the art created. The co-researchers trusted their intuition to guide their interactions, art-making, and responses. They created space for multiple images to emerge and encouraged group members to spend time with their art, develop skills, and find their own insights.

Authentic group leadership. This outcome refers to the orientation and beliefs that the co-researchers used to structure and organize their group work. This external expression grounded and framed the group leaders' actions. It communicated authenticity, expressed identity and values, and established a collaborative group environment. The group leadership style shifted as facilitators collaborated to *be with* and *beside* group members rather than acting as experts.

Therapist presence. The results suggest that the practice of art-making in the group setting personally affected therapists. It helped them learn in the moment, augmented their ability to be grounded and therapeutically present, and encouraged connection and attunement to group members.

Group engagement. The co-researchers observed how their side-by-side art-making empowered and affected group members to increase participation and trust in the therapist, the art-making, and the group process.

RQ 2: What is lost in the process? Exploration of the co-researchers' perceptions related to the second research question identified three associated risks when art therapists create art alongside their clients in their group practice: (a) Artmaking may delay therapist response, leading to slower intervention; (b) If therapists become overly engrossed in art-making, they may have less recall and reporting later; and (c) Therapists with greater artistic skills may intimidate or distress clients. The therapists in this study anticipated these challenges and developed ways to mitigate the risks. For example, they heightened their awareness, identified internal and external cues of absorption, regulated their artistic skills to match group members, focused on group members' processes, and relied on informal assessment instead of reporting exclusively observation-based information to their treatment teams.

Additional outcome: Essential enabling skills. Exploring what happens when art therapists create art revealed requisite skills that enabled the co-researchers to create art alongside clients. Although not directly related to the two research questions, this additional outcome provided valuable insight into the ability to engage in the practice of art-making while the co-researchers attended to the group members, the group process, and their leadership responsibilities. Over time and through trial and error, the co-researchers developed four therapeutic skills essential to therapist art-making: (a) multitasking, (b) shifting awareness, (c) letting go of control, and (d) media awareness.

CHAPTER 5

Discussion

This dissertation contributes a new perspective on the therapeutic act of creating art alongside clients. It clarifies practices, defines and specifies impacts, pinpoints ways to overcome challenges, and identifies essential therapist skills. Overall, the research outcomes support and pull together findings from more than 40 years of case studies and personal accounts in the literature. The outcomes indicate how the co-researchers perceive that creating art alongside clients relates to developing an egalitarian group environment, authentic leadership, therapist presence, and group member engagement. Further, this study communicates practical details for managing risks, as well as the proficiencies needed to transform challenges into positive therapeutic experiences.

Outcomes are defined here as “ways of being” that emerge from the community and resonate with the practice being studied (Lett, 2011, p. 5). Together, these outcomes indicate that therapists’ art-making may be a holistic way of being that encompasses authenticity, collaboration, and active expression. Creating alongside is integral to, rather than simply an applied therapeutic technique in, group art therapy practice. Genuine expression of the therapist’s identity and values through art-making affects the group environment and reshapes therapeutic interactions.

This chapter presents the associated benefits, potential risks, and ways to manage challenges as they relate to the specific outcomes of this and prior research. The first section answers the primary research question (what happens), the next addresses the second query (what is lost), and the third discusses the unexpected outcomes that

emerged. The chapter concludes with a discussion of study limitations, recommendations for future research, and a summary of key outcomes and interpretations.

What Happens When Art Therapists Create Art Alongside Clients in Their Group Therapy Practice?

This dissertation provides a comprehensive account of creating art alongside as a therapeutic practice, affirming and adding to findings from previous case studies and personal accounts. Creating alongside group members has been generally associated with empathy (e.g., Franklin, 2010, 2014; Haeseler, 1989; Hyland Moon, 2002; Marshall-Tierney, 2014; Moon, 1998, 1999, 2016). Co-researchers and I describe our art-making as a way of attuning and resonating with group members consistent with Kossak (2009). Kossak described the role of art-making in developing “embodied awareness,” embodied empathy and therapeutic attunement (p. 15). While recognizing the significance of empathy, the co-researchers in this study and I focused instead on identifying additional therapeutic outcomes related to the side-by-side approach. I describe these outcomes in relation to three aspects of group art therapy discussed in the literature: therapists, clients, and the group process. Additionally, because my in-depth exploration revealed that art-making influences therapists’ internal experiences (presence), as well as their external expression (leadership), I identified four overlapping effects. Specifically, creating art alongside group members changes the group environment, becomes an expression of authenticity, promotes therapist presence, and increases group member engagement. This section relates the literature to the specific effects of the primary research question, what happens when art therapists create art alongside clients in the practice of group art therapy.

Egalitarian group environment. The co-researchers developed group environments that fostered egalitarian relationships, decreased hierarchy, built community, shared responsibility, and empowered clients. These outcomes support Hyland Moon's (2016a) work indicating that art-making assists in creating cooperative and equitable therapeutic relationships that alter the balance of power and decrease hierarchy.

Consistent with the literature, changes to the group environment altered the co-researchers' perceptions of their leadership roles (Greenwood & Layton, 1987; Haeseler, 1989; Hyland Moon, 2016a, 2016b; Maclagen, 1985; Marshall-Tierney, 2014; Moon, 2016). They maintained their roles, responsibilities, and boundaries as facilitators but did not direct clients. Their perceptions of therapeutic work transforms, as Marshall-Tierney (2014) and Moon (2016) described, from *doing to* or directing clients to *being with* them on their journey to healing. The therapists act as a supportive presence, but control and responsibility for progress remain with their clients. These outcomes reinforce a paradigmatic shift in leadership, reinforced through role-modeling, which adds depth to the group environment.

Role-modeling. This study's co-researchers facilitate in what Hyland Moon (2002) described as a role-model approach, weaving transparency about their art-making into the group. They share meaningful experiences with art and art media with their clients and teach by relating their personal experiences to those of the group members. Their role-modeling conveys their passion for art and its value by incorporating technical demonstration and exemplifying a relationship with art and art-making. It affirms the literature in that clients benefit from demonstrations of media use, creative techniques

(Haeseler, 1989; Moon, 1999, 2016), and engaging in and trusting the art-making process (McNiff, 1998; Moon, 1998, 1999, 2016).

Added depth. As argued in the literature (Haeseler, 1989; Moon, 1999, 2016; Stott, 2018), this study's co-researchers believe creating art alongside clients adds depth to the group process. However, this outcome deviates from previous research that identified depth as added disclosure and more fruitful discussion (Stott, 2018) or augmenting the therapeutic relationship through mirroring art responses (Haeseler, 1989). Instead, in this inquiry, *depth* signifies the relationship with the art-making process and a way of interacting with and gaining insight from the art created. The co-researchers believe depth emerges from members' engaging with the art-making, working with an art piece for a length of time, challenging themselves to develop more advanced techniques, and hearing the multiple stories that arise from a single art piece. The therapists in this study structure the group process for open exploration, establishing safety layers to support freedom. Finally, they invite intuition and connection to something larger than themselves when interacting with clients' artworks.

Authentic group leadership. The co-researchers generally reflected Haeseler (1989) and Moon's (2016) proposals that actively making art together builds relationships in group therapy. Moon emphasized group leaders' responsibilities to establish safety, encourage creative engagement, and build relationships through art-making, and Haeseler (1989) stressed art-making as a way for clients to get to know her. The co-researchers in this study added that their active participation communicates *genuineness*. It becomes a lived internal value system that expresses the authenticity vital to group facilitation. Additionally, the co-researchers' specific details as to how their art-

making augments therapeutic relationships reflect Haeseler's and Moon's (2016) suggestions. For the co-researchers, authentic and meaningful engagement in art making conveys therapeutic presence and facilitates attunement.

Therapist presence. For the co-researchers, creating art alongside group members exemplifies congruence and becomes an outward expression of therapeutic presence and attunement. These outcomes, also found in my pilot study (Teoli, 2016), contribute an understanding of how therapeutic presence manifests in group therapy practice, an area previously researched minimally.

Therapeutic presence. Therapeutic presence is a holistic approach to therapeutic relationships that emphasizes attunement and attentiveness to the moment and stresses the importance of harmony between words and actions to the development of therapeutic presence (Geller, 2017; Robbins, 1998). Although therapist art-making has been argued to negatively affect *presence*, or the ability to attend to group members (Dalley, 1984; Liebmann, 2004; Wadson, 1980), the co-researchers in this study described their art-making as a means of self-regulation, calming, and grounding that promotes both therapeutic presence and attunement. Thus, their attitudes align more with studies that suggest positive effects on presence (e.g., Franklin, 2014; Hyland Moon, 2002; M. Rogers, 2002; Teoli, 2016).

Attunement. *Attunement* relates to the co-creation of shared relational space between therapist and client experienced through a rhythmic back-and-forth engagement. The therapists in this study articulated that their art-making helps them become present, embrace their intuition, and generate a sense of connecting to something larger than or outside of the self. This concept is similar to Kossak (2009, 2015), who argued that in an

attuned state, therapists are fully present and spontaneous, take calculated risks, and rely on their ability to use creative responses to integrate and attend to the client or group. Expanding on the findings of other authors who suggested similar outcomes (e.g., Fox, 2016; Franklin, 2010; Havsteen-Franklin & Carmarena Altamirano, 2015; Marshall-Tierney, 2014), the co-researchers shared that integrating art into their routines and rituals and discussing art with intentionality, facilitates attunement.

Group member engagement. This dissertation's outcomes uphold case studies in the literature that indicated art-making improves participation (Haeseler, 1989; Moon, 2016) and decreases anxiety related to the art-making process (Haeseler, 1989; Havsteen-Franklin, 2014). Furthermore, they normalize and reinforce art-making as essential to healing, which is congruent with Moon's (2016) concepts.

What Is Lost When Art Therapists Create Art Alongside Clients in Their Practices?

Overall, the study's outcomes reinforce concerns addressed in the literature. For example, Wadeson (1980), Hyland Moon (2002), Haeseler (1989), and others articulated challenges related to the possibility of delayed response—losing sight of the group process when engrossed in artmaking—and the potential for therapists' artistic skills to intimidate clients. In addition, an unexpected concern arose in this research—the therapist's ability to communicate information. For instance, the co-researchers identified that their treatment teams expect them to sequentially detail how a client constructed an art piece, and that their own art-making diminishes their ability to recall those details. Their insights into managing the risks of creating art alongside clients, and the essential skills therapists need to do so, further our understanding and add to the body of literature on the subject.

Managing risks. Creating alongside has been recommended in the literature when the needs of the group and the setting intersect with the leader's philosophy and orientation (Hyland Moon, 2002; Liebmann, 2004; Moon, 2016). Previous studies described few conditions amenable to therapist art-making (Dalley, 1984; Hyland Moon, 2002; Liebmann, 2004; Wadson, 1980), but the current study's outcomes challenge those limited perspectives. Instead, the co-researchers explicate multiple ways to transform the risks associated with the side-by-side approach into constructive therapeutic experiences rather than simply restricting their art-making to specific conditions. They take action, such as making eye contact, moving around the space, and trusting sensory awareness, to mitigate the risks. Additionally, intentionally selecting media, identifying behavioral and cognitive cues associated with distraction, modulating the complexity of their art-making, and openly discussing how they developed their technical skills decrease the possibility that they may become overly absorbed in art-making or intimidate clients with their artistic skill.

Unexpected Outcomes of the Inquiry

Two unexpected outcomes emerged from the inquiry: essential therapeutic skills involved in creating art alongside clients and a new perspective regarding art created in the presence of group members that I term *companioning art-making*.

Essential therapeutic skills. The therapist competencies described in the literature relate to role modeling, creating meaningful art that resonates and harmonizes with group member needs (Havsteen-Franklin, 2014; Moon, 2016), and maintaining simultaneous awareness of the content and interpersonal effect of imagery and of the group dynamics (Havsteen-Franklin, 2014). However, outcomes of the current study

suggest four specific abilities that enable therapists to achieve these general tasks: multitasking, shifting awareness, letting go of control, and media awareness. These proficiencies underscore the expertise needed to create art alongside group members in therapeutic practice successfully. They overlap and add depth to clinical guidelines identified by Havsteen-Franklin (2014) and the guidance offered by Hyland Moon (2002) and Moon (2016).

