

2007

Art as therapy for the therapist : the role and experience of artistic expression in the life and work of psychotherapists who also identify as artists

Danielle T. Tansino

Follow this and additional works at: <http://scholarworks.smith.edu/theses>

Recommended Citation

Tansino, Danielle T., "Art as therapy for the therapist : the role and experience of artistic expression in the life and work of psychotherapists who also identify as artists" (2007). *Theses, Dissertations, and Projects*. Paper 406.

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact elanzi@smith.edu.

Danielle Tansino
Art as Therapy for the Therapist: The
Role and Experience of Artistic
Expression in the Life and Work of
Psychotherapists Who Also Identify
as Artists

ABSTRACT

This study explored the experiences and meaning of artistic expression in the lives and work of psychotherapists who also create visual art. Utilizing a semi-structured, open-ended interview format, ten experienced therapists were interviewed about their experiences creating art and how they believed their artistic identity impacted their clinical work. Participants had varying degrees of experience creating art and utilized several types of artistic media included: painting, photography, mixed media, and jewelry-making. Participants described a wide range of emotions associated with their creative process and many reported that involvement with art enriched both their lives and clinical work. Many described creating art as a parallel process to the work of therapy, both involving: patience, mindfulness, attunement, and love. Participants believed their involvement in art not only served as a vital form of self care, but also influenced their clinical work in terms of their: clinical approach, ability to see multiple perspectives, ability relate and connect to client, use of creative interventions, and use of artwork in the therapy office.

The findings of this study support the importance of therapist self care through engaging in activities that create a sense of joy and meaning in life while nurturing ones complex identity. This study also illustrates connections between art and therapy that were not found in the previous research.

ART AS THERAPY FOR THE THERAPIST: THE ROLE AND EXPERIENCE OF
ARTISTIC EXPRESSION IN THE LIFE AND WORK OF PSYCHOTHERAPISTS
WHO ALSO IDENTIFY AS ARTISTS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Danielle Tansino

Smith College School for Social Work
Northampton, Massachusetts 01063

2007

ACKNOWLEDGEMENTS

I wanted to express my tremendous gratitude to everyone who supported me throughout this process. I would like to give a special thanks to my thesis advisor, Jean LaTerz. It is no exaggeration to say this could not have happened without your dedication, encouragement, and sense of humor. You have truly been a gift. To my parents, whose unconditional love and relentless support have allowed me to do things I never thought possible. I could never express enough gratitude for all you have done for me. Telea, your friendship has been my lifeline during this program and, for that, I thank you.

Most importantly I want to thank the clinicians who participated in this study. Your talents, enthusiasm, and willingness to share your experiences have made this project exhilarating and meaningful. Your work as both compassionate therapists and passionate artists has been inspirational. Thank you for sharing your stories.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I. INTRODUCTION	1
II. LITERATURE REVIEW	3
III. METHODOLOGY	18
IV. FINDINGS.....	25
V. DISCUSSION.....	74
REFERENCES	85
APPENDICES	
Appendix A: FLIER.....	87
Appendix B: INFORMED CONSENT FORM.....	88
Appendix C: INTERVIEW GUIDE	90
Appendix D: HSR APROVAL LETTER.....	92

CHAPTER I

INTRODUCTION

Psychotherapists and other mental health providers dedicate their professional lives to treating individuals often presenting with severe emotional pain. Due to the intense emotional component of this job, the importance of self care is stressed in academic training programs as well as clinical supervision. Research on whether or not self care actually lowers rates of burnout remains inconsistent. However, many clinicians continue to view self care as a vital practice in this emotionally demanding field (Bober & Regehr, 2006). In studies of self care practices, artistic expression remains under researched. Though the therapeutic nature of art is understood and employed in the field of art therapy, the artistic process is primarily utilized as a tool in treating clients. There has been little research, however, on the role of art in the lives of psychotherapists.

The purpose of this study was to address the following question: What is the role of artistic expression in the life and work of psychotherapists who also identify as ‘artists’? Participants in this study included ten licensed psychotherapists with 16 to 42 years of clinical post-graduate experience. The data collection method consisted of semi-structured interviews in order to elicit rich narratives of individuals’ experiences. Interviews also allowed participants to reflect on the multiple layers of meaning artistic expression has in their life, work, and self care practices.

The research that came closest to exploring this topic was a study done on ‘leisure as a form of self care.’ The findings showed that leisure was an important element of self care and promoted renewal, balance, a greater sense of meaning in life, and spiritual connections for mental health providers (Grafanaki, Pearson, Cini, Godula, McKenzie, Nason, & Andereg, 2005). Grafanaki et al. (2005) also found that half of the participants stated that their *self-identity*, including who they were and what they valued in life, were closely linked with their choices of leisure activities. Based on past research, one could assume that a psychotherapist who also self-identifies as an *artist* would use artistic expression as a form of self care and renewal.

The objective of this study was to make connections between creative expression, artistic identity, psychotherapy, and self care. The goal of this qualitative study was to examine whether artistic therapists use art to 1) process their countertransference; 2) create a sense of meaning and connection in their lives; and/or 3) relax and regenerate as a form of self care. There were significant clinical implications of this study. Not only was the significance of self-care practices explored, but the impact of artistic identity on the coping strategies of creative therapists and the ways in which they make meaning in their lives was addressed. Through examining the experiences of artistic therapists, this study also indirectly provided insight into understanding, and consequently treating, artistically-oriented clients.

CHAPTER II

LITERATURE REVIEW

The literature review for this study focuses on issues related to self care and creative identity. The first section defines terms relevant to the question for research. The second section examines the effectiveness of self care practices in minimizing symptoms of vicarious trauma and burnout. The third section explores leisure research and implications for both self care and artistic identity. The fourth section examines creative identity and art in terms of its historic relationship with mental illness as well as its more recent connection with healthy psychological functioning. The final section of this literature review presents various theoretical models of creativity, including those of Freud, Klein, Winnicott, and Kohut. Theoretical constructs, such as Winnicott's theory of *transitional space* and Kohut's conceptualization of *selfobjects* are used as a framework for understanding creativity in adults.

Definition of Terms

This section contains definitions of the following terms relevant to this study: *countertransference*, *burnout*, *vicarious traumatization*, *secondary post traumatic stress*, and *compassion fatigue*. These terms are particularly significant in the study of self care and are often confused and/or used interchangeably. This section provides clarification of the differences and similarities between these concepts. Lastly, this section defines the term *psychotherapist/artist* as it is used in this study.

Countertransference

Marriage (2005) defined *countertransference* as: “A psychodynamic concept that relates to the past experiences and psychological defenses of the therapist, who tends to respond to a particular patient, in a conscious and unconscious manner, determined by these processes” (p.114). Therapists have a professional responsibility to become aware of these feelings and utilize their awareness both diagnostically and therapeutically.

Vicarious Traumatization (VT)

Vicarious traumatization is a process that occurs when a therapist becomes empathetically engaged with a client’s traumatic material. This process is characterized by a significant disruption in the therapist’s internal world including: their sense of self, interpersonal relationships, world view, spirituality, affect tolerance, and imagery system of memory (Pearlman, 1999). Pearlman (1999) clarifies that vicarious traumatization should not be attributed to a “bad” client or weak therapist, but instead conceptualizes it as a sort of “occupational hazard” for a profession in which empathy is a fundamental and essential component (p.52).

Secondary Post Traumatic Stress (SPTSD)

Secondary post traumatic stress refers to the emotional symptoms experienced by individuals who have close contact with trauma survivors. These symptoms are similar to those cited in the Diagnostic and Statistical Manual, 4th Edition (DSM-IV-TR) (American Psychiatric Association, 2000) diagnosis of Post Traumatic Stress Disorder and include: intrusive images, nightmares, and hypervigilance (Marriage & Marriage, 2005; McCann & Pearlman, 1990).

Burnout

Burnout refers to a syndrome that is characterized by three symptoms: 1) emotional exhaustion, 2) depersonalization, and 3) reduced personal accomplishment (Marriage, 2005). Symptoms typically occur in response to chronic emotional strain, which frequently occurs in professions dealing with chronically mentally ill and/or traumatized individuals. Burnout among trauma therapists can occur when continual exposure to traumatic material cannot be integrated or managed (McCann & Pearlman, 1990).

Compassion Fatigue

Compassion fatigue is frequently used interchangeably with vicarious traumatization (VT) and Secondary PTSD (SPTSD). However, compassion fatigue is a broader concept, as it includes a component of burnout (Marriage & Marriage, 2005 & Figley, 1999). Figley (1999) also cites that professionals suffering from VT or SPTSD often prefer the term compassion fatigue, as it has more of a positive connotation. Similar to another popular term, *empathetic exhaustion*, compassion fatigue more clearly describes the psychological stress associated with compassionately (or empathetically) engaging with trauma survivors.

Psychotherapist/Artist

For the purposes of this study, psychotherapist/artists will include licensed, clinical social workers, psychologists, and mental health counselors who self-identify as artists. The term *artist* is somewhat problematic, as it is often associated with a specific profession or job title. In this study, the term *artist* will be more fluid and will be used to

describe a creative individual who engages in some form of artistic expression, specifically in the area of visual art (i.e. painting, drawing, sculpture, etc.).

Self Care

The topic of self care consists of three subsections. The first section discusses self care as it relates to vicarious trauma. The second section examines leisure as a form of self care. Finally, the third section explores art as a form of self care for psychotherapists.

Self Care and Vicarious Trauma

Much of the research on self care has been conducted with mental health providers specializing in trauma work. Significant research has been done on vicarious trauma, including both risk and protective factors with regard to burnout in mental health professionals. Marriage and Marriage (2005) found some factors that protect against vicarious trauma and burnout include: social support, leisure activities, clinical supervision, peer consultation, and continuing personal education in the field of trauma. In addition to evaluating protective factors, researchers have also studied those variables that may increase the risk of secondary post traumatic stress symptoms. For example, variables such as weekly hours of direct trauma work and personal trauma history have been correlated with an increase in secondary post traumatic stress symptoms.

The literature on the effects of coping strategies on experiences of burnout is mixed. The 2005 qualitative study, *Too Many Sad Stories: Clinician Stress and Coping*, conducted by Samantha and Keith Marriage, examined the narratives of experienced therapists with regard to the intense emotional component of their work. Marriage and Marriage examined the participants' responses and found evidence of vicarious trauma in

all of the clinicians who participated in the study. For example, many of the study participants experienced an “altered world view,” including: becoming more protective of one’s family, while often becoming complacent about hearing trauma stories in sessions (Marriage & Marriage, 2005). These therapists also described coping skills they used to minimize job-related stress. These strategies included: continuing education in the field, peer supervision, support of significant others, and interests outside of work. These “outside interests,” often referred to as self care practices, included: humor, hobbies, pets, music, and reading.

In their 1995 article, Neumann & Gamble also cited self-care as a significant strategy for combating vicarious traumatization:

Since doing therapy is such sedentary, often sensory-depriving work, and since trauma therapy involves listening repeatedly to stories of assault on the body, trauma therapists need to find ways of reconnecting with their bodies and engaging their senses (p.346)

Neumann & Gamble listed yoga, dance, listening to music, and “creating and appreciating art” as just some of the strategies for maintaining joy in one’s life, while also grounding oneself in the physical world. The literature on vicarious trauma also identified creating art as an activity which enriches one’s sense of identity and spirituality – two components of the self which are disrupted during the process of vicarious traumatization (Neumann & Gamble, 1995; Pearlman, 1999). Previous research supports the assumption of the current study that suggests that artistic therapists utilize creative expression as a form of self care, particularly as a way to honor their artistic identity and create a sense of meaning and connection in their lives.

Despite the commonly held belief that it is vital to take care of oneself in order to care for others, not all researchers agree on the effectiveness of self care specifically in the treatment of vicarious trauma. Some quantitative studies involving surveys of trauma workers find no correlation between coping strategies and prevalence of secondary post traumatic stress symptoms. One study explored 1) participants' belief in the effectiveness of coping strategies in minimizing stress, 2) estimated hours spent devoted to self care practices, and 3) symptoms of vicarious trauma. In this study, Bober and Regehr (2005) found that most participants believed in the value of self care, though this belief did not correspond with an increase in reported use of these coping strategies. Bober and Regehr also found that there was no relationship between the number of hours clinicians engaged in self care activities with the experience of traumatic symptoms, and cited, "the primary predictor of trauma scores is hours per week spent with traumatized people" (p.8). Stevens and Higgins (2002) also found that "positive" coping strategies did not predict decreased trauma symptoms in professionals who work with maltreated children.

Because those studies challenging the impact of self care were mostly quantitative, they often ignored the complexity of the emotional experiences of clinicians involved with trauma work. These studies also provided a narrow view of self care practices, and described these coping strategies as 'activities' that could be calculated using the measurement of time. There are limitations to these quantitative studies of self care, as few explored the effectiveness of specific self care practices used by clinicians. They also described 'self care' as a variable, or activity, with a beginning, middle, and end. This restrictive description conflicts with the experience of some clinicians who feel

that 'self care' is a more fluid concept, which often includes creating a sense of balance and connection in their daily lives. Thus, the meaning of these experiences could not be accurately represented in a quantitative study utilizing restrictive survey questions.

Leisure as a Form of Self Care

Leisure research has contributed an incredible amount to the study of self care. The study, *Sources of Renewal: A Qualitative Study on the Experiences and Role of Leisure in the Life of Counselors and Psychologists*, explored the multiple roles and meaning that leisure has in the lives of mental health providers (Grafanaki, Pearson, Cini, Godula, McKenzie, Nason, & Anderegg, 2005). Findings showed that leisure activities serve as more than simply a form of self care. In Grafanski, et al's study, leisure was closely linked with a sense of renewal, spirituality, relaxation, and meaning. Participants reported that certain *leisure pursuits*, such as arts and music, helped them feel more connected with a sense of spirituality, in terms of a "closer connection with something bigger" (Grafanaki et al., 2005). Findings also showed a *fluidity* in conceptualization of leisure, which was often described as a "state of mind" (p.34).

Another important discovery was the role of self-identity in the selection of leisure activities. In their 1995 study, Melamed, Meir, & Samson found that personality-leisure congruence was beneficial to an overall sense of well-being with regard to various measures including: work satisfaction, self-esteem, anxiety, and somatic complaints. These findings have implications for this study, which focuses on psychotherapists with an artistic personality. Though it is somewhat intuitive that artistic individuals are more likely to engage in creative endeavors during their leisure time, the above findings would suggest that this personality-leisure congruence would lead to both an increased sense of

well-being and work satisfaction. In other words, art is likely to serve as a form of self care for artistic therapists.

Art as Self Care for Psychotherapists

Finding ways to be creative is often cited in the self-care literature as a useful strategy for maintaining spontaneity and energy in the personal and professional lives of psychotherapists (Newmann & Gamble, 1995; Pearlman, 1999). Though 'creativity' is often described as a broad or even vague concept, Deborah Rozelle investigated a more specific component of 'creativity' in her 1997 dissertation. Rozelle explored the use of visual image making as a way to process countertransference and treat vicarious traumatization. Rozelle's dissertation also described a training program for utilizing both visual image making and peer consultation in the treatment of vicarious trauma. Rozelle suggests that, through visual image making, therapists will be able to externalize the disturbing images and painful affect associated with the internalized traumatic material. Though Rozelle provides a training program particularly focused on the treatment of vicarious trauma, it might also be inferred that such image making could be used to externalize other feelings that arise during clinical work. In this respect, Rozelle's work supports this study's investigation of whether creative therapists intuitively use expressive art to process countertransference.

