

EMPATHY AND INSECURITY:
A HEURISTIC JOURNEY TO SELF-EMPATHY

PAULA DUFFY

A Research Paper
in
The Department
of
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts
Concordia University
Montreal, Quebec, Canada

JULY, 2019

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CONCORDIA UNIVERSITY
School of Graduate Studies

This research paper prepared

By: Paula Duffy

Entitled: Empathy and Insecurity: A Heuristic Journey to Self-Empathy

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

Research Advisor:

Jessica Bleuer, MA, M.Ed., RDT, OPQ

Department Chair:

Guyllaine Vaillancourt, PhD, MTA

July, 2019

ABSTRACT

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PAULA DUFFY

Although therapist empathy is a well-established construct in the therapeutic context, therapist insecurity is rarely discussed. The dearth of research on the phenomenon of therapist insecurity is even more apparent in creative arts therapies literature. This qualitative research project stemmed from the author's insecure feelings around her own empathic practice. It explored her experience of both empathy and insecurity as a drama therapist in training, and sought to clarify the perceived relationship between these two concepts. The research employed both heuristic and arts-based approaches encompassing movement and dramatic improvisation, visual art-making, and creative writing. Journal responses to the art-making were coded and further processed artistically; this paper, along with one of the produced artworks, constitutes the creative synthesis of this research. Findings included personal connections made between the two constructs of empathy and insecurity, mediated by countertransferential material that surfaced during the research process. Findings also inferred the value of self-empathy as a tool when faced with feelings of personal insecurity. The author suggested that the issue of therapist insecurity is one that merits more attention, in both training programs and among professional practitioners.

ACKNOWLEDGEMENTS

That this process ended up becoming a truly heuristic and transformative one was surprising at times, but I know I could never have reached this point without the support of some very special people.

To my internship clients, thank you for all you taught me.

To my drama therapy cohort, thank you for reminding me that I too know how to play.

To my professors and supervisors, thank you for your guidance on my journey.

To my research advisor, Jessica Bleuer: I am incredibly grateful for your genuine encouragement, generous support, and very timely reflections. Your insightful questions fed my self-search and spurred me on.

To 和利: For giving me either a push or more space, depending on what I needed; for understanding me – and trying to understand me, even when it wasn't easy; and for your colossal and unending support in all its forms, without which I could not have gotten this far, thank you forever.

To my parents: Your love and support always reached me, no matter how far I went. Thank you for everything.

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Chapter 1. Introduction

Empathy is considered a sought-after therapeutic quality, a condition for therapeutic change (Rogers, 1957/2007), and a basic skill discussed in therapeutic training programs, including within the creative arts therapies (CATs). It even has its own specific applications in the CATs, as demonstrated by the concepts of dramatherapeutic empathy (Jones, 2007) from drama therapy, and kinesthetic empathy (Levy, 2005) from dance movement therapy. Therapist insecurity, on the other hand, is a much less desired phenomenon (Dahl, Ulberg, Friis, Perry, & Høglend, 2016; Thériault & Gazzola, 2010), and although it is discussed in the literature of counseling and psychotherapy practice (Nissen-Lie et al., 2017; Rønnestad & Skovholt, 2003; Thériault & Gazzola, 2005), during training it is often left only minimally addressed if at all (Schwebel & Coster, 1998; Shamoon, Lappan, & Blow, 2016; Thériault & Gazzola, 2006). So how do insecurity and empathy connect?

The impetus for this research started long before my graduate degree in drama therapy. As an adolescent studying dance, I remember being struck by a desire to use my art in service of those in need – of support, connection, or understanding. I'd participated in various projects of a humanitarian nature, and I considered myself an empathic person. Having experienced the healing power of self-expression through dance and embodied performance, and fueled by this feeling I thought of as empathy, I heard about the field of dance movement therapy and felt that I'd found my calling. This led me towards my academic path in both drama and dance movement therapy.

The deconstruction of this naïve and privileged view of myself as a natural helper began in my first year of drama therapy training. Up until that point, I linked the practice of empathy to a simplistic sense of justice and righteousness, by which I made conscious and unconscious judgements about empathy givers and receivers. In this skewed view, individuals I considered victims deserved empathy, whereas predators and criminals, as well as strong and self-sufficient people, did not; therapists and warm, caring people fit my image of empathy-giver, whereas jaded caregivers and brusque professionals did not.

Through both coursework and my practicum experience, I found myself exposed to issues that complicated and problematized the idea of empathy. I developed an empathic understanding for both the lonely, cranky resident *and* the underpaid, overworked beneficiary attendant. I became more familiar with the concepts of power, privilege and oppression

(McIntosh, 1990), and how one could have very good intentions and plenty of empathy, and still manage to psychologically wound another and contribute to systemic injustices. After a first year of practicum experience, I found myself questioning my ability to empathize with accuracy, which shook my previous identity as an empathic person. I also doubted my ability to use information gained empathically for my clients' benefit; empathy was in and of itself insufficient – or as I felt it, *I* was insufficient. (Stage cue: Enter insecurity, which may have been there all along.)

I decided to dedicate my graduate research project to a heuristic exploration of empathy and its not-enoughness. I initially sought to explore the relationship between empathy and privilege, in hopes of shedding some light onto my unacknowledged privileges and the way in which they might impact my ability to empathize with clients. After some months of reading and reflection, and with the help of peer feedback, I concluded that for me, power seemed a more central mediator and influencer of empathy in the therapeutic relationship. I began exploring these notions through arts-based research methods, but the concept of power did not resonate with that which I wanted to explore within myself. Based on some of the emerging themes, I then broadened the topic to consider instead the relationship between empathy and difference, a paradoxical one indeed (Cushman, 2009). But finally, it was only through the heuristic process of this research, and some timely feedback from my research advisor, that I came to understand that my relationship with each of the constructs of privilege, power and difference, was ultimately rooted in my insecurity with them. I was finally able to name the phenomenon that had begun quietly in my first year, and then much louder in my second, to unsettle my internship experience. How did my insecurity as a drama therapist in training impact my ability to empathize with clients?

Statement of Purpose

The purpose of this research is to shed light on my experience of the relationship between empathy and insecurity, as a drama therapist in training. The topic is tied to the original impulse behind my pursuing this career path, as well as the questions and process of identity-formation that have stemmed from following that impulse. Because of my personal investment in the topic, and due to its subjective nature, I opted to follow a heuristic, arts-based approach to the research project. This document is both a contextual essay for my arts-based research project, and one of the two creative syntheses of this heuristic research.

Research Question

The focus of my research went through a number of changes. Through the heuristic process, I was eventually able to verbally formulate the “personal question” (Sela-Smith, 2002, p. 63) to which I sought an answer: As a drama therapist in training, what is my experience of the interplay between my insecurities and my ability to engage empathically in the therapeutic context?

Operationalizing of Terms

Below are definitions of the terms central to this project, *empathy* and *insecurity*.

Empathy. The concept of empathy stems originally from the German word, *Einfühlung* (Chismar, 1983), which translates as “feeling one’s way into” (Staemmler, 2012, p. 10). It has been understood and conceptualized in a variety of ways in the field of psychotherapy, with differences ranging from the level of subtle nuance to radical divergence (Staemmler, 20012). However, for the sake of simplicity and clarity, use of the term *empathy* in this text will refer to the following dictionary definition, unless otherwise specified: “the ability to *understand* and *share the feelings* of another” (“Empathy”, 2019, emphasis added), as it refers not only to the cognitive and emotional aspects of empathy, but also reflects its intersubjective nature.

Insecurity. Within the field of psychotherapy, the concept of insecurity is often described as anxiety, uncertainty and self-doubt; these synonyms are also used to define insecurity in the Oxford dictionary (“Insecurity”, 2019). Feelings of insecurity may be both temporary and situational (state), and/or pervasive and long-lasting (trait) (Odyniec, Probst, Margraf, & Willutzki, 2017; Thériault & Gazzola, 2006). My use of the term *insecurity* in this text incorporates the above ideas.

Biases, Assumptions and Limitations

Given the subjective nature of heuristic research, this project is replete with my biases, which constitute the filter through which I consider my experiences. A number of these biases are based in social identifiers which provide me with an amount of privilege: I am a white, heterosexual, cisgender, able-bodied woman who has access to graduate-level education. My research is based on the assumption that making use of empathy in therapy can be helpful in building a therapeutic alliance, and that the latter is foundational to therapeutic change (Yalom & Leszcz, 2005). As a student of the creative arts therapies, I have academic and personal investments in the belief that engaging in the creative arts can lead to healing and transformation,

hence my choice of arts-based exploration. This also means that I engaged in the heuristic process with the hope that it would have a healing and transformative effect on me, as I prepared for the transition from the relatively structured context of student life into a professional career in the creative arts therapies.

In terms of research limitations, heuristic inquiry seeks not generalizability, but rather the researcher's "feeling response" (Sela-Smith, 2002, p. 79), his or her personal reaction to experiences perceived through the lens of the research question, as a measure of validity. Everything viewed through this lens is considered data, valuing the idiosyncratic aspect of individual experience. The research findings are shared with the intention of providing a look into the subjective experience of a drama therapist in training. It is my hope that this micro-level focus can contribute to the call for further research in this area.

Chapter 2. Literature Review

My review of the literature on empathy in the helping professions started at the beginning of my research process, but that of insecurity came much later, in conjunction with the evolution and clarification of my research question. In addition to providing a context for my topic of research and identifying the gap which it attempts to address, reviewing the literature contributed to a process of triangulating my data, and also validated some of my personal experiences of both empathy and insecurity.