Multitasking. *Multitasking* encompasses the ability to concurrently act and attend. It overlaps shifting awareness in that while multitasking, therapists attune to their visceral, sensory, emotional, and cognitive response, as well as to the group members and group process. Interestingly, existing guidelines imply, rather than expressly discuss, this skill. Moon (2016) and Havsteen-Franklin (2014) indicated the necessity to simultaneously pay attention to the group and make art. As described herein under Managing Risks, the co-researchers take actions to support simultaneous attention to their art-making, leadership roles, and group members.

Shifting awareness. *Shifting awareness* refers to the ability to attend to internal and external stimuli. Awareness involves “noticing an aspect of experiencing” (Lett, 2011, p. 266) and attuning to one’s visceral, sensory, emotional, and cognitive responses. It is, as co-researcher Emery described, a fluid process of reflecting into the self, followed by expanding and connecting to the wider group. The co-researchers’ demonstration of this ability echoes Kossak (2015), who discussed the need to shift attention among self, materials, space, and client, as well as Havsteen-Franklin (2014) and Fox (2016), who encouraged therapists to alternate their focus between imagery, group dynamics, and interpersonal effects of their art-making.

Letting go of control. As a skill, *letting go of control* refers to the ability to hold, accept, and make space for diverse ideas and images to emerge. This skill often involves navigating conflict. The co-researchers in this study experience conflict in a variety of ways, particularly when facing disconnection between their beliefs and actions or the questioning of their practices by colleagues. Levine and Levine (1999) suggested that expressive arts therapists remain with whatever is emerging in their sessions rather than trying to change, direct, or divert expression. Similarly, Edwards (2017b) described the ability to hold complex and chaotic interactions as a critical skill for creative arts therapists.

The group interactions of the therapists in this study reveal their trust in the healing capacity of art and art-making (McNiff, 1998; Moon, 2016). The therapists demonstrate their conviction by empowering clients to make decisions, engage with media in ways that make sense for them, and address their goals in their own ways. The co-researchers let go of the need to control, direct, or force outcomes and embrace uncertainty while trusting the process. Their actions within group art therapy are conceptually similar to McNiff's (1998) recommendations for artists. Franklin (2010) described *letting go* as a process rooted in his contemplative practice that manifested in his art therapy approach to group therapy with teens. Additionally, the co-researchers' *letting go* dovetail with Moon's (2016) focus on remaining open to the moment and honoring whatever emerges.

Media awareness. Careful consideration of the skills displayed through media use (Havsteen-Franklin, 2014; Hyland Moon, 2002) and the impact of various media on the therapist's ability to remain present, aware, and attuned (Hyland Moon, 2002) are

essential to the practice of creating art alongside. In addition to these general knowledge areas, this study's outcomes reveal that therapist art-making requires intimate understanding of creative processes and various media. Consistent with Hyland Moon's (2002) urging, the co-researchers understand media properties, as well as their personal relationship with and reactions to specific media and materials. The co-researchers offered specific details of applying their media awareness by exercising intentionality in media use and selection, varying how and what they make, and opting to create in ways that support their ability to attend and respond. The co-researchers stated that their imagery is authentic but does not necessarily carry the emotional rawness, content, or extensive engagement of the art they create in their personal time. In keeping with Havsteen-Franklin's (2014) guidelines to create images that resonate with group members but are not overtly cathartic, the co-researchers deliberately created in a way that is congruent with their groups' abilities, needs, and goals.

Companioning art-making. Similar to Moon (2016), this dissertation describes the practice of art-making as a holistic way of being. It adds that creating art in the presence of group members expresses the therapist's authenticity, presence, and identity and values developing a collaborative egalitarian group environment. The co-researchers and I distinctively approach art-making with specific intentions that the literature does not wholly describe. The variances suggest that although the philosophical approach to art-making in this study intersects with Moon's, slight differences in the intentions, goals, and methods of therapist art-making exist between the most widely discussed approach to in-session art-making—Moon's (1999, 2016) *responsive art-making*—and the practice of art-making portrayed in this dissertation.

Moon (1999) introduced *responsive art-making* as creating an artistic response in therapeutic sessions to express the therapist's understanding of group members, their stories, and their artwork. Moon emphasized the purpose of *responsive art-making* as building relationships, establishing normative group behaviors, and creating a communal group environment. However, other authors described subtle but essential differences in the purpose and intent of what they call *responsive art-making*, particularly related to variances in theoretical orientation, perspective, intention, and group goals. For example, not all therapists intend their art-making as a response to group processes. Some therapists conceptualize their *responsive art-making* as a way to attune to group members (Havsteen-Franklin & Camarena Altamirano, 2015; Marshall-Tierney, 2014) or as parallel to verbal responses (Franklin, 2014). Thus, the term *responsive art-making* is now used broadly in the literature to refer to all forms of making art during therapeutic sessions—sometimes as a “response” to therapeutic processes and sometimes not (see Beers Miller, 2007; Franklin, 2014; Havsteen-Franklin & Camarena Altamirano, 2015; Marshall-Tierney, 2014; Moon, 2016; Nielsen, 2018).

While recognizing the importance of responsive art-making, the co-researchers and I focus on creating meaningful art alongside and in the presence of group members as first described by Haeseler (1989). Our art-making, like Haeseler's, does not necessarily emerge as a response to the group process, the group members, or their art-making. Haeseler intended her art-making to facilitate her client's creative process. Our art-making not only assists the creative process, but also emphasizes collaboration, conveys our egalitarian and artistic values, and expresses presence. Art-making assists the co-researchers and I to embody empathy and develop resonance; it is a way of being with

group members. Conceptually, creating art in the presence of group members resonates with aspects of the companioning approach that Lett (2011) advanced. Thus, the term *companioning art-making* may more empirically describe and include the complete method of creating art alongside group members that the co-researchers and I practice.

Lett's (2011) companioning process focuses on relationships between therapists and clients and among researchers. His approach emphasizes egalitarian therapeutic relationships, being fully and authentically present, collaborating with clients, valuing the experiences of both therapists and clients, and working "together to find out what matters and what it means" (p. 269). These principles also guide the co-researchers' art-making during their group sessions. Given their art-making focus on congruency and on encompassing their identity, intuition, beliefs, values, and holistic presence, the term *companioning art-making* furthers the practice Lett described. This inclusive term recognizes the values inherent in Lett's companioning process, as well as Moon's *responsive art-making*, but emphasizes the practice of creating art in the presence of group members—in some cases as a parallel process and sometimes as an intentional response to a situation.

Personal Reflections

This inquiry with the co-researchers affirms my belief, as well as that noted in the research of prominent art therapists such as Moon (2016), Allen (1995), and McNiff (2004), that art is central to the practice of art therapy. An authentic relationship with art enables therapists to tap into this source, communicate its value through words and actions, and role-model how others can do the same. Careful consideration goes into our leadership approaches, our interactions with group members and imagery, what art we

create, and how we create it. The outcomes of this research provide practical actions, interaction styles, and skills that guide the practice of creating art alongside clients. Together, these insights identify what happens when therapists engage in this practice and determine its impact on themselves and their leadership, group processes, and group members.

Limitations

Limitations of this collaborative art-based dissertation include the homogeneous perspectives of group art therapists from the small community of participating co-researchers and some aspects of the research methods.

Co-researcher community. Although the four co-researchers attended four different graduate art therapy programs in the United States, three had educational or professional experiences with the same well-known art therapist. It is unclear what effect exposure to the works and teachings of one author may have had on the study.

In addition, the co-researchers may not represent the full range of therapeutic practice involving creating art alongside clients. All of the co-researchers and I work with adults with mental health diagnoses. Although we practice in different settings and our approaches vary, our art-making represents the role-model style of art therapy Hyland Moon (2002) described. Further, the literature discussed several approaches to creating art alongside clients. Thus, results of this inquiry may not be generalized beyond the communities of people served by the co-researchers in this study.

Research methods. The duration of the interviews and the time between research sessions is a limitation of the study. The co-researchers participated in 6 hours of interviewing and art-making over a relatively short time, and fatigue may have affected

their interview responses. Additionally, they shared that although they deliberately and carefully choose to engage in art-making, they often do not articulate or discuss this aspect of their practices. Therefore, they struggled to find the words to express themselves. Furthermore, the co-researchers' group members were not consulted in this study; only the group art therapists reported their observations and beliefs regarding what happens when they create art in their practice of group art therapy.

The inquiry yielded a substantial amount of information in various forms (video, audio, imagery, journaling, creative writing, and poetry) that may not accurately translate into the concise phrasing required in written text. I explored all aspects of the inquiry independently. However, the co-researchers reviewed and provided feedback regarding the video summations and the Results chapter.

Recommendations

Further research is recommended to define the practice and value of creating art alongside clients; articulate how it is used in therapeutic work in various communities; investigate what therapists do when they create art; elucidate why they choose to practice this way; and confirm the value of this practice for clients, therapists, group processes, and communities.

Collaboration with a wider community of group art therapists is suggested. A diverse sample of therapists from different locations, who studied under a variety of art therapists, and whose professional practices incorporate work with a wider range of clients may provide a clearer picture of how, what, and why therapists create alongside their clients and the outcomes. Co-operative inquiry (Heron & Reason, 2008), companioning (Lett, 2011), and art-based (Leavy, 2018; McNiff, 2013) approaches may

provide opportunities to incorporate voices of not only diverse therapist communities, but also their group members. Future studies that directly query group participants may uncover essential information about their experiences, what it is like to work alongside a therapist who creates art, and the value of the practice.

I encourage educators to familiarize themselves with the practice so they can provide students with opportunities to make informed decisions on the suitability of responsive art-making in their internships and professional work. Exposure to the ideas of a range of therapists will help students and future professionals gain insight into the field's broad and diverse practices. Further, I encourage students to gain hands-on experience in the many approaches to group art therapy.

Finally, I strongly recommend that art therapists develop and maintain an intimate relationship with their own art-making using diverse media. Therapists must understand the kinesthetic, emotional, sensory, and cognitive effects of media to create art alongside their clients.

Conclusion

A desire to gain insight into the practice of creating art alongside clients in group therapy motivated this dissertation. Art and the creative process are at the center of my work as a practitioner and an educator. Like many art therapists before me, I believe the most unique and valuable gifts we offer our clients are authenticity, acceptance, collaboration, and the creative process.

Through interviews and art-making, a community of four art therapist co-researchers explored their perceptions related to two research questions: What happens when art therapists create art alongside their clients in their group therapy practices?

What is gained and lost when they do so? Although outcomes cannot be generalized beyond the community of co-researchers involved in the study, this research addresses several gaps in the literature, including an uneven discussion of the practice of creating art alongside group members, lack of clarity around impacts of therapist art-making, minimal practical discussion of how to engage in side-by-side art-making, and an absence of specific skills needed to successfully create art alongside group members. The inquiry identifies that for this community of co-researchers, therapist art-making influences four interwoven aspects of group art therapy: (a) creating an egalitarian group environment, (b) expressing authentic group leadership, (c) developing therapist presence, and (d) increasing group member engagement. The inquiry also identifies four risks co-researchers experienced associated with the alongside approach: (a) delayed response, (b) becoming overly engrossed, (c) intimidating clients with artistic skills, and (d) inability to recall sequential details. The co-researchers describe how they transform these risks into positive therapeutic experiences. Finally, four therapeutic skills emerge as essential to the practice of creating alongside: (a) multitasking, (b) shifting awareness, (c) letting go of control, and (d) media awareness.

This dissertation augments the existing literature, adding specific details and discussing competencies related to creating art alongside group members. Proficiencies help therapists in this study overcome potential risks of therapist art-making and add benefits to art therapy. This study reinforces the value of creating alongside as a therapeutic approach.

