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Contemporary Art Therapists:
Study of Identity Within Artmaking

by

Chelsea Cota, Essayan Hart, Jamie Lombrana, Ivan Lopez,
Liz Sizemore, and Susana Valdez

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 in Marital and Family Therapy
with Specialization in Clinical Art Therapy

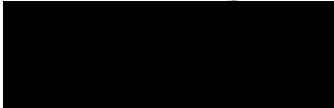
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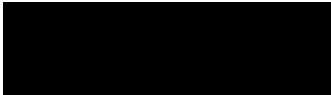
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Abstract

This paper highlights the design and results of a research study conducted by graduate art therapy students that surveyed professional art therapists and the role that personal and clinical art making has in their practice. The study included a mixed-method approach that involved a survey of 88 graduates from art therapy programs, interviews, the creation of art by art therapists, and the creation of art responses by the graduate researchers. The researchers analyzed the data from the surveys and interviews through thematic coding and identified common themes that reflected the research questions: *What is the relationship between personal art making and the development of the art therapist* and *What supports and barriers exist for art therapists to engage in an active art practice within and outside of clinical practice?* The themes reflected the importance of having a personal art practice as an art therapist, the relationship between personal work and its impact with clients, the challenge of advocating for the understanding and inclusion of art therapy in professional spaces, and the career long evolution of the relationship between the artist and art therapist identity. These findings emphasize the barriers and supports associated with the art therapist identity.

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Introduction

The Study Topic

In this study, six graduate student-researchers from Loyola Marymount University's Marital & Family Therapy with a Specialization in Clinical Art Therapy Program examined the art practice of art therapists prior to and during their clinical practice. The investigation aimed to better understand how art therapists maintain the relationship between personal art making and the art therapist identity while also exploring the supports and barriers that exist while holding these two identities.

Significance of the Study

Art therapy combines the roles of artist and therapist. The intersection of these identities creates the common experience of liminality for art therapists, that is experiencing having two or more roles/identities at the same time (Beaumont, 2018). Art therapists strive to integrate the histories of each of these roles, including the application of the medical model, art history, and psychology research and practices (Beaumont, 2018; Fish, 2018). This mixed-method study examines “identity”, viewing the art therapist’s dual roles as singular and/or connected. Looking at the relationship art therapists have with art may inform connections between the use of artmaking as a clinical and personal tool.

Throughout the current literature reviewed, the overall consensus seems to be that art therapists join the field because of their belief in the benefit of artmaking (Beaumont, 2018; Brown, 2008; Fish, 2019; Gam, 2016; Hyatt, 2019; Nash, 2019; Wadeson, 2003). However, as they step into the practice and become more involved in the systems of the mental health profession, there is little time or more notably — energy — to be able to have an active personal

art practice. Additionally, as art therapy is becoming more focused on evidence based practices (EBPs), it is increasingly challenging to implement art therapy because art is subjective and its effects are difficult to measure. Due to this challenge, some art therapists may choose to follow a more traditional medical model that constricts the use of art making. This research attempted to find a correlation between active art practice by the therapist and use of art in clinical practice. We hypothesize that the more engaged artist will more frequently introduce art interventions clinically with clients. By exploring the process of contemporary art making and its impact in society we were able to understand how art therapists may participate in community healing as a facilitator and/or collaborator.

Background of Study Topic

Art therapists bring together the identity of artist and therapist to create a clinical practice that explores the self in creative and expressive ways, art being the main intervention tool. The dual identities that art therapists hold provides the space to explore the questions: *what is the relationship between personal art making and the development of the art therapist* and *what supports and barriers exist for art therapists to engage in an active art practice without and outside of clinical practice?* The literature review within this study explores the spaces that art therapists occupy in the art world, personal art practices, exhibition and ethical considerations for art therapists, therapeutic ideas in personal work, connections between art theory and art therapy, and community art practices.

Reports have found that engagement with art, especially in a museum setting, can help reduce stress, enrich self-esteem, confidence and creativity, promote critical thinking, enhance open mindedness, and promote intellectual stimulation (Ioannides, 2021, p. 1). Art therapists who led guided museum tours found that participants were able to connect their own lived experiences to the artwork shown, and make further connections to society as a whole (Ioannides, 2021, p. 3). The artwork provided an opportunity to become a transitional object for the participants, affecting the viewer through themes or topics presented in the artwork that connected to past experiences and encouraged alternative thoughts or outcomes (Ioannides, 2021, p. 3). The researchers attempted to examine how contemporary artwork has impacted art therapy interventions or treatment planning, but found that there were very few available sources beyond early 20th century artistic influences.

As art therapists hold dual identities of artist and therapist, art making seems to be a grounding practice for many art therapy professionals. Across the literature reviewed, art making

was used by art therapists for processing, personal expression, clinical insight, and relief (Beaumont, 2018; Brown, 2008; Fish, 2019; Gam, 2016; Hyatt, 2019; Nash, 2019; Wadeson, 2003). What often stands in the way of a consistent art making practice are consequences of the profession -- a lack of energy, the experience of stress, and a lack of understanding within the rest of the mental health profession of the importance of art making (Beaumont, 2018; Brown, 2008; Fish, 2019; Gam, 2016; Hyatt, 2019; Nash, 2019; Wadeson, 2003). Collectively, it seems that art making is a primary component of a practicing art therapist's identity (Beaumont, 2018; Brown, 2008; Carr, 2014; Edwards, 2017; Harter, 2007; Nash, 2019; Wadeson, 2003).

Art therapists may use exhibitions to promote mental health, reduce mental health stigma, expand on the current knowledge of art therapy and to enrich their own professional identity. There may be some ethical considerations when an art therapist displays a client's artwork instead of, or alongside their own, which may impact the therapeutic relationship (Vick, 2011). Overall, providing art therapy exhibitions may be helpful in creating more access, inclusivity, and may be a beneficial experience for both clients, the community, and art therapists (Andree et al, 2012; Jue, 2017; Lachman, et.,al 1988; Leslie,1996; Randy, 2011).

Therapy and art are both concentrated on uprooting the visual embodiment of abstract internal states, compelling us to deconstruct surface appearances in the pursuit of deeper meaning. Art making can function as a catalyst for self-discovery, thinking about old problems in new ways, interrupting a cycle of self-defeating behaviors, and other therapeutic or healing outcomes (Deaver, 2011). Providing artists and clients with alternative methods of processing emotions and fostering self-expression and agency creates significant therapeutic value. Heuristic data, which invites researchers to use self-reflection and self-discovery, illuminates these experiences revealing the transformational power that art has in the healing process.

The relationship between art therapy and art theory is difficult to examine due to the visible aversion from the academic art world to include emotional and psychological content in art theory. Wolsteroff (2003) explores this aversion in his article “Why Philosophy of Art Can not Handle Kissing, Touching and Crying” by exploring the exclusion of emotionality and personal response in the academic art world. Shusterman (2019) describes an aversion to affectivity in the world of art theory, stating “aesthetic experience faces criticism from contemporary theorists who reject the whole notion of experience in general as unsuitable for theorizing about art or indeed any cultural form” (p. 2). Art therapists may sense this aversion in their own personal work and clinical practice, but the art therapist role inherently elicits emotionality as a response to art making.

Community art practice bridges the identity of art therapist and artist by providing mental health services to communities that engage individuals to respond to this relationship through the discovery of the art process and healing. The creative process will vary among communities, collectives, and cultures but the task remains the same: explore meaning, connection to self and others, and identifying role/life purpose (Molina et al., 2005). Through this creative exploration, communities offer perspective with how members make sense of stressors, promoting feelings of mastery, creativity, empowerment, and social interaction (Moxley, 2013). The consensus among the literature is that community art practice offers a holistic therapeutic approach, providing a space for individuals to process their emotions directly and meaningfully resulting in restored feelings of care, unity, and safety (Gonzalez-Dolginko, 2002).

In order to understand the current relationship that art therapists hold as artists and mental health clinicians, graduate students from the Marital and Family Art Therapy program at LMU have designed a mixed-methods study which surveys alumni of graduate art therapy programs. In

this study, researchers explore the relationship between personal art making and the development of the art therapist identity and the supports and barriers that exist in upholding these two identities together in the field. The purpose of this study is to contribute to the limited literature that explores the relationship art therapists have with other roles and identities within their professional careers. Results of the study may reveal knowledge surrounding the connection of artist and therapist, providing insight to personal values, beliefs, supports and barriers, and may also generate areas of further research.

Literature Review

Introduction

As the field of art therapy continues to develop and embrace the various identities that art therapists hold as professionals, there are few up-to-date studies that explore the contemporary relationship between artist and art therapist. This literature review examined the current literature on the art therapist identity in relation to the space they occupy in the art world, personal art practices, exhibition, ethical considerations, therapeutic practices, art theory and art therapy, and community art making.

The literature reviewed suggests that there is little communication and discourse between the academic art world and the professional world of art therapy, despite the existence of artwork and art research that extends into the reflective and interpersonal realms. This lack of discourse may have roots in a long observed aversion to emotion in the professional art academy, which might be why there is a lack of utilization and citation of modern and developing visual artists in the academic work of art therapy. The literature reveals an observed decline in personal art making by art therapists as they progress in their careers, often due to time constraints and lack of resources. Additionally, there is an overarching concern about the field of art therapy moving towards clinical models that do not reflect the intentions or beliefs of art therapists entering the field.

Several search techniques were used to retrieve relevant articles to be used in this literature review. Researchers identified keywords and phrases to search electronic library databases such as PsychINFO, OneSearch+, and ERIC. Electronic searches involved all possible combinations of terms selected reflecting art therapists who exhibit (art making, art process, galleries, art therapy exhibitions), art practices that are therapeutic (artists, art practice,

therapeutic), therapists who make art (art therapy, clinician, therapist, self-care, art making, personal art making), artists who inspire art therapists (art therapy, art therapist, therapist, inspiration), art therapy and art theory (art therapy, art theory, modernism, subjectivity, contemporary art, gallery, art, transformation, conceptualization, mental illness), and community art practices (community, collective, group, art making, art process, creativity, creative expression, healing).

Art and Inspiration

Inspiration is largely considered to be a subjective experience, but its results can yield effects that move others to also create. When we think about artistic inspiration, the influencing sources could stem from myriad experiences, relationships, thoughts, or feelings. This section will examine how art itself is a catalyst for inspiration by considering how museum-based work has been used in clinical work and therapeutic philosophy in the field of art therapy.

Discussion leans toward the belief that “artworks are fundamental in facilitating thoughts and feelings”, and that museums can act as “purveyors of agency and affect” (Ioannides, 2021, p.1). Reports show that arts engagement can help reduce stress, enrich self-esteem, confidence and creativity, promote critical thinking, enhance open mindedness, and promote intellectual stimulation. A program in Athens, Greece aimed to combine art psychotherapy and an experiential approach to art through guided tours in a local museum. The art therapists involved in the groups found that the participants were able to connect their own lived experiences to the artwork shown, and make further connections to society as a whole. The artwork provided an opportunity to become a transitional object for the participants, affecting the viewer through themes or topics presented in the artwork that connected to past experiences and encouraged alternative thoughts or outcomes (Ioannides, 2021, p. 3). The artwork demonstrates how artists

integrate their interior and exterior realities and provides an opportunity for the viewer to relate to the work in a subjective way that works for the individual. The museum environment itself can also be considered an enhancement to the holding space for psychotherapy, as it represents a sense of universality and the exploration of the self through creative expression. How the work is curated and displayed may also provide insight about the artists' intention of how the art will be viewed and/or engaged with.

Initially, the researchers considered whether to include an exploration into specific artists whose work had inspired art therapists, however the majority of cited artists were from the early 20th century, and it was difficult to find sources that examined how contemporary artists have influenced clinical art therapy approaches. The findings may represent limited engagement between consumption of contemporary works by practicing art therapists or a lack of incentive to research its influence in art therapy interventions and treatment planning. Despite the limitations of contemporary influence from the art world, there is undoubtedly an innate creative motivation within art therapists to produce their own work.

Artmaking as a Personal and Clinical Tool

Art therapists can often be described as mediators or connectors of different professional worlds. Combining traditional psychotherapy formats that tend to be formed after the medical model with varying art practices puts art therapists in a position to hold multiple worlds. Forming an identity as a therapist, clinician, and artist inside of these spaces can be difficult and require the investment of time and energy. The articles in this section, which were only reviewed if written since 2000, were used to help mirror current conversations around art therapist identities and contemporary art.

Within the literature examined, the overall consensus seems to be that art therapists join the field because of their belief in the benefit of artmaking. However, as they step into the practice and become more involved in the systems of the mental health profession, there is little time or more notably — energy — to be able to have an active personal art practice (Beaumont, 2018; Brown, 2008; Fish, 2019; Gam, 2016; Hyatt, 2019; Nash, 2019; Wadeson, 2003). Additionally, there are a multitude of variations for how art therapist's approach their own artmaking, as this is the space in which they communicate holding the identity of 'artist' (Beaumont, 2018; Brown, 2008; Fish, 2019; Hyatt, 2019; Nash, 2019; Wadeson, 2003). Many authors discussed experiences of being able to have new insights and perspectives because of making art centered around their professional lives (Beaumont, 2018; Fish, 2019; Harter, 2007; Hyatt, 2019; Wadeson, 2003). Additionally, many of the articles discussed how purposeful one has to be to have an art practice as a habit, as an extension of the professional practice of an art therapist or as just an exterior activity to therapeutic work (Beaumont, 2018; Brown, 2008; Fish, 2018; Harter, 2007).

Within much of the literature, "identity" was a common theme (Beaumont, 2018; Brown, 2008; Carr, 2014; Edwards, 2017; Harter, 2007; Nash, 2019; Wadeson, 2003). Beaumont (2018) discusses how common it is for an art therapist to experience liminality, that is experiencing having two or more roles and/or identities at the same time. This becomes the main point of discussion throughout Beaumont's writing, as she illustrates the complexity of holding being an artist, a professional therapist, and an art therapist (Beaumont, 2018). Other parts of the literature emphasized Pat Allen's discussion around the "clinification" of art therapy, in how it has become an insecure sister to other therapeutic practices and is trying to prove itself inside of the medical or clinical models (Fish, 2018). Several studies of recent graduates of art therapy programs found

that their jobs were stressful and highlighted that a focus of the stress was found in the relationship between the benefit of the art and the necessity of other time-consuming practices (Fish, 2018; Gam, 2016; Hyatt, 2019).

Overall, it was noted that art has the ability to transcend language and clinical notes, and provides the therapist an alternative vantage point to view their clients and themselves (Brown, 2008; Fish, 2019; Nash, 2019). Art making seems to be central to the art therapist's identity as well, but may serve as a point of inquiry — whether the art being made is for the therapist as an individual or as a professional. Within the research, there seems to be space to consider the significance of forming an identity separately as a clinician, art therapist, and artist; or, whether a new way of embracing identity should be used. Beaumont writes in her ethnography that she “realize[d] that identity only serves a functional purpose....All of us are a lot of things, and no finite identity can or should capture who one is....what matters is the awareness that I am present” (Beaumont, 2018 pg. 21). Forming a concrete identity might create understanding and structure for those outside the art therapy field, but for art therapists might create limitations and barriers. The next section will discuss the art therapist identity in relation to creating and using art for exhibition and will explore the clinical and professional benefits.

Art Therapy and Exhibition

This section of the literature review explores how art therapists use exhibitions, for both adult and youth populations. This section will also discuss some of the ethical considerations art therapists may encounter when deciding to use or display client artwork. Throughout their careers, art therapists may have opportunities to portray both clients' and their own artwork, which may be used as exhibitions to promote mental health, reduce mental health stigma, or expand on the current knowledge of art therapy. Additionally, art therapists may showcase their

own artwork to expand on their own professional artist identity. Art therapists may collaborate with museums, galleries, open studios, and schools to provide different avenues for promoting inclusivity and making projects accessible. Art therapists may face ethical considerations when deciding to display client artwork instead of or alongside their own personal work, which may impact the therapeutic relationship. Despite potential ethical considerations, art therapists may assess the benefits of choosing to display client artwork.

First, it is important to highlight the distinctions between art therapy exhibitions and conventional art exhibits. Conventional artists may rely on technique, aesthetics, and the opportunity to sell their work and undergo extensive critique, whereas art therapy exhibitions are about imagery and the creative process to “go through a transformational process” (Salom et al., 2012). The latter can apply to anyone, not just artists.” (Salom et al., 2012). The intended audience for the artwork may also vary, as viewership for a client may be more specific or tailored.

Salom (2012) describes a tailored art therapy exhibit in Colombia titled “Creating Community Through Art Therapy” for the purpose of providing education on art therapy. The exhibition showcased art created by artists varying in age and medical diagnosis. Salom (2012) explains that displaying client artwork has therapeutic value and highlights a case example of a 15-year-old boy with autism whose work was showcased by the art therapist to promote social participation. Knowles (1996) discusses that exhibitions are a great opportunity to inform the public about mental health and the art therapy field and describes various settings in which the community can be involved.

Art therapists use exhibitions to bring awareness to mental health and help reduce stigma through communication and education. Andrus (2020) describes the collective experience of

women during an art therapy exhibition called “Bearing Witness”, which centered around women who have experienced stillbirth, infertility, or miscarriage. The exhibit revealed the importance of sharing personal artwork, the feedback these women received was deeply impactful to them and “confirmed that intentional viewing of artwork to examine meaning can reduce stigma” (Andrus, 2020). After exhibiting their art and sharing, these women found courage to continue to share their experience and release some shame (Andrus, 2020).

Art therapy exhibitions can also provide space for art therapists to enrich their professional identity. Feen-Calligan (2012) defined professional identity as “both the collective identity of the profession held by members of the profession and individual’s sense of self within the professional role” (p. 150). Studies found that it is important for art therapy students to continuously enrich their professional identity because “art therapy students’ professional identities are positively correlated with career commitment.” (Jue & Orkibi, 2010, p.33). Art therapy exhibitions help enhance art therapists professional identity by providing space to receive “professional feedback and demanding of the art therapists a fine tuning of their therapeutic skills,” (Salom et al., 2012). Also, art therapy exhibits help enhance art therapists professional identity by allowing space for “interprofessional collaboration.” (Jue, 2017).

Ethical Considerations for Art Therapy Exhibitions

As stated previously, art therapists have an obligation to maintain the confidentiality of their clients. In order to best support clients, confidentiality and the impact of displaying clients artwork should be considered. Vick (2011) discusses the importance of confidentiality and obtaining written consent “of the client or clients guardians. Clients also have the option to remain anonymous, whether it's solely their name or clinical information, age, culture, etc. (Vick, 2011).”