Empathy

In psychotherapy. Although related terms, such as sympathy and compassion, tend to muddle the popular understanding of the word (Lamm, Rütgen, & Wagner, 2019), empathy is generally defined in the literature of psychotherapy as a combination of both the cognitive and the emotional understanding of the other (Cushman, 2009; Hooker, 2015; Shapira, Kupermintz, & Kali, 2016; Lamm et al., 2019). Carl Rogers' (1957/2007) early definition of empathy was to "sense the client's private world as if it were your own" (p. 243). Rogers influenced generations of psychotherapists by naming the empathic understanding of the client as one of the six "necessary and sufficient conditions of therapeutic personality change" (p. 241). The sixth condition was that therapists succeed in communicating their empathy to their clients, an idea that hints at the value of the client's perspective in the empathic equation. Rogers omitted any mention of the empathy required of the client in his or her efforts to understand the therapist.

Authors such as Barrett-Lennard (1981), Murphy, Cramer and Joseph (2012), and Staemmler (2012), took the consideration of the client's perspective a concrete step beyond Rogers' in overtly recognizing the client's role as empathic partner in the therapeutic exchange. Murphy, Cramer and Joseph (2012) proposed that the individual in therapy must also feel a level of empathic understanding for the therapist in order to be able to receive his or her empathy. Barrett-Lennard (1981) provided a breakdown of this perspective by offering a cyclical model: Partner B resonates empathically with partner A's initial expressed content, then communicates to A that which was understood. Partner A in turn empathically receives this communication, responding with "confirming or corrective" (p. 94) feedback, and potentially starts the cycle again by expressing something new. Staemmler (2012) also emphasized mutuality in his "expanded" (p. 26) definition of empathy, and considered the one-sidedness that results from a lack of mutuality, one of the major shortfalls in the "traditional concept of empathy" (p. 55).

Ultimately, mutuality in the empathic encounter provides a foundation for mutuality in the therapeutic relationship, a primary consideration in all the major schools of psychotherapy (Cornelius-White, Kanamori, Murphy, & Tickle, 2018).

In 1959, Rogers updated his definition of empathy as follows:

The state of empathy ... is to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the “as if” condition. (p. 210)

Rogers stressed that “if this ‘as if’ quality is lost” (p. 211) one is not dealing with empathy but with identification. He was referring to the mental boundary a therapist must maintain in order to avoid psychologically merging with the client, also known by Gestalt therapists as *confluence* (Perls, 1973; Zinker, 1977). Perls (1973) even went so far as to state that empathy, “at its worst ... becomes confluence” (p. 106). Staemmler (2012), however, opposed this individualistic view, citing intersubjectivity as not only central to the experience of empathy, but also to the development of the self.

Other authors also found this focus on the barrier between therapist and client problematic. Hooker (2015) referred to the use of empathy in the field of medicine as potentially contributing to the systemic reproduction of inequality. Doctors’ experiences are usually quite removed from that of patients’, so their claims to empathically understand patient experiences may also be affected by their own “imaginative projections” (p. 544); in their own freedom from the constraints and consequences of the patient’s condition, these claims would be more accurately described as appropriation than empathy, according to Hooker.

In his commentary on Layton’s (2009) article regarding neoliberal subjectivity and its effects on empathy, Cushman (2009) took the above critique a step further by declaring that any use of the word empathy “brings more problems than it is worth” (p. 136). His main objection was that the concept of empathy usually implies the Cartesian dualism of an observable outer world (that which the empathy giver observes in order to gain a glimpse of understanding of the other), versus an unknown but true inner world (that of the empathy receiver). He related this basic dualism to other more problematic polarities along the divisional lines of race (black/white), gender (male/female), and class (rich/poor), among others, stating that these “historically germane polarities” (p. 124) also stem from Cartesian principles. Although the purported goal of empathy is to bridge the gap between individuals in order to gain a better

understanding of each other, the dualism inherent in Cushman's idea of empathy requires the continued existence of that separation between people. Ultimately, Cushman suggested that empathy can only exist in a world of such divisions, thus "to exist, empathy requires what it claims to undo" (p. 125). I agree with Cushman that Cartesian divisions are not helpful in understanding oneself, let alone another, and that indeed, one can never presume to truly understand another based simply on our imagined and felt projections. However, his proposed replacements for the term of empathy seem to fall short of encapsulating the experience of connection I have felt in moments of what I conceive of as empathy.

Staemmler (2012) opposed Cartesian dualism at least as strongly as Cushman in his work on an expanded understanding of empathy. He critiqued its traditional presentation, which he viewed as one-sided, disembodied and individualistic, and proposed instead the recognition of empathy as a concept comprising mutuality, embodiment and joint experience. The latter two points particularly emphasize a non-dualist conception; Staemmler recognized the role of the embodied self in the empathic encounter, hence denying the body-mind division, and he viewed the self as a changing relational co-construction, as opposed to existing in isolation. Rather than dismissing its use, Staemmler offered a wider understanding of empathy so as to improve its use.

A discussion of the literature on empathy in the psychotherapeutic context would be incomplete without mentioning Kohut, a psychoanalyst who introduced self psychology to his field (Staemmler, 2012). Empathy is a central tenet of self psychology: Kohut (1977/2009) considered it to be "as basic an endowment" (p. 144) in humans as the five senses, and viewed the experience of receiving empathy as a condition for psychological survival and healthy development. He defined empathy as "vicarious introspection" (Kohut, 1959, p. 459), which might remind one of Rogers' (1959) "as if" quality" (p. 211); the separation between empathy giver and receiver is tangible according to both of these theories. However, Kohut (1977/2009) also described a detailed developmental view of empathy, including the earliest empathic experiences of fusion with the primary caregiver. He spoke of the impact on adulthood of insufficient parental empathy in childhood, citing not only extreme cases of active misunderstanding or neglect, but also those cases in which the caregiver is psychologically absent for the child. These views fed into his introduction of the analyst's empathy as pivotal in the process of psychoanalysis, but like his contemporary Rogers, Kohut's approach did not give much thought to the client's own capacity for empathy.

In summary, empathy has become a major therapeutic consideration from the 20th century onward. It has been revered, condemned, problematized and expanded. Whether one considers empathy as one-sided or mutual, embodied or not, an individual or a joint experience, studies show that it is still a factor with considerable impact on therapeutic outcomes (Elliot, Bohart, Watson & Murphy, 2018; Moyers & Miller, 2013; Watson, Steckley & McMullen, 2014).

In the creative arts therapies. Because the creative arts therapies (CATs) make use of artistic processes in relationship (as opposed to in isolation), empathy is an inherent part of this therapeutic approach. An art therapist may rely on his empathic understanding of his client when engaging in intersubjective communication with her about her artwork, and will attempt to understand its significance according to the markers of the client's own experience and frame of reference (Holmqvist, Roxberg, Larsson, & Lundqvist-Persson, 2019). Therapists using modalities which are more interactive in nature (i.e. music, dance and drama) often speak of the empathic experience occurring through the artistic medium. For example, a piece of music can bring both therapist and client into an experience of shared feeling (Camilleri, 2001). Albornoz (2016) referred to the empathic artistic connection which can arise when improvising with clients, enabling the music therapist to feel the pain of the client. Dance movement therapists make explicit use of an embodied form of empathy they refer to as kinesthetic empathy, by which they seek to attune to clients' feeling states by embodying their postural and gestural movement qualities and patterns (Berger, 1989). "Dramatherapeutic empathy" (Jones, 1991, p. 8) is described as one of the core processes of drama therapy, and goes beyond the client-therapist relationship, as participants empathically relate with various elements such as roles, objects and dramatic situations. Due to my interest and training in dance movement therapy and drama therapy, I discuss empathy from the perspective of these approaches in more depth below.

In dance movement therapy. As the body is their central tool, dance movement therapists view empathy through a body-based lens. A dance therapist's empathic connection with and understanding of her client are built upon a highly sensitive attunement both inwards and outwards. She attunes to the client's as well as to her own inner rhythm, and brings awareness to both her outer physicality and her inner feeling state (Kleinman, 2009). It is upon this foundation that the dance movement therapist enters into the intersubjective experience of empathy. "Kinesthetic empathy is a form of knowledge, of contact and shared construction" (Fischman, 2009, p. 48) which entails movement between identification (i.e. closeness, similarity) and

differentiation (i.e. otherness, separation). It is a process that takes place in the here-and-now, most often on an embodied level, which means that it cannot always be broken down into Barrett-Lennard's (1981) cyclical steps described in the previous section. Client expression, therapist understanding and communication, and client correction or confirmation, may all be flowing simultaneously, as both therapist and client seek to understand one another on a body level. The dance movement therapist's empathic response may be expressed directly, by physically reflecting the client's movement patterns and qualities or verbally reflecting feelings, but can also be communicated indirectly with use of metaphor and imagery, in movement and/or verbally (Fischmann, 2009). The engagement of the body in these empathic encounters adds a level of communication to the exchange that can broaden and deepen both client and therapist's mutual understanding.

Interestingly, the process of kinesthetic empathy includes not only the dance movement therapist's attunement to the client, but also a level of self-attunement by which the therapist can consider her felt responses to the client, as a filter through which she understands the client. This embodied self-reflexivity can support a dynamic balance between the polarities of identification and differentiation considered inherent in the encounter between client and therapist (Fischman, 2009). The embodied aspect, as well as the self-attunement inherent in this empathic process, provide an added richness to the traditional psychotherapeutic practice of empathy.

