

Drawn to Art Therapy: A Qualitative Study Examining Art Therapist's  
Personal Healing Experiences with Art that led them to a Career in Art Therapy

by

Chantelle Whitty  
B.A., University of Victoria, 2007

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of the Requirements for the Degree of

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## Abstract

This study investigates the healing experience that current practicing art therapists' have had with art prior to their training, and how that experience influenced their decision to peruse a career in art therapy. Narrative inquiry was the primary methodology in the current study. Six current practicing art therapists, all females who currently reside in the area of Victoria BC, participated in the process of co-constructing their 1<sup>st</sup> person narratives with the primary researcher. The six stages of Braun & Clarke's (2006) Thematic Analysis was used as the guiding framework developing themes across the stories told. Themes and the implications that came out of these narratives with respect to future research and counseling practice are also discussed.

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## Acknowledgments

It is astounding to look back on the day I was accepted into the MA program. I recall initially thinking that the selection committee had made some kind of mistake. I then remember all the questions and worries I had for what this program would entail, and it was a relief to discover that as time went on my questions were answered and my worries began to subside. However what stands out the most to me while reflecting on this journey is how it would not have been possible without the support and encouragement from a number of people.

The first person I would like to thank is my research supervisor, Honoré France. He was willing to take me on as an MA student, and has been very encouraging throughout this process. I would also like to thank Honore for introducing me to the expressive therapies; specifically art therapy. Without him I might not have discovered this therapeutic modality, and would not be writing this acknowledgement today.

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Additionally I would like to express my gratitude and appreciation to the individuals who gave their time to take part in this study. This thesis would not have been possible without them being open and willing to share their *personal* experiences. It was an honour to have the opportunity to bear witness to their stories, and it is my hope that these stories will provide others with insight and information into the lived experience of healing through the use of art.

There is one person and an incredible dog that may not know it, but have played a key role in keeping me sane and grounded during this journey, Greg and Stanley. Both of them have been with me throughout this process and continued to remind me of the importance of taking a break, whether it be to go for a walk or a watch a hockey game. I cannot put into words how much the two of them mean to me and I am grateful everyday that they have come into my life.

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## Chapter 1

### Introduction

#### *Background of the Study*

Art, as a form of therapy, is something that I was only introduced to three years ago. However, the healing effects of art are something that I have had personal experience with for much of my life. During the final year of my undergraduate degree which involved the prerequisite courses for my graduate degree, I enrolled in a course that examined various theories of counselling. One of these theories was art therapy; a form of therapy that I was surprised to find out existed, and I was taken aback that I had not heard about earlier in my studies. As art has always been something that I used not only during times of stress but also as a creative outlet to express my feelings, I became very interested in this avenue of therapy and began to seek out training immediately. Within a year I was enrolled in the post master's certificate at the British Columbia School of Art Therapy located in Victoria BC. It was with my enrolment in this program and my involvement in various organizations in the Victoria community that allowed me the opportunity to read and learn about the healing effects of art therapy along with witnessing them first hand. Subsequently it was with this experience that I became more and more excited about the opportunity I had in graduate school to take a deeper look at this phenomenon.

When I initially began considering topics to research in the realm of art therapy, I wanted to research art therapy with children who had experienced trauma. However, due to the lack of available research literature on the topic of traumatized children and the use of art therapy, I decided to begin at a much broader point, from which I would have the opportunity to take a closer look at the healing aspects of art therapy that could potentially provide the foundation for

a far more specific and specialized research study on art therapy, or career choice, or even a combination of both.

### *Research Purpose and Question*

The purpose of this study is to take a closer look at individuals' personal healing experiences with art that contributed to their decision to choose art therapy as a career, to better understand the potential that art has as a form of therapy as well as its ability to heal. A recent study by Oppegard, Klkins, Abbenante, and Bangley (2005) examined why individuals choose art therapy as a career. In this study, Oppegard et al. looked specifically at the commonalities of 500 credentialed members of the American Art Therapy Association that contributed to them choosing art therapy as a career (e.g., sibling position, number of years as an art therapist, how they became interested in art therapy, and what was the main reason behind their decision to choose art therapy as a career). Out of the 312 people who responded, the majority (26.4 %) stated that participating in a class contributed to them becoming interested in art therapy as a career, while only (3.2%) stated that they became interested due to being a client. These results may be surprising to read especially because the current study is based around the idea that art therapists have had a personal healing experience with art that lead them to a choose art therapy as a career; but the findings of Oppegard et al. (2005) do not negate this. As an individual who is training to become an art therapist, it has been my experience that the majority of classes involve students engaging in activities first hand in order to foster a personal experience with art and so they are able to be mindful of the potential effects of art on an individual. Students are often asked to use either real life or imaginary situations in order to experience how engaging in the creative process may either help or hinder an individual during a therapeutic session. It also allows for individuals to practice under supervised professionals and to practice with other

members of the class. Oppegard et al. asked participants to select the main reason they decided to pursue art therapy as a career from one of the following: personality fit, job market trends, status, financial security, influence of others, and other. Almost 76 percent (75.9%) stated that they chose art therapy as a profession based on personality fit. No one chose job market trends or status, 0.6% chose financial security and influence of others, and the remaining chose other. These findings are supported by career theories such as Holland's Career Development Theory (Swanson, & Fouad, 1999) which is based on the premise that an individual's personality is the primary factor that influences how career choices are made, as well as Super's Stages of Career Development (Amundson, Harris-Bowlsbey, & Niles, 2009) that is based around the idea that an individual's concept of self is implemented when they enter an occupation. These and other career theories will be outlined in Chapter Two. Oppegard et al.'s findings also support what I expected not only as a researcher but also as a student who is training to become an art therapist. If an individual did not enjoy being creative or working with art, they would not be a good fit for a career in art therapy as that is what the career is based around. The current research study adds to and differs from Oppegard, et. al. (2005), in that participants were given the opportunity to tell their personal stories of healing with art in detail, as well as how that experience contributed to their decision to pursue their current occupation as an art therapist.

The current study sought to answer the following question: What is the subjectively reported personal healing experience with art that led participants to choose art therapy as a profession? The understanding gained by this research study is hoped to be of benefit to art therapy as a profession, to the existing state of knowledge on the healing effects of art and engaging in the creative process, and to the current literature on career choice.

### *Statement of the Problem*

The literature on healing experiences with art that contribute to an individual choosing art therapy as a career is sparse to non-existent. In addition, there is a dearth of literature that addresses personal life experiences influencing career choice, and healing experiences with art as described from the first person perspective. With regards to career choice, although a wide range of literature exists, research has tended to focus on aspects of the individual, environment or both, specifically an individual's personality traits (e.g., Swanson, & Fouad, 1999; Holland 1966), person-environment fit (e.g., Brown & Associates, 2002; Dawis and Lofquist, 1984), concept of self and life roles (e.g., Amundson, Harris-Bowlsbey, & Niles, 2009; Super 1963), and creating a career narrative (e.g., Cochran, 1997). While this literature helps to increase the understanding of factors that affect an individual's career choice, it does not address how individuals have come to a career decision based on their own personal experiences. In addition, although research has examined the healing effects of art from a researcher's standpoint (e.g., Ornstein, 2006; Henderson, Rosen, & Mascaro, 2007), regarding the healing aspects of art as a therapeutic medium, the literature does not address what were the self-reported healing experiences with art from a first person perspective.

### *Researcher Context*

As a Master's student in the Counselling Psychology program at the University of Victoria and as a Post Master's Certificate student at the British Columbia School of Art Therapy, I am conscious that my particular lens will influence how I interpret the participants' stories. It is my intention to honour the integrity of the participants' stories as they were co-created with me during the initial interview, such that I provide a "good" interpretation of the story that has been constructed. As a researcher, I am interested in the participants' stories of healing through the use of art which they felt lead them to their career in art therapy, and how

they have come to make meaning of their story. Therefore, I used a narrative approach to my inquiry. Narrative inquiry is fitting for this study in that it allows for an opportunity for the participants' to tell their story in its entirety without constraints and restrictions (Riessman, 1993). This is important because this research study will provide opportunities for participants to tell and “embodied story” full of meaning and expressions that include the whole person, rather than cognitive self-reflections that are not connected to their life story.

## Chapter 2

### Literature Review

#### *Chapter Introduction*

This literature review presents an overview of the main terms and concepts that form the basis of this research study. Previous research supporting the current study will be presented along with relevant topics and themes related to the research question.

#### *Art Defined*

It is possible to argue that art is something that has existed since the beginning of time. However, despite the fact that it has had such a longstanding existence, the word “art” can mean different things to different people. For example some consider cooking to be an art, or even playing hockey. That being said finding an exact definition for the word “art” is not a simple task. Crowther (2007) provisionally defines art as “a class of artefacts that centres upon the making of images” (p. 29). Dutton (2009), defines art as being complex and diverse achievements, which are made with conscious execution by each individual’s free will, in which the “art-making requires rational choice, intuitive talent, and the highest levels of learned, not innate, skills” (p. 1). This definition provides a solid base from which to start in the course of defining art. Dutton has included aspects of creating art such as an individual’s free will, rational choice, and intuitive talent, which can be applied in general to any individual engaging in an artistic process. However, one aspect of Dutton’s definition, which does not fit for the purposes of this study, is the need for a high level of learned skills rather than innate. As the primary researcher, I am not interested in the aesthetic quality of the art created, that is how visually pleasing it is, but rather I am concerned with the process that is taking place while engaging with art. Beardsley (2004) and Pepper (1962) align with Dutton’s definition stating that a work of art

is something that is produced with the intention of satisfying an aesthetic interest, meaning that a work of art is created solely for the purpose of being visually pleasing. This definition of art could be said to fit better for a professional artist, who creates art with the intention in mind of selling their works for a profit. Berleant (1964) on the other hand says that the experience of art precedes its definition, and therefore if an object evokes an aesthetic experience, it then becomes an aesthetic object. Contrary to Crowther's and Dutton's attempt to define art, William Kennick (1973) states that apart from the common name that exists, there is no substantial bond that unites all works of art. Although Kennick's statement is dated in the early 1970's, after reviewing the current literature that exists on defining art, this statement still remains true today. Finally, art is defined by Webster's dictionary as a skill that is acquired by experience, study, or observation as well as the conscious use of skill and creative imagination in the production of aesthetic objects. As evident from the varying definitions presented, establishing one all-encompassing definition is very challenging. However, for the purpose of this research study, I will mainly be concerned with visual art, that is any form of creative expression using an artistic medium such as painting, drawing, photography, printmaking, collage, sculpture, ceramics, etc.

### *Art as Healing*

In his book, *Art Heals* (2004), Shaun McNiff points out that there was a time when using the word *healing* in conjunction with art therapy evoked suspicion within the art therapy community. McNiff states that drawing an association between the realm of healers and that of art therapy was seen as threatening as it suggested that art therapy was more than a scientifically valid method of treatment. Fortunately the views of art therapy as a healing medium have changed with time and, as McNiff points out, it is stated within the first sentence of the *American Art Therapy Associations* mission statement, that the "creative process involved in the making of

art is healing and life enhancing.” Accordingly, it is important to identify and summarize what researchers presently and currently consider to be the healing aspects of art in order to offer the reader more information when reviewing the participants themes that are outlined in chapter four.

Throughout recorded history various creative mediums have been utilized as healing rituals. These include stories, dances, pictures and chants (Graham-Pole, 2000). These rituals are based around the idea that “creative expression can make a powerful contribution to the healing process [and] has been embraced in many different cultures” (Stuckey & Nobel, 2002, p. 255). It has been documented that many cultures throughout history believed that art not only healed individuals but the world as well (Lane, 2005). Caroline Young in her book titled, *Spirituality, Health & Healing* (2005) makes a connection between spirituality and healing; defining healing as a “spiritual process that attends to the wholeness of an individual” (p. 15). Burkhardt and Nagai-Jacobson (2002) add to that definition of healing by making a distinction between healing and curing stating that curing has to do with the physical self, and alleviating the signs and symptoms of disease, while healing involves an integration of the body, mind and spirit. McNiff (2004) also makes note of the important difference that exists between curing and healing, stating that there can be healing within the individual when curing is impossible. This is an important distinction to make because it allows us to recognize that healing is something that takes place within the individual, and therefore is a subjective and personal experience. And it is for those reasons that the current study takes a closer look at the *personal* healing experiences with art that lead individuals to their career.

