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# Expressive reflections: Using multi-modal response art as a method of understanding and verbalization

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## Abstract

This thesis aims to provide research and data to support the use of response art for expressive therapists working in a partial hospitalization program (PHP). Research on the successful use of response art suggests that response art is a fundamental tool in non-verbal processing and containing emotions and countertransference. Group members engaged in expressive therapy session after which the therapist created response art. The process took place at a PHP for children and adolescents multiple times between October 2018 and February 2019, each time with different group members. The members ranged between 10 and 15 years of age and included various diagnoses with a commonality being they all met the level of crisis required for PHP. Results showed this method of processing group interventions to be successful with non-verbal processing and containing countertransference.

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**Introduction**

This study set out to explore the way in which expressive art therapists can use their own art making to understand the dynamics of countertransference and verbalize the process in a therapeutic relationship. By the very nature of the profession, expressive art therapists are vulnerable to non-verbal and unconscious messages which can affect the therapeutic relationship. Expressive therapists have the opportunity to open pre-verbal communication by using experiences and sensations to communicate. The use of art making by the therapists as a way of examining conscious and unconscious reactions to the therapeutic interaction could deepen our understanding of what the client is communicating in group.

Through my time at Lesley, I found myself creating art in classes to process my experiences.  However, I found there was not a definitive practice of using art to process the role of a therapist.  I found myself struggling in supervision to discuss how I was doing with my role as an intern because I wasn't able to verbalize what I was doing and how I felt being in a room leading groups. I looked to art to process my experiences as an intern, but as I started my research for this capstone I realized there is limited research on multimodal practices for therapists to process their sessions outside of art therapies response art and visual journaling. I started out with a goal to develop and term a multimodal method but quickly found myself using visual art as my main method of reflection.  Due to this reflection, the focus of this paper is not on the use of multimodal practices but rather the importance of using art forms to process sessions for therapists. This paper explores the practical use of art forms to aid in reflecting on therapy.

As an expressive art therapist I understand and appreciate the gift of using art as a form of expression and the experience of working in different artistic modalities. Expressive art therapists are inherently aware of how the art making process can be beneficial to our clients yet, we often do not take full advantage of the tools and possibilities that come with our own creative process. Expressive art therapists assist others to understand the power of using art in therapy as a means of inquiry. Why, then, is the practice of using art as a tool halted when the client leaves? This paper will explore the role of response art as a way to understand clients and personal experiences during group therapy sessions. For the purpose of this study the term art shall refer to a collective art definition including but not limited to, music, visual art, drama, dance, and poetry. This study used the therapist's art created post session as data to determine what effect creating post session art has on the therapist's ability to address countertransference, process new information, contain their emotions in response to the session, and verbalize their findings. The population for this study were children ages ten to fifteen who were participants in a partial hospitalization program which met for one hour each week. This group was open which means there were a variety of different group members over the course of the study. Each week clients were given a theme and encouraged to use various art forms to explore and process the theme from the week.

Response art as defined by Fish (2012) as "artwork created by art therapists in response to material that arises in their therapy work" (p. 138). Response art has been used in a variety of ways both during and after a therapy session. For the purpose of this research, response art was used primarily post session to explore the content of the session and allow clearer understanding of the therapist's perceptions of the material. While the term "response art" holds clear value for art therapists, there is limited research about this process within other art modalities. This study

aims to explore the use of multiple art modalities as a tool in creative arts therapies research to understand and build a framework for post session processing for expressive arts therapists.

<div align="center">**Literature**</div>

There is limited research about expressive art therapy and the process of reflection for therapists. For this reason, the literature used represents various areas separately to explore the concept of using response art in a PHP setting with children and adolescents.