In drama therapy. Jones (1991) coined the term "dramatherapeutic empathy" (p. 8), by which he sought to differentiate the use of empathy in drama therapy from that of conventional verbal therapies. Empathy in drama therapy is also somewhat distinct from that of the other CATs modalities in that there is an inherent focus on the client's ability to empathize – with other participants, but also with "a role, objects or dramatic situations or dramatic activities" (Jones, 1991, p. 12). The act of taking on a role necessitates a certain amount of empathy on the part of the actor/client for the role or character being played. Audience members (or group members, in the therapeutic context) also empathize with actors when engaging emotionally in the dramatic work. These experiences may support clients who have difficulty empathizing or understanding others. Jones (1991, 2007) presented dramatherapeutic empathy and its cousin concept of distancing as core processes working in tandem. Distancing and empathy describe the opposite ends of a spectrum of engagement, from the more cognitive/reflective to the more emotional/physical, respectively. Landy (2009) also referred to distancing, but named these same

polar opposites *overdistance*, or “an overabundance of thought” (p. 72), and *underdistance*, or “an overabundance of emotion” (p.72). He described “aesthetic distance, a balance of feeling and thought” (p. 72), as the optimal form of a client’s integrated expression.

The above is a conceptual departure from that of the theorists who defined empathy in psychotherapy. If *empathy* means to understand another person, wouldn’t the opposite term infer a lack of understanding? Yet in drama therapy theory, underdistance or dramatherapeutic empathy refers to the embodied, emotional aspect of empathy; distancing is not a lack of understanding but rather, a cognitive understanding. Together, aesthetic distance in drama therapy refers not only to an ability to empathize with the thoughts and feelings of another, but also to have an integrated understanding of oneself.

Insecurity

In psychotherapy. Common to the experience of trainees (Odyniec et al., 2017; Rønnestad & Skovholt, 1993, 2003; Woodside, Oberman, Cole, & Carruth, 2007), novices (Frediani & Rober, 2016; Rønnestad & Skovholt, 2003; Thériault, Gazzola & Richardson, 2009; Thériault & Gazzola, 2010) and experienced therapists alike (Thériault, 2003; Thériault & Gazzola, 2005, 2006), therapist insecurity has been referred to in the literature as *anxiety* (Rønnestad & Skovholt, 1993), *confusion* (Hazler, 2002), *self-criticism* (Frediani & Rober, 2016), *self-doubt* (Nissen-Lie et al., 2017; Nissen-Lie, Monsen, & Rønnestad, 2010; Odyniec et al., 2017; Roeske, 2013; Woodside et al., 2007), and *feelings of incompetence* (FOI) (Thériault & Gazzola, 2005, 2006, 2010; Thériault et al., 2009). The fact that this phenomenon goes by so many names may testify to its complex nature. Insecurity can be considered state-based, that is, related to the therapist’s current mental or physical state; or trait-based, that is, related to their personality (Odyniec et al., 2017; Thériault & Gazzola, 2006). It can refer to feelings about one’s professional behaviour and efficacy, but can also touch on deeper feelings of self-worth, and is attributed to a wide range of causes.

The developmental perspective of insecurity in therapists considers feelings of anxiety and self-doubt to be pervasive in student and novice therapists, and to decline in experienced therapists (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). Rønnestad and Skovholt (1993) referred to *pervasive anxiety* in describing the intense feelings of self-doubt that pervade the experience of student therapists. They mentioned that although experienced therapists will name these feelings as part of their past experiences as trainees, it is difficult to access accounts

of these insecure feelings directly from students. This may be due to the students' need to keep up a façade of confidence in order to “maintain professional competence ... [and to] function in a threatening school environment” (p. 398). Trainees face not only the uncertainty inherent in the therapeutic act (Roeske, 2013), but they must also navigate the perceived expectations and academic tasks required of them, not to mention evaluation at the hands of their supervisors. Woodside et al. (2007) noted the remarkable strength and pervasive nature of the feelings of self-doubt experienced all throughout a trainee's journey towards becoming a therapist.

Among novice therapists, that is, those in their first years of practice after graduating (Rønnestad & Skovholt, 2003), feelings of insecurity “are particularly prevalent” (Thériault & Gazzola, 2010, p. 234). With the release from graduate level academic pressures also comes a new experience of isolation from the support of peers, professors and supervisors. New therapists feel that they are on their own, and become acutely aware of the gap between their knowledge and their self-expectations at this level (Rønnestad & Skovholt, 2003). Thériault et al. (2009) and Thériault and Gazzola (2010) examined novice therapists' experiences of insecurity from a phenomenological perspective. Using the term FOI, they found this phenomenon to be much more complex than a mere lack of confidence or knowledge. They looked into the positive and negative consequences of FOI in novices, as well as their coping mechanisms, in order to provide preventative training recommendations for therapist educators and supervisors. It was emphasized that the topic of insecurity and FOI felt like a taboo in training programs, and was not extensively discussed, leading new practitioners to feel betrayed, vulnerable and underprepared (Thériault et al., 2009). Thériault & Gazzola (2010) identified four levels of depth to FOI, ranging from self-doubts about mastery of techniques and the immediate impact of therapy, to preoccupations about one's own effectiveness as a clinician. At its deepest level, FOI were related to the therapists' own sense of adequacy as a person. The sources of FOI were multiple, and the authors concluded that in training, the supervisory approach must be tailored to fit the trainee or novice's particular flavour of insecurity.

In her doctoral dissertation and subsequent research, Thériault (2003) focused on unpacking the phenomenon of FOI in experienced therapists. She found that therapists described their experiences of FOI along a spectrum of intensity (Thériault, 2003; Thériault & Gazzola, 2005). The lowest intensity level was described as *inadequacy*, which entailed preoccupations with being correct and effective in therapeutic practice. The moderate intensity level was referred

to as *insecurity*, and dealt with both self-confidence and the therapists' faith in the process of therapy. The most profound level described was that of *incompetence proper*. This level was characterized by a preoccupation with contribution (i.e. therapists' helpfulness) and attribution (i.e. therapists' impact on clients), as well as with the therapist's identity and internal coherence. At its deepest and most anguish-inducing, FOI shook therapists to the core of their being, even causing them to question "their capacity to be empathic" (Thériault & Gazzola, 2005, p. 15); this was one of the rare references I found in the literature linking insecurity with empathy. Despite the above-mentioned finding that insecurity is a developmental phenomenon which diminishes with experience (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992), Thériault and Gazzola (2005) emphasized that all therapists experience FOI. The difference between them is that more experienced practitioners are less deeply perturbed or personally affected by lower intensity FOI (related to skills and effectiveness) than trainees and novice therapists. However, the more intense levels of insecurity, or "self-doubts directed at oneself ... continued to be quite potent and disturbing despite years of experience" (p. 16).

Depending on the intensity of the feelings and the coping methods employed, however, insecurity in therapists is not always negative. Thériault et al. (2009) referred to some positive consequences of FOI for novice therapists, such as an increased responsiveness to clients' needs in session, and a motivation for increased learning and self-knowledge. Dewane (2006) noted that therapists who are able to accept their feelings of anxiety can use them as an impetus for change and growth. Nissen-Lie et al. (2010) evaluated therapists' feelings of insecurity by considering the effect of professional self-doubt, that is, doubts about one's own professional efficacy, on the therapeutic alliance. They were surprised to find that professional self-doubt had a positive impact on the alliance, and attributed this to therapists' attitude of "humbleness and sensitivity" (p. 627), and a "respect for the complexity of therapeutic work" (p. 641). These results must be interpreted with caution, however; Nissen-Lie et al. found a low degree of professional self-doubt overall, indicating that higher intensity feelings of insecurity may not hold the same benefit. What's more, a follow-up replication study by Odyniec et al. (2017) found the opposite result when using a different theoretical orientation (cognitive-behavioural, as opposed to psychodynamic).

Whether one calls it insecurity, incompetence, anxiety or self-doubt, these potentially debilitating feelings can occur throughout one's career in the helping professions. For better or

for worse, they impact practitioners, and may in turn have an effect on their work with clients. Left unattended, feelings of insecurity could lead to therapist stress, burnout or early career abandonment (Thériault & Gazzola, 2005); considering the potential impact of therapists' insecure feelings on client outcomes (Dahl et al., 2016; Hoffart, Hedley, Thornes, Larsen, & Friis, 2006; Odyniec et al., 2017), addressing therapist insecurity both in treatment and prevention would appear to be a concern of utmost priority. Yet this phenomenon remains insufficiently addressed in training programs (Schwebel & Coster, 1998; Shamoan, Lappan, & Blow, 2016; Thériault & Gazzola, 2006), and continues to lurk beneath the seemingly necessary mask of therapist confidence.

In the creative arts therapies. Much of the literature on therapist insecurity in the field of the creative arts therapies (CATs) refers to feelings of collective professional insecurity. Orkibi & Bar-nir (2015) studied collective self-esteem, that is, the self-esteem one feels in being part of a specific group, as it related to job satisfaction and subjective well-being in CATs students and practitioners. Their study found a higher level of collective self-esteem among CATs students than among professionals, which they suggested could be due to professionals' increased opportunities for upward social comparison to other, more recognized mental health clinicians. Both Johnson (2009) and Vulcan (2013) also referred to this tendency for creative arts therapists to feel inferior to other therapeutic paradigms, hence accommodating these non-CATs paradigms into their practice. Vulcan (2013) argued that the professional identity of dance movement therapists "is still overshadowed by the somatic-verbal divide" (p. 6). She found that dance movement therapists tended or intended to enhance their education with verbal psychotherapy training, underwent supervision and processed sessions mainly verbally, and tended not to seek out body-oriented practitioners for personal therapy. This disconnection from the main modality of their practice was suggested to indicate an internalization of the hierarchic relationship between verbal psychotherapy and alternative approaches such as dance movement therapy, to the detriment of these therapists' professional identity.

