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## The Role of the Art Therapist: A Multi-Faceted Approach

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THE ROLE OF THE ART THERAPIST: A MULTI-FACETED APPROACH

By

Lauren E. Peña

A research paper presented to the

FACULTY OF THE DEPARTMENT OF  
MARITAL AND FAMILY THERAPY  
LOYOLA MARYMOUNT UNIVERSITY

In partial fulfillment of the  
requirements for the degree  
MASTER OF ARTS

May 2016



**SIGNATURE PAGE**

Author's Signature

A handwritten signature in cursive script that reads "Lauren E. Peña". The letters are fluid and connected, with a prominent loop at the end of the last name.

Lauren E. Peña, MA Candidate, Art Therapy and MFT Trainee

Research Advisor's Signature

A handwritten signature in cursive script that reads "Jessica Bianchi". The signature is written in a fluid, connected cursive style with a large initial 'J'.

Jessica Bianchi, Art Therapist, Ed.D., ATR. MFT-I

## **DEDICATION**

This project is dedicated to my research mentor and source of much inspiration, Jessica Bianchi, who has been instrumental in shaping the type of art therapist I hope to be.

## **ACKNOWLEDGMENTS**

I am genuinely grateful to the art therapists who whole-heartedly contributed to this project as well as the abundant support received from Debra Linesch and our research cluster. Furthermore, I acknowledge and thank the Hoopa Valley community, who, for a window of time let us into their lives to make art with them.

## ABSTRACT

This research explores the role of the art therapist in a nonclinical setting. The research dissects the experiences of nine art therapists who participated in an artist residency that was informed by art therapy but was not clinically based. The spectrum of literature reviewed focused on the professional identity of art therapists and therapists as well as social action art therapy and working with Native American cultures. A qualitative approach was utilized through the conduction of a focus group along with four individual interviews, which were both enhanced by a parallel art making process. Analysis of the data resulted in four significant themes: illuminating strengths and activating existing resources, containment, chaos, and finding hope amidst inadequacy. The findings were triangulated with the art therapy literature reviewed on the identity of the art therapist as well as leading art therapists' visions for the field's future. The research accentuates the complexity and significance of art therapists participating culturally informed, with underserved communities and redefining their role in order to carry out that purpose. In sum, the research offers insight into how art therapists can creatively and with great sensitivity, "meet clients where they are at".

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## INTRODUCTION

### The Study Topic

The purpose of this study was to illuminate the role perceptions and experiences of nine art therapists, including that of the researcher, who participated in an artist residency program developed in collaboration with Turnaround Arts, California. Turnaround Arts is a national arts education initiative that uses arts based education to create opportunities that promote student achievement. The artist residency program was developed in support of this mission and designed a curriculum unique to the culture of this community. This particular project focuses on the culture of Hoopa Valley Tribe in northern California. As a result, the art therapists did not practice clinically, but rather created culturally responsive interactions *informed* by art therapy in a nonclinical setting. The researcher developed a focus group which was structured by art making and questions that emerged from the artist residency program: 1) How did your professional and academic training inform your role? 2) What was the most challenging aspect of your experience and how did you navigate it? 3) How would you describe your role in your smaller classroom group? 4) Did that role differ from day to day? If so, how? 5) How would you describe your role within the artist residency program as a whole? Four individual interviews were conducted in an effort to more extensively examine the art therapists' understanding of their roles.

The hope of the artist residency was to empower the students and Hoopa Valley Community through a three-day art making process. The project stemmed from the needs of the school community, and was built with those needs in mind. The unique opportunity

for both experienced professional art therapists and art therapists beginning their professional development intrigued the researcher both because of her role as a budding art therapist and because of the potential for future community driven opportunities for art therapists. The researcher's experience with straddling the role of artist and art educator in a graduate program, preparing students for dual licensure as a Marriage and Family Therapist and an Art Therapist exposed the complexities and nuances layered in the researcher's professional development. With academic training specifically preparing the researcher for training as a clinical art therapist, the researcher was fascinated by the simultaneous experience of working on a project informed by clinical art therapy but executed non-clinically, with mindfulness toward the community's culture. With ambiguity so deeply rooted in the field, the researcher questioned how the art therapists participating in the artist residency would experience and understand their role. The curiosity and anticipation of what this role would manifest itself to be motivated the researcher to develop research that revealed multiple art therapists' perspectives on what the actual role of the art therapist is in a cultural environment, specifically the Hoopa Valley Tribe. Furthermore, with leading art therapists calling for change in the field of art therapy, the researcher wondered if the artist residency would be an answer to their request.

### **Significance of Study**

Although the field of art therapy has an abundance of research dedicated to the identity of the art therapist, this study was warranted because there was little research that focused specifically on how the art therapist redefines her role to meet the needs of the

culture she is serving, specifically with cultures that may be resistant to traditional techniques. Specific art therapists (Alvarez 2009 & Golub 2005) began to discuss the need for changes that shift from sole traditional approaches to art therapy as well as social action art therapy. However, there was limited research on the reflective perceptions of the art therapists working in nonclinical settings *informed* by art therapy in a culturally responsive way. Furthermore, identifying distinctions between such roles may maximize culturally responsive efforts and increase the choices and thus options for communities in need.

The interest in this research topic developed out of my clinical and nonclinical experience during my academic training. Working in my first practicum at Dolores Mission School, I found myself reaching for direction regarding my therapeutic role within a Catholic School setting. Adjusting my role from therapist to a mentor in the Summer Arts Workshop with some of the same students I had worked with at Dolores Mission School, I became aware of my role ambiguity. Additionally, I started to notice my increasing interest in participating in projects that are *informed* by art therapy but do not fit the current standard definition of art therapy. It became apparent that art therapists were tip toeing around the clinical strings of art therapy and innovatively cultivating culturally specific endeavors to serve diverse communities. Examining multiple art therapists' perspectives on their role in a non-clinical culturally specific setting is relevant to the future landscape of the field of art therapy. It is predicted that the research will produce rich insight into the art therapist's evaluation of her role within the culture of the Hoopa Valley Elementary School. Furthermore, the research may offer significance in the community driven climate that is influencing mental health and shed light on how



clinically informed professionals can provide support that is culturally specific to empower and give voice to underserved communities.

## **BACKGROUND OF THE STUDY TOPIC**

The discussion of art therapy as a profession has been saturated by the historical argument of art psychotherapy vs. art as therapy. In an effort to define and validate the profession within community mental health, through research, art therapists have demonstrated the impact of visual art making coupled with the therapeutic relationship on the physical, mental and emotional wellbeing of children, adolescents, and adults. As art therapists continue to pursue work with marginal communities, the crux of what constitutes a therapist, an art therapist, frequently surfaces as professionals strive to serve diverse populations through culturally sensitive lenses.

Art therapist Harriet Wadeson (2002) offers her perspective on the problems related to the historical polarization within the field of art therapy. Wadeson (2002) suggests that art therapy must be more adaptable to attune to the range of populations that art therapists are serving.

Pat Allen (2002) scrutinizes the limitations attached to what she refers to as clinified art therapy, highlighting the isolation that art therapists are subject to, professionally speaking, working alongside community mental health workers. Allen (2002) proposes that the art therapists' role is jeopardized by this isolation because the art therapist is apt to adjust her role to meet the professional climate therein and consequently the art therapist's work with clients may start to become more aligned with the work of a counselor or social worker.

The conversation about the professional direction of the art therapist has manifested by way of social action art therapy. Junge in Alvarez et al. (2009) examine

the systemic problems and the absence of therapists working within the community and society. Junge in Alvarez et al. (2009) call for a shift from serving clients individually toward community centered action. Junge in Alvarez et al. (2009) question the role of the art therapist asking, “As art therapists are we too often helping people adjust to a destructive society?” (p.109).

The predominant theme conveyed by authors emphasized the need for reexamination of the art therapist and emphasized the challenge of trying to define the complexities of the art therapist’s role.

## LITERATURE REVIEW

### *Introduction*

This literature review presents a comparison of the spectrum of traditional and nontraditional roles and expectations of psychotherapists and art therapists in our culture. From this broad lens, the review begins to focus on the roles of psychotherapist and art therapists working with Native American/American Indian cultures and examines how those roles change in order to meet the needs of the client. The terms Native American and American Indian are used interchangeably with regard to each author's respective use of term, which is hoped to be specific and sensitive to how the groups presented identify themselves. The third component of this review investigates literature on social action art therapy and community driven therapy in an effort to explore less traditional avenues for how therapists might ethically cultivate change cross-culturally.

### *General Literature*

Literature specific to the role or identity of the psychotherapist is limited. Unlike the abundant literature of the art therapy literature addressing the role of the art therapist, the general literature yields little research on the role of the psychotherapist without being swallowed in a discussion about how the impact of personal experiences inform their professional role. Role ambiguity did surface in particular cultural contexts, which although highly informative, presents limited information on the profession as a whole.

Written twenty years ago, Simmons and Doherty (1995) noticed the dearth of research that defines marriage and family therapists. Therefore, in an effort to contribute to this deficit, the authors conducted a survey to marriage and family therapists from Minnesota to research the clinical practice patterns within the profession (Simmons and

Doherty, 1995). Unable to build off of substantial prior research, the research questions are driven by fundamental questions; how do marriage and family therapists practice, what is the relationship among length of treatment and presenting problem(s) and what is the relationship between academic training and the practice patterns of marriage and family therapists (Simmons and Doherty, 1995). The authors randomly sampled 100 clinicians from Minnesota with a two-part questionnaire (Simmons and Doherty, 1995). The research is preliminary and at best seems to serve mainly logistical and identification purposes. Indeed the article's title boasts that it defines marriage and family therapists and their role. While an informative validation for the profession of marriage and family therapy, the article might be more appropriately titled, "Identifying who we are and what we do".

Searching through the general literature to find research more pertinent to the role of the psychotherapist produced a current article written by Norton and Soloski (2015), who collaborated on research specifically focused on the three professional role identities that U.S. Army MFT chaplains negotiate within military culture. Prior research had been limited to the roles of chaplains and therefore, authors Norton and Soloski (2015), conducted an informative examination of the challenges presented to U.S. Army MFT chaplains addressing five main areas: rank, confidentiality and privileged communications, integrating multiple identities, counter transference, and language. To address these listed challenges, the article offers five feminist concepts that may be integrated into each of the areas: power inequities, cultural diversity, gender and attention to emotion and socialization (Norton & Soloski 2015). Indeed, this article presents a fascinating example of how the psychotherapist must scrutinize her professional role to

meet the needs of clients within the context of a specific culture. Offering only a military perspective, the article reveals a weakness, which is further limited by its inclusion of research from one Army installation, again drawing attention to the need for more research and dialogue. Furthermore, the article only addresses the role of the U.S. Army MFT chaplain with the soldier and neglects to include soldiers' family members and would have been augmented with case studies or testimonials.

*Art Therapy Literature: Considerations of the Field*

In contrast to the limited research on professional role definition of the psychotherapist, the art therapy literature generated several articles. Art therapists Potash and Ramirez (2013) collaborated to examine the impact that Ramirez' professional contributions have had on the evolution of the art therapy profession. The article recounts the historical achievements of Ramirez in the establishment of AATA as well as his administrative roles in educational settings, which allowed him to integrate and practice art therapy (Potash & Ramirez, 2013). By shedding light on the achievements of Ramirez as an art therapist, artist, educator, counselor, administrator and grant writer, the authors, ... "invite today's art therapists to broaden their views, embrace difference and inclusivity, and reconsider roles and practices that define the field (Potash & Ramirez 2013, p, 169). The article offers a refreshing perspective on the breadth of the art therapy profession and it is not difficult for the reader to get swept up in the passion Ramirez brings to his work especially in regards to his work with special education and the Arts Mobile Project (Potash & Ramirez, 2013). Although the article focuses on a single art therapist's career, it thoughtfully contributes to the dialogue about the scope of the art therapy profession and the possibilities beyond professional boundaries.