***Population***

Boekamp, and Martin of Brown University child and adolescent behavior letters (2010) reports, "suicide is the third leading cause of death among adolescents and young adults ages 12 to 24" (p.1). The same study links childhood aggression as a precipitant to adolescent suicidal ideation, stating, "extremely aggressive behavior in preschool may persist into the primary school years, constituting an early starter pathway to antisocial behavior, substance abuse, and depression in adolescence and adulthood" (p.5). Working at one of the few partial hospitalization program (PHP) or children available in the state of Massachusetts and only working with a handful of children in need of services, there is an obvious frustration. Boekamp & Martin (2010) also expressed concern with a lack of services for children with severe emotional and behavioral concerns who do not respond well to outpatient supports but have limited access to other options due to lack of services for young children. For instance, a child may meet criteria for residential, inpatient, or CBAT level of care, but the parent may refuse to admit their young child to an overnight program.  Additionally, a young child being separated from their routine may add additional trauma to the child's life (Boekamp & Martin, 2010). Child trauma is currently defined in the DSM-V under post- traumatic stress disorder (PTSD), which relates to adults as well as children who are six years and older (American Psychiatric Association, 2013).

A seemingly insignificant event from an adult's point of view can be experienced as overwhelming for a child, and this can make it difficult to define trauma in children.

PHP programs offer young children with safety concerns a place to seek treatment daily while returning to their home and other intensive therapeutic services. Boekamp & Martin (2010) further explain, "most partial hospitalization programs for children place heavy emphasis on milieu therapies, which include a range of activity-based interventions provided within a highly structured and supportive therapeutic setting. These interventions are designed to promote safety, behavioral self-control, and competent functioning in daily activities" (p.6). Moon (1999) suggests "in order to work effectively and authentically with adolescents, it is imperative that an art therapist first be an artist. Art is the anchor, the heart, the taproot of the work with teenagers" (p. 78). He further states that art therapy offers a "unique gift" to milieu and group settings in regards to the art making process (Moon, 1999).

### *Response Art*

Moon (1999) goes on to discuss response art, explaining that, there are five basic uses for responsive artmaking such as; developing empathy, clarifying feelings, investigating preconscious and unconscious thoughts, discerning affect, and exploring the therapeutic relationship.

According to Wadeson (2003), the use of response art is to "ventilate our feelings and to obtain clarity about this mysterious process we call art therapy. Spontaneous responses provide insight and recognition of unconscious processes. More methodical work can function as a reflective and soothing process. Utilizing clients' themes, symbols, and styles can bring us more closely in touch with their feelings" (p.217). Even with all of the aforementioned benefits of using response art, there is still little research to show for expressive processing. Response art, a

term coined in the art therapy modality, is also represented through visual journaling.  These two

forms are the most readily available sources for expressive processing.

Gibson (2018) describes their use of visual journaling as a form of response art which

offers an opportunity to validate the personal experiences and emotions of the therapist. Deaver

and McAuliffe's study in 2009 looked at how interns could use visual journaling to identify and

process countertransference with their clients. They found that the use of visual journaling

increased the intern's insight into their cases and allowed for the interns to use their visual

journal to process how they see themselves in their clients as well as their feelings towards them.

Gibson further explains, "response art can be used in conjunction with the many other resources

that art therapists use, including supervision, consultation, study groups, and collaboration with

peers, and can serve to manage and understand therapeutic work and practice. Although the

practice of response art has long been an accepted in art therapy, the concept has not been widely

reviewed in the literature" (P. 99-100). There is a lack of literature reviewing and/or encouraging

the practice of response art for therapists, which further demonstrates the need for this study and

for further research to be conducted. Additionally, Gibson offers that the use of response art

while an incredible tool for containing and processing a session also encourages the therapist to

create and practice self-care and personal art making as a means to prepare ourselves for the

work we do as therapists. Response art is a multi-use tool that all therapists possess and can

access to deepen their therapeutic practice for themselves and the people they serve.

