

**Do Art Therapists use the Creative Process
As a Means of Self-Care?**

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ABSTRACT

Do Art Therapists Use the Creative Process as a Means of Self-Care?

Joanne Gagné

The aim of this phenomenological study was to discover if and how art therapists utilise the creative process as a means of self-care. Art therapists have an intimate understanding of the creative process as a means of healing and transformation. Yet, recognising how art therapists specifically utilize the creative process for themselves has not been researched, and therefore requires inquiry. The creative process as a means of self-care has implications for increasing the sustainability of art therapists.

In order to answer the research questions, a brief survey was sent out, via the internet, to art therapists across Canada. The survey consisted of 8 multiple choice questions regarding art therapists' use of creativity and self-care. From the 133 surveys sent out, 25 surveys were received, and used as the initial research data. In-depth interviews with 3 art therapists, who use the creative process as a means of self-care, provided rich detail in understanding the personal ways in which art therapists use creativity.

The findings indicate that yes, to some extent, art therapists do use the creative process as a means of self-care. The findings of this study have provided an art therapy continuum which illustrates the many ways in which creativity is utilized for self-care.

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Introduction

Overview

The aim of this study is to discover if and how art therapists utilise the creative process as a means of self-care. In my own life when stress is high, I have come to realise that I postpone my wellness regimen and my creative practice. This is ironic, since at times of increased stress self-care tools are most needed. I am curious to discover if experienced art therapists use the creative process to maintain their own self-care.

Burnout is a known and inherent risk to the helping professions, including art therapists (Schaufeli & Greenglass, 2001; Figley, 2002). Graduate schools encourage budding therapists' to develop healthy self-care practices in order to work through stress and to maintain healthy boundaries in therapeutic work with clients. Yet, reports of compassion-fatigue, vicarious-stress, secondary trauma, and burnout have all been identified as common side effects to the helping professions (Schaufeli & Greenglass, 2001; Rothschild, 2006). Art therapists, like other health care professionals, are often faced with overwhelming caseloads and demanding schedules, and may not practice the methods of relaxation and self-care that they teach to their clients (Moon, 2004). It is important for art therapists to recognise the need for and sustainable effects of self-care.

Art therapists have an intimate understanding of the creative process as a means of healing and transformation. Pat Allen (2005), Shaun McNiff (2004), and Bruce Moon (2007) encourage art therapists to employ the creative process as a powerful means of renewal and self-care. Do art therapists share these

views? Do art therapists become too busy, or too overwhelmed to utilise creativity as a regular means of self-care? This research study will explore the uses of the creative process as a means for self-care by art therapists.

Operational definitions:

Creativity: Refers to the act of creation; characterized by originality, imagination, expressiveness, and passion. Creativity often requires the letting go of preconceived ideas or assumptions (Amabile, 1996).

The Creative Process: Refers to the complete entering into and full investment in any form of creativity, including but not limited to art-making, dance, music, writing (Cameron, 1992). For the purposes of this paper the creative process and creativity will be used interchangeably.

Self-care: Activities that are used for the purpose of well-being; to nurture and balance the various aspects and needs of the self: psychological, physical, spiritual, and emotional (Burns, 2000). For the purposes of this paper self-care, wellbeing will be used synonymously.

Primary Research Question

Do art therapists use the creative process as a means of self-care?

Secondary Research Question

In what ways do art therapists use the creative process?

Brief Discussion of the Questions' Relevance

The question “do art therapists use the creative process as a means of self-care?” is relevant since it addresses the heart of art therapy: the creative process. As mentioned in the overview, secondary trauma is now recognised as

a consequence of being a helping professional. Art therapists, as helping professionals, require preventative and/or coping skills to adequately handle the stresses inherent in their work. The creative process as a means of self-care has implications for increasing the sustainability of art therapists. This research paper will develop an enhanced understanding of the creative process as a means of maintaining wellness. Recognising how art therapists specifically utilize the creative process for themselves has not been researched, and therefore requires further inquiry.

Method

The method utilised for this study was the phenomenological approach. Phenomenology has its roots in philosophy, and is the study of the meaning of an individual's unique and dynamic experience (Marshall & Rossman, 1995). Phenomenology seeks to discover the essence of a lived phenomenon, and is a client centered approach (Creswell, 1998). Data was collected through surveys and interviews. Quantitative means were applied for ease of interpretation, and to better sort the data. McNiff (1998) states that the creative process cannot fully be represented by the science of quantitative research alone, and that qualitative inquiry, particularly phenomenology, allows art therapists the opportunity to explore the essence of experiences that are not always measurable or concrete.

Assumptions:

My first assumption is that art therapists will be affected by stress, as helping professionals. Second, I assume that art therapists would benefit by utilising creativity to maintain wellness. I believe that the art therapy community

is in need of further examination to determine if creative practices are used for the purpose of self-care and wellness. Third, I view the essence of the creative process as transformational; much like meditation, the creative process can be a means to entering into a non-dual state: by expanding time and reframing daily concerns and petty worries. Creativity revitalises and renews. Forth, I see the creative process as a positive influence on all aspects of life, including the quality of therapeutic relationships. Fifth, I assume that creative self-care is essential to the sustainability of art therapists, as well as for the prevention of burnout.

Delimitations:

The delimitations of this inquiry include: a) limiting the exploration of the creative process to the focus of self-care; b) limiting research participants to art therapists that live and work in Canada; c) limiting my literature review of published art therapists who use the creative process as a means of self-care to highlight Pat Allen, Bruce Moon and Shaun McNiff; and d) limiting the exploration of positive psychology to emphasise the work of Mihalyi Csikszentmihalyi.

Limitations:

The findings of this study will be limited by the availability of participants. The limited sample of participants for this study may not be a true representation of the overall community of art therapists in Canada. The individual and personal bias of each participant may limit the results of this study. Although the survey and interview questions have been worded as objectively as possible, there could be a desire for art therapists to report increased use of creativity. There were two main limitations to the survey given to art therapists. First, operational

definitions were not provided, for the creative process or self-care, with the survey. Second, some of the multiple choice questions did not adequately provide clear or detailed responses, and therefore some of the collected data was limited or vague.

Chapter Outline

This paper begins with a brief review of the literature regarding the three main topics: first, the creative process, second, self-care, and art therapist's use of the creative process as a means of self-care. The Methodology section follows; outlining ways in which phenomenology was utilized for this research and how the study was conducted. Participants, method, data collection, data analysis, validity and reliability are covered. The findings portion clearly outlines results by addressing: data preparation, analysis of individual responses, and pattern analysis. The discussion section explores possible correlations. Finally, the conclusion brings together all aspects of the research question: Do art therapists use the creative process as a means of self-care?

Literature Review

The Creative Process

Some of the current and relevant literature regarding the creative process will be reviewed in this section. The creative process is often viewed as a healthy tool to decrease stress and promote wellbeing. The term creative process may mean different things to different people. For the purposes of this paper, the definition of the creative process will refer to the complete entering into and full investment in any form of creativity, including but not limited to: art, dance, music, and writing (Cameron, 1992). The 'creative process' and 'creativity' will be used interchangeably, throughout this paper. According to Bruce Moon (1998), fully engaging in the creative process is a way to thoroughly celebrate life, exactly as it is; honouring both the exceptional and the mundane. Shaun McNiff (1998) compares the creative process to meditation: the creative process allows individuals to be fully in the present moment; creativity is about discovery, and therefore epiphany is close by.

Positive psychology is the study of the most fulfilling aspects of human life; essentially what makes life worth living. The concept of 'flow' has evolved from the research of positive psychologists Seligman and Csikszentmihalyi (2000) who define flow as: " a state of such fulfilling absorption in a chosen activity that nothing else seems to matter; the experience is so enjoyable that it is done for its own sake and even at great cost" (Seligman & Csikszentmihalyi, 2000, p. 1). Flow is defined as synonymous with the creative process (Csikszentmihalyi,

1996). Research into the effects of flow has revealed that individuals, who regularly enter into flow, or the creative process, have a significantly higher quality of life than those who do not (1996).

Like so many others, Bolen (1984) agrees that creativity enhances quality of life. She describes the practice of creativity as simply the total immersion into the experience. Once completely given to the creative process, “then an interaction between oneself and the aesthetic medium can occur, out of which something new may emerge” (Bolen, 1984, p.243). Edwards (2001) describes how Carl Jung refers to this concept; the individual totally invested in creativity, transcending the moment, opening to insight and epiphany. Jung encouraged creativity as a means of self-discovery and self-exploration. Transpersonal psychology has followed Jung’s tradition, and emphasised creativity to assist with personal and spiritual development, and in improving general quality of life (Hopcke, 1989; Edwards, 2001).