Art therapist Pat Allen (2002) contributes to the conversation about the role of the art therapist by scrutinizing the limitations of clinified art therapy. Allen (2002) voices concern for the art therapists who receive academic training with other art therapists and who then upon graduating, launch into job placements where they are the lone art therapists. Allen (2002) emphasizes the effects on the art therapist's role, when an art therapist finds herself working among clinicians and a part of a work environment structured with additional training and information directed toward clinicians. Allen (2002) suggests that the art therapist tends to become clinified and that the art therapist's work with clients may start to look like the work of a counselor or social worker using art with clients. Like Potash and Ramirez, Allen challenges what has evolved to be the role of the clinical art therapist. However, Allen's (2002) article critically examines the role of art in the role of being an art therapist and supports her argument with several proposals for how the art therapist might integrate art into his or her job placement. Allen's most intriguing proposal to redefine the role of the art therapist, considers the art therapist, staff, and the client; Allen describes the use of the artist-in-residence at her graduate student's site as an opportunity that ... "creates a bridge to and from her core self to her role as therapist. She recognizes that her artist identity is an asset to her art therapy work and it would be a waste not to utilize it in her job." (Allen, 2002, p. 26). Again, Allen's article only offers her perspective but is an interesting contribution to the conversation about the role of the art therapist particularly because her argument leads with *art* and recaptures how invaluable this tool is and how it must be integrated into the role of the art therapist.

Harriet Wadeson (2002) also examines the profession of art therapy and hypothesizes that art therapy manifests in ways beyond the lens of either psychoanalytic or art as therapy. Considering her experience over time with several art therapists, Wadeson (2002) boldly offers her perspective, suggesting that the actual practicing of art therapy by the art therapist does not fit into the controversial polarization of art psychotherapy vs. art as therapy or clinical vs. studio approaches. Wadeson proposes that, “The reality of art therapy, even as practiced by neophytes, is that at its best it is a flexible medium that can be readily adapted or recreated in situations according to the needs and abilities of its clientele (Wadeson, 2002, p. 78). This perspective challenges the historical polarization within the field and offers a direction of where the field might go from here. Wadeson (2002) delivers a substantial argument to what she calls the confrontation of the polarization in art therapy and frankly states her intent to demonstrate examples of the diverse populations that art therapists work in. Wadeson (2002) goes on to provide thoughtful examples of art therapists working with children and adolescents in the context of psychiatric hospitals, sexual abuse, and medical illness. In regards to adults, Wadeson (2002) discusses psychiatric populations, domestic violence, prostitution, AIDS, and homelessness. Working with older adults, Wadeson (2002) offers experience with developmental delay. As an art therapist who has made significant contributions within the field, Wadeson’s bold voice carries weight. Wadeson’s pragmatic stance broadly points to changes within society, healthcare, and providers, but the theoretical divisiveness among art therapists about the profession holds firm. Interestingly, Wadeson’s article highlights the need for the change in the field while Potash and Ramirez demonstrate what that change can look like when art therapists bend to the



cultural needs of clients in diverse settings. As rich and exciting as this article is, the momentum is quieted by the thirteen years that have passed since it was published.

*Art Therapy Literature: Considerations of the Field, Native American/American Indian Cultures*

Art therapists Wadeson, Ramirez, and Allen collectively point out the professional considerations that challenge art therapists working in clinical settings and offer insight into how the art therapist may meet the diverse needs of clients. Art therapist Dufrene partnered with Coleman, an educator and counseling psychologist to examine the ethical and professional considerations for the role of the art therapist when working specifically with Native American clients (1994). Dufrene and Coleman (1994) consider the historical impact of Western culture on the customs and traditions of Native Americans and shed light on the implications that government has had on mental health care. The article is structured as a historical handbook for the art therapist outlining nine detailed guidelines for art therapists working with Native American clients (Dufrene & Coleman, 1994). This article emphasizes the geographical and racial considerations. The authors name their cultural heritage, Dufrene a Native American art therapist and Coleman and African American psychologist to substantiate their perspective that minority therapists can use their experience with discrimination and racism to address cross-cultural issues (1994). Consequently, the authors stress the importance of understanding the historical layers of racism and the sensitivity to the Native American's cultural history needed for working with these clients (Dufrene & Coleman, 1994). The article neglects to provide guidance specifically pertaining to the art, however, it thoughtfully contributes to the dialogue with Wadeson's article, linking the specific

cultural considerations needed for working with Native American clients and the necessity for art therapists to reexamine their approach with regards to culture.

Art Therapist, Moody (1995) presents her observations while working on an Indian reservation in an article that also discusses how therapists can bridge the cultural gap when working on an Indian reservation. Moody's article developed out of her firsthand experiences working with the Penobscot Indian Nation (1995). The reflective experiences of Moody (1995) offer three concise concepts: trust, common ground, and mutual respect and understanding. Like Dufrene and Coleman's article, Moody (1995) begins by offering a description of the Penobscot Nation's history and relationship with Indian Health Services, but Moody (1995) also sheds light on the perspective that while these western influenced services may not seem congruent with Indian traditions and customs, the Penobscot people appreciate the services offered. In fact, the author thoughtfully confronts the reader to challenge assumptions one may have of Indian culture, calling for a here-and-now stance (Moody, 1995). The meat of Moody's (1995) article is balanced beautifully with her elaborate discussion of central issues to therapist effectiveness and with the application of navigating these issues in art therapy. Unlike Dufrene and Coleman, Moody (1995) delves into the art making process, painting a vivid picture of what the art therapist's role might look like in this specific culture. The author augments this rich description with six examples of art made by clients. The weakness in the article manifests in its age, twenty years have past since it was published. Just as Dufrene and Coleman (1992) describe the historical changes Native American culture has experienced since the passage in 1978 of the Freedom of Religion Act (Dufrene & Coleman, 1992), 2016 is a very different time, very much informed by technology and

our access to things and each other. That being said, Moody's (1995) article would only be enhanced with current information, as the concepts that she presents are timeless.

*Art Therapy Literature: Considerations of the Field, Social Action*

A look at the art therapy literature specifically from a social action lens produced a collaborative article that reflects on the art therapist as a social activist (Alvarez, Borowsky, Junge, Kellogg & Volker, 2009). The authors hypothesize that despite the fact that art therapists are by profession agents of change, the very profession that they commit to limits their natural ability to pursue change by way of education and seeking professional acceptance (Alvarez, Borowsky, Junge, Kellogg & Volker 2009). The hypothesis is considerably supported by three art therapists' case examples about their experiences working as social activist art therapists. Junge's (2009) case example proposes some fascinating observations about the role negotiation that exists among artists and therapists working as art therapists, stating that artist desires change while the therapist contains, thus creating an incredible position for the art therapist. Junge (2009) also offers a riveting point about the absence of therapists working within the community and society, suggesting that the problems are systemic and that opportunities need to exist on a larger scale. Junge frankly questions the role of the art therapist, "As art therapists are we too often helping people adjust to a destructive society? Are we ourselves co-opted by the status quo and, understandably, yearning to be inside, adapt, make do, and continue to cope with a fatally injured mental health system?" (Junge, 2009, p. 109) The article continues with three of the authors' inspirational stories about their work as art therapists as activists. Alvarez (2009) is charming as she describes her inability to discern the role between art therapist and activist, passionately stating that there is more

that we need to be doing as therapists. Alvarez (2009) suggests art therapists need to shift from individualism toward community and change the world that clients live in. The entire article is exciting and punctuates enough inspiration to motivate a community of social action art therapists.

An article by art therapist Golub (2005), examines social action art therapy from the global perspective of the author's art therapy work in Brazil, China and Denmark. The article begins with an in depth and helpful historical definition of social action. Whereas the authors Alvarez, Borowsky, Junge, Kellogg & Volker (2009) emphasized the systemic problems that are rooted in communities, Golub (2005) points out the collective power that exists within the community for the community. The author deems social action art therapy as participatory and collaborative, describing the art as the vessel by which communities name their resources and needs and by which they generate collective change (Golub, 2005). The author's cultural experiences of being a social action art therapist are quite unique from one another, which indirectly answers Potash and Ramirez's (2013) call for art therapists to reconsider traditional practices and approaches to clients in the field. Like Dufrene and Coleman and Moody, Golub (2005) proves how critical it is to redefine one's role in regards to sensitivity and knowledge of the culture one is practicing art therapy in.

Kapitan (2015) pushes the conversation further; examining art therapy from an international and cross-cultural perspective, suggesting that art therapy is a unique cultural practice. The author addresses the trend of art therapists bringing art therapy to marginalized populations who have experienced war, disaster, abuse, or sex trafficking and have limited access to services (Kapitan, 2015). Like Dufrene and Coleman, Kapitan

(2015) addresses the ethical responsibilities on the part of the art therapist when engaging in the role of an activist cross-culturally. Unlike the handbook approach of Dufrene and Coleman, Kapitan (2015) discusses the trend of universities and churches participating in short-term service learning projects or “vacationaries”. The author cautions the reader, noting that research has shown that although it may be well intentioned, often the benefits of “short-term activism” befall on the volunteers themselves instead of the communities that they have travelled to serve (Kapitan 2015). Kapitan (2015) does not eliminate art therapists from this perspective, but instead critically discusses her observations of art therapists’ monocultural and ethnocentric lens informing what they see and how they interact with clients of a culture that is not their own. This perspective is enriched through the author’s comparison of two art therapists’ perceptions of the same cross-cultural experience. The comparison and discussion offers what Kapitan (2015) refers to as a conceptual tool for art therapy frame switching. Here Kapitan is not offering a handbook for how to work cross-culturally, but instead she provides the art therapist with a concrete concept; the more direct interaction with cultural differences coupled with space for critical self-reflectivity, the more successfully the art therapist is able to shift from a monocultural, ethnocentric practice toward a bi or multi-cultural ethnorelative practice to achieve cognitive complexity in the context of culture (Kapitan, 2015).

*General Literature: Considerations for Community Work*

The shift toward community driven therapy is also being examined in the general literature. Like Kapitan (2015), author Reynolds (2012) discusses her approach for community work and therapy from an ethical framework. Analogous to social action, the author describes her approach as justice doing, which developed from therapists who

wanted to work collaboratively in a social justice framework. The backbone of Reynolds' (2012) approach is rooted in a brief paragraph regarding her stance on how mental illness, addiction, and trauma manifest in a society that seeks to mask suffering through the privatization, criminalization, and sanitation of mental illness. Consequently, the author points out that this system neglects the universal desire in the self to find a sense of belonging and reconnection with others (Reynolds, 2012). The article is thoughtfully driven by this observation and is sustained by the author's outline of guiding intentions for justice doing; centering ethics, doing solidarity, addressing power, fostering collective sustainability, critically engaging with language, and structuring safety (Reynolds, 2012). The richness of these guiding intentions lies in their interconnectedness. Similar to Kapitan's (2015) conceptual tool for art therapy frame switching, integrating Reynolds' (2012) guiding intentions collectively demonstrates the building of cognitive scaffolding toward a collaborative justice doing framework. The author's neglect to delve into specific clinical experiences may be intentional on the author's part, choosing instead to remove the privatization and sanitization of her qualitative research and examine it from a broader ethical stroke.