APPENDIX A

LESLEY IRB APPROVAL



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Institutional Review Board

DATE: March 30, 2017

To: Laura Teoli

From: Robyn Cruz and Terrence Keeney, Co-chairs, Lesley IRB

RE: **IRB Number: 16/17-034**

The application for the research project, “**What Happens when Art Therapy Group Leaders Create Art During Sessions?**” provides a detailed description of the recruitment of participants, the method of the proposed research, the protection of participants' identities and the confidentiality of the data collected. Upon the addition of the statement “*There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Co-Chairs Drs. Terry Keeney or Robyn Cruz irb@lesley.edu, Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138.*” to the consent form, it is sufficient to ensure voluntary participation in the study and contains the appropriate contact information for the researcher and the IRB.

This application is approved for one calendar from the date of approval.

You may conduct this project.

Date of approval of application: 3/24/17

Investigators shall immediately suspend an inquiry if they observe an adverse change in the health or behavior of a subject that may be attributable to the research. They shall promptly report the circumstances to the IRB. They shall not resume the use of human subjects without the approval of the IRB.

APPENDIX B
INFORMED CONSENT FORMS

**Informed Consent Form:
What Happens When Art Therapy Group Leaders Actively Create Art During Sessions?**

Principal Investigator: Laura Teoli, co-researcher, Dr. Shaun McNiff, PhD program in Expressive Therapies, Lesley University

You are being asked to volunteer in this study to assist in my doctoral research on what happens when the art therapy group leader actively creates art during therapeutic group sessions. The purpose of the study is to explore the experience of art making and what happens when an art therapist chooses to engage in art making as the group leader.

You will be interviewed 3 times about your professional practice. During the interviews you will be asked to create art and to discuss your experiences. Each session will last 90-120 minutes, take place at a mutually agreed upon location, and will be audio and video taped. Art work will be captured on digital camera.

You will be personally interacting with only myself as the principal researcher. This research project is anticipated to be finished by approximately July, 2017.

I, _____, consent to participate in the inquiry.

I understand that:

- I am volunteering for 3 interviews about my personal practice of art therapy. Sessions involve art making and discussion. Each interview session will last approximately 90-120 minutes in length.
- Sessions will be audiotaped and videotaped.
- My identity will be protected unless I choose to be named in the study. If one participant chooses to remain anonymous, I understand that I too will remain anonymous, even if I prefer to be named.
- Session materials, including reports, drawings, video or audiotapes will be kept confidential and anonymous. They will be used only for purposes of supervision, presentation and/or publication.
- The sessions may bring up feelings, thoughts, memories, and physical sensations. Therefore, possible emotional reactions are to be expected, however, I am free to end the session at any time. If I find that I have severe distress, I will be provided with resources and referrals to assist me, and will not lose any benefits that I might otherwise gain by staying in the study.
- This study will not necessarily provide any benefits to me. However, I may experience increased self-knowledge and other personal insights that I may be able to use in my daily life. The results of the study may also help to increase public and professional awareness of the needs and experiences of both art therapists and their clients.
- The audio recordings, video recordings, digitally captured images, and transcripts will be kept in a locked file cabinet. Physical copies will be locked in the cabinet and digital files will be stored on a password protected external hard drive which will be stored in the cabinet and kept in the investigator's possession for possible future use. This information will not be used in any future study without my written consent.

APPENDIX C
RESEARCH NARRATIVES

In this appendix, the research sessions are summarized in narrative form to present key elements that emerged. The co-researchers' statements, quotes, art, and ideas are shared, as is the art I created and the insights I derived from its creation, to tell the story of the interviews and become a record of the research. The narratives are organized by co-researcher and sequentially by session. For all co-researchers, sessions progressed as: (1) discussion of their practice of creating art alongside clients, (2) break, (3) art-making, and (4) discussion of the art as related to what happens when they create art alongside clients in the group setting.

Co-Researcher 1: Roderick

Roderick and I met for approximately 6.5 hours total. Our sessions occurred on the evenings of May 21, 22, and 24, 2017, in a group therapy room of the York Wellness and Rehabilitation Institute on the Nazareth College campus in Rochester, New York. In each research session, Roderick created a single image he described as symbolic. The images incorporated a variety of media, including oil pastels, Crayola® Slick Sticks, paint sticks, graphite pencils, and magazine images.

First Research Session

Roderick created Figure C1 to capture his sense of what happens when he creates art alongside clients in his veterans' open studio group. The group met weekly for 2 hours to work on individual unprompted or gently guided artistic expression. The veterans chose to attend and determined their length of stay in the group. Membership was open. At the time of the inquiry, approximately six veterans attended. The group had been organized to provide a community space, with its own rituals of making coffee and swapping stories, where veterans come together and create. Roderick stated, "the purpose

of the group is just to remember that art-making is healing and, just if you make the time and the space, you can do it.”

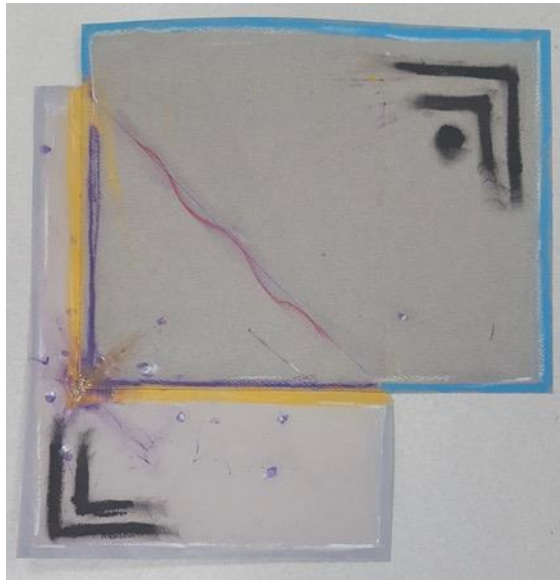


Figure C1. “Two bars and a dot” (Roderick, Session 1).

Roderick used a client-centered approach that incorporated guidance, gentle suggestion, encouragement, feedback, problem-solving assistance, open discussion, sharing knowledge, and occasional directives. The group was designed to honor the veterans’ experiences and provide them with materials, time, and space to explore and express. Roderick trusted the group members’ agency and natural drive to “get what they need” and “figure it out” when provided the space and materials to do so.

Roderick discussed the group and his leadership role (Figure C1), describing an egalitarian approach to the group and himself as being “exactly the same [as members]

except for that dot,” which he related to his slightly greater experience or authority. He noted, “I’m just a vet who happened to go into this field and here I am with [group members].”

The purple spot where the pages overlap in the lower left of Figure C1 held additional insight for Roderick. He described it as “the magic spot” where all members benefit from the group and art-making processes. To achieve it, the leader must “find the magic spot, avoid the enmeshment, find the balance between what the group needs, what each individual needs, and what you need. Putting the needs of the group first but not ignoring your own needs.”

In-session art-making. In the interview with Roderick, I sensed layers—from his description of how to be with group members to his deeper beliefs about art and art-making. Further, I felt tension in the black-and-white stories he described as emerging when group members remained superficial with their art; his beliefs in the depth of insight and healing possible when creating art; and whether he should trust intuition, particularly questioning if a more directive approach may benefit group members. I created Figure C2 during the session to give shape to my emerging visual and verbal narratives of Roderick as a leader guiding his group members towards deeper connections with art in his practice of creating art alongside group members.

Roderick gravitated towards the central yellow image in Figure C2, which he described as “a light portal, a light swirl, again where the magic happens.” Relating it to his guiding beliefs and philosophies of art therapy, he said, “The middle is Jung, me, and that portal. I can tap in.” He found the most successful groups “when I feel like

everybody in the room is tapping into that a little bit, and I'm demonstrating it. I'm not hindering it."



Figure C2. “The portal” (response to Roderick, Session 1).

Second Research Session

The second session focused on details of when, how, and what art Roderick creates alongside clients in his group. He discussed group leadership as modeling engagement with materials and the art-making process and helping clients find the healing that can result. He modeled through his personal art-making, offering technical advice and encouragement to group members.

Roderick believed his intuition plays a role in knowing when and how to model these ideas. He described making art when inspired by the group and “based on what’s happening around the room.” He deliberately selected media such as pencils, pastels, or collage, when creating alongside clients so he “doesn’t get too involved.” He noted that while he was “doing my own artwork and watching [their] process,” he was aware of, verbally engaged with, and responded and reacted to group members’ work. Before creating alongside clients, Roderick developed an intimate relationship with art-making and an awareness of how various media affect him and his attention. This awareness helped him remain attentive in groups so his personal art-making did not “distract the process” for group members.

Roderick provided guidance, feedback, critique, and suggestions to help members develop and deepen their relationship with their art-making. He encouraged members to develop their artistic abilities by learning technical skills and exploring stories of their art, stating that if they develop and “trust their artistic sense, . . . [then] some kind of truth will come out of it.” He emphasized investment and interest in an image demonstrated by adding texture, light, and dark—rather than product—as the way to achieve this “artistic sense.” As group leader, he responded to imagery with encouragement: “There’s a little farther you can go with that. Instinctually, I can feel it from what you’re doing . . . a little more. A little more into it.” He stated this belief came from experience: “I remember having that experience, and it kind of changed the way I looked at things and the world and I guess I want that for [them]. . . . I want maybe to gift that to [them].”

Roderick created Figure C3 to explore the role of intuition, “the moment you know it’s the right way to go,” and the idea of gently nudging members to deepen their

engagement with their art-making in his group work. He described relying on intuition in group work when “there’s enough evidence that it’s something to try. To go down that road a little bit. To see what happens.” He identified strongly with the person in Figure C3, whom he described as a combination of the archetypes of the Fool and the Magician, as confined but “pushing outward, . . . going outside the frame . . . [and] into the unknown.” He reflected that as a leader, “the one shot you got is just be yourself. . . . You embrace the Fool sometimes. . . . You gotta be yourself or you’re not going to make it.”



Figure C3. “The magician fool” (Roderick, Session 3).

Roderick continued:

So maybe it's about identity and instinct, . . . running the group the way I think it should be run, . . . knowing I'm bringing some of that raw artistic energy to my group and I'm showing them that and I'm excited about art. I'm showing them that, I'm demonstrating that, and I'm commenting on that. Just be who you are. You reach—punch—outside the confines.

Roderick summarized the research session: “If you're a magician fool, just be it, let it be. Reach for it. You got to take it. Remember that's where the magic is, authenticity.”

In-session art-making. I created Figure C4 during the second session with Roderick in response to my emerging understanding of the role of intuition in his practice. I observed his gestures, the snapping sound he made when talking about intuition, and his statements about the yellow portion of Figure C2 being a “portal.” I reflected that intuition, the unknown, spontaneity, and gut instinct were guiding factors in Roderick's practice and played a significant role in what happens when he creates art alongside his clients. I deliberately selected paint sticks to mirror his medium choice and his disclosure that paint closely relates to emotional expression and plays a significant role in his development as an artist and an art therapist.

Roderick resonated with the image and described it as “a third eye,” a symbol he often includes in his own artwork over the eye of characters to denote that “one eye is more luminescent.”



Figure C4. “Third eye” (response to Roderick, Session 2).

Third Research Session

Session 3 focused on how Roderick incorporated authenticity in his role and his understanding and beliefs regarding use of symbol and depth in his practice of creating art alongside clients in the group setting. Authenticity and identity influenced how he approaches the group and his role: “If I don’t mesh it with myself more, I feel like I’m going to flounder. I’m not going to want to run my group anymore.”

He encourages group members to develop awareness of the art-making process and depth of expression. For Roderick, depth emerges when group members bring “engagement and emotionality” to their art-making. He perceived his personal artmaking as demonstrating “a certain level of depth. . . . I can’t hide my level of engagement.”

Additionally, he described depth of engagement as the result of group members learning how to go beyond simple interactions with materials, developing intermediate

and advanced technical skills, and finding personal meaning in images they create.

Although he did not share his art or disclose his personal experiences with art-making in the group, he believed his engagement with the materials models and encourages this depth of expression for group members.