In their review of existing literature, Stuckey and Nobel (2002) examined the relationship between creative expression, the healing process and the benefit of art in enhancing health and

wellness. One article included in their review, (i.e., Borgmann, 2002), makes note of art's ability to help people express an experience that may be too difficult to verbalize. In working with the art, Borgmann states that these people who have experienced life threatening illness such as cancer, are able to explore the meaning behind their past, present and future, and it is within this exploration that they are able to integrate their illness into their life story and find meaning. Hence, by uncovering meaning, their individual healing can begin to take place. Many other authors not only support Borgmann's claim, but also speak of the ability of art to foster expression. For example, Hughes (2010) supports Borgmann's suggestion that art can help individuals express themselves, but also talks more specifically about art aiding emotional expression. That is, art acts as a way for them to explore and express "who [they] are, to express feelings and ideas that words cannot and to enhance [their] life through self-expression" (p.28). Hughes states that art therapy also functions as a way to facilitate understanding of the client's issues and concerns. Hughes also makes note that art therapy has an advantage over verbal or written communication in that it has the capacity to show the individual what they are thinking or feeling, which can then allow the individual to acknowledge what may be hidden within. Drucker (1990) also writes about art providing an outlet for expression, stating that individuals are able to express missed opportunities through art and make sense of past life events. Other authors such as Karkou and Sanderson (2006) state that by engaging with art as a therapeutic tool, individuals are able to engage in the process of discovering new connections, new meaning, new relationships, and different perspectives on their lives and the way they relate to others. Although all of the authors discussed in this section speak of the art's ability to aid in expression and the benefits that can be associated with allowing that expression to take place, it is also important to mention that there are times when expression can be harmful rather than helpful.

This harmful expression is more likely to take place when an individual is in a highly emotional state, and is working with art materials that allow for greater amounts of unconscious material to come forward such as paint or clay. Therefore it is the art therapist's job to monitor individuals and to ensure that they are in a safe and stable place in their life and to ensure that experiences that facilitate the expression of client thoughts or feelings will be helpful to their process rather than harmful. Van Lith, Fenner and Schofield (2009) also emphasize the importance of having a facilitator in a group setting that is based around the process of using art in a healing and life enhancing way. Allen (1995, 2008), suggested that:

art making in psychosocial settings is, at least in part, a process of knowing the self... the facilitator's role is not to change, fix, cure or interpret the art, but, in collaboration with the client, to witness the flow of expression present in the images and, should the client desire, to discover inherent meaning in or through art. Thus, the transformation occurs through self-direction as a natural unfolding of the artist's reality as expressed through the images (p. 3).

Finally it has been documented that art has the ability to change an individual's physiology and attitude from that of stressed and overwhelmed to a deeply relaxed state (Samuels & Lane, 1998; Benson, 1975). By engaging in creative work the individual is able to alter their parasympathetic arousal, which in turn slows their heart beat, and breathing; their blood pressure drops, and the body is able to shift into a state of deep relaxation (Samuels & Lane). As someone who uses art during times of feeling extremely anxious or restless, I can speak to Samuels and Lane's claims of the art's ability to relax and calm an individual. It seems that by working with art materials I am able to shift my thoughts (e.g. repetitive worries and critical thinking of what is going wrong) which are causing increased anxiety and stress, and move away from those thoughts by focusing on the art (e.g. breaking away from those repetitive thoughts and allowing my mind to relax). Other researchers (Squire, 2008; Lane, 2005) have supported Samuels and Lane's claims by examining what is taking place in the body from a biological standpoint. According to Squire

(2008), it has also been shown that by engaging in creative expression, the hypothalamus (responsible for maintaining homeostasis within the body and exerts control over behavioural functions that are essential for survival) is stimulated. This activates the autonomic nervous system, which “balances and maintains blood flow, heart rate, and hormone level” (Lane, 2005, p. 122), therefore contributing to a reduction in overall stress levels within the body, helping induce a state of relaxation. As is evident from the literature reviewed thus far, art as a therapeutic medium has a broad range of documented benefits and healing properties. The current study adds to the preceding literature by exploring what the healing experiences with art were that led individuals to a career in art therapy, and thereby further expanding our understanding of the potential healing effects of art.

### *Art Therapy*

Art therapy is an intervention that uses creative modalities to provide individuals with a way of expressing their thoughts and emotions that are tied to and originate from psychological distress in order to aid in the recovery process (Eaton, Doherty & Widrick, 2007). Art therapy is based on the theoretical framework that all individuals possess the ability to “express themselves creatively and that the product is less important than the therapeutic process involved” (Malchiodi, 2003, p. 1). Hughes (2010) supports Malchiodi’s (2003) statement that the product is not as important as the process, and points out that no artistic ability is required when using art as a healing medium. In its most basic state, art therapy is the making of art in the context of a safe therapeutic relationship (Schaverien, 1999). Currently art therapy is being used by therapists with individuals of all ages and with a variety of populations and issues. These issues include but are not limited to aggression (Nissimov-Nahum, 2009), trauma (Mallay, 2002; Avrahami, 2005; & Hanney & Kozłowska, 2002), psychiatric disabilities (Spaniol & Bluebird

2002), ADD or ADHD (Smitheman-Brown & Church, 1996) and sexual abuse (Pifalo, 2009; Lev-Wiesel, 1998). As the reader can see, the use and application of art therapy is wide ranging and covers a diversity of issues in the clinical literature. The current study's focus adds to these areas by exploring what healing experiences with art have led individuals to a career in art therapy, thereby further expanding our understanding of the wide applicability of art as a therapeutic medium.

### *History of Art Therapy*

Randy Vick, a co-author in Malchiodi's Handbook of Art Therapy (2003) states that the disciplines of art and psychology interweave to form art therapy. Vick also notes that although art therapy is a relatively new phenomenon; it could also be argued that art and therapy is a pairing that is as old as human society itself. Junge & Asawa (1994) support Vicks claim by attributing the development of the profession of art therapy to a combination of ancient human traditions, which have been influenced by the intellectual and social trends of the 20th century. A brief overview of the history of art therapy will be outlined below in order to provide the reader with an understanding of how art therapy as a therapeutic modality came to be. The subsequent sections will also outline some of the main views that art therapy is centered upon and how those views came to be. This will allow for readers to gain more awareness of the context that art therapy is situated in.

Western psychotherapy, which includes art therapy, has been strongly influenced by medical concepts such as diagnosis, disease, and treatment (Vick, 2003); and it is within a hospital setting that the true 'birth' of art therapy can be said to have taken place. As Vick notes, "for much of human history mental illness was regarded with fear and misunderstanding" (p.7). This fear and misunderstanding lead to inhumane treatment of patients and, according to Vick,

that only began to change with increased understanding brought about by theorists such as Rush in the United States and Pinel in France. Freud also began to question how creative products such as art revealed information about the inner world of the maker, and soon after a psychotherapy was born that “placed art practices and interventions alongside talk as the central modality of treatment” (p.7, Naumburg cited in Malchiodi, 2003).

According to Diane Waller (1991), Margaret Naumburg and Edith Kramer are considered to be the founders of art therapy during the 1940s in the USA. Naumburg, later referred to as the “Mother of Art Therapy” (Junge & Asawa cited in Malchiodi, 2003), was originally a psychologist who later became a psychoanalyst. She also shared a passion for art with her sister Florence Cane, a well-known art educator. Together, Naumburg and Cane founded the Walden School which was a school based on the idea of progressive education. The term “progressive” referred to the idea that the emotional development of children should take precedence over the traditional intellectual approach when teaching (Detre, Frank, Kniazzezh, Robinson, Rubin, & Ulman, 1983). Naumburg based her practice on the assumption that an individual’s fundamental thoughts and feelings are derived from the unconscious and are able to be expressed in images. She also believed that each individual, trained or untrained in art, has the capacity to project their inner conflicts into visual form. Unlike Naumburg, Kramer preferred to focus on the idea that the art object was a ‘container of emotions’, and used art as a way to relate to her patient (Waller). As an individual currently being trained as an art therapist I believe it is important to be able to relate to the individual I am working with, but I do not agree with Kramer’s claim that art is a way to do this. The art acts as an informant to both the art therapist and individual, and it is through the exploration of the art that the information is uncovered. I do however believe that art as Naumburg says allows individuals to project aspects of themselves, and it therefore allows

another avenue for the therapist to learn about their client and their current struggles. Kramer was originally trained in art and studied sculpture with Fritz Wotruba in Vienna, as well as drawing and painting with Friedl Dicker (Edith Kramer, 2009, retrieved July 4, 2009 from [http://www.edithkramer.com/Edith\\_Kramer\\_Background.html](http://www.edithkramer.com/Edith_Kramer_Background.html)). Kramer's theory of "art as therapy" placed great emphasis on the idea that the process of engaging in art-making is therapeutic in and of itself (Vick, 2003).

The earliest recorded art therapy training program in the USA was a Master's degree in art therapy offered by the University of Louisville in 1957 (Edwards, 2004). In Britain, however, it was during the late 1930s that the use of art as therapy in a hospital setting began to emerge (Wood cited in Killick & Schaverien, 1997). Art that was produced in psychiatric hospitals by the patients residing there was considered 'psychotic art'. It was used by the psychiatrist at the hospital as a way to gain access to the mental world of the 'psychotic' and as a way to give a specific account of how their work was different from someone who was considered to be normal (Maclagan in Killick & Schaverien, 1997). Art therapy was also used in Britain during the 1940s, along with psychotherapy, in a movement to rehabilitate individuals who were traumatized by the Second World War. Prior to formal training being offered in both Britain and the USA, art therapy was a type of therapy that was learned 'on the job' (Edwards, 2004). This meant that an individual was usually trained in other fields such as art, as many of the early art therapists were either artists themselves or art teachers (Edwards), and then were mentored by psychiatrists, analysts, and other mental health professionals (Malchiodi, 2003). Currently, art therapy is a continuously developing profession that has expanded rapidly over the past 30 years in North America and around the world (Rubin, 2005). It is also important to note

that although art therapy is still practiced in hospitals and clinics, it has expanded well beyond the setting of a psychiatric hospital where it first began (Rubin, 2005).

The first governing body of art therapy in Canada was the Canadian Art Therapy Association which was founded in 1977 by Dr. Martin A. Fischer (McIlroy, n.d.), and continues to expand each year. In British Columbia, according to the British Columbia School of Art Therapy's website (n.d.), the British Columbia Art Therapy Association was founded in 1978 by Kathleen Collis. This Association was founded in response to a need that existed in British Columbia for a professional association which could provide training in art therapy to individuals living in Victoria. The founding of the British Columbia Art Therapy Association then led to the establishment of a governing body called the Victoria Institute of Art Therapy Association, which was founded four years later in 1982. By 1985 the Institute had become a formal full-time program and was then officially established as the British Columbia School of Art Therapy. In 1982 the Vancouver Art Therapy Institute was also founded as a non-profit society and charitable organization, which was accredited in 1998 by the Private Career Training Institutions Agency of British Columbia. Years later the Kutenai Art Therapy Institute was founded and began its training program in 1995. All three schools still offer art therapy training, and remain the primary art therapy training programs in British Columbia today. This is relevant for the present study in that all of the participants' were trained in Canada, however the exact location of training was not obtained from each participant during the interview.

