



**Digital Commons@**

Loyola Marymount University  
LMU Loyola Law School

---

LMU/LLS Theses and Dissertations

---

Spring 2021

## **An Art Therapist's Use of Art Making as Self Care in Pediatric Medicine**

Emily Hargraves

Loyola Marymount University, [emilyrhargraves@gmail.com](mailto:emilyrhargraves@gmail.com)

Follow this and additional works at: <https://digitalcommons.lmu.edu/etd>



Part of the [Art Therapy Commons](#), [Marriage and Family Therapy and Counseling Commons](#), and the [Pediatrics Commons](#)

---

### **Recommended Citation**

Hargraves, Emily, "An Art Therapist's Use of Art Making as Self Care in Pediatric Medicine" (2021). *LMU/LLS Theses and Dissertations*. 958.

<https://digitalcommons.lmu.edu/etd/958>

This Research Projects is brought to you for free and open access by Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in LMU/LLS Theses and Dissertations by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact [digitalcommons@lmu.edu](mailto:digitalcommons@lmu.edu).

An Art Therapist's Use of Art Making as Self Care in Pediatric Medicine

by

Emily Hargraves

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 the Arts in Marital and Family Therapy

April 16, 2021

**Signature Page**

Author' s Signature:

A handwritten signature in black ink, appearing to be 'EH', written over a horizontal line.

Emily Hargraves, M.A. Candidate, MFT and Clinical Art therapy

Research Mentor's Signature

A handwritten signature in blue ink, appearing to be 'Debra Linesch', written over a horizontal line.

Debra Linesch, PhD, MFT, ATR-BC

**Dedication**

To all of the amazing kids, adults, and families I got to work with at Children's Hospital Los Angeles, thank you for allowing me to be a part of your experience. I will forever cherish the time spent with you and hold onto everything you taught me in the process. I would also like to thank the Expressive Arts and Therapies team for your knowledge, your guidance, your laughter, and your support.

“When you hear hoofbeats, think of horses, but remember the zebras.”

### **Acknowledgements**

I would like to express my appreciation and gratitude to the LMU Marriage and Family Therapy faculty and cohorts that I have had the honor of working with. Thank you for your knowledge, your openness, and your acceptance. I'd also like to thank my family and friends for going along this journey with me. Thank you for celebrating with me during my successes and continuing to cheer me on when I couldn't do so myself.

And lastly, I'd like to acknowledge me. You did it.

### **Abstract**

This heuristic research project examines my personal use of art making as a form of self-care while interning in a pediatric hospital. The review of the literature investigates the concept of self-care and the use of art making as a therapeutic outlet for working art therapists, for professionals in the healthcare field, and for art therapy students working specifically in hospital settings. The literature suggests that self-care is a necessary process, that self-care is not just for the physical self, but also for one's mental health. The literature also indicates that art therapists have found that art making as a specific self-care modality is demanded. The research then contains my own personal use and record of art making as a way to support myself while working as an art therapy trainee at Children's Hospital Los Angeles. I gave myself the structure of making response art once a week on site for 15 weeks. The data includes said weekly art responses, as well as any written responses or observations made during art making. The patterns I found pertain to similarity in the materials used, the visuals created, and the contexts of each image. By actively making response artwork, I was able to deepen my understanding of the importance of art making for the art therapist. In addition, this research highlights the importance and responsibility that comes with self-care as an art therapist, and additionally, heuristic research in art making as a form of active self-care could be especially beneficial for the art therapy student.

## Table of Contents

Title Page.....	vi
Signature Page.....	v
Dedication.....	iv
Acknowledgements.....	iii
Abstract.....	ii
Table of Contents.....	i
Introduction.....	8
Background of Study Topic.....	9
Literature Review.....	10
Intro.....	10
Self-Care Context.....	10
Art Making as Self-Care.....	11
The Art Therapist's Use of Art Making as Self-Care.....	13
The Healthcare Professional's Use and Benefit of Therapeutic Art Making.....	15
Student Art Therapists' Exploration of Art Making as Self Care.....	18
Conclusion.....	21
Research Approach.....	22
Methods.....	23
Design of Study.....	24
Results.....	25
Figure 1.....	26
Figure 2.....	27

Figure 3.....	28
Figure 4.....	29
Figure 5.....	31
Figure 6.....	32
Figure 7.....	33
Figure 8.....	34
Figure 9.....	35
Figure 10.....	36
Figure 11.....	37
Figure 12.....	38
Figure 13.....	39
Figure 14.....	41
Analysis of the Data.....	42
Conclusion.....	55
References.....	58

## Introduction



*Study Topic*

This research project examines the process of art making as self-care while working in a pediatric hospital setting. The purpose of this research is to explore the clinical and personal usefulness of regular self-exploration through art making by an art therapist. While examining the art making process, it also is examined as a tool to explore the thoughts and feelings that come from working in this setting. The research incorporates my own response art that I created weekly as data in response to the hospital setting, the work done with my patients, and the challenges and worthwhile moments that come with it. The questions I ask in this research is:

- What is the role of art making as self-care for an intern in a pediatric hospital setting?
- What did the art making process inform me of in regard to my experience?
- What was the art making as a self-care practice like?
- Are there patterns and similarities found in the artwork?

*Significance of Study Topic*

Currently, there is some research on art making as self-care for the art therapist, but not enough to cover the whole field. I am interested in this topic not just for my own interest as a future art therapist, but for the art therapists that will come after me. I hope to find art making methods of self-care that are beneficial to me in the contexts of processing my experiences at my practicum site, Children's Hospital Los Angeles. I also hope to discover an art making modality that can expand my way of practicing self-care.

### **Background of Study Topic**

Self-care, while seen as a modern luxury, is an essential practice as well as a movement in history (Richards, 2010, 247-250) . It is essentially the foundation to healthcare but is oftentimes outside of the medical realm. Art making as self-care is a practice that has been utilized for ages, however there is little research in the efficacy of this practice pertaining to mental health/healthcare professionals. While there is an abundance of research on art making in the realm of art therapy, there appears to be a lack of research on the topic of art making as a specific self-care practice for the art therapy professional (Crawford, Solis, Pfister, 2014, p. 33-34). This research will support the importance of art making as self-care and focusing on art making as self-care for therapists who work in the hospital setting.

## **Literature Review**

### *Introduction*

This beginning of this literature review discusses research on the practice of self-care. Following this, I address the practice of art making specifically as a form of self-care and its efficacy. Additionally, I cover art making as self-care among practicing therapists and art therapists, as well as mental health workers and non-mental health workers in the hospital setting. I conclude this literature review with heuristic research conducted by art therapy trainees on the subject of art making as a self-care practice.

### *Self-Care Context*

It is important to highlight that the concept of self-care is not new, but there is a lack of a single clear definition of the term in the literature. McCormack's article from 2003 addresses this, examining the concept of self-care throughout history, leading to proposing healthcare reform. This literature examines the research that explores self-care practices.

The practice of self-care has been around since the beginning of humankind to address illness or different kinds of health problems (McCormack, 2003, p. 48). McCormack shares in the beginning of her research the notion that people select self-care behaviors in order to maintain an acceptable level of health or well-being, prevent illness or injury, and to promote health (McCormack, 2003, p. 48). The author supports that these behaviors contribute positively to one's ability to complete necessary personal tasks, ranging from just being able to survive to reaching a level of higher understanding. McCormick also highlights supports that sometimes self-care tasks cannot be completed by yourself, that there are times in life where aid is needed, and by who can vary by task and by culture, and the people who aid can vary from family

members to community leaders (McCormack, 2003, p. 49). It is suggested by McCormack that the self-care concept is situation and culture specific, involves acting/making choices, is influenced by skills, knowledge, preferences in values, control and efficacy or lack thereof, and motivation (McCormack, 2003, 49). In order for the concept of self-care to have relevance, a social and cultural context is required.

Webber, Guo, and Mann (2013) continue to support that there is not one universal definition of self-care, but that there is a need for one at the individual level. Webber, Gui, and Mann write about the seven pillars of self-care, referencing the Self Care Journal as well as the International Self-Care Foundation (ISF). The pillars are as follows: knowledge and health literacy, self-awareness of physical and mental condition, physical activity, healthy eating, risk avoidance or mitigation, good hygiene, and rational and responsible use of products, services, diagnostics and medicines (Webber, Guo, Mann, 2013, p. 103-104). It is important to note that while these pillars do provide a broad structure, there can be many more categories that fit under self-care practices, and some might not think that some pillars shared here fit within their own scope of self-care. Within these pillars, they believe that one can live a positive and healthy life (Webber, Guo, Mann, 2013, p. 101-104).