### *Countertransference*

Merriam Wester dictionary defines countertransference as "psychological transference

especially by a psychotherapist during the course of treatment *especially***:** the psychotherapist's

reactions to the patient's transference**:** the complex of feelings of a psychotherapist toward the

patient" (p.146). By this definition countertransference is the reaction of the therapist to the client's transference; which means that countertransference may be present in each and every therapeutic relationship. One of the main reasons to use reflection post session is to process countertransference. While the concept of countertransference is widely known it is rarely studied with children.  Gabel (1994) considers counter transference to be made up of many parts, such as "feelings, attitudes and judgments," that the therapist is unaware of (p. 113). Countertransference with a child population may manifest itself in many different ways such as becoming a "go between" for the child and parents, blurring the line between the client and therapist's childhood, anger towards the parents, and envy of the parents or a competitiveness (Gabel, 1994). Nissimov-Nahum reflects that there can be a multitude of reasons behind a therapist countertransference. For instance, "Aggressive clients may arouse substantial negative affect in the therapist. Therapists may fear that they will be personally harmed or injured by their clients. They may feel angry when clients defy them, enter into power struggles, or damage property" (p.40).  Rubin (1978) also attributes aggression in children with countertransference. He infers, "We fear the violence, as well as the vitality of children's fantasy life. Even those trained in clinical work at times have difficulty controlling their inner disgust and horror, in response to the mess and mayhem of a disturbed child's inner life" (p. 24). The behavior of client may arouse many emotions which are difficult to process and may not allow the therapist to maintain their professional distance and react in a way that is not regarding the needs of the client (p.141). Nissimov-Nahum recommends when a therapist is faced with challenging feelings they should seek out supervision to help process the interactions with their client. This study would suggest using response art in addition to the supervision and processing as a tool to deepen the understanding of the therapeutic dynamics in question.

***Non-Verbal Processing***

Van Der Kolk (2002) offers a scientific explanation of trauma in the brain in relation to information processing from a study conducted in 1996 explored the process of "reliving traumatic experiences" by using PET scans. This study discovered that the Broca's area of the brain has a decrease in activation when reliving their trauma and an increase activation in the Limbic system. When people with PTSD relive their trauma it may difficult to verbalize the experience because the Broca's area of the brain is related to language. Since the PET scan showed the right hemisphere of the brain having less activation of the Broca's area this makes it more difficult for the person to analyze what is currently happening. This information brings up the question of whether therapists who experience vicarious trauma from their experiences with their clients also experience difficulty with verbal processing. It is crucial, then, to offer modes of non-verbal processing.

Moon (1999) explains the western tradition of classifying all things including "art psychotherapy- art as therapy spectrum," as being either this or that, either- or, but offers a new both- and approach (p. 78).  Moon goes on to describe art therapy as "metaverbal" explaining that "words will often be insufficient to describe what is occurring in the work" (p. 78). It is this gap between western societies need for classification and Moon's idea that words are often not enough to classify the work being done that this study aims to explore.

How can art be used to justify the work while still providing empirical evidence for the work being done? Manders and Chiilten (2013) offer artistic inquiry as a mode of "using the arts to communicate and transform knowledge" (p. 2). This process involves making art to evoke and answer questions that arise for the therapist and clients to promote and understanding of the work by using various art forms as a lens of understanding.

**Method**

*Participants*

The method used for this project took place four times in a PHP. Participants were

children ages 10 to 15. The children were admitted into PHP level of care, which requires clients

to show symptoms and behaviors including non -life threatening safety concerns, self-injurious

behaviors, lack of impulse control, suicidal and/or homicidal ideation or attempts, and difficulty

completing daily routines. Diagnoses in PHP has a wide range including, major depressive

disorder (MDD), posttraumatic stress disorder (PTSD), unspecified anxiety disorder, behavioral

disorders, and social and developmental delays. This particular PHP program focuses on three

main therapeutic groups each day, expressive therapy, psychotherapy, and psychoeducation. The

typical stay in a PHP is 8 to 10 days which means group members are more often than not in

different points of their treatment. Due to the challenge of introducing and saying goodbye to

group members daily, the general rule is to keep a maximum of 5 children to one staff in a room

to help them process what they need and allows the staff to not repeat the same groups.

*Group Procedure*

Each week I facilitated a 60-minute expressive therapy group. This group was based on

different themes each week and I offered the participants a chance to explore this theme using a

multi modal approach. After which I took 30 minutes to create an arts response to the session

from that day. During this 30 minutes I used all art forms to work through material brought in by

clients as well as process what I brought in to the session and how it changed.