A similar issue was identified by Allen (1992) as "the clinification syndrome" (p. 22) in art therapy practice. She described this as a process in which the art therapist increasingly prioritizes clinical skills over art-making. Allen argued that this clinification can lead to individual burnout and career abandonment, as well as a lack of research and theoretical depth in the field at large. A number of researchers advocate for CATs practitioners to prioritize our own

creative modalities in our work, supervision, self-care, and research (Allen, 1992; Junge & Linesch, 1993; Vulcan, 2013), but Johnson (2009) pointed to a conundrum: The CATs also require recognition as an evidence-based practice from the larger field of mental health in order to gain access to clients needing our services. Johnson's proposed solution for our "survival and growth" (p. 119) as a profession is to do it all – accommodate mental health paradigms into our work, conduct research into combining varied paradigms, and focus on the aesthetic media of our respective modalities.

A few sources in the literature make reference to the personal phenomenon of insecurity among creative arts therapists. Orkibi's (2014) study matching CATs students' experiences to Rønnestad & Skovholt's (2003) theory of phases in counselor development found insecurity in both pre-practicum students and in the advanced students who compared themselves to professionals. However, this study mainly focused on examining fit of theory in terms of counselor development, therefore the topic of insecurity was not central.

Experiences of insecurity among creative arts therapists were mentioned in a few other sources, but often peripherally (Geretsegger, Fitzhum, & Stegemann, 2017; Grimmer & Schwantes, 2017; Pedersen, 2014), or anecdotally (Wigram, 2017). The only study to date that explicitly considered therapists' feelings of insecurity in the CATs is Sims' (2017) master's thesis. Sims conducted a phenomenological examination of impostor phenomenon in music therapy students. A term originally coined by Clance and Imes (1978), impostor phenomenon refers to an individual's feelings of fraudulence and lack of an inner sense of success, regardless of achievements. Based on her study, Sims (2017) concluded that impostor symptoms were prevalent among music therapy students, and although some degree of this form of insecurity can help develop therapeutic effectiveness, she cautioned that too much of it "can be detrimental to the mental health of music therapy students and can inhibit therapist effectiveness" (p. 80).

Although insecurity is often discussed as a collective phenomenon in the field of the CATs, there is a gap in the literature examining the personal aspect of this phenomenon as it is experienced by individual creative arts therapists. This is not surprising, considering that the more established field of psychotherapy still considers this issue as somewhat of a taboo topic (Thériault et al., 2009). For the CATs, a field that suffers from identity issues and insecurity in relation to its colleagues of greater clout in the mental health professions (Allen, 1992; Johnson,

2009; Vulcan, 2013), the topic of practitioner feelings of insecurity may be even more unbroachable.

Empathy and insecurity in the therapist

To the best of my knowledge, there also exists a gap in the literature examining the possible connection between therapist empathy and therapist insecurity. Authors may refer to both of these elements, however no study focuses explicitly on their interplay. Although this gap, and indeed the relevance of insecurity to my inquiry, were identified after my research process began, discovering this unexamined territory fuels my faith in the heuristic process and validates the need for this study. It also justifies the need for further research on insecurity and empathy in both creative arts therapists and practitioners of other therapeutic approaches.

Chapter 3. Methodology

Heuristic and arts-based methods were the two main approaches that guided my research process. Due to the personal understanding I sought to obtain in exploring my experience of empathy, I deemed heuristic inquiry, with its subjective framework, a fitting approach. As for arts-based research, I considered it appropriate because of its proximity to my field of studies, and due to its affinity with heuristic research. I was drawn to the field of the creative arts therapies because artistic modes of expression were already part of my life, be it professionally, for processing thoughts and meaning-making, or simply for pleasure. I could intuitively understand the therapeutic value of the creative arts because of these personal experiences. To make use of the arts in research felt like a natural extension of my use of these modes of artistic experience. One of the clear parallels between heuristic and arts-based research is their reliance on a creative process; the phases of creativity have been described similarly to those of heuristic research (Bloomgarden & Netzer, 1998). Below I provide an outline of my research process, followed by an explication of both the heuristic and the arts-based approaches, and the way I applied them to this research.

Process

The research process began with a review of the literature pertaining to empathy, in addition to readings on the other concepts I initially thought I would explore (i.e. privilege, then power). I then undertook 9 studio sessions, each of a duration of two hours, over a six-week period overlapping with the university's winter break of 2017-18. Each session included filmed movement and/or dramatic improvisatory exploration followed by a drawn response to the feelings remaining after the improvisation (12 drawings in total). I would then watch my recorded image and take note in a journal of any self-dialogue, as well as feelings and images that came up both in watching and in remembering the felt experience captured on film. These journal entries, in addition to any writing included in my drawings, form the bulk of my raw data for this research. The data was supplemented by journal entries and reflections between August 2017 – April 2018, and all of the above was coded and analyzed in a method loosely related to both qualitative coding and Schenstead's (2012) arts-based analysis method (this process is described in this chapter, under the subheadings *Data collection* and *Arts-based data analysis*). The final writing process also included a return to the literature, especially as the research had changed to include the theme of insecurity. Throughout both the arts-based data analysis and the

writing of this paper, I maintained ongoing written reflection in a journal, which also allowed me to record, process and reflect upon the content as it emerged from the data, and how I situated myself in relation to it.

Heuristic Research

Douglass and Moustakas (1985) defined heuristic inquiry as “a search for the discovery of meaning in significant human experience” (p. 40). The term *heuristic* has older and broader origins: It comes from the Greek word *heuriskein*, which means to discover (Moustakas, 1990). A heuristic generally refers to a way of “learning, discovery, or problem-solving by ... trial-and-error methods” (“Heuristic”, 2019) applicable to a variety of fields, including mathematics, computing and psychology. As a research method, heuristic inquiry seeks to discover “that which is, as it is” (Douglass & Moustakas, 1985, p. 42), as opposed to experimental research design, which aims to prove or disprove a hypothesis with quantitative methods. Douglass and Moustakas (1985) also contrasted the heuristic approach with that of phenomenology, a qualitative method which studies the nature of experience in everyday life, by specifying that although both approaches value the subjective point of view, heuristic inquiry is more interested in the human experience of a phenomenon than in the essence of the phenomenon itself. This approach of “embracing the subjective” (p. 44) is what sets heuristic research apart from other methods.

In her article defining *heuristic self-search inquiry*, Sela-Smith (2002) built upon Moustakas’ (1990) foundational concepts while underlining the importance of the individual researcher-participant as “*I-who-feels*” (Sela-Smith, 2002, p. 57), and refuting Moustakas’ emphasis on the inclusion of coparticipants. Not only did she consider the latter unnecessary, but Sela-Smith (2002) posited that “the inclusion of coparticipants seems to create a distraction from the internal process” (p. 71), suggesting that Moustakas may have developed this aspect of his method out of resistance to his own personal process. Her proposed alternative placed more emphasis on the internal perspective, the role of resistance in the research process, and the need to open oneself to surrender and transformation.

Heuristic inquiry demands a specific balance between diligence and subjectivity. While it relies on processes that some may consider unscientific, and does not require a strict adherence to methodological rules, according to Douglass & Moustakas (1985) “it is not a casual process” (p. 41) but one which calls for “rigor and disciplined commitment” (p. 40). The researcher must

be passionately dedicated to exploring the research question intensely and exhaustively, while remaining open to all possible outcomes (Douglass & Moustakas, 1985; Moustakas, 1990). Although the investigator's subjective interest often remains unnamed in the field of scientific research (Rose & Loewenthal, 2006), this seemingly unusual combination of rigour and subjectivity is commonplace in the arts; artists are passionate about their vision of the world, and how to transmit it to others. The following concepts, which Moustakas (1990) described as central to the heuristic method, illustrate the relevance of this artistic pairing of discipline and subjectivity in research.

Heuristic concepts and processes.

Identification with the focus of inquiry. This refers to a process in which one is so immersed in the topic of research that one identifies with it, gaining an inside perspective (Moustakas, 1990). This *as-if* identification is very plausible within creative approaches; I used both embodiment and creative writing to identify with the concept of empathy.

Self-dialogue. Self-dialogue is an active way of conversing with one's topic of research (Moustakas, 1990), going beyond a mere transcription of ideas. I engaged in self-dialogue by means of audio and/or video recording during each of my arts-based exploratory sessions, and watched/listened to them afterwards, noting the emerging ideas and feelings in my journal. Self-dialogue was also prevalent in my journaling process, as I sought to make sense of my questions about empathy. I also wrote a short scene of dialogue between characters created based on central concepts in my research.

Considering Landy's (1991) role theory, self-dialogue is a particularly appropriate tool for heuristic and arts-based research in the context of drama therapy. Landy viewed the self as being made up of all the myriad roles an individual plays and identifies with in life; in that sense, self-dialogue is merely a conversation between one intrapersonal part or role and another. In my case these roles were at times defined (the characters of empathy, power and empowerment), and at other times not specified or named.

Tacit knowing. Tacit knowing refers to a unity of knowledge that can be inferred by its constituent parts. Moustakas' (1990) gave the example of learning how to ride a bicycle, which requires a number of specific physical actions and adjustments, as well as certain attitudes towards oneself and the experience; together, these elements comprise the whole of bicycle-riding. Tacit knowing permeated my research process; I began with a sense of a mysterious

whole, an unarticulated question relating to a pervading sense of trouble around the idea of empathy, and sought in various ways to unpack the elements comprising it. Tacit knowledge allowed me to recognize when elements of my experience felt relevant to the whole of the research, providing a guide I could return to when I felt lost. I see tacit knowledge as related to a phenomenon I call *emotions as touchstone*, described in Chapter 4 under the subheading *Feeling, connection*. Simply put, I used my emotional reactions as an indication of the relevance of my insights to the whole topic of my research.

Intuition. Intuition builds on tacit knowing, connecting implicit knowledge to the world of describable, explicit knowledge. Intuition is the process central to detecting patterns and making sense of the tacit (Moustakas, 1990), and could be described as conscious knowing, without necessarily being able to identify how or why something is known. Intuition played a significant role in the clarification of my research question, and in making illuminating links between data throughout the data analysis process.