### *Art Making as Self Care*

Now that an understanding of what self-care is and its context is established the specific practice of art making as self-care. Therapeutic art making is not a new concept. People have used therapeutic art making for centuries, however there is scant research pertaining to health care professionals. Pamela's dissertation (2015) explores research found on therapeutic art making by Caddy, Crawford Page (2012), Glaister (1994), and Walsh, Culpepper Martin, and

Schmidt (2004). She shares that in these studies, there is an overarching theme, which is that “the creative process and participation in art making has positive outcomes on the populations that were considered,” (Pamelia, 2015, p. 23).

Further research has confirmed Pamela’s findings. While her research was done five years ago, finding more research, both before and after 2015, continued to prove difficult. Munoz (2017) and Avalon (2006) both wrote dissertations that explored the benefits of art making practices. The benefits from the therapeutic art making written within their research in turn supports it as a self-care practice.

Munoz explores the role that art played in the lives of undocumented college students in Northern California. Her qualitative study showed that when the participants made art, whether they were beginners or familiar with art making, they were forced to slow down and process. She found that the participants were able to use the art as a coping mechanism, turning to it for stress relief, expression, and political processing in regard to resistance and activation of the political self-related to their immigration status (Munoz, 2017, p. 124). One of the participants, describing her art making, stated:

It is just the work of the self. Getting to know how you are, getting to know what your own personal morals are, what are your own personal standards, what makes you who you are, and what you enjoy doing on a daily basis. (Munoz, 2017, p. 125)

The evidence provided by Munoz and her participants of art making as a universal language (Munoz, 2017, p. 135) supports art making as a way to express and provide self-care. It shows that art making is a language that most everyone can understand. Munoz provided a space to not only create artwork, but share it with the public through exhibition, gave these students a voice, a chance to be heard, and a way to communicate the struggles that come with being undocumented

in the US. Munoz came to the conclusion that art making can be reparative by providing a space for these students to be safely seen and heard. Their testimonials and experiences show how art making may have been beneficial (Munoz, 2017, Chapter IV: Findings, p. 69-161).

Finally, Avalon's study continued to examine how the arts, including visual art making, can act as a vehicle for a change in consciousness and creativity within the area of medicine, public health, and education. The specific models she analyzes are The Arts in Healthcare Model and The Arts in Education/Therapy Model and assesses the efficacy of these programs at four different settings, two for each model. She uses *Maslow's Hierarchy of Needs* to define the change needed as well as *Posner's Curriculum Analysis* to analyze each program. Her dissertation provides a dialogue and evidence as to how the arts can contribute toward self-transformation and can be a resource for well-being, health and education. All of these studies and theses show that there is benefit and positive impact on those who participate in visual art making as a form of self-care.

### *The Art Therapist's Use of Art Making as Self-Care*

This section reviews literature demonstrating how art therapists have explored self-care in concept and experience. It is important to highlight the art therapist's experience to show that it can be used not just to benefit the patient, but also the practitioner. It also advocates for this practice as a way to not just process thoughts and feelings regarding work, but feelings in relation to our world as a whole.

Fish's article "Response Art: The Art of the Art Therapist," supports the importance and use of art making as response to working in a field where image making has importance. In her abstract, the author acknowledges the use of response art as a part of an ongoing dialogue on

how dedication to creating art can effectively support art therapists' practices in art therapy (Fish, 2012, p.138). She structures her heuristic research to explore her use of response art making as: a container, as a way to express and communicate empathy, to aid with countertransference in art therapy supervision, and to express experiences within her own clinical training (Fish, 2012, p. 139-141). Her conclusion acknowledged that in the beginning of her career, she had reached for art materials when she was overwhelmed, and how over time, that had changed. Art making became a way for her to respond to life events and moments, which showed to be helpful in balancing work and life, as well as processing countertransference in sessions or expressing personal experience to patients, colleagues, and students (Fish, 2012, p. 142). Her research shows that creating art can assist in processing reactions to moments in time, whether it be a quick expression or a piece that is explored over in time, and it is the art therapist's responsibility to do so (Fish, 2012, p. 142). Fish concludes by stating that with soundly creating art, it is not just for the benefit of the therapist, but for the benefit of the work with the clients that we touch.

Similarly, Brown (2008) explores the importance of art making for creative arts therapists. Brown explores the artist's engagement with the artistic process outside of work, rather than inside of work. She asked questions relating to the participants' jobs, following by asking when they stopped making art, and then connecting the two. She states that being creative yourself in this field is a must, and asks the question "Is the fact that some creative arts therapists do not make art, or engage in creative practices regularly a problem?" (Brown, 2008, p. 201). In her literature review, she finds that art therapists before her, Aliga (2003) and Allen (1992), have not just stated that it is beneficial, but overall necessary for art therapists to participate in the creative process and that there could be potential consequences in relation to

their work as therapists if they don't (Brown, 2008, p. 202). Finding that continual evidence and push for arts being used as a creative outlet supports the necessity of taking care of oneself through art media. In her artistic inquiries among groups of art therapists, creative arts therapists, and interfaith therapists, she found that all 45 creative arts therapists, who participated in this study and work in hospitals in New York City, continue to make art while managing their careers as therapists (Brown, 2008, p. 207). The research based on these participants stating that the art-making process is vital to professional affectivity as well as their personal well-being, is proof of the necessity of artistic expression when it comes to taking care of oneself in this field. Based on the research found thus far, when it comes to art therapists' exploration in art making, more research is recommended that looks at what happens when creative arts therapists stop making art and how it may impact those that they treat.

#### *The Healthcare Professional's Use and Benefit of Therapeutic Art Making*

Next this review explores literature that discusses therapeutic art making among staff in medical settings. The initial difference noticed between this literature and the previous literature reviewed is that many of these studies are art making programs that were offered or mandated to hospital staff and caregivers, versus a self-initiated art making self-care process.

This review focuses on a study written by Patricia Ann Repar, DMA and Douglas Patton, Med in 2007. The researchers addressed the strain that nurses face in the normality of their profession, such as pressure from administrative, corroding patient-nurse relations, or the conditions of being on your feet for 12 hours at a time. These factors led them to the purpose of their study: to help nurses remember and renew the values that originally attracted them to the field of nursing through the creative process (Repar, Patton, 2007, p. 182). Repar and Patton



reviewed numerous studies that explored the fatigue and burnout that nurses were currently experiencing, and they showed that over time, nurses showed a decline in job satisfaction, whether it be from the verbal abuse from fellow doctors or the somatic responses to their stress such as a lack of sleep and overall body pain (Repar, Patton, 2007, p. 183). However positive effects were seen in the research of massage therapies and art making modalities, the Arts-in-Medicine (AIM) program at the University of New Mexico (UNM) began to provide a combined service of massage and art for hospital nurses and staff on the units in which they work (Repar, Patton, 2007, p. 183-184). The researchers addressed that the most difficult part of this program was the ability for nurses to take the time due to the busyness of their schedules. The authors point out how important it is to get the support of unit managers and charge nurses, for they then could ultimately establish how many nurses will be able to participate in the program (Repar, Patton, 2007, p. 186). The program was built through brochures, hospital publications, word of mouth through hospital staff, as well as local and national media attention (Repar, Patton, 2007, p. 186). The creative encounters offered through AIM took place through a wide variety of therapeutic art making experiences, such as: word and image collage, beading, ensemble painting, the making of books, gift cards, prayer ties, bookmarks, and crepe paper flowers (Repar, Patton, 2007, p. 184). Repar and Patton shared that while participants listened to music, received massage, learned stretches, wrote haiku, and created collage, they were able to turn their attention away from work life and toward themselves and their own well-being (Repar, Patton, 2007, p. 184). The activities offered to the nurses in this literature show that they were not just for fun and to provide a moment of normalcy and grounding, but to stimulate personal introspection. Repar and Patton collected surveys from 175 participants and administered a scale of 1-6 to describe their emotional state from September 2005 until May 2006 to supply

quantifiable findings for these programs. This evidence shows that feelings of tension, anger, unhappiness, and fatigue had all significantly dropped (Repar, Patton, 2007, p. 185). Overall, the literature shows that when programs like these are put into place, the staff feel supported, which leads to job satisfaction and effectiveness, which improve job performance, which just as importantly improves patient care.