### *Career Choice*

Almost every person, at some point in his or her life, will have to make a career choice. While this career choice may not always be due to personal preference but rather availability of jobs or level of training, there is still a selection process taking place within the individual to

some extent. Currently a vast amount of literature exists pertaining to theories of career choice and career development (e.g. Swanson, & Fouad, 1999; Patrick, 2005; Holland 1966; Brown & Associates, 2002; Amundson, Harris-Bowlsbey, & Niles, 2009; Gottfredson, 1996; Super, 1963; & DiCaccavo, 2002). Due to the focus of the current study, I will outline some of the major contributing theories that have shaped vocational psychology for many decades with the intent to provide some insight into why individuals choose the careers they do.

### *Holland's Career Development Theory*

In the book, *The Psychology of Vocational Choice* (1966), John Holland outlines a theory which was developed to explain how people make vocational choices. Holland draws the reader's attention to the personal and environmental factors that are conducive to professional success, as well as the factors that affect a person's career interests and preferences such as the individual's personal and background information. Specifically, Holland's theory is based on the premise that an individual's personality is the primary factor that influences how career choices are made (Swanson, & Fouad, 1999). Holland identified six categories of personality type: realistic (R) personalities prefer activities that are practical, systematic, ordered and that require hands-on, tool-orientated labour, they can be described as shy and modest; investigative (I) personalities are introspective and investigative as well as self motivated, creative and task-orientated, who prefer to think through problems rather than act them out; artistic (A) personalities prefer ambiguous and unstructured activities in which they are able to create art forms by the manipulation of objects and things, described as intuitive, sensitive and emotional; social (S) personalities prefer tasks which involve informing, training, developing, curing or enlightening others is performed, these individuals are concerned with the welfare of others, and can be described as thoughtful, kind and friendly; enterprising (E) personalities are competitive

and ambitious, concerned with organization and economic gain, possess strong verbal skills as well as strong social and interpersonal skills; and conventional (C) personalities favour working with and manipulating data, such as keeping records, filing and organizing, these individuals can be described as orderly, systematic, and precise (Patrick, et al, 2005).

An individual is rarely one pure type under Holland's typology, but rather a combination of several types with one being more dominant. Holland developed a coding system based on these types in order to divide individuals into potentially suitable vocational categories. An individual's code is made of their three most dominant types; for example the three letter code A-R-E suggests that the individual's personality is made up of mostly artistic characteristics, but would also have realistic and enterprising characteristics as well. The code is then used to describe individuals in regards to their attitudes and skills and how they tend to use these in response to problems they encounter in the environment around them. In support of Holland's theory it has also been said that individuals are "assumed to be most satisfied, successful, and stable in a work environment that is congruent with their personality type" (Cowger, Chauvin, & Miller, p. 808, 2009).

Currently there is no three letter code type that is typical for an art therapist, however if I was to imagine what the average code type would include for an art therapist it would be both A and S and probably begin with one of those two. Although this study did not use Holland's codes to determine the participants' personality traits, it was my assumption that all participants' in the study has an A as one of their three codes as being artistic along with being creative in the therapeutic setting is from my experience an important aspect of an art therapists job.

### *Theory of Work Adjustment*

The theory of work adjustment (TWA) as developed by Dawis and Lofquist (1984) is based on the idea of person-environment fit (Swanson & Fouad, 1999). Person-environment fit refers to the idea that individuals are able to adjust to a given work environment, as well as the idea that interactions take place between the person and the environment (Brown & Associates, 2002). The theory is based on the assumption that individuals actively seek to achieve and maintain harmonious relationships with the environment in which they are employed.

Furthermore, the individual has needs which are to be met from the environment, and the environment has needs that are to be met by the individual (Swanson & Fouad, 1999). This theory provides a complementary view to that of Holland's theory of vocational choice, in that both are based on the idea of "person-environment fit" (Dawis, 1996). However, unlike Holland the TWA has only two dimensions as opposed to six. They include the individual's abilities as required by their job, and the individual's needs and work values with respect to the rewards available on the job. These dimensions are measured by the individual's level of satisfaction as well as satisfaction from the employer's perspective (Swanson & Fouad, 1999). For example, the requirements of the occupation of a teacher are that employees are able to provide leadership, convey information and inspire learning in a set amount of time. Among the requirements of teachers are that the job provide them with rewards such as flexibility in the delivery of material, secure employment, and a setting to teach. This is an important theory to consider for the current study because if art therapists have had a personal healing experience with art prior to their choice to become an art therapist, they will have a better understanding of the potential art has as a therapeutic tool. These individuals may then have a new perspective on the potential satisfaction they could achieve from working in a career where they are able to provide and

foster what they have experienced with the art in others because they themselves have experienced it.

### *Super's Stages of Career Development*

Donald E. Super defines career as a “combination of all of the activities that take place in life roles being played by an individual at a given point in time” (Amundson, Harris-Bowlsbey, & Niles, 2009, p. 21). In his book *Career Development: Self-concept Theory* (1963), Super states that when an individual expresses their vocational preferences, they are putting their ideas of the kind of person they are into occupational terminology. This means that a concept of self is implemented when an individual enters an occupation. Once the individual is established in their desired occupation they will achieve “self actualization”, meaning that the individual’s perceived self-concept is in line with the way others in their working environment perceive them to be. This occurs because the occupation allows the individual to engage in a role that is appropriate with their self-concept. For example, if an individual considers him or herself to be someone who is a good listener, then once they are established in a career such as counselling, where a requirement of the job is to listen to people’s stories, then their idea of self (as able to listen to others) will be confirmed and reaffirmed by each client that they see.

The stages of Super’s career development are shaped around the idea that an individual’s career choice is mediated by self-concept as well as other internal and external variables. The internal variables include such things as values, interests, and abilities; while the external variables include employment practices, job market, and economic conditions. Super’s theory also states, as referenced in Amundson, Harris-Bowlsbey, and Niles (2009) textbook, *Essential Elements of Career Counseling*, that an individual’s self-concept formation begins during infancy when a child can distinguish between their self, objects and others, and continues to

develop throughout their life span. Another distinguishing characteristic of Super's life stages of career development are the five stages that occur throughout an individual's life: growth (0-14 yrs), when the child begins to focus on occupational world, is concerned about self as a future worker, and begins to develop ideas of how to make a career choice along with the confidence to do so; exploration (15-24 yrs), when the individual begins an in depth exploration of self as an employee, makes career choice that is in tune with his or her self-concept, experiments with jobs and begins to stabilize a job; establishment (25-44 yrs), when the individual stabilizes a choice within occupational and organizational parameters, the possibility exists for transfer or advancement to higher responsibility, reflects on the past and future of his or her career; maintenance (45-65 yrs), when the individual reflects on his or her career and makes a decision to continue or to change, if a change takes place then a recycling through the stages will occur, renewing and innovating where possible; and disengagement (65 yrs +), when the individual adjusts to a decline in energy, begins to delegate to others, withdraws and retires, and finally organizes his or her life where paid work is not essential (Inkson, 2007). In relation to the current study it cannot be determined if the life stage with which the healing experience with art took place played a role in their decision to pursue art therapy as a career as this data was not collected during the interview stage. However, according to Super's theory, the participants' life stage in conjunction with their self concept as well as internal and external variables as described formerly would have played a very important role in their decision to pursue art therapy as a career. Previously an individual's progression through the stages was thought to occur in a relatively linear fashion from one stage to another; however, within today's world of work, people now are beginning to re-cycle through previously "passed" stages due to either being forced out of their job or choosing to work for a different employer (Amundson, et al, 2009).

One example of a contributing factor to this recycling is an economic recession which often causes lay-offs and bankruptcy. As a result people have to leave their job without a choice and are forced to begin again at a previous life stage. This is an important factor to consider in the current study because some of the art therapists who participated may have gone through this “re-cycling” during their journey to becoming an art therapist. This is also important to consider because currently we live in a day and age where people are more inclined to make a major career change later in their life given they have the means and support to do so.

*Gottfredson's Theory of Circumscription*

Gottfredson's (1996) theory is based on the assumption that how an individual views a career is shaped by their sex, race, and social class. With regards to the current study, although the participants' race and social class were not obtained, all five participants' were females. This fits with my own assumption that counselling and therapeutic work is predominantly done by females. Being an individual who has gone through two training programs, both centered on counseling and therapy, it has been my experience that females are the higher percentage of individuals enrolled in the training programs. With regards to my M.A. training to become a counsellor through the University of Victoria, my cohort included 13 individuals and of those 13 three were male and 10 were female. That is 23 percent were male and 76 were female, these statistics support my previously stated assumption. The assumption I held also proved to be true with respect to my art therapy training as there were never any males in the classes I attended; nor was I ever taught by a male teacher. This speaks to the notion that counseling is a gendered profession, and supports Gottfredson's claim of sex playing a role in career choice. After a thorough search of a variety of databases (i.e. PsycInfo (EBSCO); PsycArticles (EBSCO); Psychology: SAGE Full-Text Collection (CSA); Google Scholar; JSTOR; Academic Search

Premier (EBSCO), using the following key words: “gender statistics and counseling,” “counseling profession,” “male vs. female and counseling,” “gender roles and counseling,” “statistics and female counselors,” “statistics and male counselors”, I found no existing literature on the percentage of female compared to males in the counseling profession. However it has been found that the majority of counseling programs in Canada have female’s coming into the profession (Dr. T. Black, personal communication, November 22, 2010).

Gottfredson also focuses on cognitive development, noting that children begin to achieve an awareness of themselves and their place in the world around them as they grow and mature. It is with this evolving self-image that they begin to select or eliminate career options based on accessibility and compatibility (Gottfredson, 1996). Accessibility in this context is defined as the realistic choices of career for an individual, while compatibility refers to the person-environment fit (Swanson & Fouad, 1999). Circumscription takes place when the individual is narrowing their “zone of acceptable alternatives” (Swanson & Fouad, 1999, p. 87), by eliminating undesirable alternatives. There are four stages that an individual goes through in this process. First, orientation to size and power (3-5 yrs) where children progress from magical to intuitive thinking (e.g., recognizing that an individual dressed like a clown is not actually a clown), begin to classify people into simple categories (e.g., big and small), and recognize work as an adult role; Second, orientation to sex roles (6-8 yrs), where children are able to think in concrete terms, make simple distinctions, rank things based on good or bad, and begin to understand the concept of sex roles with a primary focus on the most overt cues such as clothing and activities. Career preference at this age is based largely on what is appropriate for one’s sex. Third, orientation to social valuation (9-13 yrs) where children become sensitive to social evaluation, begin to come aware of lower status occupations and tend to avoid mentioning these as preferences as they are

beginning to recognize the more concrete symbols of social class (i.e. clothing, possessions, living space). They have a perception of their own general level of ability, and recognize which careers their own family/community would reject. Individuals in the fourth stage, orientation to the internal, unique self (14+ yrs), are now concerned with who they are as individuals, begin to forge a personal sense of self, begin to focus on fields of work that fit with their own idea of self, as well as fit with their life plan (i.e. providing for their family). In summary, stages one through three focus on rejecting undesirable alternatives, while stage four occurs is focused on determining which alternative is most preferable. Compromise begins with the onset of stage four, and is defined as the “modification of alternatives due to inaccessibility, leading to acceptance of less attractive alternatives” (Swanson & Fouad, 1999, p. 87). Although Gottfredson’s theory does take social learning into consideration, it is difficult to substantiate if a child as young as three years old is able to accurately eliminate possible career choices. I do, however, agree with the concepts presented that pertain to stage four as that is the developmental period when many children begin to consider possible career options even within their educational setting. In relation to the current study Gottfredson’s theory would assume that the participants’ decision to pursue art therapy as a career took place because being an art therapist fit with their self concept. It would also assume that all participants’ considered the career of an art therapist to be both accessible and compatible for them as a career. As stated previously this could be due to the gender of the participants as all participants’ included were female.