Knowles (1996) discusses the ramifications in displaying the client's art. It is important to consider the client's potential reactions in seeing their art displayed and how any of the public's response (or lack of) may impact the client. The feedback that the artists or clients receive can impact the therapeutic process for example, displaying artwork by children and exhibiting the work in school hallways may result in students overhearing negative or positive commentary. Knowles (1996) proposes that art therapists interview the child to explore their feelings about having the work shown publicly. Similarly, Salom et al. (2012) described the varying experiences between two clients who created artwork specifically for an exhibition, noting that the experience elicited joy and a sense of vulnerability.

Overall, providing art therapy exhibitions may be helpful in creating more access, inclusivity, and may be a beneficial experience for clients, the community, and art therapists. Considering the use of technology, art therapists may expand into virtual art therapy exhibitions and other digital ways of sharing art. Art therapists' primary responsibility will be to protect clients' art in and out of therapeutic settings, post exhibition experiences, and consider the therapeutic work together as the most significant.

Principles of Art Therapy and Therapeutic Art Practices

Therapy and art are both concentrated on uprooting the visual embodiment of abstract internal states, compelling us to deconstruct surface appearances in the pursuit of deeper meaning. Both also offer a window into the ways in which others perceive the world. In summation of the articles examined for this section, art has significant therapeutic value, whether in artistic practice or therapeutic practice, providing artists and clients with alternative methods of processing emotions and fostering self-expression and agency.

There is an emphasis on the therapeutic value of engaging in the process of making art with the use of metaphor in therapeutic settings, such as art therapy, as it can shed light onto the conscious or unconscious meaning of an image. But less has been spoken about the simplicity of being present with a person, giving space to their humanity and suffering. Schaewe (2010), recalls her experiences as an art therapist while exploring existential themes and the role of art in creating meaning and a sense of identity as she works with an artist-client at the end of his life. She describes her client, Roland, unable to speak or move anything but two fingers on his right hand:

We explored our common experiences of what it is like to give oneself away to a painting or sculpture and what it feels like to receive back from it a sense of accomplishment, peace, and connection to something bigger than ourselves. Roland grew weaker and no longer had the vigor or control needed to hold a pen, nonetheless, create art as he had done ever so. At the end of his days, Schaewe brought Roland a single lump of clay. Holding it close to his face, pressing it firmly into his palms, and wrapping his fingers around it to allow him the texture and warmth. As Schaewe did so, Roland shed tears. A few days later Roland passed away, clay in hand, honoring the life-affirming, soul-rescuing, vital force of art held dearly in his life (Schaewe, 2010, p. 37-38).

In addition to presence and giving space to humanity and suffering, unconscious therapeutic benefits may arise from creating art. Campanaro (2003), an art teacher in Jamaica at the time, recalls her experience with unconscious art therapy. During her time in Jamaica, she provided children in the community free art lessons which included painting, kite making,

dancing, and an art show to raise funds for the building of a basic school. Of the many children Campanaro taught, she recalls Bubba, who was committed to attending her classes by means of crawling on his hands and knees, never missing a single one. Towards the end of her time in Jamaica, Campanaro reflected on the healing and transformational impact artmaking had with the children in the community, resulting in pursuing art therapy.

When looking at the principles that exist within art therapy and therapeutic art practices, the goal is to provide a sense of holding, care, and attention. Creativity and art can be a source of healing whether used in therapy or as a therapeutic tool. Qualitative research, such as discussed in this section, provides personal accounts of the impacts and benefits that artmaking has both as creator and witness to the work.

Art Theory and Art Therapy

There is a scarcity of reliable, focused research that focuses on the interaction of art therapy and art theory, any references made are brief and scattered. There is an underlying discussion that is prevalent throughout the history of art theory about whether affectivity, reaction, interior experiences, and emotions have any place in art theory. Aversion of the psychological experience of the audience/and or creator within art academia emerges as a secondary discussion.

Wolsteroff (2003) explores this chasm in his article titled “Why Philosophy of Art Can not Handle Kissing, Touching and Crying” pointing to themes revealed within the primary discussion. The literature illuminates that an avoidance exists in the academic world of art to emotionality, personal response, and the radical subjectivity of individual experience. The availability of these materials, coupled with the dearth of intersecting research, begs the question: *are art therapists inherently outsider artists?* If the academy positions itself in such a

way that the personal nature of art is swept away to allow for grander concepts; where does that leave those who by profession, explore emotion, psychic content and internal experience?

Kesner's (2016) "Against the Affectless Iconology of Modern Art*" suggests that the avoidance of affectivity in art theory is a fallacy. It may be that art therapists exist at the intersection of a long standing discord in the academic world of art. Shusterman (2019) points to an aversion to affectivity in the world of art theory stating "aesthetic experience faces criticism from contemporary theorists who reject the whole notion of experience in general as unsuitable for theorizing about art or indeed any cultural form" (p. 2).

Kesner (2016) notably suggests that advances in neuro-science have incited a return to affectivity in art theory, due to the increased observability of psychological response. This unique statement suggests several other lines of exploration. Does the aversion to affectivity in art theory align with scientific aversions to other non-observable phenomena? If so, are we moving towards rich new opportunities for collaboration between art therapists and art theorists as scientific advances in observing mental processes arise?

At the intersection of art theory and art education there exists another wealth of research. This does not strike at the core of the art theory and art therapy intersection, but rather offers a route to exploring how we currently speak to art theory and the mind. Much of this type of research aims at the importance of arts in education, but at times borrows from aesthetic philosophy, which one may argue is the root of most western art theory. Jarrett (1993) examines modern and ancient philosophy to reveal that the aversion to placing meaning on emotion exists deep in early conversations in both the field of aesthetic philosophy and in psychology itself. The next section will explore the inherent emotionality that exists as art therapists engage communities in healing and collective art processes.

Community Art Practices

Camilleri (2007) describes that “community” can be defined in many ways and suggests that its meaning can be as “diverse as the society it describes or as personal as any one individual” (p. 132). Communities are complex, living systems and are brought together by individuals who share a collective space of ideas, beliefs, or experiences. As a microcosm, communities can be examined to understand its structure, how it responds to change, and how it adapts to meet its needs. Within the scope of this literature, “community” refers to a group of individuals that have collectively experienced healing as a result of harm due to abuse, political violence, natural disasters, loss, illness, and racial conflict. This section explores how individuals engage in community art practice as a way of healing or responding to harm.

Community art practices usually refers to the surrounding social environment of the individuals or group with whom art therapists or facilitators practice (Kapitan, Little, Torres, 2011). The intersection of contemporary art practice and mental health is examined to understand how communities engage in and respond to these relationships through the discovery of the art process. The creative process will vary among communities, collectives, and cultures, and take form via music, dance, drama, rituals, and other traditions. Regardless of how it manifests, the creative tasks explore meaning and connection; “understanding dying and living, forming connections with self, others, nature, and identifying role/life purpose” (Molina et al., 2005, p. 6).

Examining the literature, it is evident that the consensus is that community art practice offers a holistic therapeutic approach, providing the opportunity for individuals to deal with emotions directly and meaningfully resulting in restored feelings of care, unity, and safety (Gonzalez-Dolginko, 2002). Additionally, engaging in art making may also offer perspective

with how community members make sense of stressors and may promote mastery, creativity, self-esteem, empowerment, and social interaction (Moxely, 2013). The relationship between art therapist, artist as facilitator, and community asks to be described as a collaborative effort and challenges the facilitator to consider entering the space through a cross-cultural lens. As guests, it is important for art therapists to consider their intent when addressing the needs of the community members, acknowledge their abilities and limitations, and respect the spectrum of capacities that individuals have to help cope with adversity (Hollingsbee, 2019).

Conclusion

The purpose of this literature review is to generate insights between art therapy and contemporary art making from a diverse body of literature using relevant key terms. As the field of art therapy continues to acknowledge the various identities that art therapists hold, there are few current studies that reflect this change. It is possible that the academization of each field has forced these fields apart, which is reflected in the literature review. The existing literature regarding the artist identity of art therapists is limited and difficult to find, especially related to the spaces art therapists occupy in the art world, art theory and art therapy, and personal art practice (which includes inspiration and exhibition). However, the common theme among the literature reflected that art was a powerful tool for art therapists professionally and personally. Art therapists intentionally use art making in their clinical practice due to the healing benefits it provides, allowing for individuals and communities to develop a sense of empowerment, strength, resiliency, and healing. Finally, it can be inferred that art therapists also have a responsibility to advocate and educate the public on mental health issues and therefore may use their personal art practice to raise awareness. The research team believes that this literature review provides a foundation in developing the study that will explore the relationship between

artist and art therapist and acknowledges that the findings will naturally create future areas of research.

Research Approach

The research team engaged in a mixed methods approach, combining survey (quantitative), interview (qualitative), and heuristic (subjective/personal) methods. A mixed methods approach provided a holistic overview of the data that informed how contemporary art practices intersected with art therapy.

The participatory survey enabled the researchers to collect responses to structured questions that allowed for evaluation of results. The survey included multiple choice responses as well as likert-type scale questions that asked about demographic information, education, and art making, program, and professional experience. Andrée et. al (2012) suggests that combining multiple choice responses with free responses would allow participants to answer freely and help organize the results in structured form. Art therapists were recruited, based on snowball sampling, to participate in the study and invited to contribute their skills, knowledge, and personal experiences. Additionally, the results yielded can be used to inform how contemporary art practices inform art therapists' clinical practice.

The interview portion of this research will allow for an activated exploration of the same questions, through the lens of the art and the artist. In addition to conducting interviews in person, with the advantage of technology and ease of access, artists will also be interviewed via Zoom by the researchers. In this mixed method approach, Rowe et. al (2017) states that incorporating a qualitative component may more adequately capture the personal experience than quantitative outcomes. The personal narrative increases depth and a level of understanding than a rating measurement could otherwise not offer by illuminating moments of connection and community (Reyhani Dejkameh & Shipps, 2018). In this particular study, a qualitative component is also appropriate to explore, if how, and in what ways, mental health has informed

artists in their art practice or vice versa, and what other areas of research might need to be further explored beyond the scope of this study (Brooks et. al, 2020).

The research team has agreed that a heuristic component is necessary within the scope of this study as a need to explore, reflect, and respond to their own personal relationship with art and artmaking as future art therapy clinicians. Lachman-Chapin et. al (1998) states that art therapists are already “outsiders” in the field and encourages art therapists to contribute to the world of research by connecting with our communities, by direct collaboration, or by participating in discussions, panels, or art-specific journals. As researchers, our personal observations can be examined “in order to find larger meaning within the event that has taken place” which could provide areas for further research, especially when addressing cross-cultural factors that often get neglected in the field (Gilroy, 2006, p. 81).

Methods

Definition of Terms

Art Therapy: Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (American Art Therapy Association, 2017).

Community art practice: community art is artistic activity that is based in a community setting, characterized by interaction or dialogue with the community and often involving a professional artist collaborating with people who may not otherwise engage in the arts (Tate, n.d.)

Contemporary art: the term "contemporary art" refers to art made and produced by artists living today. Today's artists work in and respond to a global environment that is culturally diverse, technologically advancing, and multifaceted. Working in a wide range of mediums, contemporary artists often reflect and comment on modern-day society. When engaging with contemporary art, viewers are challenged to set aside questions such as, "Is a work of art good?" or "Is the work aesthetically pleasing?" Instead, viewers consider whether art is "challenging" or "interesting." Contemporary artists may question traditional ideas of how art is defined, what constitutes art, and how art is made, while creating a dialogue with—and in some cases rejecting—the styles and movements that came before them (Getty, n.d.)

Creative process: a series of processes by which an artist utilizes their skill and inspiration to achieve a desired creative result.

Exhibition: a public showing (as of works of art, objects of manufacture, or athletic skill) (Merriam-Webster, n.d.)

Personal art practice: artwork created, or art processes engaged, outside of immediate or assumed professional or financial gains.

Professional art practice: artwork created, or art processes engaged, with the dominant intent of professional or financial gains.

Design of Study

The research team utilized a mixed methods qualitative approach that combined an anonymous survey, randomized interviews, and personal art responses to examine how art making contributes to the artist and art therapist identities. The researchers utilized the data found in the interviews and personal art to deepen the quantitative data revealed in the survey. The anonymous survey was sent to alumni from art therapy graduate programs via Qualtrics and consisted of 34 questions. The questions explored participants' general identifying information — excluding any identifiable information as communicated in the connected consent form — and their experience pre, during, and post completion of their graduate program. The research team focused on the participants' experience with art making in personal and professional settings as both artists and art therapists.

At the end of the survey, participants were given the opportunity to indicate interest in a follow up individual virtual interview to expand on their professional identities. The individual interviews, which were facilitated by members of the research team via Zoom, were recorded and lasted no more than an hour. The interviews were transcribed in order to code for keywords

and analyze broader themes. The research team analyzed all data, in both survey and interviews, and created individual art responses to the findings, highlighting themes relevant to the research questions. In order to make the research findings accessible, the research team's art responses and data findings are available for viewing in a virtual gallery.

Sampling

All survey participants were invited through snowball sampling methods in order to produce a diverse sample of participants who identify as art therapists. The research faculty from the Marital and Family Therapy with Specialized Training in Art Therapy program sent a recruitment email to their professional networks to participate in and further share the survey. The email provided an introduction and overview of the research and contained a link to the informed consent form and online survey. Additionally, it encouraged the participant to pass the information to anyone else within their art therapy professional circles.

Participants had a total of two weeks to complete the survey before it was closed. There were 105 respondents and only 88 participants completed the survey, which was decided as a factor in order to be included in the study.

If a survey participant indicated interest in the follow-up interview, they would provide an email address at the end of the survey. A total of 57 participants included their email and were assigned a number to be selected at random. 5 participants were selected. If the participant declined or was unable to meet due to scheduling difficulties, the research team selected another participant at random.

Participant Demographics

Figure 1: Participant Demographics, Gender Identity

Gender Identity

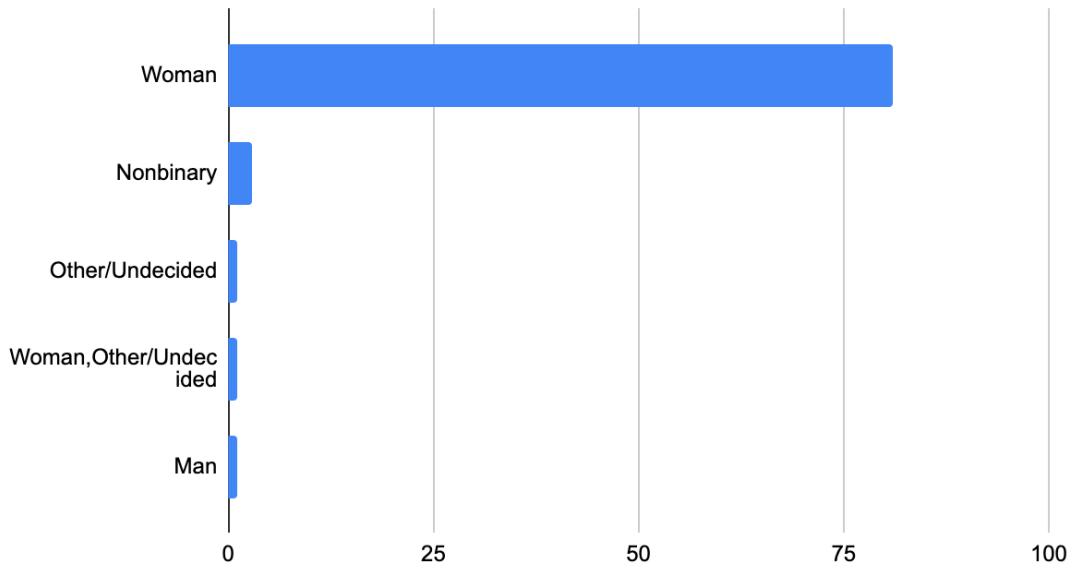
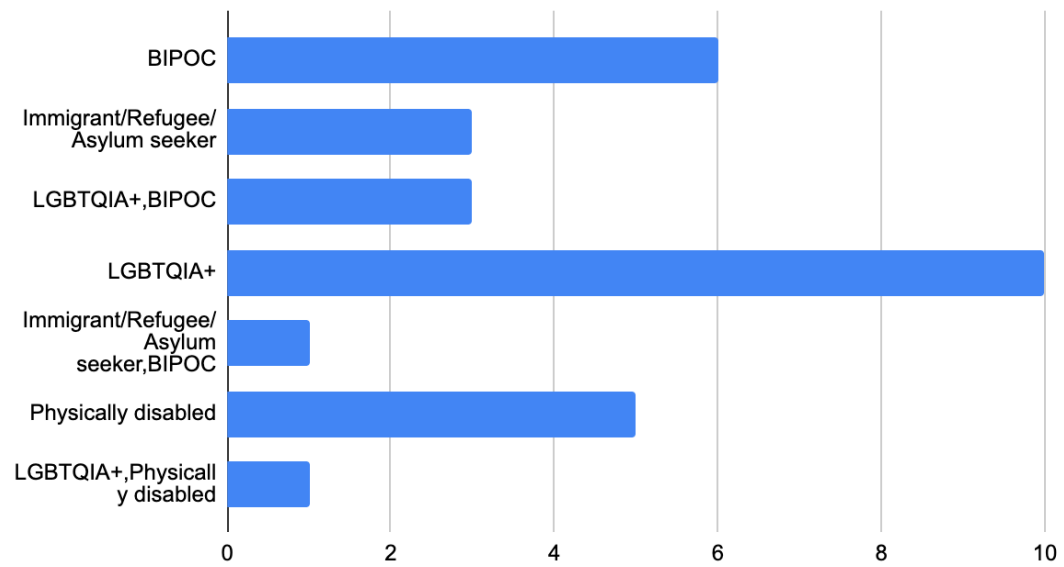


Figure 2: Participant Demographics, Community Identifiers

Community Identifiers



Participant demographics were divided into two categories: gender identity (see Figure 1) and community identifiers (see Figure 2). 93% of respondents self-identified as “woman”, 3.4% identified as nonbinary, 2.2% as other/undecided, 1.1% as men. Additionally, 11.4% self-identified as BIPOC, 15.9% as LGBTQIA+, 4.5% as Immigrant/Refugee/Asylum seeker, and 6.8% as physically disabled. Within these respondents, 17.2% of them connected themselves with two of these identifiers.

