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AN ART-BASED EXPLORATION OF INTERDISCIPLINARY REACTIVITY  
TOWARD PROBLEMATIC CLIENTS

A DISSERTATION  
(submitted by)

Devon Govoni

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

LESLEY UNIVERSITY  
May 2020



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

### DISSERTATION APPROVAL FORM

Student's Name: **Devon Govoni**

Dissertation Title: AN ART-BASED EXPLORATION OF INTERDISCIPLINARY  
REACTIVITY TOWARD PROBLEMATIC CLIENTS

#### Approvals

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

Dissertation Committee Chairperson: Shaun McNiff, PhD 3/27/20

Internal Committee Member: Rebecca Zarate, PhD 3/27/20

External Committee Member: Barbara Fish, PhD 3/27/20

Dir. of Ph.D. Program/External Examiner: Michele Forinash, DA 3/27/20

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

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

Shaun McNiff, PhD

Dissertation Director

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

Sandra Walker, MBA

Dean, Graduate School of Arts and Social Sciences

## STATEMENT BY AUTHOR

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SIGNED: **Devon Govoni**

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## TABLE OF CONTENTS

LIST OF FIGURES .....	8
ABSTRACT.....	10
1. INTRODUCTION .....	11
2. LITERATURE REVIEW .....	14
Reactivity .....	14
Transformation: Transmission and Embodiment .....	15
Transmission .....	16
Embodiment .....	19
Self-Maintenance and Supervision .....	19
Self-Maintenance Through Art .....	19
Supervision .....	20
Witnessing: Self, Others, and the Role of Digital Media .....	23
Tattooing and Hairstyling .....	24
Summary .....	29
3. METHODS .....	30
Ethics .....	31
Sample .....	31
Participants .....	31
Recruitment .....	31
Materials .....	32
Procedure .....	32
Overview .....	32
Phase 1 .....	34
Phase 2 .....	34
Phase 3 .....	35
Phase 4 .....	35
Individual Process Videos.....	36
Final Sessions.....	36
Researcher Reflection .....	37
Individual Process Videos.....	37
Screenshot Selection .....	37

Processing Boards and Observation Notes .....	38
Response Art .....	39
4. RESULTS .....	40
Transformation.....	42
Embodiment .....	42
Sculpture Representing the Sculpture .....	44
Sculpture Representing Problematic Clients.....	44
Sculpture Representing the Process of Dealing With Problematic Clients..	48
Sculpture Representing the Self and Emotions .....	50
Negativity and Discomfort.....	54
Witnessing One's Own Negativity .....	55
Physical and Verbal Reactivity .....	56
Humor as a Buffer .....	61
Balance Through Response Art: Companion Sculptures.....	62
Supervision: Life Adjustments .....	70
Overcome Feelings of Incompetence.....	72
Regain Empathy and Control.....	74
Empathy .....	74
Control.....	76
Improve Self-Regulation.....	77
Profanity .....	77
Humor.....	78
Manage Wellness .....	79
Synthesis Process .....	80
Summary of Outcomes .....	83
5. DISCUSSION.....	86
RQ1: What Happens to Participants' Professional Understanding of a Problematic Client Through Engaging in a Sculpting Process? RQ2: What Happens to the Participants' Self-Understanding when Engaging in a Sculpting Process Focused on Problematic Clients? .....	87
Transformative Sculpting Process .....	87

Metaphor .....	90
Video Witnessing.....	91
RQ3: What Similarities in Participants' Experiences Will Be Reported and Observed Across Their Professional Disciplines? .....	92
Transformative Art Processes .....	92
Reactivity Awareness .....	93
Methodology .....	95
Dealings with Problematic Clients.....	96
RQ4: What Happens in a Research Process When The Researcher Creates and Presents Response Art to the Research Participants?.....	97
Personal Reflection .....	98
Future Research .....	99
Limitations .....	100
Recommendations.....	101
Conclusion .....	102
APPENDIX A: Lesley IRB Approval .....	104
APPENDIX B: Informed Consent Form .....	105
APPENDIX C: Session and Semistructured Interview Protocol.....	108
APPENDIX D: Participants' Reduced Process Video Links .....	112
REFERENCES .....	113



## LIST OF FIGURES

## Figure

1. FM Leaning in to Signify Wanting to Get Into the Sculpture (Phase 1, Session 1) .....	44
2. FM Examining Broken Pieces of His Sculpture (Phase 2, Session 2).....	45
3. LL's Dried, Broken Clay (Phase 2, Session 2), Representing Problematic Clients .....	46
4. LL's "Landmass" Metaphor (Phase 4, Session 3), Representing Problematic Clients ..	47
5. LL's Final Sculpture (Phase 4, Session 3).....	47
6. FM Contemplating Plaster Placement (Phase 3, Session 2), Mirroring His Approach to Problematic Clients .....	48
7. LL's Fresh Clay (Phase 1, Session 1), About and to Which He Spoke .....	49
8. PK's Plaster (Phase 3, Session 2); The Mask Embodies His Professional Life.....	50
9. PK's Fresh Clay (Phase 1, Session 1), an Analogy for "Taking on Other People's Issues".....	51
10. HC's Clay Sculpture (Phase 1, Session 1); Meditative Circles.....	52
11. HC's Plaster Sculpture (Phase 3, Session 2); Acknowledged Voice .....	53
12. HC's Meditative Additions and Representation of Conversation Points (Small Clay Balls).....	53
13. LL's Representation of Conversation Points (Small Clay Balls).....	54
14. HC's Hands Balled in Frustration (Phase 1, Session 1) When Describing Interactions With Problematic Clients .....	57
15. LL Continuing to Work While Gesturing With His Hands (Phase 1, Session 1).....	58
16. FM Pausing to Talk About Problematic-Client Behavior (Phase 1, Session 1) .....	59
17. PK Balling His Fist, Searching for Words (Phase 1, Session 1).....	60

18. PK Gesturing Some Acceptance (Phase 2, Session 2).....	61
19. My Response Sculpture (Left) With LL's Final Sculpture (Right).....	64
20. HC's Final Sculpture (Phase 4, Session 3).....	65
21. My Response Sculpture to HC.....	66
22. My Response Sculpture to PK.....	67
23. PK's Final Sculpture in Front.....	68
24. My Response Sculpture to FM .....	69
25. FM's Final Sculpture (Phase 4, Session 3).....	69
26. Processing Board 2 .....	83
27. Processing Board 4 .....	83

**ABSTRACT**

This art-based dissertation explored professionals' reactivity toward problematic-client interactions across the art therapy, expressive arts therapy, hairstyling, and tattooing disciplines. The concept was explored with a participant from each discipline in a four-phase sculpting process and through semi-structured interviews, response sculptures, and video footage and aggregates. Research questions examined (1) what happens to the participants' professional understanding of problematic clients and (2) self-understanding through engaging in a sculpting process focused on problematic clients, (3) similarities in participants' experiences across disciplines, and (4) what happens when the researcher creates and presents response art to the research participants. The two main outcomes were needs for transformation and supervision. The overarching transformation outcome encompassed the study's findings, which were the participants' (a) embodiment of sculptures to represent emotions and (b) negativity and discomfort in witnessing. Additionally, the participants identified the need for life adjustments, including (c) overcoming feelings of incompetence by (d) regaining control and empathy, as well as (e) improving self-regulation and (f) managing wellness.

## CHAPTER 1

### Introduction

In this dissertation research, I attempt to examine and shine light on problematic clients and problematic-client interactions as a means to introduce new ways of understanding them. I had conducted a pilot study (Govoni, 2016) that addressed my professional reactivity toward five problematic-client encounters. For that pilot, I created a four-phase sculpting process to examine the nature of those problematic relationships with the aim of learning through the artmaking about myself, the clients, and what had occurred that caused disturbance within me. The most surprising outcome was that I gained patience and empathy for myself in the process. My anger-related emotions also transformed into empathetic feelings toward the clients. This result led me to wonder how other service-industry workers navigate similar challenges in their work. As a tattooed person with a history of "funny-colored" hair, my mind went specifically to tattoo artists and hairstylists. I had noticed that clientele in both settings often disclose types of personal information similar to that shared in therapeutic relationships.

Therefore, I aimed to see if these problematic-client encounters can be studied to generate new ways of understanding everyday interactional phenomena that happen within human relationalities. I wanted to investigate possible similarities and/or differences that may exist across disciplines that deal with public clientele and have artistic components. Most importantly, I wanted to find ways of discovering something positive about the self and other relationships as a result of experiencing problematic-client interactions.

The four professional disciplines examined in this study were art therapy, expressive arts therapy, hairstyling, and tattooing. The related research questions (RQ) are:

- RQ1: What happens to the participants' *professional understanding* of a problematic client through engaging in a sculpting process?
- RQ2: What happens to the participants' *self-understanding* when engaging in a sculpting process focused on problematic clients?
- RQ3: What similarities in participants' experiences will be reported and observed across their professional disciplines?
- RQ4: What happens in a research process when the researcher creates and presents response art to the research participants?

The following terms and definitions may support the reader's understanding of the terms and contexts within this research:

### **Problematic clients**

Clients with whom participants work and in whom professionals perceive problematic behavior and actions—essentially, aspects of clients which tend to evoke troublesome reactions in the participants.

### **Problematic-client behaviors**

Specific behavior patterns or personality styles that are more likely to promote emotional, psychological, or physical reactions from the professionals.

### **Problematic-client interactions**

Interactions between the professionals and clients that evoke emotional, psychological, or physical reactions within the professionals. These *interactions* emerged as the more primary phenomena examined in the study (as opposed to problematic *clients*).

### **Reactivity**

The variety of reactions participants may have when dealing with what they perceive as problematic-client interactions. Reactivity could arrive emotionally (feelings), psychologically (thoughts), or physiologically (physical sensations).

### **Sculpting process**

The method I created for the pilot study (Govoni, 2016) expanded into this current research. That study allowed me to understand what was potentially possible when translated into this dissertation research with participants. It was developed to examine different stages of creating a sculpture in relation to a problematic client interaction or encounter to see what would be revealed about the overall instances. As a therapist, I have found myself intrigued by the transitory nature of relationships and how much information is left unfiltered when in problematic encounters. The entire process is explained in detail in Methods (Chapter 3).

## CHAPTER 2

### Literature Review

This chapter addresses the literature, both available and lacking, on professional reactivity toward problematic clients across the disciplines of mental health counseling (including art and expressive arts therapies), hairstyling, and tattooing. Similarities and differences among these professions are discussed in terms of previous studies on emotional, as well as physiological, reactivity. The literature on artmaking's transformative and healing effects, as well as on the need for ongoing self-maintenance, supervision, and witnessing across disciplines, is explored in depth.

### Reactivity

Reactivity toward clients within the therapeutic encounter can be both positive and problematic (Bichi, 2012; Edwards, 2010; Hayes et al., 2015). Practitioners have acknowledged and explored personal feelings—whether physiological, emotional, or verbal, and examined separately or together—that surface when treating clients. When explored and understood, those associated reactions can be used as treatment tools to help practitioners better understand their clients and provide different treatment options (Bichi, 2012; Gil & Rubin, 2005; Hayes et al., 2015; Jones, 2004). Some scholars suggested that the use of artmaking in supervision can assist practitioners to resolve problematic situations that surface during treatment (Fish, 2011; Landy et al., 2012; Panhofer et al., 2011). Other researchers recommended exploring the various reactions that can surface within a specific expressive art (e.g., Dillard, 2006; Dosamantes-Beaudry, 2007; Robbins & Erismann, 1992). Expressive arts therapists also have

explored various forms of reactivity in their and their colleagues' lives, personally and professionally, by means of artmaking as the primary mode of inquiry, discovery, and understanding (Bean, 1992; Fish, 2013; Metcalf, 2003; Potash, 2013; Wadeson, 2003).

Exploring meaning-making through art processes is the realm in which this research is focused. Practitioners in the helping fields commonly might ignore the reactivity that occurs within sessions (Jones, 2004; Leclerc, 2006). However, at times, reactivity within clinical interactions may exceed natural, recognizable, or tolerable levels. Sometimes, those interactions push practitioners out of their comfort zones and into questioning their personal and professional practices, values, beliefs, and overall existences (Hayes et al., 2015). Much of the available literature has shown that if the disturbances that surface are not addressed through supervision, personal therapy, or other forms of processing, they can negatively affect both the client and the professional therapist (Goodman, 2005; Hayes et al., 2015). For example, the disturbances can limit or compromise the client's treatment efficacy (Choi et al., 2013; Goodman, 2005) or hinder the therapist's job satisfaction, career longevity, and overall stress management (Avanzi et al., 2014).

### **Transformation: Transmission and Embodiment**

For decades, McNiff (1998, 2018) has explored and discussed transformational aspects using art in therapeutic and relational contexts. One concept that he names as particularly useful is known as 'response art.' He highlighted the strengths and impacts that response art can hold, particularly when dealing with emotions and situations of more extreme nature. Big emotions can produce big results. However, other scholars pointed out humans' overall hesitancy to address problematic feelings and circumstances



(Fish, 2016; Potash, 2013; Robbins & Erismann, 1992). That is, people tend to avoid feeling the uncomfortable feelings and thinking the disturbing thoughts that arise in day-to-day existence. Realistically, it is much easier to experience and sit with positive emotions and good feelings. Nevertheless, when most people think about times they have worked through, examined, dissected, or further understood problematic emotions, they may see that those were also the times they healed and changed the most. Thus, exploring the human hesitancy and overall discomfort with change and the consequential impacts of avoidance of examination of such feelings, should be encouraged to discover the positive growth that could result.

### **Transmission**

Throughout time, art has served as a way to communicate human expression. (Belleville, 2014; Schuessler, 2013). People often are plagued with the inability to convey information and meaning through words despite some true, innate ways of understanding what they are feeling and thinking as valid, important, and accurate. Art can help transform and transmit information from a state of meaning or understanding into a physical state that can be understood further and symbolize what the artist is trying to express (Leavy, 2009). Whereas expressing tacit knowing has inherent limitations, art can be extremely helpful in its various expressions—symbolic, metaphorical, representational, compared to, contrasted with, and so forth.

Schweizer et al. (2017), Estrella and Forinash (2007), and Eisner (1997) also discussed difficulties in relaying what is known and transmitting that knowledge in an accurate and fair manner that does justice to what humans have experienced, uncovered, and concluded. Eisner wrote about the science behind research and the imminent need for

explanation within academia and across disciplines. He also addressed the challenges that come with educational reform and stewardship and how novice scholars are limited in becoming multifaceted explorers due to constraints in research. Fortunately, the use of art as research and as a primary mode of inquiry can diminish those limitations. For instance, Fish (2016) addressed the interdisciplinary expansion of art inquiry, noting that practitioners of all varieties finally have started to understand the depth and opportunities that art in research allows, “Making and reflecting on imagery presents valuable opportunities for reflection and communication for those working in disciplines beyond art therapy” (p. 181).