**Data**

Working in a field that is still setting up a foundation of research, it can be difficult to

use art as research when people outside the field are asking for traditional research, such as

numerical data, to dictate the effectiveness of expressive art therapy. McNiff (2011) describes this dichotomy stating,

> In the arts and therapy field, where so much effort is given to justify the work via science and psychology, art-making becomes a large shadow in accordance with Jung's sense of the inferior and undeveloped aspects of a person that are not fully understood and incorporated in to the face shown to the world. (p. 393)

The use of art as empirical data has been seen as an inferior method as most prefer the use of numbers to demonstrate if something "works" or not. The role of art in research otherwise known as arts based research has only just begun to be recognized though it is typically used in tandem with another research method. Arts based research as defined by McNiff (2011) involves direct art making as its mode of inquiry.

For each group I led, I was required by the internship site to document clients' progress during treatment using group notes. These notes allowed me to reflect on each client's response to the activity, their level of participation, and how they interacted with peers.  I was also able to assess what they took away from the group. I later used these notes to compare and contrast the similarities and differences of the groups in respect to engagement.  This aided in the decision of which groups to narrow the focus of for this paper.

***Personal Procedure***

During my exploration of response art, I worked with many clients who have different diagnoses and traumas. Each of these new perspectives allowed me to gain a deeper insight into my own processing of my experiences with unique clients. At the end of each work day, after running the expressive art therapy group, I would sit at my table with my art sketch book, oil pastels, water colors, and markers. I would set a timer for 45 minutes and create my response art

to the expressive therapy group I had run that day. I would create an image on one side of the paper and then do a free write on the back of the page. This could include more processing of the group session or processing my response art. Once the response art was complete, I would place the sketchbook in the top drawer of my desk and leave it there until my next response entry. I reviewed the journal with my supervisor, who helped me to see the emerging themes and similarities between the responses.

The process for tracking my progress included weekly art making, followed by journaling, as well as reflection on the art pieces and a log of which art forms are used. I also documented each session in terms of activity and group members attended. Each week I reviewed the previous art and wrote down any themes that I found present. I then put the themes into a word cloud and discovered which themes were most prevalent throughout the process.

## Results

While the main focus of this paper is to analyze the therapist's process, it is important to also understand the group process that inspired each of the therapist's art reflections. The expressive therapy groups were completed throughout November and December 2018. The group was led by myself for groups ranging in size between two and seven participants. The facilitator utilized three different expressive art therapy directives. The participants in each group were ten to fifteen-year-old boys and girls in crisis who had been admitted to a partial hospital program. The participants engaged in daily group therapy as part of their treatment which included an hour of facilitated group expressive art therapy.

While working with children in a partial hospital program with expressive art therapy interventions, resistance played a big role. Clients felt anxious about the process of creating when they believed they were not an artist, musician, or dancer.

**Group #1**

*Group description*

The first group of participants was comprised of three boys and four girls ages 12-15 years old. I

asked the clients to depict what anxiety would look like if they could externalize it. I gave clients

paper and tape to create a sculpture of their anxiety. I also asked the clients to notice any

frustration or anxiety that arose throughout the process of building.  They were asked to write

down what was happening and then continue creating. This process was intended to be a

nonverbal introspective look at externalizing anxiety. However, it turned into a verbal sharing of

dislike for the activity and treatment in general. The clients discussed being upset about our

confidentiality policy which states that clients are not allowed to share any contact information.

The clients stated they did not understand why they could not talk with people that understand

what they are going through. This particular group of clients had previously expressed their

frustration with the rules two days prior to this group, resulting in the intern overseeing the group

to call in the support of the site administrator. The clients reacted as a group, discussing what

they can and cannot control.  They reported dislike the rules of the program and they felt they did

not have control over their treatment. The clients repeated their plight during this intervention,

stating asking them to focus on anxiety "does not help". They also felt that they were not allowed

to laugh, have fun, or make friends and expressed they felt as though none of the staff listened to

them.  I opened the group to a discussion offering the clients a place to share and discuss what

was on their minds while also trying to bring the group back to the directive. While the group

had been voicing their frustration throughout, the escalation began after the group was asked to