From all the professional networks accessed, the research team received responses from survey participants from 22 different art therapy graduate programs including:

- Loyola Marymount University
- Notre Dame de Namur
- University of Louisville
- New York University
- Lesley University
- Nazareth College
- Pratt University
- School of the Art Institute of Chicago
- Mount Mary University
- Naropa University
- Sonoma State University
- Hofstra University
- Florida State University
- Vermont College
- Hahnemann/Drexel

- California State University LA
- School of Visual Arts
- George Washington University
- Adler University
- Emporia
- St. Mary of the Woods
- College of New Rochelle
- Marylhurst University

From these 22 programs, 47.7% of the participants were alumni from Loyola Marymount University, 15.9% from Notre Dame de Namur, and all others made up the remaining 36.4%. In total, 76.1% of survey respondents attended a graduate program that is approved by the American Art Therapy Association (AATA), which may indicate similarity in program structure due to shared requirements and standards.

Survey participants indicated when they graduated from their art therapy graduate program. The range of graduation dates extended from 1980 to 2021, with an average graduation year of 2002. Looking closely at these results, the research team identified that 48.8% of the survey participants graduated within the last ten years, and 28.4% graduated within the previous five years. Survey participants noted that they had been practicing as a mental health professional between 2-38 years, which correlated with the graduation dates listed previously. Currently, 21.5% of survey participants stated that they are not actively working in the mental health field, with one of those participants indicating that it was due to being retired.

Survey participants also shared the licenses, degrees, and certifications that they held. Described in Figures 3-6 are the all credentials that were reported. Figure 3 examines those who

reported having a background in Marriage and Family Therapy, comparing various stages of licensure. Figure 4 illustrates the multiple forms of art therapy certification that the participants hold, and Figure 5 shows the data for the other mental health professional degrees. Figure 6 reports on the educational data that was provided in this section as well, for those that reported their degrees. Over the 88 survey participants, there was an average of 1.7 licensures, degrees, or certifications per respondent, with the most common response of LMFT at 30 mentions and ATR-BC at 28 mentions. This is rational due to the majority of respondents being graduated from Loyola Marymount University, which set graduates up to pursue their LMFT and ATR-BC.

Figure 3: Licensure Demographics, Marriage and Family Therapy

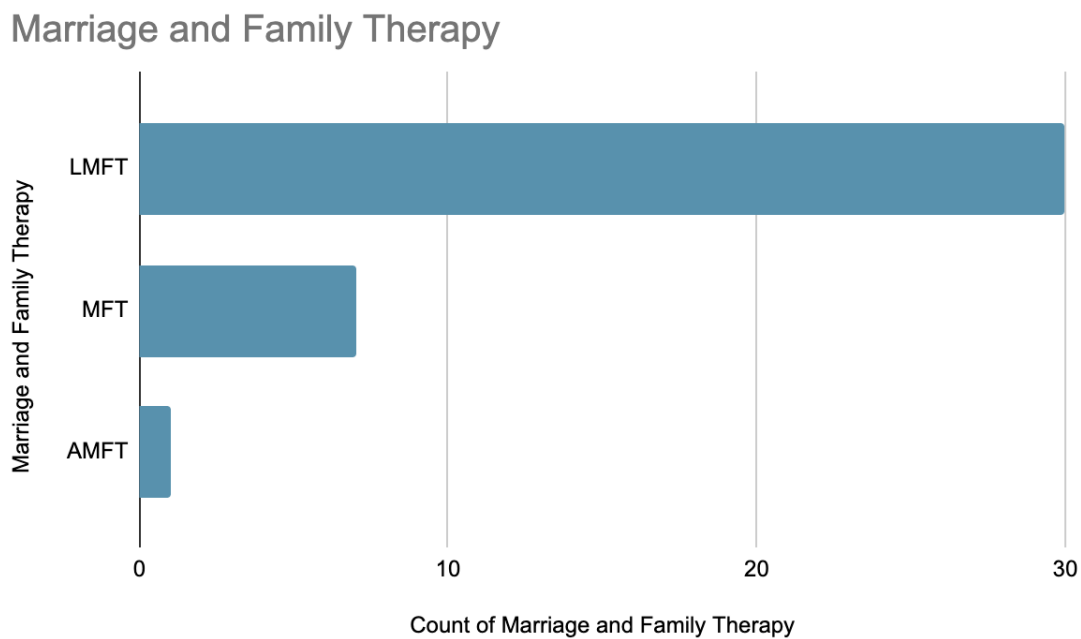


Figure 4: Licensure Demographics, Art Therapy

Art Therapy

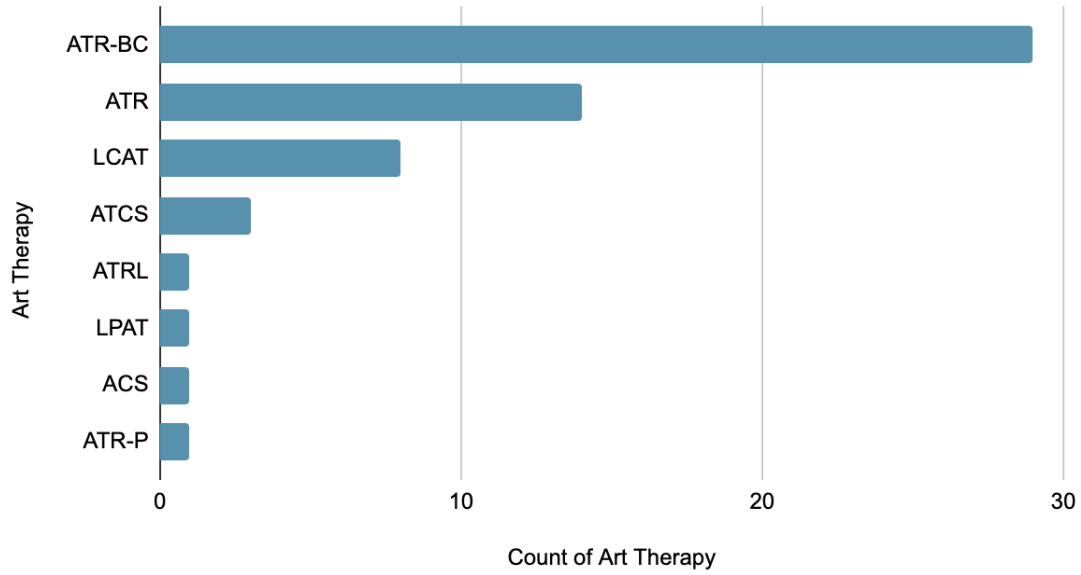


Figure 5: Licensure Demographics, Mental Health Professionals

Other Mental Health Professionals

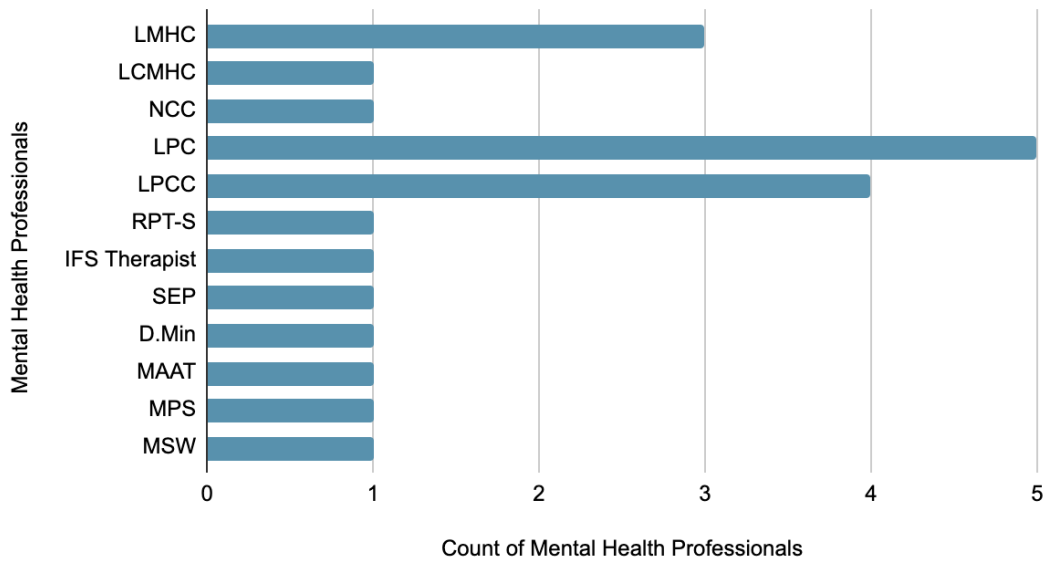


Figure 6: Licensure Demographics, Degrees

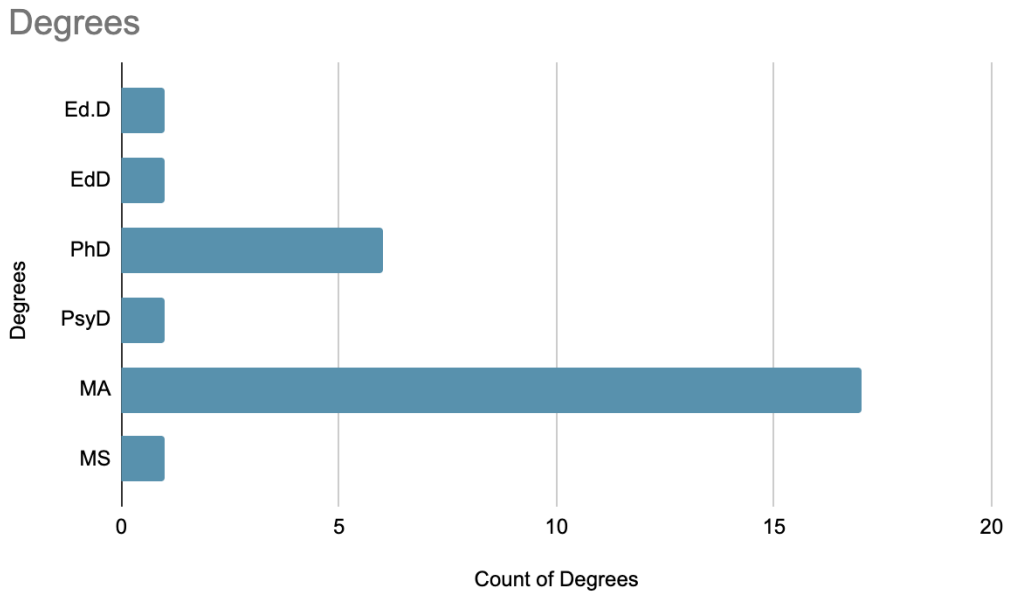
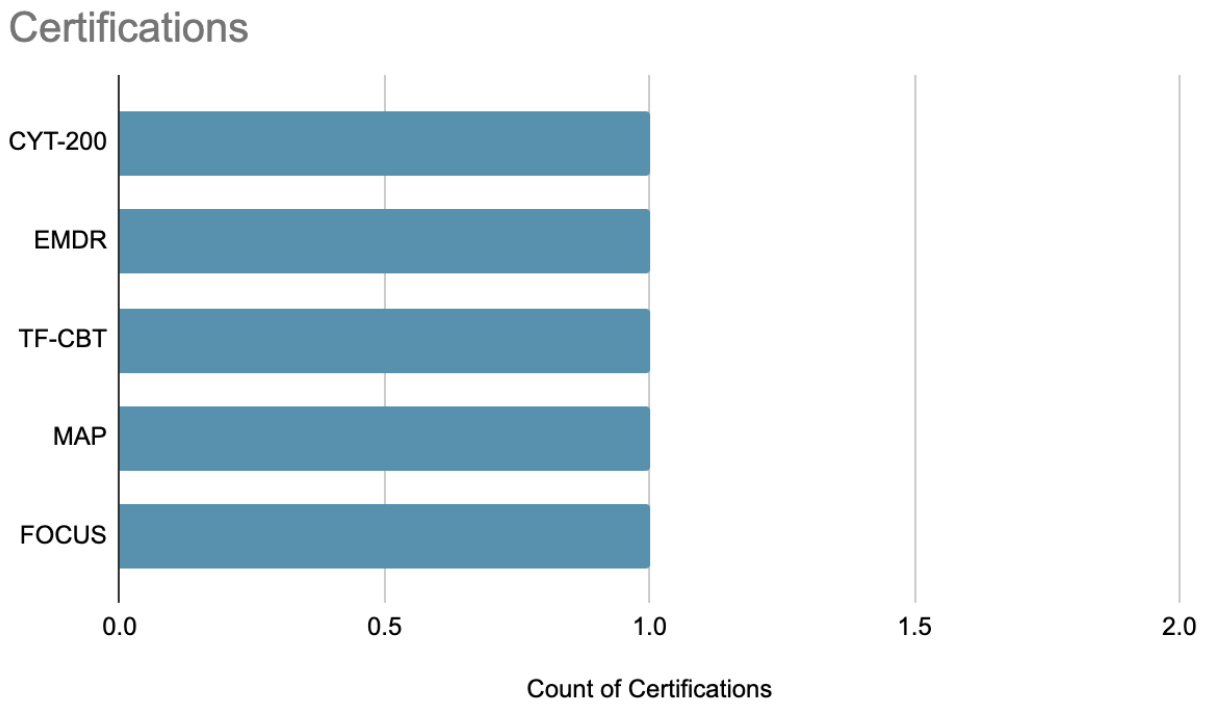


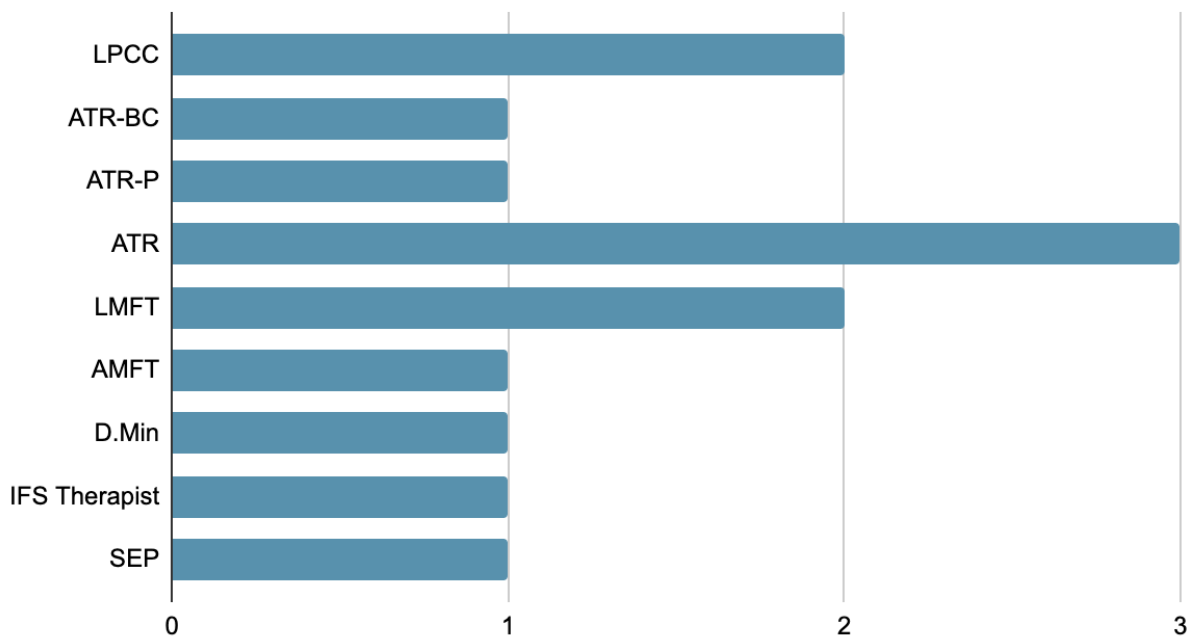
Figure 7: Licensure Demographics, Certifications



Four of the participants that were interviewed self-identified as “woman” and one participant self-identified as “man”. Two interviewees self-identified as BIPOC and one interviewee reported having a physical disability. The five interviewees attended four different graduate programs including Naropa University, Loyola Marymount University, Notre Dame de Namur, and Sonoma State University and graduated between 1994-2020 with an average graduation date of 2013. Forty-percent of the interviewees hold undergraduate studies in the arts and arts related fields, and all five interviewees currently practice as mental health professionals who see clients. All five interviewees come from a diverse background of mental health and art therapy training and hold an average of 2.6 licensures/degrees/certifications per individual as illustrated in Figure 8.

Figure 8: Interviewee, Licensure Demographics

Interviewee: Licensure Demographics



Gathering of Data

A recruitment letter was provided to the faculty advisor to send to their professional art therapy networks. The letter included a short description of the research project and included a link to the survey. Recipients were invited to participate in the survey as well as pass the email along to others in their art therapist professional circles. Participants had the opportunity to indicate interest in an additional interview by providing an email address at the end of the survey. Once the survey was closed, the research team compiled 57 email addresses, assigned a number, and used a randomized number generator to select 5 participants. In the first set of five (group 1), 3 responded and booked interviews, and 2 did not reply. One participant canceled due to scheduling conflicts. After 48 hours from initial outreach, 3 new contacts (group 2) were randomly selected with the generator and contacted. Of that group, 3 replied and booked interviews. Once all 5 participants were confirmed, the researchers worked in pairs to facilitate the interviews at an agreed upon date and time.

Analysis of Data

Survey. The intention of the survey was to collect responses from art therapists using self-report measures on carefully selected samples. Scaling questions were used to help gather quantitative data and develop basic profiles while validating assumptions about the targeted participants. The qualitative aspect of the survey is represented through identifying key terms, which includes short answer responses that are not based on a scale nor multiple choice. These open-ended questions were used to gather contextual information about participant attitudes, habits, and challenges. This provided the opportunity for participants to express themselves freely, generate new insight, and may reveal new paths to explore further. The survey was also used to screen participants that were interested in being interviewed.

Interviews. The interviews provided qualitative data, which allowed participants to expand on their survey responses. The interview was designed to be recorded and semi-structured with an unstructured art making component. The open-ended questions focused on the participants' relationship and process with art making within their identity as an art therapist. Participants were invited to create art using the directive "create an image that explores the relationship between your personal art practice and professional identity". Art materials were determined by the participants and time spent creating art varied. Once the recorded interviews were collected and transcribed, the text was analyzed using a word mapping software. Word mapping was intended to evaluate key terms and general themes among the participants. The researchers also discussed the composition, form, and media choice of the art to identify further themes and/or patterns.