The next article also takes place in the hospital setting, however the demographic shifts from nurses to hospice care workers, social workers, and artists in residence. Salzano, Lindemann, and Tronsky, 2012 examine the effectiveness of a collaborative art-making task on reducing burnout and increasing social support in a group of hospice caregivers within qualitative measures (p. 45). In their pre-post research design containing an experimental group and control group, 20 caregivers experienced a control condition, followed by an experimental art-making condition one month later in which the group worked together to create a team quilt (Salzano, Lindemann, Tronsky, 2012, p. 46). Their sample was made up of 10 social workers and 10 members of the arts department at the hospital and were all recruited by their department directors and then self-selected (Salzano, Lindemann, Tronsky, 2012, p. 46). The inclusion of these two departments explored potential benefits in this self-care modality for people in and out of the mental health environment. Their evidence was supported by quantifiable variables obtained by administering the Maslach Burnout Inventory-General Survey (MBI-GS), including the exhaustion and cynicism subscales. They found that the art-making intervention caused a statistically significant decrease in burnout scores, which suggests that the collaborative act of creating a team quilt with one's colleagues may be an effective means of reducing staff stress in a palliative care setting (Salzano et al., 2012, p. 49). While this is supported by the quantifiable evidence, participants also frequently expressed that they found the art-making to be relaxing,

enjoyable, and therapeutic (Salzano et al., 2012, p. 49). It is further evidenced that reducing staff stress leads to a betterment in work performance, which leads to better overall care for the patients. This shows that self-care doesn't just benefit the single person, but the persons and environment around them.

### *Student Art Therapists' Exploration of Art Making as Self Care*

This section explores research papers written by art therapy students exploring their experiences and feelings as art therapy trainees through art making. The reason for concluding with these research pieces is that this literature relates closely to where I am in my journey as an art therapist. These pieces also support the practice of art making as a way to cope with what we have encountered and will encounter in this profession. The last piece of literature in particular, explores the art therapy trainee's experience in the hospital setting and using the art to process and cope with loss in that setting.

The first piece to examine was written in 2014 by three Loyola Marymount University students Sara Crawford, Guadalupe Solis, and Eliza Ann Pfister. The purpose of their research was to explore the clinical and personal usefulness of regular self-exploration through art making by an art therapist. Their heuristic research of their own art making based around client artwork and sessions, explores and supports how reflective art making can inform clinical identities as art therapists. They also investigate whether or not their own personal art making had an effect on burnout for the art therapist through administering State-Trait Anxiety Inventory (STAI-Y), and their own personal reactions to the self-exploration (Crawford, Solis, Pfister, 2014, p. 15). Their paper provides both quantitative and qualitative evidence to show the positive effects that this art making experience had on them. They met for nine weeks to reflect on their sessions and client

artwork, and created a ritualistic research process, providing themselves structure in what can be a very loose and explorative process. Over their 10 sessions, they share that the art making experience aided in processing countertransference, case conceptualization, treatment, developing clinical identity, self-care, and the importance of continuing their own art practice (Crawford, Solis, Pfister, 2014, p. 126). All three participants shared that they gained insight not just in their own artwork, but their client's artwork (Crawford, Solis, Pfister, 2014, p. 127), which shows the benefits in their self-care process not only benefiting them, but also their clients. In their final session, participants found that the research process as well as their final art making session encouraged their identity as artists, strengthened their belief in arts-based research methodology, provided a tool for clinical insight and an opportunity for self-discovery (Crawford, Solis, Pfister, 2014, p. 127). This investigation demonstrates the benefits of art making as self-care for the art therapist and a structure for how this could be done in future practice and research.

Meunier's (2015) work reviews literature that addresses the hazards from being a therapist and a therapist-to-be, which then enforces the need and indispensability of self-care practices. The article touches on the risks that come with being exposed to and holding raw emotions on a regular basis, which includes but is not limited to: a wide range of stress responses, impacted relationships with their friends, family, and overall social life, compassion fatigue, secondary traumatic stress, and burnout (Meunier, 2015, p. 3-7). With all of these factors being preventable, Meunier's research substantiates the responsibility of taking care of oneself in this profession. He proceeds to point out a very important to note paradox, which is that most therapists will recommend self-care to their patients and clients while actually rarely practicing it themselves (Meunier, 2015, p. 11). Research is presented that illustrates the benefits

in self-care practices, such as increased self-awareness, self-regulation, balance, and finding supportive connections in the community (Meunier, 2015, p. 8). The research suggests the value of this research being conducted heuristically. The author notes that self-care is a learning by doing process, so the heuristic research format is a natural and strong choice for approach. The author found that in their own use of self-care for this research project, they were able to find a deeper understanding of self, which then encouraged them to continue exploring self-care practices. In this research, the heuristic format is confirmed as beneficial, as is the overall creative explorative process.

Lau (2017) completed a graduate research project that explored the needs of self-care practices when working in a palliative care setting. Her research question is one that is important for any art therapy trainee in this setting: “What is the role of ritualized image-making as a form of self-care for an interning art therapist in a hospital palliative care setting?” (Lau, 2017, p. 8). She used a “brief, ritualized response art session as a self-care intervention, the focus of this research is in present-focused self-care as a means of monitoring and replenishing emotional reserves used by an art therapy intern while working with dying patients in an acute care palliative care unit” (Lau, 2017, p. iii). The author addresses and supports that there is a need for rituals in a setting like palliative care to help process the continuing relationship, transfer, or death of a patient. Lau’s research notes that the hospital is a fast-paced environment, so engaging in response will benefit in two ways: it will provide a moment of self-care, and it will provide a visual record of the thought process. The author’s images and commentary show how she was able to process through the art making experience. After the process of creating for four weeks and analyzing the images made, the author found that the art making process to be beneficial in the therapy realm as a form of self-care. The findings also highlight that this

process should meet the needs of the trainee, which will vary from person to person and from setting to setting. The author strongly illustrates the value of personalized self-care interventions in the workplace, and that a deeper art-based understanding can come from creating and processing imagery. The art making self-care process demonstrates that it can aid beneficially in processing and validating thoughts, feelings, emotions, events, and dialogue.

### *Conclusion*

The literature suggests that self-care is a necessary process, that self-care is not just for the physical self, but also for one's mental health. The literature also indicates that therapists have found that art making as a specific self-care modality is demanded. It is a way to not just advocate for the practice, but to aid in the understanding of it. It also proves to be a modality where deeper understanding and underlying thoughts and emotions can emerge. For nurses, staff, and care takers in the medical setting, the implemented and offered art making programs show evidence of increase in well-being, which then showed improvement in overall performance at work. The literature written by art therapy trainees show that it is the trainee's responsibility to use art making as a self-care practice, whether it be structured meetings with others or self-care practices on site.

### **Research Approach**

For this research project, I am implementing a heuristic arts-based self case-study. My reasoning behind choosing this approach is that the question is inherently personal and is directly related to art making. It is also informed by my own personal experience of working in the pediatric hospital setting with a variety of patients as an art therapy trainee. McNiff (2009) states that the case study form of research combined with the art-based approach can “creatively transform the conventional case study format to be expressive of the unique dynamics of the creative process,” (McNiff, 1998, p. 159). Continuing with this, Elliot (2011) states that utilizing an arts-based approach can provide a more fundamental quality to the personal experience (Elliot, 2011, p. 98). Using and embracing an arts-based approach (Lau, 2017, p. 8) encourages the reflective process through creating reflective art and following by re-examining and revisiting the art. My intention for utilizing a case study approach includes finding similarities and patterns to inform the reader of the lived experience of working in this field and in this setting.

## Methods

### *Definition of Terms*

Arts based research: A method of inquiry which uses elements of the creative arts experience by the researcher (McNiff, 1998, p. 13).

Art making: Opposing art therapy, art making is a form of self-expression that has been used as long as time, which can bring pleasure, new knowledge, as well as new skills to the individual (Abdolahi, 2020, p. 19).

Self-care: What people do for themselves to establish and maintain health, and to prevent and deal with illness. This can encompass hygiene, nutrition, lifestyle, environment, socio-economic factors, and self-medication (Webber, D., Guo, Z., & Mann, S., 2015).



### **Design of Study**

*Sampling:* In this study, I collected data (personal response artwork) based on my own experiences of being an art therapy trainee working at Children's Hospital Los Angeles.