Indwelling. The dictionary definition of indwelling refers to a certain force or principle as “being permanently present in someone’s soul or mind” (“Indwell”, 2019). In the context of heuristic research, Moustakas (1990) described indwelling as the practice of remaining with the inner experience of the subject of inquiry (as opposed to theorizing about the idea of it), in order to gain a “deeper, more extended comprehension” (Moustakas, 1990, p. 24) of the phenomenon. Indwelling requires a strong concentration on one’s inner experience, and immense effort. During parts of my in-studio exploration and arts-based analysis process, I found myself deeply attuned to the inner experience of empathy and insecurity.

Focusing. Focusing is a strategy that can assist the process of indwelling. It includes making time and space for the central question, clarifying what the question is, “making contact with core themes” (Moustakas, 1990, p. 25), and explaining them. I made use of focusing during my creative explorations in both data collection and analysis.

The internal frame of reference. This concept emphasizes the centrality of the subjective experience, for one makes sense of one’s own experience because of one’s subjective way of understanding the world (Moustakas, 1990). Whether generating, collecting or analyzing data, creative or theoretical, my internal frame of reference was the filter through which all information and experiences were processed throughout the research period. One example of this is my personal association between the concepts of empathy and passivity: I mentioned this to a

peer, and by her reaction I understood that there was, in fact, no inherent and universally agreed-upon link between the two concepts. This link only made sense to me based on my experience of the world and myself in it.

Phases. Moustakas (1990) articulated the following six phases of heuristic research: (1) initial engagement, (2) immersion, (3) incubation, (4) illumination, (5) explication, and (6) creative synthesis. Each of these stages marks a different task for the researcher, but the sequence of passing through them is not necessarily linear (Sela-Smith, 2002). Kapitan (2018) described the phases as cyclical in nature, with the researcher returning to earlier periods as appropriate. I explain my adherence to each of the phases below.

Initial engagement. Initial engagement is the phase during which the researcher discovers a question that is passionately compelling (Moustakas, 1990). I entered the phase of initial engagement towards the end of my first year of my master's program in drama therapy. I was thinking about the population I wanted to intern with in my second year, and this question propelled me into a critical reflection on my reasons for pursuing the field of drama therapy in the first place. This self-dialogue led to my initial research question, which examined my experience of the relationship between empathy and privilege in the therapeutic context. Little did I know then how many times my research question would subsequently change, as I sought to elucidate the deeper question that lay hidden within this initial one.

Immersion. Immersion refers to the period during which the researcher is fully engaged in the research topic. Moustakas (1990) said of the heuristic researcher that "everything in his or her life becomes crystallized around the question" (p. 28), meaning that all experiences are considered in terms of how they relate to the question. A first immersion quickly ensued after my initial engagement, as I focused on fitting the topic into a research proposal. I muscled my way into another period of immersion to satisfy the needs of my second-year research class. Although Sela-Smith (2002) warned against conducting heuristic research on an academic timeline, this process proved useful: It was during this period that my question evolved into its second version, replacing the concept of privilege with that of power.

The next period of focused immersion occurred over the course of the university's winter break, during which I engaged in arts-based exploration of the research topic and how it resonated within me. Due to the demands and intensity of the simultaneous academic and internship portions of my training, my focus diminished in intensity until the next brief period of

immersion during a weekend trip to a conference in Toronto on the topic of empathy and institutions of care. I then busied myself with school again in order to complete the program's training requirements, and over the summer, engaged in the most extended and intense period of immersion yet. This period also overlapped with a concentrated explication phase, described below, as I moved back and forth between analysis, writing, art-making, and processing my experiences. This phase of immersion was bookended by the emergence of the third iteration of my research question (centering around difference) at the beginning of the summer, and the fourth and final question at summer's end. It finally became clear that insecurity was as prevalent a theme as empathy in my data, and was also central to my experience of privilege, power and difference.

Sela-Smith (2002) described the immersion phase at length, stating that “complete immersion does not take place” (p. 66) if one's question does not emerge from a place of personal and passionate inquiry; there is loss of focus and confusion “when there is inner conflict between the stated problem and the self-problem” (p. 66). I certainly experienced this throughout the research process, as I came up with a number of stated problems before discovering the final version of my research question, which was much more personal. Sela-Smith also mentioned resistance to self-inquiry as an expected component of heuristic research that must be overcome in order to attain integration and a self-transformative experience. I believe that my dancing in and out of numerous immersion phases points to a long process of resisting, and eventually defining, the real question I sought to explore, one that would eventually lead to self-transformation. Resistance to change may indeed go hand in hand with change itself: In order to start down the path of overcoming my feelings of insecurity, I had to first admit that these feelings were the biggest challenge I was facing. This meant giving up the strong facade I felt I needed in order survive my training and internships. Admitting to insecurity meant having to delve into and stay with my insecure feelings, and face the risk of not being able to return to a regulated state.

Incubation. This is a period recognized both in the heuristic and the creative processes, during which “one refrains from conscious task-related thought” (Ritter & Dijksterhuis, 2014, p. 1). Moustakas (1990) specified that although the researcher is not intensely focused on the topic of research during the incubation period, growth and knowledge expansion are taking place on another level, which will eventually lead to illumination (see the following section,

Illumination). In their thorough overview of the process of creativity and the incubation period, Ritter and Dijksterhuis (2014) confirmed that during this period, “unconscious processes can contribute to creative thinking” (p. 7). I cycled through many periods of incubation throughout the research process, many of which led to pearls of illumination. Some, however, did not; this may be due to the resistance to which Sela-Smith (2002) referred, or to the overwhelming academic and internship obligations that took up much of my mental and emotional energy throughout my training in drama therapy. However, incubation need not happen only once; rotating repeatedly through different heuristic phases is not uncommon (Kapitan, 2018), and one may indeed go through multiple periods of incubation (Bloomgarden & Netzer, 1998).

Illumination. Moustakas (1990) explained the phenomenon of illumination as a “breakthrough into conscious awareness” (p. 29) of either new insight, or correction to a previously held thought. He specified, as others have with regards to the creative process (Gordon, 2011), that illumination usually comes about “when the researcher is in a receptive state of mind without conscious striving or concentration” (Moustakas, 1990, p. 29). The entire research process was peppered with many moments of illumination. That my experience of illumination didn’t happen in one specific moment may again testify to the drawn-out process during which I passed through various phases repetitively in order to uncover the real question central to my research. As Sela-Smith (2002) noted, illumination can also “take place in waves of awareness over time” (p. 67).

Explication. During this phase, it is the researcher’s task to organize and make sense of that which was tacitly and intuitively understood about the research question, resulting in a “comprehensive depiction of the core or dominant themes” (Moustakas, 1990, p. 31). It is similar to the immersion period, in that it makes use of the same processes (focusing, indwelling, internal frame of reference); in fact, I considered this phase as containing elements of immersion, incubation and illumination within it.

I began explication by combing all my raw data (post artistic exploration journal entries, all written reflections, words included in my art, and creative writing) for codes. I then organized these codes according to the categories of Jennings’ (1998) Dramatic Structure of the Mind / mandala (described in this chapter, under the subheading *Arts-based data analysis*), creating a piece of visual art within each of the five categories, according to the codes I’d associated with each category. This led to more creative writing and processing, followed by another

organization of the codes into formulae, a broader grouping of themes within which the codes were contained, and finally, a mind map of all the codes and themes, depicting how I understood them to interrelate. These themes and codes are discussed in Chapter 4, and a more detailed explanation of the arts-based data analysis process is discussed in this chapter (see *Arts-based data analysis*).

Creative synthesis. This is the final phase of the heuristic research process, in which the researcher synthesizes the core themes and components into some creative form (Moustakas, 1990). I consider both this document, as well as one of my artworks (see Figure 1) as the creative syntheses of this heuristic process. The artwork holds symbolic meaning and is the artistic container for all of my coded data; this paper synthesizes the entire research process, spanning two years, into a readable explication.

Ethical considerations. As a self-study in which the researcher is also the participant, ethical considerations are reduced but not erased. Smith (2003) recommended being “conscious of multiple roles” (p. 56) while conducting research. She referred to dual relationships that can occur between the researcher and anyone else involved in the research. Correspondingly, I believe that the intrapersonal relationship between *self-as-researcher* and *self-as-participant* should be considered, specifically by means of reflexivity regarding one’s role at various stages of the research. For example, in the role of participant, I experienced resistance (Sela-Smith, 1999, 2002) to an in-depth exploration of the theme of insecurity, indicated by the confusion and multiple changes to my research question. In the role of researcher, I then had to consider this resistance as information, and decide how to facilitate further exploration of this theme in my participant self.

I view inter/intrapersonal ethical considerations as existing on a continuum of research ethics, on which questions of validity and reliability are also situated (Pimple, 2002). Guba (1981) named credibility, transferability, dependability and confirmability as the qualitative counterparts to the quantitative research terms of internal validity, external validity, reliability and objectivity. In heuristic research, credibility, or how trustworthy the findings are, seems the most applicable of the above concepts. As Moustakas’ (1990) stated, “the question of validity is one of meaning” (p. 32); the researcher must constantly check whether interpretation of the data is consistent with the meaning experienced.

Three qualitative methods I employed to establish credibility were prolonged engagement, triangulation of sources, and peer debriefing (Creswell, 2014; Guba, 1981; Lincoln & Guba, 1985; Shenton, 2004). By focusing on my experience of the research topic for multiple months, this prolonged engagement afforded me an “in-depth understanding of the phenomenon under study” (Creswell, 2014, p. 202); I practiced triangulation by using multiple artistic media as sources for data generation, and by considering the topic in light of the existing literature; by debriefing with my research advisor and peers, I aimed to elucidate any biases or lack of coherence. Guba’s (1981) concepts of transferability and dependability seem incompatible with the heuristic approach, as the idiosyncrasies of personal experience cannot be transferred or replicated.