Though Rozelle (1997) identified visual image making as a way to manage vicarious traumatization, there has been no formal research regarding the experience of creating art specifically in the lives of artistic therapists. However, the National Association of Social Workers (NASW) addressed this very topic in their 2006 Symposium on Creativity. The Symposium included an art show where social workers,

who were also creative artists, exhibited their work. Interviews with social workers who participated in the art show were included in the NASW monthly newspaper (Novack, 2006). Though the social workers who participated in the Symposium worked with different clinical populations and artistic media, they had both unique and similar experiences. It seemed important to these social workers that others were able to see and appreciate their dual identity. One participant described the Symposium as an opportunity to “claim my identity of ‘artist’ publicly.” Some participants also described artistic expression as their own “therapy,” and a way for them to “calm the soul” and to relieve stress associated with the demands of social work (Novack, 2006). Another important finding was that many participants in the art show described art as a parallel process to therapy. Symposium participant, Elizabeth Brenner, articulated this relationship eloquently while describing her experience creating jewelry:

Starting from raw materials with inherent beauty, working to create each unique whole piece with love, openness to possibilities not immediately evident, mindfulness and patience is a parallel process to the work of therapy. I love to see the sparkle and spark in natural materials...as I do in my clients and students (p.7).

In the absence of research on the ways creativity impacts the lives and work of clinical therapists, the NASW article provides an important foundation for this study. The article states that “social workers are creative change agents,” and that many social workers “are also creative as artists” (p.7). The 2006 NASW Symposium has significant implications for future research, particularly for this study, which is designed to address the question: What is the role of artistic expression in the life and work of psychotherapists who also identify as ‘artists’? The NASW article not only contributes to

the formulation of this study's focus, but clinicians involved in the Symposium Art Show were contacted as potential study participants.

The Creative Personality

King and Pope (1999) defined *creativity* as “the ability to bring something new into existence or the ability to produce novel material when presented with common stimuli” (p.200). Creativity can be viewed as: a form of intelligence, an unconscious process, an element of problem solving, and an associative process. King and Pope (1999) also found that creativity was linked with characteristics of healthy psychological functioning including: autonomy, problem-solving skills, openness to experiences, complexity, and ability to integrate “divergent material” in a meaningful way. Kelly (2005) also noted that creativity is connected with a predisposition to the psychopathological symptoms of schizophrenia and depression.

Creativity and Mental Illness

Throughout history there has been a mystifying connection between creativity and mental illness, with many reflecting on the turbulent lives of talented artists such as Vincent Van Gogh (painter), Ludwig Von Beethoven (composer), and Sylvia Plath (poet), who all suffered from severe mental illness. Is creativity a symptom of “madness,” as it is frequently linked with the manic episodes of bipolar disorder? Or are creative “geniuses” simply more prone to mental illness and psychosis? Perhaps neither explanation is accurate. There is little clear research identifying a correlation or causal relationship between the two and some believe that there is simply more interest examining artists that are eccentric and distressed than “prolific and stable” (Schlesinger, 2004).

Hammer (1975) discussed the two conflicting views of creativity and its ensuing debate: Is the artist a genius or a madman? Hammer cited the conflicting perspectives of philosophers, stating that Plato described the creative artist as “an inspired neurotic,” while Aristotle believed he or she was “closer to an exquisitely introspective psychologist” (Hammer, 1975, p.173). The next section explores this more strength-based view of creative expression.

Creativity and Mental Health

Despite its historic link to mental illness, creativity has been characterized more recently as an indicator of healthy psychological functioning. Hammer (1975) noted that “the creative person works from the raw, emotional material we all have inside” (p.174). He proposed that artists do not necessarily experience more pain, but that they are more willing to face their pain and proceed to mold, shape, and work through it in their art.

Creativity, as a personality characteristic, has also been explored as a potential protective factor in the field of mental health. Kelly (2005) explored the relationship between worry and creativity and found that creative individuals had lower scores of worry. In her research, Kelly found that individuals who scored higher in measures of worry also tended to score higher in measures of: of intolerance of uncertainty, depression, perfectionism and stress. A possible explanation for this finding is the increased ability to problem-solve associated with creative individuals.

Theories of Creativity

Similar to the debate of artist as “genius or madman,” psychodynamic theories reflect this tension. Freud and Klein presented a more pathological view of creativity and a more “ill” view of the artist. Winnicott and Kohut used their theoretical constructs of

transitional objects and *selfobjects* to explain how creativity, and art itself, provide self-soothing and structure-building functions, for both creators and observers of art. The following sections explore how the theories of Winnicott and Kohut provide a foundation for this study.

Winnicott (1896-1971)

Winnicott's attachment theory is based on his concepts of the *good enough* mother who provides a secure *holding environment* during a child's development. The development of *secure self* comes from forming a secure attachment as well as developing a capacity to be alone. The concept of *transitional object* ("security blanket") reminds the child of its mother when the child is unable to hold internal representation of her, particularly her comforting, soothing qualities. The idea is that the children use transitional objects until they are able to create an internal representation of caregiver's soothing qualities. The concept of *transitional space* – the space between the internal and external reality – relates to creative individuals who can tolerate and make use of this space better than non-creative individuals (King and Pope, 1999, p.201).

Winnicott's theoretical construct of transitional space relates to this study as it is assumed that artistic therapists utilize transitional space through the process of creating art, which, in turn, serves as a self-soothing experience.

Kohut (1913-1981)

Kohut developed his theory of *self-psychology* that is grounded in the three constructs known as: the *tripolar self* comprised of (1) *idealized parent imago*, (2) *twinsip*, and (3) *mirroring*. Kohut believed that an individual must have three primary needs met in order to develop a secure and cohesive self: someone to aspire to be

like, someone to identify with, and to have their strengths and grandiosity reflected back to them. Kohut also stated that people need *selfobjects* who fulfill the above roles throughout ones life. Though selfobjects are often understood to be people (i.e. a mentor, a supportive peer, an encouraging parent, etc), selfobjects functions can also be served by things, such as “art, literature, music” (Berzoff, Flanagan, & Hertz, 2004, p.181).

Rotenberg (1988) suggests that art can serve as a selfobject for artists as well as observers of their work. “The artist experiences the selfobject functioning of the art work as alive, active, interpretive, and eventually having transformational capabilities, to the extent that the inner puzzles of the artist are worked out through this externalization” (Rotenberg, 1988, p.209).

Kohut’s theory of self psychology is relevant to this study in that it suggests that the art created by an artistic therapist would serve as a selfobject through reflecting back their strengths, emotions, and internal as well as external experiences. Berzoff et al (2004) describe a client “who is particularly attuned to the weather,” and “may use it as a selfobject”:

Susan, whose sense of a well-functioning, cohesive self is very fragile, begins to feeling “lost and panicky” if there are several rainy or cloudy days in a row. When the sun returns, she experiences a restoration of hope and well being. For her, the sun as a symbol of warmth and beneficence is a potent selfobject and her sense of merger with it is one of the few sources of well-being in her life (p.182).

This suggests that for those who are particularly attuned to art and creative expression, such as artistic therapists, art may provide the same sense of comfort, hope, and well-being as illustrated above.

Art Therapy

The therapeutic nature of art and creativity was officially combined with the psychotherapeutic process when art therapy emerged as a distinct profession in the 1940s. The American Art Therapy Association, Inc. stated that the field of *art therapy* is based on: “the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight” (<http://www.arttherapy.org/about.html>). Art therapy is most commonly used in the treatment of children who cannot developmentally participate in traditional “talk therapy.” However, art therapy is also recognized as a valid treatment option for adolescents and adults struggling with a range of mental and emotional problems and disorders.

References to the concepts of *art* and *therapy* are often hastily assumed to somehow be connected to the field of art therapy. However, for the purpose of this study, it is particularly important to recognize art therapy as a discrete model of treatment involving specific interventions. It is important to emphasize that the concepts explored in this study do not relate to the field of art therapy. In fact, to solidify this distinction, individuals who practiced formal art therapy were excluded from the study sample.

Summary

The literature on self care is limited to those studies that examined how general ‘self care’ impacts specific symptoms of vicarious trauma and burnout. However, little research has been done on the specific self care practices of mental health providers. Research on the connection between creativity and mental health is typically geared

toward the impact on clients, and is frequently linked with the field of art therapy.

Moreover, little research has been done on the benefits of artistic expression and/or creative identity as it relates to the practitioner. As the research on leisure (Melamed et al., 1995) suggests, personality-leisure congruence is correlated with increased benefits.

Thus, there seem to be implications for psychotherapists who identify as ‘artists.’

Leisure research also suggests that a genuine sense of leisure is experienced as a state of mind, and that particular leisure pursuits such as art, contribute to a greater sense of spirituality and connection. This literature contributes to my interest in exploring the role of artistic expression in the lives of psychotherapists.

CHAPTER III

METHODOLOGY

The objective of this qualitative study was to investigate the following question: What is the role of artistic expression in the life and work of psychotherapists who also identify as ‘artists’? It was assumed that psychotherapists with an artistic orientation utilize art to: 1) process their countertransference; 2) create a sense of meaning and connection in their lives; and/or 3) relax and regenerate as a form of self care. I also explored ways in which clinicians’ creative personalities inform their clinical work. Flexible methods for research consisting of semi-structured interviews were used to collect narrative data. The purpose of this design was to encourage rich narratives, in order to explore the complex and multiple ways in which creativity impacts personal and professional experiences of psychotherapists. Anastas (1999) justifies the choice of a flexible methods, which she states is “intended to define, explore, or map the nature of an emergent, complex, or poorly understood phenomena” (p.55).

Sample

The participants in the study included ten licensed psychotherapists who were at least 35 years old and had a minimum of five years of clinical, post-graduate experience. Selection criteria for this population was informed by literature suggesting that experienced clinicians are more likely to utilize “interests outside of the work environment” as a coping strategy than their less experienced counterparts (Marriage,

2005). Other research cited “age” as an important factor in the role and experience of leisure in one’s life. In a study conducted by Grafanaki et al. (2005), older participants felt their stage of life was characterized by a marked increase in both leisure time and their search for meaning in life. For this reason, one could assume that experienced clinicians in this stage of life are more likely to engage in leisure activities, which are meaningful to them.

Another important element of the sample was that participants self-identify as *artists*. For the purposes of this study the term ‘artist’ was used to describe a creative personal orientation, rather than a professional title. As artists come in many forms (i.e. poets, writers, dancers, singers, painters, etc.), selection criteria for this study was limited to individuals who create some form of visual art including: painting, drawing, sculpture, etc.

Recruitment for participants in this study involved a non-probability sample of convenience. After gaining the permission of my field placement agency, fliers containing the above criteria were posted at the agency’s site in North Central Connecticut (see Appendix A for flier). I was also permitted to send a mass email containing an electronic version of the flier to all Connecticut Health Resources (CHR) employees. However, the majority of participants were contacted through snowball sampling where I emailed study information to individuals who were featured in the NASW’s *Focus* article: Portraits of social workers as artists. These initial contacts, in turn, forwarded the study information to friends and colleagues who they thought might be interested in participating and who met the study criteria. Some forwarded me the names and contact information of other social workers who participated in the NASW

Symposium art show. Though I attempted to recruit for diversity by sending mass emails to diverse organizations including CHR and NASW, time constraints and the snowball sampling method ultimately made it more difficult to assure diversity, particularly in the areas of race and ethnicity.

Eligible participants were contacted by phone or email to confirm their interest in participating and assess their availability. Participants were sent copies of the informed consent form (Appendix B) and the study interview guide (Appendix C) as email attachments. Participants who scheduled phone interviews were asked to print, sign, and mail their informed consent form to this researcher prior to the scheduled interview. Participants who were interested and/or able to schedule face-to-face interviews were simply asked to review the material as I brought copies of the informed consent form to be signed at the time of the scheduled interview. Once individuals confirmed their interest in participating, interviews were scheduled by phone or email.

Prospective participants were notified of the benefits and risks of participation in this study as they are presented in the informed consent (See Appendix B). The benefits of participation included the following opportunities: 1) to contribute to the literature on creativity, 2) to explore and share their unique experiences and dual identity, and 3) to inform the work of creative clinicians and other therapists who work with creative clients. The risk of participating in this study was minimal as participants were all professionals in the field of mental health. Participants were asked question about the connection between their personal artwork and their role as a therapist, which was unlikely to elicit emotional distress. Participants were also notified that all information shared during the

interview process would be held in strict confidence and necessary precautions would be taken to preserve anonymity.

Data Collection

Data collection was completed through semi-structured interviews, which took place in locations that were convenient for participants, including their homes and offices. Prior to beginning data collection, a proposal of this study was submitted to the Smith College School for Social Work's Human Subjects Review Committee. Data collection began upon receipt of the approval letter from the HSR Committee (See Appendix D).

During scheduled in-person interviews, participants were first asked to read and sign the informed consent and were offered a copy for their records. An interview was conducted with each participant, either in person or by phone. Each interview was audio-taped and lasted between 45 minutes to one hour. Interviews were conducted using a semi-structured interview guide, which consisted of twelve demographic and sixteen open-ended questions. Open-ended questions were designed to explore participants': (1) artistic background, (2) personal experiences creating art and (3) feelings about the connection between their artistic identity and clinical work (see Appendix D for interview guide).

When participants covered multiple themes in one response, they were given the option to skip repetitive questions or expand on their earlier responses. In addition, input provided during initial interviews was used to re-structure and even add additional questions for the following interviews. The structure and content of this type of

questioning is due to the flexible, open-ended design of the study. As little is known about ways therapists use art for themselves, flexible methods allowed participants to share their own experiences and discuss the connection between their artistic personality and professional identity. The semi-structured format also allowed participants to elaborate on their responses and provided room for clarification questions and further exploration of unexpected themes.

In order to increase the study's validity and reliability, an expert reviewer was consulted to evaluate the interview guide to assess content, clarity and logical flow, and also monitor for potentially leading questions. This expert reviewer was both a psychotherapist and artist, and also had successfully completed a master's level thesis through Smith College School for Social Work. Two pilot tests were also conducted with a fellow social work intern and recent MSW graduate who both had backgrounds in visual art. The pilot tests were helpful in improving clarity of questions, pacing and timing of the interviews. Pilot testing also gave me an opportunity to practice monitoring subjective reactions in an attempt to minimize researcher bias. Feedback from the expert reviewer and pilot test subjects were incorporated into the final instrument.

Data Analysis

Interviews were recorded using both digital and cassette recorders in order to gather the thick narratives of participants and minimize the risk of technical complications. In addition to recording interviews, I took detailed notes during and immediately following interviews in order to capture my own reactions, salient themes, unique responses, as well as the participants' body language, expressions, and non-verbal cues. I decided to transcribe the recordings instead of utilizing a third-party transcriber in

order to preserve the participants' anonymity. Upon completing the transcription process, I reread transcriptions and organized the data by question and salient themes. Finally, I completed both a thematic and content analysis of the narrative data. During the process of analyzing data it was important to be mindful about the potential for researcher bias. Therefore, in addition to looking for common themes, I also acknowledged and explored unexpected and unique responses.

In order to protect the participants' anonymity, interview notes and cassette tapes were coded alphabetically and stored in a locked file where they will be kept for a minimum of three years, in accordance with federal regulations. After such time, the above-mentioned materials will be destroyed. During data analysis, participants were referred to by their alphabetical codes instead of their names in order to protect their identity. Therefore, the information provided during the interview will never be associated with the participants' name. Study participants' demographic information will not be used to describe each individual; rather, demographic data will be presented in the aggregate. These safeguards will insure that participants will not be identifiable in the final report.