Heuristic. The heuristic component of the research involves personal art responses from the research team to further explore themes of identity as it relates to the data produced by the surveys and interviews. The research team created a piece of art in response to the directive “create an image that explores the relationship between your personal art practice and professional identity” and intentionally selected cool tones to represent their art therapist identity and warm tones to represent their artist identity. Creating art within these limitations allowed the research team to participate in the discussion by detailing their current experience as a student navigating their artist and art therapist identity. The researchers’ art will be analyzed through examining the composition, form, and media choices as the researchers are trained to do as art therapists. The researchers will also discuss common themes between the art as they relate to the interviewees’ artwork.

Results

Presentation of Data

The purpose of using a mixed-method qualitative approach that combined survey, interviews, and heuristic art making was to examine art therapists' relationship to artmaking, whether art making impacted an art therapists' identity, and to identify any supports and/or barriers that sustain and/or help develop an art therapist identity. The survey analysis revealed an increase in the formation of an artists' identity throughout the development of an art therapists' career and a decrease in the frequency of personal artmaking. Survey participants' self-identified barriers to art making with clients included "telehealth" and "not relevant to client's needs". When asked to describe what helped to support an art therapist identity, common responses included the words *community* and *practice*. Similar themes were analyzed in the interviews, revealing an increase of using art with clients the further they advanced into their art therapist career, and the importance of communication and advocacy for using art therapy as an integral part of clinical work. The heuristic component of the study led the research team to create an art response to the data highlighting their personal relationship between their contemporary artist and art therapist identities. Throughout the creation of those art pieces, the graduate art therapists found similarities between their process and the interviewees' art that support the importance of having an art making practice.

Analysis of Data

Survey Analysis

Participants were invited to answer four different sets of questions (see Appendix C) which focused on demographic information, identity and artmaking before entering a graduate

program, identity and artmaking during a graduate program, and identity and artmaking after leaving their graduate program. The survey included additional questions with the intention of identifying potential influences and/or barriers within the experience of each art therapist pre, during, and post graduate school. Short answer survey responses were analyzed using descriptive statistics to codify use of keywords. Multiple choice survey questions were analyzed using statistical data analysis.

Pre-Graduate Program. The background information, provided by the participants, allowed the research team to identify the various influences upon entering an art therapy graduate program. The beginning of the survey focused on the participants' academic undergraduate background to which data revealed that 65% of participants had training in the arts during their undergraduate studies. The research team included art minors and art-based degrees in this percentage, such as arts education, animation, arts management, art history, and graphic design.

The survey also focused on the participants' personal relationship to art making before entering the program. 82.7% of the respondents identified that they had a personal art practice before entering their graduate program. The frequency of art making varied and resulted in 54.9% of participants making art weekly, 19.7% made art daily, 25.3% made art monthly, and 1.4% made art annually. As a follow up question, participants indicated whether or not they considered themselves as artists before entering their graduate program. 50% of the participants identified themselves as artists, 38.6% stated 'somewhat', and 11.3% stated that they did not. The researchers included a question regarding exhibition and frequency; it was reported that 60.2% of the participants had exhibited their art work, 1.9% exhibited monthly, 23% quarterly, 38.4% annually, 36.5% rarely, and 0.02% unspecified. This correlated with the 65% of

participants who have undergraduate educational backgrounds in the arts, as many undergraduate programs encourage exhibition as part of the arts training.

Additionally, the researchers asked participants to identify their primary occupation that they held before entering the art therapy graduate program. The survey responses revealed that 44% of participants entered the program as a student, 51.1% from another career, and 4.7% as full-time caregivers. Six participants identified that they had been working in community and mental health related fields prior to their graduate studies, and twelve participants worked in an educational field.

During Graduate Program. The next set of questions related to the participants' experience with art making and frequency as art therapy graduate students for the benefit of identifying potential impacts and barriers. 80.6% of participants stated that they had a personal art making practice during their time as a student. The frequency of art making varied. 64.7% of participants stated they made art weekly, 25.3% daily, 7% monthly, 1.4% annually, and 1.4% said they rarely made art. The researchers also asked if their program had encouraged or required personal art making as part of their education, which 54.5% of participants stated always, 27.2% usually, 14.7% sometimes, and 3.4% stated rarely.

The survey participants ranked their perceptions of their programs offerings around artmaking and other forms of support to examine potential program influence in determining artmaking as a personal and professional practice for art therapists. The survey participants ranked if they felt their program offered enough courses in studio practice or art making, if their program offered enough resources and accommodations for varying art making practices, and if there were enough opportunities and spaces to exhibit artwork through the program. The participants were asked to respond to these three questions by identifying: none offered, not

enough, adequate, perfect amount or too much. See the charts below for the participants' responses.

Figure 9: Program Support, Studio Courses

Program Support: Studio Courses

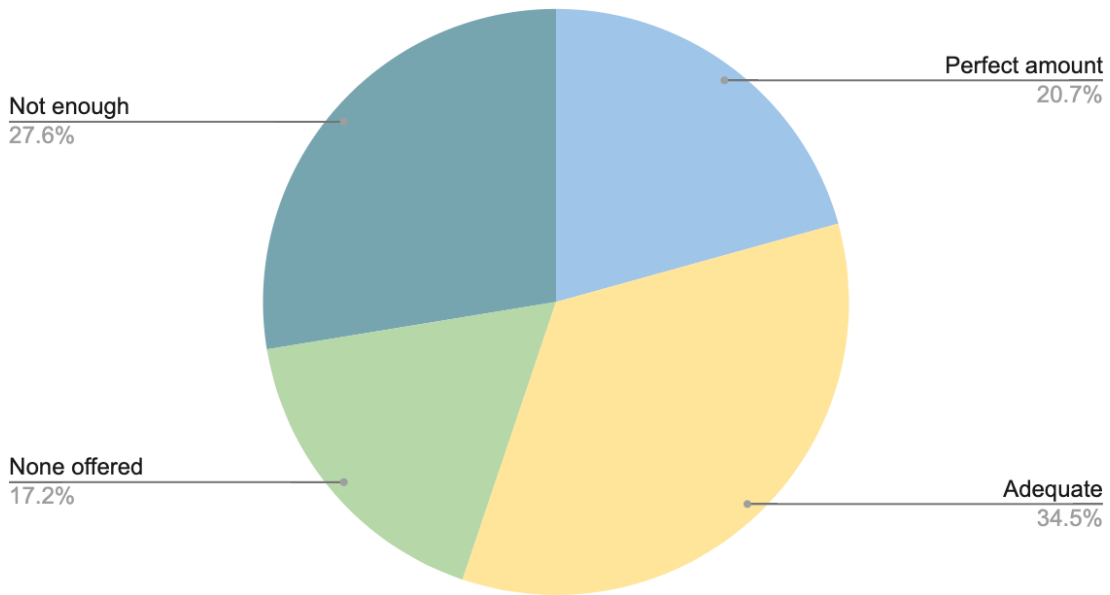


Figure 10: Program Support, Resources for Artmaking

Program Support: Resources for Artmaking

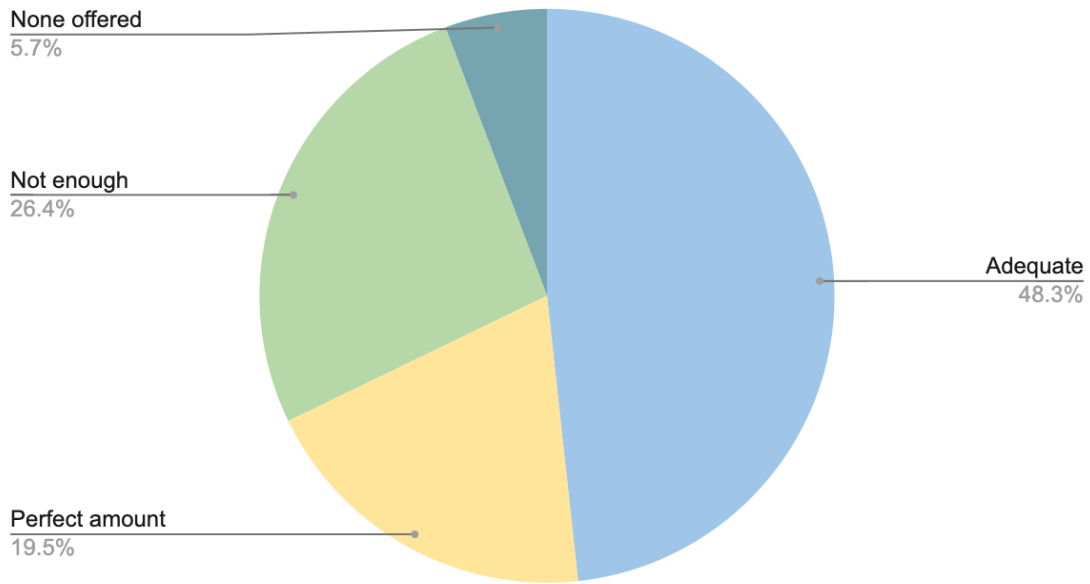
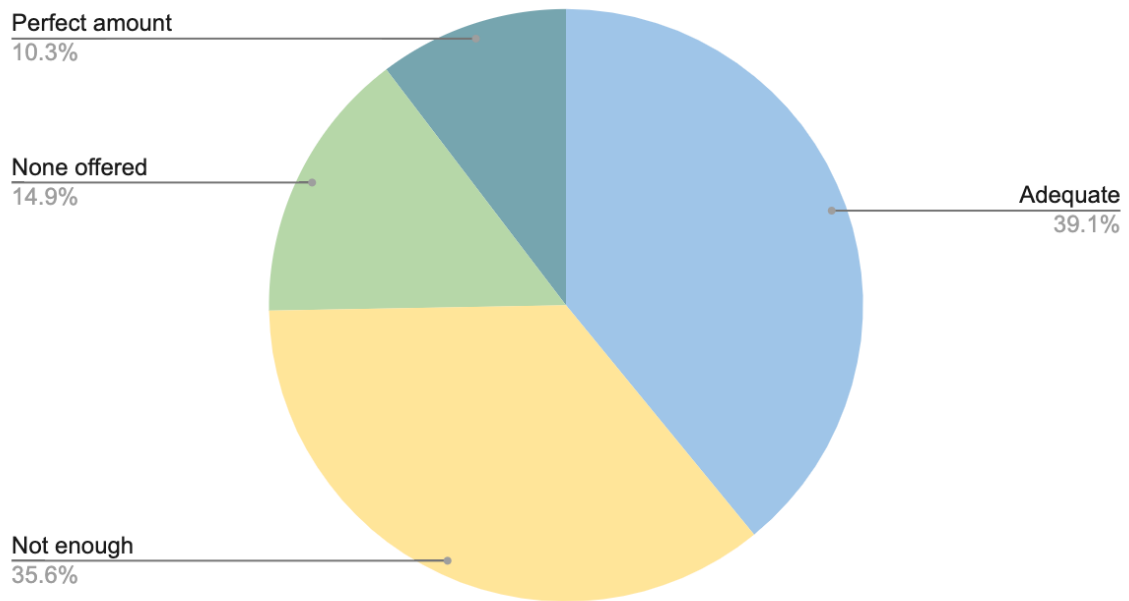


Figure 11: Program Support, Resources for Exhibiting

Program Support: Exhibiting Artwork



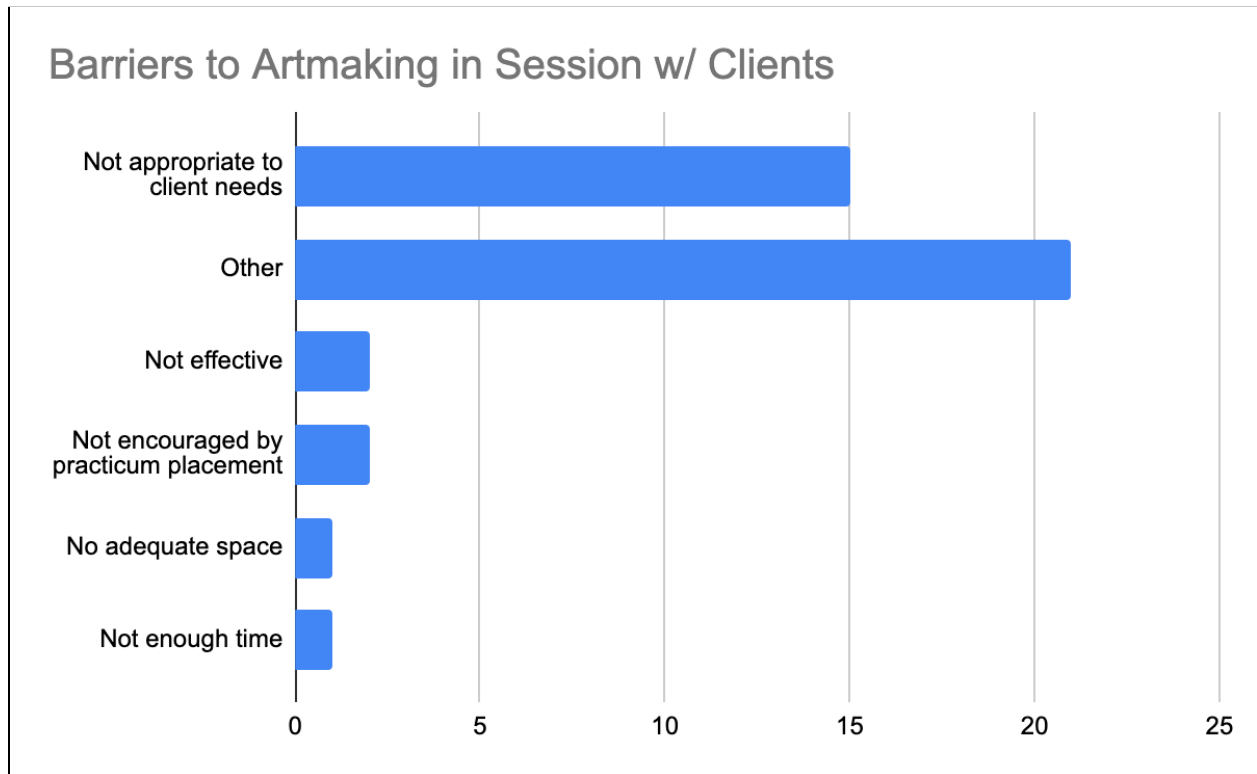
The participants then identified if they had received specific art therapy supervision in addition to their clinical supervision during their internship as a student. 88.6% of participants stated they always received specialized art therapy supervision, 5.6% usually received it, 2.2% received art therapy supervision sometimes, and 3.4% never received any.

The researchers inquired about the participants' frequency of using art making with clients and learned that 47.7% of participants always used art with clients, 40.9% usually did, 4.5% sometimes did, 4.5% rarely did, and 2.2% never used art with clients. A follow-up question asked participants to reflect on reasons why they might not use art with clients. 18 individuals identified that it was not appropriate to client needs, 2 respondents said that it was not effective, 2 participants noted it was not encouraged by their practicum placement, 1 individual stated they did not have enough time, and 1 participant said there was no adequate space. Additionally, 2 participants reported that art making with clients was not encouraged by their art therapy program and 1 participant noted telehealth as a barrier for art making with clients.

Post-Graduate Program. The post-graduate section of the survey explored the art therapist experience after completing their art therapy program and inquired how many participants were actively seeing clients, used art in their clinical practice, and the frequency of personal art making. 71.2% of respondents identified that they are always seeing clients, 8% stated usually, 3.4% stated sometimes, 3.4% said rarely, and 13.7% said never. Participants who answered seeing clients, regardless of frequency, were asked to identify how often art making was included during treatment. 10.8% stated always, 36.4% said usually, 45.9% reported sometimes, and 6.7% said rarely. Figure 12 highlights barriers art therapists have experienced in using art making in their clinical practice. 58 participants answered this question and the two

frequent responses were that it was not appropriate to client needs or difficult to include via telehealth.

Figure 12: Barriers, Artmaking in Session



To understand post-graduate professional practices, participants were asked whether they have received continued educational units (CEUs) within the field of art therapy since graduating and 65.9% participants stated yes.

The participants were asked to describe their current personal art making practice to note any changes in frequency post-graduation. 77% of respondents stated they currently had an art practice. 59.7% of these respondents stated making art weekly, 11.9% daily, 20.8% monthly, 1.4% annually, and 5.9% rarely. The research team also requested information regarding the participants' current involvement with exhibiting their artwork. 27.2% of participants stated they do exhibit their work. The frequency of exhibitions varied with 4.1% showing their art monthly,

2.9% quarterly, 45.8% annually, and 20.8% rarely. When the participants were asked if they currently consider themselves an artist or not, 60.2% responded yes, 27.2% stated somewhat, and 12.5% said that they do not identify themselves as an artist.

Participants were asked to provide a short response explaining what helps sustain their art therapist identity. 80 individuals responded to the question and the research team coded these answers by examining frequently used words and themes. Figure 13 illustrates the responses provided.

Figure 13: Supports, Art Therapist Identity



Interview Analysis

Interviews were conducted in pairs to negate bias in the approach and framing of each interview question. An online program was used to create a schedule that reflected the researchers' availability in one hour blocks. The five interviewees were able to use the online program to select from available times and book interviews. This scheduling process resulted in

organic randomization of interviewers. The researchers worked in pairs to facilitate the semi-structured interviews, which included a predetermined art directive, via Zoom. The interview questions focused on the participants' relationship to art-making as well as their identities as artists and art therapists. Discussions evolved that were fundamentally congruent with the findings from the survey data, as the interview questions were designed to expand on the survey responses.

Interviews delivered information about the career development, relationship to artist and art therapist identities, cohesion of identity, education, art practice and worklife of five individuals who provided information in the initial survey.

Content ranged in narrative, and was grounded in variables such as number of years in professional life, qualities of each workplace, support within agencies and institutions, type of practice (private, group, or agency), dedication to personal artmaking, and development of identity over time (see Appendix E: Interviews and Response Art for the specific questions). Transcripts of each interview were generated and time stamped. Each interview transcript was assigned to one person who did not conduct said interview, for data reduction. In this process, the responses to each interview question were reduced to a series of qualitative data points. When all five interviews were reduced to data points, they were each reviewed and clarified by all six participating researchers to eliminate bias. When all data points were reviewed, the full research team convened to discuss noteworthy and recurring themes in the data. For this discussion, a series of terms were agreed upon for coding the interviews. The words selected were *support*, *process*, *practice*, *artist*, *therapist*, *time*, *heal*, and *change*. With these coding terms established, each interview transcript was coded to denote frequency of each term's use, and context of term

usage. With the interviews coded, the team moved on to analysis of the coded qualitative data, contextualized in relationship to the initial survey.