In the past, stark differences across disciplines delineated content that informed the researcher on the emotive and transformative components that may exist within the research being conducted. For example, for a long time, quantitative measures were regarded as the only valid way to extract truths from research: Findings could be deduced from the numbers, and "numbers do not lie" (Guba & Lincoln, 1994). Jung was one of the earlier psychologists who understood the power that art had in psychological evaluation. He believed examining art from a psychological lens to be more appropriate than examining art through other, more scientific, methodologies. Highlighting the differences in phenomenological and experimental psychological understandings, Jung held that art strongly connected to a person's unconscious self and conscious motivations and behaviors. His emphasis on the power of symbols and the presence of archetypes that could emerge in art are some aspects for which Jung is more regularly known in today's popular psychology (Berk, 2009).

Continuing in Jung's footsteps, art-based research paved the way to dismantle further those limited and rigid beliefs in quantitative-only research. Art-based researchers have shown how their methods are capable of capturing the emotive and transformative parts of research—parts that numbers cannot always depict. Allen (2012) highlighted the limitations of adhering to older academic beliefs, saying, "[Those] researchers disable the emergence of new knowing and diminish the possibility of change and transformation" (p. 13). She detailed the depths of existence and consciousness that art-based inquiry can reach. Through her work with Margaret Naumburg in the 1970s, Allen discussed and validated the concepts of intuition, sensation, self-soul, world-soul, transcendence, and transformation. Allen and Naumburg further validated these concepts by exploring dreams and imagery and their content using Jung's work as a continual guide.

Allen (2014) discussed the concept of "decoding the messages" that emerged in her personal art. As Franklin (2102) pointed out, a variety of artistic types, including historical, religious, and philosophical types, deeply explored "embodied phenomenon" (p. 88) and tended to look inward in that exploration. They then used art to convey their experiences outwardly and aesthetically. Franklin, along with Allen (2014) and Fish (2011), reported that engagement in experience and artistic representations, response processes, and aesthetic externalizations have led to deeper understanding of self, other, identity, culture, awareness, and transformation. Highlighting many people's misunderstandings regarding the way of understanding the world and their significant and ever-present historical implications, Franklin (2012) acknowledged and suggested the need for more art-based research across a wide variety of disciplines.

**Embodiment**

An important feature that art in research can have is its ability to hold an embodied representation when feelings, thoughts, and emotions are expressed. Art can become a container, a concrete form that espouses the aspects involved in what the artist is experiencing, grappling with, or trying to understand better. Leavy (2015) explained that the inquiry involved in exploring an issue or phenomenon through art requires the artist to engage—to take action—to produce change-type activities. A significant outcome of art as this type of vehicle is that it promotes positive mental health and healing, which lead to overall better quality of life and happiness. Leavy pointed out that art-based inquiry and experimentation are not just for artists and art therapists, but for everyone and, although not a new concept, has gained notable ground in other social sciences. That is, exploration through art processes also may suit other artistically inclined professionals well—especially professionals in service industries working with the public—to understand better themselves, others, and the worlds in which they find themselves.

**Self-Maintenance and Supervision****Self-Maintenance Through Art**

Brown (2008) pointed out that art therapists' personal relationships with art initially drew them to the field. She wrote about the importance of art therapists making art outside of their work, due both to the frustration levels that come with this service-industry career and to art's healing abilities. Seemingly, those notions also could apply to other artists in professional careers that are as stressful and emotionally taxing as art therapy. However, only limited literature has discussed the need for other artistic

professionals to engage in their own artmaking, and those mentioned only, for example, art teachers and professors (Brown, 2008). No literature exists on tattoo artists as artists needing to create art outside of their tattooing craft. Nor is there literature on hairstylists as artists—only a mention of problems hairstylists face while working with the public. Such a lack in research illuminates the implications for socio-psychological issues for individuals who work in these professions. It also supports the need for an interdisciplinary lens with regards to disciplinary-specific areas of expertise that are within expressive arts therapies as a means of informing professional development in other professions.

As discussed in the Introduction chapter, much of the content clients share with tattoo artists and hairstylists can be personal and problematic, similar to content often shared with mental health professionals. Based on evidence in some literature cited in this review, tattoo artists and hairstylists also might benefit from personal artmaking as a regular practice to process, or even decompress from, problematic-client interactions.

### **Supervision**

Supervision is another core component to keeping oneself balanced and able to deliver the best possible services to the public. However, supervision is also an area many professions, including the helping professions, lack. For example, once therapists are independently licensed, they no longer legally require supervision. Many art therapists initially have *talking* supervision and then, once independently licensed, no supervision. Some therapists may seek out peer supervision or pay out-of-pocket for continued supervision; many do not. As Borders and Cashwell (1992), Sutton (1997), and

Henriksen et al. (2019) pointed out, only one state in the United States requires post-licensure supervision as a part of continuing education credits.

Tattoo artists and hairstylists have even fewer supervision resources. Each professional typically works under supervision or in someone else's shop until independently licensed. Then, they can set up their own shop and potentially work with no other colleagues. Even if they remain at another's shop, the type and quality of supervision varies and generally may not address issues that arise in problematic-client interactions. Thus, these professions seem to have limited-to-no processing resources to address problematic-client issues, other than therapy for that specific purpose, if they choose to personally pursue that avenue of assistance.

In her book dedicated to art-based supervision, Fish (2016) highlighted the endless possibilities of art-based supervision. She reviewed aspects of the supervisor–supervisee relationship, holding space, cultural awareness, witnessing, and interdisciplinary implications. Fish actively engaged with practitioners of fields outside the expressive arts therapies, using art-based supervisory methods. She incorporated her own history, expertise, and innate ways of understanding the power that art can have when examining supervision-related content, no matter the discipline. For instance, she examined reports from professionals in nursing, veterans' affairs, and child welfare through art-based inquiry and reflection. Practitioners from those fields expressed appreciation for the use of art in processing and reported finding value in art-based supervision methods. Fish emphasized that art brings "fresh eyes" (p. 197) to therapy. It allows a form of reflection that is not quite attainable without art guiding the inquiry, processing, understanding, and reflecting.

Art-based supervision, which occurs between art therapists, is not a standard practice to which art therapists must adhere or participate but it can greatly benefit therapists. However, the concept behind art-based supervision should not be limited to art therapists. All therapists are perceived to be at risk of greater psychological harm due to the careers they have chosen. Instead, psychological risk should be viewed as an interdisciplinary risk for all professionals who deal with the public in service-type settings. Tattoo artists and hairstylists tend to be with clients for longer durations than are therapists in single sessions, and they often listen to much the same content as therapists hear from clients. Ongoing supervision—particularly related to problematic clients—could be crucial for tattoo artists, hairstylists, and similar service-industry workers. Given the artistic nature of their work, these workers might benefit even more from art-based supervision than from traditional talking supervision, in which they work through issues that arise in their professions.

Expressive arts in supervision are not limited to creating visual art in the form of painting or drawing. All art can provide supervisors and supervisees with information to assist in supervision and in the supervisees' clinical practices and might assist non-therapist professionals to balance their lives and enhance their professional development. For instance, Landy et al. (2012) explored the benefits of performance art in clinical supervision and provided case examples to portray their results. As an inquiry method within supervision, performance art allowed supervisors and supervisees to examine the various roles each person plays within the scenarios explored. It resulted in greater understanding of self, others, and best ways to handle future treatment planning, therapeutic approaches, and personal feelings brought about in treatment. Embodied

experiences were created in response to the process recordings, closely attending to where certain information had been stored in the body. In that study, art-based exploration proved beneficial for an overall transformation in understanding of self, others, and the circumstances examined. Landy et al. concluded by suggesting the need for more art-based supervision in the art therapies.

### **Witnessing: Self, Others, and the Role of Digital Media**

*Witnessing*—using the creative space to embrace and encourage self and other awareness, empathetic understanding, and various forms of acceptance—holds importance in the artistic encounter (Timulak, 2014). To witness someone else's creative process can be valuable for the person creating. It allows them to be seen, vulnerable, and open to the feedback and discussion a witness may have after the creating process has concluded. Regardless whether clients or research participants find being witnessed to be difficult or easy, witnessing is a built-in component of these types of arranged relationships. Sometimes, the witness's interpretation of events may not be accurate; thus, the therapist or researcher plays an important role in sharing with those being witnessed. Such sharing can ignite further conversation and exploration that otherwise may not have been possible without the witness or the sharing.

### **Response Art and Witnessing**

Fish (2005) took the witnessing concept to a higher level by examining the importance of the therapist or researcher engaging in artmaking in response to having borne witness to the client or participant. She defined *response art* as "the personal work of the art therapist that is related to his or her clinical work" (p. 7). In making response art, even more could be discovered about someone's life experiences, making it possible



to unearth additional information about the phenomena or issues being examined. However, Fish suggested that response art can have an adverse effect, as well, such as unearthing more than just the additional information being sought. It can expand and lead to further concepts of inquiry or further problematic phenomena that may surface through the response artmaking. In Fish's dissertation work, she examined the image itself as the primary concept to examine. As a result, Fish could witness the images and see what emerged from that perspective of inquiry, examination, and understanding.

Clients and research participants now have a chance to witness themselves through digital media. Even further discovery and transformation might take place through self-witnessing after engaging in artmaking. Similar to Fish's (2005) suggestion that response art may hold both "power and limitations" (p. 8), viewing and witnessing oneself may have outcomes that are powerful, problematic, or somewhere in between. Regardless of the direction, important information is espoused within the outcome, the art, and the events that occur in reaction to clients witnessing themselves engaged in the artmaking process. The same may hold true for clients or participants who witness the therapist's or researcher's response art related to the works and processes witnessed. Imaginably, this concept suggests an endless sequencing of ever-increasing information, with each action leading to another and then those to others, until and if parties decide to stop.

### **Interdisciplinary Perspectives: Tattooing and Hairstyling**

Oksanen and Turtianen (2005) reported that tattooing became a part of mainstream Western culture in the 1990s, with personal rationales ranging from simply aesthetics to documenting life events and preserving personal identity. The focus of their

article was on "tattoo narrative," which they defined as people creating a timeline of their lives through symbolic representations. The authors discussed the perplexing dichotomy of marking oneself as a form of self-protection while also becoming more vulnerable to other people's interpretations of what the imagery means. As with much of the tattoo literature, Oksanen and Turtianen's article focused on the clients who obtain the tattoos and how they do so, as well as the implications the tattoos had within those clients' lives. There is sparse literature on how the client's choice of imagery, obtaining the imagery, or sitting with the client for long periods (often while the client discusses the meaning of the imagery) affects the tattoo artist.

### **Tattoo Art and Relational Meaning Making**

Oksanen and Turtianen (2005) included quotes from "Tattoo Magazine" interviews with people explaining the purposes of their tattoos. They mentioned commemorating the death of a loved one, major life events (good or bad), prior self-hatred and transformation, and religious epiphanies, as well as seeking identity, overcoming adversity, or for no reason other than aesthetics. Oksanen and Turtianen addressed variances in gender expectations and assumptions, along with general stigmas attached to tattooing over the years. Because tattoos can be subjectively targeted, so too can the tattoo parlors and the tattoo artists themselves. Part of training to become a tattoo artist includes tattooing oneself and having colleagues tattoo the apprentice. Thus, some artists' bodies are heavily covered in a range of tattoos, types, styles, and meanings (Sanders, 1989). Aside from Sanders' (1989) book, there was a paucity of literature that addressed the burdens of public scrutiny, the misunderstandings about the craft overall, or what the artists confront daily while dealing with the public. In comparison, a great deal

of literature is available on secondary trauma, vicarious trauma, burnout, and compassion fatigue in mental health service providers—but none about tattoo artists, who often listen to clients for much longer periods than would a therapist in a session.

### **Hair Stylists and Relational Meaning Making**

Similarly, hairstylists often must deal with problematic content about clients lives when interacting with their clientele, also for longer single periods than do mental health practitioners. There was some, albeit limited, literature related to hairstylists. Seiter and Dutson (2007) conducted a study that examined tipping styles of a hairstyling salon's patrons. Two hairstylists in Utah worked with 115 customers (44 men, 71 women), noting differences in their tips when complimenting a client and when not. When discussing the literature current at the time of their article, Seiter and Dutson noted similar prior studies focused on bar- and restaurant-service providers, but a gap in literature regarding other service professions that rely heavily on tips. The researchers correctly hypothesized that the hairstylists would receive higher tips from those whom they complimented. The stylists received "nearly 3.5% increase in tips" (p. 2003) from those whom they had complimented over those whom they had not. The researchers reported that these findings were similar to findings from the other service-industry research on client tipping. Specifically, they noted that tips increased with minor changes in the service providers' behaviors that provided customers additional attention and more open body language toward customers.

Seiter and Dutson's (2007) results were similar to the other bar- and restaurant-service studies that gathered information through performance appraisals but differed in that their study examined stylist–client relationships. Thus, they highlighted the gap in

the literature related to those types of relationships. For example, Seiter and Dutson discussed the implications of stylists who were not satisfied with their own work and thus did not compliment their clients, in turn lowering the tips they received.

Reciprocity in the professional–client relation, such as Seiter and Dutson (2007) addressed, appears important to this current research—particularly a hairstylist's (or tattoo artist's) reactions, feelings, or thoughts related to the client's behavior or personality. These reactions could lead to the stylist giving no compliments or even to reacting outwardly negative toward the client. The resultant lower tips could then result in the stylist feeling less competent and add financial stress, which then lead to further work demands and possible burnout. Seiter and Dutson's study may provide an important foundation for further research on what service providers need in place to process problematic work scenarios, particularly with their clientele.

### **Service Professions and Servant Leadership as a Supervision Model**

Based on Seiter and Dutson's (2007) call for additional evidence-based literature on (hairstylist) service workers' needs, Chen et al. (2015) examined "servant leadership" across hair salons. Similar to some of the bar and restaurant studies Seiter and Dutton (2007) mentioned, Chen et al. (2015) examined service performance as rated by customers. Interestingly, they focused on "servant leaders" (p. 511)—those who want to build and develop their salon staff's skills and cultivate leaders among them. The authors found that such helpful servant leadership positively affected service performance, overall. Their work bolstered the notion that supervision and support in the hairstyling service industry is not only necessary, but also quite beneficial. Chen et al. described much of the benefit in relation to social identity theory—that is, being positively aligned

with a group in which one is affiliated—and the influence of the overall group atmosphere on the stylists' confidence and feelings of inclusion.