### *Conclusion*

Through predominantly qualitative research, these articles demonstrate the perplexities of attempting to define the therapist's role. Reviewing the literature revealed varying themes that surfaced in response to this topic: ethical responsibility, cross-cultural sensitivity, understanding of history, community driven work, and the relevance in finding a sense of belonging. The literature also presented articles that reflected on the attitude toward the mental health industry, highlighting a shift in how therapists are

wanting or are already doing in their work with clients. With considerations to the research already done, it is surprising that there is not more research on defining the role of the psychotherapist as a profession and within different settings. The general literature reflected the scarcity of research on the psychotherapist. Overall, the general research seemed less charged than the art therapy literature, with the exception of Reynolds' outline of guiding intentions for justice doing. The art therapy literature was captivating and it seems as if there is no end to the amount of art therapists writing about ambiguity of their professional role. Admittedly, the articles included in this review were plucked because of their focus not only on the role of the art therapist, but more interestingly, on the emphasis on role conflict. However, there were large time lapses between studies. The more current general and art therapy literature addresses the need for critical examination and perhaps a redefinition of the therapist's role. Hopefully, further research will indicate more therapists not only writing about role ambiguity and the need for change, but will present research that demonstrates therapists practicing cross-culturally, being self-reflective, and modeling community driven approaches for the field of mental health.

## RESEARCH APPROACH

The research approach utilized in this study is qualitative. Creswell (2014) explains this methodology and frames several characteristics of qualitative research that must be considered by the researcher. Three of Creswell's (2014) characteristics resonate quite specifically with regard to the intent of this research: participants' meanings, reflexivity, and emergent design. This research is driven by the observations of the participants and how they elucidate their experiences. The reflexivity noted by Creswell (2014) allows for the inclusion of the inquirer to reflect on their role in the study. Lastly, Creswell (2014) addresses a third characteristic, emergent design, explaining that the process of qualitative research is malleable. This allows for flexibility within the research to adjust certain phases to best learn from the participants (Creswell 2014).

Within this extensive research methodology, the researcher honed in on a branch of qualitative research, participatory action research. This approach is relevant to the context of the mission of the artist residency under the leadership of Turnaround Arts California to create a community driven arts project devoted to understanding the needs of the community. This mission is well aligned with the integrity of participatory action research (Kapitan 2010).

Embedded within the mission of participatory action research, the researcher concluded that a focus group interview would best illustrate the experiences of the art therapists. The structure of a focus group allows for participants to engage with their own experiences and elaborate based on their interactions with other's responses within the group (Merriam, 2009). The likeliness of shared experiences as well as varied



perceptions of the art therapist's roles within the artist residency projects this approach to provide rich discussion and insight. Furthermore, a focus group interview cultivates an engagement by which the research can be semi-structured, using questions to guide the interview but ultimately allowing the discovery that emerges in the process to lead the research (Merriam, 2009).

## METHODS

### Introduction

The objective of this section is to underline the methods used to execute this research study. Terms used in the subsequent research are presented and defined in the first section. The following section comprises the particulars of the design of the study, including sampling methods, as well as details about how the data was collected and analyzed.

### Definition of Terms

Artist Residency: Alliance of artists' communities coins the term to include other names "artists' communities, colonies, retreats, workspaces, and studio collectives" and is comprised of a diverse interdisciplinary community and range from public engagement to spaces of solitude. (<http://www.artistcommunities.org/residencies>)

Focus Group: defines this term by which a group of people with shared experiences engage in a group interview (Merriam, 2009).

Social Action: Golub articulates, "In my view, social action art therapy is ideally a participatory, collaborative process that emphasizes art making as a vehicle by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective well-being and social justice (p. 17).

Ethnocentric: Kapitan regards this term to pertain to mean “experiencing one’s own culture-whether defined by ethnicity, nationality, identity, or profession” (p. 106).

### **Design of Study**

A single focus group interview followed by four individual interviews with participants of an artist residency was conducted for this research. The objective of the interviews was to extricate the role perceptions of the art therapists anticipated before and experienced during the artist residency. The composition of the focus group interview was divided into two parts. The first half of the interview was spent making individual art that asked participants to reflect on what they perceived their role to be before the trip and how they interpreted it after the experience. The second half of the focus group interview examined the art of the participants and was guided by questions:

- 1) How did your professional and academic training inform your role?
- 2) What was the most challenging aspect of your experience and how did you navigate it?
- 3) How would you describe your role in your smaller classroom group?
- 4) Did that role differ from day to day? If so, how?
- 5) How would you describe your role within the artist residency program as a whole?

### *Sampling*

The researcher selected participants based on their participation as an art therapist on the artist residency program at Hoopa Valley Elementary School. All subjects are adults, over

the age of 18, all women. Participants are Loyola Marymount University Marriage and Family graduate students or Loyola Marymount University Marriage and Family art therapy alumni and personally known to researcher. Potential participants were not professionally affiliated with Hoopa Valley Elementary School. Nine participants were invited to participate in the focus group but only five were able to participate. The four individuals who were not able to participate in the focus group were invited to participate in interviews. Three of the participants are working in the field as art therapists and six of the participants are developing their identity as art therapists while currently in graduate school. Participants were contacted via email by the researcher and were asked to participate in a focus group and informed that their participation in the group was voluntary. Participants were informed that their responses in the focus group would be used to evaluate the role of the art therapist within the artist residency program so that necessary changes can be made to improve future programs.

Four additional interviews were conducted to gain further insight into the art therapists' experiences. Participants were reminded that their responses in the focus group were used to evaluate the role of the art therapist within the artist residency program so that necessary changes can be made to improve future programs.

### *Gathering of Data*

Data was gathered in three ways; through conduction of a single focus group, four individual interviews, and art making. First the researcher conducted a 90-minute focus group, which was documented by audio recording. Next the researcher conducted four individual interviews, which were also audio-recorded. In all forms of data gathering, two pieces of artwork were created by each of the participants and was utilized as another

form data collection. The researcher also participated in the art making process.

Participants were asked to create two separate pieces of art; what they anticipated their role to be before participating in the artist residency as well as how they experienced their role during the residency. Participants were encouraged to discuss the content of their art and were asked questions to further investigate each participant's perception of her role. Data gathering began 1/16/16 and concluded on 2/23/16. All participants were invited to use any art materials available to them and all artwork was photographed.

### *Analysis of Data*

As data was collected, the researcher transcribed the focus group and the four individual interviews. Upon completion of the data gathering, the researcher grouped each participant's artwork and documented similarities and differences among the art. The researchers also highlighted themes from the focus group and individual interviews transcripts. From here, examining the art as well as the transcripts, the researcher organized her observations into emergent themes of how art therapists perceive their role when doing work that is informed and motivated by art therapy concepts but strictly non clinical.

## VI. RESULTS

### Presentation of data

Examination of the subsequent data collected prompted the researcher to categorize the presentation of the results into four distinct sections. The first section will consist of several paragraphs describing the details of the focus group, including the two prompts used as well as the additional questions asked by the researcher. The second section will present the data from the focus group sequentially in the order that it occurred person by person. The third section will chronologically comprise of the individual interviews and review the prompts and interview questions. The results from each participant aims to capture the richness of their experience and for this reason the researcher will complement each person's responses to the prompts with not only the methodological descriptions of the art making process but will also use narrative, supplementing with quotes and/or paraphrasing from the audio transcript. The fourth section will include the researcher's art, which was done alongside the participants in both the focus group and the individual interviews.

#### *Section I*

The focus group occurred shortly after the winter holidays at the beginning of the semester, as it proved difficult to coordinate a meeting time before or during the winter break. The focus group was facilitated by the researcher, who worked closely with research mentor Dr. Jessica Bianchi, Ed.D., MFT, ATR to prepare for the group. Dr. Jessica Bianchi spearheaded the artist residency and has conceived and led a variety of

community projects that are informed and driven by art therapy concepts. Initially eight of the nine participants committed to attending the focus group. Unfortunately days before the focus group took place a variety of reasons prevented four of the attendees from participating. And so, the researcher and four participants attended the focus group. While waiting for everyone to arrive, three of participants commented with the researcher on the passage of time and events that had occurred since the artist residency the prior October. The group reminisced briefly, commenting on how nice it was to see everyone. When the fourth participant arrived, the researcher invited everyone to look at the photo collage, which displayed photos documenting the duration of the trip. The participants engaged and responded to specific photos, noting specifically the happy faces of the Hoopa Valley students and the noticeable sleep deprivation of the artist residency team.

The researcher thanked everyone for attending and explained that the objective of her research was to examine what everyone in the group perceived her role to be during the artist residency. During planning meetings in the summer prior, the researcher had introduced her project to the entire group and explained that this had stemmed from her experiences and interest in working in spaces that were informed by therapy but did not overtly provide therapy. The researcher recalled this description and added that the main purpose of her research was to understand what the experienced role was like specifically with this population and culture and how the group adjusted to meet their needs.

Following introductions, the researcher distributed and explained consent forms. Once all participants had signed the consent forms, the researcher began audio recording with her phone and used her computer as a back up. The researcher then introduced the structure of the group, explaining that the group would be primarily engaging in a two-

part art making process. The participants responded with enthusiasm to the mention that there would be art making.

For the first part of the focus group, participants were asked to create an art piece that reflected how participants anticipated their role to be before actually experiencing the artist residency. The researcher additionally asked them to consider how participants imagined they would participate and engage. Participants were encouraged to use any materials that were available to them in the art therapy studio, which included various two and three dimensional materials conducive but not restricted to drawing and painting as well as sculpture. The group was given approximately fifteen minutes to create their piece. During the process of art making, all participants were engaged and predominantly silent. The art making came to a natural and timely end and the researcher asked the participants to tape their work on the cabinets for everyone to view. Each participant was encouraged to speak about her work and process.

## *Section II: Focus Group*

The following data has altered the names of the participants to maintain anonymity. Additionally, each participant will include two pieces of artwork, the first a response to prompt #1 simplified as “anticipated role” and the second response to prompt #2 simplified as “experienced role”.

### *Prompt #1: Anticipated Role*

The first participant, Rosie, was a female, second year graduate student in the Marriage and Family Therapy program at Loyola Marymount University. Rosie is a



younger student with experience in education. Rosie selected white watercolor paper and oil pastels for her response to prompt #1 (Figure 1A).

### Anticipated Role



(Figure 1A)

Rosie was the first participant to articulate her piece in detail to the focus group and because Rosie's eloquent description was captured in the audio, the researcher has included a direct quote from Rosie here:

"I was thinking about two things that I thought were our main role, one was to illuminate the strengths. So I was thinking that if this (Rosie referenced the small circular shapes in the center) was all of the people, then the red would be the strengths that they have but they don't know that they have and we would not be telling them but something we're saying or something we're activating that part of them or letting them know that it's there. And then the other thing was creating a kind of I don't know if it's a safe place,

but maybe safe was kind of my idea like a place to be creative and almost playful - so that's kind of what the outer edge is, having it be a separate experience".

The second participant, Wendy, was an older female, second year graduate student in the Marriage and Family Therapy program at Loyola Marymount University. This participant used white cardstock and layers of assorted blue tissue paper for her art piece (Figure 2A).

### Anticipated Role



(Figure 2A)

Wendy described her art as a Venn diagram and noted that she considered the dichotomy of attempting to subversively facilitate therapy while trying to illuminate the strengths of the Hoopa Valley students as well as simultaneously facilitating the art making as resident artists in a “fun” way. Wendy added that this dichotomy is “a kind of

therapeutic objective”. The overlapping in the center of the two tissue paper circles represented the Wendy’s expectation of that dichotomy converging. Wendy explained that she added an extra layer of white tissue paper on top to illustrate the unknowns and uncertainty of what her precise role would be.