The researchers attempted to break down the responses for each interview question and examined how they relate to the survey results. They used the keywords — *support, process, practice, artist, therapist, time, heal, and change* — to code the interview transcripts which furthered discussion of themes. Throughout, the interview participants will be referred to as “interviewee” or “participant”, and individually cited through the designations *Int1, Int2, Int3, Int4, and Int5*. These identifiers correspond to the interview response art presented in Appendix E. All participant pronouns will be defaulted to the gender-neutral use of “they” to protect participant identity and approach the discussion through equal conditions to reduce bias.

Interview Question 1: *What can you tell me about your relationship to art before becoming an Art Therapist?*

This first interview question asked the interview participants about their relationship to art-making prior to training as an art therapist, examining their time before entering an art therapy graduate program and mirroring Survey Q8 – Q14 (see Appendix D: Survey Questions).

Several interviewees discussed having a personal art-making practice, some beginning in childhood and connected to relationships with parents or other adults who also created art or encouraged art-making (*Int1, Int3, Int4*). Within the survey, three interviewees stated that they held an artist identity prior to entering an art therapy graduate program, and two considered themselves “somewhat” an artist. Within the interview process, one interviewee reported having an artist identity prior to their graduate art therapy program (*Int4*), and three participants reported they did not consider themselves an artist (*Int1, Int2, Int5*). However, two of these interview

participants reported feeling that their art therapy experience strengthened their artist identity (*Int1, Int5*).

As mentioned in the Participant Demographics section under Methods - Design of Study, 40% of the interviewees hold undergraduate studies in the arts and arts related fields. Some interview participants also reported having undergraduate education in psychology or sociology (*Int3, Int4, Int5*). Sixty-percent of the interview participants reported experience with art exhibitions (*Int3, Int4, Int5*), and 80% of the participants expressed experiences of feeling stifled, pressured, or restricted by traditional profession art spaces including art education and the art industry (*Int2, Int3, Int4, Int5*).

One interviewee spoke about creating art based on inspiration not typically having a plan (*Int1*). Similarly, two other participants claimed that they focus on creativity, expression, or personal process rather than a particular aesthetic (*Int2, Int5*). One participant specified the use of tactile, three-dimensional art making as a part of their creative process (*Int5*).

Within this first question, the interviewees reported varying ways of entering the art therapy field. Some had long-term intentions to pursue the field, while others discovered it through facilitating art-making in community spaces and witnessing the therapeutic potential of art or saw it as a solution to pursue both art and stability in a career (*Int4, Int5*). Another interviewee cited their personal experience of healing through art as the motivation to pursue art therapy (*Int5*). They also discussed why they utilized art making. Two participants reported using art as a tool for healing the self or others, even prior to their formal art therapy education (*Int 2, Int5*). Interestingly, these two who discussed this approach to art-making were the only participants who verbally used the word “heal” throughout the interview process, which was the least used word overall from the selected coding terms listed previously.

Interview Question 2: *Can you speak to the relationship between your art therapy and art making?*

The second interview question asked the interview participants about their current relationship to art-making and how it relates to art therapy experience, which prompted the interviewees to examine the time period after the participant entered their art therapy graduate program. This purposefully correlated with the third section of the survey, examining the post-art therapy graduate program experience, specifically Q28 – Q34. Some reflections encouraged references to the participants' experience during the program and how it informed their current relationship to art-making, which mirrors the art therapy graduate program experience portion of the survey, specifically Q15 – Q20.

Three interview participants commented on their current relationship with an artist identity during the interviews. One participant stated they do not differentiate between personal work as an art therapist and personal art practice (*Int4*), while another participant reported that their artist identity and art therapist identity control the art-making process at different times instead of in partnership (*Int3*). The third participant who spoke of their artist identity grounded their work specifically as a somatic art therapist (*Int5*).

Several participants also reflected in this question on how their artist identity has been affected by their education. Two participants reported that their art therapy education, and specifically the graduate program they attended, supported a strong relationship between personal practice and art therapy work (*Int4, Int5*). This could be represented through the survey data related to Q17 - Q23. For the program specific questions, the interviewees answered survey Q19-Q21 as 40% not enough support within artmaking and exhibition, 40% adequate, and 20% none offered.

In further reflections, one participant indicated that personal art-making was more challenging for them because of their undergraduate art school's technical and compositional standards (*Int3*). The participant stated that they attempt to employ the phrase "process over product," which is commonly used in art therapy education, but that as a result of their art school experience, they still have conflicts with their inner art critic. Following the completion of their program, the same participant indicated that they felt less compelled to sell or exhibit their artwork (*Int3*). This correlates with survey data related to Q31 and Q32, in measuring how often the survey participants engaged in exhibiting their artwork to measure engagement with a more formal structure of art making. Within the survey, only one interviewee indicated that they do exhibit their artwork but stated it is "rarely."

One of the participants, without undergraduate arts training, expressed opposition to the concept of "art made for public consumption" and described how this perspective influences their art-making process (*Int1*). Additionally, *Int1* recognized how their art therapist training introduced an analytical element to their personal art practice that felt restricting. It is worth mentioning that *Int1*, who does not have an undergraduate art background, stated the art therapist identity occasionally restricted the artist process, whereas *Int3* claimed the artist process was inhibited by their artist identity and traditional art background.

There is a reported disparity of frequency in the participants' current art-making experiences. Two participants discussed attempts at maintaining a daily art-making practice or "ritual" (*Int1*, *Int4*). One of these participants stated that they often create artwork alongside clients in session, and that they try not to measure art-making by productivity or hours spent on a project (*Int4*). One participant, who has been practicing art therapy for decades, said that their art-making has been constant since attending their graduate program (*Int5*). Two participants

noted a decrease in personal art-making since graduation (*Int2, Int3*). One of these interviewees who noticed a decrease in art-making described a continuous struggle with accountability or motivation for a consistent art practice (*Int3*). The other interviewee reported feeling “burned out” from the graduate program and disconnected from an art-making process (*Int2*). This highlighted the data found in the survey through Q29 and Q30, which the interviewees answered with 80% stating they do currently have a personal art practice which is utilized 50% weekly, 10% daily, and 10% rarely.

Interview Question 3: *Can you explain how you use art in session and what are the factors that determine your choice to use art or not?*

The third interview question inquired about the thought process that goes into deciding if, when, and how art-making is used in clinical practice. Some of the participants' thoughts included references to their program experience and how it affected their present facilitation of art-making in therapeutic work. This relates to the second section of the survey, specifically Q22 and Q23, which was designed to examine the art therapy graduate program experience.

Four out of five participants stated that they always invite art-making to their clients, and offer it as an intervention or processing option (*Int1, Int2, Int3, Int4*). Client consent, willingness, ability, and therapeutic needs were some listed factors in the decision to initiate art-making. Two participants used the words “intuition/ intuitive” to describe their decision to initiate clinical art-making (*Int1, Int2*). Two participants mentioned incorporating clinical art-making in conjunction with other psychotherapy modalities, such as Dialectic Behavioral Theory (*Int4*) and Internal Family Systems (*Int5*). These specific modalities were invited to be shared in survey Q5 and are demonstrated in Figures 3 - 7, which highlights that practicing art therapists hold an array of specialities, licenses and training in various modalities.

The frequency of art-making with clients varied by interview. Two participants mentioned that clients made art in session on an occasional basis, and within Q25 of the survey the interviewee participants answered that 20% always use art with clients, 60% usually do, and 20% sometimes do (*Int3, Int4*). One participant reported that a recent change in job has allowed them to increase their art-making with clients (*Int2*) and another noted that their clinical art-making has decreased as a result of the COVID-19 pandemic's shift toward telehealth services (*Int1*).

Interview Question 4: *Were there any barriers, supports or inhibiting factors that have determined the strength of your identity as an artist in art therapy spaces?*

This question was created to encourage participants to consider the supports and barriers of the artist identity in art therapy environments, to specifically answer the research team's second research question. This corresponds to Survey Q18-Q27, Q33, and Q35, through the discussion of program support, supervision support, barriers to engaging in artwork with clients, current perceptions around artist identity and potential supports for maintaining an art therapist identity. Although the question referenced both supports and barriers, interview respondents focused on difficulties with art-making as they relate to their art therapist practice. It should be noted that the interviewer and flow of conversation could be influential in determining this focus on barriers.

In discussing barriers, one interviewee reported that a clinical obstacle was a lack of access to art materials and space to create art. They also indicated that art therapy's theoretical approach does not always correspond to the clinical expectations for treatment in the workplace, which is relevant to the survey respondents reporting a wide range of specialties, licenses, and

training in diverse modalities. The concept of required self-advocacy to promote or preserve the art therapy identity within the workplace recurred throughout the survey and interviews (*Int2*).

Personal Art-Making Analysis

The heuristic component of this study allowed the researchers to reflect on their own experiences as developing art therapists through their own art making process. The goal was to explore how the graduate students have navigated their own identities as artist and art therapist, providing additional data regarding their education and practicum experiences. The research team agreed that the art making process required some structure and restriction in order to code the art and assigned colors to represent the two identities. Cool tones (blue, green, violet) were symbolically associated with the art therapist identity, and warm tones (red, orange, yellow) were symbolically associated with the artist identity. Coding the art allowed for clear data collection and interpretation.

The size of the artwork was limited to 3' x 5' for hanging work, and 1' x 1' for sculptural work. Size limitations were determined with consideration about presenting this work in a physical or online gallery in the future. Common materials selected and utilized by the 6 researchers' artwork included: pre-stretched canvas (4 participants), acrylic paint (3 participants), oil pastels (3 participants), and watercolor (2 participants). Unique materials used included china marker, yarn, mixed media, natural found objects, rope, string, embroidery thread, beads, dye, wood, canvas frame, gold leaf sheets, and sand. The average of the number of materials selected by each researcher was 4.83.

The research team noted that their art responses and processes were impacted by lack of time to pause and create while completing their graduate work, lack of studio space, work schedules, and limited time to purchase desired materials.

Findings

Survey Findings

Participant Demographics Insight. The researchers were able to use the data obtained from the survey to discuss connections and analysis. The participant demographics seemed to be an accurate reflection of the demographics found within the art therapy professional community. According to the 2021 American Art Therapy Association (AATA) membership survey, 88.3% of their members of AATA identify as female, while 91% of the survey participants for this research study self-identity as female, showing a slightly higher percentage to be responding to this survey (American Art Therapy Association, 2021). Additionally, the 2021 AATA membership survey reported that 19.6% of AATA membership and 11.3% of this survey's participants identified as part of the BIPOC community (American Art Therapy Association, 2021). It should be noted that while AATA is a singular representation of the art therapy professional world and does not encompass all practicing art therapists, AATA was used as a frame of reference for this body of research as 76% of the survey respondents attended an AATA approved graduate program.

Comparison by Graduation Date. The survey generated a diverse set of graduation years from 1980 - 2022 and provided data that reflects a shift on the importance of art making while in a graduate program. The research team examined the data divided into three stretches of twenty years — 1980-1990's (21 participants), 2000-2010's (58 participants), and the 2020's (9 participants). The research team was deliberate to isolate the 2020's as the pandemic was noted to be a barrier for survey participants as they navigated telehealth.

A total of 21 respondents graduated between 1980 and 1999. 30% stated that personal art making was always encouraged by their graduate program, compared to the 54.5% of the total

survey results. This response was 63.1% for the group graduating in the 2000-2010s, and 75% for the respondents that graduate in the 2020s. The data suggests that art therapy graduate programs have an increased emphasis in personal art making over time. When asked if their graduate program provided enough studio art courses and/or training, the subsection of survey respondents who graduated in the 1980s and 1990s answered with 5% the perfect amount, 40% adequate, 25% not enough, and 35% none offered. The survey participants who graduated between 2000-2019 answered with 26.3% the perfect amount, 29.8% adequate, 29.8% not enough, 15.7% none offered. Those who graduated in the 2020s responded that their experience within their programs was — 25% the perfect amount, 62.5% adequate, and 25% not enough offered. These groupings of survey respondents as compared to the total survey respondents answers of — 20.4% perfect amount, 34% adequate, 27.2% not enough, and 18.1% none offered — indicate that there may be an increase within the last 22 years for art therapy graduate programs to include studio art and art making as a critical component for developing and/or sustaining graduate students' experience with personal art making. This is indicated through the percentage of “none offered” decreasing from from 35% to 0% over the 42 year span of survey respondents. Furthermore, 70% of the 1980s-1990s survey respondents have a personal art practice, while 80% of the 2000-2010s have a personal art practice, and 77% of the 2020s have a personal art practice.. There may be a correlation between the various graduate programs and their emphasis in developing and sustaining an art making practice during and post-graduation.

Although there was an increase in participants having an active personal art practice over time, the inverse was reported for claiming an artist identity. 71.4% of participants who graduated between 1980-1999 claimed an artist identity, and 19% selected ‘somewhat’. 60.3% of participants who graduated between 2000-2019 claimed an artist identity, and 25.8% selected

‘somewhat’. 30% of participants who graduated in the 2000s claimed an artist identity, and 55.5% selected ‘somewhat’. There might be a consideration to see whether there is a correlation of participants who hold an artist identity that have entered the art therapy field in the past decades.

The research team explored whether there was a relationship between the varying graduation dates and frequency of personal art making that would impact the participants’ use of art making in a clinical setting. The frequency of art making with clients varied and fluctuated across time. 21.4% of respondents from the 1980-1999 group always use art with clients, 14.2% usually, 57.1% sometimes, 7.1% rarely. 9.2% of respondents from the 2000-2019 group always use art with clients, 42.5% sometimes, 38.8% usually, 7.4% rarely, and 1.8% never. 42.8% of respondents from 2020-2021 stated sometimes using art with clients and 57.1% stated usually. The survey data suggests that the use of art with clients becomes less frequent the more recent the participant graduated, as noted by the drop of 21.4% always using art with clients from the 1980-1999 group, to 9.2% within the 2000-2019 group, and 0% in the 2020s group. The drop may indicate that the recently graduated art therapists’ position, job title, and/or financial access may impact the likeliness of using art in their clinical practice.

Art Therapist Identity and Art Practice. The research team examined the quantitative survey data for possible connections between the participants’ art therapist identity and art practice. 67 participants answered ‘yes’ to Q29 “*do you have a personal art practice now?*”. Within this subsection of respondents, 62 are currently seeing clients as mental health professionals. 11.2% always use art with clients, 40.3% usually, 41.9% sometimes, 4.8% rarely, and 1.6% stated never. When comparing this group with the total group of respondents, the percentages for ‘always’ and ‘usually’ were slightly higher. 10.8% always use art with clients,

36.4% usually, 45.9% sometimes, 6.7% rarely. Participants were asked to identify how often art is utilized in their clinical practice now, and responses were substantially lower compared to when they were in a practicum placement during their graduate program. 47.7% stated always using art with a client, 40.9% usually, 4.5% sometimes, 4.5% rarely, and 2.2% never.

The research team compared trends regarding the total survey participants' artist identity and personal art practice pre, during, and post their art therapy graduate program. 82.7% had a personal art making practice before entering their graduate program, 80.6% had a personal art practice during their graduate program, and 77% held a personal art making practice after graduating. 50% of participants stated they had an artist identity before entering their art therapy graduate program, and 60.2% stated that they hold an artist identity now. Comparing the data suggests that the participants' personal art making decreased over time as their art therapist identity developed and their identity as artists increased. This may indicate that although frequency of art making among art therapies varies, the field encourages the development of the artist identity. 100% of the 48 participants who responded "yes" to having an artist identity reported currently having an art making practice.

The responses led the research team to reexamine the data related to artist identity and art making with clients. The research team compared the results of participants who currently have an artist identity with frequency of art making in a clinical practice. This group of respondents totaled 48, of which 44 are currently seeing clients as mental health professionals. 11.3% always use art with clients, 40.9% usually, 43.1% sometimes, 2.2% rarely, and 2.2% never do. These results are similar compared to art therapists who reported having a personal art making practice to their use of art with clients in a clinical setting (11.2% always use art with clients, 40.3% usually, 41.9% sometimes, 4.8% rarely, and 1.6% stated never). There may not be any specific

qualifiers that indicate a significantly higher use of practicing art with clients in session, though it does indicate that a relationship with art or identifying as an artist may provide some benefit to strengthen the frequency of that practice personally and professionally.

Barriers. As a follow-up question, respondents were asked to indicate the barriers, if any, that made using art in a clinical setting challenging. The research team hoped to identify potential barriers that impact art therapists' use and frequency of art making with clients. 47.7% of participants always used art with clients during their practicum internship, 40.9% usually, 4.5% sometimes, 4.5% rarely, 2.2% never did. Within those who identified not using art often with clients, 42.8% of participants indicated that art was inappropriate for the client's needs, 9.5% reported it was not encouraged by their graduate program or practicum placement, 2.3% reported the impact of telehealth, and 2.3% stated that there was not enough time.

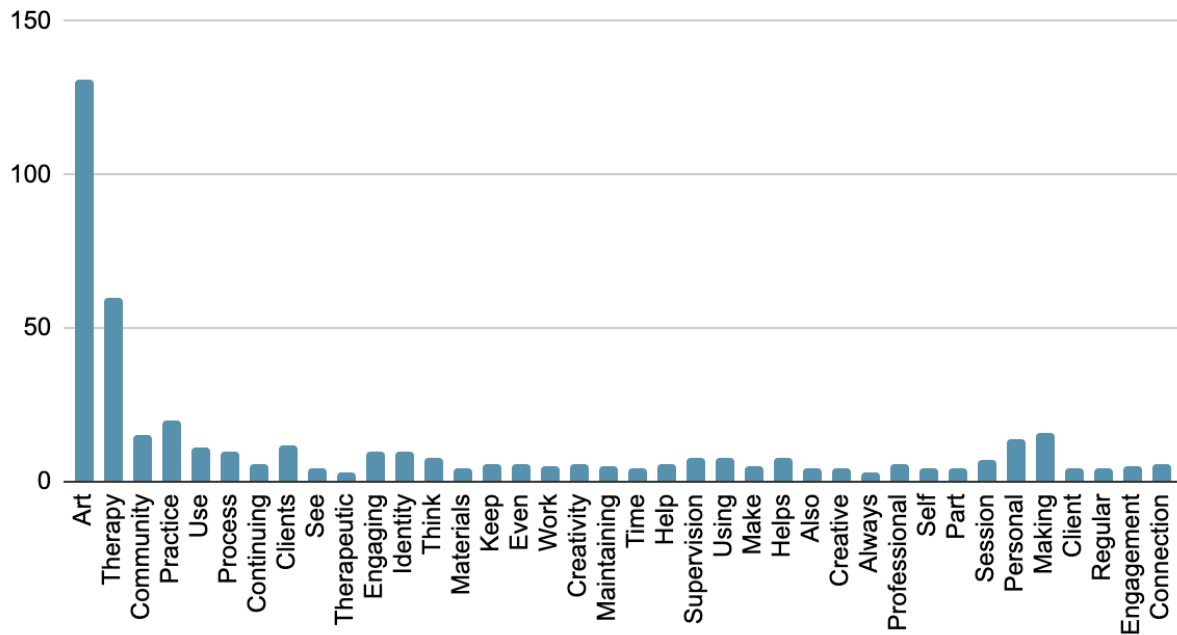
When asked to reflect on their current professional practice, 10.8% of respondents always create art with clients in session, 36.4% usually do, 45.9% sometimes do, and 6.7% rarely do. 50.8% participants reported that art was inappropriate for the client's needs, 21% reported inaccessibility due to telehealth or COVID-19 restrictions, and 12.2% reported a lack of support due to workplace restrictions, stating there was too much paperwork, not enough time, and not appropriate for job title.