This small-scale exploratory study posed some expected findings including: 1) All ten participants experienced creative expression as a form of self care; and 2) Half the participants discussed gaining an increased sense of connection to nature and/or spirituality through creating art, while most others cited other forms of connection (i.e. to people). There also may have been several unexpected findings. One might have been the fact that the vast majority of participants (n=8) cited "nature" as their favorite subject in their artwork, despite my assumption that being professionally drawn to human nature

would translate into an artistic interest in the human form, for example, portraiture.

Other unexpected findings might have included the fact that the majority of participants (n=7) denied using art to cope with difficult times in their lives.

There were several limitations of this study, which included: small sample size, lack of racial diversity, and narrow geographic location of participants (Eastern Massachusetts and Pennsylvania). As a result, generalizations cannot be made from the study results. However, this study did explore the complex experiences of creative expression and artistic identity in the lives and work of artistic psychotherapists, which hopefully will inform future research in the areas of both creativity and self care.

CHAPTER IV

FINDINGS

This study was designed to explore the connection between artistic identity, the experience of creative expression, and the work of psychotherapy. Some of the literature as well as many training programs emphasize the importance of self care in preventing burnout in this emotionally demanding field. Research on art therapy also indicates that artistic expression possesses an innate and powerful therapeutic quality that is the foundation on which the field of art therapy is built. However, much of the literature on art therapy focuses solely on the power of art in the therapeutic process for clients. There is also a common sentiment expressed in the field that therapy *itself* is an art form. Despite all of these connections between art and therapy, there is little research involving therapists who are simultaneously invested in both. Therefore, this study looks at the experiences of artistic expression in individuals who personally identify as artists and professionally identify as psychotherapists. This study is an exploration of participating psychotherapists' artistic identity, their experience creating, as well as the connections with their clinical work, including a particular focus on the self care qualities of artistic expression.

This chapter contains the findings from interviews conducted with ten licensed psychotherapists who also identified as artists. The term *artist* was defined for participation in the study to describe individuals who create some form of visual art

(photography, painting, drawing, etc.) in their leisure time, regardless of whether or not they show or sell their artwork. The majority of participants (n=9) lived and worked in Eastern Massachusetts, while the remaining participant was from Pennsylvania. All participants had a minimum of five years of clinical post-graduate experience and practiced in a number of different fields including: psychology, social work, and counseling, with the deliberate exception of art therapy.

This study generated a number of significant findings. The most significant finding was that all ten participants reported that they viewed their art as a form of self care. Despite significant variation in artistic experience and preferred media, there were also striking similarities in participants' favorite artistic subject (eight cited "nature") as well as descriptions of their artistic process and dual identity. Almost all participants stated that engaging in creative expression increased their ability to connect with clients, nature, and/or their personal sense of spirituality. When asked about the connection between artistic identity and clinical work, participants identified numerous commonalities including: openness to different perspectives, a sense of mindfulness and attunement, and use of metaphor. The most unexpected response to this question involved the theme of artwork in the therapy office. In fact, this was such a common theme that a question addressing it was informally added to the interview guide.

Participants were asked questions about their personal, professional, and art demographics as well as a series of open-ended questions. They were asked to describe their background and experience creating art, define the term "artist," and discuss their personal artistic process. Then participants were asked a series of questions about how and if they believed their artistic identity informed or impacted their clinical work and

generally if they believed there was a connection between *art* and *therapy*. The data from these interviews are presented in the following sequence: demographic data, personal experiences with art, the artwork and creative process, meaning of art in life, and role of art in clinical work.

Demographic Data

In the beginning of each interview participants were asked a series of twelve demographic questions. These questions addressed the participants': basic characteristics (i.e. age, gender, race, etc.), professional demographics (i.e. job title, years of experience, etc.), and art involvement (i.e. preferred medium, formal training, etc.). The data are presented in the following two subsections: participant demographics and art demographics

Participant Demographics

This study was comprised of ten licensed psychotherapists: seven women and three men. The age range was between 46 and 67, with the average age being 56.5 years old. All ten participants identified as Caucasian. Participants' religious/spiritual orientations were: Jewish (n=4), which included "Jewish Renewal" and "Conservative Judaism," Christian/Catholic (n=1), Quaker (n=1), and Buddhist (n=1). Two participants described their spiritual foundation as "nature-based" and two stated they did not have a religious or spiritual orientation.

Participants had diverse educational backgrounds and earned undergraduate degrees in the following fields: Psychology, Religion, English Literature, Sociology/Anthropology, Biology, Spanish Literature, Social Work, and Education. Two participants reported attending art school before transferring into one of the above

programs: “I went to one semester at X University as an art major. And then I realized that, compared to others – my classmates – I really didn’t have the talent. So, that was that.” Most participants (n=9) described their current professional title as a licensed clinical social worker (LICSW) with Master’s degrees in Social Work (n=8) and Social Science Administration (n=1). One participant earned a PhD in Social Work and another worked as a licensed psychologist with M.Ed and Ed.D degrees in Counseling Psychology. One participant reported earning multiple graduate degrees that were in English, Counseling, and Clinical Social Work.

Participants had between 16 and 42 years of clinical experience, with the average being 29 years, and worked an average of 30 clinical hours per week. Participants reported working a minimum of four and a maximum of 65 hours per week, with several participants balancing their clinical work with other jobs in the field. When asked about theoretical orientation, eight participants identified as “eclectic” with some expressing preference for: psychodynamic, psychoanalytic, cognitive behavioral, internal family systems, narrative, and relational theories. Many participants reported tailoring their theoretical approach to the specific needs of each client. One participant did not identify a theory, but identified as a family therapist. One participant stated that her theoretical orientation was “not namable,” and that she takes her cues from the clients.

Art Demographics

Participants were asked questions about their involvement in art including: preferred artistic medium, formal art training, and participation in artistic activities in addition to visual art (i.e. music, dance, writing, etc.). Participants engaged in many types of visual art including: photography (n=3), creating jewelry (n=2), and mixed

media (n=1), involving photography and found objects. Four participants reported painting as their preferred medium, which included oil paint (n=2), watercolor (n=1), and one participant who created digital “paintings” using the program Paint through Microsoft Windows.

Participants’ training in art ranged from no formal training (n=3) to those who spent some amount of time in an undergraduate art program (n=2). Additional responses included: workshops (n=2), adult education classes (n=4), and peer instruction (n=1). When asked about involvement with other artistic activities (i.e. music, dance, writing, etc.), some participants reported being involved in: creative writing and/or poetry (n=3), singing (n=2), acting (n=1), playing the recorder (n=1), and set design (n=1). The remaining five participants denied engaging in other artistic endeavors, yet several expressed appreciating other forms of artistic expression, particularly enjoying music, theater, and dance.

Personal Experiences with Art

Open-ended interview questions began with an exploration of participants’ personal experiences with art. The results are presented in the following two subsections: 1) background in art and 2) artistic identity.

Background in Art

Participants were asked to describe their background in art, including: how they first became interested in art and how their involvement in art has changed throughout their lives. The majority of participants recalled having an interest in art that began in childhood. Participant H stated, “I don’t remember *not* being interested in art.” Several described “always” having been interested in art, with their earliest memory of creating

art as early as kindergarten and grade school. Two participants had begun undergraduate art programs before transferring to a human service program. One participant had a college career in photojournalism and also ran a business for wedding photography and portraits until “I got to the point where my major in psychology, and the potential career there, came in direct conflict with photography, and a career there” (Participant E). Three participants described always having had a particular fascination or appreciation for some aspect of art, but stated they had not become actively involved in creating art until “stumbling” upon it in adulthood (jewelry making and photography). Participant I was the only participant who specifically mentioned not having a particular interest in art or conception of himself as an artist prior to his fascination with a local construction project, which he eventually began photographing.

The participants who described having an involvement in art as children (n=5) often described a ‘shift away’ from art after college. Participant D, who left art school to pursue a career in social work, stated, “I just kept art as a hobby all these years, intermittently getting back into it with varying degrees of intensity.” Two participants described a shift in priorities in their 20s and 30s, where their focus primarily involved career and family, while art was “back-burnered” (H). These two participants recalled significant life events that inspired them to return to art. Participant C stated, “I always thought I would get back into it” when “I was quite a bit older or retired.” However, after being diagnosed with and recovering from cancer, Participant C “realize[d] that the future might not be as long as I had always assumed it would be. So, I thought, ‘well, this is as good a time as any to start to take some [art] classes and play around with it.’”

Participant H stated:

...In my 40s I really started noticing the absence of that [art], really keenly...I think at that point in one's life you begin to really pay attention to what's *so* about yourself...[and] the things that other people have encouraged you toward – it's like, 'Well, that's nice, but here's what I really want to do'...

Participant G responded similarly stating that when she turned 60 she felt a need to make time for herself: "Social workers are such care takers...there's a need to realize you're taking care of too many things and too many other people..." In addition to making the conscious effort to "make time" for art, these participants also reported an increase in free time as they got older and both family and professional responsibilities shifted and their schedules became more flexible.

Artistic Identity

Since having an artistic identity was an essential part of this study, all participants qualified as *artists* based on the definition given during recruitment. However, this issue was explored in greater depth during the interviews when participants were asked the following two questions: 1) What is your personal definition of an artist? and 2) How comfortable are you identifying as one [artist]?

The first question elicited significant discomfort and hesitation in participants. Many sighed and said things like "Wow" and "That's a really hard question," or paused for long periods of time before answering. Several prefaced or followed-up their response with statements like "I don't know" or "I might say something different tomorrow." Two participants initially skipped this question and immediately began describing their own discomfort with identifying themselves as an artist. However, despite this uneasiness, the responses were surprisingly similar. For example, Participant B stated, "I think someone who...notices the beauty, or strangeness or oddness of

landscape, of people, of interactions, of design...and puts it in a context – has the ability to put it in a context that they can share.” Though nearly everyone included “someone who creates” as part of their definition, most people described an artist as “more than that.” Many cited an emotional component necessary in the creator and/or observer. For example, Participant F stated:

[An artist] I think is somebody who looks, observes very carefully, observes things and people very carefully and who...has pretty deep feeling that goes with what they're seeing...And there's got to be an appreciation and a love of form.

Participant C noted that an artist creates “either to produce an emotional reaction or a sense of ‘awe’ or, even a political thing...something that makes people think or feel.”

Two participants included in their definition being compelled to create. Participant H described this internal motivation as an “inner creative fire” and Participant I described “a certain passion or excitement...or that one *has* to do it.” Only two participants (both male) included in their definition that an individual would identify as an artist as their primary or professional identity. However, this restriction was then altered by one male participant who added, “I would identify *some* artists as people who do it as a hobby...as I do. I would think of them as artists even though they might not *primarily* identify themselves that way” (C).

Though every participant met their own definition, few expressed significant comfort when asked how they felt self-identifying as an artist. As they elaborated, participants cited many reasons for their discomfort. Some believed that they were not as skilled as others who they looked up to and respected. Participant F stated:

Other people encourage me to identify with it more than *I* do, because I just see...the *distance* between me and art that I really appreciate. I think I have some

in me, but I'm not sure I identify *as* an artist as the major thing – major person that I am.

Others shared the sentiment that they did not feel comfortable identifying as an artist because their primary identity was a therapist, parent, spouse, etc. Some participants questioned whether their medium qualified them to identify as an artist. Participant B stated “I'm comfortable in identifying as a photographer. I don't know about an artist.” When asked about the difference, B replied, “I don't know [pause]. It seems in some ways to me that an artist would be more using oils or watercolor or sculpture or something like that...” Much of the participants' discomfort often reflected a tension between one's personal definition of the term [artist] and their belief about how society and peers define an artist.

I think the general mainstream societal definition of an artist...would involve...I don't know...some unusual talent...and maybe I also think about it as somebody who maybe does it more full-time than I do...So, I guess I'm comfortable with my own definition. I don't know if I fit the bill mainstream (Participant J).

Some participants described their comfort level with identifying as an artist as an evolving process. These participants described becoming more comfortable self-identifying as an artist as they began dedicating more time and energy into the artistic process. Many believed showing and selling their artwork was as a significant experience in developing comfort with their artistic identity. Participant C stated:

I don't think of myself as an artist, although I do artistic *things*. I create *art*; that's true...It's probably a part of identity that's in transition. As I do more art, as I start to sell art, as I become more involved in art associations... that may grow into part of my self view, and the label may become a little bit more familiar or integrated that way.

Though participants generally had difficulty identifying themselves as artists, many mentioned that others identify them as artists or as 'artistic.' All participants said

that people close to them know about their artistic identity and/or their involvement in creating artwork. Participant G stated, “When people say, ‘What do you do?’ I say, ‘I’m a clinical social worker and I also paint...I think of myself as an artist the more and more I hear it.” She continued to say, “Other people often introduce me as a wonderful painter...and I’m always a little surprised.”

The Artwork

This section explores the participants’ responses to questions about their artwork. The findings are presented in the following subsections: favorite subject/theme, the creative process, finding time to create, and showing and selling artwork.

Favorite Subject/Theme

Participants were asked the following questions about their artwork: 1) What is your favorite subject or theme depicted in your artwork? 2) What draws you to that subject or theme?

In response to the first question, the majority of participants (n=8) identified ‘nature,’ which included: landscapes, flowers, leaves, etc. Though this question did not directly apply to the participants who create jewelry, they too cited ‘natural materials,’ including natural stones and crystals, as the materials to which they are most drawn. As a result, the participants who create jewelry were included in the eight who preferred creating artwork that reflected nature. The remaining two participants cited ‘impermanence’ (n=1) and ‘construction’ (n=1) as their favorite subjects/themes.

Nature and beauty: When asked to describe what drew them to their favorite subjects, many participants (n=8) described a fascination with and/or appreciation for the beauty they experience in nature and a desire to capture that beauty in their artwork.

They often discussed having always been attuned to color, texture, and light in their surroundings. Participant A described her interest in using natural materials in her jewelry-making:

I really like the sparkle and the spark in the natural materials...So, a lot of what I work with is crystal and semi precious stones. And I also use silver, and pearls, and different kinds of glass. And I love glass. There are so many beautiful kinds of glass...I love the sparkle...it's not just the sparkle...I don't know – it's just the beauty of them...it's the color and the texture and the light...

Some participants (n=3) felt their artwork reflects other important hobbies or interests such as: travel, hiking, and mountain climbing. Participant E described having “beautiful experiences” while traveling, such as “coming around a bend and seeing a beautiful stream, or seeing the sun set, or the sun rise.” Participant E added, “I think I am driven to try to capture the *feelings* that I have – the *experience* that I have at that moment.” Participant I also described a love of outdoor activities as well as an interest in construction, “I often think if I hadn't become a social worker being an architect is appealing to me. I've done some construction myself...So, I guess they're interests that I've had for a long time.”

A few participants described fond childhood memories while reflecting on what sparked their interest in nature a prominent theme in their artwork. Participant B, who most enjoyed photographing flowers, recalled:

...growing up in Illinois and having a grandfather who gardened and would take me and my brother, when we were quite little, for walks to see his different gardens...And my mother *loved* flowers, and always had a beautiful garden.

Some participants cited aptitude or talent as a factor that attracted them to particular subjects over others. Participant D described this factor as a “process of elimination of what my talents will allow me to do.” Participant C expressed a similar motivation,

stating: “I try to work around things that I have more of a sense that I’d be able to achieve something that approximates what I would hope, a rewarding outcome...”

Finally, some participants (n=3) described being drawn to their preferred subject for a deeper, spiritual reason. These participant responses are presented in the spirituality subsection of the meaning of art in life to follow.