create one sculpture using all of their sculptures. The clients left me feeling confused because

they had worked calmly while making their own art, but expressed unhappiness with the idea of

making a piece of art as a group when they seemed to be a closely knit group. After many

attempts to bring the group back to the activity and process what was happening, I brought in

another clinician for support. The group had begun to get loud and talk over each other and were

not able to be redirected. It was at this point that the topic turned from anxiety to very pointed

critique of my group facilitation. I felt attacked by the clients and inadequate as a therapist that I

was unable to control the room on my own. The clients repeated that no one listened to them and

after being provided a space to discuss their complaints, the clients declined to discuss anything

other than their frustration. They were unable to identify anything that would help them move on

to the next group. It was then that the program director was brought in and I was removed from

the group. I left the room feeling as if I had been swept up in a tornado and just landed back on

the group and expected to continue as if it were a typical day.

*Personal Reflection*

I decided to do some painting when I got home that night and realized during my process

that I was reflecting on my group from the day. I was working on a reflection to gain some

clarity and process the chaos I felt inside of myself during this group. In my reflection, I worked

through my own countertransference and fear of leading a group with these clients again, as I

was scheduled to see them all the following day. I used both visual art and a free write to explore

my own resistance to working with these clients. I also explored the concept of control. I felt as

if the clients and I were battling to be heard and understand each other. The group was

attempting to have control in their treatment and I was trying to contain their frustration and

create a therapeutic space. I had to work through my own self-doubt and idea of success after

being with this group. I had begun to internalize their comments and believe I was an inadequate

therapist for needing help to "control" the room (See Image 1).

**Group #2**

*Group Description*

The second group took place with two participants one 10-year-old boy and one 12-year-old girl. I ran this group after being asked by another staff to run this particular group to attempt to regulate one of the clients. This was a group I had never run before and was given a brief two-minute description of the basics of the group and then walked into the room of two dysregulated kids with paint, box tops, marbles, and hope. I began the group by asking the clients to walk through the room walking as if they were sad, excited, etc., and quickly saw that the clients were unable to be in their bodies, so I moved on to explain marble painting. For this group I explained that the clients could chose a paint color and an emotion. Then continued that they would move the marble through the paint as if feeling different emotions. As the group continued, I witnessed the clients focus solely on their art and were moving in different ways depending on the emotion. For example, when one client chose tired, so they sat down on a chair and slouched over slowly tipping the box back and forth before exclaiming that they were finished. I also noticed that the clients were able to identify the differences between their art even when the same colors were used which made me think they were paying close attention to the movement involved in their art process. I witnessed the clients trying to control the marbles to go through certain places which required immense focus. I was in awe watching the clients regulate themselves through art I could not believe what I was seeing. I was confused about what had happened and hopeful that I would figure out what magic spell I had cast so I could repeat it in the future.

*Personal Reflection*

I set out on this art reflection to process what had happened to regulate the group. In my reflection of this group I found myself using a lot of energy and focus, which mirrored what I

witnessed in group (See Image 2). I realized I was working with a similar vigor and intent. I found myself trying to find more control of my materials that were meant to be less controlled. I was able to empathize with the clients and better understand their process. I was able to see how my confusion was dissipating and clarity was coming through as I moved the materials and channeled my own energy into my process.  I felt that my body had exerted a lot of energy. Although most of the movement had been in my hands, I felt completely worn out by the end. I felt relaxed and content at the end of the process and realized that it was the art process that was important it was not any defining thing that I had done, other than bring in art.

**Group #3**

*Group Description*

The third group was comprised of three girls and two boys ages 12-13. During this group I asked the clients to create a CD album that had a song list for important events in their lives. The clients began by creating a time line of five events in their life. The clients brainstormed together and decided on birth, toddler, kindergarten, elementary school, and now as the five events on their timeline.  The clients began to work on their albums by discussing songs with one another from their past. Finding a song for birth proved to be the most difficult as most clients said they didn't listen to music as a baby or they couldn't remember a song they listened to. The clients processed as a group trying to think of music that their parents listened to or music that was in the house growing up. As the clients continued to work, I became aware that one client was not participating in the conversation with peers but was able to process one song choice with me apart from the group.  The client had asked me for a suggestion of a sad song for this event and we talked about how memories can have a sad song, but it could also be a song that reminds you a positive memory during that time. I was curious about what this event might be, but the