#### *Career Choice as a Counsellor*

In his book *A Curious Calling: Unconscious Motivations for Practicing Psychotherapy* (2007), Sussman explores the conscious and unconscious motives that individuals have for becoming therapists. This includes an examination of an individual’s attempt to master their

own conflicts within the counselling role, as well as the possible benefits derived from practicing psychotherapy. Sussman also talks about the instinctual motives that contribute to becoming a therapist, making note of Freudian (1938) theory which states that all behaviour whether physical or psychological is rooted in instincts. However in contrast to Sussman's claim of instinctual motives being the driving force in an individual's career choice, I believe the issue of whether or not humans have instincts is debatable. For example humans are dependent on those around them from the time of birth up until at least age 12, while baby turtles in comparison are born on the beach and "instinctively" know to move towards the ocean. DiCaccavo (2002) in comparison to Sussman moves away from the idea of instincts, and speaks of the importance that an individual's life experiences play in their career choice. This argument is of particular importance to the current research study in that participants' self reported as having a healing experience with art that in turn lead them to their career in art therapy. DiCaccavo makes note of a common theme of early life experiences that are found to shape career choice (e.g., histories of 'care-taking' or 'go-between' roles, separation from one or both parents in childhood, adverse experiences and emotional neglect, and parent-child role inversion) which is seen within a number of different helping professions, including psychotherapists, social workers, and doctors. Research has also found that individuals in caring professions are more likely to have experienced childhood trauma and emotional deprivation when compared with individuals in non-care related professions (Fussell & Bonney, 1990; Vincent, 1996). Other studies have also reported similar findings that relate career choice to a childhood experience; for example, Barnett (2007) used narrative inquiry to explore the unconscious motives of counsellors and psychotherapists. Barnett's found two major themes emerging from the interviews: the experience of early loss and deprivation. Similar research has supported these finding in that

individuals in caring professions report unsatisfactory attachment in childhood with their parents (Fussell & Bonney, 1990; Lackie, 1983; Vincent, 1996). However DiCaccavo (2002) also notes that further exploration of this topic is needed as the training of counsellors and social workers alike requires these individuals to be particularly sensitive to their early childhood experiences. The training programs are also set-up in a way that self exploration is encouraged. Therefore, these students have this information more readily available when compared with other non-care related professions. Subsequently because the participants' in the current study went through training programs that required them to engage in self reflection they are more like to have knowledge of their process more readily available, than if they were someone who had not gone through the training. It is also my belief that the participants' training will play a major role in the way that they interpret their experience with the art. Cade (1989), attributes a counsellor's career choice as fulfilling a personal need of caring for others. While Barnett (2007) does not disagree with the notions previously presented, she does note that "therapists need to be able to acknowledge the client in themselves" (p. 269). That is, by reaching a place where they can think of their wounds both objectively and subjectively, they are more able to help others in a wholesome way. With regards to the current study it is assumed that the participants' were able to get to that point of thinking of their wounds both objectively and subjectively in that they were able to look at their healing experience and see the potential for others to gain what they did from the therapeutic medium.

#### *Cochran's Narrative Approach to Career Counselling*

Cochran's (1997) approach to career counselling differs from those previously presented in that he moves away from the traditional practice of matching the objective portrait of an individual with the critical factors of work, toward the idea of the individual becoming the main

character in a career narrative that is meaningful, productive and fulfilling. Cochran refers to this process as emplotment. Cochran's theory of career counselling is of particular importance in the current study because the focus is shifted from that of theory and personality to what is personally meaningful and relevant for the individual. In his book *Career Counselling: A Narrative Approach*, Cochran outlines a subjective approach to career counselling that "emphasizes meaning and meaning-making while retaining the merits of the traditional, objective approach" (Cochran, 1997, p. ix). With this in mind, the goal of narrative career counselling is to help individuals construct and act out more meaningful career narratives. As noted by Howard (1989), individuals infuse great meaning into certain aspects of their lives while de-emphasizing others. If they choose to tell themselves a different story, then the more and less meaningful aspects of their lives would be different. It is therefore the task of a career counsellor to "help people construct and enact more meaningful career narratives" (1997, p. x). The first step in Cochran's narrative approach to career counselling is to formulate the problem, known as Elaborating a Career Problem, and is the first of the seven "episodes" that Cochran outlines. The problem acts as the grounding orientation and allows the opportunity to explore the possibilities of what to do in order to resolve the problem. Cochran defines a career problem as "a current gap that is extended indefinitely into the future" (1997, p. 37). By defining the career problem, the beginning of counselling is marked which enables the individual and the counsellor to collaboratively create a story line for the course of counselling. The end of counselling is marked by a more desirable state of affairs. Once the gap between the beginning and the end has been elaborated and clarified, the counsellor, along with the individual, can begin to construct a plan that can work towards bridging the gap between the beginning and the ending of the story line. In order to facilitate the filling in of this gap, Cochran proposes six

other “episodes.” An episode is defined by Cochran as a “unified set of events that stand out from other events as of distinctive significance” (1997, p. x). The other six episodes include: Composing a Life History, Founding a Future Narrative, Constructing Reality, Changing a Life Structure, Enacting a Role, and Crystallizing a Decision. In connection to the current study, although participants’ did not use a career counsellor to help them choose their careers as art therapists, Cochran’s theory was important to include because it fits with my values as a researcher, which include the importance and relevance of each individuals experience.

Cochran’s theory was also important to include because it lines up with the method that was used during the interviews, that being narrative style interviews.

#### *Connection of Literature to Current Study*

From the research previously presented, it is evident that many factors play a role in an individual’s career choice as well as the potential art has to foster healing within an individual. The proposed study expands on previous research by explicitly asking participants how that healing experience led them to choose art therapy as a profession. After a thorough search of a variety of databases (i.e. PsycInfo (EBSCO); PsycArticles (EBSCO); Psychology: SAGE Full-Text Collection (CSA); Google Scholar; JSTOR; Academic Search Premier (EBSCO), using the following key words: “art therapy,” “healing,” “personal,” “career,” “choice,” “profession,” “experience,” “process,” “art therapist,” “counselor,” I found that the majority of existing literature focuses on the healing effects of art therapy with various populations (Henderson, Rosen, & Mascaro, 2007; Joseph, 2006; Slater, 2004). The author was unable to locate research that specifically examines art therapists and their personal healing experiences with art that led them to choose art therapy as a profession. This gap in the literature provides an opening for this

author to examine further not only the healing aspects of art but also factors that affect career choice, both of which are the focus of the proposed study.

The current study used qualitative narrative style interviews with art therapists to hear their personal stories of a healing experience with art, that they felt lead them to their careers as art therapists. The intent of this study was to gather perspectives on the aspects of art that they found to be healing and how they feel that experience affected their career choice. It is important to note that although this was the intent of the current study, the outcome only provided themes that spoke to what participants' considered to be the healing experiences with art. Providing no connection to the effect on career choice, this is a limitation and error that will be discussed in greater detail in Chapter Five. This study provides further insight into the healing aspects of art, and attempted to gain an understanding of factors that affect career choice on a more general level. By presenting these individuals with the opportunity to tell us about their experiences, there is the potential to gain extremely valuable insight into both the healing abilities of art and career choice that may not possible with other (e.g., quantitative) measures.

The current study asked the question, "What are the personal healing experiences with art that led art therapists to choose a career in art therapy?" The following Chapter summarizes the method employed to answer the research question.

## Chapter 3 Methodology

### *Chapter Introduction*

I have chosen to use narrative inquiry, a qualitative approach, for this study with the intention of learning about the personal healing experiences with art that lead individuals to a profession in art therapy. In using narrative inquiry as the main research method, I am given the opportunity as a researcher to co-create a voice with participants' based on their stories of healing experiences.

### *Qualitative Research Paradigm*

A long standing debate has existed in the field of research, as to whether or not qualitative research is an acceptable form of inquiry; specifically with regards to its merits and scientific credibility when compared to quantitative research (Black, 2008). One of the main arguments for quantitative research over qualitative is its ability to pin point exact measurements and to replicate data results. However, as Black points out, these measurements are used to research things that have "simple locations in the world" (p. 2), such as litres of water or kilometres a second; rather than the interior experiences of individuals that cannot be measured based on pounds, litres, or millilitres. Qualitative research places an emphasis on the notion that detail, personal meaning and nuance are more important than generalizability, prediction and control, and it is for these reasons that I have chosen to use a qualitative method, specifically narrative inquiry, as a research methodology for the present study. I not only examine an individual's *personal* healing experiences which does not hold a simple location in the world, but I am also asking people about things that are seemingly meaningful to them and this is one method for being able to determine meaning for individuals.

*Narrative Inquiry*

Narrative inquiry (NI) is a research method that seeks to obtain biographical details narrated by the individuals who live them. By definition, a narrative can be either oral or written and is either “elicited or heard during fieldwork, an interview, or [during] a naturally occurring conversation” (Chase, p. 652, 2005). The types of narratives provided by an individual can be a short story about an specific event, an extended story about a particular aspect of one’s life (i.e. schooling, work, marriage, etc.), or a narrative that accounts for an individual’s entire life beginning at birth until the present (Chase). According to Sandelowski (1991), narrative research can be either descriptive or explanatory. For the purpose of this research study, the narrative will be considered to be descriptive in terms of each individual’s personal healing experience with art leading to their career in art therapy (Denzin et al., 2005).

Chase’s (2005) approach to narrative inquiry was employed as a guide in working with the participants and the narratives of their lived experiences. This approach is to try to give meaning and understanding to the participant’s point of view. These narratives will not only provide a story of the life events that took place, but will also provide an understanding of the individual’s emotions, thoughts and interpretations of those life events. Gilbert (2002) points out that stories are coloured by experience, and that part of the colouring is obtained by the ongoing retelling and re-experiencing of the story. Gilbert also notes that through telling their story in the context of research, participants’ will begin to have an altered understanding of their story. This altered understanding comes through their retelling and, also through the process of having the researcher bear witness to their story. It was through this act of listening to their story that I was able to become a collaborator in the evolving story. As the researcher I acted as a co-creator of the finished narrative, filtering the information I received (Gilbert). In order to understand

and provide a good interpretation of the participant's narrative, I took a secondary position to participants during the interview so that they could better tell their stories their way. In giving up the control associated with the role of researcher I hoped to provide an opportunity to create more equality between myself and the people participating in this work. The release of control can also be described as shifting the power in the interview (Riessman, 2008). This shift in power is important because it allows for the participant to feel as though they are the expert of their story. This is important from a research standpoint because it allows for participants to feel comfortable telling their story and also presents an opportunity for the entirety of the story to be told without the participant feeling as though they are being judged, critiqued or that there is a right or a wrong story to be told.

#### *Interview Method*

Interviews were used as the primary method of interacting with participants in order to generate experiences. An interview that takes place under the realm of narrative inquiry can be defined as “a way of understanding experience[s]. It is a collaboration between researcher and participants, over time, in a place or series of places and in social interactions with milieus” (Clandinin & Connolly, 2000, p. 20). However, in order to achieve the true goal of narrative inquiry (i.e., to co-construct accounts of the participants experiences rather than brief answers or generalizable statements) I replaced the typical model of a facilitating interviewer that asks questions with a “vessel-like ‘respondent’ who gives answers” (Riessman, 1993 p. 23), with a model where both the researcher and the participant are ‘active participants’ who together jointly constructed the narrative and meaning. Since there is a lack of exploration in the specific area this study focuses on, I employed a semi-structured interview, which involved the use of open-ended questions based on the specific research area (Hancock, 1998). Semi-structured

interviews provide both the participant and the interviewer with the opportunity to discuss certain topics in greater detail. This can be facilitated through the use of cues or prompts that encouraged the further exploration of the question. It was also important to use semi-structured interviews in this particular study because, as stated previously, there is no known previous research on this topic. A semi-structured interview allowed for the exploration needed to lay a foundation of information from which a larger more generalized study can branch off. As a trained counsellor I had the skills necessary to create a space which allowed the participants to direct the conversation and tell their story. I used open-ended questions, active listening and prompting, all of which fostered the co-construction of their story with me.