Roderick created Figure C5 during the final research session. He described this collage as “that special knowledge, that special vision of the depth.” As the group leader, he “got the ability to see through the portal. To see the symbols. To see that there is depth. And now what’s my, what’s my role, what’s my ability to teach it.” He described this knowledge in connection with what he called “spiritual” aspects of art-making and the collective unconscious. “I wish for group members to tap into that. Because that’s given me, especially since I became an art therapist, that’s what gives me solace. If you want to call it spirituality.”

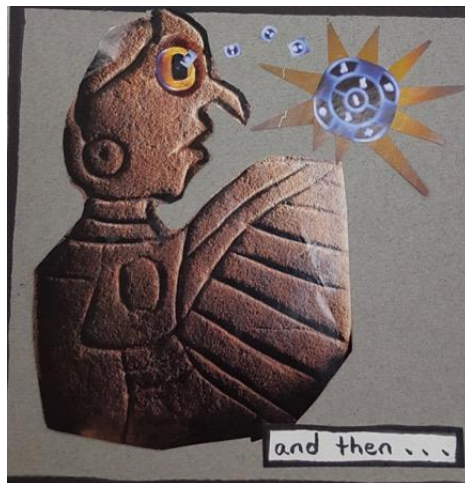


Figure C5. “And then” (Roderick, Session 3).

In-session art-making. I created three transparent images (Figures C6–C8) in the research session to express my understanding of the various layers and depth Roderick described in his practice of creating art alongside his clients. He responded to Figure C6, “It’s good for me to see it in these layers.”



Figure C6. Three stacked images (response to Roderick, Session 3).

I gained a sense that Roderick’s visible actions as the group leader were an expression of his egalitarian approach to the group and his belief that he is the same as his clients (Figure C7).



Figure C7. “Egalitarian” (response to Roderick, Session 3).

Figure C8 illustrates a layer of Roderick’s group leadership that I associated with modeling art-making, engaging with the art-making process, and expressing artistic energy. These processes help his group members grow their own relationships with art and art-making. Roderick noted, “I like how the seed is right in the center and it’s green.”

I created Figure C8 to capture a sense of Roderick’s belief system that, although not discussed with group members, guides his actions and interactions with them. He responded to the image, noting, “That’s good for me to realize. . . . If I was purely that, I’d be living in a desert in a hut, . . . but that is source.”



Figure C8. “Energy and growth” (response to Roderick, Session 3).



Figure C9. “Belief system” (response to Roderick, Session 3).

Co-Researcher 2: Emery

Emery and I met for approximately 6.5 hours total in a conference room in the suite where Emery maintained her private practice in Brooklyn, New York. We planned to meet for three consecutive days beginning on the evening of May 26, 2017. However, a delayed train and a traffic accident forced us to reschedule our first meeting. After discussing the challenges, we scheduled three sessions beginning the morning of May 27 and concluding on May 28.

The images Emery created during each research session were often composed of several layers. Images incorporated a variety of media, including oil pastels, water soluble pastels, watercolor paint, colored pencils, and Crayola® Slick Sticks on both black and white paper. Her images often incorporated movement, gesture, and sound. She focused on sensory and bodily aspects, and when discussing what happens when she creates art alongside clients in her group art therapy practice, often described what it felt like.

First Research Session

Emery worked in private practice. As part of her contract to offer art therapy services in and around New York City, she led groups of adults and older adults diagnosed with Alzheimer's Disease, dementia, or developmental disabilities in residential care. Group members varied in ability and desire to communicate, interact verbally, and recall directions and events and did not always share the same linear sense of time as Emery. Therefore, she learned "to hold that space where it may not make sense but it's okay." She commented that in her practice, "I've had the best art therapy sessions with people who are not speaking clear sentences."

She described her practice as creating and holding space for group members to be present with whatever memories, sensations, thoughts, images, or actions emerged in the moment. Defining space as the structure and organization of the group and the room, as well as “how it invites someone in and creates a holding environment,” she emphasized, “If you can have that space, then the content [verbal disclosure] will naturally flow or will be obsolete, depending on what you’re dealing with, but creating the space is so much more important than the words going back and forth.”

Emery used art materials and art-making purposely in her practice. She learned to create art alongside clients in her graduate studies and through trial and error. “Making art alongside lowered so many inhibitions, created this immediate bond in a very nice way, and allowed a lot more to happen that didn’t rely on conversation and verbal back and forth.” Her art-making developed trust and relationships with group members. Members “trust that not only am I coming in and asking them to make art but I’m doing it too, so it must be okay or more okay.”

She used repetitive motions with materials to “attune” or “link with” group members and gently “shift things” so members experimented with new ways of using materials. She shared an example of drawing A-shapes next to a member who repetitively created O-shapes: “Sometimes, you can see his hand sort of pause, and he looks at his paper and it takes a little while and he’ll start trying different shapes.” Material usage also helps Emery increase group members’ awareness of the present moment:

Letting materials flow from me and whatever makes sense at the time
[using] repetitive motion and the sound . . . pulls in other senses. So,
instead of being so focused in their own head, . . . it seems to draw them

in, or not, but it does seem for some reason to really draw them in and make them curious.

Emery identified that creating art alongside also helps her remain grounded and present with group members:

If I'm making art in the group, then that allows me to touch into things that happen in that group or that I may not have noticed at the time, or that I couldn't clearly understand, or that I wasn't really sure about; and it allows me to trust that, since it's being held in some way, that I can almost be calmer and more grounded within that group during that time.

Additionally, when connected to her art-making process, she felt she could be "much more open and present and curious myself with my clients." Emery created Figure C10 to reflect on what happens when she creates art alongside clients in her group therapy practice. Using colored pencils, oil pastels, and Crayola® Slick Sticks, she created an image that, although on two pieces of paper, she perceived as a unified image with the ability to shift, move, and respond. The movement relates to shifting the images to reveal more or less of the purple swirl, "the color for transpersonal and the color for Alzheimer's" and "what is underneath . . . the more concrete on the level of what we're doing." Emery related this to her reflexivity as group leader in carefully considering the degree of her training, transparency, media engagement, and artistic skills appropriate for each group.



Figure C10. “Touchstone” (Emery, Session 1).

Emery described the image (Figure C10) as “a touchstone” related to her training at Naropa, where she learned “to be uncomfortable” and “sit with silence,” and to her practice when leading groups of shifting among awareness of the self, the group, and the art. She described heightening her awareness by taking a “deep breath and then I just let go,” followed by “a slowing-down feeling” and “feeling that emotion, . . . thinking about a sound,” as well as embracing the “process that happens beneath” the concrete interactions, which she visualized as “energy flowing in a circular manner.” Emery described deliberate and purposeful use of tactile and sensory media to remain grounded and “not get swept up in all that energy.”

In-session art-making. I created Figure C11 in response to several gestures and movements Emery used in the interview and shaped my emerging sense of what happens when she creates art alongside group members. Her movements included a circular form.

She held a bowl she used when discussing holding; her hands moved in independent circles but crossed over each other in a swirling shape; she formed a figure-eight shape when relating to shifting her awareness from internal to external and back. Emery described her sense of these elements in my image as “flow,” “movement,” and “radiating outward.” I added roots in response to her discussion of remaining fluid and grounded when she created art alongside group members. The flower, which Emery called a “sort of lotus,” was a way to express my understanding of her therapeutic expression of transpersonal ideas and her work with Alzheimer’s. Reflecting on my image, Emery said, “I’m talking about this and you’re bringing it out to the surface, so we can continue discussing it.”

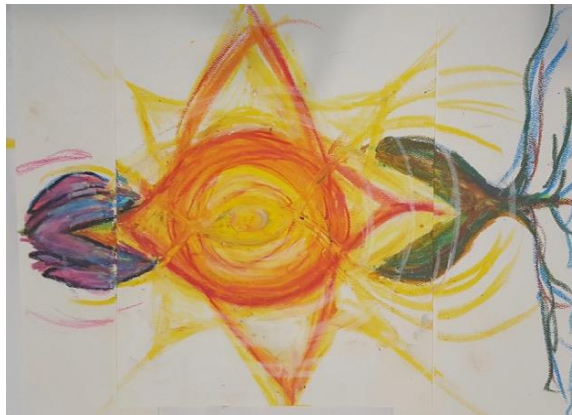


Figure C11. “Lotus” (response to Emery, Session 1).

Second Research Session

The second session began approximately two hours after completion of the first session and focused on when Emery engaged in art-making, what she made, and why she

created art alongside group members. She believed making art in groups was a skill that required the ability to shift focus fluidly between self, others, art-making, and the group process; awareness of her own process; monitoring the relationship between art-making and awareness; and trial and error. She believed this skill relied on “trusting that if I do get too involved with the art, I’ll catch it and be like . . . okay, let’s step back, take a breath, and rebalance everything.”

Art-making varied based on the group’s size and needs. Emery defined *size* as the number of members, their acuity, and the physical space between people. Group size influences the art she makes, its purpose, and her relationship to it. She approaches her groups from the perspective that in art therapy, “we get to be that space where they can just be themselves as they are right now” and her role is a “guide” who is present without an agenda and who would be with members “wherever they are.” She noted, “You’re constantly going in the moment with whatever comes up. . . . It’s a really interesting balancing act, . . . [like] spinning plates.”

Art-making in small groups or where members are able to focus and be self-directed is about being part of the space. Thus, Emery’s art is a reflective practice, embodied, a record or memory of members who have passed that helps shift and guide the group. It is “not taking away from the process. . . . When I’m making the art and I’m reflecting and accepting, there is so much more time to process as it’s all occurring, moments to pause and just let things be.”

Art-making helps increase awareness and focus in medium and large groups. “When I’m making the art, [I’m] definitely attuned to the moment and what’s happening around me.” The art is a way to “balance what’s happening.” Emery creates abstract

imagery that holds group content, allowing her to focus on being with members and to “keep noticing what’s happening out and beyond me.” In large or high acuity groups, she uses art, primarily in the form of doodling, to calm. “I’m carrying a pad of paper and drawing upside down. It will actually help me focus still, but it’s a very different reason for using the art.”

She uses movement in groups that are large, physically spread among tables, or where members need increased assistance to create. Art-making became a “walking meditation” between members and around the group space while attending to members. She described walking mediation as “flowing through the room,” using physical body movement and meditation to hold space, calm the energy, and create focus for people to be what they need to be in the moment. She explained the purpose of this art-making form as “holding all the pieces together instead of seeing what’s happening and reflecting on it.” However, she can create alongside members in large groups when “they are all helping with that energy flow and focusing,” such as a workshop of professionals or adults who are grounded in shared reality and able to focus on their own processes with minimal guidance.

Emery created Figure C12 to reflect her sense of what happens when she creates art alongside group members. The image is in four layers, using oil pastels, water soluble pastels, pen, and Crayola® Slick Sticks. She stated, “As each layer was added, it’s sort of creating the many directions it [the group and art-making] can go.” She described the layer images as “this sort of shift between black and white and color,” related to her clients’ diagnoses and her desire to invite her clients “into that colorful part which they don’t often get to be a part of.”



Figure C12. “Welcome and here we go” (Emery, Session 2).

She related the card on top (Figure C13) to a family story and noted her experiences encouraged her to study art therapy, to be open and curious, and to break assumption patterns in her work. Additionally, she attempted to create groups that are welcoming and where members “are curious what comes next.”



Figure C13. “Welcome and here we go” (Emery, Session 2), detail.

For Figure C14, Emery described the flower beneath the top layer as “welcoming them into the color,” and the yellow spiral as “space . . . to exist.” She explained that these relate to her group goals of creating space for creativity and “calm energy” where her clients can “just be themselves.” Emery described the gray page (Figure C14) with the “zen doodles” and a poem about listening as opposite the colorful images, indicating her ability to hold opposites and her practice of “intuitive listening.” She visualized the images as connected (Figure C13) to show the “depth” and “layers” about which she is curious—“able to see all those layers at once . . . [and] having to uncover them over time” with her clients. She felt Figure C13 shared her perspective that she is “being and offering” in her groups as the leader and when she creates art alongside group members. She summarized her understanding of what emerged from our work together as “dimension and space and layers and . . . the depth.”