*Gathering of Data:* The data collected consists of 15 response artworks created over a period of 13 weeks (September 15<sup>th</sup>, 2020 through December 17<sup>th</sup>, 2020) in response to the work environment, sessions, and patients/families I worked with at Children's Hospital Los Angeles. The artworks included are drawings, paintings, sculptures, and collage works made onsite. The spaces where art was made included seating areas or appropriate work-stations on the patient floors or in the Expressive Arts team office. Given the fast pace environment, I made art whenever I had a spare moment and used materials I had in my cart that would be cleaned between each use.

*Analysis of Data:* The data collected will be organized by the date they were made, ascending from earliest to most recent. The data will contain photos of the artworks and any written responses made while making them. There will be a summary of the artwork written below the corresponding piece. There will be a chart listing the repeated themes and patterns found in the artwork and how often they were found. Themes will be organized by materials used, similarities in the visual aspects of the imagery (colors, shapes, size of the work, etc.), subject matter found in the work, and repeated words/phrases used in the written responses to the art.

## **Results**

### *Presentation of Data*

The format of the presentation of data was influenced by Lau's 2017 research. The data gathered from my research is presented chronologically. Figures 1-14 consist of images of the artwork, the date made, the dimensions of the artwork, the materials used, and any written reflections or observations made at the time the artwork was being made.

*Figure 1*

*Date made:* 9/16/20

*Dimensions:* 12" x 18"

*Materials:* Paint sticks, black colored pencil, construction paper

*Reflections/Observations:* When I was making this piece, I wrote down that I had felt overwhelmed and annoyed that day in particular. I was struggling with the adjustment to new team dynamics/new additions to the art therapy/music therapy team and also with a heavy case I had at the time. I was able to reflect positively on the good things that had happened throughout that week, but it was easily outshone by the current frustrations. I remember feeling a physical sense of relief and satisfaction after making this work.



*Figure 2*

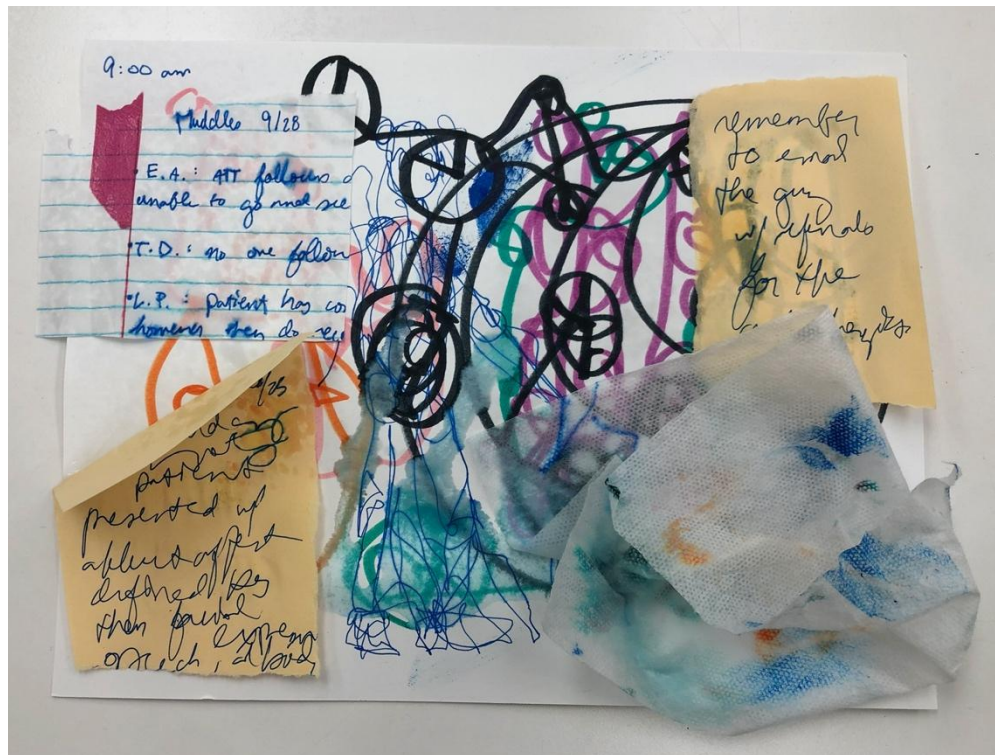
*Date:* 9/28/20

*Dimensions:* 8.5" x 11"

*Materials:* Colored markers, found notes, cleaning wipes, pen, white paper, glue sticks

*Reflections/Observations:*

There was a feeling of anxiety and feeling frazzled while creating this piece. I was experiencing a feeling like I didn't have enough time to get everything done. I felt rushed to even make reaction art, feeling like there wasn't enough time for this alone. I didn't think much about color choice when it came to materials, I just grabbed what was within reach. Making this art piece felt very visceral, like I didn't think about what I was making, rather I was just directly reacting to my emotions through the art making. While I felt rushed to make something, I was able to pause and look at it afterwards and later on that day, feeling satisfaction and calm after getting all of that out on paper.



*Figure 3*

*Date:* 10/1/20

*Dimensions:* approx. 4" x 2" x  
1.5" and .5" x .5"

*Materials:* Model magic, pink  
paper for background

*Reflections/Observations:* I was  
wanting to experience something  
whimsical to balance out the



heaviness of the work environment. Making chimeras or animals was also something that I often did with patients, either observing or alongside, and the feeling of accomplishing something as simple as this felt good. I also chose a material that forced me to slow down in my making process, allowing me to really sit with the feelings I was experiencing and physically work them out. In this activity, I also chose to do something fun for myself. I chose a neon pink background for aesthetics and because it felt like what this “creation” would have wanted. I believe I named him Doug and gave him coffee, something I was wanting in that moment.



Figure 4

*Date:* 10/15/20

*Dimensions:* 12" x 10.5"

*Materials:* Tissue paper, paper scraps, paint sticks, tag with beaded charm, colored pencils, glue, construction paper

*Reflections/Observations:*

This art piece was made in response to a gift from a long-term patient of mine who was on her way to being discharged. The



patient and her mother gave me this charm with the "Thank You" ribbon attached to it. Saying goodbye to this patient was particularly difficult. While I was happy she was going to be well enough to go home, I wish I had more time to work with her. She was struggling tremendously with anxiety and depression, and the family had asked me if I could be her regular therapist. It sucked that I am not able to be that for her, but I am so glad I got to be there for her and help her during this crisis. There were parts of her I saw in myself. I used symbols and colors she had used in her own art making along with my own collaging and linework. The figure partially

drawn was just a glimpse of what the patient looked like. I had stopped myself since I didn't want to break the patient's privacy or privilege in my own art making.

*Date:* 10/22/20

*Dimensions:* 4" x 6"

*Materials:* Blank post card,  
acrylic paint

*Reflections/Observations:*

This is a postcard I made at  
the end of my week. I do  
plan on making another,



one postcard I can write to myself, and one metaphorically to my patients. When I made this small piece, I was reflecting on the kids I had seen that week and the cases I still had. I am also reflecting on the affect these kids have had on me during this experience here. I am kind of nervous about actually writing in it, not knowing what may come out. Plus, it makes saying goodbye real. I might make a larger card after this, so I have more space to process with art and with words.

*Figure 6*



*Date:* 11/13/20

*Dimensions:* 8.5" x 11"

*Materials:* Paint sticks, colored markers, glitter glue, white paper

*Reflections/Observations:* While I was feeling burnt out, I still wanted to reflect on the awesome sessions I was able to have the one full day I was in work this week. They were all pretty awesome sessions where I could see these kids really expressing themselves



through the art. When making this piece the only words that came to mind, while corny, were that "magic happens in those rooms." This environment, while of course not perfect and draining at times, is awesome, and I am so grateful to have had the opportunity to work with these kids.

*Figure 7*

*Date:* 11/13/20

*Dimensions:* 8.5" x 11"

*Materials:* Grey paper, colored markers

*Reflections/Observations:* This week we were given a prompt to just react to everything that's been happening in the world and how it is has been affecting our work here at the hospital. I immediately started thinking about my anxiety and the feeling of just being so overwhelmed with current events in relation to our election, in relation to the



violence that has been happening all around our country, as well as trying to rise above it all. I thought about the imagery of jagged cliffs, ones with a lot of rocks to hold onto as well as gaps where there seems to be nothing to hold onto. I imagined getting to the top and feeling this joy when you get there, but then suddenly panicked, wondering whether or not you're going to fly or fall.

