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# Exploring Ranges, Tensions, and Potential Integrations: Editorial Notes for JCAT's 3rd Edition

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## Exploring Ranges, Tensions, and Potential Integrations:

### Editorial Notes for *JCAT*'s 3<sup>rd</sup> Edition

This third edition of the *Journal of Clinical Art Therapy* (JCAT) celebrates the vitality of art therapy as a modality and showcases magnificent breadth of art therapy inquiries. The first paper, written by Bat Or and Megides (2016) is in many ways a traditional art therapy inquiry. The paper explores the use of art making with found objects (readymade, a term coming from the fine arts) through case illustrations in thoughtful, psychoanalytic frame (Bat Or & Megides, 2016), and does so with a deep appreciation for the possibilities of artistic and clinical discovery. Second, through in-depth interviews of art therapists and a sex therapist, Jillien Kahn (2016) discusses the possibilities and challenges of integrating both disciplines. She is also the artist of this edition's cover page, depicting a heart, which represents the integration of love, intimacy, and life. Third, Rafferty and Parcell (2016) explore the verbal conversations that occur during art therapy treatment for pediatric chronic clients and their families. As researchers coming from family communication studies, they apply relational dialectic theory (RDT), inviting us to expand what we pay attention to and how (Rafferty & Parcell, 2016). They explore art therapy by moving beyond the art process and product, and systematically investigating the conversations around those engagements. Finally, Kaimal, Rattigan, Miller, and Haddy (2016) provide an overview of national trends in visual art-making and art sharing using digital media, based on the 2012 Survey of Public Participation in the Arts administered by the National Endowment for the Arts. Their methodology serves to remind us that as a field we can learn not only from our own inherent tools (as in the first paper) or tools developed by related fields (as in the third paper), but by building upon relevant findings from related fields (e.g., National Endowment for the Arts, 2013). This fourth paper by Kaimal et al. (2016) also connects the

beginning considerations about the digital age and media use in art therapy (e.g., Asawa, 2009; Belkofer & McNutt, 2011; Choe, 2014; Peterson, 2010; Potash, 2011) and linking those to the findings from a large and well stratified survey.

The authors of this edition of JCAT are a diverse group: affiliated with different art therapy programs in the United States and internationally, or researchers whose discipline (RDT) provided tools to explore our work as art therapists from a different perspective. The foci of the research – exploring the uses of readymade in art therapy, integrating treatment of sexual issues into art therapy, working with chronically ill children, and paying attention to digital media trends around art making and art sharing – all expand our current body of art therapy knowledge in profound ways.

Beyond being expansive, relevant, and unique contributions to our field, the four papers raise important epistemological questions. For example, the Bat Or and Megides' (2016) paper invites us as art therapists to consider the potential of a more solid integration of aesthetic, symbolic, and expressive engagement grounded in the art world's approach with our responses to traditional clinical foci such as treatment of trauma. It challenges us to integrate more actively psychodynamic frames with art making in its fullness, transcending the use of art in therapy as image making to ground verbal communication.

Considering the richness of what art can offer, and recognizing that is not always possible, I wonder how we strike that balance with our own clients. What stands in our way of offering the richest creative experience? Do we see ourselves as much as artists as we see ourselves as clinicians? Do we let go of the centrality of the art due to the setting in which we work or due to therapeutic standards of treatment or clinicification of our profession which sway us to see art as one modality, one type of intervention of many to choose from?

Jillien Kahn's (2016) paper raises similar questions about why sexual issues are not addressed more regularly or fully in art therapy. She considers possible hesitations for integrating art making in exploring sexuality, and interestingly some hesitations seem to come from the therapists while others from clients' expectations. This raises questions about how as a profession we prepare to address issues that are commonly not talked about, often emotionally charged (shame, guilt), and where societal, political, and religious pressure are major players. In some ways, these would be all the reasons to see art therapy as the modality of choice, or at least one of the most commonly used therapeutic interventions, no? However, that is far from the case. Do we, as art therapists, feel ill prepared to intervene with sexual issues? Are our own sensitivities and hesitations around sexuality holding us back? How can we, as Kahn is offering here, integrate what we do know and provide, as art therapists, with knowledge and interventions from fields such as sex therapy?

Which professional bridges need to be fortified in building effective interventions is a question that is also raised differently in Rafferty and Parcell (2016). The illustration of art therapy in a pediatric setting raises inherent systemic considerations of what is necessary to work within a medical setting, and how art making and its products can best facilitate post-traumatic growth (Beebe, Gelfand, & Bender, 2010; Parisian, 2015). The findings of this paper illustrate how art-making can serve as a way for families to tell stories *through* art, tell stories *about* art, and tell stories *while engaged in* art-making (Harter, Quinlan, & Ruhl, 2013). Finally, Rafferty and Parcell's (2016) research confronts us with profound existential questions regarding our roles as art therapists, represented here as the three tensions which emerged from the findings: understanding the impossible tension between wanting to maintain normalcy and proportional responses (keeping an eye on one's life outside the hospital) while also attending to the severity

and pull of managing emergency here and now (being in the hospital); needing, yet struggling, with both certainty and uncertainty in life; and striving for privacy and protection while also seeking expression and connection to others.

In other words, Rafferty and Parcell's (2016) paper challenges us to think about how we are exploring those in therapy, and how we increase our expertise of attending to the conversations that take place around the creative fireplace we provide. Do we need to learn more from disciplines such as communications about ways that people converse, moving away again from clinical models' dialogue charts? How do we responsibly facilitate, beyond the art making and individual responses to the art, the meaning making through verbal exchange? A big take away from this paper might be a reminder that being an art therapist includes being a verbal therapist, considering how we use language switching (Morrell, 2011) as we consciously shift our attention between art based and verbal communication, threading those as places of connection and meaning making.

Finally, how might we as art therapists keep up with current uses of art? How much are we holding on to how we were trained, and what uses of art making are comfortable for us? Are we truly considering a plethora of creative mediums in our practice? Where does awareness to cultural and generational biases support us in challenging our clients effectively, and where could we be more attuned? When is awareness not effective enough? These questions and others related to prominent art therapy theories of media use, for example, the expressive therapies continuum (ETC) model (Lusebrink, 2010) might need to come to the forefront of our field in lieu of Kaimal et al.'s (2016) paper. May this edition continue to challenge us to expand our collaborations with other fields and to challenge ourselves as clinicians to systematically explore our work through looking at case illustration, interviewing experts, paying attention to

conversations, and being informed by relevant large surveys.

If the reader of this journal were to take a couple of things with her, may it be the methodological range of engaging in solid art therapy research, the worthy topics and populations which art therapy can serve to promote, and how compelling every story, case, or cause is when art brings voice to it.

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