Figure C14. “Welcome and here we go” (Emery, Session 2), inside detail.

In-session art-making. I created Figure C15 to shape my emerging understanding of Emery as a flexible group leader who embraces concepts of energy, fluidity, flow, meditation, and reflexivity in her practice. In response to my understanding of the importance of movement to Emery, I did not affix the frog and the orange heart. Emery reflected on the image: “I keep talking about all these different layers and dimension and it’s that.”



Figure C15. “The frog” (response to Emery, Session 2).

Third Research Session

The third research session with Emery focused on summarizing ideas related to what happens when Emery creates art alongside her clients in her practice. The session began by laying out, interacting with, and exploring the artwork created in the previous two sessions (Figure C16). Emery reflected that the inquiry felt “rich and full and layered” and “intuitive” and emphasized “movement” and “flow.” She related this to the group process.



Figure C16. Sessions 1 and 2 (Emery, Session 3).

Emery further discussed concepts from the second session. “Letting materials sort of exist in a more calm, open, simple plane but used in a different way”; the self-awareness required helped her know what types of art she can make alongside clients and when she “veered too far away and I need to come back” to re-connect with the group; and her perception of the group as a place where members let go of their roles, diagnoses, and situations and “get to be an artist.”

She created Figure C17 in response to the inquiry as a whole and described the image as reflecting the “little worlds of groups that I’m creating.” The three strands extending from the circular shape capture her sense of “expanding and contracting,” her awareness when creating art alongside clients, and the ways she incorporates art-making into her group therapy practice. She included the rocks, water, and lightening as elements that are important to her personally and that remind her of the dimension, depth, and layers she used to describe what happens when she created art alongside clients.



Figure C17. “Creating worlds” (Emery, Session 3).

In-session art-making. I created Figure C18 to describe my sense of Emery and her practice of creating art alongside clients as balancing what she described as “the energy” created in her groups with her ability to listen without looking, her groundedness in herself and in her understanding of theory and practice, and her use of intuition in her practice. Emery described the figure as “embodying movement. . . . It can be stillness and motion. . . . A dichotomy exists all at once, . . . holding all these different things.”



Figure C18. “Lady in the mountain” (response to Emery, Session 3).

Co-Researcher 3: Delora

Delora and I met for approximately six hours. Our sessions occurred on the evenings of June 11 and 12, 2017, in a vacant office at Saint Mary of the Woods College, located in Terra Haute Indiana. The final session was planned for June 14 but, agreeing more time was needed for the inquiry, we met instead for the final session on June 30 in a conference space at the Art Therapy House in Brown Deer, Wisconsin, where Delora worked instead. Delora created a single image in each research session. The images incorporated a variety of media, including graphite pencils, colored pencils, chalk pastels, conte crayons, oil pastels, and magazine images.

First Research Session

Delora practices group therapy at the partial-hospitalization (PHP) and intensive-outpatient (IOP) care levels at a large psychiatric hospital in Wisconsin. The PHP

programming is daily (Monday–Friday) treatment that is less intensive than inpatient or residential care. Group members return to their home environments at the end of each programming day. The PHP functions as a transition from more restrictive higher-care levels to lower levels. It allows members the opportunity to practice skills in their home environments while receiving support. The programming involves 6 hours of daily group therapy focused on managing symptoms of post-traumatic stress disorder (PTSD), dual diagnoses of substance abuse and a mental health disorder, and general mental health.

The IOP is short-term transitory treatment to help those struggling with PTSD, dual diagnoses, and general mental health issues transition between PHP and outpatient care levels. Participation in IOP implies decreased symptom acuity and increased ability to manage symptoms independently. Both PHP and IOP programming include group art therapy. Delora described her group work as focused on teaching and helping members apply coping skills.

Delora’s group leadership emphasizes congruency between her words and actions and holding safe space. Her actions are structured, consistent, planned, and ritualized to communicate clear expectations and to create safety. She is aware of her actions and relies on her behavior to “set the tone” for the group and to role-model engagement with materials, the art-making process, and one another. She believed this structured approach is flexible enough to adapt to the group’s changing needs and allows her to establish “safe space” for members to “create and express themselves . . . [without putting] pressure on them [because] their program is so stressful and they . . . don’t need to have that kind of stress in here.” She described her group as a communal space for members to come together around the table to create art, and personal art-making in this setting as

akin to the “mother role, as they prepare the Thanksgiving table—you get everyone set up and then you go and sit down and you have your own meal.”

For Delora, creating art alongside clients is a way to ground herself, self-regulate in the moment, express and release personal things that would otherwise distract her from the group, role-model and teach skills, attune to and focus on the group, demonstrate congruence between her beliefs and actions, and open conversation with group members. She described her use of art-making to self-regulate as authentic expression of her beliefs: “We practice and teach self-care all of the time and if we can’t take care of ourselves in the moment, how can we share that with someone else and expect them to do that same?”

In this context, self-care incorporates her self-awareness and use of art to express what is happening internally, which then increases her focus on the group. “I know I’m struggling with something and I need to just get it out, so I can be more attuned to what’s going on with them; and if I don’t, then my focus is totally off.” Although she did not share that this was why she was engaged in art-making with her group members, she felt she genuinely models the use of art. Modeling increases member engagement. “They see that I’m doing art and they think, oh this must work, or if she can do it, I can do it too. . . . They can see I’m working and, you know, it’s not just talk.” Delora used thoughtful disclosure to reiterate her authenticity:

I tell them all the time that this is why I’m an art therapist, you know, I don’t just say this, I live it. I have my own stuff, too, that I have to deal with, but I know it [art therapy] helps because it helped me.

Delora created Figure C19 based on a directive she uses in her groups from Maya Angelo's poem, "*I Know Why the Caged Bird Sings*." The image illustrates her beliefs about teaching her clients coping skills to manage their symptoms and of the value of art in helping group members learn and practice these skills. "It's like I am giving them all the tools they can use to get out of the shell. . . . They're breaking out of the egg, breaking out of the cage, and then I encourage them to just fly away."

In-session art-making. I created Figure C20 to express my emerging sense of Delora as an aware group leader who relies on observation and intuition to adapt to her group members' needs. I reflected on her use of structure to create layers of safety and community for members and on her use of art to remain grounded and focused and to radiate her intimate understanding of the healing power of art within her to the group members.

Responding to the image, Delora was drawn to the central circular shape, which she described as a container. She described herself and her role as "a container of various shapes, . . . some kind of container that you need for something else to get what you need. . . . You need it to hold something or to pick up something and, sometimes, you have to stir it up."

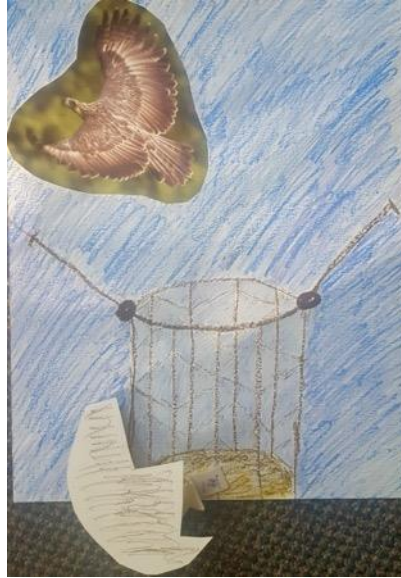


Figure C19. “Why the caged bird sings” (Delora, Session 1).



Figure C20. “Containers” (response to Delora, Session 1).

Second Research Session

The second session explored what art Delora made, how she used art-making in her groups, and what was gained and lost in the process. She trained to make art in groups during graduate school. However, she struggled to integrate her professors' and workplace peers' mixed messages about this practice, which conflicted with her strong trust in the process of art-making alongside clients. "I believe in it. I truly believe it." These external messages left her feeling disingenuous. She reflected that not creating art in groups was "like losing a bit of myself, . . . like I wasn't being true to what I tell my patients." She chose to create art alongside clients when "it got to the point where I felt like if I don't start doing art, I'm going to have to quit or I'm going to lose it."

Delora integrated art-making into her groups' structure and ritual. It helps her connect with group members, naturally bring them together around a central space to promote discussion, and "show them by example." Group goals are woven into the process. Psycho-education and opportunities to practice healthy coping skills occur naturally within the process of engaging with materials, problem-solving within the art process, and seeing an art piece through to completion.

Additionally, creating alongside clients is a way for Delora to manage her "inner turmoil," so she could be "in the moment" and not allow "stuff that doesn't need to come into the space" to distract her from the group. To do so, she engages in art-making as a quick "mental health" check-in with herself: "Not sitting there dwelling on it, just getting it done and getting that emotion out, and that's it, you're done." This requires her to be reflexive and aware of the effect of various art processes on her focus and to learn *how* to

use her own art-making in the group setting. She described using collage to regulate emotions, painting and “physical art” to release thoughts and feelings, and pastel work to “creat[e] art for art’s sake,” as well as to “keep the space.” Art-making positively influenced Delora, group members, and the group as a whole:

I made the connection a little bit deeper in saying that I need to do art also for myself but also for them and I think I made it more of a ceremonial practice because it’s part of my ritual. . . . What I’m doing for the group is giving them a healthy therapist.

Delora described two challenges of creating art alongside clients in the group setting. First, if she is not careful, she may focus exclusively on her art and lose the group. Second, the process of shifting awareness between her art-making and the group can be problematic: “I lose a little bit of the passion, a little bit of the connection with the art because I have to disconnect more to focus on the patients that are there.”

Delora created Figure C21 in response to the second research session. She described the image as reminiscent of her master’s thesis work and as a “holding space.” She shared that the image reminded her of her personal struggle to balance caring for her family and for her colleagues during a chaotic time at her workplace. Delora addressed struggling to identify her own needs in her workplace and shared:

I feel like I know what the group needs; I’m good with that. It’s just me. . . . I think maybe that’s why a lot of times I’m doing art. . . . I’m doing it sometimes not knowing what I need, like it fits the bill, it gets the job done.

In-session art-making. I created Figure C22 to express my emerging understanding of Delora as a group leader who creates holding space in which to share with group members a variety of tools and her intimate connection to the healing power of art.



Figure C21. “I don’t know what it needs” (Delora, Session 2).



Figure C22. “Materials and containers” (response to Delora, Session 2).

Third Research Session

The final research session reviewed and expanded ideas from the first two sessions. Delora emphasized a leadership style that matches her values and style. Her practice focuses on empowering clients to develop and apply coping skills in a safe communal space that values the art-making process. Art therapy has become a way of empowering her clients at different care levels and of “giving them power, giving them ownership, . . . allowing them space for success and allowing space to challenge thoughts.” She valued art-making as a way for members to learn life skills in the moment. “My practice, whether it’s making art or not making art, allowing others to see my passion for art, and sharing that, and they can come to a conclusion if they are passionate about art.” Creating alongside group members authentically expresses Delora’s beliefs and values while modeling how to “walk the walk.”

Delora developed her skill to create art alongside over time. She learned to adapt and vary her approach, her ability to shift her awareness, the art she creates, and its

purpose based on safety, acuity, and group members' needs. She refrains from art-making or superficial art-making processes (such as ripping and tearing magazine images for collages) when there are significant behavioral concerns, members require individual attention, or safety issues require her attention. Delora noted that she needs to trust herself and her instincts to confront the debate about the potential harm caused by creating art alongside clients and to "learn what works for me" to engage in this practice.

Delora described trust in oneself and one's knowledge of art as central to the practice of making art in the group. She described this practice as having two distinct purposes: "art for art's sake" and creating "meaningful art." *Meaningful art* is created when "you have thoughts in your head and you need to get that stuff out." It assists the therapist in being present and attuned to the group, despite outside influences.

Meaningful art, even in the session—and being able to be grounded and focused and all of that—it can happen. And I don't know if it's because I'm a mom and I multitask, . . . but I feel like it can be done.

Making "real art" is authentic, aligns with her beliefs, and works for her. However, she cautioned that it may not work for everyone and argued for acceptance of varied leadership styles in the field. "Try it and see what happens."