Csikszentmihalyi’s (1996) book *Creativity* details his quest to discover what characteristics exceptional individuals shared, and exactly how the creative process worked for them. For four years, from 1990 to 1994, he and his students at the University of Chicago interviewed ninety-one extraordinary people. Three conditions were required to qualify as an exceptional person for this study. First, respondents had to be near or above 60 years of age. Second, they had to be actively involved in one of the spheres of culture: the arts, the sciences, government, business or humanitarian efforts. Third, these individuals

had to in some way have made a meaningful difference in one of these cultural spheres (Csikszentmihalyi, 1996).

The study revealed ten sets of contrasting characteristics that appear to identify creative people. The creative person typically has: 1) high energy level, but also requires a lot of quiet down time; 2) high intelligence, yet is naive as well; 3) both discipline and playfulness; 4) both a grounded sense of reality, and a well developed imagination. The contrasts continue with: 5) a mix of introversion and extroversion; 6) both pride and humility. Creative persons are: 7) not hindered by traditional gender roles; 8) rebellious and autonomous on one hand, and deeply traditional, on the other. 9) Creative individuals are passionate about their activities; and 10) Creative people suffer greatly due to their sensitivity, but they also experience and express deep satisfaction and intense joy (Csikszentmihalyi, 1996).

Teresa Amabile (1996) is a social psychologist who has devoted her career to the study of creativity. Amabile (1996) notes the on-going disagreements and discrepancies among psychologists and researchers regarding the definition of creativity. She hypothesised that recognising creativity was an innate universal ability. Amabile (1996) created studies where the judges of creative works (collages and poetry) were not given any definition of creativity. Nevertheless, the judges consistently agreed upon what was considered most creative. This process has come to be known as the Consensual Assessment Technique (CAT). Amabile (1996) believes that creativity goes beyond definition; that there is a universal recognition of what is creative. She asserts that two

points can be agreed upon regarding creativity; creative works contain elements of originality, and some sort of inherent value.

There have been many theories describing the steps of, or process of creativity. Amabile (1996) identifies the most commonly known description, created by Wallace: the creative process is made up of *preparation, incubation, illumination, and verification*. Amabile (1996) broadens this model to also include some elements of problem-solving. She adds that creativity is not a clearly laid out format, but rather an evolution of creative thought. The most important factor is to hold onto a creative purpose, and keep a commitment to the creative work at hand (Amabile, 1996).

Csikszentmihalyi (1996) describes his interpretation of the stages of the creative process, which closely resemble Amabile's (1996) model. First, there is a period of *preparation*, when the individual is immersed with issues or problems that stir up curiosity. Second, there is a phase of *digestion*, when thoughts and ideas develop subconsciously. Third, is the facet of *insight*; a time of epiphany. Fourth, is the stage of *evaluation*; a time to ask: is this insight worthy of pursuit? The fifth, and final aspect is *elaboration*; the time of investment. The last period often takes the longest, requiring by far the most effort. This time of *elaboration* is regularly suspended as phases of digestion and insight are periodically, and often needed. Many agree that there are definite stages to the creative process, but that the order is more fluid and not at all rigid; each particular phase having its place in the creation process culminating with the completed work (Cameron, 1992; Roth, 1998; Allen, 2005). McNiff synthesises these concepts:

Whether it involves learning how to read, playing the piano, riding a bike, or writing a graduate school thesis, there is usually a decisive moment or turning point within an overall process which can only be described as magical... It is an instant when all the frustration, seemingly futile efforts, and tedious drills play their respective parts in a collective creation. This is what I describe as the 'complex' of creativity condition that feels as though the individual person acts together with many other forces. A varied series of events and motions carry us over a new threshold, and we can never exactly describe how it happened. (McNiff, 1998, p. 18).

Self-Care

Self-care is becoming a more common term, yet it is sometimes confused with self-centered indulgence or selfishness. Self-care is neither. For the purposes of this paper self-care will be defined as: any activity that is used for the purpose of wellbeing; to nurture and balance the various aspects and needs of the self: psychological, physical, spiritual, and emotional (Burns, 2000). For the purposes of this paper wellbeing and self-care will be used synonymously.

Jon Kabat-Zinn (1990) teaches *responding* to stress instead of *reacting* to stress, in his ground-breaking book *Full Catastrophe Living*. Kabat-Zinn expands: living fully with *the full catastrophe* of life is about listening to our bodies; taking time to centre the self is priority. The stress reduction techniques of Kabat-Zinn have been implemented into countless programs and self-care models (1990). In *Maps to Ecstasy* Roth speaks of centering the self as getting

to the 'stillpoint', which she describes as dropping into the essence of the self. Roth (1998) suggests that there are endless ways to reach the *stillpoint*, but that her method is dancing. Dancing is "in essence an ongoing, ever-new journey from inertia to ecstasy" (Roth, 1998, p. 176).

Charles Figley (2002) and Babette Rothschild (2006) have become experts in the field of working with helping professionals with compassion fatigue, which according to Figley (2002), includes both secondary trauma and burnout. Both Figley(2002) and Rothschild (2006) identify that the majority of helping professionals will struggle with compassion fatigue at some point during his or her career. This staggering fact has lead both Figley (2002) and Rothschild (2006) to examine extensively the various ways to prevent compassion fatigue. Both conclude that structured self-care activities are essential to sustainability. Figley (2002) discusses how helping professionals typically know what is needed for sustainability, and wellbeing, but do not prioritise or implement these tools.

Rothschild (2006) teaches practitioners to "know thyself". She emphasises therapists' need to increase self-awareness, and to learn to recognise and lower vulnerability to the circumstances that can bring on compassion fatigue. She explains that helping professionals, including art therapists, may override basic personal needs, for the seemingly more urgent needs of others. Instead, it is essential for sustainability that therapists must be attuned with and honour personal and individual need for "rest, debriefing, emotional expression, diversion and so on" (Rothschild, 2006, p.191).

More and more authors are writing about the sacredness of fully entering into the creative process as a means of self-care (Allen, 2005; Bolen, 1984; Cameron, 1992; Csikszentmihalyi, 1996; Roth, 1998; Wadeson, 1980). In *The Artist's Way*, Cameron (1992) clarifies that when the creative process is used as a practice of self-care, it is a means of improving overall quality of life. In *Maps to Ecstasy*, Roth describes the ecstatic and transformative experience of practicing the creative process, albeit with movement. She too encourages individuals to practice creativity as a means of self-care.

Wadeson (1980) believes that the creative process is transformational because creativity is both deeply personal, connecting the individual to the self, and at the same time, has an expansive, universal quality. Wadeson (1980) explains that creativity can be used as a means of practicing self-care and of reconnecting with the Self. Moon (2004) asserts that the act of fully engaging the creative process rejuvenates the Self; rejuvenates 'soul'. He refers to soul as being the most essential, authentic parts of the Self: both light and shadow. Moon (2004) elucidates: soul gives life meaning; soul resides wherever there is creativity. Allen (2005) celebrates entering into the creative process as an effective means of connecting with universal energy, as a spiritual practice. The inherent joy and pleasure of art-making opens individuals up to the flow of life; even during the darkest of times (Allen, 2005). McNiff (1992) also views the creative process as a spiritual path; the essence is to connect with creativity in everyday life. The creative process is a powerful and healing essence that finds

its way to the places that need renewal. Like a spiritual practice, the ongoing challenge is to keep a disciplined and regular practice (McNiff, 1992).

Art Therapists, the Creative Process, & Self-Care

Three examples of art therapists who use the creative process as a means of self care include Pat Allen, Shaun McNiff, and Bruce Moon. These innovators engage in art therapy from a deeply spiritual and sacred perspective. Each of these three art therapists holds certain ideas or beliefs in common. Each of them is passionate about the creative process and about their own development as individuals, artists, and art therapists. These three individuals practice what they speak and write; their words and their deeds match. When problems, difficulties, or questions arise in life, Allen, McNiff, and Moon go to the studio to create. They each have a deeply held, sacred respect for the healing qualities of the creative process; they absolutely know that the images will guide them. Creativity as a form of self-care is essential for each of them.