People in the artwork: None of the participants cited people/portraits as their favorite subject. Two participants (B and G) included people in a list of subjects they enjoyed painting or photographing, in addition to nature. Though participant B cited ‘flowers’ as her favorite subject, she also enjoyed photographing people, primarily during holidays and parties. She described a particular interest in capturing the social interaction during these gatherings. Participant F referred to her spiritual beliefs when discussing her preference for omitting people from her artwork, which reflected nature:

I think the message is that, in my opinion, nature’s huge, and man is puny [laughter]. And it’s almost sort of a Chinese philosophy that people are very tiny in the landscape, and...people are important, but the landscape is the dominant thing and Chinese figures [in art] are...these tiny little things.

Several other participants (n=3) also referenced the fact that they did not include people in their artwork, stating that to paint, draw, or photograph people required more skill than they believed they had.

The Creative Process

Participants were asked the following questions about their creative process: 1) Describe your process of creating, including the physical space in which you work; and 2) How do you feel during this [creative] process? This section presents participants’

responses, which include discussion of physical space, mental space, time, preparation/inspiration, and range of emotions experienced during this process.

When asked about the physical space in which participants create their artwork, three participants reported having an area or room in their home where they both create and store their artwork and supplies. Participant F who created using Paint through Microsoft Windows was limited by default to working at her computer. The remaining participants, as well as participant J who also had a dedicated space, reported utilizing a more portable space, which often entailed being outside. This was related to both the flexible nature of particular media (i.e. jewelry-making and photography) as well as the fact that many participants reported a preference for painting or photographing nature. Others reported simply enjoying being outdoors and would bring their supplies on excursions or vacations. Participant B reported, “I often take my camera if I go for walks and things like that...When I’m going somewhere where I *know* there’ll be something beautiful, or interesting, I take my camera.” This was not limited to photography, as participant D who enjoyed painting had a similar process stating:

“In my mudroom I have several canvas bags loaded and ready to go. And if I know that it’s a destination at which I will be doing something, then I just go and I drive around until I find what I want to paint.”

In addition to describing their physical space, some participants (n=3) also discussed a “mental space” necessary in order for them to be able to create. This involved both components of time and energy:

The mental state that I need has to be one where I’m not too tired, where I have an idea or an inspiration to paint...and, if I’m at all within that range, then I can sit down and I can paint...I try to gauge my efforts to when I do have some time and I’m not tired and, you know, preoccupied (C).

I think it's more about the time thing. It's almost like, in order to do art I have to have some unhurried time. So, it can't be like "Ok, I'm going to do art now, from 10 to 11 [o'clock] because I'm just going to feel upset and jittery about it. There has to be some sense of just being able to kind of meander (H).

Participant F stated that she finds it helpful to "be pretty clear" and "have some energy," however, she reports, "I frequently am kind of stressed out and it's a good way to sort of debrief from the day."

Many participants (n=6) stated that their creative process began with somewhat of an un-structured search for inspiration. This ranged from going for a walk or a drive, to looking through magazines, or simply sifting through their materials. Participant H stated:

Sometimes...I just go and touch the things that I have. Like I said I use a lot of found-object kinds of things in my work, or there'll be – like I might do a painting, you know, just some kind of abstract kind of thing, and tear it and keep of those torn pieces to use them in another piece. So, sometimes I'll just go *look* at all of that and open the boxes of stuff I've collected and just sort of see what emerges as...where I feel pulled to go with it.

Participant J described a similar process in her jewelry-making stating:

I don't go in with any plan. I don't like draw anything out ahead of time, or lay it out. I create as I go. So, I can't tell you 5 min before I sit down to do something what I'm going to use, or what order its going to be in, or how its going to turn out, because it just sort of comes together – sort of takes on a life of its own.

Others described "stumbling onto" inspiration, such as through traveling and being struck by a beautiful view. Two participants described listening to inspirational music while they painted: "I often have music on if I'm painting and it's often jazz music that I love... [or] classical...the kind of music that seems...to resonate with me" (Participant G). Participant F reported being inspired by her love of nature and described

the creative process simply and succinctly stating, “It starts with really loving something a lot.”

When describing how they *feel* during the process of creating, many participants (3 photographers, 2 painters and 1 jewelry-maker) described an overall sense of intense focus and fascination. Some described it as a “sense of absorption” or feeling captivated. Participant D described, “I’m just in a very...focused place where I’m really studying what I’m looking at to try and figure out ‘Ok, how do I capture that?’” During these descriptions, and throughout continued discussion about the experience of the creative process, many participants began to speak more slowly and softly, often pausing or looking off. Others seemed to use more expressive body language, such as swooping or grasping hand gestures, seemingly in an attempt to convey the intangibility or intensity of their descriptions. Some participants tried to describe this process by providing a detailed account of a particular experience:

It’s probably a whole range of emotions and it’s a very real, alive experience... I’m appreciating aspects of what I’m looking at, and it...probably is associated with a whole range of feelings. I can remember walking in the Olympic Peninsula, in Washington state, and in a dark tropical rain forest and there was a shaft of some light that came down...and lit up a single frond of a fern...against this dark murky background and...I probably took 10 or more photographs of just that one frond of a fern, because I liked the – the *illuminated* fern against the very, um, *dark* background. So – and I probably would have spent all day there if it continued to captivate me [laughs] (Participant E).

Related to this feeling of absorption, was what several participants (n=4) described as a sense of *timelessness*. However, other participants reported having experienced this phenomenon without labeling it or describing it in detail. This phenomenon was also described as being “in the zone” or “in self” and participant D elaborated this to include:

“I don’t have sense of time, I don’t have sense of temperature, I forget I might be hungry.” Participant H stated:

I don’t notice the passage of time very much. And I can’t seem to stop what I’m doing; there’s always like, “I wonder what would happen if I did *this!*” or “[snap] Oh!” and then try something else, and it’s hard to back out of that space, you know...I won’t even say I don’t *want* to stop – it doesn’t *occur* to me to stop until I kind of get to that saturated place.

Because participants’ responses when asked about their creative process were vague and included experiences such *absorption* and a *sense of timelessness*, they were then prompted to name particular feelings they have when they create art. Nearly all participants described a wide range of both positive and negative emotions, which they often attributed to “how things were going.” Some feelings were described as “pleasant” and ranged from calm, relaxed, and peaceful to energized and excited. Participant A stated:

One of the things that I love about it is that there’s this sort of mindfulness – you know, there’s this kind of relaxation, kind of mindful, clearing you mind, just kind of ‘being in the moment’ component to creating that I like...It’s kind of – it’s soothing. You know, when it’s not frustrating, I find it soothing, and grounding...and relaxing.

Participant C stated, “If it’s starting to go well, I get really excited and energized.”

Participants also described a sense of frustration and disappointment when they feel things *aren’t* going well. Participant F reported:

Depending on what happens, there might be frustration that I can’t seem to make happen, what I want – I have a vision, but I can’t seem to make it happen. Sometimes I’ll just leave it. Sometimes I’ll erase it and start all over again. ...Sometimes if I just get incredibly frustrated, you know, [if] what I think I want isn’t happening, then of course I get furious, and sometimes I just quit.

During this stage, participants reported a frustration with the artwork, “This is mud!” as well as a frustration or disappointment with themselves, “I can’t get this. This is

horrible.” Participant B referred to this self-doubt stating, “All your sort of neurotic issues come out in your art.” At some point, several participants reported the need to “walk away and let it sit for awhile” (participant D). Participant H described the creative process as particularly “stimulating” and reported an inevitable “saturation point” where the stimulation is too overwhelming and there’s a need to shift away from the creative process toward something “more concrete.” She continued on to say, “I probably don’t like admitting this, [but] some of that is probably guilt.” Participant I echoed this sentiment stating:

Sometimes I feel like, ‘Is it alright that I’m taking the time to do this? I should be doing [something else]. I should be home with my family...It’s usually that. There’s some tension about taking time away from my family.

Finding Time to Create

Throughout the interviews many participants discussed the issue of time, particularly with regard to finding and/or making time to create art. Participants were asked the following two questions: 1) When do you find time to create art? And 2) Do you spend as much time creating as you would like?

Participants described the various ways they make time to create art amongst their other life activities. Many participants noted the need to balance their artistic interests with work responsibilities, family life, and other personal interests/travel. When responding to the first question about when participants find time to create art, many participants (n=6) stated that they needed large blocks of time in order to create in an enjoyable and productive way. As a result, the majority of these participants reported that they preferred to create at night and on weekends. Participant C reports painting “on the weekends... sometimes in the evening if I’m not too tired at the end of the day...but,

more likely on the weekends when I can have a larger block of time.” Participant F creates mostly during the evening, after work, stating:

The thing about art is you’ve got to have *big* chunks of time, because it takes a while to get into it, and then be in it, and come out of it. So [for me], it can’t just be like 10min, unless I’m trying to fix something. But, say if I’m home for 3 hours or something, and I’m sort of in the mood, I’ll jump on.

Participant A stated that not having a dedicated space to create her jewelry inhibited her flexibility in finding time to create:

I don’t have a dedicated space where I can keep it [the material]out; I basically have to put stuff away...[or] it’s in the way...[Because] it’s kind of this big production...I tend to do chunks of work...in chunks of time.

Two participants stated that their interest in capturing particular subjects in their artwork impacted their preference for when they created. For example, Participant G enjoyed painting landscapes during early morning light, “[So] in the good weather, I can be outside painting at 7:30 in the morning, or earlier.” Participant I described his preference for photographing on weekends as a way of combining his artistic interests with other interests:

Part of that is dictated because at least the two main things I have done [photographed] are construction sights. And so...[I go] there when no one’s around...Also, at times I’ll combine it with bicycle riding...I bicycle a lot. So, if the weather’s alright I’ll bicycle to the sites, or the sites may be large enough so that it’s bicycling to different parts of the sites.

Two participants enjoyed or preferred to dedicate an entire day, or multiple days, to creating art. Participant H reported most frequently creating on weekends and connected this preference to the previously discussed feelings of guilt:

I pretty much have to declare a day [to creating], like I have to let the people around me know that that’s what I’m doing that day, because otherwise that feeling of guilt creeps in again...[For example] if I haven’t already specified and roped off, ‘Ok, this is an art day, so everybody leave me alone’ then I feel like

there's other things I *should* be doing but instead [or] I'm taking advantage of the situation in a way I really shouldn't be [laughter].

Some participants (n=4) did not report needing large periods of time to create art but, instead, stated that their creative process allowed for more flexibility with regard to finding time. These participants reported finding time to create during weekends, evenings, daily outings, vacations, etc. Participant D keeps her painting supplies in a portable and convenient place in preparation for spontaneous day trips. Participant E discussed how he incorporates photography into his daily life:

[Planned vacations] are the times that I really *prepare* for it, because I know that I'll have a lot of time...But, one morning I drove my daughter to school...and there was an *incredible*, winter sunrise with modeled clouds in the sky – a brilliant, brilliant orange sunrise that was reflected the whole way across the sky...and I said to my daughter, 'Oh, I wish I had my camera.' And she said, 'I have your camera in my backpack.' So, we pulled over right then and there and I photographed it for a few minutes and made my daughter late for school [laughs]...So, it [opportunity to create] happens all the time.

Participant B responded, "I often will take my camera if I'm going somewhere where I think there'll be interesting pictures." Participant J, who reported working between sixty and seventy hours per week, described how she is able to work her passion for jewelry-making around her hectic schedule:

It's absolutely spur of the moment. I can decide at 6 o'clock in the morning that I want to make a pair of earrings, and by 6:20 I have a pair of earrings to wear that day. Or I can sit down...[and] bead from 6 until midnight...I could do either and it's fine. That fits my lifestyle.

When asked about whether participants spent as much time creating art as they would like, many (n=6) replied that they did not. These participants frequently cited finances and professional commitments as factors which limit the amount of time they are able to dedicate to artistic pursuits. Two participants made comments similar to

participant A, who stated, “I would say, if I were independently wealthy, I would work less and create art more.” Participant F stated that, with the exception of her private practice, “I would *love* to stop social work...it just takes so much energy.” She added, “I’d love to do more painting. I’d love to do a lot of other things [laughter].” Both participants F and G cited the pressures of managed care while discussing the tremendous amount of time they dedicate to their clinical work. Some participants (n=3) looked forward to the time when their clinical hours can be reduced in order to allow more time for creating. Participant H stated:

I never feel like I have enough time for it [art]. And I really look forward to when – I won’t say retire, because I don’t think I’m going to retire for a very long time, but – where I’m not working as much as I am now, to being able to do that a lot more.

Participant C responded similarly:

I can probably never spend as much time [painting] as I’d like, until I *were* retired, but then I might grow to hate it...It gets better every year as my youngest child gets older and with less in terms of some day to day stuff...So...I’m creating an opportunity that I *can* paint more if I choose to.

Participant J responded, “I wish I had more time for it,” and described not having as much time as she would like in addition to having difficulty with the physical demands of sitting for lengths of time while creating jewelry.

Some participants (n=4) reported either being satisfied with the amount of time they have to create art or mentioned having an adequate balance between their art and their other interests and responsibilities. Participant E stated:

I think it [photography] is *part* of what I do and there are a lot of things: my profession...my family life, other hobbies and interests, other requirements of daily life, things that come up; and I like the time that I have with photography. If I wanted to do more I probably would, but I think it sits in the mix pretty well.

Two participants (both photographers) reported a general satisfaction with the amount of time they spend with their art, yet stated they lacked time for further training. Participant I, who identified primarily as a self-taught photographer, discussed this dilemma with regard to time:

I know enough at this point that there's a lot I don't know. And it would take a lot more time to be more proficient, and I haven't made the decision to put more time into it...[such as] taking some photography courses or getting some particular training with it...[because] it feels like that would take significant more time.

Showing and Selling Artwork

As the criteria for participation in this study only required that individuals create some form of visual art, there were variations in participants' experience, involvement, and professional development with regard to their art. Therefore it was necessary to determine whether or not more formal involvement, including showing and selling their artwork, impacted participants' experience creating the art. Participants were asked the following questions: 1) Do you sell or show your artwork? 2) Do you feel that impacts your experience creating art? And if so, how?

Participants responded in many different ways to the above questions regarding experiences selling and showing their artwork. The majority of participant (n=9) had some experience selling and/or showing their artwork. One participant denied having formally shown or sold work, but had given samples of her work to friends as gifts. Four participants recalled having shown/sold their artwork on only one occasion, which for many was at the NASW Symposium Art Show. One of these participants actively participated in a local art association which organized art exhibits. The remaining five participants had multiple experiences showing their work. One painter mentioned

displaying and selling work from various art galleries, while another had published photographs in national magazines. Both of the participants who created jewelry reported selling their jewelry in a variety of settings which included: a fine jewelry store, a day spa, a holistic store, community events, open houses. Participant J reported frequently selling her hand-made jewelry “right off my neck.”

Participants’ responses differed when they were asked if/how selling and showing their artwork had impacted their experience creating. The majority of participants made statements similar to participant C:

I’m trying to create work that...pleases me in the creation of it...I really don’t want to do it for a *living*. I don’t want to make art for commercial reason, or just to make other people happy. If it makes them happy then I’m thrilled, but I want to do it for myself.

Participant J responded similarly stating, “I create what I love. I don’t care if nobody else likes it...I create what is pleasing to me. It just so happens that it also seems to please other people.” Though most participants denied that selling or showing their artwork negatively impacted their experience creating, participant E, who had been actively involved in photojournalism in college, shared his experience stating:

I found that I certainly *could* do photography as a job, but I didn’t get to do photography the way I would want to do it...[Now] I only take pictures of things that I find interesting or that work for me. And, it sounds very self-focused, but it’s more gratifying to just take pictures when I want to, and *how* I want to, and for my own purposes, as opposed to taking photographs of something that might please someone else...There is some overlap between those two modes, but I prefer not to have to think about what I can photograph that would help me earn a living, and instead just photograph what I enjoy photographing.