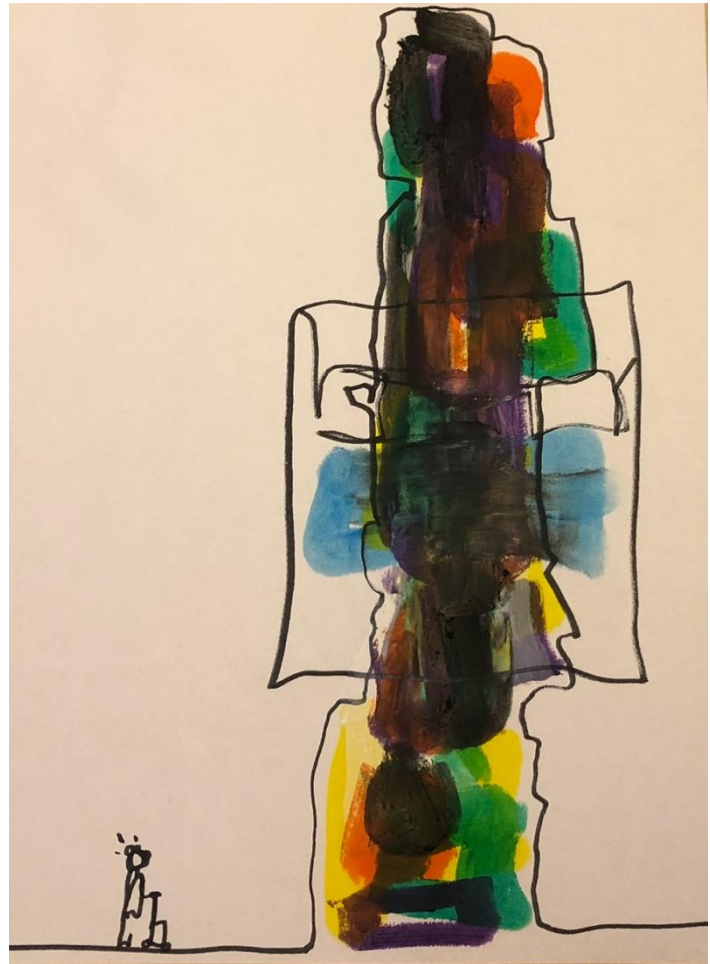
*Figure 8*

*Date:* 11/20/20

*Dimensions:* 8.5" x 11"

*Materials:* White paper, black marker, paint sticks

*Reflections/Observations:* This image was created when reflecting on the hurdles and barriers that come up in session. Even when it's knowing certain information or knowing the care is a more serious one, it can create this daunting feeling. My most recent encounter with this was attempting to have a session with someone who spoke



very little English. I felt so guilty not being able to provide the best services I could for them. Another hurdle sometimes just comes with the environment, and that's burnout and mental exhaustion. Just getting into the rooms alone felt like a daunting task. Another hurdle is making. With new protocols I had trouble getting into a room to see a patient on the PICU floor, there was a requirement to wear a N95 mask on this floor and I was unable to get a proper fitting. I was allowed to go in because of the standard precautions the patient was on, but it was still very stressful, and I would have felt so guilty if I wasn't able to go in because of the masking.

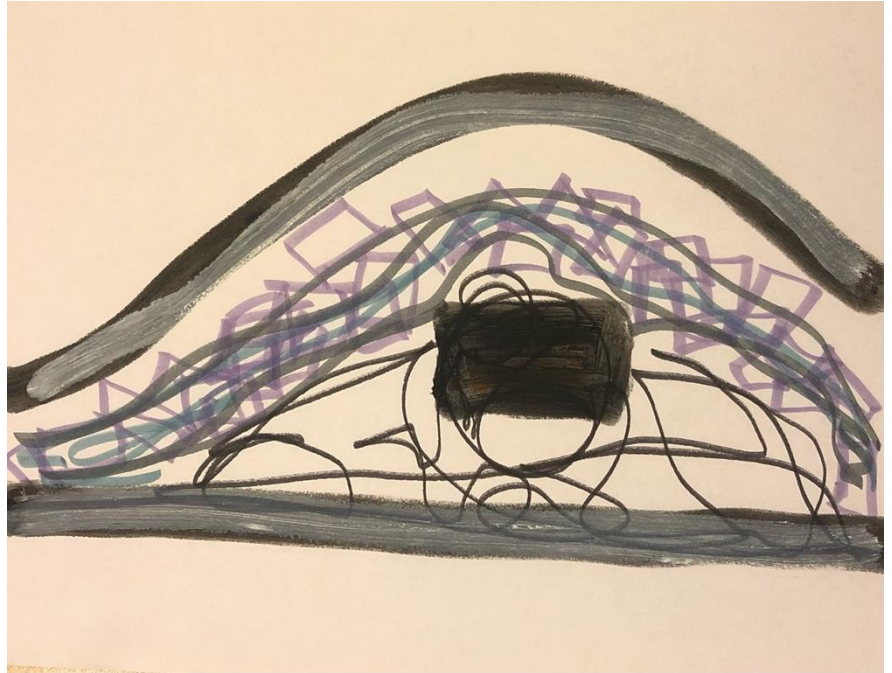
*Figure 9*

*Date:* 11/20/20

*Dimensions:* 8.5" x 11"

*Materials:* White paper, colored markers, paint sticks

*Reflections/Observations:* This drawing was inspired by the exhaustion I have been feeling. I am feeling it both in and out of



work, but I feel it impacts me more at work than not. My mind and my body are feeling like they are both giving out. I love what I do, and I don't want to be anywhere else, so this exhaustion doesn't make sense to me. It feels so heavy and it makes it hard to go through my normal day to day life. It's a very physical feeling of exhaustion. It's frustrating as hell because it feels like my mind is ready and wanting to do one thing, but my body is holding me back. While it's not something I feel in my sessions, it's something I feel as soon as I sit down for lunch or as soon as I have a pause in my day. I am trying to come to terms with this as one of my side effects of anxiety and depression, but it's out of control, and in that I have no control of it as well.



*Figure 10*

*Date:* 11/30/20

*Dimensions:* 8.5" x 11"

*Materials:* Purple paper, paint sticks, black marker, tape, rubber bracelet

*Reflections/Observations:* This piece was made in response to terminating with a long-term patient I had worked with. This patient was someone that I genuinely enjoyed working with and I looked forward to our sessions. No matter how she was feeling, she would give her all in our sessions. She gave me the bracelet that is taped onto the page. She and her family make these to help spread aware for one of her diseases, mast cell activation syndrome (MCAS). She gave me two, one to make art with and one for me to wear. She made a lasting impression on me, and we had many memorable sessions together. I was so sad to say goodbye, but I'm excited for what is yet to come for her. I chose her favorite color purple as the base for this piece, and merely reflected on the time we had spent working together, who this patient was, and what I hope for them. The biggest thing for me is having to accept that I may never know how their life will turn out. All I can do at this point is continually hope the best for her.



*Figure 11*

*Date:* 11/30/20

*Dimensions:* 8.5" x 11"

*Materials:* White paper,  
oil pastels, pen

*Reflections/*

*Observations:* This was  
created when processing  
the end portion of my



internship here. The first part is processing the chaos that is trying to get all my notes, done, getting schoolwork done, finishing presentations, and stuff that if honestly is important but not as important as seeing my clients. It's this push and pull of getting all of the admin done and getting it done well while still seeing patients and being able to function normally. The second half is the wave I am expecting to feel at the end once this internship is all over. I started to feel a bit of it today saying goodbye to a patient who is discharging soon and feeling sad that I most likely will never see them again, never getting to know if they will get better, stay out of the hospital, etc. I'm expecting to feel a sadness from not being able to work with these awesome kids and being in this awesome setting, but also this worry and confusion and mystery about what I will feel after accomplishing this thing that I have been wanting to accomplish for such a long time.

*Figure 12*

*Date:* 12/10/10

*Dimensions:* 8.5" x 11"

*Materials:* Grey paper,  
paint sticks, colored  
pencil, found collage  
pieces

*Reflections/*

*Observations:* When  
making this piece, I was



thinking about really tying everything up for the end of my internship. While it still wasn't for a couple more days it was still on my mind. I felt really absent in this piece, like it wasn't happening if that makes sense. I didn't feel a lot of emotion while making this, and looking at it, it feels pretty empty. I was running around like crazy trying to get everything done, which in turn led me to forget processing what was happening: saying goodbye to a place, a job, and patient that all meant so much to me. I included a "fortune" that a coworker had given me that week, which states "You always bring happiness to others." While stressed, this fortune uplifted me enough.