Delora created Figure C23 to reflect her overall sense of what happens when she creates art alongside her clients:

I think that's the most satisfying spot when you're at that space between where there is sunrise or sunset and you can just watch it. And I think that's where I am with the art-making is that I get to do my art but then I can sit back and watch them create. And see them, you know, doing what

they need to do. Be in that place with them.

Summarizing the inquiry, Delora stated:

I talk about what I do, but I don't know if I ever talk about what I do. . .
and this has been very eye opening . . . to actually put into words how and
why and when. . . . I think this is where the picture comes in; I feel like
I'm in a peaceful place knowing that I did that.



Figure C23. “The lake” (Delora, Session 3).

In-session art-making. I created Figure C24 to capture my sense of Delora as grounded, intuitive, nurturing, and offering her group members an opportunity to develop a relationship with art and art-making to help them to grow and fly free. Delora reflected, “It’s pretty accurate,” and was drawn to the swirly shape in the lower left, which she related to “holding.”



Figure C24. “Offering” (response to Delora, Session 3).

Co-Researcher 4: Gayla

Gayla and I met for approximately 6.5 hours total on June 20, 21, and 23, 2017, at her home in North Carolina. Gayla created a single image in each research session. Her images incorporated a variety of media, including chalk pastels and watercolor paint.

First Research Session

Gayla facilitates individual and group art therapy with service members in the mental health clinics on an active military installation in Jacksonville, North Carolina. She designed the art therapy program, the first of its kind at the installation. The program includes open mixed-gender groups of three to six individuals, targeted to address the needs of service members in mental health clinics. She created a unique women’s group to address issues specific to women in the service. In 2017, she was invited to join Creative Forces, an initiative to expand and promote arts in the military through a partnership with the Department of Defense and National Endowment for the Arts. At the time of our meetings, Gayla was transitioning into a new role on the installation, working

as an art therapist in an outpatient clinic for service members diagnosed with mild traumatic brain injury (m-TBI) and PTSD.

Our first session focused on the beliefs, influences, and experiences that shaped Gayla's practice of creating art alongside clients in her group art therapy. She discussed development of this practice, its risks and benefits, how creating alongside affected the group, and development of the skills required.

Gayla's practice of creating art alongside clients developed intuitively. Working with children in a hospital setting early in her career, she made art as an "approachable adult" and "someone they would trust." She was not trained to do this; rather, "I was kind of instinctually doing it that way because I didn't know what else to do." Later, she attended a post-graduate training with Bruce Moon and Cathy Hyland Moon, which "introduced [her] to this idea that it is helpful to your clients or your patients to do art with them." The ideas and beliefs shared at the training resonated with her and shaped her practice.

Creating art alongside clients is authentic and congruent with Gayla's beliefs. However, she carefully considered the risks and benefits of this approach. Risks include the potential to miss things and to become engrossed in her own art-making at the detriment of the group process. She worried she might "miss a lot because I don't sit and watch." These risks are associated with a philosophical approach and style of practice that emphasizes "data collection" as the primary leadership objective. This approach does not fit Gayla's work. She noted, "I don't think I could do art therapy if that's all I did [sit and watch]; it would lose a lot for me." Her philosophical orientation incorporates feminism and humanistic approaches that value egalitarian relationships, transparency,

genuineness, and humanness—a leadership style she described as, “We are all in it together and everything is an experiment.”

Benefits of creating alongside group members include increasing engagement with art materials and the art-making process, developing relationships, and increasing communication.

Me creating side by side with somebody gets the pressure off of them, gets them less insecure, or self-conscious. . . . I’m going to be in this with you.

And I’m not going to ask you to do something I wouldn’t do myself, and our art is going to communicate things. (Gayla)

Additionally, making art alongside members who are connected to one another and to the group enables service members to share experiences and gain personal insight without forcing disclosure or discussion. It creates space for multiplicity or diverse stories to emerge from the art work, so “everybody gains something because they’ve made it their own.” This approach supports service members to embrace their individuality, gain insight into their experiences, connect to something outside of the self, and find meaning in their experiences. Gayla identified that group members grapple with existential and spiritual issues, particularly related to how their experiences, actions, and reactions during wartime affect and shape their beliefs and identities. Creating their own art and being around their peers’ art provides “an opportunity to really connect and make another meaning for that image that really resonates with their experience.” Service members are free to share or not, but gain insight either way.

Gayla described creating art alongside clients as “an art in itself,” grounded in self-awareness, multitasking, and the ability to listen. Two primary skills are required:

(1) intentional use of personal art-making and (2) intentional use of disclosure to build therapeutic relationships while maintaining boundaries. She defined *intentionality* as responding and connecting to another person or image “as a person with my own experience” while “using it in [their] treatment, not for me.”

You can only learn by experience. By doing art therapy and knowing yourself and doing your own internal work so you know where your boundaries are and you know what you can talk about and what you are not ready to share with somebody in their session about them.

Gayla created Figure C25 to reflect her group focus specifically on the special mental health needs of women in the military, which she discussed throughout the interview. Approaching this group with a heart-centered focus, she noted:

I have a special place in my heart for these women who are in a really male-dominated environment. . . . It’s hard being a female Marine and then when you have something happen to you that’s very much about the feminine body and psyche. What I try to teach them in the group is to come from their heart. To be genuine. It’s safe to be open hearted. I try to be open hearted in my groups to encourage them to be open hearted. I think doing art with them communicates that I’m being an open and transparent person. So, this is all of them and their hearts and their places where they’re hurting and how they’re healing each other and feeding each other and helping each other grow.

In-session art-making. I created Figure C26 to express my emerging understanding of Gayla’s spiritual and heart-based approach to her group-therapy

practice. The sense of openness, genuineness, and vulnerability in Gayla's discussion of her practice particularly struck me. I explored connection levels in the discussion, including with (a) others in the group, (b) heart, art, and spirit in her art-making and how she discussed art with group members, and (c) something larger than the self in her personal art, philosophy, and work helping group members move through their traumatic experiences.

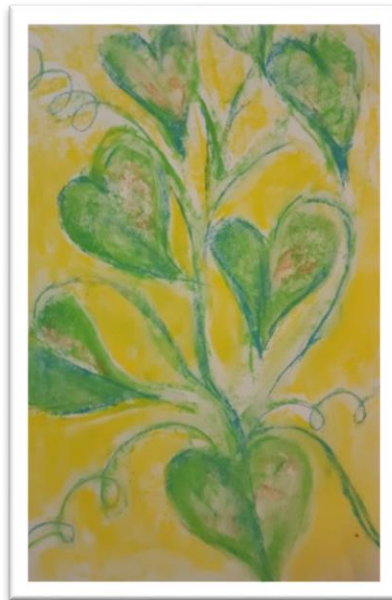


Figure C25. "It's all about the heart" (Gayla, Session 1).



Figure C26. “Spirituality” (response to Gayla, Session 1).

Gayla noted the ear on the figure to the right and shared her personal insight:

I’m probably not missing all that much [in the group] because I’m a really good listener and I’m . . . very aware. Maybe that’s multitasking, maybe that’s just being really good at staying focused on your own art but being aware of your surroundings and seeing; like if your patient starts to cry . . . you know they are crying. You feel it. You hear it.

Second Research Session

The second session focused on what is gained and lost when Gayla creates art alongside clients in her practice, the role of the group leader in creating community, role-modeling how to interact with art, and identifying and discussing layers of trust in this practice. The combination of creating art alongside group members and her leadership style promote respect and empower group members.

Gayla identified two primary challenges in the practice of creating art alongside clients: (1) decreased ability to intervene and (2) inability to track the step-by-step progression of an image. Decreased ability to intervene early is particularly important when members struggle with media, do not problem solve effectively, or improperly use supplies. Although the therapist is still able to redirect or guide members towards alternatives, it is possible that watching, rather than engaging in, art-making might allow the therapist to notice and react more quickly to group members' choices. Some therapists believe in recording the step-by-step progression of an image and details of which media group members use to convey information about the members and their progress. Thus, instead of reporting this information in charts or team meetings, Gayla focuses on sharing what group members said about their process, imagery, and product:

What I want to tell [other treatment team members] some of the themes that came up in their art therapy session to see if those are being addressed in their individual therapy and if not so that the therapist knows they are there.

She also identified three benefits of creating art alongside clients, specifically development of trust and respect, community, and role-modeling. *Trust and respect* are considered especially important in a military setting. *Community* describes egalitarian relationships, interpersonal and intrapersonal learning that arises from group structure, and leadership style. Role-modeling is how Gayla teaches members to develop and deepen their relationships with the art-making processes and to discuss products.

Making art helps Gayla build trust with and gain her group members' respect. She believes her art-making in sessions illustrates that she is willing to do what she asks of

the members. She shared that group members tell her, “If you didn’t do it, we wouldn’t do it. . . . The only way you’re going to earn my respect and get me to do this is for me to see that you’re willing to do it, too.” Gayla emphasized community or a sense that “we’re all in this together.” Community develops when Gayla takes an egalitarian leadership approach and structures the group to reinforce autonomy. She described, “I wanted [groups] to be about freedom, . . . respecting them and trusting their own judgement and their own eyes and ears and feelings.”

Trust extends beyond interpersonal dynamics to include trust in the healing power and art-making process. Gayla stated, “Trusting the process, that’s what it’s all about.” In the context of this inquiry, trusting the process includes her belief that group members benefit from the physiological, emotional, cognitive, and spiritual effects of engaging with art, even when these benefits are not tangible or clearly articulated. Although she struggled at times to trust the process, “it always proved itself in the end.” She trusts that art-making benefits group members, members learn from their engagement with art media, and there is meaning in what they create.

I trust that whether they make a clay mug or a painting of a bloody bride, there’s going to be meaning in what they’re doing. And I trust that by the end of the group, they’ll know what that is.

Trust alone, however, is not enough for a positive outcome. Group members learn to interact with their art products and processes and gain insight through art-making by observing and interacting with Gayla. She models these interactions by responding to their art honestly,

in an authentic way, . . . [being] transparent to a point . . . [to] role model

the kind of behavior that I'm looking for in them. To open their minds, look for . . . themes in the artwork that can actually help them and guide them in their lives.

She responded to insights gained from her own art-making process, as well as from observing members in their processes and the products created. "I'm intuitively picking up on something about this painting. I'm thinking about how I can put that out there in a therapeutic way. Without turning it all about me."

This modeling approach seems to work. Gayla she shared that a group member told her, "If we walked in here and just did art every day, I'd say what the hell are we doing this for? You helping us talk about art is so great."

Gayla created Figure C27 to explore the role of trust, spirituality, and balance in her practice. She discussed that trust—and "not having to control or force it"—affects every level of her group practice, from the way she recruits members to the group structure and to her beliefs about her role within the group. Working in a military setting, she resists forcing members to attend groups. "I kind of just gave up control in a lot of ways and trusted that the people who were meant to be in my space would be there." She took a less directive role and created an open studio space for members to "connect to their freedom again and their personhood." She shared that group members reported, "This is the only hour or two hours of my week where I feel free to be who I really am. It's the only time when nobody is telling me what to do."



Figure C27. “It’s all in the stars” (Gayla, Session 2).

This open style emphasizes trusting group members and may create internal tension for the group leader. Gayla described tension between trust and distrust of the process: “There’s this thing with me, I trust the process, I don’t trust the process, I trust it, I don’t, I want to trust it.” She described moments of internal conflict, such as when a client painted a canvas a solid color. Holding back her own response often resulted in powerful and meaningful experiences for the group members. She described this as a “unification of opposites” where, if she can enter and release her internal tension and truly trust members and the art process, it will prove as meaningful for members. “On my best days, on my happiest days, on the days when I feel like I’m probably the most effective therapist, I embrace that.”

To explore the dichotomies in her practice and the art created further, in Figure C28 Gayla placed Figure C26 from our first session next to Figure C27 from our

second session. She described one image as “so lush and clearly alive” and the other as “more austere” and related them to themes of “life and death” that arise in her work with service members. She discussed ways her personal spiritual beliefs influence her art-making, leadership style, and interactions with clients. These beliefs enable her to approach clients, sessions, and art with “the beginners mind” and to be “okay with not knowing.”