The third participant, Kamilah, was a recent graduate of the Marriage and Family Therapy Program at Loyola Marymount University and was working as an art therapist in the field during the time this focus group and artist residency occurred. Kamilah used white cardstock, assorted masking tape, construction paper, and tissue paper for her piece (Figure 3A). Kamilah began by describing the over awareness she experienced stemming from the planning meetings prior to going to Hoopa Valley, “...we are coming into this community, we are not a part of the community, we are not culturally informed on the nuances of the community...”. Kamilah explained that she used bright orange tape to illustrate this concept, intending for the orange to be “jarring” referencing the possible fear or unhappiness of how the Hoopa Valley community at large may have experienced a group of college students engaging with the Hoopa Valley Elementary School. Kamilah stated that the yellow paper represented a map or tools that would be hopefully provided through the artist residency and could be used in the future. The green paper represented the cultural heritage and practices of the Hoopa Valley community. Kamilah added that she understood part of her role to “just hold the space for them”, knowing that that therapy would not be provided but understood that opportunities to provide empathy and compassion may arise. Kamilah also commented on the similar palette used by Rosie in her artwork.

### Anticipated Role



(Figure 3A)

The fourth participant, Jordan, was a female, young, second year graduate student in the Marriage and Family Therapy program at Loyola Marymount University. Jordan selected string, patterned paper, markers, blue transparency and collage images to illustrate her anticipated role (Figure 4A). The white paper represented the unknown and uncertainty of what the experience would be. Jordan added that the hand symbolized the artist residency coming into the Hoopa Valley community, hopefully culturally informed. Collage images depicting objects in nature as well as patterned paper were included to further demonstrate this cultural awareness. When describing the piece, Jordan commented that it was noteworthy that the middle finger had initially been empty and that she filled it in with a sort of cardboard which represented trusting one's intuition even in the midst of so much not knowing. The string added around the piece, signified

containment and “holding the space”. Two colors of string were used to indicate the mixing of colors; taking the Hoopa Valley culture and taking the artist residency’s knowledge and trying to integrate them through the three-day artist residency experience. Jordan explained that she added the blue transparency at the end because the piece was so light and the transparency served as one of the project’s main objectives: to illuminate the community’s own strengths and resources.

### Anticipated Role



(Figure 11)

For the second part of the focus group the researcher asked the group to create a piece of art about how each participant actually experienced her role. The researcher invited the group to create a new piece or to elaborate on or change their first piece. Again the group was given approximately fifteen minutes to create their piece. During the art making, group members were engaged and moved around the studio with



determination and heightened pace. Again, the art making process came to a natural and timely end, with the exception of Wendy, who was still working. Wendy hurriedly worked to finish while the remainder of the group hung their art up and waited patiently. The researcher posed open-ended questions to the group who was initially very quiet. The questions included loose variations of the following:

- 1) How did your professional and academic training inform your role?
- 2) What was the most challenging aspect of your experience and how did you navigate it?
- 3) How would you describe your role in your smaller classroom group?
- 4) Did that role differ from day to day? If so, how?
- 5) How would you describe your role within the artist residency program as a whole?

*Prompt #2: Experienced Role*

The group members were talkative and several initial comments reacted to the juxtaposition of the second piece alongside her first piece. Reactions were contributed by each participant and included the descriptions, “chaos”, “things got real”, “intense”, “labor”, “using your physical body”.

The first participant to discuss her work in depth was Kamilah. Kamilah used white construction paper, pencil and oil pastels (Figure 1B). Kamilah noted that her process began with the pencil squiggles, which illustrated, “how it constantly felt like I was trying to untangle something”. Furthermore, Kamilah explained how she felt overwhelmed on the first day but although things were chaotic, she recalled trying to

bring her group “back to the core”, which prompted Kamilah to start drawing the red and yellow circles. Kamilah elaborated that this “core” was that, simply, she and her group were there, a part of the artist residency to make art with the students. Looking at her art hung on the cabinet, Kamilah observed that the art looked as if it was being swallowed by an explosion which, she reacted, felt congruent to her experience of her trying to anchor to the core no matter what.

### Experienced Role



Figure 1B

Rosie used white construction paper, oil pastels, tape, and string for her second piece (Figure 2B). Rosie described her piece as illustrating the sad and difficult moments she experienced, adding that it shattered the possibility for a safe and contained space. Rosie expressed that this reality of such sad moments was depicted by her use of black

throughout the piece. Rosie added that there were also beautiful moments surrounding the excitement of the students using new materials. Rosie demonstrated these moments by adding colorful spaces and noted that these times were representative of when she felt the intent of the artist residency was effective.

### Experienced Role

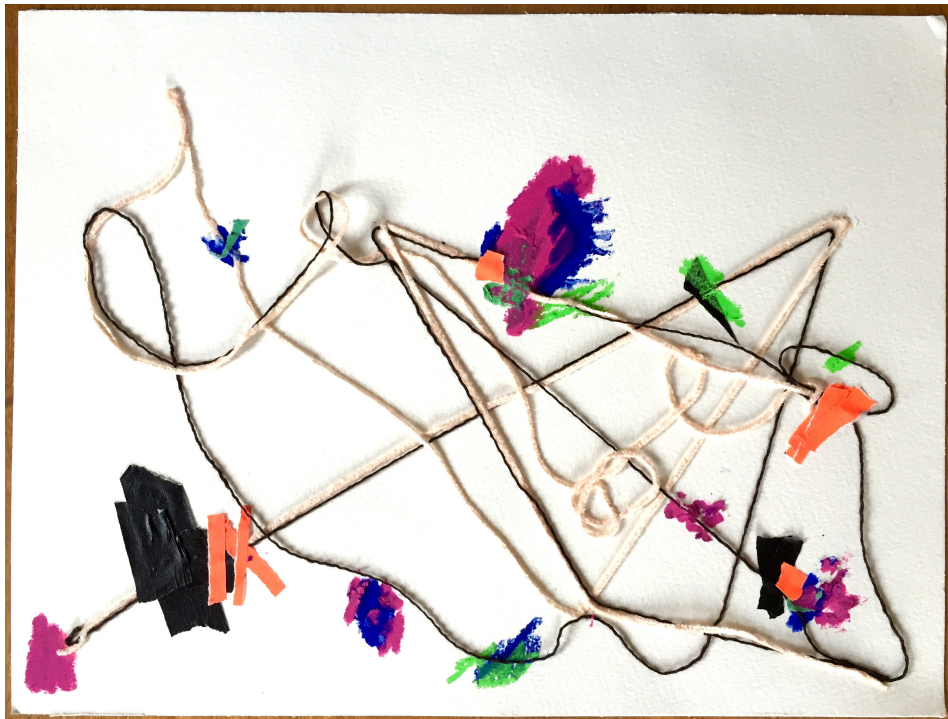


Figure 2B

Wendy expressed initially that her piece was interactive and was going to leave it on the table but ultimately decided to hang her piece with the group. Wendy's art materials included white cardstock, assorted collage images, string, needle, and pastels. Wendy expressed that her art illustrated what she experienced,

“When we were there I felt like there were all of these beautiful kids  
and this culture that I think is probably the most like at its



foundational level the most pristine and beautiful and it was just spoiled it was ruined. Everything there just felt sad and just ruined. You could see the kids and see the potential and their vigor underneath, it all felt so distant - like it just felt like nothing that I was going to do or any of us were going to do was going to be lasting...”

### Experienced Role



Figure 3B

Wendy went on to describe her experience of witnessing a teacher act physically aggressive toward students in the classroom. Wendy noted that in her small group she felt she had to take charge because she had been paired with undergraduates who lacked classroom experience. Wendy explained that had she had an hour to work on her art it would have been interactive because of fluctuation she experienced in her role. Wendy

elaborated on the variation of her role from classroom to classroom working with different grade levels and noted her attempts to try to contain the different spaces.

“... throughout all of that, I was just trying to find little spaces of connection and really sewing something positive and I don’t feel it was fully effective but there were a few connections that I made that I took away...the intensity of the situation is what stands out to me overall, that entanglement and that these seemingly acts of futility like consistent moments where we were exerting energy toward some unknown outcome.”

Wendy went on to describe the challenges of working with such limited time with a population in need of so much support. Wendy added the desperation she felt of wanting to communicate to the students that how loved they are and her observation that, “There were so many moments like that, kids who were just invisible in their own community”.

Rosie responded to Wendy’s comments and explained her feelings of desperation to leave something lasting behind with the students. Rosie recalled making several stickers with symbols that did not have any associated meaning attached to them but that Rosie would impart meaning when she distributed them to students such as, “...this means you’re really smart”.

Group members Wendy, the researcher, and Kamilah commented on the dire conditions observed at the school with specific regard to not all of the students having teachers and the distribution of older students into much younger classrooms. These comments were followed by Kamilah’s inquiry about the blue in Jordan’s piece who, had not spoken about her work yet.

Jordan responded that the blue spoke to the illumination of the positive things that came out of the artist residency. Jordan used white construction paper, pencil, marker, and blue transparency for her piece (Figure 4B).

### Experienced Role

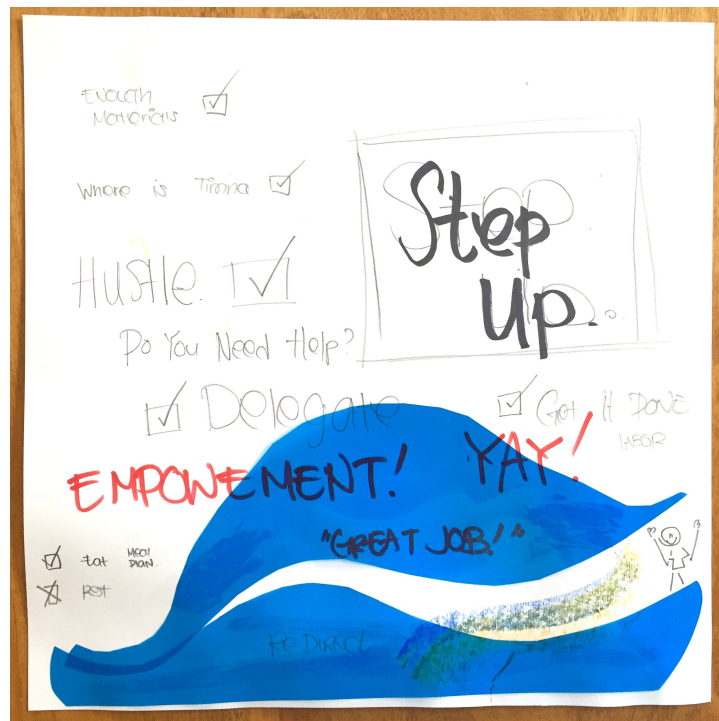


Figure 4B

Jordan described how she started her process by using the pencil because a lot of her experience stemmed from the need to delegate and the necessity of checklists. Jordan added that the “empowerment!” and “yay!” and “great job!” were praise for the kids. Jordan recounted a specific classroom experience where a student commented about how much he enjoyed having the artists come into the classroom. Jordan added that, “the blues are trying to illuminate the positive things that came out of it amidst the things we had to do”.

Rosie contributed that there were some moments when she felt her role embodied more of the art therapy role which she added was satisfying in comparison to the majority of the time when she experienced her role as predominantly an art educator.

At this point in the focus group, everyone had gotten a chance to speak about her work and experienced role. The researcher posed a specific question to the group, “what training here or outside of Loyola Marymount University do you feel like you drew upon the most or what skillset did you draw from?” Responses from participants included the following:

Rosie: ...”felt the most competent” working with young children. Rosie drew from her experiences teaching young children at her church.