client had not shared this in group, so I did my best to allow the client the space to share this information on their own. The client went back to working and about five minutes later declared they found the perfect song. This same client chose to share last in group which offered only about five minutes to process their work, during which time the client shared their personal trauma and feelings related to the trauma including happier memories and how the songs they chose helped them identify what they were going through at the time. I thanked the client for sharing and apologized that we did not have more time to discuss as group was ending. I left group to lead another group in a different room but couldn't shake the unfinished feeling of the group I had just left.

*Personal Reflection*

Reflecting on this group, I felt upset that I had let the client down by not realizing that they had more to share. I also felt a sense of joy that this client was able to share and they were taking steps towards growth. Hearing about the client's trauma left me feeling hurt and helpless. I found myself using watercolor in my reflection with bright opaque colors (See Image 3). I processed my countertransference with the client which I was previously aware of. I, too, had a loss and was feeling overwhelmed by being brought back to this memory in an unconscious way through my client's sharing of their own trauma. I yearned to help them make sense of it all, as I wish I could have done in my past. I realized that I was bringing in my own agenda and the timing of the group ending allowed me to check myself and my intentions and not impose my own thoughts on my client. As I worked through this using bright colors that feel like fire but demonstrate the growth happening even with a fire trying to destroy it I worked with my own past to separate myself from the client and was able to clearly discuss with my supervisor what the unfinished feeling turned out to be, and was able to ask for the support I needed.

**Group #4**

*Group Description*

  The fourth group intervention was a repeat of the marble painting with four different

clients, two girls and two boys, ranging in age from 9-12. This particular group included two

other staff members who were observing me while I lead the group, which added a different

dynamic of having three staff for four clients, and an added pressure of running a group while

being watched. The group began again with moving through the room as if different things were

happening. The clients walked through the space like they had just gotten a new puppy and like

they were walking through mud. The clients paid great attention to detail asking questions about

each situation such as how high is the mud and moved accordingly. The clients were then asked

to brainstorm situations and emotions that they would then be using to marble paint. One client

declined to participate and was non-verbal during group responding with head nods or eye

contact to signal they did not wish to participate.  I immediately felt disappointed and inadequate

that I was unable to engage the client. I felt that the other staff would judge how I handled the

situation. The other three clients were very unique in their approach, each working in their own

way with the paint and marble. There was one client who chose two colors each time and

focused on the movement of the marble to demonstrate the situation. Another client changed the

amount of paint used to show how much energy was in the situation, and the last client was

unable to determine their reasoning for how they painted.  During discussion, all the group

members shared how control was a big factor in how they created each piece. There was control

of which colors they chose, control over how they moved their bodies, and control over what

situations they chose. There was a long conversation about the difference in control between

being out of control and feeling excited and how even though the marble moved similarly, it was a different feeling because they had painted while feeling excited.

*Personal Reflection*

In my reflection of this group I found myself creating an image motif for each of the four clients that participated in group (See Image 4). During this process I reflected on how it felt to witness them and process with them in group. I found myself moving through different energy levels with each client. I realized why I left group feeling so drained and I believe it was due to having to constantly change my energy for each client and perform for the people that were observing me. I found myself feeling proud of the group and myself for the insight that had been shared in group as well.

**Discussion**

**Common Themes**

Two main themes arose as I created my reflection art. Those two themes being resistance and control. I found myself trying to match the level of control or understand why the clients felt lack of control, which was reflected in my own art work by choosing art materials such as water colors or oil pastels. These materials lessen the control while adding sharpie for crisp lines. I found myself playing with the concept of control for myself leading groups as well. How much control do I have versus how much do I feel like I have; and what do I make sure I have control of versus what am I willing to lessen my own control over?