I have a really deep belief also that everybody knows what they need, so there again, I kind of keep myself out of it. Isn't that interesting, that criticism seemed to be about making art with patients that you're too self-absorbed or too much into yourself and so much of my practice is guided by I don't want to contaminate the image or be too directive or controlling or force my agenda? It's exactly the opposite of that criticism that comes in about making art with your clients.

In-session art-making. I created Figure C29 to illustrate my emerging narrative of Gayla as a grounded group therapist whose practice is deeply connected to her beliefs. I sensed the environment she creates promotes individual agency, builds upon strengths, and enables group members to experience, discuss, create, and connect to one another without pressure to solve, fix, or verbalize. I explored the connections and healing possible when the group leader trusts the members' inherent strengths and the art-making process is what each member needs it to be and lets go of the need to control the group. The image conveys that Gayla is intuitive and heart-centered while remaining grounded and aware of boundaries in her role as a group art therapist. In this role, she helps

members connect to their experiences and existential issues and to learn to release and let go.



Figure C8. “Life and death” (Gayla, Session 2).



Figure C29. “Divine feminine 1” (response to Gayla, Session 2).

Third Research Session

The third session focused on the types of art Gayla creates, circumstances when she does and does not create art alongside clients, impact of art-making on relationships, and development of this practice through her career.

Situational factors such as group size, needs, and acuity affect her choice to create art alongside clients. Group size is “more about logistics and practicality rather than whether I should or I shouldn’t,” and relates to the ratio of people to the available space rather than to the number of members. If there is adequate space, Gayla joins the group in creating art; if not, she refrains. This relates to her belief, “I don’t want to be in the way of their creative process in any way, whether it’s energy-wise because I’m just eyes on what they’re doing or physically because we don’t need another pair of elbows in there.”

Creating alongside is a way of “being with” and building relationships. Watching members work in a detached manner “felt like an intrusion” and is incongruent with Gayla’s beliefs. Therefore, she prefers to get into materials and art as a way to connect. She explained, “I feel like sitting beside them doing art, I’m still with but not in the way. I’m not intruding.” Working alongside service members, Gayla uses media to gently guide the group process, teach skills, challenge members to try new things, learn about herself and members, model engagement with art, help members learn to discuss their art, and bring her “better self” into group sessions. She relies on her awareness and ability to multitask to shift fluidly and intuitively between using her own art-making in these ways: “I can multitask pretty well, too, in doing what I’m doing and also checking in on them periodically.”

Congruent and authentic leadership require courage, trust in herself as a therapist and an artist, experience, and practice. “I try to work in a way that’s in alignment with my own personality; otherwise, I wouldn’t be able to do it.” For Gayla, this means learning how to incorporate trust in art, depth, and intuition into her work. She described this orientation as “brave intuitive art therapy . . . [where] I go into the depths of peoples’ pain with them and then we bring that to the surface and then we try to give it up, let go, accept.” Practically, this involves much work:

I’m doing a lot. I’m doing a lot mentally, I’m trying to tap into my heart, I’m trying to pay attention to the space and the people and the materials, delving down deep and trusting intuition and trusting whatever bubbles up.

Gayla developed this practice and trust in her abilities over time:

It takes some courage to fly by the seat of my pants like I usually do. But it’s trusting that intuitive knowledge of what’s happening and trusting that I can always, I can always get to an outcome that’s therapeutic, I always can.

Gayla created Figures C30 and C31 to bring together ideas from all three sessions about what happens when she creates art alongside her clients.



Figure C30. “Delving down deep” (Gayla, Session 3).



Figure C31. “Giving it up” (Gayla, Session 3).

What happens when Gayla creates art alongside clients in her practice of group art therapy is connected intricately to her leadership style, beliefs, and personal practice of art-making. Figure C30 illustrates her abilities to multitask, remain aware and connected to the group environment when creating art, and trust her intuition and heart to guide the session.

Figure C31 focuses on her ability to traverse the depths and bring knowledge to the surface, as well as her spiritual connection. The images illustrate a flow between “under the surface, on the surface, and above the surface.”

There might be some kind of progression here in terms of me going down to a quiet place to reflect on my heart and then bringing that up and putting it into the heart that I share with my patients, which is about healing energy. . . . That gets fed by my spiritual life . . . and helps me continue to grow and share that with other people or connect with others.

Gayla related the imagery to her work as “giving it up and seeing what bubbles up and going with that. . . . I don’t have a really strict or narrow agenda; I trust what comes up is what’s supposed to come up.” Reflecting on the inquiry, she stated, “Being able to talk about it for a week has helped me see that I do know what I’m doing and that there are words to describe what I’m doing.”

In-session art-making. I created Figure C32 to reflect my understanding of Gayla as a spiritually grounded, open-hearted therapist who relies on instinct and brings feminine energy into a heavily patriarchal and hierarchical environment in her practice.



Figure C32. “Divine feminine 2” (response to Gayla, Session 3).

Gayla responded:

It looks like a goddess to me. . . . I really like that idea of the divine feminine . . . [and] the circular energy and the growth and extending out and connecting. . . . This is why we try to do our best to bring healing into the world, that’s why we do what we do, and we try to do it with something we’re passionate about and that we can relate to that’s personally meaningful to us, so we can share that. That’s what it’s all about.

APPENDIX D

RESPONSE PAINTINGS AND ACCOMPANYING POETIC RESPONSES

This appendix contains paintings and poetic responses generated as I read through transcripts, reviewed video footage and reviewed art created during research sessions with the individual co-researchers. Painting and creative writing provided me with an opportunity to pause, immerse myself in the interviews, and to reflect on the inquiry as a whole. Poetic responses contain words and phrases used by the co-researchers during interviews. Composing them into poems alongside the paintings helped me to gain a richer understanding of the co-researchers, their work, their beliefs, and their motivations before moving forward to identify key phrases and aspects of the video footage directly related to the research questions.



Figure D1. Roderick response painting, 16" x 20" acrylic on canvas panel.

There is magic in that title; art therapist
Something different, softer, gentler
I am here with you
We are mostly the same
I'm just a step further
On this path

Have courage; maybe express a little feeling
Find the depth
In the flow, creating, moving around

This is where the magic happens
This little bit of chaos
Find the magic spot
Between hard work and magic

The spark; the snap; inspiration

The art, tap into that portal
Healing, spiritual, infinite in both ways
Go into the layers and depth

I trust you

To find the point of light
Break through reality

And everything expands from there



Figure D2. Emery response painting, 16" x 20" acrylic on canvas panel.

Touchstone
That deep breath

And then I just let it go

Underneath all of this—the more concrete level of what we're doing
There's so much more happening

An extension of the materials
Letting people
Evolve
Sending them in the direction

A drop in the water
With ripples going out
Getting my hands in that and creating

Resonating
Expanding trust

Being and offering
Layer after layer

Shifting between black, white and color
Creating the depth
Creating the breadth
Creating the many directions where it can go

It's about everything at once
Intuitive listening
Always the mixture
Of these different layers and dimensions

Listening without looking
Movement
Contained in the intuition
Embodying groundedness
Intimately knowing stillness and motion

Trusting where it's coming from internally
The art reflecting back

It's the way to go—keep going



Figure D3. Delora response painting, 16" x 20" acrylic on canvas panel.

I know why the caged bird sings
 Giving them the tools to get out, to see, to break out
 And just fly away

Together circling the table
 A container in motion
 community
 A supportive structure
 A boundary in chaos
 Safety

Facing mystery
 Challenging patterns
 Finding meaning

It doesn't always go the way you want,
 make it work
 It's not about balance

It's about alignment



Figure D4. Gayla response painting, 16" x 20" acrylic on panel.

Listening at the edges of feeling
 Experiencing; resonating
 with an open-heart intentionality
 meandering
 Into living image

Let them be themselves, Free
 in the process Reaching out
 towards the spiritual Grounding
 into physical
 opposites in unity

Into the depths trusting heart
 Bring it to the surface
 The wound in need of healing
 Be brave—give the pain voice
 Forgiveness
 And letting go

Humanity healing

APPENDIX E
RESPONSE POEMS

I composed these poems after several months of reviewing the art, video footage and research session transcripts. Poetry helped me to gather critical phrases and concepts and to assemble them into a holistic picture of the co-researcher's practice. These poems distilled the essence of what the co-researchers shared, allowing me to pause and reflect before moving forward to identify and present essential findings.

Response Poem: Roderick

Authentic identity
 Instinct—snap—natural
 Modeling, showing, demonstrating
 Raw artistic energy

Seeing depth

Teaching, accepting, inviting
 Into this special space
 Where I am responsible and aware

Creating art for art's sake

Engaging, modeling, filtering
 Balancing roles and expression
 Letting them go where they need to go

Listening to the noise of art-making

I'm there and present
 Open, aware, accepting
 Energy effects energy

Response Poem: Emery

Shifting fluidly
 Between internal and external
 Intuition attuned
 Containing and guiding
 Opening up possibilities
 Modeling
 Weaving together art and holding
 Space
 Present, grounded, embodied
 Being and offering
 Awareness

Response Poem: Delora

Animated, excited
 I can only do what I can do
 Trusting the process

Holding, nurturing,
 while they learn
 Skills to do it themselves

Present, passionate
 Practicing what I preach
 Teaching and empowering

Connecting, working
 Art is therapeutic for someone
 And myself

Response Poem: Gayla

Dancing on the edge
Finding the sweet spot

Being transparent
Bringing self as a person into the room

A human being
Doesn't fit into a structured task

It's not being human
Human is being

Aligning my better self
Heart guiding, head following

With, but neither the way, nor in it
Surrendering to art

Trusting intuition
Delving deep

Being with what bubbles up
Connecting

Learning in the moment
Dancing on the edges

APPENDIX F

SUMMARY VIDEO TRANSCRIPTS

Roderick Video Transcript

Video Link:

<https://drive.google.com/open?id=1ke0TJYifEKYkVQfbNUTFsgGeQ4dLRsu1>

All right, I'm making my own art in this group.
I naturally do it.

It's a Magician Fool. It's a combination of those two cards, the alchemist and the clown.

If you're a Magician Fool, just be it.

Reach for it.

Be authentic.
Remember that's where the magic is.

Authenticity.

So maybe it's about identity, instinct, knowing I bring some of that raw artistic energy to my group and I'm showing them that.

I'm excited about art. I'm showing them that.

I'm demonstrating that, I'm commenting on it.

I've gotten more in touch with that, that special knowledge, that special vision of the depth.

This is what I got right now. I got the ability to see that there is depth. Now, what's my role, what's my ability to teach it?

Emery Video Transcript

Video Link: https://drive.google.com/open?id=1FjbGDbZjdt3EeiGlVOdena_EB_hh-IHp

I've been in New York, oh I think it's 6 years now, and in that time I've found that very few people actually make art while running groups, and it perplexes me to no end.

So, I find for myself when I'm, especially when I started out, I was working with people with Alzheimer's and dementia, that making art alongside lowered so many inhibitions, created this immediate bond in a very different way and allowed a lot more to happen that didn't rely on conversation and verbal back and forth. And so it really to me made sense.

To me, if I'm making art in a group, then that allows me to touch in on things that happened in that group that I may not have noticed at the time or I couldn't clearly understand or wasn't really sure about, and it allows me to trust that, since that's being held in some way, that I can almost be calmer and more grounded within that group during that time.

But then, being able to then check in with myself throughout the group or throughout the art-making process allows for more openness, too.

So, making art in a group makes me feel like I stay really connected to what's going on and I know that if I'm staying connected to it, I'm much more open and curious and present myself with my clients. So, I'm able to then pass that along.

It's like, okay, we're all making art, so I'm going to do it too, and I think it just really allows people to have that openness and trust.

I keep thinking of, like, dimension and space and layers and I feel like, and depth, all those different things that mean depth and layers.

Being more abstract and creating movement and showing how this one material can go in so many different directions, it just starts to open up those possibilities.