### **Risk Factors for Service Professionals**

Barry and Roper (2016) discussed that men were less inclined than women to seek services to address emotional health concerns. Their study looked at different therapeutic benefits between men interacting in everyday activities and men interacting with a hairstylist. Through discussions, they derived and used two questionnaires—the Wellbeing Benefits of Everyday Activities Scale and the Hairstylist Visit Questionnaire. Subscales identified the benefits of visiting the hairstylist as including positive outlook, socialization and talk, and enjoyable distraction. The researchers found that their construct validity appeared intact, but concurrent validity could not be assessed. They reported hoping future researchers might use and validate the measures and see what replicability would be possible. The most important aspect the authors found was that their measures could help examine benefits of resources outside of traditional therapies for men, given the research showing that men were less likely to seek mental health treatment. These data supported the authors' value of other modalities, such as expressive arts therapies, to help men work through emotional health concerns.

Continuing the discussion of gender differences, men's reluctance to seek help feels important to note. Historically, more men than women have worked in the tattooing industry, and the industry has been notorious for lifestyles that include more high-risk behaviors (Sanders, 1989). The combination of a male tattoo artist (and men are less likely to seek mental health resources), exposure to stories that may induce some secondary trauma, and engagement in recreation substance abuse well may be a recipe for

unbalanced emotional and mental health. This scenario could be similar for male hairstylists, as well.

Therapists train for many years to understand, synthesize, process, and respond to problematic-client interactions and behaviors. They learn how to manage body language to not convey what they may feel or think about a client or the content being shared. Through their training, they also learn ways to cope with client problems, behaviors, needs, and personality styles. These skills are crucial for therapists to maintain themselves and not become burnt out as often or as quickly as they might without such training. Imaginably, professionals in other service industries, such as tattoo artists and hairstylists, also might benefit from training on how to respond to clients and how to manage associated stressors.

### **Summary**

This chapter reviewed a collection of available research focused on personal and professional processing through artmaking and supervision. It addressed how the fields of expressive arts therapies and overall psychology have understood what happens when practitioners have emotional reactions to their clients. It is important to note that the type of reactivity toward problematic clients and client interactions in this study tends less toward the realm of countertransference and more toward the context of personality conflicts. The literature reviewed highlighted how certain people in service-industry jobs may react similarly when evoked in their dealings with their clientele, highlighting potential health risk factors. However, there is a lack of literature on the topic specific to tattooing and hairstyling, two of the professions examined in this research.

## CHAPTER 3

### Methods

This qualitative, art-based study focused on sculpture to address the four research questions on reactivity toward problematic clients across the disciplines of art therapy, expressive arts therapy, hairstyling, and tattooing. Having engaged in the four-phase sculpting process created for and used in my pilot-study research (Govoni, 2016), I saw transformative power within the art form and incorporated it into this dissertation research. I also spent much time in tattoo parlors and hair salons over the years and noticed that those professionals often dealt with issues quite similar to what therapeutic practitioners address. I did not conduct formal research in these locations but knew that there was something worth exploring further if an opportunity to do so surfaced. These curiosities, observations, and results of the pilot study gave rise to the current four research questions:

- RQ1: What happens to the participants' *professional understanding* of a problematic client through engaging in a sculpting process?
- RQ2: What happens to the participants' *self-understanding* when engaging in a sculpting process focused on problematic clients?
- RQ3: What similarities in participants' experiences will be reported and observed across their professional disciplines?
- RQ4: What happens in a research process when the researcher creates and presents response art to the research participants?

### **Ethics**

Lesley University's Internal Review Board granted permission to conduct this study (Appendix A). Participants were provided an overview of the project and told that they could withdraw from the study at any point for any reason. All participants signed informed consent forms (Appendix B). Although all participants reported not needing anonymity, I nevertheless used initials to protect their confidentiality because the research scope could bring up negative issues with participant clients.

### **Sample**

#### **Participants**

The four participants in the study represented the four disciplines considered in the research (hairstyling, art therapy, tattooing, and expressive arts therapy). At the time of the research, FM, the first participant was a 47-year-old man from the Dominican Republic. He had been a professional hairstylist for 21 years, working primarily in Boston, Massachusetts. The second participant, HC, was a 38-year-old multiracial woman. She had been an art therapist for 10 years, working in areas in and south of Boston, Massachusetts. The third participant, PK, was a 25-year-old White man. He had been a tattoo artist for 10 years in the South Shore region of Massachusetts. The fourth participant, LL, was a 34-year-old Chinese American man. He was a registered expressive arts therapist working primarily in and around Boston, Massachusetts for the past 12 years.

#### **Recruitment**

Participants were recruited through convenience sampling. Specifically, I knew the art therapist from graduate school but had not maintained contact since graduation in



2010. The hairstylist was a close friend's boyfriend whom I see from time to time when we visit. A colleague in my doctoral cohort recommended the expressive arts therapist; I had no previous relationship with him. Finally, the tattoo artist was local to my geographical area. I had not met him but was aware of his tattoo work through social media. I reached out through social media, and he agreed to be a part of the study.

### **Materials**

Art materials offered to participants in the study included sculpting armatures, clay, sculpting tools, scissors, plaster, high-gloss enamel acrylic paint, and brushes. Water and paper towels were provided alongside the art materials. I used pen and paper to track observations throughout all participants' research processes and organized individual folders containing all materials associated with each participant. Technology-related materials used in the study included a GoPro camera for video recording, a computer for video and audio recording, and QuickTime and iMovie applications for video editing.

### **Procedure**

#### **Overview**

In this study, I used the four-phase sculpting process I had created and used in the pilot study (Govoni, 2016) on the same research topic. The pilot study was heuristic, however, and allowed using only my thoughts, beliefs, perceptions, and ideas within its findings. For this primary study, it instead felt important to explore professional reactivity with other professionals in the same way and discover variances across disciplines and people.

The research with the primary study's participants occurred from January to October 2018. Informed consents were signed in the first meetings. Each participant met with me individually in my office on four occasions. Each meeting lasted 30 to 150 minutes; at the start of each, I provided the participants with an overview of materials and answered questions about the materials and their use. The first three meetings comprised the four-phase sculpting process. All participants completed these first three sessions within two months. The final fourth meeting, after the sculptures were completed, was to review and reflect on the overall process. These final meetings happened within three months of each participant completing their sculptures in the third meetings.

In the first meeting (Phase 1), participants worked with clay while discussing problematic-client issues that they faced in their profession. At the second meeting (Phase 2), participants examined their sculptures and discussed how it changed through the drying process. Continuing in the second meeting, participants worked more on the sculpture using plaster materials (Phase 3). In the third meeting (Phase 4), participants used paint to finish their sculptures. At the end of each phase, I suggested through semi-structured interview questions (Appendix C) that the participants dialogue with the sculptures (an imaginal exchange with the art objects).

The participants wore a GoPro camera in the first three meetings while discussing problematic clients and other aspects of their professional (and personal) lives that came up in conversation through the semi-structured interview format designed for the study (Appendix C). The fourth meeting consisted of reviewing the entire process with participants. They viewed, or "witnessed," condensed (10- to 15-minute) videos from their creation processes, as well as sculptures I created in response to those processes. In

that fourth session, participants also shared final thoughts about the process, the clients they had identified as problematic, themselves in regard to the sculpting process, and the overall research study.

### **Phase 1**

At the first meetings, participants were asked to use the clay and available sculpting tools to create a sculpture while considering their issues and challenges related to problematic clients. Otherwise, I provided no direction or instructions on what they should sculpt. They were asked to identify a problematic client they had encountered in their professional lives and to discuss details of the encounters; why they considered the interactions or clients problematic; and what types of emotional, physiological, and behavioral responses they had in reaction to the identified client. I allowed the conversations to flow in the directions the initial semi-structured interview questions (Appendix C) suggested, often asking follow-up or clarifying questions about the information being shared. To conclude Phase 1, when the participants finished their initial sculptures, I asked them to describe what they saw, how it made them feel, and if they would like to say anything to the sculpture.

### **Phase 2**

In the first half of the second meeting, participants were asked to look at their sculpture and how it had changed since the last meeting. In the (at least) 1 week between meetings, the sculptures had dried, cracked, and broken in places. As in Phase 1, participants were again asked to describe what they saw, how it made them feel, and if they would like to say anything to the sculpture.

**Phase 3**

During the second half of the second meeting, I offered participants strips of plaster and high-gloss enamel acrylics, along with water, paint brushes, and scissors, and instructed them to continue working on their sculptures. I initiated conversations with questions about the participants' respective fields of work, followed up on problematic-client interactions they had shared in the first meeting, and asked if any materials used in the study resembled or reminded them of tools they used in their professional crafts. Again, I encouraged conversations to develop naturally through the information that stemmed from their responses. When participants finished their sculptures in Phase 3, I asked them to describe what they saw, how it made them feel, and if they would like to say anything to the sculpture.

**Phase 4**

At the third meeting, I asked participants their thoughts on problematic clients, their definitions of a problematic client, and how their own reactivity might positively and negatively manifest in their lives. I offered them plaster, water, high-gloss enamel acrylic paint, and paint brushes to work with during Phase 4 of the sculpting process. We reviewed information they had shared in the two previous meetings, and I asked participants to expand on the aspects discussed. As in the prior meetings, I encouraged the conversation to follow its natural course. When participants finished with their sculptures in Phase 4, I asked them to describe what they saw, how it made them feel, and if they would like to say anything to the sculpture.

**Individual Process Videos**

More time elapsed between the third and fourth meetings than between the other meetings to allow me to review video footage from those first three meetings. During the time between the third and fourth meetings, I also wore a GoPro and created a sculpture in response to each participant's sculpture and overall process.

At that point in the research process, I watched and listened to the GoPro footage of each participant's first three meetings several times and noted specific time segments of interest for each participant. From those segments, I used the iMovie program to stream together relevant moments in each participant's process. I created four individual, edited iMovie videos that compiled what I thought to be pertinent moments in each participants' sculpting processes from both visual and auditory frames of reference.

After I completed each video, I made a response sculpture to accompany that participant's final sculpture. I also wore a GoPro during my response-sculpting process and used the same materials and followed the same steps from the sculpting method (Phases 1 through 4, meetings 1 through 3) as the study participants had.

**Final Sessions**

Once all videos and response sculptures were finished, participants were invited to my office for their final (fourth) meeting. When they arrived, I asked them to view their individual video and then share their thoughts and feelings and reflect on the overall process. After this portion of the conversations was complete, I gave the participant the response sculpture and provided them with thoughts on my response process and sculpture and how their personal creations and related processes informed mine. We (researcher and participant) conversed about the two sculptures (the participant's original

and my response). Finally, I asked the participant to share any final thoughts, words, reflections, or observations at the conclusion of this final meeting. Because participants were not wearing GoPros in the final meetings, I used my computer to audio record the final sessions.

### **Researcher Reflection**

I reflected on the participants' processes in a variety of ways to capture and understand, as closely as I could from their perspectives, what had taken place.

### **Individual Process Videos**

As mentioned in the Procedures section, I examined all video by watching and listening to the footage of each meeting, one participant at a time, and took notes of timeframes and what seemed to be pertinent moments in their processes. I selected parts of the video footage that had standout moments of verbal statements or moments of interesting engagement with the art materials. After compiling footage clips from all meetings for a participant, I arranged the clips in successive order within an iMovie synopsis of the experience, which I shared with that participant in the final meeting. Each video was approximately 15 minutes long. I created and include shortened versions in this dissertation (Appendix D) to protect details that may threaten participants' anonymity.

### **Screenshot Selection**

Further reflection included again watching and listening to all the meeting footage, one participant at a time. In this round of reflection, I carefully noted what stood out verbally and conceptually and then took screenshots from each participant's engagement with the materials that seemed significant. At the end of reviewing all four

participants' meeting footage, I had compiled 55 pages of notes in a 7" x 10" notepad and 331 screenshots to examine further. These screenshots were printed at a local photography processing center. Upon receipt of the photos in physical form, I again reviewed them all, one participant at a time. As I reviewed, I filtered out the less dynamic shots and then grouped the remaining photos according to the three sessions. This process reduced the number of screenshots to 203. I then re-reviewed and filtered out additional photos, leaving 159 photos for further reflection to determine if they suggested patterns, essential features, and possible study discoveries and outcomes. I placed the discarded screenshots into each participant's folder for possible revisiting if the need arose during the reflection process.

### **Processing Boards and Observation Notes**

I arranged the 159 screenshots on a whiteboard in a variety of ways to see possible similarities and differences across the participants' engagement with the art. At that time, I also reviewed the 55 note pages and matched pertinent observations and quotes with the arranged screenshots to understand the process better for each person and across all four participants.

In total, I created six boards. The first board depicted all four participants' processes in order of screenshot. The second board showed all participants' screenshots separated by phases. The third, fourth, fifth, and sixth boards displayed all (159) screenshots, grouped and labelled according to observed similarities and differences, within Phases, 1, 2, 3, and 4, respectively.

**Response Art**

Attempting to understand the participants' processes in more depth, I created sculptures in response to the ones they had created in the study. I also wore a GoPro in this process to re-create how it felt to engage in the sculpting process in the exact ways they had. I purposely worked quickly so that no planning or thinking about aesthetics could cloud my response instincts. I presented these sculptures to participants in the final reflection meetings, after they watched and commented on their video aggregates.



## CHAPTER 4

### Results

This chapter presents results from the participant interviews, iMovie aggregates, image processing boards, response art, and final reflection meetings with participants (see Chapter 3, Procedure). Brief summaries are provided for each phase in the research process, followed by relevant outcomes that emerged in those stages. Outcome terms are defined, and examples presented. A summary of results concludes the chapter; their applicability to the research questions and extant literature is discussed in Chapter 5.

Individually, each participant came to my office on four occasions and worked with various art materials in the first, second, and third meetings. At each meeting, a semi-structured interview protocol (Appendix C) guided conversation about reactivity evoked by problematic-client interactions. Some questions encouraged participants to speak directly to their sculptures in their various forms. At the first meeting, each participant created a clay sculpture (Phase 1); at the second, they noticed and commented on the dried and cracked form that the sculptures took since the last time participants worked with them (Phase 2). In that second meeting, participants also used plaster to reinforce the weakened sculptural structures (Phase 3). In the third meeting, they painted the sculptures (Phase 4). In the fourth meeting, participants viewed their condensed and edited videos (Appendix D), received the response sculpture, and reflected on the entire process.