Kamilah: Drew from her experience teaching art to the Boys and Girls Club working with up to 40 kids at a time. Kamilah also recalled her trauma training from LMU.

Wendy: Spoke to her past professional experiences with organizing large meetings for executives as well as her leadership skills. Wendy explained that she also used her sales personality and performance to engage the students. Wendy also recalled her current experiences in practicum working with teenage gang members in East Los Angeles.

Jordan: Discussed leadership and her dislike for delegating but the necessity for her to delegate within her small group. Jordan also commented on how she had to be her own therapist at times. Jordan recalled her experiences as a “kiddie teacher” and time spent mentoring middle school students.

The focus group concluded with the researcher asking each participant to sum up her role in a single word. The responses were the following:

Wendy: Multi-faceted

Kamilah: Wrangler

Rosie: Teacher

Jordan: Delegator

### *Section III: Individual Interviews*

The researcher had intended to invite participants from the focus group to participate in the individual interviews. Because of the various circumstances that prevented several participants from participating in the focus group unexpectedly, the researcher collaborated with her research mentor to discuss how best to move forward. Ultimately, the researcher decided that it was important to invite the individuals who were unable to participate in the focus group, the opportunity to interview individually with the researcher. All four participants who were unable to attend the focus group were able to interview with the researcher. The following data presented will consist the results of each individual interview. Each interviewee was asked to complete the two art making prompts, identical to those used in the focus group. Additionally, the researcher asked questions specific to what unfolded in the art making process and discussion.

### Julie

Julie, was the first interviewee. Julie is an LMU art therapy alum and coordinated the artist residency component of Hoopa Valley's participation with Turnaround Arts. The researcher and Julie met in the art studio of Julie's place of employment.

*Prompt #1:* Create a piece of art that speaks to what you anticipated your role to be before going to Hoopa Valley.

Julie collected her thoughts and began working. Julie selected white drawing paper, watercolors, pastels, and colored pencils (Figure 5A). Julie described anticipating

#### Anticipated Role



Figure 5A

that, "...I was going to be the main line and I was going to keep everything coordinated".

Julie elaborated that the extensions of the main line were pods, or the artist residency group members and that she would run down the main line to provide help and support where it was needed. The red squiggles and boxes nestled within the pods illustrated the



planning she imagined herself doing to keep the group cohesive. Ultimately, Julie stated, “I really thought I was going to be supporting you guys in your environments, that’s what I wanted to do”.

The researcher inquired about the use of color and Julie responded that she expected it to be more contained and calmer. She went on to describe the red as being the anxiety, which she would be managing. Additionally, Julie noted the space in her art and recalled anticipating that there would be space and observed that her piece feels contained.

*Prompt #2: How did you actually experience your role?*

Julie and the researcher spoke while the second piece of art was being made. Julie spoke to her frustration and disappointment with the limitations that Turnaround Arts placed upon Julie during and after the artist residency. For her second piece of art, Julie used the same materials, white drawing paper, watercolors, pastels, and colored pencils (Figure 5B).

### Experienced Role



Figure 5B

Julie reviewed what she anticipated her experience to be and then described that what actually transpired was that she was “...just crazed. I was running around all over the place and I was putting out fires in different pods”. Julie added that this role was on top of what was actually occurring with regards to the project itself. In contrast, Julie noted that she did a lot more therapy than she had anticipated, specifically crisis management with the artist residency team and various individuals. Julie described part of her role as “holding the space”, checking in with groups, especially the undergraduates, to process what had occurred or triggered things. The black line on the right represented a wall that collided with all of the work the artist residency was trying to do.

The researcher inquired about the black marking throughout the piece, which, Julie described as feeling disconnected. The researcher then asked about the influence of Julie’s professional and academic experiences on the artist residency. Julie acknowledged that she used a solution-focused attitude throughout the time in Hoopa Valley and also used experiences from her therapy and education background. Julie spoke to a specific therapeutic goal, to create a therapeutic alliance and explained that had driven her attitude toward collaboration with the artist residency team and with the Hoopa Valley students. Additionally, Julie stated that she used motivational interviewing, grounding, trauma informed care, and creating safe spaces.

Next, the researcher invited Julie to discuss any observations, strengths or weaknesses that she noticed within the smaller teams. Julie recalled how she had created the teams aiming for a balance of education backgrounds and therapeutic backgrounds.



Julie observed that classroom management varied so much within the school that it proved difficult to just try to contain the kids.

Finally, the researcher asked Julie if she could sum up her role in one word. Julie responded that she felt like she was a sponge because a sponge is a tool for cleaning and keeping everything organized and it absorbs things and is malleable.

### *Kesara*

Kesara was the second interviewee and is a recent graduate of the Marriage and Family Therapy program at Loyola Marymount University and currently working professionally as an art therapist. Kesara met in the Art Therapy Studio within the LMU's Marriage and Family Therapy Suite. The researcher reviewed the intent of her research and explained and distributed the consent form, which Kesara signed.

*Prompt # 1:* Make art about what you thought your role was going into the experience before arriving, what you expected and anticipated what you would be doing. Take about ten minutes.

The researcher encouraged Kesara to use anything she wanted in the studio and Kesara spent time looking through the drawers holding various three dimensional supplies. Kesara used found objects, balsa wood, yarn, markers, and construction paper to create her piece (Figure 6A). The researcher commented how quickly Kesara constructed her piece and Kesara admitted that she usually works very slowly and had used a lot of found objects. Kesara explained that she expected, "for us to come in, and as an art therapist, come in and support the teachers and the people that had more experience with teaching art". Considering her identity as an art therapist, Kesara used balsa wood to create structure and containment. Kesara explained that the structure illustrated her

identity as an art therapist, which, “provides safety and containment for the stories that come through the art to be heard”. Kesara represented this with the mouth and the yarn connecting to the contained space. Kesara admitted that her expectations were high and had anticipated more sharing through the art. Kesara showed the drawn cultural symbols, which referenced her unique experience of visiting the Hoopa Valley Elementary School in the summer prior to the artist residency occurring.

### Anticipated Role

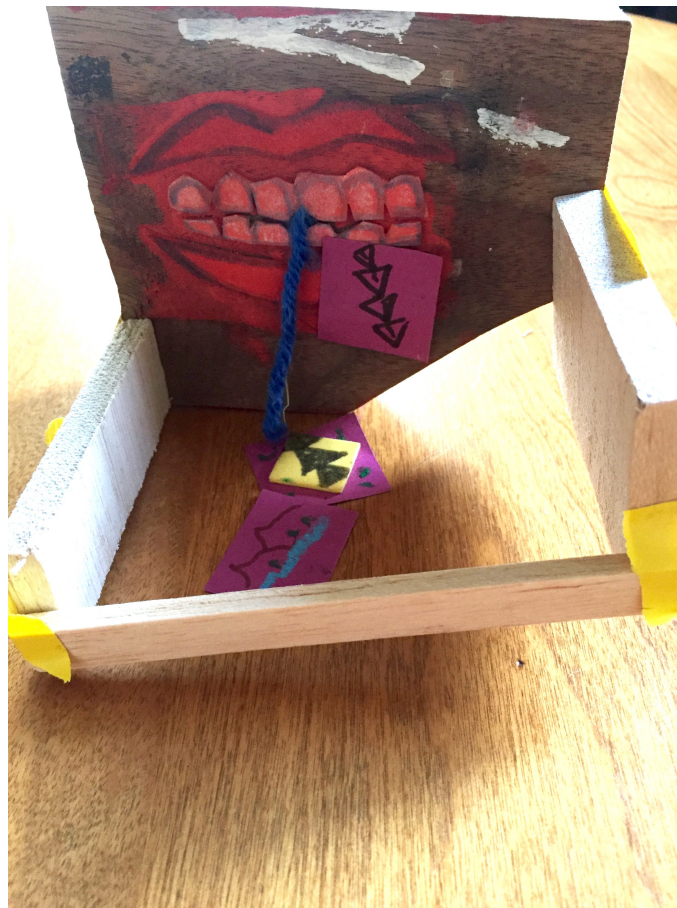


Figure 6A

Additionally, Kesara commented that she felt had been an art teacher and had anticipated there to be more self-expression within the experience, time to hear the stories come forward and allow the people who had experience teaching art, teach.

The researcher asked Kesara to elaborate on her experience travelling to Hoopa Valley in the summer and asked specifically if she had made art with the kids. Kesara responded that they had and that the directive had been, “what does your community need”. Kesara recalled that the river, fish and dancing had manifested frequently from that directive. Kesara admitted that the first trip likely colored her view of what she anticipated.

*Prompt #2:* Make art about what you experienced your role to be. Take about 10-15 minutes.

Kesara gathered an assortment of materials and quickly began working using found objects such as flash cards, a plastic ribbon, braided thread, as well as tooth picks, clay, construction paper, paper clips and markers (Figures 6B and 6C). Kesara was quiet, so the researcher reintroduced the prompt. Kesara explained that she experienced her role to be more of a teacher role, which was represented by the academic flash cards leaning against each other. The cards also highlighted the presence of the students. The green plastic string signified the classroom management, there being more to contain than expected. The string was also representative of the emotional and physical toll that overtook Kesara at times. Kesara explained that the specific construction of her piece alluded to the problem solving that took place throughout the trip, demonstrating how the cards fall to the sides of the green string when they are not placed strategically. Kesara admitted that she did not know her role at times, which is also why she did not make the

structure strong. Kesara pointed out the toothpicks with bits of clay attached that were symbolic of kids being more “prickly” than she expected as well as the self-esteem barriers that she encountered in the classroom. Kesara pointed out the construction paper with symbols on it as a successful connection that took place through the making of the stickers on the last day.

Kesara recalled the feeling of being unwelcome by the community at the Back to School Night. Kesara acknowledged that the community had a right to respond that way and wondered about how much information was provided to them prior to the event.

The researcher asked Kesara about the braided thread and Kesara said that it represents cultural elements and honoring their specific culture. Kesara stated that instead of drawing cultural elements she wanted to add something representational instead of mimicking their culture.

#### Experienced Role



Figure 6B

### Experienced Role

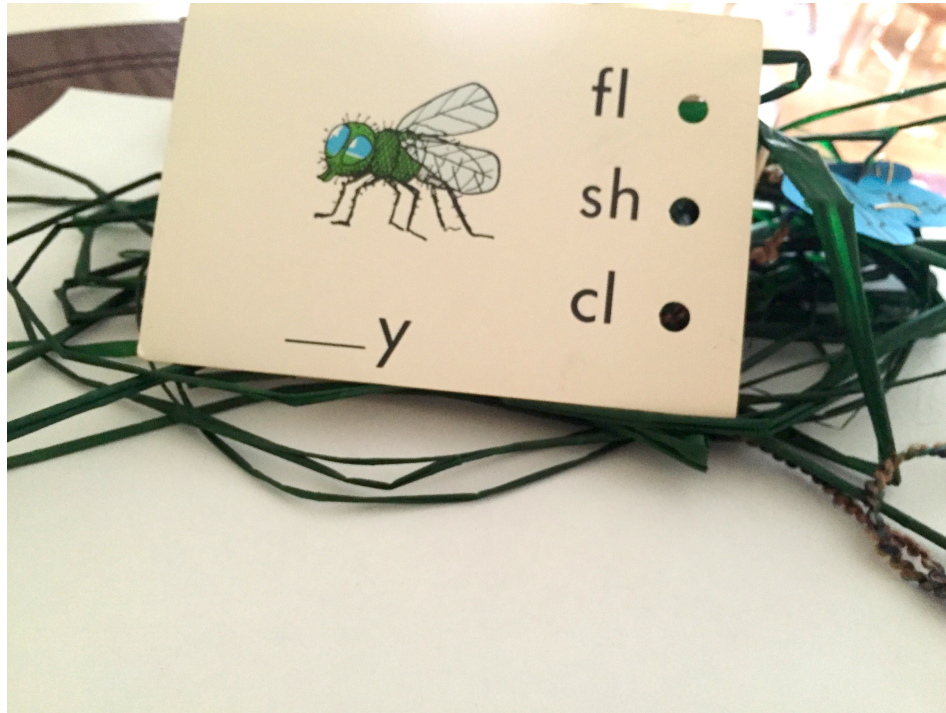


Figure 6C

### *Adriana*

Adriana was the third interviewee and is a second year student in the Marriage and Family Therapy program at Loyola Marymount University. Adriana and the researcher met in the Art Therapy Studio within the LMU's Marriage and Family Therapy Suite. The researcher explained what the interview would consist of and obtained Adriana's signature on the researcher's consent form.