The research team noted that there has been a large decrease in making art with clients due to the complications of telehealth during the onset of the pandemic. The art therapists' practicum and job placement seems to also play a role in supporting and/or sustaining their art practice with clients as 9.5-12.2% of survey participants stated being unable to consistently utilize art.

Supports for Art Therapist Identity. The final question of the survey asked respondents to identify what helps maintain their art therapist identity. The research team coded the responses and identified the most frequently used words that support their art therapist identity. A total of 1561 words were used, articles, prepositions, and conjunctions were removed. ‘Art’ and ‘therapy/therapist/s’ were the two most commonly used words, used 131 and 60 times respectively. This correlates with the population demographics of the survey, but was noteworthy to highlight that part of maintaining an art therapist identity is both art and therapy. The next two most commonly referenced words were ‘practice’, which was stated 20 times, and ‘community’, which was stated 15 times. The research team noted that part of maintaining an art therapist identity involves participating in art therapist modalities and engaging often in community. The word ‘community’ refers to the art therapist community. The researchers included a full list of all words used in Figure 14.

Figure 14: Supports, Art Therapist Identity, Full List

Survey Short Answer



Interview Findings

Throughout understanding the findings from the interview data, the researchers looked at overall survey data to understand how the interview participants' responses to the interview questions could relate to their answers in the survey and review themes found in the interview data. They also examined the individual art created by each interviewee to further explore the themes emerging from the data.

Interview Response Art

Each interviewee created a piece of art at the end of the interview. The researchers examined the artwork through their training as art therapists, and in correspondence to the analysis used for the heuristic component of this research. In doing this, the research team examined the art materials used to gain a better understanding of the participants' creative process. It should be noted that the artwork created was discussed during the interviews, but the researchers distilled concepts from the transcripts to assign meaning, as there was no written statement requested from the interviewees. It occurred during the interviews, that researchers inquired about the artworks' title may have led the artists to name the piece, thereby possibly skewing the data concerning their creative process and reflection. The researchers should note that presence of a title does not imply that the artist in question regularly titles their work in their personal art-practice. All referenced participant artwork can be viewed in Appendix E.

Int1 Art Response. Participant *Int1* stated they used collage to “help expedite expression.” They stated that the images chosen reflect their desire to maintain a sense of playfulness and curiosity in their art therapy identity. The faces of some figures in the collage images were distorted or concealed, which the participant reported to communicate overwhelm in relation to the challenges experienced as a professional art therapist. The characters in the interviewees' art did not have fully developed faces, and they mused that this could represent how the identity is not fixed, but always evolving, growing and changing. This participant did not assign a title for their artwork.

Int2 Art Response. Participant *Int2* indicated that they chose clay because it is a material they frequently use with clients and they preferred the ease and flexibility it provides. They stated that clay appealed to them as an artistic material and explained that the final product was intended to be a tree, a reported sign for growth. They stated that the tree's trunk was designed to

resemble a ladder, and that this symbolized connection. The interviewee stated that they were surprised to find, in analyzing their own work, that the *therapist* part of their identity was the foundation. They created branches moving upward, and stated that the *art therapist* part of their identity was still striving for expression, and felt like a space of growth and change. This participant did not assign a title for their artwork.

Int3 Art Response. *Int3's* piece was created with oil pastel as an intentional medium choice. When talking about the connection between their art therapy and artist identities, the interviewee discussed intentionally blending colors along the vines to represent a blending of their identities. In this case, they used the word "blending" to expressly connect to the utility of the oil pastels. They explained vines were a symbol for growth and the thorns represent protection over their art therapist and artist identities. *Int3* noted internal criticism about the hue of the vines during the art-making process, but did not modify it because "if it's green, it's green." They named the golden spot in the center of the artwork to be their artist and art therapist identities and noted that this was the first time they had combined both identities. The piece was titled "The Dualities."

Int4 Art Response. *Int4* used water color for their response art and explained that this was the only planned component of the piece. *Int4* indicated intentionality with the choice of materials to communicate their emotional response, though they did not elaborate on the purpose or meaning. The artwork revealed that the interviewee's relationship to the artist and art therapist identities is not static, it is "constantly evolving and changing". When the researchers asked the participant for a title for the piece, they said they usually do not like titling their work, but in the end decided on "Journey."

Int5 Art Response. *Int5* chose to repurpose existing art that addressed the same topic. The collage pictures in the artwork were reported to have been created using the "SoulCollage" approach, which the participant specified as their preferred way for creating art. The participant explained the SoulCollage process to the researchers, and linked it to their interest in somatic and kinesthetic modalities. They used a variety of metaphors in their conceptualization of the art to underline the importance of the art and their relationship to their creativity. According to the participant, the artwork represented their connection to a "higher source." She introduced the title of the artwork as "My Own Authority".

Interview Response Art Summary. This art response was viewed as a snapshot of the participants' current attitudes towards their art therapy and artist identity, as well as a representation of the personal journey that led them to this point. During the post-art response discussion, one participant noted that the directive served as a reminder of the importance of art therapy work (*Int1*). Two participants reported their artist identity and art therapy identity to be seamless during the art response (*Int3, Int4*), and one described their art response as a reflection of a journey, acknowledging the influence of change or transition over time (*Int2*). Finally, one participant (*Int5*) had previously reflected on the question in their own art process, as they found the question meaningful to their own growth.

Artist and Art Therapy Identities

Interviewees seem to view their current relationship between artist identity and art therapy identity as complex and in a state of continuous evolution or change. Some seem to view the relationship between the two identities as blended or seamless, while some others relate to one identity over the other. There is a noted desire amongst the interviewees to nurture their underdeveloped identity, allowing the identities to be fluid.

According to the survey results, survey respondents' personal art-making reduced over time throughout the development of an art therapist career, but their artist identity has strengthened post-graduation. As indicated by the qualitative data from the interviews, the decision to identify as an artist and what that identity involves are both subjective. The increase in identification as an artist over time is connected to the belief in the power of the creative process, as well as a desire to create art with a focus on process rather than product.

This claim is supported by survey data from Q13 and Q31, which inquired about frequency of exhibition prior to graduate school as compared to current frequency as a professional art therapist. When compared to pre-graduate data, the percentage of respondents who exhibit has declined significantly. Prior to beginning their art therapy graduate degree, 60.2% of respondents reported having exhibited artwork, with 38.4% exhibiting annually and 23% exhibiting quarterly. When asked to describe current involvement with exhibition, 27.2% of survey respondents indicated that they were actively exhibiting artwork, 45% annually, and 20.8% "rarely".

The low reported instances of art therapists' who exhibit may be a result of a lack of time and support in maintaining personal art practice focused on public connection. However, a multitude of factors can influence whether or not art is exhibited. While the decrease in exhibition rate may be related to time restrictions associated with clinical practice, other inhibiting factors — such as a lack of resources and lack of studio space — arose in the literature review and interviews. One participant reported an internal conflict over creating artwork for public consumption (*Int1*). This conflict originated from their philosophical belief that art should not be created purely for exhibition or profit. This emphasis on "process over product" was mentioned several times during the interviews.

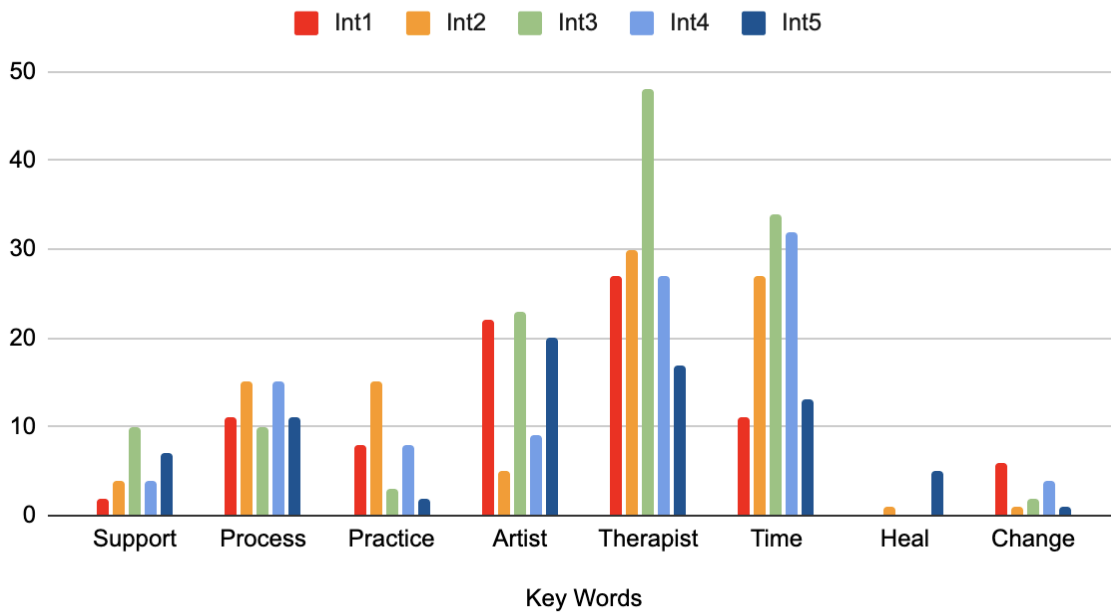
It is possible that the emphasis on process over product is reshaping perspectives on art-making, and that this is why a greater proportion of survey respondents now identify as artists, regardless of the amount of artwork they produce. The acknowledgement of process as it connects to an art therapist identity is also supported by the findings in Figures 13 and 14.

Key Words, Coding, and Themes

The research team utilized the keywords — support, process, practice, artist, therapist, time, heal, and change — to code the interviews to determine themes throughout. The researchers used multiple perspectives to examine the context and had a group discussion to determine main themes. It was found that the most commonly used keywords were “therapist” which was used 149 times, and “time” used 117 times. The keyword “artist” was used 79 times, “process” used 62 times, and “practice” was used 36 times. The least frequent keywords that the researchers utilized to code the transcripts were “support”, “change”, “heal”, which were used 27, 14, and 6 times respectively. Within the survey data of Q35, the most frequently used terms were “therapy/therapist/s” mentioned 60 times and “art” was mentioned 131 times. The frequency of the keywords “artist” and “art” reinforce the idea that actively practicing artmaking is essential to maintaining the art therapist identity. This is displayed in Figure 15 below.

Figure 15: Rate of Overall Key Word Used Based on Interview

Rate of Overall Key Word Use Based on Interview



Therapist. The high frequency of the word “therapist” across all interviews does not inherently invite any statistical meaning, due to therapy existing as the center of this exploration. Each interviewee utilized this word to discuss career, identity, and their professional lives.

Artist. The high usage of the word “artist” similarly reflects the nature of the research itself. The questions asked focused on identity as an artist, creation of art and professional use of art.

Heal. The most commonly used keyword was “therapist”, while the least frequently used word was “heal”. No researchers used the word “heal” in the interviews, even when they were summarizing an interviewee's use of it. This could indicate that “heal” has a personal meaning to the individuals who choose to use it when describing their work as an art therapist.

Change. The keyword “change” was used with minimal frequency, most commonly arising in *Int1*. It is worth noting anecdotally that the researchers identified a high frequency of

other terms relating to change throughout this research. The breadth of language available to describe change inhibits this point of data. Knowing that many words relative to change are available in the language (ie. grow, transform, alter, evolve), the repetition of change as a specific term becomes more relevant. It is apparent that if we were to code all words relative to change, the count would increase by a margin.

Practice. Throughout the interviews, the keyword “practice” was used more often by researchers than the interviewees. This could be due to the common phrases of “personal art practice” and “clinical practice”, as well as being a word commonly used in the survey, making it a part of the research project’s lexicon. The keyword “practice” was used in Q9, Q15, Q19, and Q28 of the survey questionnaire to refer to maintaining an art-making practice both personally or professionally.

The keyword “practice” was most used by *Int2* and *Int4* and appeared to have a strong foundation in their academic art education outside of art therapy. This suggests that art therapists who have a background in fine art are more likely to use the keyword “practice” when describing artwork, rather than “process” which we explore below as a more favored term for artmaking by art therapists.

Process. The keyword “process” arose in all five interviews, with a range of 10-15 occurrences per interview. This includes references to the “art process” and the “creative process”. The use of “process” rather than “practice” to describe creative work reflects the intent of art therapy, wherein art making is not seen as product creation, but as an observable phenomenon (or process) with its own unique qualifiers.

Time. The second most used keyword in the interview data was the word “time”. Within *Int3*’s interview, “time” was most often described as being insufficient and indicated a lack of

support in the workplace. Within *Int4*'s data, the contextual use of "time" was connected to an effort to reserve time in order to maintain a consistent personal art practice. *Int3* and *Int4* utilized the word "time" in different contexts but shared an emphasis on time spent on self-advocacy as a necessary part of professional art therapy. There seems to be a trend in inadequate time available for art therapists, though it may not be the experience of every art therapist.

The element of time appears to be a significant theme of the research results, in both desired and available time. Time was often used in conjunction with support and self-advocacy throughout the survey and interview findings. Time restriction was reported as a barrier impacting the quantity and frequency of personal and clinical art-making. The rate of personal-art making specifically appears to be dependent on adequate time, and time appears to be dependent on available support in the clinical environment.

Support. While the keyword "support" was one of the least used (see Fig. 15), there was contextual importance in how "support" was discussed. In the survey data of Q26, respondents were asked what specific barriers contributed to a decrease in clinical art-making, and the lack of support was cited as a main barrier including — workplace restrictions, too much paperwork, not enough time, and art therapy not being included in their current job title.

According to the qualitative data of the interviews, "support" seems to be often connected to interpersonal and professional context. Community as a support was emphasized in Survey Q35 "What do you think helps maintain an art therapist identity". In the coded data from Q35, "community" was the fourth most common word used in the short answer format. This data is represented in Figures 13 & 14. *Int5* remarked that they did not feel supported by AATA, but their decades long involvement in a local art therapy group has been essential in sustaining their

work as an art therapist. Connection to community, notably an art therapy community, may help maintain the art therapist identity and engender overall feelings of support.

Both the survey and interview data showed that not all art therapy graduate programs provided essential support. *Int2* reported that their art therapy graduate program did not fully prepare them for the level of self-advocacy required in the professional world. Discouragement of art-making with clients during practicum/training was also cited as a barrier by some survey respondents in Q23. This may suggest that there is a discrepancy among art therapy graduate programs in how they incorporate artmaking.

The survey data found a decrease in frequency of art-making with clients among recently graduated art therapists, compared to those who have a long-term practice. Based on the qualitative data from the survey and interviews, adequate support is vital to maintaining both an art therapist identity and an artist identity.

Barriers

Survey Q26 found that workplace restrictions and job titles act as barriers to art-making with clients in session. Participants discussed feeling a lack of respect for art therapy, and experienced continual need to inform or educate colleagues and employers about the utility and importance of art therapy. Working in spaces where art therapy is seen as an unnecessary expense also generates a barrier to practice. The quantitative survey findings in Figures 13 & 14 demonstrate a considerable emphasis on the word “art” relating to maintaining an art therapist identity. Based on this finding, lack of support in a workplace that does not include art-making in psychotherapy services would act as a barrier. This could also explain why art therapists implement multiple modalities alongside their art-therapy work and seek additional degrees and training. This is evidenced in the responses and data from Interview Q3 and Survey Q5. Also, the

shift to telehealth has been cited in this research as a significant barrier in offering art-making with clients through telehealth.

Personal Art-Making Findings

The research team responded to the art directive “create an image that explores the relationship between your personal art practice and professional identity” and intentionally used cool tones to represent their art therapist identity and warm tones to represent their artist identity. The researchers used these parameters to create art in the hopes of revealing their own experience as art therapists and artists, including barriers and challenges. The art was analyzed by examining composition, form, and media choices in relation to the data presented in the survey and interviews.

Essy (Figure F1)

The researcher started their painting in the middle, representing a heart in a split seam of blue and red, which was then split across to create the basecoat of the piece. Then, pulling in various other shapes and colors that represented what the outside world considers representation as an artist and art therapist. The researcher carved out windows, initially thought of as little pieces of paper or canvases, in which they recreated sketches of clients' art. The red, or empty canvases, imply unprocessed pain for healing and/or potential for creation. The red canvases are also representative of clients who resist the art, which acknowledges the intensity of art itself. The top canvas are those of the researcher. The muted tones of the top canvases reflect the integration of healed pain in the researcher's life, in which the pain appears softer and extends past the canvas. The extension of the lines beyond the symbolic canvases show how the researchers identity as a creator and person are connected. The researcher integrated black space in their piece, acknowledging that people can be resistant to shadow, but as an art therapist who

held personal trauma and pain, they are no longer afraid of it. The top left black and bottom right white is the spiritual influence that ties through all of the work. The researchers piece includes both the negative and positive space, reflecting how they conceptualize the divine.

Ivan (Figure F2)

The researcher used the frame of his piece as the holding structure for the incorporated weaving to give it a sense of security, stability, and structure. The interviewer wove from both ends to produce a finished piece that served as a skin, or blank canvas. Over time, warm colored threads were incorporated which became part of the skin, and thus the artist identity started to form. The researcher then explored found objects, such as the purple flower, which blend together to represent both artist and art therapist identities. The flower is placed in the center and symbolizes the heart of the work as an art therapist; purple also represents the integration of artist (cool colors) and art therapist (warm colors) as a new life force. The researcher then experimented with other found objects and florals, which seemed frozen in time. These flowers represented the artist identity which had to be put on hold during the program. While not dead, this identity awaits to be reignited. The researcher included darker fabric, thread, and yarns to represent the absence of art making/art identity over the last couple of years. The piece started very structured, with the researcher aiming to maintain objects in an organized manner, but over time, became a tactile collage representational of his journey as an art therapist and artist. The researcher notes that the frame has needed to be reconfigured, or broken, which is representative of the new ideas which have been formed.