Finally, confirmability refers to a degree of neutrality or an attempt at objectivity in the research. This goal seems not only impossible, but undesirable in heuristic inquiry, as bias and subjectivity of experience make up the tools and content of the research. Nevertheless, the use of reflexivity can help the researcher maintain an awareness of these biases, and how they impact the findings (Lincoln & Guba, 1985). I engaged in reflexive journaling both as a means to consider confirmability and credibility, as well as a tool for data generation.

Arts-Based Research

My research process paired the heuristic method with an arts-based method of inquiry. McNiff (2008) defined arts-based research (ABR) as:

The systematic use of the artistic process, the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people that they involve in their studies. (p. 29)

This holistic, integrated approach to research emerged at the end of the 20th century, and is based on the assumption that “the arts can create and convey meaning” (Leavy, 2015, p. 20). ABR is an approach to knowledge that values preverbal sources of knowledge and includes multiple ways of knowing (Leavy, 2015), ultimately aiming at the “emanation of meaning through the process of creative expression” (McNiff, 2008, p. 40). Used by artists, social scientists, educators and researchers from all fields, ABR makes a unique contribution to the field of knowledge generation by expanding the realm of that which constitutes knowledge, and the how of knowing.

Leavy (2015) referred to ABR as its own research paradigm, alongside the better-known paradigms of quantitative and qualitative research. Just as the qualitative model came in to shake the foundations of the knowledge-production methods venerated in the field of quantitative research, the arts-based paradigm, in spite of its many similarities to qualitative research, “pushes the inductive model [of qualitative research] even further, as artistic inquiry requires openness to the spontaneous and unknown” (p. 19-20). This entails a certain freedom from manualized research protocols, and the power to generate knowledge from creativity. Kapitan (2018) further clarified this difference, explaining that “the outcomes of ABR are grounded neither in the mathematical language of quantitative research nor in the words of qualitative research but in the symbolic language and forms of arts practice” (p. 213). ABR can be used in service of any part of the research process, or indeed, of its entirety. The curiosity, spontaneity, creativity and openness needed in this approach is in keeping with the creative process of the arts, the practice of creative arts therapies, as well as the heuristic research process.

Although “art-based approaches share a similar goal with other forms of enquiry wishing to illuminate the human condition, they aim for context-specific rather than essential and generalizable truths” (Sajnani, 2012, p. 84). This can also be said of heuristic research, with its focus on the internal frame of reference, and situated within the frame of the researcher’s subjectivity. As “artistic expression is essentially heuristic, introspective, and deeply personal” (McNiff, 2008, p. 34), the pairing between heuristic and arts-based research is a natural one. Moustakas (1990) himself offered many examples of artistic methods in support of heuristic enquiry, and in particular during the final phase of creative synthesis. In fact, the progression of Moustakas’ heuristic phases seems to draw from those recognized in the creative process. Gordon (2011) identified four phases of the creative process – (1) preparation, (2) incubation, (3) illumination and (4) verification – which cleanly parallel Moustakas’ phases of (1 & 2) initial engagement and immersion, (3) incubation, (4) illumination and (5) explication. Moustakas’ final phase of creative synthesis mirrors the product resulting from the four phases of the creative process. And indeed, although the result may not always be artistic, research, like many other human endeavours, is a creative act, relying on the researcher’s creative energy to make connections, think outside the limitations of the current paradigm, and see beyond or deeper into phenomena that may be taken for granted. Differently from other research methods, the

creativity of the research endeavor is not only recognized by proponents of heuristic research, but is openly embraced.

As in artistic work, ABR can result in an amount of ambiguity. As opposed to numerical results and identified thresholds, the results of arts-based research are not reducible to statements proving or disproving a hypothesis. ABR typically produces results with more than one meaning, implying both ambiguity, and a broadening of the ways in which one can consider the topic. For example, a painting has not one but multiple interpretations, each as different as the individuals looking at it. Leavy (2015) stated that:

By producing a multiplicity of meanings, ABR has the potential to promote deep engagement, critical thinking, and reflection, all of which contributes to the ultimate impact and thus usefulness of the work. Therefore, *ambiguity* can be seen as a strength of ABR. (p. 276-277)

I believe that this same ambiguity present in artistic work and research is part of the work of creative arts therapists. One “cannot define the final outcome” (McNiff, 2008, p. 40) when beginning a work of creative expression, whether for research, personal or therapeutic purposes, and the resulting work in therapy may not lead clients to clear-cut solutions. Creative arts therapists are familiar with the world of ambiguity and the unknown due to their experience with the artistic process; metaphor in creative and therapeutic work means that multiple meanings can be held and more than one conclusion drawn, freeing up clients’ autonomy to re-story, reinterpret, re-play and recreate. Creative arts therapists work to hold the unknowns of the creative process with their clients, modelling that ambiguity is indeed a part of life. Although trained in a different field, Leavy (2015) recognized the “important relationship between creative arts therapies and arts-based research” (p. 16). She affirmed that:

Creative arts therapists have long been harnessing the potential of the arts for many of the reasons that arts-based researchers would, such as meaning-making, empowerment, identity exploration, emotional expression, multisensory communication, consciousness-raising, healing, self-reflection and personal growth, relational connections, intersubjectivity and expressive power. (p. 16)

Evaluation criteria. The evaluation of arts-based research is also a concern of those who engage in this form of inquiry. Creswell and Miller (2000) maintained the importance of considering both one’s lens of evaluation (in my case, that of the researcher-as-participant) and

one's research paradigm when evaluating the validity of qualitative research. Considering the paradigm of ABR, Leavy (2015) identified a number of possible evaluation criteria for this approach, while simultaneously warning that "there is no model for how to do ABR or how to evaluate it that will suit each project" (p. 285). Of the criteria she presented, I consider the following to be most relevant to this research project: internal consistency, reflexivity, transparency, usefulness, and trustworthiness.

Internal consistency in ABR involves consistency in terms of methodological choices, including the choice of art media. Leavy (2015) explained it as the synergistic evaluation of how well the composing parts of a project fit together as a whole. The artistic choices made must be consistent with one another and with the whole, even when making use of a variety of media. Intermodal *translation*, that is, taking "data in one form and represent[ing] them in another" (Leavy, 2015, p. 164), can contribute to this consistency. Considering the various modes of art with which I engaged, I feel that all aspects of the project are consistent with the personal nature of my overarching question.

Reflexivity serves the purpose of locating oneself within the research, so as not to confuse data with personal feelings, assumptions and decisions (Leavy, 2015). In the case of heuristic ABR, personal feelings are a large part of the data; however, one still needs to find clarity within this data, and one way of doing so is by reflexively dialoguing with oneself. I engaged in reflexivity through self-dialogue and journaling (in both a raw data journal and a process journal) throughout the different stages of research.

Transparency means to show "the process by which the research occurred" (Leavy, 2015, p. 270). In ABR the connection between art and research can be made explicit by tracking or documenting the process by which various artistic choices were made, and what they imply for the research. I make transparent the process of my artistic research in the following sections of this chapter, and discuss the findings derived from this process in Chapter 4.

The idea of usefulness as an evaluation criterion of any research brings into question its contribution to knowledge advancement, improving life conditions, education or emancipation (Leavy, 2015). Although this research process was useful for me on a personal level, I believe it could also potentially prove useful for others by providing a framework to explore both countertransference and personal questions. I have made use of both heuristic and arts-based methodologies, and refer below to an existing model of arts-based analysis as well, but I have

also included other influences throughout the research process which make it my own. I consider this approach to personal research a model not to be reproduced in exactitude, but perhaps a source of inspiration for creating one's own model, based on one's own creativity and available resources. This research project may also prove beneficial for students who find themselves confronted with feelings of insecurity, which are fairly common, but not commonly discussed in training programs.

Finally, the concept of trustworthiness is not a novel one in qualitative research (Creswell & Miller, 2000; Guba, 1981; Shenton, 2004). Leavy (2015) specified that in ABR, trustworthiness "may be thought of in conjunction with the concept of *resonance*. Does the work resonate?" (p. 273). The idea of resonance is a concept I found to be useful in measuring the relevance of data in the moment of generation/collection, and also while going back through my notes and reflections. Evaluating whether the work still held personal and emotional resonance for me over time was a measure for internal consistency and trustworthiness.

Despite its unquantifiable nature and its flirtation with the abstract, ABR requires certain measures of validity if it is to be taken seriously by its proponents, let alone by those working in the larger spheres of research in the human sciences. I am in agreement with McNiff's (2008) statement that "as with science, the validity of art-based knowing and inquiry is ultimately determined by the community of believers who experience firsthand what the arts can do to further human understanding" (p. 38).

Data generation and collection. The data that can be collected in heuristic research is of an unlimited variety. Douglass and Moustakas (1985) described heuristic data as "that which extend understanding of or add richness to the knowing of the phenomenon in question" (p. 48). As such, engaging in an arts-based process for data generation felt like a natural choice in this research project. Ultimately, the bulk of my data consisted of journal entries that emerged from a complex arts-based process, which I describe below.

I elected to conduct my initial arts-based research sessions in a dance studio because I wished to begin my exploration from the embodied perspective. This was not only because of my familiarity with the form due to my lifelong background in dance, as well as its relevance to the field of drama therapy, but I also chose embodied movement as my research starting point because of my beliefs about embodied knowledge. As personal experience was at the centre of this research project, I felt that the first place to dig into a deepened understanding of this

experience was in the body that experiences. Human beings go through all life experiences as bodies first and foremost; “experience is necessarily embodied” (Leavy, 2015, p. 152). Or as Stinson (1995) expressed in discussing the embodied aspect of research in education, “my somatic self – the self which *lives* experience – is necessary in my struggle to find forms that represent my lived experience” (p. 46-47). Like Leavy (2015), I believe that “dance-based practices can access bodily knowledge that is otherwise out of reach” (p. 156).