Participant A discussed the pros and cons of becoming increasingly involved in selling her jewelry. She described her situation as a “double edged sword” stating that selling

jewelry based on popular demand allows her to have the financial resources to buy more supplies and ultimately be more creative. However, she added:

There's a tension for me...[in] not wanting to turn it into too much of a business, because I don't really want it to be...too much work...[because] I just have enough work in my life...it [selling] *can* make it feel like work at times and it can make it feel stressful...[and] I don't have the same experience of being able to sit down and have the freedom to do exactly what I want...[which] feels somewhat constraining...But, on the other hand, when I can make money from the jewelry that I make, it allows me to buy more supplies...*And* there's a lot of pleasure from people admiring my work and purchasing it, and it's sort of flattering and...kind of validating...In my Jewish community there's a ton of people who've bought my stuff, so I can sit there at services and look around and watch everybody's jewelry sparkle that I've made, which feels kind of... rewarding... So, it has both sides of it...But it's more pleasurable when I just design it and somebody buys and...it's totally within my own creative realm.

Participant I, stated that selling/showing his photographs did not negatively impact his creative process or affect the subject matter to which he was drawn. However, similar to participant A, he also expressed feeling validated by others taking an interest in his work:

I don't think it altered what I was doing. I mean, I don't think it was like, 'Oh I've got to do this because that's more sellable or that's more intriguing to an audience'... It was more of a propellant, you know? It was more incentive...It helped reinforce that this was a worthwhile endeavor.

Participant D reported being influenced by a demand for particular sized paintings or requests for particular types of landscapes. Participant D stated that she would be open to consumer requests for paintings depicting a subject or style outside of her "comfort zone," stating she would be interested in the challenge. However, she denied that anticipation of a sale would impact her experience while creating and stated, "If people like my work they like what I'm painting."

Some participants (n=4) who had little to no formal experience showing/selling their artwork, expressed an interest in possibly becoming involved in such endeavors in

the future. Most participants expressed that these experiences have positively impacted their artistic development and sense of themselves as artists. Participant D expressed her feelings about participating in the NASW art show stating:

I'd like to do that again. I really enjoyed that, because a lot of people who knew me didn't know me that way. And it's kind of fun to say 'I didn't know that about you.' And obviously it's a part of me that I like having known.

Meaning of Art in Life

A major goal of this study was to explore the experience of creating art and to gather information about the role of creating artwork in the lives of artistic therapists. Participants were asked a series of open-ended questions about their experience of creating art, as well as specific questions about the role of art in their lives, such as: Have you ever used art to cope with a difficult time in your life? This section will present both direct responses to the specific questions as well as common themes that arose in response to a number of interview questions. Most participants stated they created art primarily for relaxation and enjoyment as was illustrated in the section on "Creative Process" where participants described their emotional experience while creating art. As this finding was already presented, it will not be repeated here. The remaining findings are presented in the following sub-sections: coping, connection to others, and connection to nature and spirituality.

Coping

Participants were asked the following questions: Have you ever used art to cope with a difficult time in your life? If so, could you describe that experience?

The majority of participants (n=7) replied that they did not use art deliberately as a coping mechanism. In response to the question, participant I stated:

It's never felt explicitly that. [However,] I think it certainly has provided a diversion or distraction and a way to get absorbed in something other than what's going on in my usual life and what can be stressful or difficult."

Participant D recalled keeping busy "during periods of funk," but stated that it was less about choosing art as a coping mechanism and "more as a [way to] 'keep one foot in front of the other,' keep on going, because this is an OK way to keep on going."

Participant F described creating as "more of an escape, more to relax...shifting to a more pleasant realm." Other participants (n=3) described being unable to create art when they were in a bad mood or under stress. Participant C cited, "it's very hard to paint in a satisfying way when my mood isn't pretty good," and doing so would likely "just make me feel worse." Participant H stated:

I think the more difficult times in my life (pause) are times when I've felt kind of anxious and I think the way that I cope with feeling anxious is to get down to business (laughter), you know, and just really *plan things out* and *take control*, which is sort of the *opposite* of how I do art. So, I think that actually when I'm at a place where...I'm going through a really difficult time, that would feel like a luxury that I probably couldn't afford.

Both participants H and F stated that, though they did not use visual art to cope with difficulty in their life, they frequently used writing or poetry in that way. Two others made references to isolated incidents where they used, or planned to use, their artwork in creating a memorial following the death of a loved one, which will be discussed further in the section on connecting to others.

Two participants (A and J) who responded affirmatively to the question about coping were the two individuals who created jewelry. Though neither cited specific incidents inspiring particular pieces of jewelry, both stated they often create as a way to relax during periods of stress and anxiety. Participant J stated:

When I'm stressed I tend to bead more (laughter). When something's not going well at work, or within the family, or I'm worried, or one of the kid's is sick, or anything like that, I tend to be *present*, but I keep my hands and my mind from getting to agitated by working a lot on my beads. It soothes me. It organizes my mind. It keeps me from panicking. It keeps me from having perseverative thoughts... And it's impossible to focus on anything else, because the piece itself requires your entire being...I have to be totally focused or I make a mistake...So, I try and focus...I find the peace in focusing on the simple things, like 'What would be a beautiful material to work with today? And what will feel good in my fingers? And what will I enjoy the texture of and the shape of? And when you focus on that, it crowds out all the other stuff.

Participant A responded similarly saying, "I definitely remember, at times when I was stressed, making jewelry and feeling like it would be kind of a grounding, relaxing [experience]." She also gave an example stating:

I got into a habit of, when I would go home for Thanksgiving, bringing my jewelry. And I sort of have reflected on that over the years that it's a great thing to do when the whole family's around and I can just kind of – I can be in amongst people, but I'm also doing my thing and potentially binding my anxiety and staying out of the fray.

The third and final participant (E) who used art to cope with a difficult time in life reflected on feeling a sense of connection through observing and photographing nature. This will also be discussed in further detail in the upcoming sections on "Connection."

Connection to Others

Despite the fact that few participants cited 'people' as a favorite subject in their artwork, the theme of connecting with others was commonly discussed by participants. This section will explore the theme of connecting with other people through both the experience of creating artwork and sharing it with others.

Many participants stated that they enjoyed creating while in the company of other people. A few (n=3) noted that they drew pleasure from connecting with family during their process of creating. Participant A recalled making jewelry during the holidays as a

nice way to connect with family members. Participant D not only reported having met her husband in the theater, but also reflected fondly on vacations or weekend outings together where “he’ll sit there and read and I’ll sit there and paint.” When describing the benefits of her portable supplies, participant J stated:

I just don’t spend a whole lot of time there [in the office] when the rest of the family is around, because it isolates me and I don’t particularly want to be isolated most of the time. So, I tend to carry small parts of it to work on a little at a time to where the rest of the family is.

Other participants (n=3) mentioned that they enjoyed having the opportunity to create with friends and fellow artists. Participant B stated, “I have a friend who has the same passion...It’s actually really nice to work together, because we kind of inspire each other and give each other ideas and...learn new things together.” Participant D joined a painting group with whom she regularly painted and attended art courses. She also reported vacationing in France and Italy with several friends from the group during yearly trips, where they would travel and paint together.

Participants also developed connections with others through showing and selling their work. All ten participants talked about their experiences showing, selling, or even giving their artwork as gifts. When discussing these experiences, nearly all participants described gaining a sense of pleasure from having their work seen or appreciated by others and/or through giving pieces away as gifts to friends. Some reported being able to communicate some perception, feeling, and/or experience to individuals who may be viewing the artwork.

When asked about using art to cope with difficulty in participants’ lives, two individuals discussed incidents where they used, or planned to use, their art to

memorialize the death of a loved one and connect with others around the shared experience of loss. One participant, who was involved in photography, created a photo album after the suicide of a young relative stating, “[I] wanted to share the memories of him with his parents and siblings” (Participant B). Participant J lost a friend to breast cancer and planned to design and create pieces of jewelry for the remaining friends in shades of the color pink “as a symbol of the strength of the fight.”

Finally, when asked for final thoughts about her participation in the study, Participant B reflected on her thoughts during the interview process and stated:

It certainly made me think more about art, and my interest in art in general. And I truly do think it has to do...with connecting with other people and – I don’t really know how to explain that – and valuing the earth and the environment and wanting to capture that.

Connection to Nature and Spirituality

Aside from a demographic question about participants’ religious or spiritual orientation, the interview guide did not include specific questions about the connection between artistic expression and spirituality. However, many participants (n=5) discussed the theme of spirituality spontaneously in response to a number of different interview questions, particularly when discussing nature and/or beauty. This section describes how participants experienced connection between their art and a sense of spirituality.

Two participants stated that their favorite subject/theme in their artwork was directly connected with their spiritual foundations. Participant F cited ‘nature’ as her spiritual orientation as well as the favorite theme in her artwork. When describing her personal connection with nature, participant F stated:

I’ve just always loved it, felt very safe in it...peaceful. I find it very calming... also invigorating. It does a lot of different things for me, I think. And I grew up

with the mountains and forests and that sort of stuff in my life... woods and sleeping out and doing all that is just in my blood... That's sort of church for me, in a way. I was raised Quaker [and] there's a lot of silence... I think that the sitting quietly with other people and the deep silence that can develop... a lot of that I experience in nature. I'm alone, and yet I don't feel like I'm alone. But I think it's the quiet that I just – you know, it scares a lot of people... the aloneness or whatever – but I sort of crave it.

Participant G, who also cited nature as her favorite theme, stated, “I think of nature as very spiritual, but then I think of painting as spiritual too. So, beauty I guess is a spiritual thing to me.”

Participant H stated her spiritual orientation was “nature-based” and Buddhism and, when asked about the favorite theme in her mixed media artwork, she replied, “I used to name it ‘loss’ – but it's more ‘impermanence’ I think... A lot of my work [pause] conveys the idea of what doesn't stick around.” Participant H reported combining photographic images of cemeteries or crumbling buildings with “found objects” such as rusty metal or “garbage [left] along the roadside.” When discussing this theme, participant H stated, “Maybe it's a fifty thing... [laughter]... that reckoning with impermanence.” As she continued to describe being particularly drawn to the theme of impermanence, participant H spoke softly and slowly, often pausing for lengths of time or looking off, conveying a deep sense of reflection:

Well (pause) I think I'm profoundly aware of it, probably more than most people are. Some of that I think is the same reason I'm drawn to Buddhism, which, you know, impermanence is a pretty central theme there. But I think that... [pause] ...that's just maybe the most poignant... human quality to me... how *attached* we get – and I'm not even saying it in a bad way, like the way Buddhists would say it – but... It's touching to me how much we *love* our lives, the things in our lives, and people, and everything like that, and yet it's all going to go... I don't know – I feel like there's always this sort of subtext of – I don't know if I'd call it sadness... but it's sort of sadness or just this sort of winsome... [sigh]... about everything just with the sense that it's all going to go... [pause]... [laughs].

Though I sat silently while participant H spoke, it was difficult to not be outwardly moved by such a touching commentary about the human condition. It seemed as though the participant's laughter at the end was a somewhat nervous reaction to sharing such intimate thoughts with me, a stranger.

Two other participants felt their artwork allowed them to gain a broader sense of perspective through their connection with nature. Participant I, who created jewelry, stated:

I think in general that I feel more connected with nature because of what I do. So...[creating] has kind of opened me up a little spiritually...I think because I work with natural materials and I explore their beauty and their connection to us...I kind of feel like they enhance my life. I guess I feel more connected in general...I feel like we as humans, and each individual has its place in the universe. And I feel like we can't isolate ourselves, or separate ourselves, from that. And that we have to figure out where we fit.

When asked if he had ever used art to cope with a difficult time in his life, participant E described that seeing his loneliness or despair reflected in nature similarly enhanced his sense of connection and perspective:

If [I was] feeling, before my marriage, kind of alone or lonely, I might take my camera and go take a walk outside, maybe during a bleak winter time – a barren kind of landscape...and look for leaves with frost on them, or look for a frozen stream. And that would do something for me in a very positive sense...I would just feel a connection...[with] what I was photographing. I would find beauty in the starkness, the barrenness, and even beauty in my personal loneliness in a way. There's always beauty. (laughs)...It may not be everyone's idea of beauty, but I think there are so many beautiful things that are overlooked...

Role of Art in Clinical Work

This section presents the participants' responses to questions about the connection between their artistic identity and their work as a psychotherapist. During the interview, participants were asked the question: Do you feel that your artistic personality informs

and/or impacts your clinical work? And, if so, in what ways? This question was designed to elicit if and how participants felt their artistic identity was connected with their clinical work. Participants were then asked questions examining specific areas of connection including using art: as a way to process countertransference, as a therapeutic intervention with clients (i.e. formal art therapy), and as a form of self care. The findings reflect both common themes as well as responses to specific questions. This information is presented in the following subsections: therapy as an art form, artwork in the therapy office, connecting with clients, use of metaphor, processing countertransference, formal art therapy, and art as self care.

Therapy as an Art Form

Participants were asked the following questions: 1) Do you feel that your artistic personality informs and/or impact your clinical work? And 2) If so, in what ways. All participants responded that their personality and life experiences both impact their clinical work “because you’re always who you are with your clients, or in any relationship” (Participant B). Participant A responded similarly stating, “I don’t think I can separate who I am from my clinical work. So, in the most basic sense, I think it’s all connected.”

Several participants (n=4) made reference to the idea of “therapy as an art form” or reflected on how creating art is a “parallel process” to therapy. These participants cited mindfulness, intuition, patience, openness to possibilities, and an ability to view experiences and situations from multiple perspectives as key components to both working with clients and creating art. Participant C, who has worked as a psychotherapist for over thirty years and just began painting several years ago, stated:

All of my life experiences...and all the big pieces of my life clearly have an effect on how I see the world – on how I see people. So, one thing that being a painter does, now, is that it makes me *see* things in a way that I didn't see before. So, sometimes when I'm sitting with clients, I'm thinking about 'Am I seeing things differently?' You know, I – I use the experience of 'changed vision,' if you will, from painting, to think about 'How do I keep my eye *open*?' in terms of working with clients.

In response to a different question, participant C elaborated stating, "I've always viewed therapy as an art form, and as a creative process...[in] that we're always looking at another perspective – another way of doing something." Other participants also stated that their artistic personality impacted the way in which they take in information.

Participant H stated:

I have some colleagues...[who] approach this work in a very linear kind of way, where it's [pause] more scientific. And I know that I approach it in a much more global way...That's how I take in the information. It's in a more [pause] intuitive, feeling kind of way. It's not dissimilar, I think, to how I experience myself when I'm doing art.

Participant D responded similarly stating:

I notice that when I'm being creative, in any one of the forms that I pursue, I am more creative as a therapist [pause] more attuned. There's something about being creative that supports attunement, because it's about that kind of openness and ability to take in all this stimuli and sort of mull it over and see what it tells.

Two participants discussed how this heightened state of attunement, or creative perspective, increases their comfort using "creative hunches" in therapy. Participant I stated, "There may be something with doing the photography that reinforces that I have sort of an innate sense of what's right," which he suggested may impact his confidence level or willingness to follow hunches with clients in therapy. Participant D elaborated on this idea, stating:

I'm less worried about whether some idea or question is going to bomb. [For example] I very easily say [to clients], 'This might sound weird, *but* are you

willing to give this a try with me?’ And I’ll throw out what I want to throw out. And those very [pause] intuitive kinds of thoughts...[seem to be] more on target when I’m also indulging the rest of myself in creativity. I think it’s about a heightened sensation of possibilities.

While discussing how their artistic personality impacted their clinical work, several participants stated that creating art has helped them to deal with the emotional demands of this field. These responses are presented in the section on self care.