*Figure 13*

*Date:* 12/11/10

*Dimensions:* 6" x 6"

*Materials:* White paper, paint sticks, black marker

*Reflections/Observations:* This was a piece of art I recreated from a session I had with a patient. As a termination art directive, we made cards to exchange with one another, and this was what I made for my



patient, and I liked it so much I wanted to recreate it for myself. I worked with this patient longer than any other, and perhaps was the hardest goodbye. We had been working for months, and the patient was struggling with transitioning to another art therapist, and overall saying goodbye. We had a very strong rapport and she had worked on and through so much with me in these sessions. Seeing her open up over time was a privilege. This was a patient that I would describe as “sticky” as in I will probably be thinking about them for the rest of my life. They made a tremendous impact on me. We had a pretty set routine for our sessions, and this is an image of one of those: check in, art directive, then a card game that she would destroy me in. This patient was facing her second bout with ovarian cancer, and this diagnosis was terminal.



Being there and talking to this patient about her diagnosis, how she struggled with it and how she would deal with the everything that came with it, I was honored. She struggled to let people in, and I got to be one of the ones that wiggled their way in. She truly valued her time and her relationships with others and had big hopes for her future. She had told me in our last sessions that her doctors had a five-year plan for her, and I hope that she beats that tenfold.

*Figure 14*

*Date:* 12/17/20

*Dimensions:* 5.5" x 8.5"

*Materials:* White paper, black marker

*Reflections/Observations:* This was my last day at internship and if I'm honest it went by in a blur, I felt like I forced myself to make something when at this moment in time I didn't feel it was what I needed. I wanted to document my last day in some way, but what I really needed and decided to do was just be in the space, honor and reflect the work that I had done. What to me was so interesting, that this last day was just like any other normal day at work. It was very ordinary. Which in a way I was bummed about for a while, but over time, it let me to realize that even though I am leaving my patients and am finishing an internship I had dreamt about for years, that the kids, and myself, will all be okay, and that life will go on.

*Analysis of Data*



The data is explored in three different categories: patterns found in material choice, patterns found in the imagery, and patterns found in the reflections/observations. The patterns found in the material choice are as follows: consistent use of two-dimensional materials, similarity in the sizes of the works made, and repeated use of materials (paper, colored markers, paint sticks, and collage materials). These are the patterns found visually in the data: abstract imagery, curved and connected linework, layering of colors and/or materials, and non detailed line drawings of a person/people. There were also a number of patterns found in the reflections/observations: the colors used correspond to specific emotions or people, the context of the artwork is directly related to an individual patient/person/event, feelings felt going into art making were along the lines of feeling overwhelmed, stressed, or burnt out, feeling immersed in the process, and feeling a sense of relief, satisfaction, and or happiness post artmaking.

There were many factors that stood out in each one of these artworks made, however the repeated patterns found require further exploration. The presentation and analysis of the themes found will be addressed similarly to how Abdolahi addressed her work (2020). The pieces will be addressed chronologically in the order they were made, and by how the data fits the patterns found, or how they deviated.

### *Figure 1*

This artwork was 2D, was larger than work I had normally made, and I used materials that I enjoyed using/that I used often: paper and paint sticks. The colored pencil was a slight deviation. With these materials, I was able to both take my time and/or work quickly. The size was bigger than I usually made art with, but I was still experimenting and getting used to actively using art making as a way to coping strategy.

There is strong curved linework here that is both abstract and overlapping. There are figure representations throughout this piece, both big and small. In the reflection it documented that I was feeling overwhelmed at the time and that the images are directly relation to that. I also documented that I had felt a sense of relief once the artwork was deemed done. You can see the stress in the black, overpowering linework. This was one of the first times when I really allowed myself to just react and not think too much about the visuals.

*Figure 2*

The materials were another familiar choice, using markers and paper, but there was a new introduction of collage materials of ripped up notes of mine and cleaning wipes I had been using religiously my entire internship. The size was smaller than the first work and was a more comfortable parameter to work with. We see again these layers of colors and lines and now materials. A figure was made in the background but was covered up with symbols of clocks and collage pieces. This to me shows how the concept of time, or the lack thereof, gave an overwhelming feeling. In the reflections, we can also see that I was feeling rushed, frazzled, and how making this piece was very visceral. Again, I documented how I wasn't thinking when I was making this piece, that I was just going with it. I also documented feeling calm and satisfied after completing the work.

*Figure 3*

This piece stepped away from most of the patterns found in my data. This piece was made with model magic, 3D, smaller in size, and had no color other than the background when documented. This piece made me slow down physically because of the

material choice which I believe was beneficial. It looks like I had fun with it. The patterns this data does connect to are that this process really had me think about my patients and the work I was doing as well as that sense of relief and accomplishment at the end of my finished product.

*Figure 4*

This piece was similar in size as Figures 1 and 2 and involved similar materials: paper, collage, colored pencils, and paint sticks. There are strong abstracted lines as well as a small figure in this work. The colors and content of the work are directly related to a patient I was working with at the time. The best way for me to honor the patient at the time and hold onto the gift while not getting overly attached was to use it in artwork. The gift was very touching to me and the trust gained with this patient and family was remarkable, so putting all of those thoughts and feelings into this work was a very beneficial outlet.

*Figure 5*

This piece was smaller than the past 2D works and I used liquid paint, which I didn't do as often in this setting, however it was still two dimensional and on paper and the image itself is abstract. Each color was chosen in response to thinking about a patient or a session, but the material made me slow down since there was actual drying time involved. Looking at the reflections, I noted that I never ended up using the art piece for its intended purpose, which I believe is important to note. In the reflections, I could see this was me trying to say goodbye, but this format didn't work. Not finishing this piece was good for me, because I was learning what did and didn't work for me when it came to using art as an outlet.

*Figure 6*

This is a piece of artwork I reflect really positively on looking back at it. This piece is similar in size and the materials used for the most part were used before: colored markers and white paper. However, the addition of glitter glue was new, and it added to a feeling of whimsy and positivity. The lines are all connected and curved, and there are several small figures, representing myself moving from room to room. Each color chosen for each “room” was a reaction to thinking about a moment in a session or a particular patient. In the observations, I wrote down “magic happens in these rooms,” and I not only felt successful in completing a piece of art, but in the work I had done thus far in my internship.

*Figure 7*

This was the second piece I made that day, which is atypical for what I had done so far. There was one piece that made me feel relief, and this one was one that allowed me to feel the heaviness of the world around me and everything that was happening. The artwork is 2D and the materials were those that fit the pattern found: paper at the 8.5” x 11” measurements and colored markers. The lines are layered, curved, and connected, and there is a small figure representing myself at the top. The colors are a direct response to emotions: purple for anxiety, grey for depression and numbness, small bits of pink for excitement, and yellow for happiness. I felt very engrossed in this artwork, making the lines and positioning everything slowly. I in the end thought that the black lines could be the journey that this figure (myself) took, all of its ups and downs. The idea of flying or falling, looking at the image now, the figure looks like they could go either way,

indicating that they have a choice to make in how they handle themselves, how they can choose to take care of themselves.

*Figure 8*

This piece was the first of two I had made that day. It meets nearly every pattern found in the data. The chosen materials and size of the work, the layering of materials as well as connected linework, a small figure at the bottom of the page, and the reflections show signs of stress. You can see in the work the looming of the barriers and hurdles I was feeling in regard to my sessions, which consisted of factors such as not speaking the same language as the patient or being able to understand them due to different medical conditions. While this addressed what I was feeling about myself as a professional, I needed another image to show how I was feeling not just as a working professional, but as a human being navigating this trying time in the world.

*Figure 9*

This piece was made the same day, as figure 8, another two-response piece day. This used the same materials as the one made before and is the same size. There is also layering of materials, abstracted lines, and a figure. However, the figure is much larger in this work in comparison to the other works made, and the face is blocked out as well. The largeness of the figure representing myself could indicate a sense of confidence. I was owning my struggle, rather than telling myself that I was okay when I knew I wasn't in that moment. This piece was rushed in the making, and you can see the anxiety and exhaustion communicated in the work. It felt good emotionally to get it all out on paper. While it wasn't a cure for all of the feelings felt, it was at least out and in the open.