Working in a PHP setting with new clients and being introduced daily to the group I would be working with, there was a lot of resistance to work through for the clients and myself. Clients were unfamiliar with the other PHP clients and not always comfortable with the expressive arts. Due to working with clients for short periods of time I felt it was important to

have a system for monitoring my personal resistance of the facilitator in each group and how it

appeared with each group. Resistance was to be expected, from the clients, which is a reason

reflection art was brought in as a means to process.  Resistance also came in a couple different

forms throughout this process. I faced resistance from clients to participate and my own

resistance to work with certain clients. McNiff (2007) explains that "the resistance that people

feel when invited to spontaneously express themselves in front of others can actually approach

the experience of terror...[because] resistance is often tied to memories of painful and vulnerable

experiences, so I do my best to protect people when they enter these sensitive areas" (pp.395-

396). He also discusses how artists are able to enact their conflicts and resistance is by playing

out the experience through art, this process allows the artist to have a tangible way of working

through the process (McNiff, 2007). I found myself working through my own

countertransference in my art and allowing myself to process the information I internalized

during my groups. My art making process allowed for an externalization of my negative and

confused thoughts into a creation. I found a short poem I created that represents this process,

> "Yelling at any part of you that wants to live and anyone trying to help only adds noise to
>
> the chaos that is life. When silence can hold power and reflection. I'm not leaving. I will
>
> still care after you hurt me."

I found this theme to keep repeating in my reflections. I used my art as a kind of thick skin that

allowed me to take on more than my body was typically willing to hold, but through my art I

could make sense of the mountains of information and reminded myself and the clients I worked

with that I have a thick skin and they could be mad at me or refuse to participate, but I would still

be there waiting to work with them and process what is happening. I am not running away. The

clients helped me to create in a way that was new and exploratory and "helped me to paint in

more authentic and imaginative ways. I developed my style of expression with them and began

to paint figures in a more kinetic and expressionistic manner in response to their influences"

(McNiff, 2000, p. 46). I learned to become okay with enjoying my art aesthetically not because

the colors were beautiful but because what I created portrayed an experience that I am able to

share with others.

**Discoveries**

As an expressive therapist I realize that words are not always my first modality to process

a situation. McNiff (2014) reminds us that "artistic evidence is significantly shaped by modes of

presentation. Where science is committed to the most direct, logical and impersonal presentation

of essential facts, the impact of the arts is determined by how a script, song, or other source is

presented. The expression, rather than descriptions of fact, is the empirical evidence" (p.257).

Due to these facts I decided it would be important to reflect and process my group therapy

sessions using art. I chose a method in which I felt would best present me findings and ideas. I

found this to be a helpful method to develop my own thoughts and feelings about each session so

that I could later verbalize what I experienced.

The method of this intervention changed as the research evolved. Originally it was my

intention to use multiple modalities to respond to the sessions, but this changed as the reflections

felt more natural using a visual arts foundation for the reflections to mirror the clients'

interventions. The method developed into more of a focus on the process of reflection instead of

the method in which the reflection was being completed. By this I mean I was able to create art

and have the focus be on the process of creation which allowed me freedom to move between

media if I chose and was not stuck in one medium or expression. I allowed myself an open space

to examine my thoughts and was able to use the art process as the leader of the session while my

thoughts guided me towards what I created. This method also challenges the standard mode of

research and opts for an arts based approach. The expressive art therapy field is in need of more

research to better understand the benefits and effects of art, however our method often doesn't

line up with the criteria most people want. "The difficulty lies in the increasingly evident folly of

assuming that research evidence is limited to science and the insistence on enforcing a hegemony

of values that requires reducing every form of human enquiry to it. History underscores how art

and science are complementary processes and suggests that certain questions and problems are

more effectively addressed in one or the other" (McNiff, 2014 p. 256). This method of reflection

is an important piece for all therapists. While this paper encourages therapists to explore their

own art process to help explore their work, an additional finding of this research was the lack of

literature to support the expressive arts therapy process. As McNiff (2014) mentioned, there is a

struggle within the field to either produce the research that appeases the conventional research

standards or change the system and prove ourselves through our own medium. He goes on to

discuss the irony of art therapy to ask for and use conventional scientific research as evidence

rather than to use artistic evidence as a way to advance the field. He offers that the disconnect in

the research process may be due to the systems in place where art therapists are employed, which

are oriented to studies completed in a scientific evidential way. However, the people that decide

to go into the field of therapy are influenced by personal accounts rather than number and charts.