Artwork in the Therapy Office

There was not a specific question in the initial interview guide about the presence of participants’ artwork in the therapy office; however, the need for such a question became evident during the interview process. As many interviews took place in the homes and/or therapy offices of the participants, the presence of artwork on the walls naturally triggered conversation. Other participants spontaneously mentioned having artwork in their therapy offices when asked the general question about what impact their artistic personality had on their clinical work. Therefore, attempts were made to integrate questions about artwork in the therapy office throughout the remaining interviews. Often questions were presented in the natural flow of conversation, such as: Is this where you see your clients? Is that your artwork on the wall? If the participant responded in the affirmative, probing questions were asked such as: Do your clients know they are yours? What impact do you feel their presence has on you, your clients, or your work together? If there was not a natural segue, or in cases where participants did not bring it up themselves, participants were asked: Do you feel your artistic personality informs the physical space in which you work with clients? If this question seemed unclear, participants were asked directly: Do you have any of your artwork up in your office?

Many of the above questions did not seem to apply to the two participants who created jewelry, as jewelry is “displayed” differently than other types of visual art. However, these participants were asked if their clients knew about their passion for jewelry making, and their responses were similar those of other participants presented below. This section contains the findings relating to questions about how participants’ artistic identity impacts the physical space in which they work, primarily through the discussion of artwork in the therapy office.

With the exception of the two participants who created jewelry, the majority of the remaining participants (n=5) reported they have, or have had, their own artwork up in their therapy office. When asked about whether or not clients responded to the artwork, participant C’s response is representative: “The occasional client will remark about them, or ask. And I’ll say that they were mine [and] then it’s back to business as usual, you know. But most people don’t pay attention to art.” Nearly all of the participants who reported having their own artwork in their therapy office brought up the issue of boundaries, and cited the importance that the clients, not the art, remain the focus in therapy: “I don’t want it [the art] to be the focus of what goes on there...I don’t want it to be a distraction... [because] the work in the office is always for the client” (Participant D). Many participants said it was alright if a client would ask or talk about the artwork for a few minutes, but then it was important to shift the focus back to the client. However, some participants (n=3) discussed occasions when having their artwork in the office actually *enhanced* therapy with certain clients, particularly in the development of the therapeutic relationship:

I have a woman [client]...and she said, 'Oh, I love that painting...Did you do that painting?'...She uses it to try and do something in the relationship. She wants to connect *around* the paintings...and I see it as ok, to a degree (Participant D).

Participant E stated:

My photography communicates to patients that there's more to me than just being their therapist sitting in an interview room with them. It gives us other things to talk about...On another level, it allows my patients to participate in *my* life a little bit...[For example] today a guy looked at the photograph and he talked about how beautiful the photograph was and I mentioned which mountain was in the photograph and he was familiar with that. And, so that gave him another way of relating to me and my life, and me another way of relating to him.

Though some participants reported that their personal artwork enhanced the therapeutic connection with particular clients, most stated that few clients noticed and, instead, the artwork primarily provided a source of pride and enjoyment for the participants themselves. Participant E stated,

I *like* having those photographs around when I'm busy trying to meet the needs of my patients. The photographs help meet *my* needs [because] they connect me with very powerful, positive experiences that I've had...Since they're of gigantic mountains and beautiful landscapes, they keep me in proper perspective. And they keep the issues I'm working on with someone in proper perspective.

Participant C replied, "I like them. I like looking at them. I'm proud of them...It sort of integrates those pieces of my life. So, it creates a space that's important to me."

Participant I denied hanging his own photographs in his office and laughed describing the two pictures on the wall as mere "place holders." However, he shared that he had built one of the small tables in the office stating, "I consider that [to be] sort of a piece of art as well as a piece of furniture...I love it there." When asked what he loved about the table and why it was meaningful to him to have it in his office, Participant I replied:

I think it's beautiful. I guess I'm [pause] proud of it...I like seeing it here. And it feels like it fits in the space...The legs are actually from a plum tree that was in my backyard when I grew up. And when it died, I cut the trunk and I've been

basically carrying the trunk around for 30 years...and decided to use part of the trunk for the legs....I mean...that's the other part of why I love it – The legs are from a tree that I used to climb as a kid and pick plums off of.

Participant B also reflected on how the physical space of the therapy office not only impacts clients, but therapists as well: “[Right now] I’m using someone else’s office...And I can’t bring *anything* of my own in there, so I feel like I’m in a foreign land in a way, or it’s not really representative of me.”

Three participants stated they did not have their personal art in their office. When asked if her artistic personality informed the physical space in which she worked, participant H explained that she rented an office and, similar to participant B, did not have control over arranging or decorating the space. However, she stated, “If I *did* [have control]...I think I would pay a lot of attention to: What does this space *feel* like for people to be in? And ‘What does it convey [to clients]?’” The boundary dilemma was often cited when discussing the decision not to hang one’s artwork in the therapy office. Participant F explained, “I don’t think I want to get into [that]...If I were asked about it, who knows where that would lead.” However, two of the three mentioned participants did report having *other* artwork in their offices. Participant F discussed having children’s artwork in her office, stating, “[it’s] lively and colorful, and adult clients really like it.”

In addition to the presence of artwork, participants discussed other ways their artistic personality impacted the physical space of the therapy office. As participants generally expressed being attuned to color and beauty, several participants reported an awareness of color in their work space and its impact on both them and their clients. Many also reported having fresh flowers into their office, as flowers “create a sense of serenity and beauty” (Participant B).

Connecting with Clients

Similar to the discussion involving how artistic expression had increased participants' connection with people in their personal lives, many participants (n=6) also believed their involvement with art enhanced their ability to engage and relate to their clients. A common theme presented when discussing the ways participants' art has influenced their clinical work involved the therapeutic relationship with their clients.

Many participants reported working with artistic clients either by choice or circumstance. Several stated that their own artistic experiences were helpful in understanding these clients. In fact, one participant reported primarily working with creating and performing artists:

Because it's such a major part of who *I* am, and also because I do understand the very unique issues that they face that a lot of therapists *really* don't get, in terms of the investment of 'self' and the marching to a different drummer. And I have yet to have *any* client in the arts come from a family that didn't say 'Well why don't you just do it as a hobby and get a real job' (Participant D).

Participant G also shared an example of how her knowledge and experience as an artist was helpful her work with an artistic client:

She [the client] had a difficult experience at an art school that she went to and it *really* had an impact on her. It was very hard for her and her own view of herself as an artist. So, I was very glad I *knew* enough to say, 'How could you know how to do this, unless you were specifically taught...?'...There were certain things that I knew she couldn't know, and there were books I had read actually for this workshop that I did, that I could suggest to her, about sort of generalizing her experience of being stopped by her experience in art school.

Other participants (n=4) discussed ways their artistic identity assisted them in being able to relate to clients in a more broad way. Participant C stated that his personal experience with art was not dissimilar to how *all* the therapist's life experiences can enrich the therapeutic relationship:

If I see clients struggling with something about creativity in their own life, or any aspect that I can relate or identify with the arts: frustrations, the joy of it, the concerns about perception, or...value...then I feel that I have a broader understanding of them [the client]. But that comes from any life experience.

Participant I specialized in working with men around sexual addiction or sexually compulsive behavior and discussed how his own risk-taking, particularly involving photographing at construction sites without authorization, in some ways paralleled his clinical work:

There *was* an element of my having this obsession to keep going down and taking the photographs, returning to the site – it wasn't just going once or twice...it was [maybe] 50 times...There was a certain obsession with it, and fascination with it. And I've had colleagues point out that my interest in doing things that are risky has some parallel, or I can think of some parallel to the guys I work with where they're engaged in behaviors that are risky and that that probably helps me understand some of what's going on for them.

Lastly, some participants (n=3) discussed how their passion for the arts allowed them to connect with clients around finding and/or pursuing their own passions.

Participant J stated:

I think it [creating] has taught me an appreciation of what it means to do something you love, and to honor that feeling. So that I encourage my clients to find things that they have a passion about, particularly my clients who find themselves in distressing life situations, or find themselves depressed, or are weathering a difficult period in their life. I try and help them to see something positive and connect with something positive and kind of find a way to replenish themselves. And I think I might be a little bit more persuasive about that, because I really identify with it; I'm not just talking off the top of my head...Even without telling them what it is I do, I'm able to speak from a position of having found something that I find rewarding, and how wonderful that is, that maybe it would benefit them to find something too. So, I think it's helped me be more genuine in helping some people with that area.

Participant F gave an example of encouraging this sense of appreciation and connection with clients struggling with depression:

Sometimes for people who are really very depressed, and...just so stuck – and can't even give themselves anything...I try to find out from them whether they have any appreciation, or pleasure, in looking at something that's beautiful. And to urge them to use that...[So] if they can't give themselves anything, could they let themselves look at something – even if it's something that they place in front of themselves and they have 5 seconds of pleasure in looking at it...And then helping them build on that.

Processing Countertransference

One main objective of this study was to determine whether or not participants used artistic expression as a way to process countertransference. Therefore, participants were asked the following question: Has your work with clients, or work with a particular client, ever inspired your art? The intent was to pose a non-leading question that would elicit responses relating to the theme of countertransference. However, based on the participants' initial hesitation and the tremendous variation in their responses, it appears this question may have been too vague. This section presents the participants' responses to how their clinical work has inspired their artwork.

When first asked the question, many participants paused, sometimes for extended lengths of time, and often tilted their head to one side, appearing to be thinking back through their years of experience. One participant began to answer the question, and midway through her response asked the researcher to repeat the question, at which time she indicated that that she had been “go[ing] into a different direction.” Some of the participants (n=3) stated that they could not recall such an experience, for example, participant D simply replied, “good question [pause] I don't think so.” Many participants (n=6) described other connections between their art and clinical work or reported gaining a general sense of inspiration through working with clients in therapy.

Only one individual, participant C, described an experience that involved using art to process countertransference. Participant C was also one of few participants who did not hesitate before responding. He began to describe having taken a clay modeling class where he created a sculpture of a “very, very depressed man, slumping in his chair.”

He continued on to say:

I still have it [the sculpture] in the basement – it still reminds me of *him*, and seeing him in that state – you know, just *broken*. And, um, there’s something very compelling about that image – as I was doing the modeling, the clay work – that made me want to render that.

Participant C then began speaking about another topic, but was asked if he would speak more about his sculpture. He replied:

Um...I don’t remember much about it, because it was probably 30 years ago. [pause] I remember being *happy* about it...I remember being happy that it came out...well. I remember – I assume that I remember thinking about the emotion, you know, ‘Is this rendering...this very despairing soul?’ ...[I] had to be picky about that. I mean...[there] had to be some connection between the experience of sitting with him, and some expressions, and producing this image, this sculpture.

During this description participant C spoke slowly and looked off, as if he were reflecting deeply on this experience. Midway through his response, he asked the research to repeat the question. Being so absorbed with the participants’ story, it took me a moment to recall the original question. I reread the question and then asked the participant if he remembered his work with the client depicted in the sculpture, despite the fact that he did not remember much about creating the piece. He replied, “Oh yeah, very well.” Then I asked if the participant remembered what feelings he experienced during his work with this client. He responded:

I felt very bad for him [pause] felt bad and I *liked* him. He was a young man and [pause] struggled with some pretty significant stuff in his life. At the time, when I was just out of graduate school, [I] was thinking about [depression] very, very

differently and in a more psychodynamic way than I did many years later on. I saw him again (gestured outside). He was on medication and really doing a whole lot better. But, at the time, it was – [pause] He was a nice guy, engaging guy and [pause] he would cry, *profusely*, which given his size and his manner was sort of [pause] striking, you know?

This was the only experience shared during the interviews that related to the underlying question about using art to process countertransference. However several participants described other ways their clinical work had inspired their art, particularly through working with creative clients. Some participants (n=3) reported being inspired by working with clients who were active artists, writers, and poets “in the same way that when I watch the Olympics I feel like, ‘Ok! I’m going to exercise now!’” Participant E described a more broad sense of inspiration, stating:

Working with a lot of patients over time puts me in touch with life, puts me in touch with what’s important and the variety of personal experiences, you know, that people have. And that makes me more interested, in a way, in seeing reflections of those experiences in nature and wanting to capture them.

Participant B responded similarly to this question, stating:

What flashed in my head was...taking pictures of kids fishing in a pond near my house...taking pictures of a far away scene of a dad with his little boy walking on the beach...I guess it relates to the human condition and connection, again. Just, you know, how people develop and what they have fun with [pause] like catching a fish, which is such a thrilling thing when you’re little.

Two other participants described the relationship between their art and clinical work as somehow interrelated, versus one inspiring the other. Participants H stated:

I work with loss...I work with people around that theme. So, I’d say ‘yes,’ it [the clinical work] does influence it [the artwork] in that way...I can’t think of a particular client...that that’s been the sort of informing theme of things. But I think the same thing [loss] kind of informs both pieces of work.

Participant I, who enjoyed photographing construction sites over time, described a similar connection between his clinical work and a particular photography project:

The current project I'm doing is...[at] an old state hospital that's...being partially demolished and partly converted into luxury condos. So, I've been taking photographs of that process. So, the fact that it has this history of being a mental institution...it feels related to being a clinician and seeing clients. And my first internship was at...[an] inpatient setting. So...it's interesting to have that overlap...Part of my interest in it is about, 'What happened to people? What happened to people while they were there? What these buildings were used for...what they're being changed into....What's happened to [the] people who were institutionalized? Where are they [now]?'

Creative Interventions versus Art Therapy

As art therapists were excluded from the study sample, none of the individuals who participated in the interviews were trained or practicing art therapists. However, participants were asked: How do you feel about combining your artistic work with your clinical work, such as using formal art therapy with clients? In response to this question, and while discussing how their artistic personality informs their clinical work, many participants described using 'creative interventions' in therapy, as opposed to formal art therapy techniques.

All ten participants denied using formal art therapy with clients; however, many participants expressed a general interest in being creative in their clinical work. Some participants expressed an appreciation for the expressive therapies, but cited that they did not use formal art therapy due to their lack of training in the area. Others simply expressed a lack of interest in combining art with therapy. For example, participant G stated:

I never combine them...I don't *use* art. Kids [I work with] paint, they draw, they do creative things in the sessions, and I love that they do it. But I don't *use* it so much. I don't go in thinking, 'ok I'm going to use art therapy now.'

Participant D, who specializes in working with creative and performing artists, also denied having much interest in using art with clients stating, “I just don’t find the need or the opportunity.” However, participant D did keep art supplies in her office, stating:

I have clay here and I have crayons and drawing pads here and I will offer it to somebody if they want to use it, but I don’t use it as an art therapist...[For example] I had a client in the very beginning of therapy who was having a hard time with words, and this was an artist. So, I said, ‘Alright here’s a box of crayons and a pad.’ And...[the client began] with a lot of expressive stuff and color (making large swirling hand gestures) and writing the word ‘FUCK’ in giant letters...[but] I don’t call that art therapy. I just happen to feel comfortable having that stuff lying around.

Some participants expressed openness to using art in the therapy process “depending on the person that I’m working with.” For example, participant E reflected on using photography with clients stating:

I’ve never done it *yet*, although [pause] it would be fair game, like anything would be fair game, in the therapy process, depending on the goals of a particular therapy [and] the particular person involved...It could be part of a...creative approach to working with someone.

Participant H stated that “clients spontaneously have brought in either poetry, or artwork that they’ve done, or things like that.” She continued to say, “I let the client guide me as far as whether that’s a tool that’s going to be helpful to them.” Participant B discussed using jewelry-making in an attempt to engage young teenage girls in treatment stating:

[The girls] were really kind of forced to come to therapy and really weren’t into it. So, I brought in some beads and they kind of made some stuff in the process of therapy... I thought maybe if they were doing something they might be more inclined to engage...[However] it didn’t turn out to be particularly helpful, so I didn’t pursue it.