Moon (1998) states that: "It is essential that therapists remain active artistically. It is in the studio that faith in the art-making process is nurtured" (p. 88). McNiff (2004) reveals: "As an artist committed to healing, I cannot begin to be of use to others until I am attentive to the transformations of the healing and creative process within myself" (p.53). Allen (2005) describes the creative process as an essential and sacred way to explore the depths of the Self through creativity. Each of these three art therapists emphasise the necessity of personal creativity for art therapists. Art therapists are encouraged to find a

creative means of expression, and to practice it regularly. It is by personally entering fully and regularly into the creative process that art therapists can know intimately the healing properties of creativity, and truly become effective art therapists (Allen, 1995; McNiff, 1998; Moon, 1998). Moon elucidates:

Creating art is a declaration of faith and hope. It is crucial that artist therapists hold a profound respect for the work, the mastery, of art processes and materials. This reverence must be applied to the image, the patient, and the efforts of the therapist...from this comes a sacred passion for life. This sacred passion is revealed through authentic, creative and vital interactions between the individual and the world...As therapists, these are as important as our interpersonal relationship skills, communications skills, understanding of personality and psychotherapeutic techniques. (Moon, 2004 p. 88)

In her book *Art is a Spiritual Path* Allen (2005) speaks of three facets of the creative process used as a spiritual practice, which according to Allen, is ultimately a form of self-care. The first facet is *Inquiry*: a time of play and experimentation with art materials; there is no agenda, no plan. Inquiry leads to the centre of the Self, helping to identify what is needed for the present moment. Second, is *Engagement*: a time to engage and delight in art making. Allen refers to the creative process and art-making as "the place of all possibility" (p. 1). Engagement is energy enhancing. The final facet is *Celebration*: a time to be with our images; to listen and to see what our images bring to us. Celebration is a time to quietly witness with compassion what has been created. Allen (2005)

states that: "The image as teacher takes the form that will intrigue, instruct, inform, and delight us" (p. 87). Allen describes her regular practice of creativity:

The conscious bringing together of the mundane and the sacred dissolves their distinctions into humble wholeness. This is one of the primary tasks of a spiritual practice; to learn to love it all and value the simple, everyday.

(Allen, 2005, p.159)

Reading the works of Allen, McNiff and Moon are inspirational. There is a balance and clarity about the integration of the creativity, everyday life, and work. These three art therapists exemplify what the creative process as self-care is about; creativity is a natural and essential part of their existence. There is no question about making time to be creative. The creative process is a means to insight, growth, guidance, and rejuvenation. Their personal experiences with creativity as a means of self-care are contagious. The mystery of the creative presence is honoured and revered. Moon (2004) speaks of creating and healing Soul. Allen (2005) refers to connecting with the Divine, and ultimately with Self. McNiff (1988) compares the traditional Shaman with the art therapist. These artists trust the process of creativity and allow the images to guide them, and to guide their clients. They have no need to fix, or cure; they know that the mystery of the creative process carries the wisdom to guide.

Methodology

The present study intended to explore if and how art therapists use the creative process as a means of self care.

Participants

The participants for this study were drawn from two sources: a) current members of the Canadian Art Therapy Association (CATA); and b) current members of the Association of Art Therapists of Quebec (AATQ). Participants were selected from e-mail lists available on the CATA and AATQ websites. A total of 133 surveys (See appendices D & E) were sent out to art therapists across Canada. The survey distribution was as follows: 27 to British Columbia, 5 to Alberta, 3 to Saskatchewan, 32 to Ontario, 62 to Quebec, and 4 to the Atlantic Provinces. Professors and supervisors connected to this researcher were excluded, due to possible conflicts of interest. Twenty seven individuals responded. Two respondents were eliminated, as they lived and worked outside of Canada. This resulted in a total of 25 art therapists. Participants were made up of two men and twenty-three women situated throughout Canada. This survey focused on the experiential, and therefore little personal or socio-demographic information was asked for, or is known of the participants.

Data Collection

Two main sources of data were collected for this study: surveys (See appendix A) and in-depth interviews (See appendix B). Art therapists were sent emails requesting participation in this study by completing a short survey regarding personal creativity and self-care. The surveys consisted of eight multiple choice questions, which could be filled out online. This short and simple

format was chosen in an effort to increase the number of participants. Survey questions were written in order to discover the art therapists' dynamic experience with creativity and wellbeing. At the end of the surveys, respondents were asked if they were willing to be interviewed.

From the twenty-five surveys returned, seventeen participants agreed to be interviewed; twelve Anglophone and five Francophone. Due to the limits of the researcher's French language skills, the Francophone participants were excluded. From the twelve remaining potential interviewees, surveys were reviewed and those art therapists who appeared to use the creative process as a means of self care were separated. Three art therapists were excluded as their use of creativity appeared vague or unclear. In efforts to represent the various areas of Canada, the nine remaining participants were divided into locations: one pile for Quebec, one pile for Ontario, and one pile for the rest of Canada. The three piles were shuffled, and one from each pile selected at random. These three selected art therapists were contacted via internet to request interviews. Two did not respond and the third was unavailable. Next, to ensure adequate response, all six remaining art therapists were contacted to be interviewed. Three responded, to become the three interviewees.

Usually, in-depth interviews are verbal, but due to time constraints and scheduling difficulties, these three art therapists began the in-depth interview process with five written, open-ended questions (See appendix B). These questions required responses that were much more detailed and personal than the survey questions, helping to more fully identify how these art therapists utilise

the creative process as a means of wellbeing. Brief, but in-depth verbal interviews followed, via telephone, in order to further clarify answers. Interviews were transcribed. One art therapist was not available for telephone interview therefore several correspondences via internet were made to fully clarify responses. The combination of the written interview questions and the verbal clarification process effectively provided the information needed to see and understand the subtle variations of each of the art therapist's personal and unique experience.

Method

Phenomenology is based in philosophy, is client centered, and seeks to discover the essence of a dynamic and lived experience (Marshall & Rossman, 1995). Phenomenology is an inductive process: moving from the larger, global perspective to the individual, unique experience. The process of narrowing down the data and getting to the essence is referred to as phenomenological reduction (Betensky, 1987; Creswell, 1998).

In the phenomenological perspective, participants are viewed as individuals who have a unique and intimate lived expertise that is valuable (Cresswell, 1998; Marshall and Rossman, 1995). When these experiences are communicated to a researcher, they can assist in uncovering the common essence of a particular lived phenomenon (Higgins, 1996). Participants are highly valued and respected; and can sometimes be seen as a co-researcher (Quail, & Peavy, 1994). Phenomenology looks at the vital ever-flowing process,

as opposed to a rigid incident or event. The individual's subjective perspective is sought, rather than objective truth.

The interview process is referred to as phenomenological Inquiry, and is made up of a three part in-depth interview process (Marshall & Rossman, 1995). Before beginning the interview process, the researcher reflects and writes down all personal experience with the phenomenon in question. This step, known as *epoche*, clearly delineates the researcher's experience from the interviewees.

Like most research approaches, phenomenology has specific methods to address validity and reliability. First, and most important, is bracketing, a central component in the phenomenological approach. The researcher separates or brackets personal experience and bias from the focus, which is the essential experience of the participants (Cherry, 2000; Quail & Peavy, 1994). Second, to help maintain validity, the researcher documents the research process carefully, keeping on-going records including memos and journals of each step (Marshall & Rossman, 1995; Higgins, 1996). Third, phenomenology encourages the researcher to continually refer directly to the original data, to ensure that deviations do not occur (Higgins, 1996; Creswell, 1998). Fourth and finally, supervision is essential. Supervision provides objective input while the researcher formulates questionnaires, interviews, as well as while reviewing results; this helps to keep the study both valid and reliable (Quail & Peavy, 1994; Marshall & Rossman, 1995).

The final stage of the phenomenological approach, structural synthesis, involves an intuitive and creative search into the essence of, and possible

meanings of the data. Any conflicting perspectives of the data are investigated to identify conceivable meanings (Marshall & Rossman, 1995; Creswell, 1998).

The central focus of this exploration is the unique experience of each participant, not interpretations of the researcher. Although no definite conclusions can be drawn from a phenomenological study, through methodical observation of the phenomenon in question, common themes or possible correlations can be recognised, which may suggest a potential hypothesis or theory (McNiff, 1998; Cherry, 2000).

For this study, the question: 'Do art therapists use the creative process as a means of self-care?' is about the essence of the art therapists' dynamic and lived experience. This question ultimately addresses art therapists' overall philosophy of life; more specifically their philosophy regarding the creative process, and self-care. The phenomenological approach was chosen for these reasons.

Both the survey and the interview questions were created to access the essence of the art therapist's personal experience with the creative process, self-care, and creativity as a means of wellbeing. Recording each step of the research process was carefully documented. A detailed chronicle was kept through memos and journal writing. These archives were carefully catalogued and filed for easy referral to, and also for confidentiality. A personal journal was kept by the researcher documenting personal details, experiences, and views of both creativity and self-care.

The research question: "Do art therapists use the creative process as a means of self-care?" was kept in mind while data was manipulated. Once the surveys were collected, quantitative methods were used to help sort the data, for ease of interpretation. A binary coding system was applied to the data to help to identify similarities and differences. Clusters were created around common themes, which described the participants' personal and unique use of the creative process and self-care. These methods were a means of accomplishing the phenomenological reduction process.

The survey responses provided the global view, while the in-depth interviews identified more personal and unique information. All interview responses and clarifications were combined to make up the interview data. The qualitative methods of open coding and axial coding were utilised to synthesise the interview data, and to discover common themes; thus providing the process of phenomenological reduction. Referral back to the primary data was maintained, so as to remain accurate. Structural synthesis, the creative *investigation into the essence of, and possible meanings of the complex* interview data, was carefully explored with the assistance of supervision. Conceivable meanings were looked at, and the focus was kept on the dynamic, individual experience of the participants.