### *Participants*

Participants recruited were current practicing art therapist either in private practice or in various agencies in and around the Victoria area. Upon initial phone contact, participants were informed that the research was exploring their personal healing experience with art that lead them to a profession in art therapy. Participants selected were able to clearly articulate their lived experiences in English.

In order to recruit participants, an 8 ½ x 11 poster (see Appendix C for Recruitment Poster) was e-mailed to all current practicing art therapists associated with the British Columbia School of Art Therapy (BCSAT), located in Victoria, BC. A copy of the poster was emailed to the executive director of the BCSAT with the request that it be forward to all current practicing art therapists on their e-mail contact list. Individuals were instructed to contact the researcher directly if they were interested in participating in the study. After two weeks of the recruitment poster being e-mailed out, I had only been contacted by four participants, and therefore began to contact potential participants by telephone from a list of current practicing art therapists which

was obtained from the BCSAT. All participants were treated in accordance with the CCPA code of ethics.

Upon initial phone contact, the nature of the study was explained to potential participants. Individuals were also informed that the study is confidential and they were informed as to the benefits, inconveniences, and potential risks involved in participating. After introducing the study, time was provided for potential participants to ask any questions. Recognizing that the initial telephone conversation was the beginning of a relationship, individuals were asked if the study interested them enough to continue. Once individuals agreed to continue, the researcher and the participant arranged a day, time, and location for the interview to take place.

I initially intended to recruit six to eight individuals to participate in this study, which is considered by (Creswell, 1994) to be a reasonable sample size for a study such as this, involving exploratory qualitative analyses. Four individuals in total (all women) contacted me expressing their interest in participating. All four participants were interviewed, but after the interviews had taken place it was determined that I would not be able to include one of these four participants narratives in the final report as I discovered during the interview that the healing experience was with regards to a dream image rather than through the use of art. She subsequently could not reflect upon her experience of the research question. Two other participants were recruited from a list of current practicing art therapists from the BCSAT. Therefore, five current practicing art therapists fit this study's participation criteria and took part in the interview process.

### *Interview Procedures*

The University of Victoria's Human Research Ethics Board approved the interview procedures used in this study before any attempt to recruit participants was made. Participants took part in qualitative, in-person interviews, which lasted between a half an hour to an hour.

All five interviews were held in the participants' home at their request. Participants were interviewed separately. During the interview participants were given a consent form (see Appendix E) to read with the main aspects such as confidentiality and participant withdrawal highlighted. Participants signed the original consent form, and were provided with their own copy for future reference. In signing the consent form participants indicated their agreement at that time to participate in the study. All interviews were audiotaped for the purpose of subsequent transcription. After the interviews were complete participants were asked to choose a pseudonym, which would serve to further maintain their confidentiality.

During the interviews, participants were asked to begin telling me their stories of healing experiences with art that lead them to a career in art therapy at whatever point they felt right to begin at. Follow-up questions, as well as prompts, were used as necessary throughout the telling of their stories (see Appendix D for sample questions). The interview was determined to be complete when the participant answered "yes" to the question "have you told me your story of your personal healing experience with art that lead you to a career in art therapy?" Following participants' confirmation of their story being finished, I informed them that I would be e-mailing them a list of themes in the near future, along with each participant's specific quotes that were taken from their transcript that supported that theme. The e-mail served to give the participants the opportunity to view my interpretations of the interview and to make any alterations they felt were necessary (this process is described in more detail below). Participants were then thanked and reminded that if they had any further questions or concerns that they were encouraged to contact the researcher directly. Audiotapes, along with any personal identifying information, were kept in a locked secure location. As soon as transcription and analysis procedures were completed, all audiotapes were erased.

*Approach to Story Analysis*

With regards to analyzing and reporting the data, I had no intention of reporting completely objective perspectives of the participants' experiences; rather, I acknowledge that how I interpret the participants' experiences reflects my own co-creations of those experiences. As Riessman (1993) points out, researchers cannot directly access another individual's experience, but can only give a representation of the experience through their own interpretation. That being said, within a constructivist paradigm, researchers do not attempt to remain neutral and objective. Rather, they acknowledge that every individual interprets the world around them through the unique lens that they possess. Bearing this in mind, I have employed Braun and Clarke's (2006) thematic analysis procedures with the intention that they will provide structure and a sense of trustworthiness for future readers regarding the "goodness" of my interpretations.

Thematic analysis can be described as a flexible and useful research tool with the ability to provide a rich and detailed account of the data (Braun & Clarke, 2006). I used thematic analysis with a semantic approach to identify and report themes that occurred across the set of data. In using thematic analysis, I was not looking for anything beyond what was said by the participants'. A theme is described by Braun and Clarke as "something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (p.82). The process of thematic analysis began by looking for themes and patterns within the data that answered the research question being posed. Braun and Clarke state that data analysis "involves a constant moving back and forward between the entire data set, the coded extracts of data that you are analysing, and the analysis of the data that you are producing" (p. 86). They also state that writing is an essential component of analysis and should take place from the very beginning (e.g., jotting down ideas) until the analysis is complete.

Braun and Clarke (2006) outline six phases of thematic analysis, which were utilized in analyzing the data for this present study. These six phases include 1. Familiarizing yourself with your data; 2. Generating initial codes; 3. Searching for themes; 4. Reviewing themes; 5. Defining and naming themes; and 6. Producing the report. A description of each phase and how it was applied to my current study is included below.

The first phase began by familiarizing myself with the data. Since I was interviewing the participants, I was already somewhat familiar with the data as a result of having conducted the interviews personally. However, as Braun and Clark point out, it is important that researchers fully immerse themselves in the data in order to achieve a full understanding of the breadth and depth of the content. This process of understanding and fully immersing myself in the data began by personally transcribing each of the participant's interviews. After the interview recordings had been transcribed, I started with an initial reading of the transcripts prior to jotting down any themes or patterns. In order to deepen my understanding of the data, I continued to read and re-read the transcriptions while noting ideas or patterns that seemed to be standing out in the data. This phase was completed once I had generated a list of aspects of the stories that were interesting or potential themes that stood out.

Phase two involved generating codes from the transcripts. This was done by coding aspects of the stories that relate to the research question, while also making note of the particular detail or aspect of the story that was relevant for each code. Braun and Clark (2006) define a code as a "feature of the data (semantic content or latent) that appears interesting to the analyst, and refer[s] to 'the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way' (p. 88)." Therefore a code was merely a category heading under which themes fell. An example would be if the identified code were fruit, themes, which could

fall under this coding, would be apples, oranges, grapes, etc. I engaged in this coding process by working systematically through all of the transcripts by using coloured highlighters to indicate potential patterns, as it was “important in this phase to ensure that all actual data extracts [were] coded, and then collated together within each code (Braun & Clark, p. 89).” It is also important to note that an extract or theme can fit into more than one code. Continuing with the previous fruit example, a tomato can fit into the fruit code as well as a fruit that people treat like vegetables code if one existed. This phase was complete when all of the transcripts have been coded.

In phase three I began to sort the different codes into potential themes. This phase was used to switch the focus of analysis from the smaller details toward broader themes. Mind map techniques were employed to help identify different levels of themes such as main and sub-themes. Again continuing with the fruit example, the code for fruit could be put under the theme of “food” or “healthy food” depending on which was relevant for the particular research focus. This phase was completed once all extracts of the transcripts had been coded in relation to the themes and I had obtained a list of candidate and sub-themes. Although this phase of analysis was complete at that point, there was still a possibility that potential themes would be combined, refined, separated, or discarded in further phases of the analysis process.

As it is the purpose of this research study was to find commonalities within participants’ stories, a theme was included if at least three of the five participants (e.g., 60 percent) endorsed a particular theme. Since there currently is no standard for the number of participants who must endorse a theme to consider it a theme, 60 percent was chosen to provide a voice to those themes that were endorsed by the majority of participants (Braun & Clark, 2006). The 60 percent endorsement was chosen based on the fact that if 50 percent endorsed a theme in their story of

their personal healing experiences with art that lead them to a career in art therapy, then 50 percent would not endorse that theme in their story, which causes one to question whether or not that theme is informing us about the research question. Therefore, I chose an endorsement rate of 60 percent as the minimum endorsement rate (3 out of 5 endorsing participants) for what would constitute a formal theme.

During phase four I reviewed and refined the themes in consultation with my committee member, who I continued to consult with until the end. This involved checking to ensure that each theme worked in relation to the coded extracts, and the entire set of transcripts. During this phase it became apparent that some themes were not actually themes, while some themes ended up collapsing into other themes. I also had themes that ended up separating to form two separate themes. In this phase I worked to ensure that the elements within each theme were connected and meaningful; and that each theme had clear and identifiable distinctions. Throughout this phase I continued to review each individual theme to ensure that all extracts formed a coherent pattern and supported the theme. Once I was satisfied that the candidate themes sufficiently captured the essence of the coded information, I moved on to examining whether or not my candidate thematic map accurately represented the meanings in the data set as a whole. This was achieved by reading each transcript from start to finish, ensuring that the themes worked in relation to all of the transcripts and to pick out any additional pieces or codes that fit within a specific theme that might have been missed in previous phases. Once I had obtained a satisfactory thematic map of the data this phase was complete.

Phase five involved a process of defining and capturing the essence of each theme, which involved going back to the set of codes I had compiled for each theme and organizing each of them into a coherent and internally consistent account. I wrote a brief analysis for each theme by

identifying the story that each theme tells, and how that theme fit into the broader story that I am telling about the research question in this study. During this phase I also began to consider names for each of the themes in the final analysis.

Finally, phase six was the production of a report, and began once I had a set of fully worked out themes compiled. This report provided sufficient evidence of the themes that occurred across the stories by including specific examples from the stories themselves. The main goal of the report was to “tell the complicated story of [the] data in a way which convinces the reader of the merit and [trustworthiness] of [the] analysis (Braun & Clark, 2006, p. 93). Therefore I will provide vivid examples that speak specifically to the themes presented, embedded in analytic narratives that illustrate the story I am telling about the participants’ experiences in relation to my research question as outlined by Braun and Clark.

#### *Trustworthiness and Credibility*

Within the paradigm of narrative inquiry, there is a shift from the positivistic concepts of reliability and validity, to trustworthiness and credibility of the story being told (Bailey, 1996). “Member checking” (Lincoln & Guba, 1985), was utilized in order to ensure that the information gathered during the interview and how that information was quoted within each theme was a good interpretation of the data. Member checking, as outlined by Lincoln and Guba, is a process that involves checking in with the participant after the initial interview has taken place. The process of member checking can involve either asking the participants to review the transcripts, respond to a finished document, or participate in an ongoing discussion with the researcher. Member checking is to ensure that their themes are represented accurately by the researcher, and to give the participants a chance to volunteer additional information. In the present study, the process of member checking, involved sending an email to each of the participants which

provided them the opportunity to see all the themes that were created, along with the specific quote that was taken from the interview to support that theme. The email that was sent out also gave the participants a chance to confirm if a theme that they were not previously quoted for did in fact speak to their personal experience.

Gilbert (2002) also points out that researcher's need to be aware of their influence on the participants' stories. This influence can take place simply by the researcher's physical presence and by their listening to the story unfold. Therefore as the primary researcher the context that I bring to the research setting influenced the experience and the story that participants told me. This context includes such things as interests, perceptions, the researcher's previous experience and the relationship that forms in the interview. In order to be aware of these important contextual elements I engaged in a strategy called reflexivity. Reflexivity is used to define my role as the researcher, as well as to assess the influence that my background, interests, and perceptions have on various aspects of the research process. In an attempt to become aware of my assumptions and remain transparent I kept a field journal in order to make notes on my current assumptions, what I was hoping to obtain from interviews, how I was affected by the interview procedures, and issues that came up throughout the research process

## Chapter 4 Results

Semi-structured qualitative interviews were conducted with five current practicing art therapists in the greater Victoria area. All five participants had completed their educational training, however only four of the five participants were registered art therapists. Participants ranged from working in local agencies to working in private practice or both.