Other participants reported using guided imagery and creative writing exercises with clients. Several participants (n=3) expressed being particularly attuned to metaphor and reported using it frequently in therapy. Participant D stated:

I use a *lot* of metaphor and imagery. And I tailor the metaphor and imagery to the person...I find the language that the person speaks and meet them in that imagery ...using language creatively to get across a point...[For example] I remember... talking with somebody that's very into gardening and converting the story of what the problem was into the story of the peasant who did the gardening and what happens when she brought it to the queen, which was a real parallel to her story. And that's...an example of creativity that has nothing to do with art therapy. It's fueled by the fact that I think outside the box.

Participant F reported frequently noticing clients "using a metaphor...they might not be aware of." She discussed the role of metaphor in therapy stating, "If you don't want to talk about something as it is...putting into a metaphor is a form of displacement, and it's sometimes easier to talk about and less threatening...or more fun."

Art as Self Care

As a major objective of this study was to determine whether artistic expression served as a form of self care for psychotherapists who were simultaneously involved in creating art, participants were directly asked: As a psychotherapist, do you view your art as a form of self care? This question was not on the original interview guide, but instead was added following a suggestion made during one of the pilot interviews. This question was added deliberately to the end of the interview guide in hopes of minimizing the risk that it would affect participants' responses to other interview questions.

All ten participants responded affirmatively to the above question, indicating that they *do* experience creating art as a form of self care. Many participants (n=6) responded to the question stating, "Oh, definitely" or "absolutely!" When asked to explain their answers, the participants provided various reasons why they believed their art was a form of self care. During their responses, many participants described the positive emotions they experience during their creative process, including feeling: energized, challenged,

relaxed, grounded, etc. Because these experiences were presented in the section on creative process, the participants' detailed responses will not be repeated here. Some participants discussed their art as a form of self care when responding to previous interview questions, particularly the initial question about how participants' artistic personality impacts their clinical work. Therefore, this section presents all of the participants' responses that relate to the theme of self care.

Some participants stated that art was a form of self care because it nurtured their creativity and allowed them time to focus on and care for themselves. Participant D stated, "The self care part is my attending to the part of myself that needs to be nourished." Participant E added, "It's a diversion from being so focused on other people and their needs and their goals...It's something that I can pursue for my own purposes and my own goals." Participant E continued on to say:

My photography takes care of *me*. It nurtures and supports me. It allows me to hang in there, doing some very tough and time consuming work...The photography is a reminder of [the] other parts of my life that more feed me.

Participant J responded similarly, stating, "I think it helps me not burn out...It gives me an outlet for some of the feelings that might interfere with my being able to give so much to my clients, so that I'm able to kind of replenish myself." Participant H described the need to nurture her creativity somewhat differently:

I feel like to be in the world, most of the time, I have to inhabit this sort of left-brain place in me that doesn't *feel* natural – it feels maybe like writing with my left hand or something like that...which I think I've gotten relatively good at, because I've had to practice it. But I think, *naturally*, I'm not like that. And, so, I think making sure that I have time to *be* in that right-brained, dreamy, more diffused-focused kind of place is essential.

Some participants (n=4) stated that creating art produces a sense of accomplishment and provides concrete and immediate feedback. Participant D described creating art as “gratifying...especially in our field of all this mental work, to have a byproduct that you can look at ...[and] you get strokes for it...and you have something concrete to show.” Participant B described the work of therapy as a “frustrating profession” stating, “You don’t always *know* [pause] what you mean to someone, or if what you’ve done with them has been helpful.” She discussed her experiences supervising students around this struggle and cited their desire to “fix it [the problem] right away” stating “Here, do *this*.” Participant B shared a discussion she had with a colleague about this dilemma:

He said to me...that now he knows why he really enjoyed remodeling his house...[because] it was like, ‘bang, bang, *done*’ [laughter] – and he knew he did it right. So, it was immediate feedback that your activity worked. And I think that is definitely true [with art]. You have to learn as a social worker and as a clinician that you sit [pause] and you don’t know...You might know over a period of time, [if/when] you see changes in people, but often immediately you don’t.

When reflecting on ways her jewelry-making served as a form of self care, participant J also expressed appreciation for the ability to have control over the finished product, as address above, and added that creating also served as a change of pace from her hectic work schedule:

Yes, *absolutely*...it is a very strong form of self care. It is a gift I give myself...to sit down and enjoy it....and it’s the way I cope with stressful days. I look forward to doing something in the evening that will turn out beautifully...and is peaceful and calming and slow paced. After a busy day of zipping from one client to another with very little down time at all, and very little time to myself, it’s a wonderful feeling to sit down and just do something in a very unhurried, open-structured, not scheduled time frame and have it turn out beautifully.

Several other participants (n=4) identified creating art as a form of self care

simply “because I love it.” Participant C stated:

It [painting] is something that I enjoy. It’s something that makes me feel energized. It makes me feel alive. It makes me feel [pause] a *deep* inspiration for other things [pause] energy for other things. It is something to look forward to... So, it’s a passion. It’s a compulsion. It’s narcotic...It has its down sides...but it’s a dimension of my life now that I really love and value, and want to preserve.

When discussing the connection between self care and art, participant D described the importance of having other interests and not relying solely on work to gain a sense of fulfillment in life. She stated:

When I think of people that I think are *poor* therapists, or poor social workers, often times their lives are very narrow, and their job is their life. And that may, sort of in a backwards way, reflect on what we’re talking about which is: The more fulfilled an individual is, hopefully the better they can look at themselves and be open...and then be open to wherever their client is at. But when I think of people over the course of my career that projected their assumptions all over my clients, or...had to ‘talk shop out of shop,’ it was as if they didn’t have other things in their life. And I think that’s very telling. So, whether it’s art, or sports, or a hobby [pause], if a clinician can be involved in living, they stand a better chance of being a good clinician.

Participant A, who frequently sold the jewelry she created, had a mixed response when discussing whether she experienced creating art as a form of self care:

I think for me it can go multiple ways: It can be a form of self care. [However] there’s a danger in spending too much money on the materials, which is probably not good self-care. And it can also be the opposite of self-care, if I’m getting so busy with it where it feels like pressure... when it’s not really fun. So, it can definitely have all of those – it’s like everything else in life; it’s about finding the right balance.

When discussing the self care qualities of creativity, several participants cited the importance of making time for their art. For some participants, the discussion about self care reinforced their current stance: “Either I need to have time to do all these different things that I do, or I make room for it.” Another participant, who had reported feeling

guilty about spending time creating, stated: “I’m glad you’re asking [me] that, because it’s making me think, ‘Well, you really need to do that [create art] a lot more! Are you *crazy??*’ [laughter].”

Summary

The findings presented in this chapter reflect the experiences of ten experienced psychotherapists who also create some form of visual art. Participants discussed their background in art, their comfort self identifying as an artist, their creative process, the meaning art has had in their lives, and the connection between their art and clinical work. The findings of this study showed that 1) Participants shared a common personal definition of the term ‘artist’ involving a particular vision and appreciation of form and beauty, as well as a desire to convey ones perspective through a given medium; 2) Though participants had different backgrounds and training in art, all participants described creating art as a significant source of joy, relaxation, exhilaration, challenge, and pride and many reported that it enhanced their connection and spirituality; 3) Participants believed their involvement in art impacted their clinical work in a number of ways including: their ability to see multiple perspectives, their ability to relate to and connect with clients, their use of creative interventions, the physical space in which they worked, and their ability to manage the emotional demands of their work by making time to care for themselves through engaging in an activity that they loved.

Additional unexpected findings were that: 1) Though participants all met their personal definition of an artist, many expressed discomfort self identifying as one 2) Despite the variation in artistic media and experience, the majority of participants created

artwork reflecting nature; and 3) The majority of participants denied using art to both process countertransference and cope with difficulties in their lives.

CHAPTER V

DISCUSSION

The field of mental health has a long history of examining the relationship between creativity, artistic expression, and mental illness. From the notion of the “artist as madman” to the inception of the field of art therapy, many philosophers, researchers, and artists alike have attempted to make connections between artistic expression and the work of psychotherapy. The literature on trauma also mentions implementing creative approaches to one’s work as well as creating and observing art as self care strategies that help reduce symptoms of vicarious trauma. Aside from this brief reference to creativity in the self care literature, the therapeutic benefits of art are most commonly discussed in the context of art therapy, where artistic expression is used as a technique to enhance therapy with clients. However, little has been written about the experience of artistic expression in the lives of therapists.

This qualitative study explored the connection between creative expression, artistic identity, and psychotherapy. The purpose of this study was to examine the role of artistic expression in the lives and work of psychotherapists who were also visual artists. This study was informed by previous literature and intended to examine whether artistic therapists use art to 1) process their countertransference; 2) create a sense of meaning and connection in their lives; and/or 3) relax and regenerate as a form of self care. The findings of this study confirmed that artistic expression did create a sense of meaning and

connection in participants' lives and was also experienced as a form of self care. The expectation that participants would use art to process their countertransference remained unsubstantiated by the findings.

Discussion of this study's major themes will be presented in the following order: artistic identity, art reflecting nature, connection/spirituality, use of art to cope, processing countertransference, art as a form of self care, use of art in clinical work, and art as a selfobject.

Artistic Identity

Without exception, the question that triggered the most reaction in participants involved participants' definition of, and self identification as, an artist. Despite the fact that participants gave nearly identical definitions of the term, most of which involved a particular experience and/or vision of the world, the majority of participants showed discomfort in terms of self identifying as an artist. It seemed as though participants struggled to resolve the inconsistency between their personal experience and what they believe was society's image of a professional artist. In fact, some participants mentioned that they had considered canceling the interview due to their concern that their work might not constitute as "art" or that they may not qualify as an artist. In spite of their resistance to formally identify as an artist, all participants described their art as an important part of their lives and/or identity. Though this represents a significant finding, it also illustrates one of this study's limitations, which involves the difficulty studying a concept that is so difficult to define. This study seemed to confirm that art, like beauty, is in the "eye of the beholder."

Art Reflecting Nature

As there was significant variation in participants' artistic background, experience, and preferred medium, it was particularly surprising that the majority of participants created artwork reflecting the same theme: nature. As a visual artist myself, with a strong preference for portraits, this finding was particularly striking. My personal bias led me to believe that artistic therapists would be drawn to the human form in their artwork in a similar way that they are drawn to the human condition in their clinical work. The fact that the findings contradicted this assumption may be related to small sample size or simply variations in personal preference (as many participants noted). However, these findings may have more substantial implications for the area of self care. Many participants reported deliberately keeping their artwork and clinical work separate and believed that having the time and space to create, where they could shift their focus *away* from others, was an important element of self care. Therefore, focusing on soothing images reflecting nature in their art could allow participants to gain some distance from the people-focused work of therapy. Participants' explanations of why they enjoy creating art that reflects nature, or natural materials (jewelry-making), also supports previous research which listed both art and nature, including natural elements (i.e. sky, water, woods, etc.), as components of leisure which enhance ones sense of spirituality through feeling connected with something bigger (Grafanaki et al, 2005).

Connection/Spirituality

As was suggested above, the findings of this study substantiated both leisure and self care literature (Grafanaki et al, 2005; Neumann & Gamble, 1995; and Pearlman, 1999), which suggested that creating and observing art enhances a sense of connection

and spirituality. Many participants spontaneously discussed ways their art provided a deep sense of fulfillment and joy in life. Some participants made direct connections between their artwork and their spirituality, while others described how creating art provided a broader sense of perspective and connection to nature, beauty, and the people in their lives. It is interesting to note that many participants described their spirituality and creative process similarly, both involving an internal experience deeply connected to the way they “see” and experience the world.

Use of Art to Cope

Despite the fact that many participants described creating art as an often relaxing and grounding experience, there was significant variation in responses when asked if they used art to cope with difficult times in their lives. Some participants stated they “absolutely” could *not* create when they were feeling upset or stressed, while others frequently used art as a stress reducer. Others stated that they did not deliberately create art as a coping mechanism, but that it did provide a diversion or distraction during particularly difficult or stressful times in their lives. The variation in participant responses could be attributed to basic variations in personality, coping style, and artistic process. It is also possible that certain media, particularly jewelry-making, may lend more to processing painful emotions or reducing stress and anxiety.

The closest reference to this topic found while reviewing the literature for this study involved discussion about leisure as a form of “coping” (Grafanaki et al., 2005). Though further research of the various databases could reveal more studies relevant to the use of art as a coping mechanism, time constraints precluded multiple database searches.

Processing Countertransference

Another surprising finding related to the use of artistic expression to process countertransference. In her 1997 dissertation, Deborah Rozelle explored the use of visual image making as a way to process countertransference and treat vicarious trauma. Rozelle outlined a training program based on her research, which suggested that combining visual image making with peer supervision can help therapists externalize disturbing and intrusive images that often develop while working with traumatized clients. Based both on Rozelle's research and on the nature of artistic expression, which also involves the external manifestation of an internal experience, it was assumed that artistic therapists would naturally process countertransference through their artwork. However, when participants were asked if their work with clients (or work with a particular client) ever inspired their art, only one participant described an experience which clearly involved processing countertransference.

Several factors may have contributed to the findings relating to processing countertransference. On the most basic level, the structure of the question may have significantly impacted the findings. Though it was designed to be a non-leading question, participants' responses suggest that the term "inspiration" may have been too vague as participants frequently described being inspired by clients in non-countertransferential ways. For example, participants often reported feeling inspired to create after meeting with artistic clients. A second contributing factor may have been related simply to the variation in participants' personalities, in that some are perhaps more likely than others to use art in this way than others.

The fact that several participants stated that they could not recall if and when their work with clients ever inspired their artwork suggests two additional explanations for the findings relating to countertransference. 1) As participants had between 16 and 42 years of clinical experience, it may have been difficult to think back on their work with specific clients throughout their years of practice. 2) Since artistic expression is often generated by subconscious internal material, participants may not have explicit awareness of times when creating art may have assisted them in processing countertransference.

The final factor that may have contributed to these findings involved participants' extensive clinical experience mentioned above. The clinicians who participated in this study were quite experienced and on average had been working in the field for 29 years. Therefore, it is possible that experienced psychotherapists who create art are less likely to use their art to process countertransference than their less experienced counterparts. This hypothesis could be supported by the one participant who described processing his countertransference through sculpture while beginning his career in the field, nearly 30 years ago. A young social work intern who participated in a pilot study also reported having used art in this way. Since the profession of psychotherapy involves sitting with intense and at times overwhelming affect, it is likely that less experienced therapists would react to and process these feelings differently than experienced therapists. Though confirming this hypothesis is beyond the scope of this study, it poses an interesting question for continued exploration and future research.

Art as a Form of Self Care

Though this study did not specifically explore the effectiveness of self care in preventing vicarious traumatization or burnout, one goal was to determine whether

participants experienced creating art as a form of self care. The literature (Grafanaki et al, 2005; Neumann & Gamble, 1995; Pearlman, 1999) noted the activity of creating art as a form of self care in that it: maintains joy in ones life, grounds oneself in the physical world, enriches identity, and enhances ones sense of spirituality. This study's findings confirmed the previous research as all ten participants stated they viewed their art as a form of self care for all of the reasons listed above. Participants also discussed self care qualities of artistic expression that were not reflected in the literature. For example, some participants cited that creating art provided them with a sense of instant gratification and/or a tangible byproduct of their efforts, which contrasted the often abstract and intellectual work of therapy.