Regular supervision was provided throughout the research process to help keep objectivity and clarity. Supervision also provided an effective means of regular bracketing, to separate researcher concepts and bias from the focus on the art therapists' perspective. Although no conclusions can be drawn from this

study, the methodical examination of the phenomenon in question: art therapists' use of creativity as a means of self-care, provided rich information and has led to some common themes and possible correlations.

Findings

Surveys

Out of the 25 surveys received from across Canada, the majority came from the three provinces of Quebec, Ontario, and British Columbia.

Data Preparation

Surveys were received and the raw data was examined. Had the surveys been on a likert scale, where all answers are connected (for instance, all answers of five equal strongly agree) exploring the raw data would have been simpler and more straightforward. But, since the survey questions were not mutually exclusive, meaning participants could choose more than one response per question, the decision was made to transform the raw data into a binary analysis data set. Each possible answer (a, b, c, d, & e) to every question was converted into a binary variable, where 0 equals no response, and 1 means a positive response. Each question had five possible answers (a through e), and thus was converted into five binary variables. Subjects were randomly numbered 1 through 25. These preparations provided a means of easily identifying the frequency of responses.

Analysis of Individual Responses

The survey (See appendix A) was divided into two sorts of questions: descriptive and analytical. The first three questions were descriptive of the art therapists' experiences and assisted in giving context to participants. The second set of five questions was analytical and specifically addressed the

research question: Do art therapists use the creative process as a means of self-care?

Looking at the frequencies of individual responses, percentages will simply be presented following each survey question.

Question one: "How long have you (the participant) been a practicing art therapist?"

- 36% had more than ten years experience;
- 32% had between five and ten years of experience;
- 32% had practiced less than five years.

Question two "On average, how much time have you spent as a practicing art therapist?"

- 68% worked less than 20 hours per week as art therapists;
- 28% worked 21 hours, or more weekly.

Question three: "Where do you currently practice art therapy?"

- 60% of participants worked in private practice;
- 36% worked in either a hospital setting or a mental health centre.

Question four: "On average, how often do you practice creativity in your personal schedule?"

- 12% utilised creativity more than 3 times weekly;
- 36% created between 1 to 2 times weekly;
- 40% practiced 1 to 3 times monthly;
- 12% employed creativity less than once a month;
- A total of 88% of participants create at least once a month.

Question five: "On average, how long do you practice creativity, each time?"

- 48% created between 1 to 2 hours;
- 20% created from 2 to 4 hours;
- 20% created more than 4 hours each time;
- A total of 88% created for at least 1 hour or more each time.

Question six: "Why do you use creativity/the creative process in your personal life?"

- 72% as a means of self-expression;
- 72% for play/sublimation/healthy escape;
- 48% as professional artistic pursuit.

Question seven: "When do you use creativity?"

- 48% created when stressed or overwhelmed;
- 44% created as part of their regular schedule;
- 44% created to work through issues;
- 44% were creative when on vacation or with time off.

Question eight: "Is the creative process, as a means of self-care important in your personal life?"

- 64% reported that creativity is essential;
- 32% reported that creativity is important.

Observing the initial data, the research questions begin to be answered, in a preliminary way. The findings so far indicate that art therapists appear to use the creative process fairly regularly. It is not yet clear whether or not art therapists use creativity as a means of self-care. There is beginning to be

elementary clarification of the ways in which art therapists use the creative process. Many questions remain unanswered.

The descriptive section of the survey opened up questions concerning possible differences. Are there any notable differences in the creative practices between experienced, long practicing art therapists and newer, less experienced art therapists? The location of work as art therapists also initiated interest in discovering possible differences in the use of creativity. Do art therapists in private practice have more time to create? Do art therapists who work in hospitals and mental health centres need the outlet of creativity? Or are they too busy to make time to create? Are there correlations between location of work and creativity? The analytical part of the survey also stimulated questions. For what reasons do art therapists use creativity personally? Who uses creativity for self-care? In what ways do art therapists use the creative process? Is there a continuum of the use of creativity for art therapists? Data was manipulated in order to further examine these variables.

Pattern Analysis

Quantitative means were applied to the survey data to help sort, interpret, and reduce the information collected. Five explorations were made. Four of these explorations consisted of attempting to find patterns of art therapists' use of creativity and self-care. First, the use of creativity and self-care was analysed by subgroup of art therapists' years of experience; second, by private practice as compared with other locations; third, both were explored together, and fourth, both were then joined with art therapists' hours per week. Finally, a cluster

analysis was run to examine if any patterns existed regarding art therapists' use of the creative process and self-care.

Experience

To measure experience, the responses to question one (How long have you been a practicing art therapist?) were used. Eight participants had less than 5 years experience; this became tier one. Tier two was represented by eight art therapists with 5 to 10 years experience. Tier three was made up of nine art therapists with more than 10 years experience (See appendix C).

Data was sorted by tiers and then each response was examined carefully comparing these three tiers. No significant observations were noted; no patterns or correlations were identified. Yet, there were two interesting findings.

First, of all the participants, only three art therapists reported creating more than three times per week (4e). All three belonged to tier 3 (most experienced); none of the other art therapists reported creating as often. It is important to also note, that the other 6 participants of tier 3 created much less often, even in comparison with the other tiers.

The second item of interest was that tier 3 reported creating for the longest periods of time. In response to question 5 (On average, how long do you practice creativity, each time?), three art therapists from tier 3 created for 2 to 4 hours each time (5d); and another three of tier 3 create for more than 4 hours each time (5e). Fewer respondents of the other tiers created for such length of time.

This is certainly not conclusive, but it appears that some of these more experienced art therapists create for longer periods of time, than their less experienced colleagues. Perhaps this could indicate a more settled routine, or that with experience comes better scheduling of time or better integration of creativity; but these are conjectures, and with these limited numbers, not at all clear.

Private Practice

Next, art therapists in private practice were compared to art therapists working in other locations (See appendix D). The responses from question number 3 (Where do you currently practice art therapy?) were utilised for this comparison. Response 3b (private practice) was examined next to all other responses. Responses of 3e (Other) were not specifically listed as several were personal, and could break confidentiality; the important point is that all responses were in the public sector, whether teaching, or at various community centres. A total of fifteen art therapists worked in private practice. Five of the art therapists who worked in private practice also worked part time in the public sector; two in more than one setting. Ten art therapists did not work in private practice.

The differences and similarities were examined between each of the responses. Most responses were divided fairly evenly between both groups: private practice and other. No clear relationships or correlations were identified, but two interesting points arose. First, 12 out of a total of 15 private practitioners had less than 10 years experience; of which 5 had less than 5 years experience.

The second point of interest, was regarding the responses to question number 4 (On average, how often do you practice creativity in your personal life?). A total of 7 art therapists in private practice reported creating 1 to 2 times weekly (4d), as opposed to just 2 art therapists in the public sector. The other responses to question 4 were comparable, and therefore did not provided any clear relationship between private practice and art therapists' use of creativity.

Experience, Private Practice, & Hours

These three variables were combined and examined to discover any patterns or possible relationships (See appendix E). All possible correlations were explored within these smaller subgroups. It became apparent that art therapists' use of creativity is independent of these descriptive variables: years of experience, location of practice, or hours worked. Therefore, it appears that length of experience, location of practice, and hours worked do not determine art therapists' use of the creative practice, or its application as self-care. Once recognising that no relevant patterns were available within these variables, further exploration into possible patterns in the ways in which art therapists' use the creative process and means of self-care was needed.

Clustering

In order to identify subgroups of participants having common patterns in their use of the creative process and self-care, the clustering technique of single-linkage was performed using SAS (statistical analytical software). In preparation to run cluster analysis, the X axis was formed with the 25 participants. The analytical questions (4 through 8) were used for the Y axis. These five questions

had five options each (a through e) and therefore represented 25 possible variables.

The clustering method used was an iterative process that consisted of combining (aggregating) subjects, based on their proximity. The iterative process first calculates the distances between all subjects and then combines the closest two. Starting with 25 subjects, after the first iterative process there would be 23 subjects and one cluster. In the second iteration, the iterative process will calculate the distance between the remaining 23 subjects and one cluster, and then will combine the closest two, whether a subject or a cluster. This process of aggregating subjects and clusters will continue until only one cluster remains.

The goal was to choose a set of clusters, where subjects' responses were similar within each cluster to form homogeneity, while having enough difference between clusters, to make them interesting to compare. To achieve this, the cluster histogram was analysed (See appendices F & G), and the following set of 6 independent clusters were selected. The subjects who did not fit into any of the first 6 clusters were looked at individually as to why they did not fit into any of the clusters. The following section will present in detail each cluster.

Cluster 1: The Intensives

Cluster 1 seems to be made up of three professional artists, artists as therapists, who enter into the creative process regularly, and for long intense periods of time. Cluster one will from here on be named the 'Intensives', for their intensive times of creativity.