The interviews, as described in the previous chapter, were conducted in a semi-structured format, with a focus on the participants' personal healing experiences that participants reported lead them to their current career as an art therapist. I transcribed all interviews, and after transcription was complete all data was analysed using Thematic Analysis, based on procedures outlined and described by Braun & Clarke (2006). After the initial phase of transcribing, reading and re-reading the data along with coding all relevant data, and grouping the coded extracts into themes, a list of three primary themes and one secondary theme were constructed from the data these include: 1. Form a Connection; 2. Gained Awareness; and 3. Helped to address a Felt Need. The secondary theme 1. Additional Support from outside source, was initially endorsed by two of the five participants, and therefore did not meet the criteria which was previously outlined as 60 percent of participant endorsement which translates to three of the five participants.

One of the primary themes "gained awareness" contained two subthemes a) It allowed for their unconscious to come forward; b) Reflected an aspect of themselves. All themes were reviewed by a supervising faculty member, in order to establish trustworthiness and credibility of the data. This was also achieved by providing each of the five participants with the opportunity to go over the themes to ensure that themes created reflect their personal experiences.

At least four of the five participants endorsed two out of the three themes “formed a connection” and “gained awareness”, while all three themes were endorsed by at least three of the five participants.

Outlined below is the title and description of the themes that were created, followed by a direct quote from each of the participants. The title of the theme, the description of the theme and the direct quote supporting the theme were all reviewed and supported by the participants as part of the member-checking phase and used to facilitate trustworthiness and credibility.

Trustworthiness and credibility as outlined previously were part of the analysis phase and were used as guidelines to help to ensure that the themes presented were a good interpretation of the participants’ accounts of their healing experiences with art (Braun & Clarke, 2002). All names used below are pseudonyms that were selected by the participants. Finally, I have selected a specific color to represent each of the participants.

#### *Primary Themes and Supporting Quotes*

##### *Form a Connection (Theme validated by four participants initially and then five after follow-up)*

Participants reported that by engaging with the art they were able to form a connection with themselves, someone else, or the divine.

Eva: “And and that process helped me do that because it connected me with myself and umm showed me where I was and umm showed me lots of different dimensions of myself.”

Joan: “it worked. It was good for me to do, it filled an empty space in me that's the only thing I could say I felt like I wasn't alone anymore if I had my art.”

Merena: “and she was a little tiny dancing girl, Thumbelina. So she starts out as these large paintings this kind of very proper little dance and she’s asleep to her inner process and through the course of the semester she wakes up until the end there’s these paintings of THUMBA, you know this rooted grounded woman with snakes in each hand and this wild hair - she’d been very small with straight long black hair now she’s standing in the fields and they’re fertile and rich and she’s bleeding life into the fields and she’s really come into her power. She’s connected with her inner self, so me as THUMBA, I liked really finding that inner strength.”

Shoreling: “so that's very interesting and the yellow you know I really equate it with the joy and the peace and the connection with the divine and um I still have that connection.”

*Gained awareness (Theme validated by four participants initially and then five after follow-up)*

Participants reported that through engaging with the art they were able to gain awareness about their self and what they need, as well as gained awareness of their situation, and their beliefs. Other participants described this awareness through the use of a metaphor stating that the art was feeding them, and that it continues to feed them.

Eva: “the most significant things for me Chantelle was ahh looking at that mask, and thinking about, looking at that face, and looking at it and realizing that there were aspects of myself that were, that had been quite depressed and seeing that in the face of the thing, umm and the overall thing may have been about anger I

think and frustration, and the need to express myself probably a need to establish more boundaries in my life.”

Alice: “I liked my images. They were really powerful and strong. I found a lot of energetic release and I knew I had clarity and that's when I just knew that I had to make decisions for myself and become unstuck.”

Merena: “the whole rape experience had been 15 years before it was very un-empowering. So it was a way that I really came into some awareness of myself (I wouldn't say back into because I don't think I had been particularly in power before it - I was quite young at 20) and it really moved to me into a place of taking control of myself, empowering myself and clarifying my feminist values and beliefs and embracing that. I was really embracing it.”

Shoreling: “yes and I'm still gaining them yeah I realized today it's still feeding me it's still feeding me wow, all these years later there is more coming isn't that interesting.”

*a) It allowed for their unconscious to come forward (subtheme validated by four participants initially and then five after follow-up)*

Participants reported that part of their healing experience with the art was that it allowed for their unconscious to come forward. Participants reported that by allowing their unconscious to come forward the art provided them with a chance to access another part of themselves, as well as it provided them with additional information, and it may also have foreshadowed something that was to come.

Eva: “I haven’t experience that you could make something that you didn’t even see until you were finished, and that it would tell you about yourself like to me that still remains and amazing thing about art therapy, and its umm it’s just, I know it’s the process of having the right container where you can, where your unconscious comes forward without you knowing it and then when you stand back you can look and, and gain information from what’s there. I found that just possibly astounding so it was the power of that umm experience for me and learning what this modality could do.”

Alice: “I’m thinking back on those images and I am thinking that there were a lot of egg like shapes and I think that that was all part of the birthing thing. I wasn’t really conscious at that time of what I was going to birth but I think that was, there was a message coming to me that there were going be big changes happening.”

Merena: “well I was often working with process, and doing process kind of art is so often working with the unconscious. And so the things that would be coming conscious on paper or in clay - things that I wasn't really aware of until seeing them on the paper.”

Shoreling: “but pretty much upon the completion I'd worked on the um the water and actually my break through on the water was as I was talking to a friend on the phone and I believe that my ego was distracted by talking to my friend on the phone so my hand could keep painting you know undeterred you know on unedited.”

*b) Reflected an aspect of themselves (subtheme validated by four participants initially and then five after follow-up)*

Participants reported that part of the healing experience was that the art was able to reflect aspects of themselves. Participants described this as happening through the use of metaphors of a mirror.

Eva: “there was it was kind of this metaphor of labour and birth, yeah there’s this larger being in pain and expressing, and then I don’t know, and other aspects of self coming forward that, that reflect some of my own depression maybe or emptiness but then also other aspects I could see the peacefulness and the quietness of that facing out, which was another aspect of myself so it was really learning about me and having reflected for me umm my own process but also, and also being able to express that was really healing too, and because I didn’t know it all before I saw it.”

Joan: “so as you can see I show my art it is all over the place because in my house and in my children’s houses, because it’s a it’s a nice mirror for me because I don’t always feel that I’m that beautiful inside you know so I always look at my art.”

Shoreling: “I didn’t share with him the insights I had gained later and of course it’s all about me anyway my painting is all about me right so it acts as a mirror reflecting back to me what’s going on and so you know maybe I’m at the threshold of the next you know the next level of evolution in my spiritual development yeah.”

*Helped to Address a Felt Need (Theme validated by three participants initially and then five after follow-up)*

Participants reported that the process of engaging with the art helped to address a felt need they experienced inside of them. Participants reported that his need was either to help them figure something out about themselves, or fulfill an urge that they had to use a certain color to evoke a feeling.

Eva: “I just had a real driving need to figure out what was going on with me and I it might not make sense but through this umm creative expression and through connecting with somebody that people thought so much of that that process could happen for me.”

Alice: “I was working with those chalk pastels. You know it’s just like dust and it was like a flurry of dust and powder and energy. As I worked I was stirring it all up. Out of that there was this strong need that I need to make my art and I need to make decisions and I need to make change. If I hadn’t had that real stirring I would have felt like what I was doing was OK even though, I wasn’t.”

Shoreling: “I got the courage to um start painting and a the first time um for the first time I put paint to canvas I had the urge to use yellow and just y’ know paint the whole thing and y’ know it was very emotional I just started to cry I got so much joy so I started this painting and y’ know I worked on it a little at a time.”

### *Secondary Themes and Supporting Quotes*

*Additional support from outside source (Theme validated by two participants initially and then five after follow-up)*

Participants reported that although engaging with the art itself was healing; the healing was further facilitated by the presence of another individual. This individual was either someone who could offer their own reflections which would provide additional awareness on the participants' behalf, or they could be a supportive presence who again encouraged the participants to think more about what the art was telling them.

Eva: “and just this amazing woman who’s a very quite understated woman, who did not do a lot but who did the right thing in how she lead the group, like she would connect the group but very briefly, she would go around in the circle and maybe say a little bit, it wasn’t a heavy duty kind of umm group but it was quite and umm thought provoking and umm she lead us in a way where we followed (laughing) and we followed her and our own process, yeah it was nice.”

Merena: “the talking about it, the feedback, the interaction about it was really the most important part of course. And so having my colleagues there earlier on and then having an art therapist there to reflect back to me - just their reflections would be very thought provoking and lead to more awareness on my part.”

## Chapter 5 Discussion and Conclusion

### *Summary of the Findings*

The results from this study as outlined in Chapter 4, illustrate the healing experiences with art that led individuals to their current career as art therapists. Although this study cannot establish a causal relationship between art and its healing effects, this study does contribute to and inform the literature on individuals' subjectively reported healing experiences with art that lead them to their career in art therapy, and may provide the basis for further, empirical research. In addition to the healing experience with art that participants outlined, these findings also support the researcher's personal belief that by having a personal healing experience with art, one is able to truly experience the healing aspects of this medium, and therefore their belief in art as a therapeutic modality will be strengthened. As mentioned previously those participants who took part in the study did so based on their belief that it was their healing experience with art that lead them to their current career as an art therapist. However it is important to note that none of the themes that were constructed based on the participants' stories had to do with their career choice as an art therapist. This is a limitation that will be discussed in the proceeding limitation section. The findings obtained from this research study both complement and contribute to the literature which was described in Chapter 2 discussed herein.

### *Findings and Current Literature*

The majority of themes that emerged from this investigation complement the current literature as outlined in Chapter 2. The theme "gained awareness" from the current study fits with Hughes (2010) findings that through the act of art making, women who were sub-fertile and therefore unable to become pregnant, were able to foster a new self-awareness. Hughes also

notes that a deeper understanding of a client's issues and concerns are facilitated through a verbal exploration of the art product. Participants in the current study reported that by taking part in the creative process and working with the art materials they were able to gain additional awareness that they did not have prior to this process, which directly supports Hughes findings. The theme "gained awareness" was further supported and reinforced by two subthemes that emerged from the participants stories. For example, participants articulated that by engaging with the art aspects of their unconscious were able to come forward and therefore become conscious. Wallace (2001) suggests that our individual truths reside in the unconscious, and that these truths are manifested in archetypal images which arise from the collective unconscious, meaning that through creative expression one is able to evoke the unknown aspects of the unconscious and bring them to consciousness. Wallace goes on to say that the result of bringing the unconscious to light provides a greater understanding on the client's behalf, and that is when healing can often begin to take place. Part of that healing process also involves trusting the images that arrive from the unconscious and using those images to help foster a greater awareness. Wallace's claim of art's ability to access unconscious material supports the participants' statements that their unconscious was able to come forward in their art product as well as the theme "gained awareness".

Karkou and Sanderson (2006) suggest that art therapy can be identified as the discovery of new connections, as well as new relationships and new meanings. The theme "form a connection" in the current study speaks to the art's ability to help individuals form some kind of connection in their life. Participants described part of their healing experience with art to include the forming of a connection with either their self or an outside source, which supports Karkou and Sanderson's views of art's ability to aid in the healing process by allowing individuals to

form connections. According to Karkou and Sanderson these connections come about due to the individual having the opportunity explore their art product in a safe and non-judgemental atmosphere which can provide individuals with alternative perspectives on their life and the way in which they relate with others. McElroy, et al., (2006) also make note of the therapist's role in therapy, stating that the role of an art therapist is to guide people "towards connectivity and to create solutions in life" (p. 53). Although the participants spoke of the art's ability to help them form connections rather than an art therapist, I still feel this theme is in support of McElroy, et al., statement in that a connection was formed with or without a facilitator. This statement is also in support of the secondary theme "additional support from outside source," which will be addressed below.