Improvisation is a tool considered appropriate for both heuristic research and arts-based practices (Sajnani, 2012), and my embodied explorations began with improvised movement. The improvisations had a range of starting points, from musings on the research process itself, to the theme of empathy and my questions about it, to embodied postures depicting my empathic relationship to specific clients. The latter was an example that proved extremely fruitful, as it allowed me to compare my embodied sense of various levels of empathic connection and blockages. It is also an example of the embodied approach to working through countertransference material. During the movement improvisations I allowed self-dialogue to emerge; my verbal thought process was often initiated by first activating my body. All of my movement explorations were filmed, except for part of one session during which I invited a witness to observe my movement and provide a response, as in the format employed in authentic movement (Pallaro, 2007). Although I had a plan in terms of how to engage with my material and generate data, I was also open to exploring various options, and trusted my intuition throughout the process. This one instance of observed movement informed me that I felt too vulnerable to enter deep personal exploration in the presence of another; I continued the rest of my in-studio sessions alone.

Each movement exploration was followed by a pastel drawing. This was a form of artistic translation (Leavy, 2015): I focused on the feelings and sensations I was left with after dancing and translated them into two-dimensional visual form with soft pastels on a drawing pad. This allowed me to leave behind a physical artifact summing up the transient movement improvisation experience. I often included written words in my drawings, perhaps as an aid in rendering the feelings and sensations more concrete. In contrast with dance and embodiment, I have limited experience with the visual arts, and yet I felt the need to undertake a media translation in my process of documenting the sensorial and temporally fleeting form of dance. I had other media options but felt drawn to the soft pastel, with its potential for both intense colour

and blurred lines. According to the Expressive Therapies Continuum (Hinz, 2009), a clinical and assessment framework for the creative arts therapies, this choice of medium may be interpreted as an affective one, which suited the ongoing theme of emotional resonance throughout my research process.

Following the drawing, I watched the recording of my movement, which brought me back to the embodied memory, and undertook a final translation by writing a journal entry. The entry contained any dialogue that may have emerged during the improvised movement exploration, and also attempted to capture the thoughts and feelings I had experienced in movement. I believe the twofold process of translating my movement into visual art before translating again into writing in my journal was useful in the attempt to ensure that the embodied and artistic level of the experience were not lost in translation, or at least in order to minimize that loss. The process of translation from the embodied (more familiar) to the visual (less familiar) to the verbal also reflected a desire to move my embodied knowledge to a more distant, conscious and a communicable realm.

One other form of verbal data emerged from a written exercise developing dialogue between imaginary characters of the central and related research themes at the time (Power, Empathy, Empowerment). This exploration took place in the spring, months after my in-studio sessions, after attending a weekend conference on the topic of empathy in various institutions of care. I wanted to find a creative way to process this event and its implications for my research, which is perhaps the reason for my choice of Empowerment as a main character; empowerment of empathy recipients seemed to be one of my major takeaways from the conference. Script-writing was something entirely novel for me. Although the data was included with the rest of my journaling as it revealed my thinking around the themes mentioned above, this form was so different from my personal post-studio exploration writing. There was something almost simplistic in the ways I found myself characterizing these themes, and I believe that my dissatisfaction with this unhoneed skill led me to abandon it as a research practice for this particular project. Again, I intuitively followed what felt right in my process.

I opted to draw from verbal data for my arts-based analysis. This data included all of my recorded thoughts on relevant readings and experiences, in addition to the in-studio journal entries, words included in my drawings, and script-writing. Although I could have used my filmed movement and artwork as data for movement analysis and visual art analysis, I felt that

the former would take me further away from the felt experience of my work, and that I had insufficient experience with the latter. Analysing verbal data, in comparison, seemed both the most appropriate and straightforward approach.

Arts-based data analysis. Douglass and Moustakas (1985) referred to heuristic research design as allowing “a high degree of flexibility” (p. 44). Although Moustakas’ (1990) stated that “explication requires reflective analysis” (p. 25), he provided no specific model. Turning to the creative arts therapies, I discovered an arts-based data analysis method rooted in heuristic research: Schenstead’s (2012) arts-based reflexivity. This approach involves (1) summarizing core themes, (2) creating an artistic response to them, (3) organizing these responses into a creative synthesis, (4) reflecting on the creation, and (5) engaging in “meta-reflection through continued re-experiencing” (Recapitulation of the Phases of Arts-Based Reflexivity, Step 5). I decided to use Schenstead’s model, and initially intended to engage in only the first two steps of this framework, but in retrospect I see that I have, in my own way, gone through Schenstead’s entire outlined process.

Schenstead (2012) explained the process of summarizing core themes in her written data by firstly highlighting “meaningful chunks” (Data Analysis Method section, para. 2), or passages with content that felt particularly significant. She then engaged in self-dialogue, reflecting on these sections and why they felt important to her, and wrote a narrative response. From this written response she selected keywords based on which she engaged in an artistic response. Although I initially attempted to identify significant passages as Schenstead did, I ended up organizing all of these passages according to repetition as well as significance. This led to a comprehensive list of 20 codes, which I differentiated by font colour and highlight colour (see Appendix A). I borrow the term *code* from the practice of qualitative research, and according to that paradigm my codes would be inductive, as they stem from the data and were not predetermined (Hennink, Hutter & Bailey, 2011). However, a major difference between my codes and those determined in most qualitative research is that they related to my own self-generated data, not those of external research participants. That the self-as-researcher select salient codes from the self-as-participant’s data is a practice within the bounds of heuristic self-search inquiry, due to its examination of the subjective; the act of organizing my thoughts, feelings and reflections into categories that make sense to me exemplifies my prioritizing the internal frame of reference.

I continued to follow Schenstead's (2012) model, albeit not in the order I had originally planned. Rather than creating artistic responses to overarching theme summaries and organizing these responses into a creative synthesis, I began by organizing my codes into a structure (described in the following paragraph) that would come to contain my creative synthesis, and then created artistic responses to my codes within this structure. This was followed by Schenstead's first step, amalgamating the codes into themes, after which I continued to reflect on the work and process it artistically, completing the last of Schenstead's steps.

Although I followed my intuitive impulses as opposed to sticking to the order of Schenstead's model, I still sought structure to contain my explorations, for "as with artistic expression, structure often liberates and informs the art-based researcher" (McNiff, 2008, p. 34). A tool I'd used in a classroom exercise came to mind: Jennings' (1998) Dramatic Structure of the Mind. Jennings initially introduced this artistic structure as a tool through which to visually represent the internalized states that make up the self. Sajnani (2002) referred to this diagram as a mandala, and this was also how it was introduced to me in class. I intuitively decided to make use of Jennings' mandala to structure my codes. I placed each of the codes within each of Jennings' identified mandala segments (*Beliefs, Skills, Vulnerability, Artiste* and *Guide*), sometimes placing the same code in more than one segment, according to how I felt they fit within my own mental dramatic structure. I then engaged in art-making for each section, in an attempt to capture the essence of that which brought those particular codes together. I continued to journal throughout the process, and some of my journaling included poetry or creative writing as I further processed my emerging thoughts and feelings. The whole process of data analysis felt akin to the action of a pendulum, swinging from distance to closeness between myself and the data's content. Both coding the data and organizing the codes into Jennings' mandala structure required intellectual and conceptual work that provided, if not objectivity, a certain distance from the content of the data; these undertakings also required me to evaluate meaning and significance based on emotional resonance, which brought me closer to the content.



Figure 1. Mandala.

There are a few differences between Jennings’ (1998) mandala and mine. Hers is round, and has a unified centre; mine is rectangular, the centre split into the four sheet corners of which it is made. Jennings’ four peripheral quadrants are, in order from the upper left, *Guide*, *Skills*, *Vulnerability* and *Artiste*; I inadvertently switched the placement of the *Artiste* and *Skills* quadrants. I feel that these changes were a manifestation of my unconscious desire to make this structure my own, and to avoid a simplistic procedure of plugging my content into someone else’s formula. Even the formulaic sequences I fell into within my own process didn’t work on an instinctive level, leading to artistic blocks. For example, I engaged in creative writing after filling in the first mandala segment with my art, and then attempted to do the same after completing the next section. However, the poems I wrote after this second section felt less poignant, so I released myself from this unnecessary structure for subsequent segments.

Ultimately, the process of fitting my research codes into Jennings' (1998) mandala was an attempt to visualize the way in which my reflections on empathy were filtered through the dramatic structure of my own mind. In the interest of balancing creative process with verbal explication in the form of this document, and perhaps also as a means to further own the content, I reorganized my codes into overarching thematic categories, which are the final themes named in Chapter 4. Writing about the codes as they related to each theme, to each other, and to my overarching question provoked deep reflection, which I kept constant note of in a process journal. It was during this period, towards the end of summer 2018, that I finally came to the most significant illumination of the entire research process: the centrality of insecurity in my research question. Throughout this period I continued to engage in "meta-reflection through continued re-experiencing" (Schenstead, 2012, Recapitulation of the Phases of Arts-Based Reflexivity, Step 5); I reorganized my codes multiple times, and continued processing the data in relation to my research question through art-making, reflexive journaling and creative writing.

Chapter 4. Findings

As explained above, the process of data analysis involved coding the data, fitting it into a personal framework in the form of Jennings' (1998) Dramatic Structure of the Mind, and finally, organizing the identified codes into thematic categories. Below I present these themes, which I called *Disambiguation of concepts*, *Vulnerability*, *Tools* and *Beliefs*. The codes which comprised each theme are discussed as subheadings under their respective theme heading (except for those of the first theme, *Disambiguation of concepts*, which will be presented in a different format). In this personalized process, I sometimes considered it appropriate to include a specific code in more than one thematic category, however for clarity of reading I have omitted repetitions and only discuss the codes most directly related to my topic of research (see Appendix B for the complete list of themes and codes). The entire chapter concludes with a section called *Empathy and insecurity*, which describes the most personally significant insight of this research process.