Jamie (Figure F3)

The researcher had difficulty conceptualizing ways of conveying both her artist and art therapist identities, but ultimately related them to a lava lamp, where emerging themes were

associated with fluidity, expansion, and precedence. Both identities seem to be formed from the bottom of the canvas and rise to the surface when either, or both, identities come through. The identities can hold parallel surface space, or, one can take precedence. Neither are static. Both of the identities are constantly growing, with the art therapist identity currently surpassing the artist identity in growth. The researcher's artist identity can be seen currently taking up more space at the surface, indicating the researcher highly identifies with the identity in this particular moment. The interviewer focused on her art process, such as using familiar techniques and materials, rather than her art product to pay tribute to her identifying roots as an artist.

Liz (Figure F4)

The researcher created three bilateral paintings on a large canvas utilizing warm tones in one hand and cool tones in the other to represent the artist and art therapist identity. At the end of each bilateral pair, the researcher took a pause to honor what the other hand did, creating multiple layers of paint and oil pastel in each shape. Throughout the art making process, they found that they could not see right and left hand at the same time, and attention was split by looking back and forth, embodying the energy it takes to hold multiple identities at once. This researcher uses bilateral drawings often as a directive with clients, but approached this piece within the context of a medium that is often used for personal art making — large scale paintings. Throughout the process of creating, the researcher reported finding it silly, freeing, and colorful. They used their favorite colors to create the warm and cool tones in the piece, which emphasized the enthusiasm they had for creating the painting, yet stepped outside of their typical more monochromatic art making practices. They found that in the full wing-span movements necessary for creating this larger piece, there was a sense of strength and movement in utilizing both hands, and both identities, simultaneously.

Susana (Figure F5)

The researcher utilized materials she was familiar with. The direction of the artwork reads from the bottom to the top. Prior to grad school, the researcher was unintentional with her personal art. The researcher enjoyed creating, later realizing that she utilized art as therapy to cope with her environment. The researcher started creating art at a young age and always observed her father utilizing gold leaf sheets in his own work. Now, the researcher creates with intention. The artist identity represents the yellow and red tones, as the beginning foundation to who she is today. The art therapist identity represents blue and violet tones. The black tones represent the researcher's previous trauma which serves today as empowerment, a greater sense of knowledge and empathy for clients' own traumas and lived experiences. Finally, the researcher utilized gold leaf sheets in her personal art as a way to honor her father and the encouragement he always provided her with in regards to her artistic side. The art therapist identity takes up more space today and creating personal art currently is used mainly for healing.

Chelsea (Figure F6)

The researcher had a difficult time approaching the piece because of a linear style of thinking and considering identity as a timeline — however, embraced this thought process. The direction of the art reads left to right and uses a tree metaphor to contain the development of the artist identity. Going to art school and emerging into industry, the researcher felt a sense of need to contort/twist creativity in the professional art space. When reflecting on the personal art that was produced at the time, a lot of it centered around identity, social justice, and mental health. Finding art therapy and learning about letting go of constraints around education in art is represented in this watercolor drawing. There's a sphere around the left side to show more containment; the right side is more open and free and focused on where the art wanted to be and

less about technique. Both selves grow into each other, they dance and communicate with one another in hopes of finding balance. The images feel like they exist on a thread that connects the two; they talk and interact with each other; both experiences are valuable. The drawing feels elemental with the earth focus (tree, water, visual of fire), and although unintentional, is representational of where art has taken them. Being an art therapist has changed their relationship with nature; it wasn't planned, but it evolved and happened. This is what is most appreciated about the art therapist identity — allowing the art to guide the artist what it wants to be.

Connections to Research

After the researchers analyzed their art by examining composition, form, and media, the findings were linked to the research through thematic exploration. These conversations elicited hard data themes that arose in the primary research such as timing, background, and barriers. Thematically, the two identities of artist and art therapist appeared in the researcher's art in varied configurations: woven together, blended in, layered, or separated. This variance was consistent in the art created by interviewees as well. The researchers' response art included reflection on experience with clients. This mirrors a theme that arose in the interviews wherein practitioners utilized art to process their professional relationships with clients. Each researcher had their own unique language to explain their process and communicate the meaning of their work, as was consistent in all of the interview artwork and more broadly, the nature of the field. Another theme arose in the use of frame, shape, and structure as metaphors for containment, which has no direct mirror in the hard data, but is reflected in aspects of the interviewees art.

The researchers had two weeks to do their response art, whereas the interview respondents were provided with approximately 20 minutes to complete the art directive. The

researchers restrained their work to warm and cool colors, each set representing an identity (warm colors for artist identity, cool colors for art therapist identity). This choice inherently coded their work for qualitative data processing, however the same restrictions were not placed on those interviewed. This creates a limitation in regards to generating data viable sets from the artwork. All the artwork involved varying levels of time, which accounts for personal process, prep, and actual creating. Essy spent 1 hour and 10 minutes on their artwork, Ivan spent 5 hours, Liz spent 3 hours, Susana spent 2 hours, Chelsea spent 4 hours, and Jamie spent 5.5 hours. The average amount of time spent on personal art making was 3.5 hours. This stands in stark contrast to the approximately 20 minutes that each interviewee utilized to complete their art, and proves another limitation to data extraction.

It is worth noting that 4 out of 6 researchers have undergraduate training in visual art, whereas 2 out of 5 of the survey participants identified undergraduate studies in the arts and related fields. Strong artist identity, which relates to the correlation between the researchers pre-existing training and background in art, was communicated throughout all art pieces and can be identified through the intentional choice of art materials. Researchers chose materials that they were familiar with, while also choosing new materials. The interviewees chose materials that they were familiar with, as well as what they had immediately available, in addition to using materials that elucidated enjoyment. For example, *Int4* elected to use green in his artwork solely because he's currently enamored of the color.

The researchers discussed barriers in their art making process and identified *time* to be a challenge, which coincided with the interview and survey results. Time arose across the breadth of this exploration in the context of physically creating art pieces, and as related to the emotional and mental energy available to create art.

Advocacy, both for the self and for the field of art therapy, was addressed in the interviews as a unique developmental necessity for art therapists. Advocacy in professional environments did not appear as often in the artwork of the researchers as it did in the work of those interviewed. This may reflect time spent in the field, as the researchers are just beginning their professional journeys and are newly confronted with the need for advocacy in the professional space. Art therapists enter professional environments which offer varied understanding of, or support for, the inclusion of art in therapeutic practice. The concern that schools did not prepare students for the self-advocacy required in professional environments stood out in the survey and was mentioned in a single interview. It is worth noting that the researchers did not include this theme in their artwork, and it did not arise significantly when processing their art collectively. This may reflect the deliberate inclusion of this material in the Loyola Marymount curriculum.

Those still in supportive school environments (the researchers) and those who were well supported as art therapists in their professional spaces, showed less activation around advocacy (and any related fatigue) than those in unsupportive or uninformed professional spaces. This speaks to the education required to prepare students for advocacy in professional work, and speaks to the varied working environments available to art therapists. These varied environments also reflect variance in burn-out, fatigue, and continued (or discontinued) use of art.

Time available to create the research art arose as a theme and a concern for students as well as those interviewed. The time required to purchase materials, clean up, and art making impacted the type of art created both in the interviews, and in the researchers' art work. This mirrors concerns that arose in the interviews and the survey data relating to the use of art with clients, wherein art making was at times set aside due to time restraints.

The discussion around the researchers' and participants' art revealed areas for further research as well as basic concerns and growth opportunities for all involved. Some of those interviewed acknowledged that pausing and reflecting on the relationship between these identities through artwork enabled a deepening of their thought process, awareness and choices related to their professional identity. This alone suggests that ongoing reflection through art work is a protective factor for the field and its practitioners. One must consider the impact of continuing education in art therapy, and continued creative practice by the art therapist and its impact both on individuals and on the field as a whole. Finally, a near-constant through the artwork, in both researchers and in those interviewed, was the theme of change and growth. This theme arose in many expressive terms in the interviews, and in discussion of the artwork such as *process, development, flux, evolve, transform, emerge, and integrate*. This serves to emphasize that the nature of the relationship between these identities is seldom if ever static.

Themes

After analyzing the art using art theory principles that examine media choices, composition, and form, the researchers discussed their experiences creating an art response that reflected their artist and art therapist identity. The researchers blended their skills to create art, a symbol of the two identities coming together that reflects which identity might have the most influence. Common themes among the artwork include intentional choice of materials, use of color, form, and space. Other themes discussed include the use of symbols to understand the art making process and product.

While discussing the art, the researchers noted that their art process involved using materials they were familiar with, using additional materials or processes as needed. The choice to use familiar materials seemed to bring forth the artist identity as the guiding force in creating

the art with the art therapist identity joining simultaneously. How each researcher engaged in their process varied, which is reflected in the time spent in creating art. Some processes involved time to conceptualize the idea, gathering materials, making intentional choices about form and composition, experimenting, and execution. Not all art was created in this order or as described, some researcher's process includes creating art in the moment while exploring all these artistic decisions.

The use of canvas and frames was a common theme among the researchers' work. The use of frames provided a sense of security, stability, and structure to the artistic process and helped contain the emotional process. How the researchers engaged and used the frame varied, most of the work is self-contained except for Ivan's and Essy's artwork, which breaks the frame visually and/or literally. The researchers noted that the choice of using a frame was symbolic of the clinical work as the role of art therapist is to hold and contain the client.

Color, directionality and use of space helped drive the discussion on how the artist and art therapist identity emerged within the artwork. Across the artwork, primary colors are prominent, with the use of some secondary and tertiary colors. The most used colors were variations of blue, which represented the artist identity, and variations of yellow, which represented the art therapist identity. The two identities emerged from various directions. Essy's identity can be seen emerging from the center of the piece, out and up, Ivan's identity emerges from the edges in, Susana's identity emerges from the bottom up, Jamie's identity is represented in the whole piece, and Chelsea and Liz's identity reads from the center. Additionally, the researchers also discussed the composition and how different areas of their work provided a sense of feeling grounded.

Finally, when discussing the relationship between time, process, and product, it was evident in the researchers' discussion that time affects how they engaged in the art process and

what they determined to be most important. Susana and Liz identified process as their approach to art making and Ivan, Chelsea, Jamie, and Essy identified process and product as their approach. Challenges with time made it difficult for the researchers to feel that their process and product was completely reflective of their identities and had to negotiate when their work was 'finished'.

Conclusions

This study sought to answer two research questions to benefit the art therapy field: *What is the relationship between personal art making and the development of the art therapist*, and *What supports and barriers exist for art therapists to engage in an active art practice within and outside of clinical practice?* Throughout the process of collecting data through an anonymous survey, randomized interview process, and heuristic reflective art making, the research team made discoveries and developed deeper understanding of the impact of personal art making on art therapists personal and professional identities. The researchers also determined the impact that this study had on the research already established, and provided recommendations for future research.

Relevance to Literature Review

Throughout the study, the researchers connected ideas and themes to the literature reviewed. Energy was noted as a necessary component to the practice of art therapy, which was reflected throughout the survey and interviews (Beaumont, 2018; Brown, 2008; Fish, 2019; Gam, 2016; Hyatt, 2019; Nash, 2019; Wadson, 2003). Second, studies in the art therapy field discuss the liminality that art therapists experience in the profession managing the many potential identities of multiple licenses, art therapist, and artist (Beaumont, 2018). As this was a primary research question, this study examined the presence of these identities and noted the frequency of multiple licenses in art therapists, as well as the increase of an artist identity noted in the survey data as art therapists extended into their careers (Beaumont, 2018; Brown, 2008; Fish, 2019; Hyatt, 2019; Nash, 2019; Wadson, 2003).

Regarding art therapists' personal art making practices, the literature reviewed discussed how many art therapists create art processing their clients or are inspired by them (Beaumont,

2018; Fish, 2019; Harter, 2007; Hyatt, 2019; Wadeson, 2003). This was confirmed throughout the interviews with participants as they discussed utilizing materials their clients often gravitated towards, using metaphors similar to their work with clients, or even referencing making art alongside their clients in session. The research team also integrated the work with clients in the heuristic art making they engaged in, which was focused on their identities as art therapists and artists. Similarly, the literature referenced several art therapists using art making as a tool to support healing and emotional processing, which was a theme evident within the interviews and heuristic art making (Schaeve, 2010). The research team believes that further research may be beneficial to exploring how an individual intuitively or knows that personal exploration and healing is occurring while they make art, or whether that is a universal process of creating.

Next, the literature review discussed the relationship between community work and art therapists, which became a significant discussion within this study. Within the short answer component of the survey, “community” was one of the top four words referenced as a helpful component for maintaining an art therapist identity. All of the survey participants writing “community” in their answer identified that they were referring to the art therapist community, while the literature review focused on the integration of art therapists and communities (Gonzalez-Dolginko, 2002, Hollingsbee, 2019). However, there seems to be a similar impact as discussed in the literature review, of communities being vital for maintaining a sense of mastery, developing hope and encouragement, and empowerment (Moxley, 2013).

This study highlighted additional areas of research to be developed that were reflected in the literature review, specifically on the relationship between art therapy and art theory. Discussed in the literature review, the contemporary art world has often been a space avoidant of the expression of emotion and weakness due to the social devaluing of the arts (Wolsteroff 2003,

Jarrett 1993). In an effort to not appear illegitimate, neutrality, or the platonic ideal, became best practice in many influential professional art making arenas. Art therapy counters that concept by targeting and enhancing emotion within the art making practice, making it a potential outsider to the theories structuring the contemporary art therapy world. Within this research, it was evident that while many art therapists have a personal art making practice, only 27.2% of them exhibit their artwork, with 20.8% stating they exhibit rarely and 45.8% exhibiting annually. As exhibition is one of the most structured methods of engaging as a contemporary artist, it may be that many art therapists do not feel akin to the identity of an artist who produces work to engage with a similar rhetoric to those outside the art therapist world.

Lastly, this calls to question the exploration of exhibition in the literature review, as examined through an art therapy lens. In the review, only one article was found pertaining to art therapists who exhibit either their or their clients work (Salom et al., 2012). It should be considered that the research into this study area is so minimal, when art therapists are often focused on facilitating advocacy for the profession and it has been discussed as helpful to art therapists for “interprofessional collaboration.” (Jue, 2017). Exhibition can be a tool for education and advocacy, but it does not seem to be a common practice for art therapists, which led the research team to be curious about the potential need for training in the area and the potential need for more graduate school and community support around exhibition. Additionally, as explored in the literature review, the ethical considerations surrounding displaying art created in a therapeutic context needs to also be considered as a factor. The research team also considered the vulnerability within exhibiting artwork, especially artwork displaying personal themes or challenges that is often the case with art therapy. Within the interviews, the experience

of feeling vulnerable and uncomfortable with being witnessed in creating art arose. This may be a consideration as well for further research within the field.

Limitations

The researchers involved in this study are students in a professional field they are currently entering, and this positionality may impact the research. The researchers share an academic background as students in the Marriage and Family Therapy with Clinical Art Therapy program at Loyola Marymount University which introduces a homogenous quality to the lens of the work.

The survey was left open for only two weeks. This limitation was required due to the time available for the collection and processing of data while the researchers completed this research in their graduate program. For similar reasons, only five participants were interviewed. This allowed the team to process and synthesize data in the time their graduate program allowed. The fact that the interviews were limited to five people may have restricted the capacity to draw conclusions and make comparisons.

Interviews with a semi-structured format have inherent constraints. Despite measures taken to eliminate bias, the personality of each researcher naturally alters the nature of each question through tonal indicators, facial expression, gesture, and speech tempo.

It is impossible to fully measure and control the impact of positionality and interpretation on the synthesis of the data. Bias was reduced through redundancy in data reductions, and variation in interview teams. However, there is still the possibility for researcher interpretation to have impacted the data findings for this section of the research.

A semi-structured interview includes a structured element of a few predetermined questions, and the introduction of intuitive or unstructured questions as the conversation evolves.

The unstructured portion of each interview, in the form of follow up questions and conversation creates variables that impact the data procured.

The artwork created by participants is limited by the time provided within the interview, as well as the inherent influence of being observed while creating artwork. Similarly, the heuristic component of the interview was impacted by the time available for researchers to create art during the final semester of a graduate program, and the added stress generated by the research itself.

Themes

Survey data shows that artist identity increases as art therapists continue in their careers, regardless of the amount of artwork they produce. The emphasis of "process over product", as it connects to an art therapist identity, could be a significant factor in how art therapists approach personal art-making. Consistent personal artmaking may be a determining factor in the maintenance of the art therapist identity. The presence of community, especially an art therapy community, could have a significant impact on maintaining an art therapist identity. However, professional art therapists may struggle to maintain art practice or a community due to barriers related to time, space, and professional support.

Interviewees seem to view their relationship between artist identity and art therapy identity as complex and in a state of continuous evolution or change. Artist identity was increased by a desire to create art for art's sake rather than for profit or recognition.

Recommendations

The importance of personal art making in the professional development of the art therapist is often undermined as the profession increasingly seeks legitimization by the larger industry of psychotherapy. While there is value in legitimization, it is essential that the essence of

the profession is not distilled in the process. The tactile experience of art making deepens the capacity of the art therapist, and acts as a built-in form of self care that other modalities lack internally. The essence of art therapy invites the therapist to process the intensity of their clients' experiences through their own artwork, deepening understanding and managing vicarious trauma. Art therapy programs are often relegated to spaces that do not invite professional level art making, and the profession does not require CEUs in art making. Based on these findings, it appears essential that art therapy programs include spaces that are ventilated for professional art making, as well as education specific to personal processes through art. Required CEUs in art making would ensure that art therapists maintain a connection to the art, and to their clients work. Additionally, some art therapy programs have proven records of preparing students for the barriers they may face in the professional world. Considering the complexity of navigating the professional world in the unique positionality of the art therapist, it is essential that all programs follow suit and take care to include these preparations.

In conclusion, the data from this study revealed additional areas of research related to art therapist identity and art making as the research team had predicted. The relationship between art therapist and artist is dynamic and evolving; such areas of research include exploring the factors that determine the increase in art therapists self-identifying as artists over time, despite an observed decrease in art making, the legitimization of the art therapy field in relation to the evidence-based practices, the accessibility and systemic factors that sustain or challenge the artist and art therapist identity, and finally, the possible impacts of the COVID-19 pandemic on art making in personal and professional spaces.