Another interesting theme that emerged from the participants' stories of their healing experiences with art that lead them to their career as an art therapist, was that the participants' healing was further facilitated from an outside source. It is important to note that this theme did not initially receive the required three out of five participant endorsement to be a primary theme in the research, but did receive enough endorsement to be included in the findings. An art therapist's role in a therapy session has been described by Allen (1995) as being one of bearing witness to the flow of expression that is present in the images. Other authors such as Hughes (2010) describe an art therapist as someone in the therapy setting who helps the client to gain a better understanding about their issues and concerns. Both Allen's and Humanit's descriptions of an art therapist's role in a therapy setting support participants' claims that their experiences were furthered by another individual, who could offer their own insights.

Finally with regards to career selection much of the literature to date focuses on things such as personality as described by John Holland; person-environment fit as described in the

theory of work adjustment (Swanson, & Fouad, 1999); or the idea that idea of self is implemented when an individual enters an occupation as described by Donald E. Super (Amundson, Harris-Bowlsbey, & Niles); among others, however there is a gap in the literature on career choice theory that looks specifically at an individuals' experiences. Although it was the intention of this study to address and fill in this gap by speaking to experiences that individuals have had with art that lead to their current career as art therapist, this did not take place. Upon reflection I can see my initial interest was to examine how individual's healing experiences with art contributed to their decision to become art therapists, and to make a link between their *personal* experiences and how those experiences affected their career choice. However in the initial phases of reviewing the interviews it was found that the interviews did not allow for this link to occur.

#### *Unique Contributions of the Current Study*

Although the majority of the current findings are in support of the previously cited literature, there are also results of this study that are not present in the literature to date. For example, participants expressed that in using the art, it helped to address a felt need. Much of the literature around the healing aspects of art focuses on arts ability to help individuals express themselves (McElroy, Warren, & Jones, 2006; Stuckey, & Nobel, 2010; Reynolds, & Lim, 2003; Puig, Lee, Goodwin, & Sherrard, 2006; Drucker, 1990). However, the theme "helped to address a felt need" speaks to the art's ability to address a need that arose from within each participant, and there currently is no other literature that supports this idea of art ability to address a need.

In addition, participants spoke of the art's ability to reflect aspects of themselves. This theme was determined to be a subtheme that fell under the primary theme of "gained awareness", discussed previously in the Chapter. To date there is no known literature that speaks to art's

ability to act as a mirror, reflecting back aspects of the individual who created the art. I find it interesting that this theme is something that has not previously been explored in the literature, as it makes sense that individuals would be able to see aspects of themselves in the art work they have created. One consideration for this could be that even though the idea of art acting as a “mirror” has not been previously explored in the literature, when authors speak about the unconscious coming forward through the art (Wallace, 2001), they too are referring to the arts ability to reflect aspects of the individuals, but have not been so specific to use the term “mirror.”

### *Strengths and Limitations of the Current Study*

As discussed throughout this chapter, many of the findings from this current study are supported by the literature, and therefore this investigation is able to not only further support previous research but also provide additional information. Furthermore the method of investigation, thematic analysis using semi-structured interviews, also allowed for deeper and more detailed exploration of individuals’ healing experiences with art, which may help to lay the foundation for future research in this area. Finally, this study focuses on individual’s *personal* healing experiences with art that lead them to their career in art therapy, which is a unique perspective in two ways. First, it is unique because it is examining a healing experience that was initiated by the individual rather than being facilitated by an art therapist or in a therapeutic setting, which provides a unique perspective on how individuals engage with art to aid in their own healing process. And secondly because it examines individuals’ *personal* healing experiences rather than speaking of the healing qualities of art from a third party perspective (i.e. researcher, observer), which seems to be the main perspective used in much of the research on art therapy. For example, Ball’s 2002 study titled *Moments of change in the art therapy process*, which examines the art therapy process, and more specifically how clients change and learn in

the process of art therapy through a third person perspective; Gussak, 2007 study which examines the effectiveness of art therapy in reducing depression in prison populations from a researchers perspective; and Lev-Wiesel and Shvero 2003 study which takes a closer look at self figure drawings that were produced by individuals suffering from schizophrenia. This study is also presented from a researcher's perspective and attempts to detect and outline indicators in self figure drawings that could reflect schizophrenia. While the current study did have notable strengths, there are some limitations to consider.

First, recruitment occurred either through an email that was sent out from the British Columbia School of Art Therapy (BCSAT), or participants were contacted from a list of current practicing art therapists obtained from BCSAT. The recruitment of participants was limited in that only those individuals associated with BCSAT had the possibility of being contacted. Although this may not be a direct limitation, in being able to recruit from a broader population, there is better chance that more participants would have been included in the study. Also there is a chance that by recruiting only from those associated with the BCSAT, the school of thought that the BCSAT operates under has influenced these individuals' perspectives on art therapy, which in turn as described previously would affect their responses to the research question.

Given that only a small number of participants took part in the study, as is typical in qualitative methodology, generalizing the findings of this study to the larger population of art therapists who have had healing experiences with art that lead them to their career in art therapy is not possible. Also at the time of the interview no other demographic information was collected regarding the participants' which therefore, limits the reader's understanding of the context(s) that may have shaped the participants' telling of their stories.

Finally, in relation to the above noted limitation, my own inexperience as a primary researcher in the realm of qualitative methodologies and more specifically conducting narrative interviews, coding, and developing themes can all be considered limitations of this study as well. This limitation as noted previously, was most evident with the disconnect that occurred from what the intentions of the research were to examine, and what it actually ended up examining during the interview procedures. Instead of examining both *what* the healing experience with art was, and *how* the healing experience with art lead participants' to their current career in art therapy the focus remained solely on the "what" of their experience. Therefore this limits the findings of the current study to just those centered around *what* the healing experience was with art; rather than findings related to the initially proposed study. Upon further reflection I discovered that I went into the interviews with the assumption that the individuals already made that connection based on the fact that they self selected as having had a healing experience with art that lead to their career in art therapy and therefore did not inquire about the link from their experience to their career choice. I feel that this occurred mainly due to a lack of experience in narrative style interviewing. However in an attempt to reduce my inexperience I did take part in graduate-level research courses which look specifically at the procedures of qualitative research, as well as initiating a pilot interview in the beginning phase of the research in order to gain a better understanding of how an interview should be conducted and to refine my interview skills as a researcher. Finally my training as a counsellor gave me experience in interviewing people, which also helped to offset some of my inexperience. This research study including methodology, procedures, data collection, and data analysis was also overseen by my committee member who is experienced in this type of research. I engaged in discussions with Dr. Black in which we discussed all aspects of the study, especially during the data analysis phase. Lastly,

member checking as described previously was utilized to help maintain the credibility and trustworthiness of this study.

### *Recommendations for Future Research*

This chapter has already addressed some of the recommendations for future research in the discussion on the current studies limitations. In addition to these recommendations, future research could be completed that involves conducting narrative interviews with individuals who self identify as having a personal healing experience with art either outside or inside a therapy setting but who are not current practicing art therapists. Researchers could utilize the same methodology, while shifting the recruitment procedures from that of current practicing art therapists to either individuals who have been accepted into an art therapist training program, and have not began their training, or to the general population. A researcher could do this by either examining pre-art therapists or non-art therapists healing experience with art or by interviewing individuals in other careers such as counselling. By examining the non-art therapist or the pre-art therapists healing experiences with art it would give researchers access to a perspective on the healing experiences with art, which would be free from the influences of previous research or training that the individuals took part in after their healing experience. Through interviewing individuals in other careers who had an experience with art career prior to their career choice, they could potentially gain a better understanding of the effect these kinds of experiences have on career choice. Although the recommendations of interviewing non-art therapists or individuals in other careers would not address the healing experiences with art that lead individuals to their career in art therapy, they would contribute to the literature on art therapy and career choice. By interviewing individuals who have been accepted into an art therapy training program but have not began their training, the researcher could potentially be

able to obtain a perspective that has not been influenced by training or theory. It would also be important to conduct a study that interviews non-art therapists that have had healing experiences with art in order to provide a client's perspective of what they found to be the healing aspects of art. This is important because as mentioned previously a gap exists in the literature on this topic. This is also important because it will build upon the findings of this study with regards to what are considered to be the healing experiences with art.

Finally and most importantly I think future research should be addressed that examines that process question of *how* the healing experiences with art contributed to current practicing art therapists choice to pursue art therapy as a career. This could be done by utilizing the same methodology as outlined in the current study. This future research is important because it would fill a gap that the current study set out to address but upon further reflection was not able to do as addressed previously.

### *Implications for Practice*

This study can potentially contribute to the field of counselling psychology in two ways. First, because it examines an intervention which could be used in a counselling setting, and as a counsellor it is important to not only use various therapeutic mediums in order to support our clients and their healing process, but also to be aware of the various interventions that are available to our clients. Therefore if we are working with a client that could potentially benefit from the healing aspects of art it is important to be aware of what those are and how to provide that to your client. Secondly, because it addresses how a career counsellor could potentially proceed when working with an individual who is considering art therapy as a career (i.e. refer them to an art therapist, or encourage them to engage in some self exploration with the art). In doing this the career counsellor will provide an opportunity for the individual to potentially have

an experience with art as described previously by participants'. That experience could allow for them to gain additional awareness about themselves or help them address a felt need, which in turn would allow them to experience what art has to offer as a healing medium. This would also allow them to get a glimpse of how they could potentially help and facilitate other individuals healing process when working as an art therapist.

Finally, the findings described in this study could be used to encourage students in counselling psychology to use art as a means of self care not only throughout their training, but during their counselling career. For example an important aspect of being a counsellor is self awareness. Themes such as "Gained Awareness", "It Allowed for their Unconscious to come Forward", and "Reflected Aspect of Self" directly contribute to becoming aware, and therefore the use of art to facilitate that awareness could be beneficial.

### *Concluding Remarks*

The current study examined current practicing art therapists' personal healing experiences with art that lead them to their career in art therapy. The current study helped to lay the foundation for future research in this area, complementing and finding support in the current literature on the healing aspects of art as a form of therapy.

The study's findings summarize the personal healing experiences that current practicing art therapists had with art that they felt lead them to their career in art therapy. During the final analysis, three themes (one with two sub-themes), were developed and endorsed by three of the five participants. One secondary theme, which was previously described as a theme that did not meet the 60 percent endorsement by three out of the five participants, was only endorsed by two of the five participants. This study's findings indicate that individuals have used art as part of their own personal healing journey. And although this study cannot indicate how this healing

experience lead participants to their current career, it is thought that since participants self-selected as having a healing experience with art that lead them to their current career, that the meaning participants' made of their experience included the feeling that the healing experience with art did in some way contribute to their career choice as an art therapist.

I have not only expanded my knowledge on the use of art therapy as a healing medium, but I have also gained insight into my own healing experience with art that lead me to my current status as a student training to become an art therapist. I am hopeful that the recommendations outlined in this study for future research will give confidence to others interested in the exploration of art as a form of therapy to it as a research topic.

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### Appendix A: Phone Script - Recruitment Poster

The following is an example of the script to be used when participants (P) initially contact the primary researcher, Chantelle Whitty (CW); exact wording and order may change slightly depending on participants' responses:

P: "Hi my name is \_\_\_\_\_ and I a copy of your recruitment poster via e-mail from the executive director of the British Columbia School of Art Therapy/I was informed of your study from a fellow art therapist, and am interested in participating in your study."