As an MSW graduate student and beginning clinician, my narrow understanding of self care involved discrete activities such as: exercising, getting enough sleep, and setting limits around personal time (i.e. "leaving work at work"). However, when participants in this study described their art a form of self care, they often defined self care more broadly involving a sense of meaning and fulfillment in life. One participant reflected on how art was part of this more comprehensive sense of self care, stating:

The more fulfilled an individual is, hopefully the better they can look at themselves and be open, and then be open to wherever their client is at...So, whether it's art, or sports, or a hobby [pause], if a clinician can be involved in *living*, they stand a better chance of being a good clinician.

Use of Art in Clinical Work

Despite the common sentiment in the field that therapy, itself, is an art form, there is a lack of literature exploring how artistic therapists (who are not 'art therapists') use their creativity and artistic personalities in treatment with clients. One objective of this

study was to fill the gap in previous literature and the findings illustrated that participants' artistic personalities impacted their clinical work in both broad and specific ways. From the way they decorate their offices, to their ability to look at work with clients from multiple perspectives, participants discussed a wide range of ways their artistic nature influenced their work as psychotherapists. Though all participants denied using formal art therapy with clients, many mentioned that they used an overall creative and/or flexible approach with clients as well as specific creative interventions or language, such as frequent use of metaphor and imagery. Many participants also stated their personal involvement in art, similar to other life experiences, enhanced their ability to connect and relate to the complex experiences and struggles of their clients.

This section highlights some important areas for future study. Despite the fact that self care is a concept frequently mentioned in literature and training programs, there needs to be more comprehensive and specific research on the importance of self care in this field. The findings also suggest a need for future research into the connection between art and therapy (beyond the field of art therapy), particularly related to ways creativity can enhance both the well-being of therapists as well as the therapeutic process.

Art as a Selfobject

This study's findings supported the notion that artwork can serve as a selfobject (Rotenberg, 1988). A significant finding illustrating this theoretical construct arose while discussing the connection between artistic identity and clinical work, at which point several participants reported having their artwork up in their therapy offices. Though I initially assumed this was done with the intention of creating an inviting therapeutic environment for clients, many reported that the artwork served a greater purpose for the

participants, themselves. The display of their artwork reflected meaningful or soothing images and also represented participants' strengths and accomplishments. Many participants experienced their artwork as a significant source of enjoyment and pride. In fact, several participants stated that the strength they gained from having their artwork in their office enhanced their ability to engage in the often emotionally demanding work of psychotherapy. In this sense, it seemed the participants' artwork served as both a mirroring selfobject as well as a calming idealized selfobject with which participants attempted to merge.

The extensive discussion around artwork in the therapy office leads to potentially significant areas for future study. It would be interesting to explore how the physical therapy space, including how the office is arranged and decorated, impacts the client, the therapist, and the therapeutic relationship. As the dilemma regarding self disclosure was frequently cited by participants while discussing having their personal artwork in the therapy office, it would be additionally interesting to explore how this type of indirect self disclose impacts both the client and the therapeutic work.

Summary

The goal of this study was to explore the complex connection between artistic expression and clinical work in psychotherapists who are also visual artists. When compared with previous literature, the study's findings confirmed that creating art can serve as a powerful form of self care through: nourishing ones sense of identity, enhancing a sense of spirituality, grounding oneself in the physical world, and promoting joy in ones life. Though the findings did not substantiate the expectation that participants would use artistic expression to process countertransference, it seemed the interview

question addressing this issue may have been too vague to adequately examine participants' experiences. The findings of this study also contributed to the lack of literature exploring how participants' artistic identity informed and impacted their work as psychotherapists. Despite the fact that they denied using formal art therapy techniques, participants described how their artistic identity impacted their: clinical approach, flexibility, use of language (metaphor), therapeutic attunement and connection with clients, and physical therapy space.

The following sections will address 1) implications for social work practice and 2) limitations and recommendations for future research.

Implications for Social Work Practice

Though this study examined the experiences of a specific population of clinicians, those involved in creating visual art, the findings have further implications for the broader field of social work. Not only did participants share their insight about their work with creative clients and their unique issues, their experiences will hopefully highlight the need for further research into the area of creativity and self care in clinical practice and in social work. All participants identified their artistic expression as a form of self care and a way to enrich their lives and benefit their work. They further clarified that the self care qualities of artistic expression were primarily related to engaging in a rewarding and enjoyable activity, a finding from which even non-artistic therapists can benefit. This study also indirectly began to explore other themes that could benefit clinicians in the field including: developing balance between personal life and professional responsibilities, use of self with clients, and the concept of multiple identities or "wearing multiple hats."

Limitations and Recommendations for Future Research

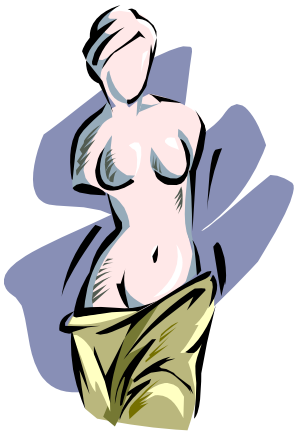
Despite its significant findings, this study had a number of limitations. Personal financial limitations combined with time constraints inhibited my ability to adequately address diversity issues, both in terms of race and geographic location. Additionally, with a small sample size of only ten participants, the findings of this study cannot be generalized. In addition to these logistic restrictions, there were also conceptual limitations involved in examining a concept as abstract as *art*. It was a particular challenge to negotiate recruitment as the terms *art* and *artist* are quite subjective and are defined both individually and socially. Consequently it became challenging to account for confusion among potential participants relating to whether or not they met the criteria. In a related vane, it was also challenging to examine the fluidity of ones identity, particularly in distinguishing those who “qualified” as an artist for the purposes of this study from those who may have transitioned completely from a full-time clinician to a full-time artist.

Despite its limitations, I hope this study will provide a foundation for understanding the complex connections between artistic expression and the field of mental health. Though specific examples for future research have been noted in sections above, it is my overall wish that this study will both highlight the importance of continued self care research and illustrate how artistic expression can enhance not only treatment with clients, but the lives of therapists as well.

References

- American Art Therapy Association Inc. (n.d.) Retrieved July 4, 2006, from <http://www.arttherapy.org/about.html>
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IV-TR)*. Arlington, VA.
- Anastas, J. W. (1999). *Research design for social work and the human services*. New York : Columbia University Press.
- Berzoff, J., Flanagan, L. M., & Hertz, P. (2004). *Inside out and outside in: Psychodynamic clinical theory and practice in contemporary multicultural contexts*. Oxford: Rowman & Littlefield Publishers, Inc.
- Bober, T., Regehr, C. (2006). *Strategies for reducing secondary or vicarious trauma: Do they work?* Oxford: University Press.
- Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In: *Secondary traumatic stress: Self-care issues for clinicians, researchers, & educators*, ed. B. Huddnall Stamm. Maryland, pp. 3-28.
- Grafanaki, S., Pearson, D., Cini, F., Godula, D., McKenzie, B., Nason, S., & Andereg, M. (2005). Sources of renewal: A qualitative study on the experience and role of leisure in the life of counselors and psychologists. *Counselling Psychology Quarterly*, 18(1), 31-40.
- Hammer, E. (1975). Artistic creativity: Giftedness or sickness. *Art Psychotherapy*, 2, 173-175
- Kelly, K. (2005). The relationship between worry and creative personality. *Counselling and Clinical Psychology Journal*, 2(1). Pp.
- King, B., & Pope, B. (1999). Creativity as a factor in psychological assessment and healthy psychological functioning. *Journal of Personality Assessment*, 72(2), 200-207.
- Marriage, S., Marriage, K. (2005). Too many sad stories: Clinician stress and coping. *The Canadian Child and Adolescent Psychiatry Review*, 14(4).
- McCann, L. & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.

- Melamed, S., Meir, E., Samson, A. (1995). The benefits of personality-leisure congruence: Evidence and implications. *Journal of Leisure Research*, 27(1), 25-40.
- Neumann, D., & Gamble, S. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy: Theory, Research, Practice, Training*, 32(2), Sum 1995, 341-347.
- Novack, S.A. (2006). Portraits of social workers as artists. *Focus*, 33(8), 7.
- Pearlman, L. A. (1999). Self care for trauma therapists: Ameliorating vicarious traumatization. In: *Secondary traumatic stress: Self-care issues for clinicians, researchers, & educators*, ed. B. Huddnall Stamm. Maryland, pp. 51-64.
- Rotenberg, C. (1988). Selfobject theory and artistic process. In: *Learning from Kohut: Progress in self psychology*, ed. A. Goldberg. New Jersey, pp. 193-212.
- Rozelle, D. (1997). Trauma and the therapist: Visual image making, countertransference, and vicarious traumatization. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 58(4-B), October, p. 2136.
- Schlesinger, J. (2004) Heroic, not disordered: Creativity and mental illness revisited (letter). *British Journal of Psychiatry*, 184, 363-364.
- Stevens, M., Higgins, D. J. (2002). The influence of risk and protective factors on burnout experienced by those who work with maltreated children. *Child Abuse Review*, 11: 313-331.



APPENDIX A

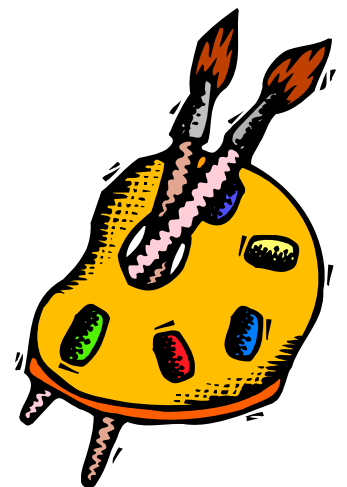
*Are you a psychotherapist with an **artistic** personality?*

Do you draw, paint, sculpt, or enjoy other forms of visual art?

MSW student looking for licensed psychotherapists willing to participate in a 50 minute interview for thesis on creativity. Please contact me, if you:

- ✓ *Are a licensed psychotherapist in the field of psychology, social work, or mental health counseling (not art therapy)*
- ✓ *Create some form of visual art in your spare time (regardless of whether or not you show/sell your work)*
- ✓ *Have at least 5 years of post-graduate, clinical experience*
- ✓ *Are at least 35 years old*
- ✓ *Are interested in sharing your experience & contributing to the field*

*Danielle Tansino
dtansino@hotmail.com
(203)915-1376*



APPENDIX B

INFORMED CONSENT

February 2007

Dear Research Participant,

My name is Danielle Tansino, and I am a graduate student at Smith College School for Social Work. I am conducting a study to research role of art in the lives and work of psychotherapists who also identify as visual artists. Data obtained in this study will be used for my master's thesis and for possible presentations and publications.

Your participation is requested because you are a licensed mental health clinician who also identifies as a visual artist. If you are interested in participating in this study, you must be a licensed psychotherapist with a minimum of five years clinical experience. In addition to identifying as an 'artist' you must specifically be involved in creating visual art (i.e. painting, drawing, sculpture, etc.). If you choose to participate, I will interview you about your processes, strategies, experiences, and thoughts regarding your artistic identity and clinical practice. In addition, I will ask you to provide demographic information about yourself. The interview will be conducted in person, will be tape-recorded, and will last approximately 45 to 60 minutes. I may also telephone you after the interview for the purposes of further clarification and/or elaboration if necessary.

The risk of participating in this study is minimal as the interview will focus on the role of artistic expression in your life and work, which should not elicit emotional distress.

The benefits of participating in this study are that you have the opportunity to contribute to the literature on creativity, to share your unique experiences and dual identity, and to inform the work of other artistic clinicians and other therapists who work with creative clients. Unfortunately, I am not able to offer financial remuneration for your participation.

Your participation in this study is confidential. I will keep consent forms separate from data and numerically code the audio tapes and interview notes, instead of using your real name. In addition, I will lock consent forms, audio tapes, interview notes, and demographic forms in a file drawer during the thesis process and for three years thereafter, in accordance with federal regulations. After such time, I will destroy the above-mentioned materials. In the written thesis, I will not use demographic information to describe each individual; rather I will combine the demographic data to reflect the subject pool in the aggregate. In this way, you will not be identifiable in the written work. Finally, if an additional data handler, transcriber, or analyst is used in this study, I will require her/him to sign a confidentiality agreement.

Participation in this study is completely voluntary. You may refuse to answer any interview question(s), and you may withdraw from the study at any time without penalty by indicating in writing that you are no longer interested in participating. Should you choose to withdraw, all materials pertaining to you and your participation will be immediately destroyed. You have until April 1, 2007 to withdraw from the study; after this date, I will begin writing the Results and Discussion sections of my thesis.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant

Date

Signature of Researcher

Date

Please bring this consent form with you to your scheduled interview and keep a copy for your records.

If you have any further questions about this study, participation, rights of participants, or this consent form, please feel free to ask me at the contact information below.

Thank you for your time, and I greatly look forward to having you as a participant in my study.

Sincerely,

Danielle Tansino
North Central Counseling Services
47 Palomba Dr
Enfield, CT 06082
(203) 915-1376
dtansino@email.smith.edu

APPENDIX C

INTERVIEW GUIDE

PERSONAL DEMOGRAPHICS:

- 1) What is your gender?
- 2) How old are you?
- 3) How do you identify racially?
- 4) How do you identify your religious or spiritual orientation?

PROFESSIONAL DEMOGRAPHICS:

- 5) What is your current job title?
- 6) What were your undergraduate and graduate degrees?
- 7) How many years of clinical experience do you have (post graduate school)?
- 8) What is your theoretical framework/orientation?
- 9) What is your average number of clinical hours per week?

ART DEMOGRAPHICS:

- 10) What is your preferred medium? (This will provide a focus for the interview.)
- 11) What formal art training have you received, if any?
- 12) In addition to visual art, do you engage in other artistic activities (music, dance, writing, etc.)?

PERSONAL EXPERIENCES WITH ART:

- 1) Describe how you first became interested in art. How has your interest/involvement in art changed throughout your life?
- 2) How would you define an “artist”? How comfortable are you identifying as one? Are others aware of your artistic identity (i.e. family, friends, colleagues, etc.)?
- 3) What is your favorite subject or theme in your artwork (i.e. landscape, portrait, etc.)? What do you think draws you to that subject/theme?
- 4) Describe your process of creating art, including the physical space in which you work. How do you feel during this process?
- 5) Have you ever used art to cope with a difficult time in your life? If so, can you describe that experience?
- 6) When do you find time to create art? Do you feel you spend as much time as you’d like?
- 7) Do you show or sell your work? Do you feel that impacts your experience creating art? If so, how?

ART/THERAPY CONNECTION:

- 1) Do you feel that your artistic personality informs and/or impacts your clinical work? If so, in what ways?
- 2) How do you feel about combining your artistic work with your clinical work (i.e. using formal art therapy with clients)?
- 3) Has your clinical work (or work with a particular client) ever inspired your art? If so, could you give an example?
- 4) As a psychotherapist, do you view your art as a form of self care? Explain.

CONCLUSION/TERMINATION:

- 1) How have you felt about participating in this interview?
- 2) Do you have suggestions for further study around this area?
- 3) Were there questions you wished I had asked that I did not? (If yes, what?)
- 4) Are there any other issues or questions you would like to discuss before we conclude?

APPENDIX D

HUMAN SUBJECTS REVIEW APPROVAL LETTER

December 17, 2006

Danielle Tansino
8 Ludington Court, Apt. 1-L
West Springfield, MA 01089

Dear Danielle,

Your amended materials have been reviewed. You did an excellent job of explaining the recruitment process and we are now able to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting study.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee
CC: Jean LaTerz, Research Advisor