- 3 participants who practice creativity more than once a week;

- All 3 enter the creative process for 2 to 4 hours each time;
- 2 of 3 create to express themselves; 1 as meditative practice;
- All 3 pursue professional artistic endeavours;
- None of these three create when stressed nor when on vacation;
- 2 of 3 state that creativity part of regular schedule;
- All 3 list creativity as essential for them.

Cluster 2: The Copings

The three art therapists of cluster 2 appear to use creativity regularly, but as more of a coping mechanism. Cluster 2 will be named the “Copings”.

- All practice creativity 1 to 3 times per month;
- 2 of 3 create 1 to 2 hours each time; 1 creates for 2 or more hours;
- All create as a form of self-expression, and as meditation;
- All 3 create when stressed, to work through issues, and with time off;
- All three list creativity as essential.

Cluster 3: The Regularlys

Cluster 3 consisted of two participants with almost identical responses. The art therapists of cluster 3 seem to have integrated creativity into their lives regularly, and will be named the “Regularlys”.

- Both create 1 to 3 times monthly, and for 1 to 2 hours each time;
- Both create for self-expression, play/healthy escape, & part of regular schedule;

- Both list creativity as essential.

Cluster 4: The Dive-Intos

Cluster 4 appears to be characterised by professional artists, artists as therapists with a deep need to dive into the creative process regularly. Cluster 4 will be named the “Dive-Intos”.

- All create more than once a week;
- 2 of 3 for more than 4 hours each time;
- All create as self-expression, meditation, play, & for professional artistic pursuit;
- All create when stressed, to work through, as regular schedule, & on vacation;
- All list creativity as essential.

Cluster 5: The Rebels

Cluster 5 seems to be made up of professional artists; individuals who give the impression of not wanting to be boxed in. Each of these art therapists wrote extensive comments regarding his or her refusal to answer questions which were ‘too limited’ to describe their personal creative experience. Other art therapists used the provided blank areas to help describe other options when this occurred, but these art therapists simply identified the limits of the survey, and chose not to answer. Cluster 5 will be called the “Rebels”.

- All create 1 to 3 times per month;
- 1 creates for 1 to 2 hours; 1 for 2 to 4 hours; 1 unknown;

- 2 of 3 create as self-expression;
- All create as healthy escape and for professional artistic endeavours;
- All list creativity as important for them;
- All wrote several comments regarding problems and limits of survey.

Cluster 6: The Right-brains:

The participants of cluster 6 create often and for substantial periods of time; creativity is part of their daily lives. Yet they seem to have difficulty articulating the reasons for their creativity. Cluster six will be named the “Right-brains”.

- All create more than once a week;
- 3 for 1 to 2 hours each time, and 1 for more than two hours;
- 3 of 4 create as play/healthy escape; one did not respond;
- 2 of 4 create with time off; no other reasons were listed;
- 1 of 4 listed creativity as important; 3 as essential to them.

After clustering, there remained seven participants; those with the most extreme or different answers than any of the other respondents. To fully comprehend the idiosyncrasies of these individuals, two methods of examination were applied. First these art therapists were divided into three groups according to responses to question number 4 (On average, how often do you practice creativity in your personal schedule?), and second, they were examined individually.

The division according to responses to questions number 4 (On average, how often do you practice creativity in your personal schedule?) initially seemed to indicate three very different groups. Yet when combined with the responses to question 5 (On average, how long do you practice creativity, each time?) the seemingly clear delineations, were greatly altered.

The first group was made up of three participants who reported rarely being creative. One art therapist created less than three times per year, and two were creative less than once a month. This first group did not create often, yet two of the three entered into the creative process for more than four hours each time, while the final individual created from one to two hours.

The second group included two art therapists who created regularly. Both created one to three times monthly. One entered the creative process for one to two hours each time; the other's creative times varied from ½ hour to two hours.

The final grouping was made up of two art therapists who created often, several times a week, but not for very long periods of time. One created for less than one hour each time, and the other for between one to two hours.

Dividing the hybrids into these three groups became more convoluted when the responses for the other questions were added and compared; no clear relationship or correlation was discovered.

Secondly, these seven participants were reviewed individually to understand exactly why they deviated from the other clusters. Initially, several individuals appeared close to fitting into other clusters, but as each individual's responses were more closely reviewed, it became clear that these art therapists

were truly hybrids, and quite different from any of the six clusters. Each of the hybrids had numerous responses matching many different clusters.

For instance participant number seven answered seven questions like both the Right-Brains (cluster 6), and the Regularlys (cluster 3). Six responses matched Copings (cluster 2), and five answers matched both the Rebels (cluster 5), and the Intensives (cluster 1). Therefore, subject number 7 does not fit into any of the other clusters; number seven is truly a hybrid of the five clusters: the Right-Brains, the Regularlys, the Copings, the Rebels and the Intensives.

Like subject number seven, each of the other participants of this hybrid group matched numerous responses to many of the six clusters. It seems that participants of the hybrid group answered survey questions with more responses per question, as compared to cluster-participant responses, making it harder to match up with. These last seven art therapists were made up of a wide spectrum of people; and were not easily categorised.

Even though there were art therapists with similar patterns in their use of creativity, as seen within the six clusters, nonetheless, there appears to be a wide range of ways in which art therapists use the creative process. From the above findings, an art therapy continuum of creativity seems to be emerging, where on one hand, the creative process is entered into rarely, and on the other hand, where creativity is a frequent and daily ritual. Along this continuum also rests the time involved in entering the creative process, from short, bursts of less than one hour, to long passionate blocks of over four hours.

Interviews

Phenomenological interviews focus on discovering the very personal and intimate experience and view of the participant. Phenomenology seeks the individual's perspective, rather than objective fact (Cherry, 2000). There are various ways of conducting phenomenological interviews, but the focus is kept of the individual's essential and unique experience (McNiff, 1998). (dropped 1 par)

The in-depth interviews for this study were done in a two-step process: written then followed by verbal. In-depth interviews are usually verbal, but due to time constraints and scheduling difficulties, these three art therapists began the interview process with five written, open-ended questions (See appendix B). The written interview questions required thoughtful responses that were much more detailed and personal than the survey questions. Written interview responses were then compared to the participant's survey responses, and any inconsistencies or discrepancies were identified, and noted for clarification.

In-depth verbal interviews followed, via telephone. Verbal interviews provided the opportunity to clarify written answers, and to more fully understand how these art therapists' utilise the creative process, and how self-care was maintained for each of them. Interviews were transcribed. One art therapist was not available for telephone interview therefore many correspondences via internet were made to fully clarify responses.

Once both the written and verbal interview answers and clarifications were completed, each participant's responses and comments were read over several times, to understand the possible nuances of each individual's unique

perspective. Reading over the interview responses allowed for a personal and intimate portrait of the individual art therapists to emerge.

The five interview questions were divided into two sections. Questions one, two, and three required short, straight-forward, and simple answers. These responses could be reported as is. While questions four and five were open ended, and asked for more thoughtful, lengthy responses, which required the reduction process of open and axial coding. The essence of each interview will first be presented question by question; followed by a brief summary of the themes that emerged. Art therapists one, two, and three remain in the same order for continuity.

Question One: Was self-care, and/or personal creativity encouraged as part of your art therapy training?

Participant one stated yes, that both self-care and personal creativity were both encouraged and highlighted. But, in spite of the encouragement during training, this art therapist expressed on-going struggles throughout life, with maintaining creativity. The second and third art therapists reported that self-care was not made a priority in their training, but that creativity for self-expression was encouraged. These two art therapists both reported a life-long internal and individual drive to create regularly, as a means to sustain wellbeing.

Question Two: Do you have a self-care regimen? If so, what does it include?

The first art therapist reported: that self-care included: regular therapy sessions, body work (massage, chiropractor, spa, etc.), participation in a faith

community, creating periodically with a group of women, and crocheting. This art therapist commented that “I love to watch TV and crochet. I know that this probably doesn’t fit into an art therapy version of creativity, but I find it very relaxing. The repetitive movement, creating beauty out of scraps of yarn, helps me to decompress”.

The second art therapist stated: not having a regimen, however using a variety of things for self-care: long hot baths; creative work, such as sewing, painting, and stained glass; walks in nature, reading, gardening, home renovations and journaling. When asked to further discuss the creative work the response was: “Any imbuing of creativity is good, whether a walk in the woods, or taking photos, or going to an art gallery.” For this therapist creativity is a way of self-care. “My closest friends share my passion for creativity. I love having discussions about the creative process and books we have read, and how life and art intersect and interact”.

The third art therapist responded that self-care included: gardening; art making; rearranging, repairing and making of functional objects; and connecting with close friends, and family. To expand upon art making, the answer was “art making is the act of creation; an investment of heart...Art is something that is not there, but needs to be there”. For this art therapist art making includes: sketching, collage, and creating functional objects from found items.