All participants expressed surprise at what took place over the course of the research (January to October 2018). When discussing problematic clients, problematic-client interactions, and their own personal reactivity, participants reflected by sharing

stories of multiple clients and scenarios that had evoked reactivity. Despite my initial direction and attempts to focus the participants on *one* problematic client, all engaged in storytelling about many *types* of people, personalities, behaviors, and circumstances that posed professional difficulties for them. In doing so, they could examine themselves and how they had reacted and develop insights they had not noticed before engaging in the study. Participants reflected that they did not often speak about these issues in a progressive manner that resulted in productive examination of themselves or their styles of dealing with problematic situations or with problematic-client behaviors.

Each participant reported to have experienced an overall transformation of self-understanding and identified the need for life adjustments. The overarching transformation outcome encompassed the participants' (a) embodiment of sculptures to represent their own emotions and the emotions of their clientele, (b) negativity and discomfort in (video) witnessing self-processes, and (c) finding balance in the response-sculpture process. These first three themes are discussed in the Transformation section.

Additionally, the participants identified the need for life adjustments, including (d) overcoming feelings of incompetence by (e) regaining control and empathy, as well as (f) improving self-regulation and (g) managing wellness. These life adjustments were strongly related to the main categories of transformation and supervision that emerged from this study. However, because these last four themes and similar life adjustments often are goals of supervision for mental health professionals (Robey & Cosentino, 2012), I discuss them in the Supervision section.

### **Transformation**

The transformation outcome is considered an overarching category because it addresses all four research questions: RQ1, concerning what happens to professional understanding of a problematic client through engaging in a sculpting process; RQ2, concerning self-understanding in that process; RQ3, concerning similarities across disciplines because all four participants experienced transformation; and RQ4, concerning what happens when the researcher creates and presents response art to participants. Results indicated that the process of creating a sculpture allowed the participants to transform through the embodiment of abstract concepts into a physical form (sculpture); the video aggregates provided a source of reflection for their feelings of negativity and discomfort in witnessing and thus develop more positive dispositions. In additions, findings revealed specifically that employment of the response art method/technique offered them an opportunity to find balance.

### **Embodiment**

Herein, the term *embodiment* concerns sculpture as a physical art form that represents abstract concepts, such as participants' emotions and thoughts associated with problematic-client behaviors. Throughout the creation process, these sculptures seemed to alternately represent the participants or their clients, thus instilling in the art fascinating, interchangeable meanings.

Throughout the study, during the sculpting processes participants discussed a wide range of emotions and spoke of problematic circumstances with clients in their professional lives. Further, they embodied within the sculptures created, the many situations they explained and emotions they explored. That is, all participants displayed

the ability to sculpt a physical form for the concepts, emotions, and troubling circumstances they verbalized during the research interview. The sculpting process played a layered role for participants—the process transformed the content discussed into a tangible form with which they could engage, and the resulting sculpture represented a range of aspects in dealing with problematic clients that participants examined and reflected upon during the study. Thus, the sculpting process and the sculptures themselves provided reference points for many concepts that, in life, have no physical form or presence.

An interesting development was how the participants interacted with the sculptures, specifically concerning how they referred to and addressed the sculptures. As participants built the sculptures by adding layers, they also exposed layers of verbal communications. Thus, their resulting sculptures suggested elements of the participants' selves and of others. At times, the participants spoke directly to the sculptures. In other instances, they addressed the sculptures as representative of their clients or of qualities of themselves. Specifically, when participants addressed their sculptures, they referenced them in four ways and tended to interchange the four representations throughout the study. They addressed the sculpture (a) directly as the sculpture, the object they were creating; (b) as representing the problematic clients being discussed; (c) as representing the process of how participants individually dealt with problematic clients; and (d) in relation to the participants' selves and emotions. For participants, the sculptures embodied all those aspects brought "to life" with a voice and presence of their own within the study (whom participants talked *to* and *about*, and to whom they listened). The physical forms provided opportunity for metaphor and analogy to surface, in turn allowing participants

to reflect on their understanding of themselves, their problematic clients, and what the sculpture process unearthed for them.

### **Sculpture Representing the Sculpture**

In one example of a participant talking *about* the sculpture and its structural form and representation, FM (male, 47-year-old, Dominican, hairstylist) leaned toward his sculpture in Phase 1 and described it as a fountain (Figure 1). He said it looked like something he wanted to "get inside of." This was important for FM, who related his sculpture to a fountain that could hold water. He had mentioned several times throughout the study that water is something he needs to self-regulate when he finds himself in problematic-client interactions.

### **Figure 1**

*FM Leaning in to Signify Wanting to Get Into the Sculpture (Phase 1, Session 1)*



### **Sculpture Representing Problematic Clients**

Participants also reflected on the art process in relation to their professions, citing similarities between the sculpting process and their crafts. For example, in Figure 2,

hairstylist FM examined the Phase 2 stage of his sculpted fountain—dried and broken into pieces—and announced a plan *to the sculpture* as though it were one of his problematic clients. "OK, so here's what I am going to do," he said, and reached for the scissors. "Always have to have my scissors."

**Figure 2**

*FM Examining Broken Pieces of His Sculpture (Phase 2, Session 2)*



In another example, Figure 3 depicts the Phase 2 sculpture LL (male, 34-year old, Chinese American, expressive arts therapist) created. At the start of the second meeting, LL addressed this dried, broken sculpture at first directly but later associated it as representing his problematic clients:

I was thinking of you yesterday; well, not you exactly—thinking about the clients I was working with . . . and how challenging they, or you, have been. So, I guess I can be OK with the cracks. . . . I can hold that and be OK with it.

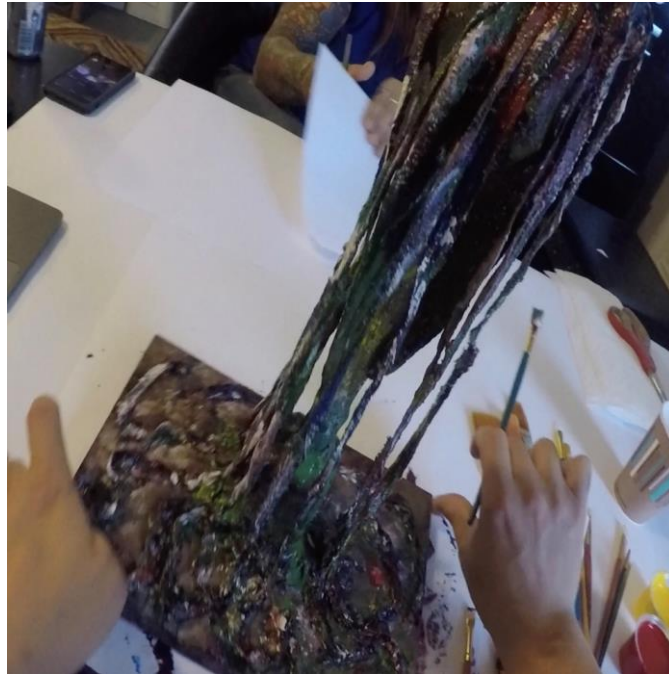
Figure 3. *LL's Dried, Broken Clay (Phase 2, Session 2), Representing Problematic Clients*



Figures 4 and 5 show expressive arts therapist LL's sculpture in Phase 4. During that phase, LL provided this detailed reflection laden with metaphor: "I'm seeing my scepter-y snake-like Medusa creature entity. I appreciate how the pedestal performed, created a landmass, muddy, earthy, gritty thing. It has a porous, airy, alive-like quality."

**Figure 4**

*LL's "Landmass" Metaphor (Phase 4, Session 3), Representing Problematic Clients*



**Figure 5**

*LL's Final Sculpture (Phase 4, Session 3)*





### **Sculpture Representing the Process of Dealing With Problematic Clients**

Participants related specific frustrations in the sculpting process to situations in which they had to interact with problematic clients. They reflected on their problematic sculpting moments and sculptures (i.e., dried or broken) while discussing how they typically solved problems that resulted from a problematic client's request, question, or challenge. For example, as hairstylist FM contemplated placing reinforcing plaster on his Phase 3 sculpture (Figure 6), he noted that he always tried to find a better way to create something he had already created. His approach to the sculpture in that moment—his contemplation of plaster placement, akin to figuring out how to create a better hairstyle for an unhappy client—appeared to mirror how he approached dealing with problematic clients in his craft.

#### **Figure 6**

*FM Contemplating Plaster Placement (Phase 3, Session 2), Mirroring His Approach to Problematic Clients*



Similarly, expressive arts therapist LL addressed his Phase 1 sculpture (Figure 7). He first spoke *about* it, commenting on its shifting appearance: "I'm distracted because

it's starting to look like a snake, and I did not expect that." He also addressed the sculpture after the first meeting, speaking directly *to* it in a manner that reflected his process of dealing with problematic clients: "I appreciate you being here. Not sure what's going to happen, but I'm gonna be OK with whatever comes of it, whatever comes of you. And I hope we'll get along."

Figure 7. *LL's Fresh Clay (Phase 1, Session 1), About and to Which He Spoke*



PK (male, 25-year-old, White, tattoo artist) also addressed his Phase 3 sculpture (Figure 8) both as a sculpture and as an embodiment of himself in his professional life: "Now it just looks . . . as if it's wearing a mask to make it look fancy but inside its really just the same burnt-out sculpture." He reflected further on the metaphor of wearing a mask, acknowledging that no matter what was happening in his life, his process to deal

with problematic clients in his tattoo shop was always to "be on" (to wear an emotional mask).

### **Figure 8**

*PK's Plaster (Phase 3, Session 2); The Mask Embodies His Professional Life*



### **Sculpture Representing the Self and Emotions**

Participants also often described their sculptures at the various creation phases by relating the sculptures to themselves or their feelings through metaphor-type reflection. That is, they used the sculpture's physical form to describe their emotions related to problematic clients. To illustrate, regarding his Phase 1 sculpture, tattoo artist PK first described what he saw in his sculpture physically (Figure 9): "It is a skull with others skulls merging into it. One shares an eye; one looks in the other direction." However, when reflecting on the Phase 1 creation phase, PK found himself conceptually *in* the

sculpture: "Maybe I should try to separate them into three different skulls." Then, he elaborated on why he thought about separating the skulls by discussing his involuntary act of taking on his clients' issues and wanting to separate from that. He found significance in the Phase 1 sculpture's representation of his professional life: "Have I been avoiding this? . . . It's a symbol of being a workaholic, I guess."

**Figure 9**

*PK's Fresh Clay (Phase 1, Session 1), an Analogy for "Taking on Other People's Issues"*



Figure 10 shows the Phase 1 sculpture HC (female, 38-year-old, multiracial, art therapist) created. She examined the sculpture and commented that aesthetic parts brought her a calming sensation: "The circles are very soothing, meditative." While reflecting on this relaxed state of being, HC acknowledged having little time or space for herself. At the second meeting, she discussed a problematic client. "He's avoidant. He

likes to go in circles, but I suppose circles aren't always bad," she said, as she gestured to the meditative circles on her sculpture.

**Figure 10**

*HC's Clay Sculpture (Phase 1, Session 1); Meditative Circles*



Figure 11 shows the Phase 3 plaster version of art therapist HC's sculpture. At the end of that session, she spoke to it directly and acknowledged the sculpture as also having a voice in the process: "I'm excited to see what you become further, how I decide to paint you and decorate you, or how you let me decorate you."

**Figure 11**

*HC's Plaster Sculpture (Phase 3, Session 2); Acknowledged Voice*



Both art therapist HC (Figure 12) and expressive arts therapist LL (Figure 13) independently applied small balls of clay to their sculpture and identified the balls as representing aspects of the conversations—including specific stories they shared during the research about themselves, their clients, the problematic interactions, and how they kept their personal and professional lives separate.

**Figure 12**

*HC's Meditative Additions and Representation of Conversation Points (Small Clay Balls)*





Figure 13. *LL's Representation of Conversation Points (Small Clay Balls)*



### **Negativity and Discomfort**

The transformative cycle of negativity and discomfort in witnessing emerged from the video aggregates and participants' reflections on them. This cycle addressed how participants were able to witness and reflect upon negative thoughts and expression when viewing 15-minute video aggregates of their individual processes (see links at Appendix D). Such reflection resulted in more positive dispositions and plans to rectify what the participants saw (what they witnessed) in themselves.

This study's examination of reactivity in the participants led to many discussions of problematic personality styles and behaviors in others. All participants reflected on their videos with some surprise at how they sounded when describing problematic-client interactions. However, all also remarked that the process assisted them to shift—to transform—their perspectives on problematic clients, on themselves, and on how to use the research experience to deal with similar future situations to support their clients and themselves better. Three significant aspects addressed were (a) witnessing their own

negativity, (b) physical and verbal reactivity to the negativity, and (c) humor as a buffer against the negativity.

### **Witnessing One's Own Negativity**

The study participants not only relayed negative information, but also witnessed themselves relaying that information when they viewed their videos in the last meetings. This witnessing evoked additional discomfort but provided a place to process that discomfort. For example, when viewing his video in the final reflection meeting, expressive arts therapist LL voiced surprise at his own negativity. He clarified how his discomfort in seeing that negativity catalyzed some internal transformation:

I don't like that I criticized this piece at the end. . . . I did not need to do that.

Thankfully, it [the sculpture] does not need me to apologize to it per se. But I do recognize that it was unnecessary or, if it was necessary, it brought me to a much more shared and mutual respect of the piece.

LL then noted that he had thought he might discard the sculpture at the end of the process but now would keep it as "a reminder to treat [even problematic] clients well."

Different transformation aspects appeared at different stages in the study. All participants expressed that the art and reflection processes helped inform them of ways to change within their professional disciplines and personal lives to better manage their reactivity. They also addressed how doing so would improve how they dealt with and provided services for problematic clients in the future. The findings show transformation by means of the embodied nature the sculpture took on and the impact of witnessing the videos. It is important to note that the late addition of my creating response sculptures



further evoked positive transformation from the negative responses participants initially had toward their process videos.

### **Physical and Verbal Reactivity**

Throughout the study, participants also discussed negative and uncomfortable physiological reactivity to problematic clients. For example, expressive arts therapist LL explained that in those times, he would feel annoyance in his cranium and sometimes in his chest: "It's a very quick experience, it's about regulating." Tattoo artist PK described moments of irritation with problematic clients as experiencing "a surge of blood that shoots through your veins when someone does something to piss you off." Hairstylist FM reported that if he were to notice himself becoming stressed due to a clients' behavior, he would slow himself down, "pay attention to my breathing, and be sure I drink water." Art therapist HC relayed that her internal dialogue increased when her agitation surfaced. She explained that through reminders and self-talk, "sometimes, it sounds bad, but I tune myself out." These increasing internal responses to situations seemed to align with the increased outward animation participants exhibited during research sessions—both being in the moment of agitation and then talking about those moments increased some type of behavior the participants needed to self-regulate.