*Figure 10*

This also is one of two response art pieces made in one day. This piece was also used with the same materials and is the same size as many of the pieces in this collection of data, however it is a bright purple color. There is also a single piece of collage material, a gift given from a patient. There is layering of colors and abstracted curved linework, as well as connected lines and a figure in the center of the page, however with this one you can see a hint of facial features (a smile) which differs from many of the previous pieces. The piece is directly correlated to a patient as well and influenced color choice as well as the collage material incorporated: a bracelet that was gifted to me from her. This piece was emotional for me, saying goodbye to this patient was one of the hardest goodbyes I had while working here. Working with this patient was so rewarding and it was an incredibly inspiring process. Making a piece saying goodbye to a patient felt like a better fitting closure for me, rather than the postcard from figure 5.

*Figure 11*

The second piece made this day fits the pattern found when it comes to size and one of the materials chosen: paper. However, there was a departure with using oil pastels which felt more like what I needed in the moment, something that could blend more and something that was richer in feeling. There is also the use of words to differentiate the meaning of each image on the page. There was a lot of processing in this piece and feeling immersed in the process, trying to prepare myself for what life would be like after reaching this goal of mine that I had been working towards for years. While there was the beneficial feeling of release and satisfaction from being happy with what I made, I was still thinking about what was to come next.

*Figure 12*



This piece fits the pattern with the materials used and the size. There is connected abstract linework throughout the piece, and this is the second time we are seeing words used in the work itself. However, in the reflection there is less immersion and it is noted that I was left with an empty feeling with this piece, like I was forcing myself to make something. This could be due to the stress being felt while making it and not being able to connect with the work or effectively putting my thoughts and feelings into it. It could also have to do with not wanting to say goodbye, which was documented in the reflection.

*Figure 13*

This piece was created the following day and I was more effectively able to communicate thoughts and feelings through the work. This piece is smaller in size than many of the previous pieces, however the material choice remained consistent: paint sticks and markers. The colors overlapped and the abstract linework connected, and the linework creating the two figures were also connected. This piece is one that became extremely valuable to be and one that I was very emotionally tied to. It was a piece I made in direct relation to a patient, the patient I had worked with for probably the longest amount of time and she probably also had one of the heaviest cases I had taken on. Working with this patient was a privileged, I learned so much through working with her, and while I was sad saying goodbye to her in our session and while making art, I felt happy while making this piece and I am happy looking back on it.

*Figure 14*

This was the last piece of response art made throughout this journey with my internship. It was a little smaller but somewhat similar in size to other pieces made, and

there was also similarity in material choice: paper and marker. However, this piece differs from the pattern with its lack of color and the actual realism. This was a non-abstracted view of something I would see while walking around the hospital going from session to session. This piece also felt rushed. Since it was my last day, I felt like I had to make something. It in a way was very ordinary, which I think is a good thing. There will always be art therapists and music therapists there to help take care of the patients, and everything will continue on.

In this next portion of my analysis, I now will be identifying the themes in what I found in the analysis of the data, exploring the patterns found in the materials used, visuals created, and reflections/observations made. Then, we will find connections in my research to the literature reviewed.

*Materials used:* The materials used were pretty consistent: paper, colored markers, collage materials or paint sticks. These materials were something I could easily take with me (paper works) and something I could clean and use again later (the markers and paint sticks could be disinfected easily, and paper could be laminated if necessary). The materials I used also had little to no drying time and could be easily stored in the little space I had at work. Notably, the paint sticks were extremely cathartic to use. The smoothness of the paint sticks was extremely relaxing for me, and I tended to gravitate towards that material most often. These were also the materials I used most often with my patients and materials that I was already familiar with as well. Perhaps since these were the materials I used with my patients it was another way for me to connect with them and this site while making art. When it came to the collage materials, it was often

scraps of notes I had made throughout the day or they were gifts from patients. It was a way to incorporate the physical evidence leftover from my day or a way to honor a patient I had worked with. When it came to the materials, I think comfortability was needed when creating this kind of sensitive artwork.

### *Visual*

In the visuals, the linework was almost meditative in process. I think it also symbolized that I was trying to make connections to the things around me, such as what was happening in the outside world to what I was feeling to what my patients were going through. That all of those thoughts and feelings were swirling around with each other and whenever I had a moment to myself, it would be hard to untangle these things from one another. This got easier over time, but especially during the pandemic, the election, and with so much uncertainty health wise with many of my patients it was hard to not be feeling all of it at once. The abstractness of each piece also allowed the art to not be just about one thing. Especially connecting to the paint stick material, while it was cathartic in use, it was easily layered. Some of these layered could also be symbolic of what took precedence to me in that moment. The figures in most images in the beginning were quite miniscule. In figures 1, 6, 7, and 8, the figures that were representing myself were mostly dominated by the rest of the image, whereas figures that represented others took up more space, such as figures 1, 10, and 13. Figure 9 was the first time I depicted myself in a way that took up more space, and it was one that depicted some of the strongest and hardest emotions I was feeling. When I depicted a patient in particular, you could also see how that figure was honored and there was no visible rush in creating them. The choice in colors also was important to me in many of the pieces. This was a

time when I really let the visuals do the talking for me, which was something quite vulnerable. When I see how the figures took up more and more space, I think it could symbolize the growth in confidence I had in myself as a therapist. Figures 6, 7, and 9 are prime examples. In figure 6, while I was small in this image, I was moved throughout the piece and even with my thin lines showing the paths I was taking going from room to room, I took up space. In figure 7, the black line is connected to the figure at the top, which could be the trickle down of who she has helped and impacted in this internship. In figure 9, while it depicts me in a rather dark place, I am a much larger figure, I am acknowledging loudly what I am feeling, what I am struggling with. There were also four pieces where I had incorporated some sort of visualization about a patient in particular: figures 1, 4, 10, and 13. In figures 1 and 4, the figures are made with colored pencil, and were lighter but more detailed in nature. Figures 10 and 13, both were patients that I had built strong rapport with and had worked with for a very long time, and so I wanted to really take my time when drawing them. While they are not as detailed, they are a more predominant and focused part of the artwork. This could also be due to the impact that they had made on me as a therapist.

### *Reflections/Observations*

I realized from looking back at many of these reflections, I was letting myself be vulnerable in my artwork. I was able to open up about these vulnerable feelings I was experiencing in the creating of the artwork and then reflecting and talking about it. It was something that wasn't easy at all to begin with, but it turned out to be essential that I did. I also noticed that going into my time of self-care, I often would feel overwhelmed,

stressed, or burnt out. While it makes sense given the context of being in the middle of a global pandemic, a pivotal presidential election, frequent and powerful city wide protests, the overall tense political climate, and just experiencing the overall heaviness of what was happening around the world, I didn't realize how often I was coming into making art with this feeling until I started analyzing the data for this research paper. Not realizing this could be because one, I genuinely loved and enjoyed the work that I did as an art therapy trainee and was extremely proud of it often times after making said art, and two, I felt either a sense of relief, a weight being lifted, or honestly, just overall happier once my artwork was finished. I also felt extended joy about art that I felt connected to. There were just a couple of pieces that I didn't feel that connection with, but overall, creating art in a moment eased the heaviness I felt. It became a way for me to cope and express myself. Given how fast paced the environment was, having something that slowed me down, even just for a second, was extremely beneficial. In an environment like this, while I am so absolutely passionate about the population and setting, it can be a tremendous thing to take on. Having the space to create and process without necessarily using words was extremely useful and effective in this environment. In comparison to my previous semesters working as an intern at Children's Hospital Los Angeles, this semester was the most productive, and I was also the happiest I had been when it came to my work, and I think a lot of that has to do with newly utilizing this valuable outlet on a regular basis.

#### *Connections to Literature*

My findings connected to multiple pieces of literature that I reviewed earlier in this paper. The way I used art making as a form of self-care was very much influenced

by the culture of the work setting I was in, and my methods were ones I had to figure out on my own. Munoz's qualitative study showed that when the participants made art, whether they were beginners or familiar with art making, they were forced to slow down and process, which was something that I experienced when sitting down and making my response art. Throughout her study, she found that the participants were able to use the art as a coping mechanism, turning to it for stress relief, expression, and political processing (Munoz, 2017, p. 124). The study done by Crawford, Solis, and Pfister explored art therapy students using art making as self-care and their results showed us that they gained insight not just in their own artwork, but their client's artwork (Crawford, Solis, Pfister, 2014, p. 127). For me, using the materials that my patients would use in sessions provided me insight as to how the materials worked and how they might feel. Two figures in particular, 4 and 13, involved recreating artwork that was made in sessions, which helped me gain insight to both the patient and myself. Salzano noticed in her 2012 research that reducing staff stress lead to a betterment in work performance, which lead to better patient care (Salzano et al., 2012, p. 49). During the 15 weeks I had worked at CHLA while actively making response art for self-care, I was notably more productive and from what I observed, some of my best therapeutic work was made during that time. Lau's 2017 experience and research from working in palliative care research noted that the hospital is a fast-paced environment, so engaging in response will benefit in two ways: it will provide a moment of self-care, and it will provide a visual record of the thought process. I found myself needing that moment, and actively making that time for myself was much needed. Similar to Fish's 2012 research, in the beginning of my art making process and investigation, art making was a way to

respond to the stress I was experiencing, and then became a way for me to respond to life's array of events and moments. This showed to be helpful in balancing work and life, as well as processing countertransference in sessions or expressing personal experience to patients, colleagues, and students, just like in Fish's research (Fish, 2012, p. 142). The overarching connection that I found between the previous and my current research is that it improved the art maker's productivity in the workplace, an understanding of themselves and/or their patients, and their overall wellbeing.