Question Three: On a scale of 1 to 6 how difficult is integrating creativity into your regular schedule? (1= easy; 6= too difficult to incorporate into my schedule)

The first art therapist responded with a '3'; stating that there was a medium amount of difficulty to include creativity in regular life. This art therapist reported having inconsistent use of creativity, and found incorporating creativity an on-going challenge.

The second art therapist gave the answer '4': stating that integrating creativity always "required deliberate intention and an on-going effort"; even though creativity was a mandatory part of this art therapist's regular weekly schedule. The third art therapist answered with a '2'; stating that creativity was fairly easy to integrate into everyday life and that for this individual "regular creativity was essential".

Question four: Please describe the way(s) in which your personal creativity and your work as an art therapist relate.

The first art therapist expressed being unaware of any relationship between personal creativity and work as an art therapist. This art therapist often engages in art making while clients create art work; creating simultaneously with clients has been an effective tool, especially with adolescents. For this art therapist, creativity within the art therapy container is most important, and more relevant than personal creativity. The first art therapist went on to explain that although not aware of any connection between personal creativity and work as an art therapist: "However, I think that when I'm doing my own art work, I relax with the materials in a different way. I get less 'rigid' and it affirms my belief in the work that we do".

The second art therapist viewed a critical and significant relationship between personal creativity and work as an art therapist. For this art therapist, personal creativity was essential and necessary in order to be effective in life, let alone as an art therapist. The second art therapist reported that: "When my own creative endeavours are pushed aside by anything, including my work, I become stressed, irritable, less focused and less productive."

The third art therapist expressed that the connection between personal creativity and work as an art therapist are fundamentally intertwined. This art therapist believed that only through personal creativity could art therapists effectively know the power and healing aspects of the creative process, and offer this to their clients. The third art therapist responded that personal experience has taught this art therapist, that there was in fact a significant relationship between personal creativity and work as an art therapist: "The more creative I am the more relaxed, present, and effective I feel."

Question five: When you are personally actively creative, have you noticed if your relationships with others (clients, peers, friends, family) differ from times when you are not personally creative?

Therapist one was not conscious of any connection between personal creativity and relationships. Therapist one expressed often creating with others: whether clients, inside the art therapy container, or friends and family at home. For this therapist there was no clear connection. Therapist one responded with: "I love it when I take the time to be creative and so I suppose that spills over to people I connect with, in the sense that I feel more 'bubbly'." Yet, therapist one

reflected that personal creativity provided a certain self-confidence which did touch all relationships: "I notice that when I'm being creative it almost gives me a sense of purpose."

For art therapist two there is an intimate connection between personal creativity and relationship with others. "I relate via my creativity in many of my relationships." The main observation that art therapist two made was that: "the less creative I am, the more stressed I become". Therapist two stated that stress negatively impacts all facets of life, especially relationships. "My closest relationships tie very closely with creative endeavours". This art therapist rarely lets creativity drop out of the regular routine, but when it does, close artist friends will remind: 'You need to do some art work!'

Therapist three knows from personal experience that personal creativity and both personal and professional relationships are interconnected. Therapist three was able to identify significant differences in relationship with clients: "The more creative I am, the more the process with clients becomes effective, uncomplicated, and effortless." When therapist three is more creative, the relationships with peers and colleagues are: "More relaxed, and humorous; I feel more confident and supportive. When personally creative, the relationships with family and friends are: "Simple, empathic, humorous, and supportive". Therapist three believes that personal creativity positively impacts all aspects of life.

These three art therapists used several distinct types of creativity. The first type of creativity might be referred to as typical or traditional artistic endeavours, such as sketching and painting. The second kind of creativity

emphasised creating something beautiful from scraps; found or discarded objects transformed into aesthetically pleasing items. The third type of creativity, was observing, being inspired, and filled up by beauty. For these art therapists it could be a walk in the woods, a breathtaking view, artwork in a gallery, or even deep connection with others. Fourth, was a kind of meditative activity, always creating, but in a repetitive, relaxing, and soothing way. This kind of simple creativity included beading, crocheting, or, gardening. This could be considered as more craft, than art, but the essence here is the investment into the creative process, and the self-care the activity provided. Finally, two of the three art therapists spoke of periodically joining together with other artists to create together at the same time. This communal art-making was a time of deep connection, and inspiration.

The interviews helped identify various sorts of self-care used by these three art therapists. These means of self-care appeared to be divided into three broad categories: care of the mind/spirit, care of the body and connection with others. Care of the mind/ spirit included creativity as a means of self-care, and depending on the individual, included some or all of the above types of creativity. Under this broad category also was included meditation, spiritual practice, reading, learning, and exploring. Caring for the body included exercise, yoga, walking, massage, well-balanced diet, body work, and all the detailed personal ways individuals care for their bodies. Connection with others included the authentic, supportive relationships in all forms.

When all of the interview data was compiled and reviewed, a few simple but powerful recurring themes unfolded. First, was the theme of centering; grounding the self, connecting within. Centering was referred to as a means of self-care and as an important aspect of creativity. Second was the theme of connecting with others; the importance of authentic and meaningful relationship. Like centering, connection also applied to both wellbeing and creativity, with self and other. The third theme that arose was transformation; this also was regarding self-care and the creative process. With effective, personalised self-care methods individuals spoke of being transformed through self-care rituals. Times of entering the creative process were often followed by a sense of transformation; a sense of renewal, rejuvenation, and fresh perspective.

Discussion

The combination of surveys and interviews provided a means to better answer both the primary research question: “Do art therapists use creativity for self-care?” And the secondary question: “In what ways do art therapists use the creative process?” Common themes were identified that described each participant’s essential experience.

Surveys

The survey responses provided much rich and diverse information. Reviewing the analysis of individual responses (See page 25), the initial response percentages reveal that on a preliminary level, my research questions were answered. The percentages indicate that 88% of the art therapy participants created at least once a month, or more; and that 88% created for at least 1 hour or more each time. Of all the participants, 72% created as a means of play, sublimation, and healthy escape; and 72% created as a means of self-expression. Therefore, the survey research findings indicate that: Yes, from this sample, art therapists use the creative process as a means of self-care.

The cluster analysis provided a means to better understand in which ways the art therapists use creativity. It was through the clustering process, looking for patterns of use, that the nuances of the art therapists’ continuum of creativity emerged. The multifaceted and diverse individual art therapists, clusters and hybrids, became apparent, placed along a great continuum of creativity for self-

care. This survey has provided an art therapy continuum which illustrates the many ways in which creativity is utilized for self-care.

Interviews

Several kinds of creativity were highlighted through the in-depth interviews. Various ways in which art therapists use the creative process as self-care also became clearer through the interview process. The central focus of this phenomenological exploration was the unique experience of each participant, not interpretations of the researcher.

The interview responses seem to illustrate several of the contrasting characteristics that Csikszentmihalyi (1996) refers to in his book *Creativity*. For instance: having both a grounded sense of reality as well as a well developed imagination, resonated from all three of the interviewees. Creative individuals were found to be passionate about their activities; all three of the art therapists interviewed were passionate about their lives, their work, and their creativity.

The various stages of creativity as described by both Amabile (1996) and Csikszentmihalyi (1996), were clearly identified as part of these artists as therapists' experiences. Each of the steps: preparation, incubation, insight or illumination, evaluation, or problem solving, and elaboration or verification was part of these art therapists' creative experience. The three art therapists identified with these stages in their personal creativity, their work as art therapists and their lives in general.

The lists of self-care activities listed by the interviewees mirrored that identified by Rothschild (2006) in her efforts to find self-care methods that

prevent burnout. Like several of the authors referred to regarding self-care, these participants considered centering an important aspect of self-care, and creativity specifically was part of their centering process. All three of these art therapists described their quality of life as significantly improved by their personal creativity.

Two of the three participants interviewed held a sacred and spiritual perspective regarding their creativity. Like Pat Allen, these two art therapists viewed their personal development mirrored in their personal creativity.

One art therapist expressed concerns that creativity was not emphasized enough in an on-going capacity for art therapists. For this therapist, art therapists must regularly experience creativity to effectively do their jobs. Bruce Moon (1998, 2004, 2007) has often questioned how effectively art therapists can support their clients if the creative process is only an intellectual concept. Moon (1998, 2004, 2007) encourages artists as therapists to practice creativity regularly in order to fully engage in the rejuvenation of the creative process.

Conclusion

Betensky (1987) explains that phenomenology reaches deep into the essence or core of a lived experience or phenomenon and extracts meaning. This phenomenological study certainly filled this intention, and helped me to understand more intimately how art therapists' utilise creativity. I am satisfied with the results of this preliminary study. There have been some answers provided, and some new questions generated as well. I believe that the topic of creativity as self-care is extremely important for art therapists, and a topic I hold dear to my heart. The process of discovery has been fascinating for me.