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Appendices

Appendix A: IRB Letter of Approval

Dear Professor Bodlovic,

Thank you for submitting your IRB application for your protocol titled ***Contemporary Art Therapists: Study of Identity Within Art Making***. All documents have been received and reviewed, and I am pleased to inform you that your study has been approved.

The effective date of your approval is **February 8, 2022**. Please note that if there are any changes to your protocol, you are required to submit an addendum application to the IRB.

For any further communication regarding your approved study, please reference your **new IRB protocol number: LMU IRB 2022 SP 19-R**.

Best wishes for a successful research project.

Sincerely,

Julie Paterson

Anthony Bodlović, PhD, LMFT, ATR-BC
he | him | his

Program Director / Assistant Professor
Department of Marital and Family Therapy with Specialized Training in Art Therapy
College of Communication and Fine Arts



Appendix B: Recruitment Materials

Dear [Mr. / Ms./ Mx. / Dr. LAST NAME],

I am writing on behalf of a cohort of graduate students with the Department of Marital & Family Therapy/Art Therapy at Loyola Marymount Class of 2022. As part of their graduate research project, they are conducting a study that examines **how art therapists participate with art making both personally and professionally, which may inform connections between the use of art making as a clinical and personal tool.**

Enclosed is a link to the research survey, including a copy of the participant consent form. If you are a graduate of an art therapy program or know of others, please consider completing the survey and then passing along this email to eligible colleagues. The survey should take no more than 15 minutes to complete, and **will be closed [February 28, 2022].**

Thank you for your time and consideration.

Sincerely,

Dr. Anthony Bodlović, PhD, LMFT, ATR-BC

Program Director / Assistant Professor
Department of Marital and Family Therapy with Specialized Training in Art Therapy
College of Communication and Fine Arts
Loyola Marymount University

*Appendix C: Informed Consent Form***Loyola Marymount University
Informed Consent Form**

- TITLE:** **Contemporary Art Therapists: Study of Identity Within Art Making**
- INVESTIGATOR:** Essayan Hart, Ivan Lopez, Liz Sizemore, Susana Valdez, Chelsea Cota, Jamie Lombrana

Department of Marital and Family Therapy/Art Therapy,
Loyola Marymount University, (310)388-2700
- ADVISOR:** Anthony Bodlovic, Department of Marital and Family Therapy/Art Therapy,
Loyola Marymount University, (310) 388-2700
- PURPOSE:** You are being asked to participate in a research project that seeks to investigate the relationship between art therapy and contemporary art. This will include an examination of how personal art making is used by art therapists. There is intent to reveal any correlation between active personal art practice and use of art in therapy sessions by dual licensed clinicians (LMFT and ATR). Conversely, this research will explore the relationship between contemporary artists and art therapy, with hope to reveal barriers to professional art practice by art therapists. You will be asked to complete a brief online survey that should last between 10-20 minutes. If you choose, there is an optional follow-up interview, which will be conducted virtually, to gain more information about your relationship with art making in personal and professional practice. The follow-up interview will last approximately one hour and you will be asked questions about your art making practice and to participate in an art making activity.
- Risks associated with this study include:* This is a minimal risk study. However, if you become uncomfortable or decide you no longer wish to participate in the study, you can withdraw from the study at any point with no obligation to continue or participate.
- BENEFITS:** There are no personal benefits to this study. However, your participation in this study will contribute to the art therapy field by exploring the intersecting roles/identities as art therapists and practicing artists, which continue to evolve. The information gained may inform connections between the use of art making as a clinical and personal tool. Looking at how art therapist's participate with art making both personally and professionally may inform connections between the use of art making as a clinical and personal tool.
- INCENTIVES:** Participation in the project will require no monetary cost to you. You will receive no gifts/incentives for this study.

CONFIDENTIALITY: Participants who complete the survey will be asked to provide gender, how they identify, school attended, year graduated, years practiced, undergrad you entered with, current job title, licensure/Degree/Certification. Your name will not be required and therefore not used in any public dissemination of the data (publications, presentations, etc.). All research materials and consent forms will be stored through Qualtrics and a two-factor authenticated Box e-software. When the research study ends, any identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be kept confidential.

If you elect to participate in the interview, you will be asked to provide an email address to indicate your interest for a follow-up interview. However, not everyone who indicates interest will be contacted. Those who are interested to participate in the follow-up interview will be randomly selected. Those who participate in the interview will have the choice to use their names or go by a pseudonym. All participants will have access to the written findings for approval and consent before it is submitted.

RIGHT TO WITHDRAW: Your participation in this study is *voluntary*. You may withdraw your consent to participate at any time without penalty. Your withdrawal will not influence any other services to which you may be otherwise entitled, your class standing or relationship with Loyola Marymount University.

SUMMARY OF RESULTS:

A summary of the results of this research, estimated to be interpreted by early May, will be supplied to you, at no cost, upon request by Anthony Bodlovic, Department of Marital and Family Therapy/Art Therapy, Loyola Marymount University, (310) 388-2700

VOLUNTARY CONSENT: I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed I will be informed and my consent reobtained. On these terms, I certify that I am willing to participate in this research project.

I understand that if I have any further questions, comments or concerns about the study or the informed consent process, I may contact Dr. David Moffet, Chair, Institutional Review Board, Loyola Marymount University, 1 LMU Drive, Los Angeles, CA 90045-2659 or by email at David.Moffet@lmu.edu.

Participant's Signature

Date

CONSENT TO USE IDENTIFYING INFORMATION (if participating in interview):

I give my permission for my name (or alias), audio, video, and photos to be used in any presentations, publications, or other public dissemination of the research findings of this study.



*Appendix D: Survey Questions*Identifying Information**1. What is your gender identity?**

Male,
Female
Nonbinary
Transgender (M to F)
Transgender (F to M)
Other or Undecided
Unavailable or Unknown

2. Do you identify with any of the following?

Deaf/hard of hearing
Immigrant/Refugee/Asylum seeker
LGBTQIA+
Veteran
BIPOC
Physically disabled

3. What program did you attend to receive art therapy training?

Dominican University of California
Loyola Marymount University
Naropa University
Adler University
School of the Art Institute of Chicago
University of Louisville
Lesley University
Wayne State University
Adler State University
Adler Graduate School
Caldwell University
Mount Mary University
Pratt University
School of Visual Arts
Seton Hill University
Other

4. What year did you graduate?

Fill in the blank

5. What licensure(s)/degree(s)/certifications do you currently hold?

Short answer

6. How many years have you practiced as a mental health professional?

Fill in the blank

7. If currently employed in a mental health workplace, what is your current job title?

Short answer

Pre-Art Therapy Program

8. What undergraduate degree did you enter your art therapy program with?

Fill in the blank

9. Did you have a personal art practice before entering your art therapy program?

Yes

No

10. If yes, how often?

Daily

Weekly

Monthly

Annually

Rarely

11. Did you consider yourself an artist before entering the art therapy program?

Yes

Somewhat

No

12. Did you exhibit your work in shows and/or galleries before entering the art therapy program?

Yes

No

13. If yes, how often?

Weekly

Monthly

Quarterly

Annually

Rarely

Never

14. Before entering the art therapy program, what was your primary occupation?

Student

Full Time Caretaker

Parent/Household Manager

Career Professional (if selected please indicate career/job)

N/A

During Art Therapy Program

15. Did you have a personal art practice during your program and training?

Yes

No

16. If yes, how often?

Daily

Weekly

Monthly

Annually

Rarely

17. Was personal art making encouraged or required during your graduate program?

- Never
- Rarely
- Sometimes
- Usually
- Always

18. Do you feel your program offered enough courses in studio practice or art making?

- None offered
- Not enough
- Adequate
- Perfect amount
- Too many

19. Did your program provide enough resources and accommodations to engage in several art making practices?

- None offered
- Not enough
- Adequate
- Perfect amount
- Too many

20. In your program were there enough opportunities and/or spaces for exhibiting your artwork?

- None offered
- Not enough
- Adequate
- Perfect amount
- Too many

21. Did you receive art therapy supervision in addition to clinical supervision during your art therapy program?

- Never
- Rarely
- Sometimes
- Usually
- Always

22. How often did you include art making with clients in session during your practicum/training?

- Never
- Rarely
- Sometimes
- Usually
- Always

23. If it was not often, is there a reason why?

- Not enough time
- No adequate space
- Too much paperwork
- Not effective
- Not encouraged by practicum placement

Not appropriate to client needs

Other (choose all that apply) — “If you selected ‘other’, could you explain?”

After Art Therapy Program

24. Are you currently seeing clients as a mental health professional?

Never

Rarely

Sometimes

Usually

Always

25. If yes, how often do you include art making with clients in session?

Never

Rarely

Sometimes

Usually

Always

26. If it is not often, is there a reason why?

Not enough time

No adequate space

Too much paperwork

Not effective

Not encouraged by practicum placement

Not appropriate to client needs

Other (choose all that apply) — “If you selected ‘other’, could you explain?”

27. Since graduating, have you received any CEU’s in art therapy?

Yes

No

28. Do you have a personal art practice now?

Yes

No

29. If yes, how often?

Daily

Weekly

Monthly

Annually

Rarely

Never

30. Do you exhibit your work in shows and/or galleries?

Yes

No

31. If yes, how often?

Weekly

Monthly

Quarterly

Annually

Rarely

Never

32. Do you currently consider yourself an artist?

Yes

Somewhat

No

33. Would you be open to participating in an additional interview with our research team? If yes, please include the best email address to contact you with below.

Short answer

34. What do you think helps maintain an art therapist identity?

Short answer

Appendix E: Interviews and Response Art

Semi-Structured Interview with Art-making Component

1. What can you tell me about your relationship to art before becoming an Art Therapist?
2. Can you speak to the relationship between your art therapy and art making?
3. Can you explain how you use art in session and what are the factors that determine your choice to use art or not?
4. Were there any barriers, supports or inhibiting factors that have determined the strength of your identity as an artist in art therapy spaces?

Art Directive:

- Imagine you were submitting a piece to a show, performance, or exhibition that explored the relationship between your personal art practice and professional identity. What piece would you submit? Please describe it.

Appendix E: Interviews and Response Art

Figure E1: *Int1*

Collage



Appendix E: Interviews and Response Art

Figure E2: *Int2*

Clay



Appendix E: Interviews and Response Art

Figure E3: *Int3*

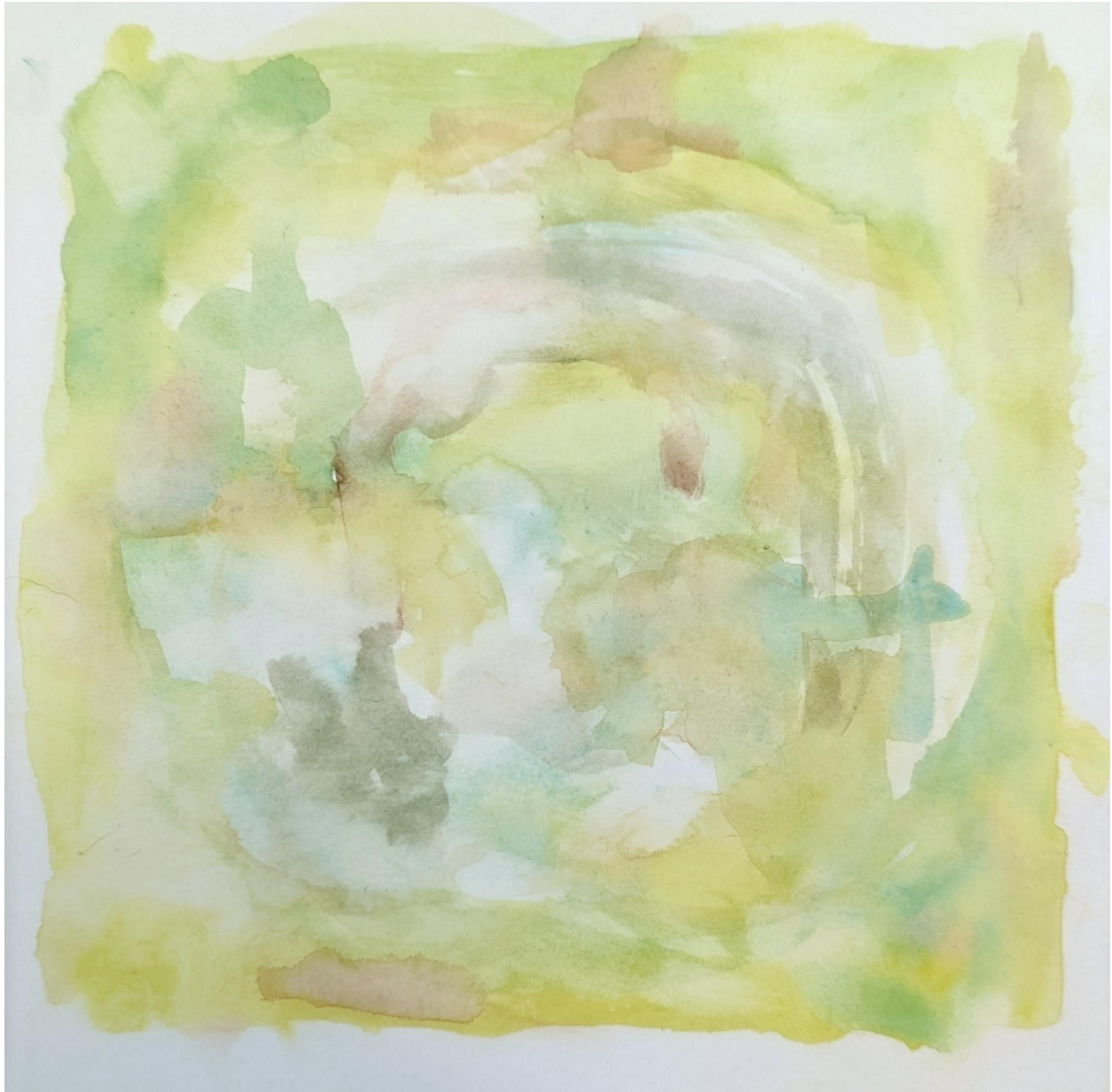
Oil pastels



Appendix E: Interviews and Response Art

Figure E4: *Int4*

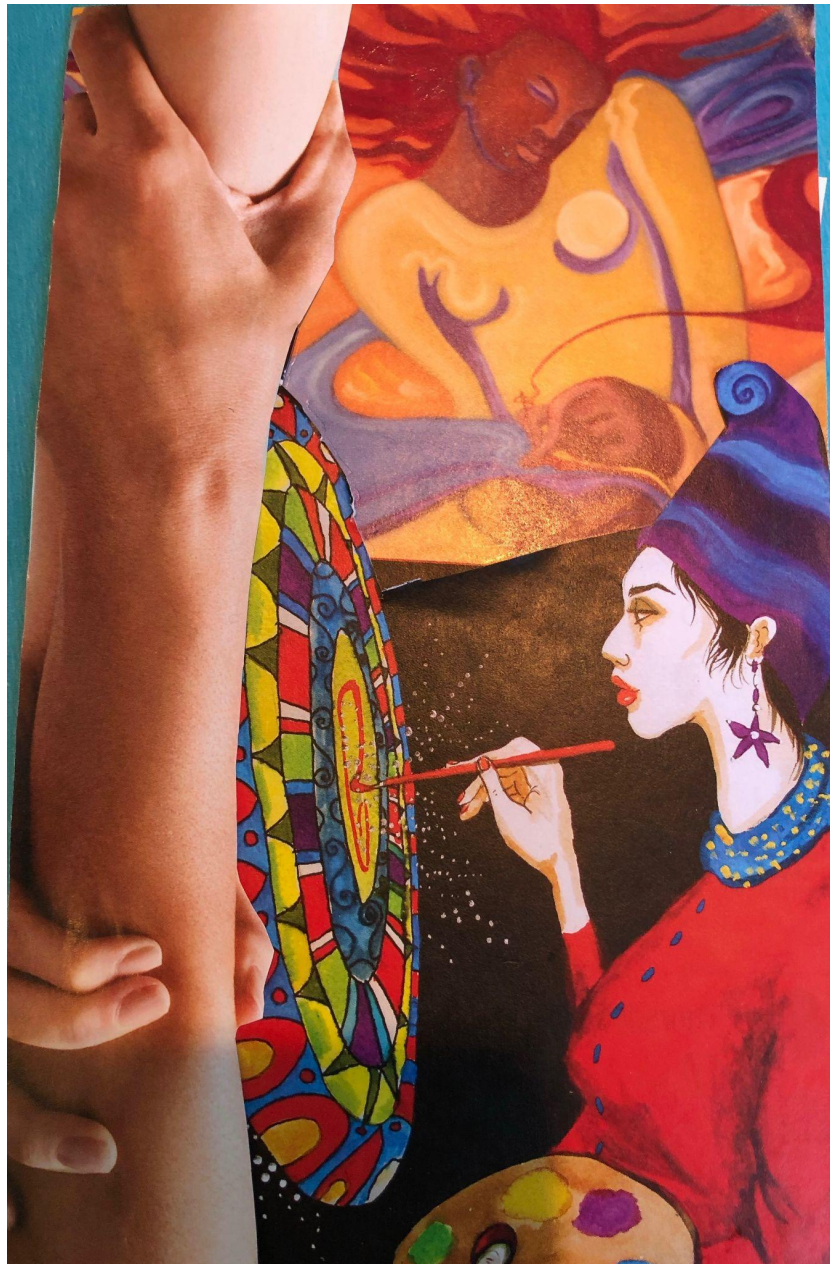
Watercolors



Appendix E: Interviews and Response Art

Figure E5: *Int5*

Collage



Appendix F: Researcher Response Art

Figure F1: Essy

11" x 14" pre-stretched canvas, acrylic paint, china marker



Appendix F: Researcher Response Art

Figure F2: Ivan

27" x 17" tapestry, cotton rope, yarn, fabric, dried flowers, beads, driftwood



Appendix F: Researcher Response Art

Figure F3: Jamie

16" x 20" pre-stretched canvas, acrylic paint



Appendix F: Researcher Response Art

Figure F4: Liz

2'x4' pre stretched canvas, acrylic paint, watercolor paint, ink, oil pastel, pencil



Appendix F: Researcher Response Art

Figure F5: Susana

16" x 18" pre-stretched canvas, acrylic paint, sand, fabric, gold leaf sheets



Appendix F: Researcher Response Art

Figure F6: Chelsea

11' x 17' Paper, watercolor, oil pastel, ink, embroidery thread