## **Conclusions**

The aim of this study was to examine and inform the process of art making as a form of self-care while working in a pediatric hospital. There were patterns found in three different categories: in the materials chosen, in the visuals of the art created, and in the reflections/observations made in the moment of making the art. The choices in materials were in direct relation to what could be easily taken with me around the hospital, something that could be stored easily and kept discrete, and particularly, they were the same materials that I used with each of my patients. It was another way for me to relate myself to the patients and share just a touch of their hospital experience. In the visuals, everything was layered together and intertwined. The figures grew in size slowly and became more predominant, which could also be linked to my confidence in my work. Creating something that also was visually connected to my patients was important to me, whether it was recreating artwork made in session, thinking about the obstacles I was struggling with in session, or dedicating a color or collage piece to what I had learned about being a therapist from my time with a patient. In the reflections and observations, I had noticed that outside of my sessions but still at work, I was overrun with thoughts and emotionally feeling the heaviness that came with 2020, and art making helped take some of that burden away.

By actively making response artwork for 15 weeks, I was able to deepen my understanding of the importance of art making for the art therapist. The review of the literature highlighted the importance and benefits of utilizing art making as self-care, particularly for the art therapist. The role that I found in art making was that it forced me to slow down and make time to take care of myself. This in turn had a positive impact on my overall wellbeing and productivity at my internship. The art process informed me of not just how much stress I was feeling, but how often I was feeling it as well. I didn't stop to think about it since it felt like



there wasn't time to stop. The art gave me a place pause and reflect, and it helped to cool me down from what felt like chronic burn out. It also showed me how so many parts of my role as a therapist were connected and impacted by politics and world events. It also showed me the relation to taking care of myself and how I performed at work. The art making process at first was awkward and it made me feel exposed. However, turns out exposed was what I needed. If I was open about the tough thoughts and feelings I was experiencing through my artwork, I would be able to process them, and thus, they wouldn't no longer be an obstacle when it came to doing my job. When those obstacles were no longer blocking me, I was truly able to excel and perform. It is something now that I do not just to explore and relieve myself of the burdens I face, but to also highlight the decent, the exciting, and the normal moments in my life. Having the nonjudgmental space of a piece of paper allows me to communicate it all freely.

The overarching theme I am finding here is connection. The art making process allowed me to deeply connect to the work I was doing and to all of the amazing kids I was working with, and it also gave me closure and allowed me to peacefully close an extremely impactful chapter in my career as an art therapist. In addition, this research reminded me of the importance and responsibility that comes with self-care. It is our responsibility to take care of ourselves and connect with our emotions as therapists, for when we do better, our clients and patients do better. Additional heuristic research in art making as a form of active self-care like this could be extremely beneficial for the student art therapist. This is a critical time when we are learning, and we get to see first-hand how beneficial art making can be on a person. We can't only feel our way through things, we have to act our way through, and art making can take on that role of acting our way through these experiences. When we practice that same kind of care for

ourselves, it can only further and expand our own growth and knowledge as mental health professionals.

### References

- Abdolahi, Beta S. (2020). *An Evaluation of Comprehensive Projects Used in an Expressive Arts Workshop for Cancer Patients and Survivors*. Access provided by Loyola Marymount University Libraries.
- Avalon, Alexxis. (2006). *Arts in new directions: The development and application of a construct that uses the arts to promote transformation and self-actualization in health care and education/therapy*. Access provided by University of South Florida Libraries.
- Barbara J. Fish (2012) Response Art: The Art of the Art Therapist, *Art Therapy*, 29:3, 138-143, DOI: 10.1080/07421656.2012.701594
- Barone, Tom & Eisner, Elliot W. (2011). *Arts Based Research*. SAGE Publications, Inc.
- Brown, C. (2008). The importance of making art for the creative arts therapist: An artistic inquiry. *The Arts in Psychotherapy*, 35(3), 201–208.  
<https://doi.org/10.1016/j.aip.2008.04.002>
- Caddy, L., Crawford, F., & Page, A. C. (2012). ‘Painting a path to wellness’: correlations between participating in a creative activity group and improved measured mental health outcome. *Journal of Psychiatric and Mental Health Nursing*, 19, 327–333. doi: 10.1111/j.1365-2850.2011.01785.x
- Crawford, Saira; Solis, Guadalupe; and Pfister, Eliza Ann, "Art Making for the Art Therapist: A Study on Clinical Insight, Therapist Identity, Self-Care, and Countertransference" (2014). LMU/LLS Theses and Dissertations. 54. <http://digitalcommons.lmu.edu/etd/54>
- Glaister, J. A. (1994). Clara's story: Post-traumatic response and therapeutic art. *Perspectives In Psychiatric Care*, 30(1), 17-22. doi:10.1111/j.1744-6163.1994.tb00222.x

- Lau, Phoebe (2017) *Ritualized Art-Making as Self-Care in Palliative Care: An Arts-Based Inquiry*. [Graduate Projects (Non-thesis)] (Unpublished) Access provided by Concordia University Library.
- McCormack, D. (2003). An Examination of the Self-Care Concept Uncovers a New Direction for Healthcare Reform. *Nursing Leadership*, 16(4), 48–65.  
<https://doi.org/10.12927/cjnl.2003.16342>
- McNiff, S. (1998). *Art-Based Research*. London, UK: Jessica Kingsley Publishers.
- Munoz, Olivia. (2017). *Papelitos: The Visual Testimonios of Undocumented College Students*. Access provided by University of San Francisco: Doctoral Dissertations.
- Meunier, Emmanuelle (2015) *The Experience of Self-Care as a Beginning Art Therapist: A Heuristic Exploration*. [Graduate Projects (Non-thesis)] (Unpublished) Access provided by Concordia University Library.
- Pamelia, Elisa. (2015). *Therapeutic Art-making and Art Therapy: Similarities and Differences and a Resulting Framework*. Available from Herron School of Art and Design Theses.
- Repar, Patricia Ann DMA; Patton, Douglas MEd Stress Reduction for Nurses Through Arts-in-Medicine at the University of New Mexico Hospitals, *Holistic Nursing Practice*: July-August 2007 - Volume 21 - Issue 4 - p 182-186 doi:  
[10.1097/01.HNP.0000280929.68259.5c](https://doi.org/10.1097/01.HNP.0000280929.68259.5c)
- Richards, K., Campenni, C., & Muse-Burke, J. (2010). Self-care and Well-being in Mental Health Professionals: The Mediating Effects of Self-awareness and Mindfulness. *Journal of Mental Health Counseling*, 32(3), 247–264.  
<https://doi.org/10.17744/mehc.32.3.0n31v88304423806>
- Salzano, A. T., Lindemann, E., & Tronsky, L. N. (2013). The effectiveness of a collaborative art-

making task on reducing stress in hospice caregivers. *The Arts in Psychotherapy*, 40(1), 45–52. <https://doi.org/10.1016/j.aip.2012.09.008>

Walsh, S. M., Culpepper Martin, S., & Schmidt, L. (2004). Testing the efficacy of a creative-arts intervention with family caregivers of patients with cancer. *Journal of Nursing Scholarship*, 36, 214– 219. doi:10.1111/j.1547-5069.2004.04040.x

Webber, D., Guo, Z., & Mann, S. (2015, September 28). SELF-CARE IN HEALTH: WE CAN DEFINE IT, BUT SHOULD WE ALSO MEASURE IT? Retrieved November 15, 2020, from <https://selfcarejournal.com/article/self-care-in-health-we-can-define-it-but-should-we-also-measure-it/>