During the process of bracketing, in my own reflections regarding self-care and the creative process, I came to recognise five categories of self-care. If any of these areas was neglected for any extended period of time, then my equilibrium was affected. The titles that I have given these five areas include "beauty, connection, spirit, movement, and nourishment". 'Beauty' consisted of gazing upon, or basking in the aesthetically pleasing: whether a wonderful atmosphere, or out in nature. 'Connection' referred to deep connection with loved ones in my support system; those who know me best, and with whom authenticity is priority. Taking care of my 'Spirit' was about stimulating my intellect, inspiring my dreams, and aligning with my higher self. For me, all forms of creativity were considered part of taking care of my spirit. 'Movement' was about moving and grounding my body. 'Nourishment' was a reminder for me to consume in balance and in harmony with my needs. Now, going back over my notes, I can see some similarities in my methods of self-care as compared to the

art therapists'. This could indicate patterns, but is not conclusive at this time. Further research will be needed.

The therapeutic implications of this research indicate that creativity could be a means of sustainability for art therapists (Rothschild, 2006). As with all helping professions, sustainability requires the ability to provide adequate self-care to prevent compassion fatigue, secondary trauma and burnout (Figley, 2002). It appears that creativity as a means of self-care for art therapists could also be preventative of compassion fatigue, therefore providing sustainability (Figley, 2002; Rothschild, 2006).

I realize that as a newly graduating art therapist I may be naïve or inexperienced, yet I deeply hold as vital the sacred commitment that Allen, McNiff, and Moon have held as art therapists. These three extraordinary art therapists have set a standard and an example for me: to fully inhabit the magic of the creative process. Bruce Moon (2007) synthesizes these ideas:

When art therapists actively engage in their own expressive art tasks, a positive sense of creative contagion is generated in the environment; it is powerful medicine. Creating this feeling of artistic contagion is up to the therapist. (Moon, 2007, p.56)

As with all phenomenological research, conclusions cannot be drawn from this study. There was a limited sample; no clearly defined correlations or tentative theories have been found. Yet, some commonalities and patterns were identified. The clusters indicate that there are many ways in which art therapists use creativity. This appears to manifest in a wide spectrum of creativity, with

varying degrees of time commitment, investment, and a great difference in frequency. Further research is needed. This small study provides an initial understanding of the creative process as a means of self-care, and its uses for art therapists.

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Appendix A: Surveys

English (Sent as PDF)

(French Version will follow)

Survey

Please indicate the answer that most closely describes you...

Any additional comments or relevant details can be added on the lines provided.....

- 1. How long have you been a practicing art therapist?**
 - a. Less than 3 years
 - b. From 3 to 5 years
 - c. From 5 to 7 years
 - d. From 7 to 10 years
 - e. More than 10 years

- 2. On average, how much time have you spent as a practicing art therapist**
 - a. Less than 10 hours per week
 - b. From 10 to 20 hours per week
 - c. From 21 to 30 hours per week
 - d. More than 30 hours per week
 - e. Other _____

- 3. Where do you currently practice art therapy?**
 - a. Hospital or Mental health agency
 - b. Private practice
 - c. Educational system
 - d. More than 1 setting
 - e. Other _____

- 4. On average, how often do you practice creativity in your personal schedule?**
 - a. Less than 3 times per year
 - b. Less than 1 time monthly
 - c. 1 to 3 times each month
 - d. 1 to 2 times weekly
 - e. More than 3 times per week

5. On average, how long do you practice creativity, each time?

- a. Less than 1 hour
- b. From 1 to 2 hours
- c. From 2 to 4 hours
- d. More than 4 hours
- e. Other: _____

6. Why do you use creativity/ the creative process in your personal life?

- a. Self expression
- b. Meditation/ Spiritual practice
- c. Play/ sublimation/ healthy escape
- d. Artistic pursuits/ professional
- e. Other: _____

7. When do you use creativity?

- a. When I am overwhelmed/ stressed
- b. To work through issues
- c. As part of my regular schedule
- d. When I am on vacation/ have time off
- e. Other: _____

8. Is the creative process as a means of self-care important in your personal life?

- a. Not important
- b. Important
- c. Essential
- d. Use other means of self-care
- e. Other: _____

Would you be willing to have an in-depth interview?

Yes: Telephone # _____

No:

Comments: _____

**Thank you very much for taking the time to fill out this survey.
All participants will receive the results of this study.**

Questionnaire

Veillez s'il vous plait répondre le plus justement possible.

Si vous avez des commentaires additionnels, vous pouvez utiliser les espaces laissés après chacune des questions.

- 1. Depuis combien de temps êtes-vous un art-thérapeute professionnel?**
 - a. Moins que 3 ans
 - b. 3 à 5 ans
 - c. 5 à 7 ans
 - d. 7 à 10 ans
 - e. Plus que 10 ans

- 2. Depuis combien de temps environ pratiquez-vous en tant qu'art-thérapeute professionnel?**
 - a. Moins que 10 heures par semaine
 - b. 10 à 20 heures par semaine
 - c. 21 à 30 heures par semaine
 - d. Plus que 30 heures par semaine
 - e. Autre réponse : _____

- 3. Où exercez-vous en tant qu'art-thérapeute?**
 - a. Hôpital ou une agence de la santé mentale
 - b. Pratique privée
 - c. Système de l'éducation
 - d. Plusieurs endroits
 - e. Autre réponse: _____

- 4. Dans votre emploi du temps personnel, combien de temps environ consacrez-vous à une activité créative?**
 - a. Moins que 3 fois par année
 - b. Moins que 1 fois par mois
 - c. 1 à 3 fois par mois
 - d. 1 à 2 fois par semaine
 - e. Plus que 3 fois par semaine

1. Combien de temps environ y consacrez-vous chaque fois?

- a. Moins que 1 heure
- b. 1 à 2 heures
- c. 2 à 4 heures
- d. Plus que 4 heures
- e. Autre réponse : _____

2. Pour quelles raisons utilisez-vous la créativité dans votre vie personnelle?

- a. Expression de soi
- b. Méditation ou pratique spirituelle
- c. 'Jeu'/ sublimation/ « évasion »
- d. Professionnelles
- e. Autre réponse : _____

7. À quel moment faites-vous des activités créatives?

- a. Lorsque je ne suis stressé(é) /débordé(é)
- b. Lorsque je veux travailler sur mes problèmes personnels
- c. Dans mon horaire régulier
- d. Lorsque je suis en vacances/ Lorsque j'ai du temps libre
- e. Autre réponse : _____

8. Quelle importance accordez-vous à la créativité?

- a. Pas très important
- b. Important
- c. Essentielle
- d. J'utilise d'autres méthodes de « bien-être » (*self-care*)
- e. Autre réponse: _____

Seriez-vous intéressé à répondre à une entrevue plus en profondeur?

Oui : numéro de téléphone : _____ Non :

Remarques : _____

Merci à l'avance de votre participation à ce sondage.

Les résultats seront transmis à tous ceux qui y ont participé.

Appendix B: Interview Questions

Operational Definitions

The Creative Process: Refers to the complete entering into and full investment in any form of creativity including but not limited to art, dance, music, writing (Cameron, 1992).

Self-care: Activities that are used for the purpose of well-being; to nurture and balance the various aspects and needs of the self: psychological, physical, spiritual, and emotional (Burns, 2000).

Questions:

1. Was self-care, and/or personal creativity encouraged as part of your art therapy training?
2. Do you have a self-care regimen? If so, what does it include?
3. On a scale of 1 to 6 how difficult is integrating creativity into your regular schedule? (1= easy; 6= too difficult to incorporate into my schedule.)
4. Please describe the way(s) in which your personal creativity and your work as an art therapist relate.
Have you noticed if your personal creativity affects/modifies/changes your performance as an art therapist?

(This question seeks to discover any correlation in the quality of your work as an art therapist and your level of personal creativity?)

5. When you are personally actively creative, have you noticed if your relationships with others (clients, peers, friends, family) differ from times when you are not personally creative?
Have people close to you given you feedback about your being somehow different when you are being creative?

(This question seeks to address a possible connection between personal creativity and your relationships.)

Thank you very much.