CW: "Great. This study is trying to get a better understanding of individuals personal healing experiences with art that lead them to a career in art therapy. The interviews will be conducted in person and taped. There will be lots of room for you to tell me the story of your experience in the way that you wish to do so. I also want to let you know that there will be two interviews. The first one is expected to take about an hour and a half to two hours, and the second is expected to take up to another hour, so your total time will be up to three hours. How does all this sound to you?"

P: "That sounds okay to me." / "I think that's going to be too much for me to be able to do right now."

CW: "Would you like to go ahead and set up the first interview?" / "Would you rather not participate?"

P: "Sure." / "I think I would rather not"

CW: "Great. We can set up a day, time and location for recording the interview." / "That's not a problem at all. I really appreciate you taking the time to phone me."

P: "I'm free on Thursday at 5:30, and we could meet at my house"

CW: "I'm free then too. Thursday at 5:30 at your house. Do you have any other questions for me at all?"

P: "No, I think I'm fine for now."

CW: "Ok. Well, if anything comes up between now and when we meet, please feel free to give me a call. My cell phone number is 250-589-5640. Thank you for taking the time to talk with me. I'll talk to you next Thursday at 5:30."

## Appendix B: Phone Script - Random Sampling

The following is an example of the script to be used when participants (P) are initially contacted by the primary researcher, Chantelle Whitty (CW); exact wording and order may change slightly depending on participants' responses:

CW: "Hi my name is Chantelle Whitty and I'm currently a Master's student in the department of Educational Psychology and Leadership Studies at University of Victoria. While working to complete my M.A. in counseling psychology I'm also attending the British Columbia School of Art Therapy to complete my postmaster's certificate in art therapy. I have chosen to do a qualitative research study that examines an individual's personal healing experiences with art that contributed to their decision to become an art therapist. I obtained your contact information from a list of current practicing art therapist that is available to the public from the BC School of Art Therapy, and I'm contacting you to see if you would be interested in participating in the study."

P: "Yes I do"/ "No not really"

CW: "Great. This study is trying to get a better understanding of the healing experiences with art that individuals go through which lead them to a career in art therapy. The interviews will be conducted in person and taped. There will be lots of room for you to tell me the story of your experience in the way that you wish to do so. I also want to let you know that there will be two interviews. The first one is expected to take about an hour and a half to two hours, and the second is expected to take up to another hour, so your total time will be up to three hours. How does all this sound to you?"

P: "That sounds okay to me."/ "I think that's going to be too much for me to be able to do right now."

CW: "Would you like to go ahead and set up the first interview?" / "Would you rather not participate?"

P: "Sure."/ "Yes, I think I would rather not"

CW: "Great. We can set up a day, time and location for recording the interview."/ "That's not a problem at all. I really appreciate you taking the time to phone me."

P: "I'm free on Thursday at 5:30, and we could meet at my house"

CW: "I'm free then too. Thursday at 5:30 at your house. Do you have any other questions for me at all?"

P: "No, I think I'm fine for now."

CW: "Ok. Well, if anything comes up between now and when we meet, please feel free to give me a call. My cell phone number is 250-589-5640. Thank you for taking the time to talk with me. I'll talk to you next Thursday at 5:30."

## Appendix C: Recruitment Poster

**Are you a registered art therapist that has had a personal healing experience with art, which lead you to your career in art therapy?**

I would really like to hear from you.

My name is Chantelle Whitty and I am doing my M.A. in Counselling Psychology at the University of Victoria.

I am interested in talking to current art therapist's who:

- 1) have had a personal healing experience through the use of art or have used art in any way as part of their self-healing.**
- 2) believe that it was that personal healing experience with art that lead them to a choose art therapy as a profession.**

This kind of research is important because it will contribute to the existing state of knowledge around the healing potential of art and art therapy as a profession.

If the previous description sounds like you and you are willing to share your story with me, I would really appreciate hearing from you.

For more information or to schedule an interview, please contact Chantelle Whitty, 250-589-5640

## Appendix D: Interview Questions

### Introduction:

Throughout this interview I'm going to be asking you to tell me your story about some of your experience in becoming an art therapist. You may start your story at whatever point in your life that you think your story of this experience begins. Throughout the interview I will be asking clarification and prompting questions to make sure that I understand you. I also want to make sure that you have said all you want to and if you need help in telling your story. I will check with you before we finish up to ensure all of the above.

### Potential prompts, clarifiers and additional questions to ask if necessary:

Do you mind telling me a bit more about...

How was it for you when...

Is this what you meant by ...

Do you mind repeating...

### At the end of the interview:

Thank you and now that we have had some time to talk, have you told me your story? Do I know everything you want me to know so that this story feels finished to you?

## Appendix E: Consent Form



**Department of Educational Psychology  
and Leadership Studies**  
Faculty of Education  
PO BOX 3010 STN CSC  
Victoria British Columbia V8W 3N4 Canada  
Tel 250.721.7799, Fax 250.721.6190

*Participant Consent Form*

**Project Title: Drawn to Art Therapy: A Qualitative Study Examining Art Therapist's Personal Healing Experiences with Art that led them to a Career in Art Therapy**

**Researcher(s):** Chantelle Whitty, Graduate Student  
Faculty of Educational Psychology & Leadership Studies  
University of Victoria  
(250) 589-5640; cwhitty@uvic.ca

**Supervisor:** Dr. Honore France  
Faculty of Educational Psychology & Leadership Studies  
University of Victoria  
(250) 721-7858; hfrancer@uvic.ca

**Purpose(s) and Objective(s) of the Research:**

- Learn and understand more about the personal healing experiences with art that individuals have gone through that lead them to a career in art therapy.
- This research will be personally asking participants, who have been identified as registered art therapists who have had a personal healing experience with art to describe their story of healing with art that led them to becoming an art therapist.

**This Research is Important because:**

- To help better understand the healing potential of art as a form of therapy.
- Will contribute to the current literature on career choice.

**Participation:**

- You are being asked to participate in this study because you have self identified as having had a personal healing experience with art, and you are currently a registered art therapist. You are identified as being registered by either the BCATA or CATA.
- Participation in this project is entirely voluntary.
- Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing] or how you will be treated.

**Procedures:**

- You will be asked to think back and describe a personal healing experience you had with art that you feel led you to choose a career as an art therapist.
- The interview will consist of a few pre-scripted questions; however, the majority of the interview will be more open-ended to allow for freedom in responses.
- Interviews will be audio-taped for transcription purposes, and written notes may also be taken
- After this first interview, you will be asked to meet with me a second time when you will be given the opportunity to review how I interpreted what was said during the interview, and may add or change anything that does not fit with your experiences.
- Duration: 1 ½ - 2 hours for initial interview; ½ - 1 hour for follow-up; 2 - 3 hours total
- Location: Mutually decided upon.
- Inconvenience: the time that you will be investing into a telephone interview and follow-up interview.

### **Benefits:**

- Contribute to the existing state of knowledge on the healing potential of art and art therapy as a profession.
- The opportunity to have your experiences heard and validated as important.

### **Risks:**

- It is anticipated that there will be minimal risks to you by participating in this research; however, due to the personal nature of the interviews, you may feel fatigued or stressed and/or experience emotional responses including embarrassment when discussing this time in your life.
- **Risk(s) will be addressed by:** The primary researcher is a counsellor-in-training at the University of Victoria, and will be as sensitive as possible throughout the interview process. Either the participant or the researcher can stop the interview at any time if proceeding with the interview may be harmful. If your emotional responses indicate the need for further support, the primary researcher will help participants contact appropriate services.

### **Researcher's Relationship with Participants:**

- It is possible that you may have a previous relationship with me (Chantelle Whitty), the primary researcher due to my enrollment in the British Columbia School of Art Therapy. There is the risk that you may feel obliged to participate because of this relationship with me. However, you should volunteer freely and not due to any sense of obligation to myself. If you happen to know me (Chantelle Whitty) please do not feel obliged to participate in this study out of any sense of obligation and if you would not participate otherwise.

### **Withdrawal of Participation:**

- You may withdraw at any time without explanation or consequence.
- If you choose to withdraw, your data will not be used and any record of your participation (e.g., audio-tape, field notes, etc.) will be destroyed as soon as possible (see *Anonymity and Confidentiality* below for a description of how data will be destroyed).

**Continued or On-going Consent:**

- Before beginning the previously described follow-up interview, you will be asked to verbally consent to demonstrate your on-going consent.

**Anonymity and Confidentiality:**

- Due to the nature of the interviews, the primary researcher will know your identity. To keep your anonymity beyond these interviews, you will be asked to take on a pseudonym of your choice during the interview, which will be used on all subsequent data and records
- Everything you say during the interview will remain confidential with the following exceptions: if you inform me that a child under 18 years is in need of protection, or if you or another person intends to harm yourself or another person.
- All records (e.g., audio-tapes, transcripts) will be labeled with participants' pseudonyms and kept in secure locations, either in locked filing cabinets for hard-copies or password-protected personal computers for digital records, to which only the principal researcher will have access. Any personally identifying information will also be removed from the transcripts and formal documents.
- Once the primary researcher has submitted the final copy of their thesis, all audio-recordings will be destroyed using a magnetic-erasing device; and paper records will be shredded. Electronic copies of transcripts will be deleted from the hard drive on the password-protected personal computer of the primary researcher.

**Research Results May be Used/Disseminated in the Following Ways:**

- Directly to participants for confirmation of interview analysis.
- As a published article.
- In a Masters-level thesis & class presentations.
- In presentations at professional meetings.

**Questions or Concerns:**

- Contact the researcher(s) using the information at the top of page 1;
- Contact the Human Research Ethics Office, University of Victoria, (250) 472-4545  
[ethics@uvic.ca](mailto:ethics@uvic.ca)

**Consent:**

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

---

*Name of Participant*

---

*Signature*

---

*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

## Appendix F: List of Resources

**List of Resources for Further Support in Victoria, BC**

**BC Association of Clinical Counsellors** -- Provides access to a database used to find a counsellor in Victoria, BC.

<http://www.bc-counsellors.org/irmdirectory1.aspx>

**Battered Women's Support Services** -- Information on support groups and other services for women who have been abuse in their relationships. BWSS operates from a feminist perspective.

<http://www.bwss.org/>

**Griefworks BC** -- provides a vast array of resources and information for those who are grieving. Aside from general information there are links and chat rooms to help individuals work through loss.

<http://www.griefworksbc.com/>

**B.C. Association of Specialized Victim Assistance and Counselling Programs** -- A British Columbia resource for community-based services that support survivors of sexual assault, relationship violence, child abuse and criminal harassment.

<http://www.endingviolence.org/>

**Counsellors practicing in Victoria, BC:**

<p><b>Sarah Jenkinson, M.Ed., RCC, CCC</b> Phone: 250-881-3583</p> <p><b>Counselling Office:</b> Suite 200 - 2526 Government Street Victoria, BC V8T 4P7</p>	<p><b>Jo-Anne Stoltz, Ph.D., RCC</b> Phone: 250-882-9660</p> <p><b>Counselling Office:</b> 1103 Oscar St. Victoria, BC V8V 2X3</p>	<p><b>George Bielay M.Sc., RCC</b> Phone: 250-888-0979</p> <p><b>Counselling Office:</b> 1235 Roslyn Road Victoria, BC V8S 4R7</p>
<p><b>Beth Trotter, M.A., RCC</b> Phone: 250-386-7805</p> <p><b>Counselling Office:</b> 28 Lewis St Victoria, BC V8V2E8</p>	<p><b>Marita Poll, M.Ed., RCC</b> Phone: 250 858-1761</p> <p><b>Counselling Office</b> 40 Gorge Road West Victoria, BC V9A 1L8</p>	<p><b>Jim Kragtwyk, M.Ed., CCC</b> Phone: 250-896-6683</p> <p><b>Counselling Office</b> #301-1821 Cook Street (corner of North Park) Victoria, BC V8T 3P5</p>