Increased physical, as well as verbal, animation was notable in the participants' video footage. Whenever participants described frustration, annoyance, or anger, most stopped working with the art materials and talked more with their hands. For example, art therapist HC shared a scenario in which she wished to "get through to" a specific client. As depicted in Figure 14, while HC explained her desire, she balled her fists and shook

them in frustration. HC was the most animated in hand gestures and body movements of the participants but often returned quickly to her sculpture in all phases.

**Figure 14**

*HC's Hands Balled in Frustration (Phase 1, Session 1) When Describing Interactions With Problematic Clients*



Expressive arts therapist LL also used hand gestures while working. However, unlike the other participants, he did not disrupt his overall workflow when discussing problematic clients. In Figure 15, LL was describing the day program for which he is a director. He spoke of the challenges he faces daily from both clients and staff. He relayed that he used his supervision time for administrative elements and rarely discussed problematic-client interactions—and then he acknowledged his need to find and create space for processing those types of problems.

**Figure 15**

*LL Continuing to Work While Gesturing With His Hands (Phase 1, Session 1)*



Observation notes from the meetings, as well as the videotapes, indicated participants' facial expressions signified annoyance through eye rolling, eyebrow furrowing, and nose scrunching. Participants' tones of voice and inflections also changed when describing problematic circumstances in client interactions. For instance, hairstylist FM discussed problematic-client behavior, articulating a scenario when clients display rigidity and do not trust his creative intuition. He paused working and increased the volume and inflection in his voice. "They're paying you to maintain a look, not find a new style for them. And once you have that look, you can't do much more than try to perfect it." He returned to working on the sculpture, then put down his hands and exclaimed, "Who knew I could do something with my hands?" He laughed at the irony of a hairstylist saying he worked with his hands. Of all participants, FM was the subtlest in gestures, often pausing in similar situations (Figure 16).

Figure 16. *FM Pausing to Talk About Problematic-Client Behavior (Phase 1, Session 1)*



Tattoo artist PK showed the most variation in when he would stop and how he would respond verbally and gesturally. When asked to elaborate on what he was feeling when dealing with a particular problematic-client situation he had shared, PK balled one fist (Figure 17) and looked upward in a way that signified thinking. He let out a long sigh and said, "My blood was boiling."

**Figure 17**

*PK Balling His Fist, Searching for Words (Phase 1, Session 1)*



In Figure 18, PK paused in a different way when discussing a form of acceptance to dealing with certain problematic issues: "What can I really do in the situation?" In my observation notes, PK was the most varied in gestures, inflection, tone-of-voice changes, and moments of laughter.

**Figure 18**

*PK Gesturing Some Acceptance (Phase 2, Session 2)*

**Humor as a Buffer**

When viewing their videos (Appendix D), participants were able to laugh comfortably and uncomfortably at moments that highlighted humor. Expressive arts therapist LL laughed when he heard himself say,

I am lacking sympathy or empathy in varying degrees. I'd like to say that I can improve in that and would like to because I am the director. I want to model some type of precedent of how to be supportive but all I'm really modelling is that it's OK to be frustrated.

Art therapist HC laughed when she heard herself describe her sculpture as a "boobie tree." Hairstylist FM expressed genuine astonishment when viewing his video. He kept repeating, "That's me? That's my voice?" while laughing. Tattoo artist PK laughed at hearing his analogy of "watching molasses" in relation to enduring irritating interactions.

The participants reflected that being able to laugh at themselves was important to managing the discomfort that surfaces when dealing with problematic clients.

Participants also highlighted the importance of using humor in their professions to relate to clients, overall. They reported also using humor at times when they became uncomfortable and did not know what else to say or do. Participants described humor as being real and honest with clients—that is, all clients can struggle with the truth at times, and participants used humor in their work as a buffer to not upset the clients. Viewing the videos allowed participants to acknowledge some of their own shortcomings and be more honest and transparent with themselves.

### **Balance Through Response Art: Companion Sculptures**

Another transformative sequence observed in the study results came with the addition and presentation of my response sculptures to participants in their final meetings. As described earlier, participants had been notably uncomfortable when they viewed their video aggregations. Not until I presented the response sculptures did their discomfort seem to dissipate completely. Presenting and explaining the response sculptures created space for participants to go further into their reflection on the entire process and on what they took away from participating in the study. The response-sculpture process allowed participants to find balance.

The art therapist participants had more in-depth reflections on how the sculptures complemented, heightened, and balanced one another and the overall processes. They also displayed more ease when articulating what they perceived as both aesthetic and emotional complements. The tattoo artist and hairstylist acknowledged a relationship between their own and the response pieces but referenced more aesthetic and composition-oriented aspects.

Some specific elements LL shared in his meetings stood out as I reviewed the footage and created his iMovie video. He used the word "transported" a few times in the third meeting, when he painted his sculpture. For instance, he reflected on a color "transporting" him to a time when he engaged in an art project with his mother. He also spoke of the sculpted tendrils' movement "transporting" him to an old supervisor telling him that his artwork always had a moving quality to it. Contrary to that description of his artwork, LL described himself as being still and allowing everything to happen around him. He considered himself as an observer who concurrently plans what needs to take place next. He also spoke of red as a last option when choosing colors in artmaking. Thus, my response sculpture needed to be red, grounded, still, and filled with wisdom. This felt important due to LL's understanding of his sculpture as "somewhat hollow" and "able to take on a lot but does not give much back."

Figure 19 shows the two pieces together because LL was struck by the two as an aesthetical and conceptual duo. He expressed the most relief of tension when presented with my response sculpture, affirming the need for something to balance the negativity he identified after viewing his response video. He articulated a sense of completion by reflecting on the paired pieces:

I was drawn to the color . . . a sense of balance between the two sculptures, like they could . . . coexist in the same world, whatever that world is. It's actually very grounding to see another, a second piece to complement. . . . Its appearance is related. It feels meaningful.



**Figure 19**

*My Response Sculpture (Left) With LL's Final Sculpture (Right)*



After reviewing HC's process and creating the iMovie, I felt an even stronger sense of motherhood and nurturance through the ways she spoke about clients and people in her personal life and her future aspirations with her practice. Particularly, the population of child clients with whom HC worked had become problematic for her. She felt overwhelmed by them at that point in her life.

In response to HC's sculpture (Figure 20), I started shaping roots of a tree. As it took form, a clear picture of needing a "baby" brain tree to accompany HC's "brain tree" surfaced. HC examined the response sculpture and noticed childlike elements when paired with the motherly aspects (mainly the presence of breasts) of her sculpture. HC spoke about how her personal and professional lives related but reiterated that she needed to change the population with whom she works.

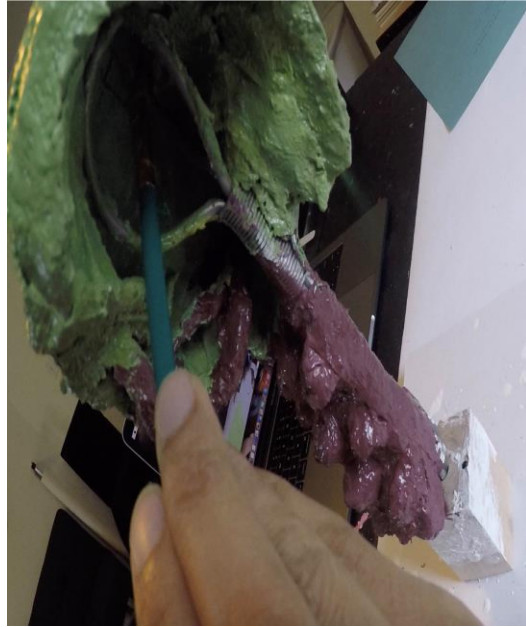
**Figure 20***HC's Final Sculpture (Phase 4, Session 3)*

HC was the only participant who articulated "boundaries" as a primary means of dealing with a problematic client population. She further examined the response sculpture (Figure 21) and stated, "I don't want it to be a client, but a child. I don't want clients in my house, I have good boundaries." Structural components of my sculpture's shortness and heavier feeling compared to her sculpture's taller and hovering quality also related to the mother-child and practitioner-client relationships because she had made associations between the two types of relationships throughout the process. In the final meeting, HC reflected on herself as a professional and on how being a mother of two young children changed the ways she dealt with and processed interactions with problematic clients. She related that since becoming a mother, she had more patience but also realized that working with parents (rather than children) might be more appropriate at that time in her life and career. Between the first and last meetings of this study, HC had begun balancing

her work with the children she considered problematic by working more with parents on empowerment and effective familial communications.

**Figure 21**

*My Response Sculpture to HC*



My response sculpture (Figure 22) for PK (Figure 23) became half a skeletal arm and hand rising out of grass and dirt. After reviewing all the GoPro footage, listening to the content, and seeing PK's sculpture in various stages, the image of the rising hand arrived to me. Given PK's sharing of burnout and need for self-care, this image seemed to offer him support and remind him that he is not dead yet. The image relates to his sculpture but possesses a more upward-movement quality. PK mainly reflected on the composition balance in the pieces: "I like how it is heavier at the bottom, where mine is at the top. I wish we could merge them, like drill into the hand and place mine into it." He thanked me for the backstory of how the response sculpture emerged and stated it made

him "hopeful" that his overall burnout would feel less prominent in coming years at his new shop. He further reflected:

My sculpture represented death and destruction and feeling beat down and giving up. Your sculpture represented rebirth and using death as an advantage to push myself forward. Like you [gave] me advice that helped me come back to life.

**Figure 22**

*My Response Sculpture to PK*



**Figure 23***PK's Final Sculpture in Front*

My response sculpture (Figure 24) to FM mimicked parts of what he created (Figure 25) and how he described his sculpture. At all meetings, FM referred to his sculpture as a fountain. He also spoke about the importance of water throughout the study. He mentioned needing it for self-care and as a tool—for example, offering it to a crying client because "you can't cry when you're drinking water." I made a fountain with many basins to complement his single basin and knew I had to add water to mine. FM commented on the structural components of the response sculpture: "It's like my fountain had babies!" FM also made a self-deprecating remark, attempting to be humorous: "This feels way better than the video."

**Figure 24**

*My Response Sculpture to FM*



**Figure 25**

*FM's Final Sculpture (Phase 4, Session 3)*





Once FM examined the response sculpture further, he began to talk more seriously and reflect on some realizations he had during study. He explained that he now realized some positive aspects of how he deals with problematic clients. He had not realized them before because he had focused more on the reactivity those clients provoked. FM explained dealing with problematic clients as a process: When he realized that a client was "going to be tough," he would develop a plan for the hairstyle while making the client (emotionally) comfortable and working to obtain their trust. He explained that the different levels of the sculpture made him think about the careful steps he takes to achieve a working relationship in his format.

#### **Supervision: Life Adjustments**

Overall, the supervision outcome addresses RQ2 regarding what happens to a participant's self-understanding when engaging in a process focused on problematic clients. Participants' views of their processes and sculptures shifted once I presented them with the response sculptures I created. Much of the negativity the participants had expressed, observed, and commented on after viewing their aggregate videos transformed into more positive dispositions about what they could take from the work they did over the course of the study. Each participant discussed some form of grounding—balancing—of the sculptures themselves and what they represented at times. All participants shared insights into how they could better serve clients who pose problems in the future and how they could balance their own lives to be better equipped to handle problematic situations that arise in their work.

At the time of the study, FM was an independently licensed hairstylist at a salon with other licensed stylists. He reported no direct supervision. Instead, he noted ad hoc staff meetings and venting to peers about problematic-client interactions and acknowledged some undesirable results from those loose, unstructured discussions.

PK was an independent body-art practitioner (tattoo artist) and sole proprietor of a shop under a state permit. He reported having had daily access to a mentor when he had apprenticed; venting to colleagues when he worked at another shop, similar to FM's unstructured conversations with the other stylists; and occasionally meeting with fellow tattoo artists to discuss aspects of the profession. He shared the other participants' sentiment that more access to a form of supervision would be extremely helpful, especially when it came to problematic-client interactions.

HC was a registered art therapist and licensed mental health counselor in private practice with other practitioners working with the same populations. She reflected on the benefits direct and group supervision had on her professional development prior to becoming independently licensed. She reported feeling that this study helped her see aspects of herself and her clientele that she would not have noticed otherwise. Reflecting on the overall research process, HC reported it to be calm and meditative while talking about clients:

I didn't feel agitated. . . . This was time for me to focus on the art and enjoy the process. It was nice to be in the moment. Yes, these are difficult clients, and I do have a chance to do something to calm myself.

LL was a registered expressive arts therapist, licensed mental health counselor, and director of a day program running expressive therapy groups. He supervised staff and



had a supervisor at his agency. However, he noted that he typically used his supervision time for administrative aspects of his work and never addressed problematic-client interactions or associated reactivity. He reflected on past supervision (prior to becoming independently licensed) and acknowledged that participating in this research kindled his interest in finding some structured peer supervision support.

All participants reported unexpected benefits from their participation in the study, noting they otherwise had few opportunities to explore the reactivity that problematic-client interactions evoked or their effects on them personally. For example, hairstylist FM reported significant "therapeutic" benefit from participating in the study, relating the importance to his overall state of being in having somewhere besides the workplace to process problematic-client negativity. All participants expressed the need for some level of professional supervision (e.g., mentorship, peer reflecting, or encouragement) to help them personally overcome feelings of incompetence, regain empathy and control, improve self-regulation, and manage wellness.

### **Overcome Feelings of Incompetence**

All participants reported experiencing feelings of incompetence, lack of confidence, self-doubt, and insecurity at times when dealing with problematic clients, as well as feeling professionally inadequate compared to peers. For example, participants explained, they second-guessed themselves and felt especially unsure of their skills when dealing with clients whom they perceived distrusted them, asked excessive questions, or expressed dissatisfaction.

Tattoo artist PK described starting his career: "In the beginning years, you pretty much get shit on for everything you do. . . . You have to take emotion out of doing it. If

you have emotion in it, you'll get your heart ripped out." He spoke of a continuum in feelings of incompetence, more intense at the start of his career. He shared posting his best work on websites for other tattoo artists to critique and having it "ripped apart." Although it sometimes could be helpful, some people on the sites were "just vicious." PK also mentioned difficulty when clients could envision but not explain or draw what they wanted, and he had to "guess." He expressed feelings of incompetence while engaged in such trial-and-error situations, which happen more often than he liked.

Hairstylist FM described navigating problematic, stuck moments with clients at his salon:

It's the way you present it and how you make them feel. . . . You're dealing with feelings and not the art. . . . I know what I have to do with the hair; it's the person I'm not yet sure what to do with.