*Prompt #1:* Reflect on the meetings, the planning leading up to the trip and make art about how you imagined your role to be in about 10-15 minutes.

Adriana accessed different areas of the art studio and gathered supplies. Adriana commented to the researcher about the different supplies available in the studio and decided to use white drawing paper and watercolors (Figure 7A). Once finishing her



work, Adriana commented on how she focused on the not knowing. Adriana explained that the lines reflected the diversity of the people who came together to participate in the artist residency including the undergraduates with experience in education as well as the art therapy students. Adriana added that there is movement in her lines to illustrate the excitement, different ideas, and sometimes chaos in the planning stages. The researcher asked about the use of yellow and Adriana responded that the color was about the excitement and nervousness of going on an experience like that, not having done anything like that prior to going.

### Anticipated Role



Figure 7A

The researcher asked Adriana to consider all of the different roles that were discussed prior to going and if she anticipated putting on one hat more than others. Adriana commented that in the meetings it was made clear that the artist residency team would not be doing therapy so Adriana felt that the art therapy hat was taken off and she felt like

she would be an art educator, especially since the artist residency was taking place in a school.

*Prompt #2:* Make art about what it was like, what you experienced your role to be.

Adriana browsed the supplies in the studio again and commented on how she felt it was difficult to think about what it was like before going on the trip after already experiencing it. Adriana asked the researcher to elaborate on the prompt and the researcher rephrased the prompt and added that Adriana might consider how her role felt when she was there and, how did she understand her job. Adriana selected the same materials, white drawing paper and watercolors to complete her second piece (Figure 7B).

**Experienced Role**



Figure 7B

Adriana articulated that she felt that the participants went into the artist residency not really knowing what they were going to experience and noted that she thought the foundation was not stable. Adriana elaborated that she understood the instability of the foundation because this was the first time a project like this had been coordinated. Adriana explained the importance of using trees metaphorically on a personal level and again emphasized the instability of the foundation. Adriana reflected back to the researcher's question in the first prompt regarding different hats and stated that she experienced wearing many hats and that each branch represented a different feeling or role. Adriana did not have specific meanings for each branch but discussed the different aspects of the project, being a teacher, doing community work, and being a stranger. Adriana referenced her experience teaching and recalled that working with the younger students felt very natural to her. Adriana also talked about her piece looking sad and that even though things were chaotic during the week, the environment was peaceful and she had at first wanted to include mountains. The researcher commented on how the reference to the mountain was interesting considering the undertaking and Adriana agreed with enthusiasm. Adriana said that she expected her work to be more chaotic and less peaceful but that she was able to find peace in nature while on the trip. Adriana added that there was a lot of "jumping from branch to branch and finding your inner strength and what you're good at to manage it".

The researcher asked Adriana what experience academic or professional drew on the most while there. Adriana responded that she taught art in after school programs, which aided her classroom management and ability to engage the students. Adriana recalled the number of students that were actually in the classrooms and how difficult it



was to simply lead the art making. Adriana added that she leads art therapy groups in school classrooms and commented on the contrasting experience of entering a classroom not knowing the school, the students, or a population that has a hard time trusting.

Adriana referenced a presentation by a faculty candidate for the LMU MFT program that had taken place earlier that day regarding the presenter's description of cultural humility and highlighted how important that was during the artist residency as well as simply trying to build trust.

The researcher then asked what Adriana's experience was like working in the smaller groups. Adriana responded that it was difficult working with people she did not know and that much of the responsibility fell on her because she was in a group with undergraduates who looked to her for leadership.

The researcher asked Adriana if there was anything else that she wanted to share about her piece and Adriana was reflective and acknowledged that she had not really processed the experience until now. Adriana also spoke to her small group and how the undergraduates broke down and experienced vicarious trauma. Adriana did not experience the trauma like her peers and attributed that to the academic training that has enabled her to develop a shield but she also acknowledged that she did not process the experience yet and thought that the sadness may have stemmed from that. Adriana went on to express how important it was to validate the students and how her students made thank you cards for her group. Finally, Adriana reviewed how hard it was to be there for such a brief time frame.

## Entirety of Focus Group Art Work



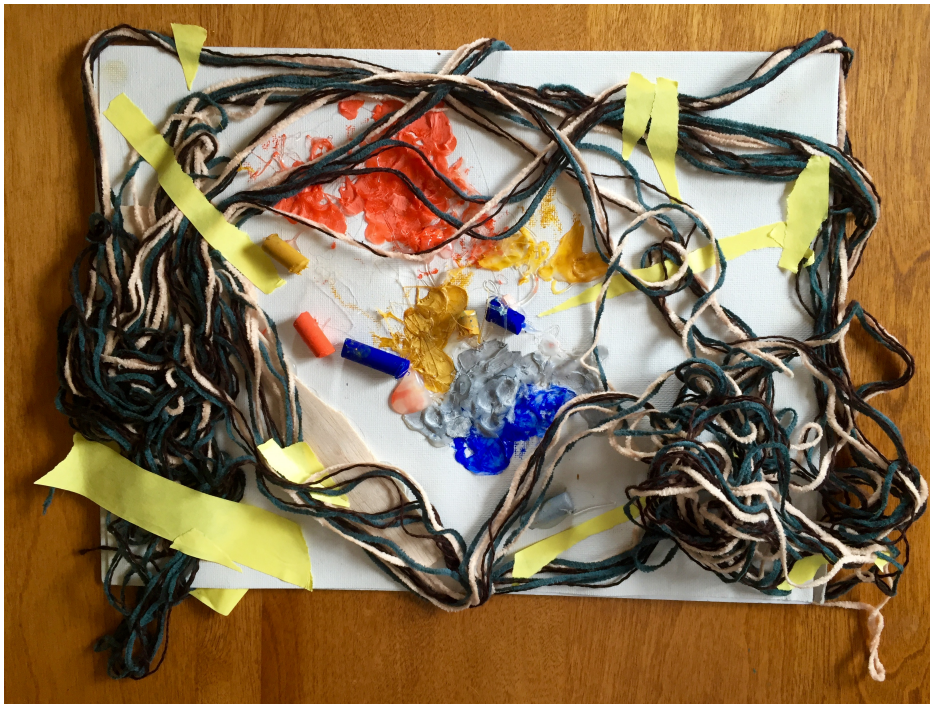
(Figure 9A)

### *Section IV*

The act of making art alongside participants occurred organically throughout the data gathering process. The following images are the researcher's artwork that was made with participants. For the most part, the researcher's work was woven into the dialogues within focus group and individual interviews.

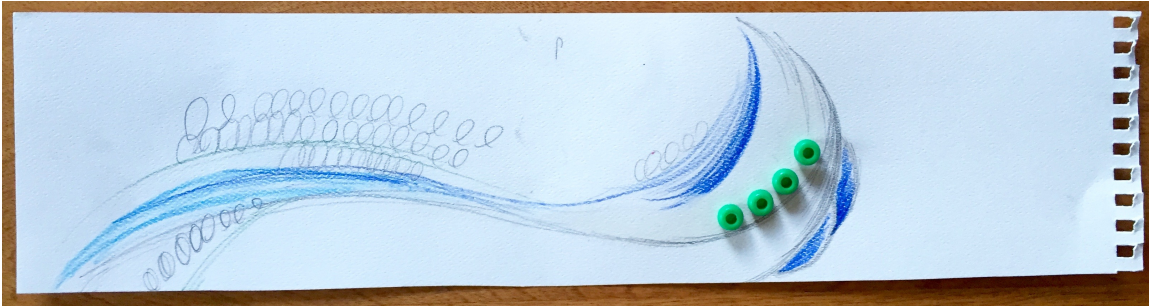
**Anticipated Role**

(Figure 10A)

**Experienced Role**

(Figure 10B)

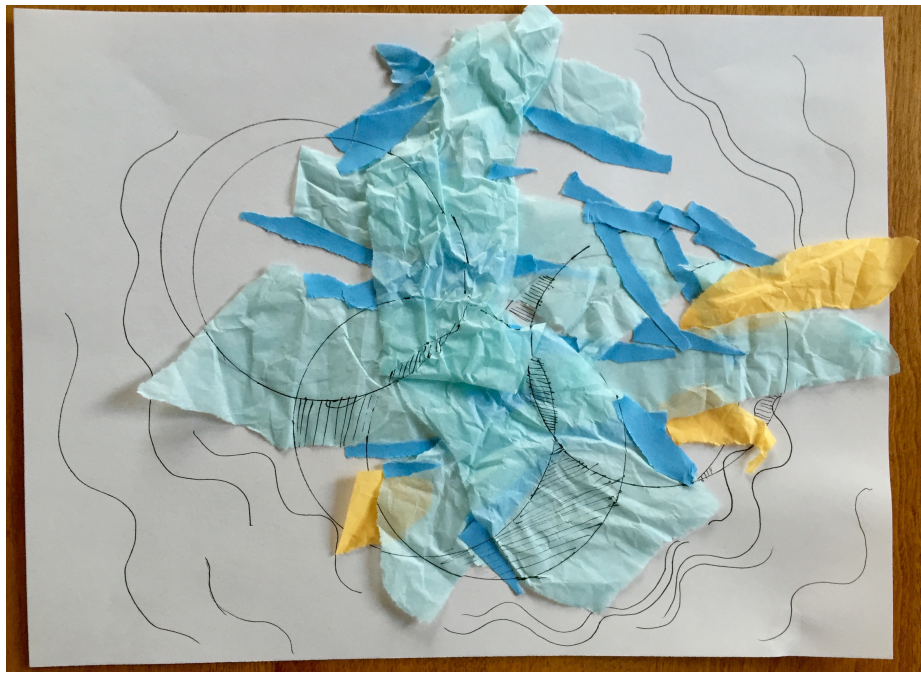


**Anticipated Role**

(Figure 11A)

**Experienced Role**

(Figure 11B)



(Figure 12A)

### Experienced Role



(Figure 12B)



**Anticipated Role**

(Figure 13A)

**Experienced Role**

(Figure 13B)

**Anticipated Role**

(Figure 14A)

**Experienced Role**

(Figure 14B)

## ANALYSIS OF DATA

The researcher adopted a phenomenological research approach for data analysis. This research approach seemed well suited for understanding and memories of the participants' lived experiences of the artist residency. Creswell (2014) states this research approach "...culminates in the essence of the experiences for several individuals who have all experienced the phenomenon" (p.14). Kapitan states, "the insights that emerge offer the fresh perspective of a direct contact with the world" (p.137). Kapitan also describes phenomenological inquiry as being very much affiliated with approaches to art therapy, which seemed appropriate considering the participants were all art therapists in some capacity. Furthermore, all participants in this research not only had their own lived experience of being art therapists but also shared the experience of the artist residency.