I think that's what the art materials do is create that [experience]. Again it differed sound, it creates different movement, it creates different ways of seeing that movement.

Being able to hold that space where it may not make sense, but it's okay.

I feel like in many of the groups where I'm making art as the group leader, it's because my body can either be in one place long enough. Or, if I'm having to flow throughout the room, it's at a very different pace. Whereas, if it goes about a certain point, whatever that threshold is, then I have to put the art supplies down in order to continue having the same holding the space.

And it's interesting because I feel like I'm good making art within a group, no matter

how small it is. But when I hit about 10 people, that seems to be the maximum of when I can both be making art and focusing.

Whereas, when I'm able to be making the art and actually use the art as something I'm doing within the group, it becomes both physical and internal and cognitive and it's sort of is more fully embodied.

Because when I'm making the art, I'm definitely attuned to the moment and what's happening around me.

Where I'm making the art and I'm reflecting and accepting but there's so much more time to process as it's all occurring.

Delora Video Transcript

Video Link:

<https://drive.google.com/open?id=1KKNXqFUJN8EPSBvRCGJdGRqH1vnVbtX>

I wasn't always doing art.

It got to the point where I felt like if I don't start doing art, I'm going to have to quit or I'm going to lose it.

Because I felt like I was losing a bit of myself.

I'm actually doing art and I'm okay with that.

I trust this process because it doesn't necessarily have to be this masterpiece, it could just be doodling, but you're doing something.

But for me, I make the connection a bit deeper, and saying I need to do art also for myself and also for them.

And I think I made it more of a ceremonial-type practice because it's part of our ritual.

I love the table, it's a good space, and we're all doing art around the table. And this is usually a space where you commune and interact, and so then we use that table to do art and it makes it easier to have that conversation.

I'm done, and I get everyone else squared off. It's almost the mother.

The mother role, as they prepare the Thanksgiving table. Set everyone else up and then you go and sit down and have your own meal.

And usually, when I'm doing my thing, I can communicate and turn and look at people because I'm not like fixated on what I'm doing. It's loose artwork, I should say. Not so structured where I'm just like into my own art but enough where I can look up and pause and keep doing what I'm doing.

I'm a true believer of explaining to them why I do art.

And I tell them all the time, this is why I'm an art therapist. I don't just say this because I want to, I live it. I know it helps because it helped me.

It's self-care, and we practice and teach self-care all the time, and if we can't take care of ourselves in the moment, how then can we share that with someone else and expect them to do the same?

It's that awareness that I need to focus on the art and leave my other junk outside the

door.

It kind of helps me stay grounded and be present in the moment, so, yeah, it's about me making sure I'm providing them the best therapist for them for that need.

So, my practice, whether it's making art or not making art, allowing others to see my passion for art and sharing that so they can come to a conclusion if they are passionate or not about art.

Sometimes you need to do some hard-core art. Meaningful art, because you may have thoughts in your head and you need to get that stuff out or you're thinking about other things besides being in the space with that person. Sometimes you have to get that stuff out immediately.

And I don't know, doodles don't always get it for me, and I had to learn what works for me.

Meaningful art, even in the session, and still being able to be grounded and focused and all of that. It can happen. And I don't know if it's because I'm a mom and I multitask, I don't know. Maybe that's it. But I just feel like it can be done.

You know, each therapist is different, so I do what works for me.

Being able to realize that we are all different, these are all suggestions. Find what works for you.

Gayla Video Transcript

Video Link:

https://drive.google.com/open?id=1GJGuEkstOySSFyf_s_EWHfl9YB8d4Z6n

I'm really interested in this. I know it's not a practice that's shared by all art therapists. I know there is some risk involved and I know there is great benefit.

For me, I don't think I could do art therapy. It would lose a lot for me.

I'm my better self.

To me, creating art side by side with somebody gets the pressure off of them. Makes them less insecure or self-conscious, and I'm going to be in this with you, and I'm not going to ask you to do something I wouldn't do myself, and our art is going to communicate things together.

I want my image to speak to them and also help them on their journey.

I feel like if I'm working with this person and thinking about the relationship with the patient and what I bring to it, that I can't go wrong. I could make a pink elephant or a kayak with some water and a moon. But it's going to have a message for her. We bring messages to images. Images don't have meaning that they bring to us. So we allow those messages to come, and ask ourselves what they are.

Art therapists, our shared language is the art. I really see myself as trying to be a role model and having some and learning something in the moment from my art.

I'm very intentional about how I use that work in the session.

I don't want to kill the image. I want it to stay alive. I can talk it to death or I can give just a little bit that connects me with her as a person with my experience, but then we're using it in her treatment, not in mine.

Quoting Bruce about trusting the process: It goes back to that, to that something deeper is happening and something bigger is in control here and there's a surrendering to that process and trusting it. And that's why I don't have to watch them draw.

I trust that whether they make a clay mug or a painting of a bloody bride, that there's going to be meaning in what they're doing. And I trust that by the end of the group, they'll know what that is.

I should say, sometimes I don't trust that, and I'm always, and it always proves itself in the end.

I feel as though watching over their shoulder every move they're making when they try to

create art is an intrusion, and I feel that I'm in the way.

And I feel like sitting beside them doing art, I'm still with but I'm not in the way. I don't want to be in the way of their creative process in any way.

The criticisms seem to be about making art with your patients that you're too self-absorbed or too much into yourself, and so much of my practice is guided by I don't want to contaminate the image or be too directive or control or force my agenda.

In a way, that's in alignment with my own personality.

How do I make art with the patients? I'm a really good multitasker

So it's got eight arms because I'm doing a lot. I'm like doing a lot mentally, I'm trying to tap into my heart. I'm trying to pay attention to the space, people, materials, and the—I thought the octopus was a really good symbol for delving down deep and trusting intuition and then trusting whatever bubbles up.

And hopefully, that's healing for other people.

Really want to trust my heart to guide my practice but I want my head engaged in that.

But I think if I was going to say I trust one over the other as an art therapist, I really try to tap into my heart.

But its trusting the intuitive knowing of what's happening.

Surrendering to the art.

APPENDIX G

CULMINATING VIDEO TRANSCRIPT

Culminating Video Transcript

Video Link:

<https://drive.google.com/open?id=1dpB-fEHHNgpM2joPTb6Rrrs2DizCk7cz>

Roderick (R): All right, I'm doing, I'm making my own art in this group. I naturally do it.

Emery (E): I find for myself when I'm, especially when I started out I was working with people who have Alzheimer's and Dementia.

(E): Making art alongside, it lowered so many inhibitions, created this immediate bond in a very different way, and allowed a lot more to happen that didn't rely on conversation and verbal back and forth. So it really to me made sense.

Delora (D): I wasn't always doing art. It got to the point where I felt like if I don't start doing art, I'm going to have to quit or I'm going to lose it. I felt like I was losing a bit of myself.

(D): But for me, I made the connection a bit deeper and saying I need to art for myself but also for them. I think it more of a ceremonial type of practice because it's part of our ritual.

Gayla (G): I'm really interested in this because I know that it's not a practice that's shared by all art therapists.

(G): I know there's some risk involved and I know there's great benefit. But for me, I don't think I could do art therapy. It would lose a lot for me.

(R): Be authentic. Remember that's where the magic is: Authenticity.

(R): So maybe it's about identity. Instinct. Knowing I'm bringing some of that raw artistic energy to my group and I'm showing them that.

(R): I'm excited about art and I'm showing them that. I'm demonstrating it. I'm commenting on it.

(E): It's like okay, we're all making art so I'm going to do it too. And I think it really allows people to have that openness and trust.

(D): It doesn't necessarily have to be this masterpiece. It could just be doodling but you're doing something.

(D): Allowing others to see my passion for art and sharing that so that they can come to a conclusion if they are passionate or not about art.

- (D): It kind of helps me stay grounded and be present in the moment. It's that awareness that I need to focus on the art and leave my other junk outside the door.
- (D): It's self-care and we practice and teach self-care all the time. If we can't take care of ourselves in the moment how then can we share that with someone else and expect them to do the same?
- (E): To me, if I'm making art in a group then that allows me to touch in on things that happened in that group that I may not have noticed at the time or that I couldn't clearly understand or wasn't really sure about.
- (E): And it allows me to trust that since that is being held in some way that I can almost be calmer and more grounded in that group during that time.
- (E): Making art in a group makes me feel like I stay really connected to what's going on.
- (E): I know that if I'm staying connected to it, then I'm much more open and present and curious myself with my clients. So I'm able to then pass that along.
- (R): The reason I'm an art therapist is because I realized that was the only way I could process something, so I started doing it before I went to school. So being real with that. And then being real with responses to group members if they see my artwork.
- (D): I'm a true believer of explaining to them why I do art. I tell them all the time this is why I'm an art therapist. I don't just say this because I want to, I live it, I know it helps because it helped me.
- (G): I want my image to speak to them and also help them on their journey. I feel like if I'm working with this person and thinking about the relationship with the patient and what I bring to it, I can't go wrong.
- (G): I'm very intentional about how I use that work in the session. I don't want to kill the image. I want it to stay alive I can talk it to death and put it aside and we're done with it. Or I can give just a little bit that connects me with her as a person with my own experience but then we're using it in her treatment—not for mine.
- (R): I think that's something any good therapist, that's a role they play is to get some of that depth out or to remind people, what's behind what you're presenting?
- (R): I've gotten more in touch with that, that special knowledge that special knowledge, that special vision of the depth.
- (E): Dimension and space and layers and depth. All those different things that mean depth and layers. Being more abstract and creating movement and showing how this one material can go in so many different directions, it just starts to sort of open up those possibilities.

- (G): Quoting Bruce about trusting the process. It's all related to that, that something deeper is happening and something bigger is in control here and there's a surrendering to that process and trusting it.
- (G): To me, creating art side by side with somebody gets the pressure off of them, makes them less insecure or self-conscious.
- (G): Like I'm going to be in this with you and I'm not going to ask you to do something I wouldn't do myself and our art is going to communicate things together.
- (G): When I'm doing art I'm still with but I'm not in the way. I don't want to be in the way of their creative process in any way.
- (G): The criticisms seem to be about making art with your patients that you're too self-absorbed or you're too much into yourself.
- (G): So much of my practice is guided by I don't want to contaminate the image or be too controlling or force my agenda in a way that's in alignment with my own personality.
- (D): I think it goes back to giving them power. Giving them ownership. Allowing a space for success.
- (G): I trust that whether they make a clay mug or a painting of a bloody bride that there's going to be meaning in what they're doing and I trust that by the end of the group they'll know what that is.
- (G): I should say sometimes I don't trust that and it always proves itself at the end.
- (R): So when I get to that point and everybody is settled, everything is where it needs to be, then I might go get some supplies and process something that happened during the day with a client.
- (R): Giving myself permission to do it when I need to, even in the group. That's what I mean by being real.
- (E): I feel like in many of the groups where I'm making art as the group leader it's because my body can either be in one place long enough. Or if I'm having to sort of flow throughout the room it's at a very different pace.
- (E): Whereas if it goes above a certain point, whatever that threshold is, then I have to put the supplies down in order to continue having the same holding of the space.
- (D): You know I'm doing my thing and usually when I'm doing my thing, I can communicate and turn and look at people because I'm not fixated on what I'm doing. It's loose artwork I should say, not so structured where I'm like into my own art, but enough where I can look up and pause and keep doing what I'm doing.

- (G): How do I make art with my patients? I'm a really good multi-tasker, so it's got eight arms because I'm doing a lot. I'm doing a lot mentally. I'm trying to tap into my heart. I'm trying to pay attention to the space and the people and the materials. I thought the octopus was a really good symbol for delving down deep and trusting intuition and then trusting whatever bubbles up and hopefully that is healing for other people.
- (D): Meaningful art, even in the session, and still being able to be grounded and focused and all of that, it can happen. I don't know if it's because I'm a mom and I multitask. But I just feel like it can be done.
- (D): You know each therapist is different, so I had to do what works for me. Being able to realize that these are all suggestions. Find what works for you.

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