FM also mentioned the power of words, and that difficult clients may want a "play-by-play" of what he is doing. However, he explained, sometimes the words are hard to find when it is "a physical thing I'm doing." That is, he found it difficult to explain a process (i.e., styling) he knew so deeply but recognized that it is hard to gain the client's trust when he could not articulate the process. That the client could not understand or trust his innate, engrained ways of knowing what he was doing evoked additional self-doubt in FM.

Clients who themselves were not open to constructive criticism also evoked the participants' insecurities. However, FM mentioned he sometimes achieved satisfaction from telling a problematic client something that could be hard to hear. He noted that the

client could not get angry because it might be appropriate for a hairstylist to remark, "You have a big head," when working with some aesthetic formalities.

Participants reported responding in these incompetence-evoking situations with additional mechanisms of avoidance, confrontation, or deflection. Regardless of their reactions, participants shared how "checking-in" with themselves—reminding themselves that they were professionals and knew best how to render their services—helped them regain some composure when dealing with the discomfort.

### **Regain Empathy and Control**

Although participants noted feeling incompetent when they talked of dealing with problematic clients, each also spoke of moments of empathy for the clients—understanding the problems were the clients' issues and not their own—that allowed them to move forward and regain confidence and control. As the study progressed, the participants' dealings with their sculptures reflected this process of first feeling incompetence and then empathy and, ultimately, control.

#### ***Empathy***

The processes participants reported using to navigate these situations involved some acceptance of what transpires in uncomfortable interactions. Their reconciliations of self-doubt involved seemed to garner empathy first for themselves and then for the problematic clients. To continue working with hard-to-manage clientele—and to work through the feelings those clients evoked—participants generally reframed negative self-talk and inner dialoguing. This, they explained, helped them return to a place of confidence and trust their expertise. Acceptance (at least some acceptance) that the client's problematic behaviors may have had nothing to do with them as professionals

seemed to allow greater client empathy to manifest. With such empathetic understanding, participants regained more trust in themselves and their skills.

As an expressive arts therapy group leader and director of a day program, LL reflected on his reactivity toward problematic clients. Initially, he had stated that he lacked sympathy or empathy in varying degrees. However, his later comment addressing the concept of social norms with clients appeared to show movement toward empathy:

Who am I to say these are [social] norms? I am a human being with a bias and a view. . . . This client is too chatty, but is that bad? He's relational and kind. The problem is *my* annoyance of him more so than a problematic or annoying behavior.

Acknowledging, remembering, and empathizing with the power differential in problematic-client interactions was another way the participants regained their confidence and moved forward in providing their services. Tattoo artist PK spoke of how his clients were in vulnerable positions because he had control of the tattoo needles throughout a session. "It sounds horrible, but I'm in a position of power, so they can't get mad at me or they're forced to really explain themselves."

PK mentioned that his irritation with a problematic client who was continually "talking about how cool he was" led him to question the client, "Why would you do that?" Although he described his response as "kind of evil," he acknowledged it as a passive-aggressive way to deal with the frustration the client evoked.

Similarly, hairstylist FM reflected on power differentials. Once he gained a client's trust, he felt he could "basically do anything to them." When discussing hard-to-

please clients, FM displayed empathy despite the problematic nature of a client interaction:

You just listen to them and make them feel as though you understand. I am a vessel for clients' emotions. . . . Physical behavior, your movements, like how fast or slow you move because that all sends a message even if they're not paying attention.

### *Control*

Once participants welcomed empathy for themselves and their clients, they were able to regain control and composure for varying durations. That is, hairstylist FM and tattoo artist PK experienced the feelings of incompetence then as fleeting and momentary. For art therapist HC and expressive arts therapist LL, their feelings of incompetence appeared less fleeting, perhaps due to their longer term and liability-oriented relationships with problematic clients. However, despite the variation in duration, the same cycle of feeling incompetent, adopting empathy for self and others, and ultimately regaining control was present for all participants.

Therapists HC and LL tended to engage in the cycle more frequently. They highlighted this when speaking of continued impediments some clientele presented over the therapeutic treatment course. Art therapist HC reported that her feelings of being "stuck" with clients also evoked her feelings of incompetence. She described frustration and annoyance in these stuck client interactions. On her work with certain age groups that tended to pose difficulties for her, HC noted that sometimes she felt as though she were doing nothing. She reported experiencing more "incompetent feelings, or imposter syndrome" when dealing with specific populations in her therapy practice; her typical

"go-to approaches" were not working. However, when reflecting on having cases with other therapists, she noted relief came from having the additional treatment-team members, as though she were "riding the coattails."

### **Improve Self-Regulation**

In discussions about specific problematic-client interactions, all participants addressed methods they used to self-regulate—that is, to maintain composure, get through uncomfortable moments, and act calm despite how they felt internally. Common mechanisms for all participants were profanity and humor.

#### ***Profanity as a Mask for Anger or Frustration***

During the study sessions, profanity surfaced for all participants in animated states, for example, when they described clients and circumstances and reported genuine frustration, annoyance, and anger. Specifically, FM, HC, and PK used profanity when referring to the client behaviors and situations. LL presented as more conscientious and thoughtful when delivering his words but acknowledged times of frustration and confusion with clients and with himself by using negative phrasing and terminology that were less intense than full-fledged profanity. Participants also used profanity when referring to themselves or how they handled (or did not handle) certain situations. They declared their thoughts and profanities as though they were *in the moment* of directly addressing a problematic client.

Participants typically expressed frustration, used profanity, and made self-deprecating comments and humorous analogies, which then led into a softer, more empathetic way of talking about the clients and situations. The use of profanity and humor appeared to be forces that guided them into more serious conversations. These

reflections allowed empathy. They provided some understanding of human diversity—that all people struggle as an integral part of existence. That empathy, in turn, led to more control, self-reflection, and self-regulation.

### *Humor as a Relational Binder*

Humor provided participants with a tool to lead into more positive reflection, as though the participants first needed to release their initial, knee-jerk reactions before they could self-regulate. When talking about uncomfortable moments with clients, tattoo artist PK reported a bluntness about his humor: "I just try to be humorous about it. I'm not going to dance around the subject. Like, what the fuck is that about or what are you doing? I'm not there to be coy."

Similarly, art therapist HC said, "It makes me not want to deal with this client. How can I shake them?" Then she used humor. "I just want to shake him, but part of me wants to just hug him." She empathetically acknowledged a major issue for that client: "He just wants to be loved."

This format of using humor to lead into more serious reflection and self-regulation was common across participants. As discussed in the Negativity and Discomfort section, humor tended to act as a vehicle to lead the conversation, allowing participants to discuss their negative and uncomfortable feelings with less discomfort. Humor softened some harsher judgements and statements, leading participants to discuss the importance of honesty and being real with the clients and with themselves. Participants similarly described humor as a tool to bridge those uncomfortable moments with clients. All reported using—*needing*—humor to deal with problematic clients and

self-regulate their associated reactivity, as they had used profanity during heightened animation.

### **Manage Wellness**

Participants reported using healthy and unhealthy lifestyle choices to manage residual frustration and aggravation after a negative client exchange. For example, LL described his away-from-work life as "robust" and his support system as "what gets me through my frustration." He spoke of a strong connection to outdoor activities and that being present with loved ones helped him not take client issues home.

On the other hand, tattoo artist PK reported, "I need to actually go somewhere and do something instead of getting drunk every day." He explained that except for occasional joking with colleagues, he does not have much of an outlet to process his discomfort. Being the only practitioner in his tattoo parlor at his early career stage allows even less time for him to process problematic situations. What happens to his discomfort and reactions that surface if they are not expressed? PK stated tattoo artists tend to use more alcohol and illegal substances as a result. He indicated at times feeling this may be a way of coping that he engages in, as well—and, prior to the study, he had not realized the connection between problematic interactions and his choice to use alcohol.

All participants described times of burnout and professional stress from dealing with problematic clients but varied according to age and career stage. For instance, hairstylist FM, the oldest participant (47 years), reported the healthiest forms of self-care. Conversely, tattoo artist PK, the youngest participant (25 years), reported the least healthy coping choices and the most significant burnout. Career stage might be considered separately from age, given that the oldest participant (FM) had worked in



salons owned by others throughout his career, whereas the youngest (PK) operated his own tattoo shop (for less than a year). Art therapist HC and expressive arts therapist LL were close in age (38 and 34 years, respectively) and reported similar stress levels, as well as similar self-care and coping styles. Both spoke of their rich involvement in endeavors outside their crafts. In fact, all participants identified themselves as some form of artist outside of their professions.

### **Synthesis Process**

The outcomes reported in this chapter were derived from not only the procedures described in Methods (Chapter 3), but also researcher's processes to examine and synthesize the information and solidify and articulate what appeared to take place in the study. I frequently watched and listened to each participant's Go Pro footage, as well as footage from different angles recorded during the meetings. On each review occasion, I took extensive notes and captured still frame shots that appeared significant. I printed all the still shots and arranged them in six ways on a white board to add a larger visual representation of the study for me to examine (examples at Figures 26 and 27). I then compiled all my field observation notes, video notes, video aggregates, still shots, and processing-board photos into a 15-minute video with clips from all participants and a 45-page document of all the information for me to examine as a whole. I also reviewed my own GoPro footage, response sculptures, and associated rationales and then created a final video highlighting all important aspects of the study. These processes further concretized the study's standout outcomes.

Art-based research is the epitome of phenomenology. To illustrate, I did not know that I needed to do art in response to my participants sculptures until I was halfway into

the research process. Although I began the research with a methodological outline, each step in the process clarified for me what the next step would be. This was some of the most critical understanding that took place in this study. By watching and listening to the videos I had collected, I recognized some sort of disconnect between what I was seeing and hearing and what was actually happening. I contacted the dissertation committee, which approved the addition of response art in the research.

Creating the response art allowed me truly to see what was emerging in the research. By creating art alongside the participants' videos, I could stand in their shoes. I began to understand how they experienced the materials and from a similar vantage point. I also realized that the great deal of negative content I heard appropriately resulted from my general prompts created to examine the topic of problematic clients (which inherently would lean toward negatives). I also heard resiliency from the participants, who continued their work to the best of their ability every day. Such strength across disciplines that needed to be seen and heard in the research came through the balance of sculpture and content that occurred when I introduced each participant to their response sculptures. Through their tougher stories, I was able to hear how they persevered in ways that they may not have realized during their more trying professional times.

Creating each participants' video (Appendix D) and the culminating (aggregate) video (<https://youtu.be/Tl1COmCCNxE>) also helped me see the importance of artistic examination in research. Art often is the research vehicle, but the artistry involved in creating video summaries also provided information that could not have been recognized without the media creations. Creating the videos forced me to watch and listen to all video content—over and over. Thankfully, such intense attention allowed me to notice

subtleties. Those subtleties led me to see that the harder exteriors participants expressed at the start of the research processes actually were glimpses of the ways each dealt with and coped with their problematic-client behaviors and interactions. For instance, all participants possessed the astoundingly resilient quality of humor.

Humor is just one example reflecting ways in which my synthesis process helped me identify how participants' comfort levels became more balanced as the research progressed. I noted that the humor stretched across meetings and seemed to gain presence as the sessions progressed. Interestingly, participants used humor when initially reacting to problematic clients, and then used humor and profanity to describe the actual scenarios. Then, when participants started owning the roles they played in the problematic scenarios, their humor presented as self-deprecating. By the end of the research period, participants were using different forms of humor and expressing themselves more freely and comfortably. They joked about other aspects of life, shared jokes, and referred to funny things they recently heard, saw, or learned. The participants regarded humor as an important tool in their work when dealing with all their clientele, not just problematic ones.

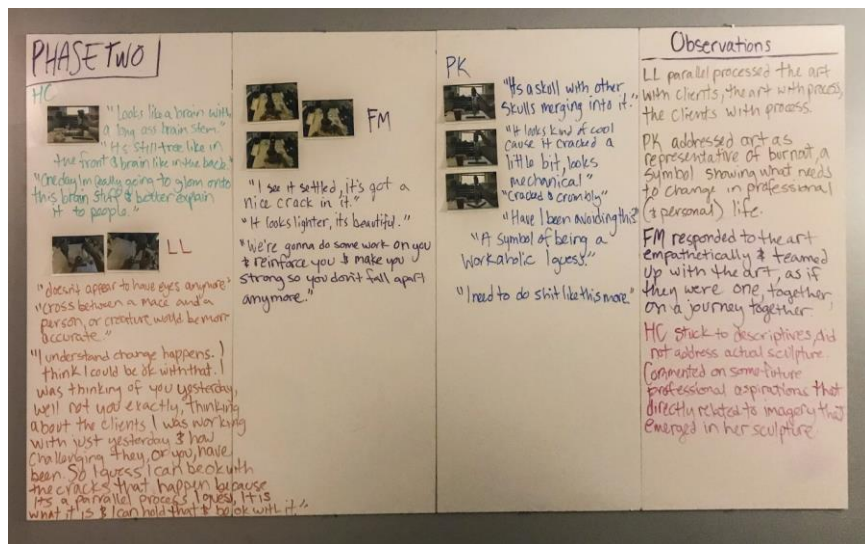
**Figure 26**

*Processing Board 2*



**Figure 27**

*Processing Board 4*



**Summary of Outcomes**

The outcomes and supporting areas of focus overlapped in many aspects, with information layers unearthed as the study progressed. The two main outcomes related to transformation and supervision.

Transformation—of self and others and from undesirable to desired feelings, thoughts, and action planning—was the overarching outcome. It encompassed the participants' embodiment of sculptures, negativity and discomfort, and finding balance. Participants embodied sculptures as physical forms to represent their own and their clients' emotions. They addressed these sculptures directly as the object they created, as representative of problematic clients and of how they dealt with those clients, and in relation their own and their clients' selves and emotions. Participants also addressed their physical and verbal reactivity and found discomfort in witnessing their own negativity. The response-sculpture process offered participants an opportunity to find a balance.

The need for supervision stood in tandem with transformation. All participants expressed the need for some level of professional supervision or support (e.g., mentorship, peer reflecting, or encouragement) to help them personally overcome feelings of incompetence, regain empathy and control, improve self-regulation (often through use of humor and profanity), and manage wellness—including burnout and overuse of substances.

Despite the different professional disciplines represented in this research, this study highlighted stark similarities in thinking, processing, and self-understanding related to problematic clients—mainly in the form of transformation by means of what the sculpture represented throughout the processes, what came from watching the process videos, and how the response sculpture changed the participants' understanding of the process. Specifically, findings indicated that the process of creating a sculpture allowed the participants to transform initial thoughts and feelings, overall understanding of themselves in relation to the problematic clients, and the understanding of the clients by

embodying abstract concepts into a physical form (sculpture); the video aggregates allowed them to reflect on their negativity and discomfort in witnessing and thus develop more positive dispositions. Finally, the response sculptures assisted them to make the overall understanding of the study seem less negative and more balanced than it had prior to presenting them with the art.