The data analysis began by transcribing the audio recording of the focus group and interviews. After completing the transcriptions the researcher reviewed the transcripts and began to highlight key perceptions and repeated words. The researcher noted similar observations and phrases that arose in conversations and began to cluster them. The researcher also examined the artwork and identified patterns and commonalities. The artwork was organized by participant in chronological order and by the timeline in which data was collected. More specifically, the researcher analyzed the artwork in terms of color, composition, line quality, material, and overt and latent content.

Delving further into the analysis, the researcher began to look more broadly at common themes that emerged from the totality of the data and metabolized the data findings to deduce how art therapists understood their role in the artist residency.



Specifically, through the analysis of data, the researcher sought to illuminate the role perceptions and lived experiences of nine art therapists, including that of the researcher. Four main themes emerged from the data that elucidated the participants' perception of her role: 1) illuminating strengths and resources, 2) containment, 3) chaos, and 4) finding hope amidst inadequacy. Looking further, it became apparent that themes very specifically corresponded with what the art therapists anticipated their role to be and what art therapists experienced their role to be. In terms of an anticipated role, several participants highlighted two themes: illuminating strengths and resources and containment. Reflecting on the experienced role two themes emerged: chaos and finding hope amidst inadequacy. This distinction of "before and after" became important and enriched the researcher's understanding of the data. The researcher observed the planning development of the artist residency as well as the adaptations and modifications that took place to bend to the needs of the Hoopa Valley students and community. Indeed the perceived experience compared with the lived experience informing what the role of the art therapist would be became essential to the researcher and to the foundation from which to scaffold the research.

*Anticipated Role: **Illuminating Strengths and Activating Existing Resources***

The first art directive really asked the participants to reflect back to the planning meetings, discussions with peers, even the traveling to the artist residency and to consider what they imagined to be their purpose, their role during this project. In both the focus group and the interviews, the art making process seemed to allow for thoughtful reflection from which the focus group identified distinct role perceptions. The focus group recognized that a common expectation of the participant's role during the artist

residency was to illuminate the students' strengths and activate their existing resources. Focus group participants Jordan, Rosie, and Wendy each emphasized this aspect of their anticipated role during the discussion of their first piece of artwork. For Jordan and Rosie, this component was at the forefront of their discussion of anticipated roles. Jordan illustrated this theme in her artwork through the blue transparency. Jordan noted that initially her art was too white which suggested the ambiguity of what the experience would manifest to be and so she added the transparency at the end to illustrate the illumination of students' strengths and resources as a goal emerging from this ambiguity. Jordan spoke to the stance of coming into a culture with some information but being aware of the not knowing. This stance also translates to clinical work, specifically to solution-focused therapy. Although it was made clear in the artist residency planning stages that art therapy would not be conducted with the Hoopa Valley Students in any clinical capacity, it is apparent from the data gathered that traditional therapy modalities were embedded in the participants' understanding of their roles. This solution-focused approach of not knowing empowers the client to be the expert of his or her own experiences and selves. Furthermore, this approach is corresponding to solution-focused goals, specifically, identifying a client's existing resources and strengths. It is noteworthy to mention that solution-focused therapy is typically considered to be a brief form of therapeutic treatment. In articulating her reflection, Wendy further echoed this clinical connection through her observation of how illuminating strengths is a therapeutic objective. Rosie described how her art correlated to this theme in detail, specifically with the red relating to the existing strengths in the students that would transpire through the experience of the artist residency.

*Anticipated Role: Containment*

Looking at the data gained from the first directive again, the researcher observed the theme of containment surfacing frequently in the focus group and the individual interviews. Observing the displayed work of the focus group together, Jordan commented first about how much containment she saw in the art. Rosie echoed this observation in her articulation of what she expected her main role to be prior to going. Rosie did not overtly state containment but referenced it in terms of being able to create a safe place, one that is creative and playful and she illustrated it with the outer round edge in her art. Wendy also used a round shape in her art, which she added was in part to demonstrate the containment she expected there to be during the artist residence. Wendy did not speak to providing containment as a main aspect of her role but rather expected containment in terms of how the experience would transpire. Rosie reaffirmed Wendy's expectation in regards to classroom management. Kamilah spoke to the theme of containment with a more clinical sense; that she was there with empathy and compassion to hold the space for the students. Jordan also explained that she also had expected to contain and hold the space for students and illustrated this with the string along the perimeter of her art.

In the interview with Julie, she identified containment in terms of the overarching support that she anticipated providing to each artist residency small group. Julie's drawing includes a main line that breaks off into smaller pods, which demonstrated her support over each group. Julie also discussed how she anticipated maintaining that containment factor through her description of what the red shapes meant. Julie explained that the shapes nestled between each pod illustrated the planning that she expected to do to keep the project coordinated. Kesara spoke very directly through her art about her

expectation of being an art therapist who would provide safety and containment so that the stories that came through the student's art could come through and be heard. Kesara added her expectation that the artist residents would "take more of a backseat" so that the art could give voice to the student's stories. In order to do this, Kesara anticipated artist residency participants with more experience teaching art to take on the role of instructing the project. Kesara illustrated this theme of structure and containment through the wooden structure that she created around her sculpture. Kesara also recalled her unique experience of having visited the Hoopa Valley Elementary School prior to going on the artist residency and explained that her expectations of her role may have been colored by that experience.

Melanie discussed containment in terms of taking on a teaching role where tasks would be planned and delegated within the small groups. Like Wendy and Rosie, Melanie mentioned expecting there to be containment within the classroom and school setting. But Melanie went on to describe the specific boundary she created regarding her role and experiences having been both an art teacher and an art therapist prior to going on the trip. Melanie assumed the teacher role and afforded the boundary to contain that role from crossing too far into the art therapy role. Melanie added that she packed and wore her teaching clothes to pronounce this boundary further.

*Experienced Role: **Chaos***

The discussions and observations that came after the second directive were noticeably different than the first. Even the energy level was distinctive from the two directives, with the second one generating more discussion and reaction. In the focus group, Kamilah pointed out the theme of chaos first while observing the group's artwork

beside each of their first artwork. The differences were so obvious that Kamilah added it was humorous to witness the juxtaposition of their second pieces next to the containment in the original pieces. Wendy added that her method of working was more chaotic with the second directive, choosing to stab the paper and scribble instead of gently cutting things out as she had in the first directive. Jordan joined in the initial observations by elaborating on the intensity of her art making process with the second directive, so much so that she had to begin a follow up piece to soothe her.

One piece of the chaos was identified in the focus group and the individual interviews was the physical labor of executing the project and the challenges of meeting daily needs such as shopping for and making every meal. Melanie noted the difficulties of assembling art after teaching all day and illustrated this in her timeline sculpture; the act of putting things on something. Rosie described the chaotic experience of continuing to adapt, and to problem solve throughout the artist residency to meet the challenges that presented daily. Kesara also described the problem solving and demonstrated it in her piece through the delicate structure of her sculpture, which like the project she said was sometimes working and sometimes not working. In her interview, Julie resonated with this characteristic of the chaos in her artwork, which illustrated her experience of constantly having to put out metaphorical fires. Julie named her experience of having to do crisis management the majority of the time. Consequently, Julie expressed the chaos of having to hold a lot of other people's experiences without really being able to reflect on her own.

Another aspect of the chaos mentioned in the focus group was the entanglement that participants encountered. Several of the participants used haphazardly placed string

to demonstrate the chaos that they experienced. Kamilah illustrated the entanglement she felt by drawing squiggles in pencil and described the chaotic nature of the entire experience and addressed it specifically within her small group experience. Kamilah also referenced the tangles and complication of the installation and de-installation of the group project occurring in the same day.

Wendy added her experience of chaos through her recollection of the physical aggression she witnessed by a teacher toward a student. Like Kamilah, Wendy described the intensity she experienced as a general entanglement of constantly juggling and trying to contain toward some unknown outcome. Wendy noticed the apparent difference of her experience against those in her smaller group and assumed a leadership role to navigate the complexities of each classroom. The group as a whole visited this aspect of the experience adding that it was heightened by the chaos that stemmed from there not being enough teachers to support the students causing older students to be in younger grades without curriculum targeting them. Several of the focus group participants spoke about channeling former experiences working with children where they had a leadership role. Melanie discussed how this chaos translated to artist residency participants' roles and spoke to how important it was to be open to whatever role you were needed to be in at any given moment.

By feeling that she primarily took on the role of a teacher, Kesara articulated and understood her experience of chaos through the difficulties with classroom management. In her sculpture the green plastic string represents the classroom management, which is bursting at the seams of the class, which is represented by academic flashcards. Adriana also spoke to feeling like she took on a teaching role some of the time and that the chaos

that she experienced was due to not having a solid foundation to anchor the artist residency because of all of the unknowns going into it. Using a tree metaphor in her art Adriana spoke to the chaos as feeling like she had to jump from branch to branch. She also elaborated on her awareness of the chaotic experience but felt that her art therapy internal shield prevented her from experiencing vicarious trauma like other members in her small group.

*Experienced Role: **Finding Hope Amidst Inadequacy***

The fourth theme that emerged was finding hope amidst inadequacy. For a lot of the focus group participants there was a general feeling of not being able to do enough. Several of the participants described this theme as being witness to the needs of the Hoopa Valley student community at large but having a role that was bound by time constraints.

Wendy a participant in the focus group discussed inadequacy through the lens of limitations that she experienced; witnessing the potential of the kids yet aware of things that halted that potential with regard to the physical aggression of a teacher and the awareness that it could be happening in other spaces as well. This left Wendy questioning the reality of what few hours in one week would be able to impact experiences students may have been living with their entire life. This desperation to create an impact also stemmed from Wendy's recognition of how invisible students were in their own community. Simultaneously, Wendy was also able to recognize the hopeful moments that did occur with students even something as simple as making eye contact. Rosie echoed Wendy's desire to make an impact when she recounted how she translated her awareness to overt needs of students into action by making symbols unattached to meaning and then

imparted a positive meaning on them when she gave them to a student as a way to leave something hopeful with them. Kamilah too expressed a feeling of responsibility to the sense of desperation and unpredictability that she observed but recalled it being evident that the artist residency had made an impact on the teachers and students who were so invested in the culmination of all of the student's artwork.

For everyone in the focus group, this attunement to the needs of the community generated brief connections with students where the artist residency participants felt more aligned with their role as an art therapist. Participants recalled one-on-one moments with students where the student shared something vulnerable or traumatic that had happened to them with the artist residency participant. It was in these moments that participants shared a positive hopeful feeling as they took on what felt more like an art therapy role.

The theme of finding hope was also discovered in other areas, which came up in the individual interviews. Adriana discussed her experience of shifting from the chaos at hand to finding presence and peace within in the natural environment. Melanie found hope in her role once she had distance from the artist residency and had time to reflect.



## FINDINGS

The main objective of this research was to illuminate the role of the art therapist in a nonclinical setting. The research sought out answers to what the role of the art therapist would be in the artist residency, which was informed by art therapy as well as the Hoopa Valley culture. To begin to understand and navigate the variety of experiences among the art therapist participants, the researcher developed a series of questions that stemmed from the experience of the artist residency program: 1) How did your professional and academic training inform your role? 2) What was the most challenging aspect of your experience and how did you navigate it? 3) How would you describe your role in your smaller classroom group? 4) Did that role differ from day to day? If so, how? 5) How would you describe your role within the artist residency program as a whole? Additionally, the researcher used the art making process to further facilitate the dialogue and guide the focus group and interview processes. The findings revealed answers to the aforementioned questions, which were interwoven in each of the four themes that emerged from the data.