Appendix C: Experience

	1a, 1b, ..., 8e = Survey Question Number																																												
	1a	1b	1c	1d	1e	2a	2b	2c	2d	2e	3a	3b	3c	3d	3e	4a	4b	4c	4d	4e	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e					
1 to <= 5 Years	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
5 to <= 10 Years	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
10+ Years	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0

Note : 1=Yes 0=No

Appendix E: Private - Experience - Hours

		4a,4b,...,8e= Survey Question Number																										
		1-5 Years				5 to <= 10 Years				10+ Years				Other														
		0-20 hrs	21+ hrs	0-20 hrs	21+ hrs	0-20 hrs	21+ hrs	0-20 hrs	21+ hrs	0-20 hrs	21+ hrs	0-20 hrs	21+ hrs	0-20 hrs	21+ hrs													
		4a	4b	4c	4d	4e	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e		
Private Practice	5 to <= 10 Years	0-2- hrs	0	0	0	1	0	0	0	0	0	1	1	1	1	0	1	0	1	1	0	0	0	1	0	0		
			0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	
			0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0
		21+ hrs	0	0	0	1	0	0	0	0	0	0	1	1	1	1	0	1	0	1	1	0	0	0	1	0	1	0
			0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	1	1	0	0	0	1	0	1	0	1	0
			0	0	0	1	0	0	0	1	0	0	0	0	1	1	1	1	1	1	0	1	0	1	0	1	0	0
	1-5 Years	0-20 hrs	0	0	0	0	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0	
			0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	
			0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	
		21+ hrs	0	0	0	0	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0	
			0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	
			0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	
10+ Years	0-20 hrs	0	0	0	0	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0		
		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
	21+ hrs	0	0	0	0	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0		
		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
5 to <= 10 Years	0-20 hrs	0	0	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
	21+ hrs	0	0	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
Other 10+ Years	0-20 hrs	0	0	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
	21+ hrs	0	0	0	1	0	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		
		0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0		

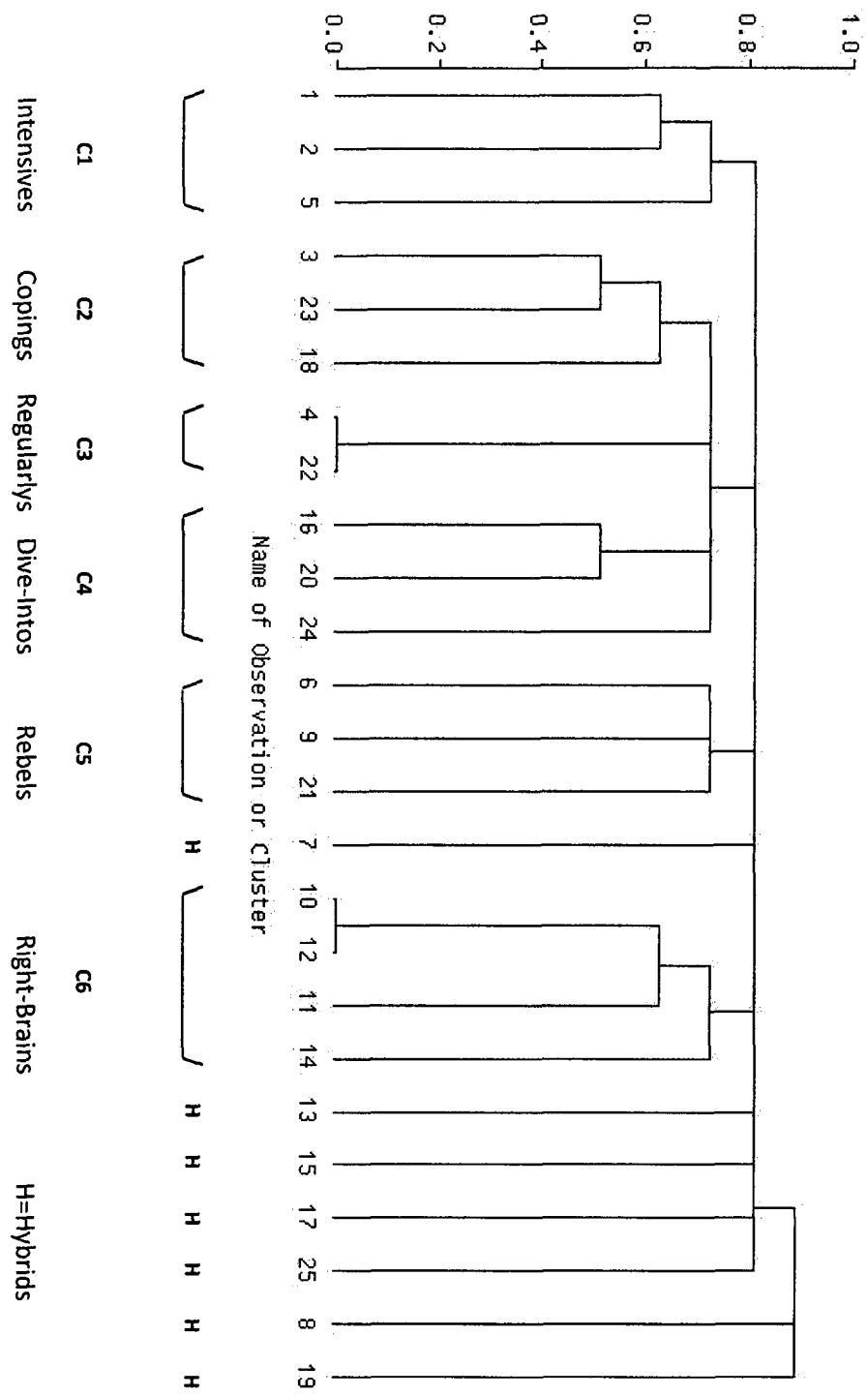
Note : 1=Yes 0=No

Appendix F: Binary Coding

clus	id	clus=Cluster Number				id=Identification Number				1a,1b,...,8e=Survey Question Number																															
		1a	1b	1c	1d	1e	2a	2b	2c	2d	2e	3a	3b	3c	3d	3e	4a	4b	4c	4d	4e	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e
1	1	0	0	0	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0		
1	2	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	1	1	0	0	1	0	0		
1	5	0	0	0	1	0	0	1	0	0	1	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	1	0	0	1	1	0	
2	3	0	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	1	0	0	0	1	1	0	0	0	1	0	0		
2	18	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	0	1	1	0	1	0	0	0	0		
2	23	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	1	1	0	0	1	1	1	0	0	0	1	0	0	
3	4	0	0	1	0	0	1	0	0	0	1	0	0	0	0	1	1	1	0	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	1	0	0		
3	22	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0		
4	16	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	1	1	1	1	1	1	1	1	0	1	0	0	0		
4	20	0	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	1	1	1	1	0	1	1	1	0	0	1	0	0		
4	24	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	1	1	1	0	1	1	1	1	0	0	1	0	0	
5	6	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0		
5	9	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	1	1	0	0	1	0	0		
5	21	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	1	1	0	0	1	0	1	0	
6	10	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	0	
6	11	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0		
6	12	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	0	
6	14	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
7	7	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1	1	0	0	0	0	1	0	0	1	0	0
7	8	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	1	0	0	0	
7	13	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
7	15	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	1	1	1	1	1	0	1	0	1	0	0	0	
7	17	0	0	0	1	0	0	0	0	1	0	0	0	1	1	0	1	0	0	0	0	0	0	1	0	0	1	1	1	1	1	1	1	0	0	0	1	0	1	0	0
7	19	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	0	1	0	0	1	1	0	0	1	0	0	1	0	0
7	25	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	1	0	0	1	0	0	

Note : 1=Yes 0=No

Appendix G: Cluster's Histogram



Note: Horizontal lines indicate levels of connection. The closer to 0.0 the more similar.

Appendix H: Survey Consent Form – English

(French Version will follow)

Informed Consent

I agree to participate in the research study being conducted by Joanne Gagné of The Creative Arts Therapies Department of Concordia University.

I understand that the purpose of this research is to answer the question:

Do art therapists use the creative process as a means of self-care?

I understand that all information will remain confidential, (only the researcher will have access to respondent's identity).

I understand that the data from this study may be published, for educational purposes, but that all identities will remain confidential.

I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.

I have read and understand this agreement.

I freely consent and voluntarily agree to participate in this research study.

Thank you very much for your help.

Consentement informé

Je consens à participer à l'étude de recherche dirigée par Joanne Gagné du Département de Thérapies par les Arts Créatifs de l'Université de Concordia.

Je comprends que le but de cette recherche est de répondre à la question :
Les thérapeutes par l'art utilisent-ils le processus créatif comme moyen de se soigner?

Je comprends que toute information restera confidentielle, (seule la chercheuse aura accès à l'identité du répondant).

Je comprends que les données de cette étude pourraient être publiées à des fins éducatives, mais que toutes les identités resteront confidentielles.

Je comprends que je suis libre de retirer mon consentement et d'annuler ma participation à tout moment sans conséquence.

J'ai lu et je comprends cet accord.

Je consens librement et volontairement à participer à cette étude de recherche.

Merci beaucoup pour votre aide.

Appendix I: Interview Consent form

Informed Consent for Interview

I agree to participate in the research interview being conducted by Joanne Gagné of The Creative Arts Therapies Department of Concordia University.

I understand that the purpose of this interview is to answer the research question: *Do art therapists use the creative process as a means of self-care?*

I understand that all information will remain confidential, (only the researcher will have access to the respondent's identity).

I understand that the data from this study may be published, for educational purposes, but that all identities will remain confidential.

I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.

Please Indicate Yes or No, and return via internet:

I have read and I understand this agreement:

I freely consent and voluntarily agree to participate in this research study:

Thank you very much for your help.