The final culminating video provided me with further insight around how the sculpting process was transformative for participants, and even for me as the researcher. Watching my own process along with elements of the participants processes reminded me of how easy it was to spontaneously create quick sculptures that represented parts of the participants' sculptures, their individual aggregate videos, and all the verbal content they shared with me. For me, the final video served as an anchoring point to how the entire study came together. My sculptures became positive reflections of the participants' sculptures, changing the overall understanding of the research process and its beneficial aspects for everyone involved. Bringing my processes into the final video provided me with a final place to compile all elements examined in this dissertation. I reviewed and incorporated live and still clips from all participants' process videos to create the culminating video, which also depicts participants' similar phrasing and pertinent moments of change when verbally reflecting on the process. I then created a shortened version (to protect participants' details) of that final video for the dissertation:

<https://youtu.be/Tl1COmCCNxE>

## CHAPTER 5

### Discussion

This dissertation examines reactivity that professionals across four disciplines experience within their professional environments in relation to problematic-client interactions to answer the four research questions:

- RQ1: What happens to the participants' *professional understanding* of a problematic client through engaging in a sculpting process?
- RQ2: What happens to the participants' *self-understanding* when engaging in a sculpting process focused on problematic clients?
- RQ3: What similarities in participants' experiences will be reported and observed across their professional disciplines?
- RQ4: What happens in a research process when the researcher creates and presents response art to the research participants?

The overarching outcome of this research is one of transformation—transforming the participants and their sculptures. The sculptures interchange in symbolism from the art to the participants' emotions, to the problematic-client behaviors, and to the actual art processes. Similarly, much of the understanding of self and others reported and observed notably overlap throughout the study. Given this interchange and overlap, the outcomes from the interrelated research questions RQ1 and RQ2 are discussed together in this chapter.

**RQ1: What Happens to Participants' Professional Understanding of a Problematic Client Through Engaging in a Sculpting Process?**

**RQ2: What Happens to the Participants' Self-Understanding when Engaging in a Sculpting Process Focused on Problematic Clients?**

This study allowed participants to incorporate an art process with their reflections, particularly to reflect on and transform the feelings of incompetence that problematic clients evoke in them. That transformation came not only in the form of the sculpting process, but also in metaphor and video witnessing.

**Transformative Sculpting Process**

I created the sculpting process used in this study for the pilot study (Govoni, 2016). There had been no other literature on this process, which proved incredibly powerful in the pilot study. It had been heuristic—I explored five situations in which I experienced significant reactivity when interacting with clients. Similar outcomes surface in this study as had in the pilot. For instance, finding increased patience, understanding, and empathy for self and for clients emerge as outcomes from both studies.

Another similarity that both I in the pilot study (Govoni, 2016) and participants in the current research experienced is that once we identify anger-related emotions, there appears a softening and an ability to dig further into what it all means. This feels important based on Jung's groundwork around archetypes and our shadow elements as humans. People generally hesitate to feel certain darker emotional states (Berk, 2012). However, the opportunity to give the emotions and their catalysts "a place at the table" helps people face the issues in new, more productive, and transformative ways.



Banker (2008) used clay sculpting in family therapy with a three-session approach. She noted that the clay work encouraged dialogue originating from the sculptures and the sculpting processes, which lead to moments of realization and connection for family members. She identified productive, transformative shifts in family members' understanding of one another. These shifts are comparable to shifts the participants in the current research had regarding their understanding of problematic clients.

As the sculpting processes of the current participants progressed, their conversations and understanding about themselves as professionals and about their clientele appeared to shift in notable ways. The overarching outcome in this study is that use of a systematic art-based process activates transformation in how each participant understands, thinks, and feels about problematic clientele and about themselves as professionals in a service industry. Participants capture that transformation by associating the sculptures with emotions, clients, themselves, and vessels that embody the complex nature of navigating emotional, psychological, and physical reactivity evoked through problematic-client interactions.

As in this research, Bat and Bauch (2017) also used clay sculpting and semi-structured interviewing but with first-time fathers. Although they met on only one occasion, Bat and Bauch reported transformative realizations similar to those in this study. They had directed participants to make sculptures of themselves with their child. In the interviews, they asked, "What do you see?" (p. 21), similar to my question, "Can you describe what you see?" (Appendix C). Answers provided in Bat and Bauch's study revealed the use of metaphor and symbolism in their participants' descriptions—as also

occurred for participants in the current study. These different research approaches but similar outcomes reveal the benefit of understanding and examining what previous research suggested—that the use of clay can open opportunities for growth, change, and new knowledge about whatever is being examined. Perhaps the clay process provides safety for people to address some of their harder-to-articulate emotions.

Banker (2008) noted, "Sculpting with clay can engage clients in a creative and safe manner" (p. 296). This is an important aspect to highlight, given the burnout, frustration, and increased anger that participants in this research said resulted from their dealings with problematic clients. Using clay along with verbal communication for processing supports their ability to remain balanced, manage wellness, and avoid making unhealthy personal choices outside of work.

A great deal of research in the art therapy and expressive arts therapy disciplines support this study's outcomes. However, this study is unique in its focus on similarity in reactivity across disciplines, including non-mental-health fields. There exists limited literature on hairstylist–client interactions and even less on tattoo artist–client interactions. Much of the tattooing literature focused on the clientele and their choice of tattoos. The rationale reported in those limited studies, however, supported much of what the tattoo artist participant reported in this study. That is, the tattoo-related literature pointed to the reality that some people choose tattoos for deep emotional reasons, such as healing from adversities and traumas they faced in life. This supports that tattoo artists often hear intense stories about tragedy, loss, and turmoil that can lead to problematic reactions within the professional, including burnout or unhealthy lifestyle choices, as the tattoo artist in this study experienced (Okansen & Turtianen, 2005).

**Metaphor**

Practitioners, including I in the pilot study (Govoni, 2016), incorporate the symbolism of monsters to address darker emotive states and to incite clients' transformation and understanding. Kramer (1958) noted the power of both positive and negative imaginal entities in art and play interventions in therapy with children. Other practitioners also encouraged hero and monster explorations through play and dramatic play (e.g., Haen & Brannon 2002; Rubin & Livesay, 2006). Bout et al. (2008) successfully used monster metaphor and symbolism when treating couples who showed resistance to other forms of therapeutic intervention. Still more therapists incorporated history and literature of myths, creatures, spirituality, and monsters into therapeutic treatment with their clients (e.g., Rubin & Livesay, 2006; Snider, 2014; Tsintjilonis, 2006). Even some medical professionals incorporated the metaphorical use of monsters when dealing with concepts around battles with cancer (Stewart & Rauch, 2016). McNiff (2015) explained that the shadow is a life force that can liberate creativity. He suggested that working through difficult feelings can lead to learning new ways of dealing with those feelings. That is exactly what took place in this study. The initial reactions participants expressed seem rooted in emotions that are typically more difficult to manage. Although those emotions still existed at the end of the study, participants dealt with and understood them differently.

Robbins and Erismann (1992) discussed using sculpting in stone as a nonverbal way to process clinical cases in a 5-day seminar setting. They emphasized paying attention to the cognitive and emotional resources available by exploring both the positive and the negative reactivity that can occur through client interactions. Those

authors pointed out that positive reactivity responses are just as important to address and understand as are the more difficult, negative responses. Both experiences can be transformative in regard to practitioner experience and well-being, as well as to how the practitioner should proceed in treatment to help the client best. Robbins and Erismann mentioned that the workshop participants initially were open and willing to engage with stone as the explorative medium. Those participants then would realize the stone's "physical resistances and anomalies" (p. 371) and how it reflected the therapeutic situations being explored in the workshop. The authors offered case examples with a great deal of metaphor, articulating processes and outlining their participants' experiences as they entered into role-play scenarios. They discussed parallels between the workshop space and therapy space and explained difficulties in expressing content, such as countertransference, in words. Thus, they explained, the stone played a helpful role through its ability to act as a representational entity of the concepts being expressed. This multimodal approach that Robbins and Erismann designed and discussed is further evidence that a multimodal, transitional approach to addressing emotional reactivity issues in fact may be extremely transformative and beneficial in supervision and for personal processing of specific feelings.

### **Video Witnessing**

Throughout the research process, all participants reported thinking differently about the concepts of art and reflections processes when they engage with clients at their workplaces and feeling more in tune with themselves and what they need when interacting with problematic clients. Likewise, Fish (2016) discussed observing transformative benefits when engaging students in art-based supervisory situations. Fish

also reported a similar transformation process of understanding her own resistance to engaging in her research by exploring the issue through an art-based exploratory process.

**RQ3: What Similarities in Participants' Experiences Will Be Reported and Observed Across Their Professional Disciplines?**

Although the participants in this study came from different fields, the results reveal striking cross-discipline similarities, particularly in the ways the art process led to transformation in dealing with problematic clients, including their use of humor and storytelling.

**Transformative Art Processes**

McNiff (1998) wrote of creative transformation and the important role imagination plays in that transformation. He explained that it "requires sustained encounters with uncertainty" (p. 23). In the current study, all participants started the art process similarly. That is, they all began working slowly with the clay. They examined it, placed it somewhere on the fledgling sculpture, and then removed it. Once acquainted with the materials, they reached a more flowing creation state. None of the participants knew what they were going to create, but all reported finally seeing a form emerge in the first meetings. They then added to the sculpture to suit best what was emerging. In the second meetings, all participants appeared more comfortable with the plaster materials despite having no experience with them. All commented on feeling much more at ease because the imagery was present already and they did not have to consider what to create. They felt more familiar with the painting materials in the third meeting. Thus, they appeared open and free to experiment with, place, replace, and easily decide on colors. However, all participants entered each session with some uncertainty, which manifested

in different ways, until they progressively became more comfortable with the sculpting process. The transformative benefit of the art process extended from the participants' awareness (e.g., in reactivity) to the researcher's (e.g., methodology).

### **Reactivity Awareness**

An implication of this study might be that developing a deeper sense of reactivity awareness can be beneficial within the therapeutic encounter for both client and practitioner. Art-based processing can be an effective approach to introduce alternative ways of understanding interactions between client and therapist. Distinguishing the various ways that reactivity can surface also may be important during the process of understanding the reactions that occur. Systematic inquiry and examination of emotions after the initial reactivity possibly can provide practitioners with information to serve clients better, reduce their own burnout, and transform problematic or troubling emotions that surface in response to client interactions. Following a specific art-based protocol also may help practitioners reveal patterns within their personal and professional lives that otherwise may go unnoticed.

#### *Reactivity Awareness and Burnout Prevention*

It also is important to mention that the participants' burnout levels varied according to age and career stage, with the youngest and least experienced participant (PK, tattoo artist) reporting the most burnout. FM (hairstylist), the oldest, reported the fewest burnout-related feelings and symptoms, as well as a variety of positive wellness-related activities and rituals. Theriault et al. (2009) spoke of feelings of incompetence—which contribute to burnout—in novice practitioners just starting in the field of delivering

therapeutic services. Despite the difference in service industry, Theriault et al.'s research supports what was observed in this dissertation research.

### **Countertransference**

It is important to note that much of the reactivity people experience may be tied into the classic psychological concept of countertransference. Countertransference was a main focus in my pilot study, that resulted in leading me away from countertransference as a central focal point. However, it needs to be highlighted, given the importance and relevance it has to the research being discussed. Historically, reactivity to clients have been considered within the framework of countertransference reactions. Gabbard (2001) explained the classic psychoanalytic definition of countertransference as an obstacle in treatment. He reported that the client would remind the practitioner, often unconsciously, of someone from the practitioner's own past. Classic countertransference definitions indicated that when the phenomenon occurred, it was a result of unresolved issues of the practitioner (Cohen, 1988; Orr, 1988; Racker, 1988). Winnicott (1949) discussed objective countertransference and how it does not focus completely on therapists' unresolved issues, but also acknowledges that most people may react to that particular person similarly, pointing out that the issue could stem from troublesome and problematic personality traits of the individual evoking the reactivity.

The term and understanding of countertransference has evolved throughout the years, resulting in a totalistic view of the concept. The totalistic view incorporates all of the elements that could impact practitioner reactions and disturbances incited by client interactions, on emotional, cognitive, and physical levels. Leclerc (2006) pointed out that it is the very ubiquity of countertransference reactions that may decrease therapist self-

exploration of these moments, asserting, “If counter-transference is currently widely accepted and recognized as a useful clinical tool, this wide acceptance may also cause it to be easily taken for granted” (p. 131). More relevant to this research, Fish (1989) addressed exploring countertransference through image creation, “Image making may be used to explore and clarify the dynamics of the therapist involved in countertransference reactions toward the patient” (p. 377). She explained that this could be explored in two ways. This work may be approached on two levels. One of these ways is that the therapist could examine their own discomfort of confusion by working with the images. Fish then explained the second level for when countertransference may be identified, explaining that when the issues are better understood, that the understanding can be brought back into treatment to offer more effective therapeutic work with the client.

### ***Methodology***

Blum (2015), Rappoport (2012), and Shaw (2006) all spoke of the use of embodiment in various forms to understand client needs and experiences better. They also acknowledged that practitioners experience physiological sensations while working with clients, whether individually or in tandem with the client. Shaw acknowledged a limitation to his study was not incorporating the clients' bodily reactions, a limitation that also applies to this study. Specifically, I experienced shifts in emotions while progressing through the multiphase process. It might be asked if the clients had been involved in the overall exploratory experience, would they also have experienced shifts within their emotional states? How might those shifts affect both client and practitioner in the overall



therapeutic alliance? Which elements of the study would change, and which would remain the same?

Teijlingen and Hundley (2001) mentioned that qualitative research methods often can be progressive. They provided examples of researchers conducting interviews and how the initial interviews tended to shape and form upcoming interviews by showing researchers what they needed to add or omit to some degree. This type of scenario seemed to have occurred also in the current study. Specifically, as the participants' sculptures and research phases progressed, my field notes and dialoguing became richer in description and generated more information.

### **Dealings with Problematic Clients**

The field of psychology has debated the role of touch in session and with clients in general (Westland, 2009). The expressive arts more commonly incorporate some touch in practice, particularly in dance and movement, play, and drama therapies. Touching may occur in other therapies, depending on the artforms and media used. Obviously, in hairstyling and tattooing, touch is necessary; both fields incorporate touch in different ways. For example, Sanders (1989) explained that tattooing "entails the violation of significant norms governing the interaction between strangers" (p. 121). This is an important factor to consider when a client engages in behaviors that may evoke some form of reactivity in the tattoo artist. Having to be in proximity—despite experiencing discomfort throughout the interaction—may leave the professional with problematic thoughts and feelings.