### *Processing*

Upon thorough scrutiny of the data gathered from the focus group discussion, individual interviews and the artwork created by each participant, it seems that within the spectrum of lived experiences coupled with shared art therapy training, that there are several commonalities in the role perceptions of the nine art therapists who participated in the artist residency. Using two art directives that focused on the anticipated role and the experienced role, generated findings that revealed recurrent themes that intersected in different ways during discussions. Additionally, through the process of data gathering, it

became clear that the focus groups and interviews became for many of the participants, the first time that they thoughtfully processed the artist residency experience. This was also true for the researcher, as her artwork made with participants became a timeline of her reflective evaluation of her experience in the artist residency. Referencing the literature helped articulate and guide the researcher's understandings of the four themes that emerged. Consequently, the analysis expanded into a triangulation of the focus group, the interviews and the literature reviewed.

### *Role of Art Therapy Concepts*

It became apparent in the data analysis that although artist residency participants were explicitly told that they would not be practicing clinical art therapy during the residency, nearly every participant remained attached to art therapy concepts. It seemed that art therapy served to anchor participants and offer ways for participants to emerge from chaos and feeling swallowed by the needs of the students. Indeed, art therapy seemed to provide containment for the participants amidst the chaos. Participants spoke to containing classrooms, small groups, and participants' responses to experiences. Participants also sought to illuminate the strengths and activate the resources within the Hoopa Valley Elementary students, and while the long-term success of this goal remains unknown to the researcher, it became evident that the experience of the artist residency illuminated the strengths and activated the resources of the nine art therapists. The art therapy participants' demonstrated this throughout the residency by maintaining unconditional positive regard toward the students and aiming to instill hope up until the very last interaction with the Hoopa Valley community. Interestingly, these art therapy concepts also translated to how the researcher engaged in the data gathering process. The

researcher found her self, responding to the needs of the focus group and interview dynamics by participating and creating art alongside the participants to build rapport. Intriguingly, some of the participants also asserted some art therapy by asking the researcher questions about her artwork. This dynamic occurred more frequently in the individual interviews and elevated the dialogue of a shared experience.

### *Containment in a Clinical Sense*

The focus groups and individual interviews presented the prevalent theme of containment. The reflections and the first art directive elicited various conceptualizations of expected containment. First there was a discussion of containment in a clinical art therapy sense, by which the therapist holds a space, one that contains, that is safe enough for a client to be able to communicate his or her story. And second, containment was discussed in terms of the academic setting and the expectation of a functioning school system and classroom management. The aforementioned research in the literature review seemingly breezed past this major common thread found in this research. Junge's (2009) collaborative article is the only aspect of the literature reviewed that addresses the role negotiation that occurs among artists who work toward change and also working as art therapists who strive to contain. Indeed role negotiation was emphasized throughout the data collection but intriguingly was not addressed by the artist residency participants as a negotiation between artist and art therapist but rather as an art therapist and educator. Melanie discussed how it was important stay focused on the role and task at any given moment. This finding was congruent with Moody's (1995) research in which she calls for a here-and-now stance with regard to participation in Indian culture. Although participants experienced challenges in the process, they also acknowledged their ability to

shift from an educator role within the classroom into an art therapist role when unique one-on-one situations with students occurred. These moments of brief engagement with students seemed to be the most impactful and fulfilling in terms of the art therapists role in the residency. It is curious to note that the presented article by Dufrene, was also written by Coleman, an educator, and counseling psychologist, but that neither author mentioned the value of holding the space or containment. Instead, Dufrene and Coleman (1994) authored ethical guidelines for art therapists working with Native American clients that emphasized what the art therapist should be aware of but neglected to share how an art therapist might handle moments with Native American clients who connect with art therapists and begin to tell their story.

### *Adapting*

An undertaking such as the artist residency discussed in the abovementioned research proved to be no easy feat. That said the intent and heart seemed to be propelled by the earlier visions discussed in the literature review of art therapists Ramirez (2013), Allen (2002) who aimed to make art therapy accessible to marginalized communities. Certainly nine art therapists embarking on such a project would have gladdened Pat Allen (2002) who spoke of concern of the isolation that art therapists often experience professionally as the lone art therapist. Indeed all of the participants in the focus group discussed the ambiguity and chaos that at times subverted their roles. The research provided in Wadeson's (2002) article addressed the need for art therapy to be adaptable according to need and situation. The participants described being able to do just that but also explained that the adaptability was frequent and physically tolling. The research

from Kapitan (2015) touched on the criticalness of having a space for self-reflectivity to successfully understand the cultural differences and meaning of direct interactions.

## CONCLUSION

The research concentrated on the role perceptions and understandings gained from nine art therapists, with varying levels of experience, who participated in an artist residency with Hoopa Valley Elementary students. The research revealed insight into how art therapists bridged their art therapy identity with prior experiences. The participants' connected past experiences in leadership, art, and education to successfully adapt, with sensitivity and a stance of not knowing, to navigate interactions where the vulnerability and needs of students was revealed. Using art directives to structure the focus group and interviews allowed for thoughtful reflections to emerge from the artwork and act as a catalyst for participants to engage in discussion with each other. From the dialogue and art making, four significant themes were identified; illuminating strengths and resources, containment, chaos, and finding hope amidst inadequacy. These themes captured the breadth of participants' experiences and served to answer the researcher's initial question of what the role of the art therapist would reveal to be in this artist residency.

The limitations of this research are directly related to the purpose and challenge of this type of research. Through the literature there is a call to arms among leading art therapists in the field to reevaluate a solely clinical approach and consider instead how the art therapist might change to meet the needs of clients. In the literature, it appears that few art therapists have branched out from the clinical norm of working at an agency or private practice to pursue work like the one spearheaded by research mentor Jessica Bianchi, which rethinks how art therapists can participate within communities in a culturally sensitive way. The literature touched on components of an undertaking like the

Hoopa Valley artist residency separately, such as the role of the art therapist, social action art therapy and working with Native American cultures but is missing literature dedicated to how art therapists might negotiate the complexities of leading with an art therapy identity and practice cross-culturally while also modeling community driven approaches for the field of mental health.

## REFERENCES

- Allen, P. (2002). Artist-in-Residence: An Alternative to “Clinification” for Art Therapists. *Journal of the American Art Therapy Association*, 9, 22-29. DOI: 10.1080/07421656.1992.10758933
- Alvarez, J., Junge, M., Kapitan, L., Kellogg, A., & Volker, C. (2009). The Art Therapist as Social Activist: Reflections and Visions. *Art Therapy* 26, 107-113. DOI: 10.1080/07421656.2009.10129378
- Coleman, V., Dufrene, P., & Gainor, K. (1992). Counseling Native Americans: Guidelines for Group Process. *The Journal for Specialists in Group Work*, 17, 229-234. DOI: 10.1080/01933929208414354
- Golub, D. (2005) Social Action Art Therapy. *Art Therapy: Journal of the American Art Therapy Association*, 22, 17-23. DOI: 10.1080/07421656.2005.10129467
- Kapitan, L. (2015) Social Action in Practice: Shifting the Ethnocentric Lens in Cross-Cultural Art Therapy Encounters. *Art Therapy: Journal of the American Art Therapy Association*, 32 , 104-111.
- Merriam, S. B. (2009) . *Qualitative Research: A Guide to Design and Implementation*. San Francisco, Ca: Jossey-Bass.
- Moody, J., Art Therapy: Bridging the Barriers with Native American Clients. *Journal of the American Art Therapy Association*, 12, 220-226. DOI: 10.1080/07421656.1995.10759168



- Norton, A. & Soloski, K. (2015). Officer, Chaplain, Therapist: A Feminist Perspective on the Challenges of Supervising U.S. Army Chaplain-Therapist. *Journal of Feminist Family Therapy*, 27, 21-39. DOI: 10.1080/08952833.2015.1005946
- Potash, J., & Ramirez, W., (2013). Broadening history, expanding possibilities: contributions of Wayne Ramirez to art therapy. *Journal of the American Art Therapy Association*, 30, 169-176. DOI: 10.1080/07421656.2014.847084
- Reynolds, V. (2012). An ethical stance for justice-doing in community work and therapy. *Journal of Systemic Therapies*, 31, 18-33.
- Wadeson, H. (2002). Confronting Polarization in Art Therapy. *Art Therapy: Journal of the American Art Therapy Association*, 19, 77-84.

## Appendix A

### LOYOLA MARYMOUNT UNIVERSITY

## Informed Consent Form

- 1) I hereby authorize Lauren Peña to include me in the following research study: **Adapting the Traditional Role of the Art Therapist to Meet the Needs of Clients Based on Their Culture.**
- 2) I have been asked to participate on a research project, which is designed to examine how the art therapist uses her academic training and field experiences to meet the specific needs of clients within the context of their culture and which will last for approximately 1.5 hours.
- 3) It has been explained to me that the reason for my inclusion in this project is that I am an art therapist who participated in the artist residency program with Hoopa Valley Elementary School.
- 4) I understand that if I am a subject, I will participate in a voluntary focus group.

The investigator(s) will begin the focus group with an art prompt and a discussion will follow. Additionally, some participants may be invited to participate in an interview at a later date.

These procedures have been explained to me by Lauren Peña, MFT Trainee.

- 5) I understand that I will be audiotaped and/or photographed in the process of these research procedures. It has been explained to me that these tapes will be used for teaching and/or research purposes only and that my identity will not be disclosed. I have been assured that the tapes will be destroyed after their use in this research project is completed. I understand that I have the right to review the tapes made as part of the study to determine whether they should be edited or erased in whole or in part.
- 6) I understand that the study described above may involve the following risks and/or discomforts: nervousness, discomfort, and invasion of privacy.
- 7) I also understand that the possible benefits of the study are an increased understanding of the art therapists experience within the Hoopa Valley Elementary School setting.
- 8) I understand that Lauren Peña can be reached at 415-533-6170 and Jessica Bianchi can be reached at 480-430-0103 and will answer any questions I may have at any time concerning details of the procedures performed as part of this study.
- 9) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained. N/A
- 10) I understand that I have the right to refuse to participate in, or to withdraw from this research at any time without prejudice to (e.g., my future medical care at LMU.)
- 11) I understand that circumstances may arise which might cause the investigator to terminate my participation before the completion of the study.
- 12) I understand that no information that identifies me will be released without my separate consent except as specifically required by law.
- 13) I understand that I have the right to refuse to answer any question that I may not wish to answer.

- 14) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, [david.hardy@lmu.edu](mailto:david.hardy@lmu.edu).
- 15) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Appendix B

### LOYOLA MARYMOUNT UNIVERSITY

## Experimental Subjects Bill of Rights

Pursuant to California Health and Safety Code §24172, I understand that I have the following rights as a participant in a research study:

1. I will be informed of the nature and purpose of the experiment.
2. I will be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. I will be given a description of any attendant discomforts and risks to be reasonably expected from the study.
4. I will be given an explanation of any benefits to be expected from the study, if applicable.
5. I will be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous and their relative risks and benefits.
6. I will be informed of the avenues of medical treatment, if any, available after the study is completed if complications should arise.
7. I will be given an opportunity to ask any questions concerning the study or the procedures involved.
8. I will be instructed that consent to participate in the research study may be withdrawn at any time and that I may discontinue participation in the study without prejudice to me.
9. I will be given a copy of the signed and dated written consent form.
10. I will be given the opportunity to decide to consent or not to consent to the study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.
11. I will be given a copy of the signed and dated written consent form.
12. I will be given the opportunity to decide to consent or not to consent to the study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.