While the personal accounts are valued by those in the field it is not enough to change the

systems in which these people are employed to allow room for an arts based approach to

research. It is a challenging process when expressive therapies promote themselves as a practice

which proves that words are not always enough but then encourages therapists to create research

and find the words to explain the art therapy process. Either way it is important for the therapists

to be constantly monitoring their work and what better way to achieve this than going back to our roots of art.

**Future implications and limitations**

The limitations for this method are the limited sample size as well as the clients being different for each group. The group using multiple interventions limits the reliability. This method is also subjective to the therapist. It is impossible to state that you completely understand yourself because humans are constantly changing and learning. If a therapist were to process the same information today and in five years they may find very different information emerging due to a myriad of reasons, such as learning new therapeutic techniques, experience, and personal growth. Also, each therapist may not be as comfortable using art to process sessions which may make this method challenging for some.

This study found that the creation of response art was an effective tool for expressive therapists working in a partial hospital program with children and adolescents. This study also found that response art is beneficial for non- verbal processing as well as containing emotions and processing countertransference.  The lack of literature for a multi modal approach offers and opportunity in the field for further development. Future research might explore the relationship between the modality chosen for reflection. If this method were used with an outpatient population the therapists would be able to review the art from week to week and expand on the themes brought in by their client which may be helpful in assessing process and progress in treatment. This method may also be useful in in home therapy settings or family therapy in which there are multiple client's information to process. This method may be helpful to identify what information belongs to whom throughout the process. Therapists can create an aesthetic

image to represent their experience as McNiff (2000) states, "the pictures are aesthetic medicine

for my soul" (p. 47).

# Appendix



**Image 1**



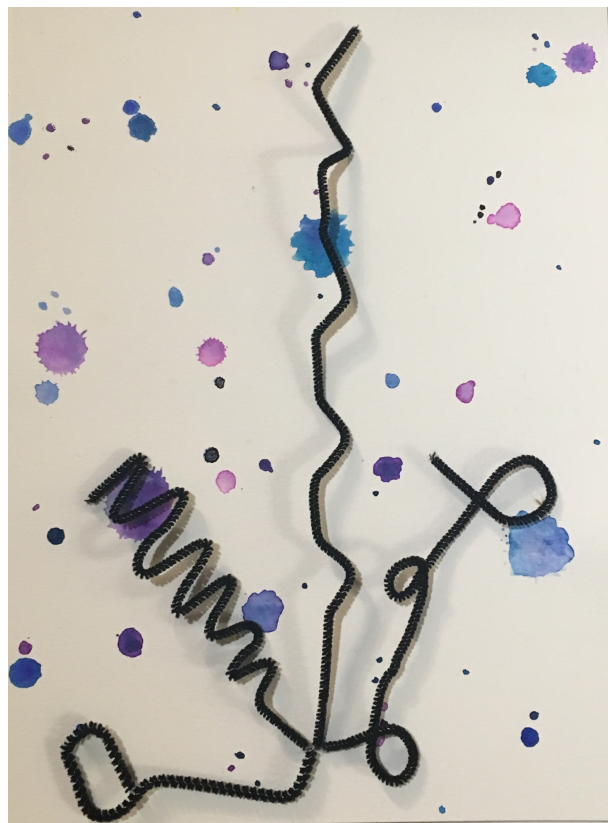**Image 2**

**Image 3**



**Image 4**

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    ed.). Arlington, VA: American Psychiatric Publishing.

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***THESIS APPROVAL FORM***

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**Graduate School of Arts & Social Sciences**
**Expressive Therapies Division**
**Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

**Student's Name: _____**Brayden Kendziora **_____**

**Type of Project: Thesis**

**Title: _____** Expressive reflections: Using multi-modal response art as a method of understanding and verbalization

**Date of Graduation: _____May, 2019_____**
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:_____Raquel Stephenson_____ _____**