**RQ4: What Happens in a Research Process When The Researcher Creates and Presents Response Art to the Research Participants?**

Participants in this study identified the feelings of incompetence that problematic clients evoke in them as the nexus for their reactivity. That is, their clients' behavior led the participants first to feel incompetent and then to a form of empathy and, ultimately, to regain the control and self-regulation necessary for professional and personal wellness. Likewise, new therapists who participated in Theriault et al.'s (2009) study reported that their negative self-responses of doubting themselves, feeling lost, and experiencing minor distress during sessions with their clients resulted in feeling incompetent. They revealed subthemes, such as "immobilization, reactivity from self-esteem wounds, technical faux pas, and a variety of responses that fall along the distraction–disengagement–detachment continuum" (p. 110).

Similar to this dissertation's results, Theriault et al. (2009) reported that their participants "were able to salvage some growth-enhancing elements" (p. 110) by dealing with those various "feelings of incompetence" experiences and to benefit from self-awareness and introspective reflection. The response art in this study provided participants a means to "salvage," to balance, the range of reactivity they identified throughout the research. For instance, the response art offered allowed participants a way to calm their discomfort in witnessing their own negativity.

The positive effects of the response art highlight the benefits available when the participants shared outside of themselves and their work worlds. Likewise, Theriault et al. (2009) identified that their participants benefitted from sharing their feelings of incompetence with others in similar situations. Their result supports this study's

recommendations for peer and professional supervision in which professionals learn from one another to deal with the more difficult moments they all face with clients.

### **Personal Reflection**

This research and associated literature support my initial thoughts about service-industry jobs that deal with public clientele, specifically tattooing and hairstyling. These service personnel deal with content similar to that addressed when art therapists deliver therapeutic services to clientele. The methodology—examining the topic while speaking with participants in a novel sculpting process—provides insights that may not surface without the addition of the sculptures, sculpting processes, video aggregates, and response sculptures. I added the response sculptures during the research process to understand the phenomenon being examined further. The process is art-based in itself because it arrived through the content that surfaced as the research began. Hopefully, future researchers interested in art-based research, response art, and the interdisciplinary similarities and differences found by these means can replicate and expand on this research.

It is important to note that the range of differences across participants, culturally and professionally, made this study relevant in terms contributing relevant, relatable, and replicable research across disciplines and cultures. The issue of problematic reactivity toward others in life is already a commonality spread across humanity. The likelihood of having problematic encounters and associated reactivity is increased in professions where providing services to clientele in public and private spheres may take place. The interdisciplinary focus in this study, and associated findings, will hopefully be applied to larger communities of professional practice.

One of the aspects of importance from this dissertation is the concept of touch. There are clinical implications around touch in therapeutic settings and relationships and in the two other professions explored in this study, touch is a critical piece in the rendering of services. The use of multi-media sculpting as a vehicle for exploration highlighted the importance of touch and the use of hands as tools of navigation and expression. Participants displayed layers of problem-solving capabilities when manipulating the sculpting materials all while also using their hands to emphasize what they were saying in relation to the topic of engaging problematic clients. All of the professional disciplines represented in this study embody some element of artistic and aesthetic understanding and expertise, all being rendered along a spectrum involving the use of hands and minds. This study offered an example of the role that touch plays in the professions and in the problem-solving needs that arrive when rendering services.

### **Future Research**

The sculpting method used in this research can be replicated or adapted into future studies on the same and similar topics. The results and overall process certainly point toward the need to continue this exploration, with some refinement in methods and procedures, to understand better the possible benefits of approaching reactivity from clients in this way. I hope this study also brings to light that practitioners of all kinds should pay closer attention to their own inner workings and reactivity toward clients. In reality, humans react to humans. No matter how much expertise they have in a field, they could always end up in a situation that evokes something notable within them. Ignoring these reactions could prove detrimental to the practitioner and client alike. Practitioners

have a job to do. Exploring these instances could enable them to provide their best care to clients while keeping their own self-care and mental health needs in check.

### **Limitations**

If I could start over, I would take a class on how to use the technologies involved in this study. I had difficulty understanding how to manipulate the GoPro camera throughout the processes. At times, the camera separated the session videos into 15-minute increments and, at other times, into 1-minute increments, which made watching, listening, and iMovie editing extremely difficult. It also affected my self-organization because, at times, I thought I had missed or lost the footage of two participants' first and second meetings. Thankfully, I found that footage, but I had lost some final reflection-meeting audio due to malfunctions. Thus, I had to rely on the salvaged audio and the notes I had created during the final meetings. The iMovie editing also posed issues due to my relative inexperience with that application. The computer I used to capture video and audio from an additional perspective often malfunctioned, as well. These technological roadblocks created a longer timeline than desired for completing the research with participants, which could have affected the final reflection meetings.

In addition, given this study sample's small size and representativeness (i.e., one participant representing each of four disciplines) and similar geographic location (Massachusetts), the study results cannot be generalized to other demographics. Future research should examine problematic-client interactions on a larger scale to determine whether these results can be generalized to larger populations.

### **Recommendations**

The most important recommendation that arises from this dissertation is that professionals in service industries need ongoing support. Service-industry professionals often take on content that mirrors content clients disclose to licensed therapists. This point is crucial for understanding the impact such interactions have on the professionals. From hairstylists to tattoo artists to mental health professionals, service-industry professionals easily fall through the supervisory cracks to endure burnout, stress, and potentially secondary trauma. Thus, supervision would be optimal, but peer supervision more probable.

Kapitan et al. (2011) conducted a study that included participatory action research using the arts. The participants spoke of the transformative benefits artmaking has in communities that brought people together to think critically and solve problems. If this collective "coming together" were to take place within service industry fields, perhaps even more professionals could heal and grow, which then could lead to further healing for clientele. Community workshops to engage professionals within and across disciplines in exploring problematic circumstances of their careers could help, and using art as the primary way to process the issues could be even more effective.

Another recommendation addresses the professionals' personal artmaking. Two art therapist participants were recruited for this study, knowing they would be familiar with art and its healing powers. Hairstyling and tattooing professions were also considered for the artistry involved in those crafts. That is, these professions use art in their work and provide a healing variation for their clients (both in the product and in listening while clients share their problems). All participants in this study reported art

experiences outside of the work they do, and all wanted more time for those activities as a form of wellness. Making time to create is crucial for artists of all varieties. Thus, creative service-industry professionals may benefit by making art on their own time, as well as at work.

The last recommendation deals with bringing various professionals together in the communities in which they reside. It may be smart for therapists to network with professionals in other service areas, opening the dialogue around handling heavy subject matter to which all the professionals may be exposed. Therapists can educate others, for example, teaching other professionals when and how to suggest a client speak with a mental health professional, offer services to the professionals, and even provide business cards with which the other professionals can refer their clients. Reciprocally, the cross-discipline support could benefit therapist practitioners, providing diverse perspectives and broadening ways of understanding and knowing that may not have been possible without such collaboration. Moreover, this recommendation addresses building community and working together to heal, given the many shared traumas throughout communities and in society as a whole.

### **Conclusion**

This dissertation was inspired by witnessing hairstylists and tattoo artists exposed to clients who deliver information comparable to what clients share with therapists. This, as the findings revealed, is a social problem that is under researched. Perhaps my elevated awareness as a therapist influenced my perception of those interactions when I visited hair salons or tattoo parlors. The frustrations I experienced throughout my doctoral journey—when it felt as though too many people needed me—also inspired this

dissertation topic. That frustration led me to examine my experiences with problematic-client interactions in a pilot study (Govoni, 2016). The sculpting process used therein revealed itself at the time I was choosing the pilot-study topic. By happenstance, as I played with the materials, I created a sculpting method I felt could be revealing when exploring the subject matter. It proved to be revealing in this primary study. The outcomes supported the literature cited throughout this dissertation, in which past scholars confirmed similar possibilities when using art in research and art as research, and it added a new sculpting process to the research repertoire. I hope future researchers find those possibilities interesting and apply their own variations to reveal even more possibilities for healing and transformation.

The findings illuminated that when it comes to getting along with other people in life, it is wise to be realistic: Liking everybody you meet is not likely. Being liked by everyone is equally unlikely. Having notable problematic reactions toward others may be less common but is still bound to happen—particularly if you work with the public in a service-industry job. This dissertation research highlights what can happen when these types of problematic reactions are explored through discussion and artmaking processes. Overall, this study reminds us that we do not have to simply sit in discomfort, and that exploring can lead to positive self-growth, better understanding of others, refined identification of our own needs, and effective ideas for future processing of problematic interactions when they arise. By processing this type of content, service-industry workers and therapists can become more skilled at their jobs, treat themselves better, and offer more understanding and empathy to clientele.



## APPENDIX A

## LESLEY IRB APPROVAL



29 Everett Street  
Cambridge, MA 02138  
Tel 617 349 8234  
Fax 617 349 8190  
irb@lesley.edu

**Institutional Review Board**

DATE: 12/20/17

To: Devon Govoni

From: Dr. Robyn Flaum Cruz & Dr. Ulas Kaplan, Co-Chairs, Lesley IRB

RE: **IRB Number: 17/18 - 006**

The application for the research project, "Sculpting to Explore Professional Reactivity toward Clients" 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. The consent form 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 year from the date of approval.

You may conduct this project.

**Date of approval of application: 12/14/2017**

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 FORM

**Informed Consent Form:  
Study of Sculpting to Explore Professional Reactivity Toward Clients**

**Principal Investigators:** Devon Govoni, and Shaun McNiff, University Professor, Lesley University.

You are being asked to volunteer in this study to assist in my doctoral research on understanding professional's reactivity toward clients. The purpose of the study is to gain insight on professional's understanding of problematic clients and themselves through using sculpture as a vehicle for exploration.

You will be asked to meet on four occasions. The first three occasions will consist of discussing a problematic client and engaging in a sculpting process to explore the emotions evoked by interactions with the identified client. The final meeting will be for you to review the information generated by the researcher in regards to your artistic process and associated dialoguing. The sessions will be 60-120 minutes in length, take place at 16 Samoset Street Plymouth, Massachusetts, and will be video recorded.

You will be personally interacting with only myself as the researcher. This research project is anticipated to be finished by approximately October, 2018.

I, \_\_\_\_\_, consent to participate in a four session research study using sculpture to examine professional reactivity toward problematic clients.

I understand that:

- I am volunteering to meet on four occasions and each meeting could last between 60 and 90 minutes.
- Sessions will be audio and video recorded.
- I will be assisting in video recording my art making by wearing a GoPro video recorder.
- My identity will be protected.
- Session materials, including reports, drawings, video or audio recordings will be kept confidential and used anonymously only, for purposes of supervision, presentation and/or publication.

- The sessions will include verbal discussion about my present life, professional identity, client relationships, and emotions being explored through the sculpting process.
- The session 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 explore reactivity evoked in professionals through client interactions.
- The video and audio recordings, pictures, and dialogue transcriptions will be kept in a locked file cabinet in the investigator's possession for possible future use. However, this information will not be used in any future study without my written consent.
- The researcher is ethically bound to report, to the appropriate party, any criminal intent or potential harm to self.
- I may choose to withdraw from the study at any time with no negative consequences.
- Your art will be returned at the conclusion of the study and you will be given a copy of the study and videos if desired.

**Confidentiality, Privacy and Anonymity:**

*You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential **to the extent allowed by law**. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.*

*If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a subject in the experiment. You can contact my advisor Dr. XXX at phone number or email address with any additional questions. You may also contact the Lesley University Human Subjects Committee Co-Chairs (see below)*

*You will be given a copy of this consent form to keep.*

**a) Investigator's Signature:**

\_\_\_\_\_  
Date    Investigator's Signature

Print Name

**b) Participants's Signature:**

*I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.*

\_\_\_\_\_  
Date    Subject's Signature

Print Name

*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 (include email addresses) at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138.*

**APPENDIX C****SESSION AND SEMISTRUCTURED INTERVIEW PROTOCOL****Meeting 1**

- Review informed consent and have participants sign a copy.
- Explain the materials and answer questions regarding materials.
- Direct participants to create something that represents a problematic client, problematic-client interactions, or something alike.
- Ask participants:
  - To describe specific scenarios that come to mind.
  - To share emotions, thoughts, how they dealt with the scenarios, and client responses (encourage).
- Clarifying questions and follow-up questions where applicable in the process and where the conversation leads.
- Once this sculpture phase is completed, ask: Can you describe what you see? Is there anything you'd like to say to it?

**Meeting 2**

- Start off by asking, "Can you describe what you see?" Also, ask how the sculpture has changed and "Is there anything you'd like to say to it?"
- Explain the materials and answer questions regarding materials.
- Ask participants to reflect on the previous meeting.
- Ask about the problematic client(s) and client interactions mentioned in Meeting 1 and for participants to reflect on own styles of managing their wellness and attempts to keep personal emotional balance when dealing with these problematic client aspects. Encourage both "healthy and unhealthy" behaviors to be shared.
- Ask clarifying questions and follow-up questions where applicable in the process and where the conversation leads.
- Once this sculpture phase is completed, ask, "Can you describe what you see?" and "Is there anything you'd like to say to it?"

**Meeting 3**

- Start off by asking, "Can you describe what you see?" Also, ask how the sculpture has changed and "Is there anything you'd like to say to it?"
- Explain the materials and answer questions regarding materials.
- Ask participants to reflect on the previous meeting.
- Encourage participants to reflect further on the problematic-client aspects and their own personal reactivity, behaviors, and responses in these situations.
- Ask participants if there were other ways to examine the issues, deal with the issues, and understand the.
- Ask participants asked what they need in these types of situations, and before and after (preparation and decompression).
- Ask clarifying questions and follow-up questions where applicable in the process and where in the conversation leads.
- Once this sculpture phase is completed, ask, "Can you describe what you see?" and "Is there anything you'd like to say to it?"

**Meeting 4**

- Start off by showing the participant their 15-minute video aggregate, making notes on their reactions to hearing themselves and to the content they shared.
- Encourage reflections from the overall research process, sculpting, and interviewing.
- Provide participants with response sculptures and rationale for what emerged.
- Encourage discussion about the two pieces together and reflecting on the way overall research processes.
- Ask clarifying questions and follow-up questions where applicable in the process and where in the conversation leads.
- Ask for final words or thoughts shared.



**APPENDIX D**

## PARTICIPANTS' REDUCED PROCESS VIDEO LINKS

Participant FM: [https://youtu.be/dOlyQ\\_SIXXM](https://youtu.be/dOlyQ_SIXXM)

Participant HC: <https://youtu.be/8NWjvJgrojU>

Participant PK: <https://youtu.be/NxhQE6xL9e0>

Participant LL: <https://youtu.be/ix3bR4AH2-Y>

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