Themes

Disambiguation of concepts. This is a theme under which I grouped all the codes in the data referring to concepts related to my research. The concepts are interrelated, and I found myself trying to tease them apart during my research exploration phase as well as during my arts-based analysis. The final form into which I organized these codes was a series of formulae to help me differentiate them and clarify how they relate.

Sympathy ↔ empathy ↔ identification. I came to see these three as fitting along a continuum that mirrors that of the drama therapy concepts of overdistance, aesthetic distance and underdistance.

Power ↔ strength, empowerment. Although my research didn't ultimately center around power as a core theme, it was part of my initial reflections, literature review and arts-based research explorations. Reflecting on power, power imbalance, and the role that power plays in the therapeutic encounter allowed me to differentiate between power and strength/empowerment. Eventually, I came to discover and name my simple, yet fundamental belief about therapeutic work: that its purpose is the client's empowerment.

Empathy ≠ passive / easy / receptive. Considering myself an empathic person, but with the growing awareness and self-criticism of what I perceived as my passive interaction qualities, I had associated passivity to my practice of empathy. Reading and thinking about the more active aspects of empathy practice (e.g. asking questions, empathizing with difference) only reinforced

how difficult this was for me. Reading about confluence, identification and merging made me see myself as weak; I feared that I had been confounding empathy and identification all along. Ultimately, the attempt to untangle passivity, lack of initiative and weakness from my empathy practice led to the discovery of insecurity, and how strong of an impact it had on my practice.

Vulnerability. The theme of *Vulnerability* corresponded to Jennings' (1998) mandala segment of the same name. In this segment, I included all of the codes related to feelings of incompetence, obligation, and deficiencies for which I judged myself. The codes I discuss under the theme of *Vulnerability* comprise *insecurity*, *judgement*, and *that's my job*. I conclude this section with an explanation of the insights gleaned from processing the theme of *Vulnerability* artistically.

Insecurity. I used this code for all journal passages that referred to personal feelings of inadequacy, uncertainty and self-doubt. As I mentioned in my introduction, I had always seen myself as an empathic person; whenever I failed to empathically connect with a client during my internship, I would wonder where my natural facility for empathy had gone, what was wrong with me, and whether I was even in the right field. As a student, an intern, and a perfectionist, my path towards becoming a drama therapist has until now been littered with insecurity. It is only natural that exploring my experiences heuristically would reveal much of this feeling, however I did not understand its centrality until later in the research process.

Judgement. This code referred to passages which showed an awareness of my critical attitude towards someone's difference from or similarity to me (judgement of difference, or judgement of characteristics I possess and am self-critical of). It also included journal passages which contained a tone of self-judgement, some of which I had failed to notice at the time of writing. My own tendency to judge myself and others was one of the elements I found that blocked my development of empathy. However, it was also a tool: If noted and brought into my awareness, judgement was an indication of either difference or similarity, and a starting point for working through countertransference material. In turn, exploring my countertransference could potentially lead me to let go of that which blocked my empathic understanding of participants. For example, one of my client's stories and scenes contained themes of anger and revenge; I found myself repulsed by the way this individual relished living in angry fantasies, which contrasted with my values of peaceful and harmonious interaction. Only when I realized that this judgement of difference was actually a repression of my own expressions of anger (i.e.

judgement of something in the other that I don't accept in myself) could I increase my empathic understanding of this person.

That's my job. This code referred to passages about the utilitarian view of empathy as a means to the end of better understanding the client; feeling an obligation to develop empathy when it wasn't coming naturally; and the sense of rules and expectations external to me that come with a profession in the field of drama therapy, psychotherapy and mental health in general. These passages mainly dealt with questioning the genuineness of empathy when it was a job requirement, and living up to the perceived expectations of my colleagues, professors, peers and clients. The latter issue, also related to insecurity, led me to rely on a false persona of *expert* when in session with clients. I felt that I was supposed to immediately understand what participants were expressing, because of the superior empathic abilities and extensive knowledge I should have developed over the course of my training. Being a second-year student and intern, I had of course perfected neither of these, and set myself up for more self-criticism and insecurity. But this role of expert also had a direct impact on the quality of my interactions with the individuals with whom I worked. As someone who felt she should know and understand everything expressed by a client, I often found myself passively nodding and agreeing even when I lacked understanding. Instead of actively asking questions, in part out of fear of making clients feel insecure (which may also have been my own projection of insecurity onto them), I unwittingly put on the role of expert, which in turn pushed me further away from understanding and empathy.

Insights gleaned from artistically processing vulnerability. While exploring the theme of *Vulnerability* in this segment of the mandala (see Figure 2), I found myself navigating, through artistic media, the pressure of my perceived expectations and failures. The skills I felt I should have mastered, the qualities I was lacking, and the sense of confident efficiency I felt was expected in the field of mental health were represented by clear marker colours and hard geometric shapes on one side of the sheet, standing out in contrast with the white background. The other side was filled with pale blended colours and faded hints at shape – my representation of what I perceived as the uncertainty that permeated my practicum experience, and inherent character flaws that prevented me from living up to that which I thought I should be.



Figure 2. Vulnerability.

In spite of what might appear as mere self-indulgent wallowing in my feelings of insufficiency, exploring the theme of *Vulnerability* led to great insight. Journaling while creating, I found myself filling in the hard, clear shapes with soft pencil crayon colours, and wrote that it felt “like filling in the certainty, rules, obligations, lines delineating what is and what is not, with the maybes, the soft uncertainty, the pervasive unknown”. Despite the definite certainty I felt I needed to reach, I remembered being told by professors and supervisors throughout my training that *uncertainty* plays a substantial role in therapeutic work. As I reflected:

Though the science of it, the hard facts and concrete tools, the frame and rules and boundaries are part of it, and perhaps the part we want to show, the truth of it is the pervasive softness of uncertainty and doubt. It must be here. Without this softness, this fumbling in the dark, this not knowing it all before the encounter – well what would the point be? You could sell a book, or make a computer program, give people a manual. But

encounter – which has at its fore difference, uncertainty, a soft façade trying to find a way in, and beneath all that, judgement, weakness, secrets and pain – true encounter is perhaps an art. It's the soft pencil crayon between the hard marker lines, the parts science thinks don't matter, the 'if-it's-not-black-it-must-be-white' emptiness that fills with gradients of grey, swirling, pulsing and crashing. Alive. Insecurity is ok. It belongs to art, to humility. It belongs to the person who doesn't know it all, knows they don't know it all, doesn't even know the all they don't know, but at least knows that. (6.6.2018)

I concluded that although examining my uncertainty was painful, it kept me from playing the role of expert, and actually had the potential to bring me closer to my clients. As Jennings (1998) explains, a therapist's awareness of his or her own vulnerability can provide a point of connection with clients, who usually seek support for the vulnerable aspect of themselves.

Tools. The theme of *Tools* referred to concepts surfacing in the research process which I found helpful in the development and practice of empathy in therapy. Although the unpacking of some of the codes grouped under *Vulnerability* could be considered a tool in itself, I coded many significant journal passages with concepts that I consider tools in their own right. The codes I discuss below are *feeling*, *connection*; *difference*; and *countertransference*.

Feeling, connection. This code referred to the many instances recorded in my journal in which emotions and/or a feeling of connection were noted. Prevalent was the concept of *emotion as touchstone*, an insight I came across when noticing that moments of clarity or new understanding during the research process were often accompanied by my feeling emotionally moved, often to tears. I came to see these moments of emotional resonance as a tool with which I could identify salient insights, a conceptualization I relate to Barbalet's (2005) and Pelowski's (2015) view of emotional crying as an indication of transformation. These emotionally resonant shifts in understanding occurred during both my artistic in-studio explorations, and my arts-based analysis process – in other words, they took place while I was alone. *Connection* was similar to *feeling* in that it indicated an experience of transformation, but it took place in the presence of others. Examples I journaled about include a clear moment of empathic connection with a client, and the shift from sympathy to empathy in an interaction with my partner. What unites both concepts into this single code is the experience of a shift, sinking into a new understanding either of the self or of the other. The experience of both *feeling* and *connection* proved useful throughout the research, as it demonstrated my own emotional engagement with

the material and process, and demonstrated significance within my internal frame of reference. Beyond the immediate purposes of this research, I consider the above iterations of feeling and connection as useful tools for continued self-reflective (individual) and reflexive (in relation) practices.

Difference. This was a central code; it became the word I most strongly associated with the paradoxical nature of empathy referred to by Cushman (2009). In a simplistic sketch of the process, one engages empathically in order to understand another person, who is different from oneself. One gains a glimpse of understanding from the other's perspective, aided by cognitively, emotionally and/or physically connecting with the other's experience of the world. Finally, one returns to one's own point of view, which is now likely to be informed by the empathic experience, but which is still essentially different from that of the other.

In my internship experience, my empathy was slow to develop for clients who were different from me in ways of which I was self-critical. Essentially, I experienced difference, particularly when it remained unnamed and unexamined, as unsafe. But this conception of the practice of empathy, which includes returning to one's own perspective and acknowledging how it differs from that of the other, recognizes, allows and ultimately relies on difference. Difference becomes not only acceptable, but safe, valuable, and a vibrant part of what it is to relate with others. This conception revealed the missing link in my felt understanding of empathy up until this point, and provided a tool with which to consider, and potentially improve, my practice of empathy.

I view difference as a tool in three ways. Firstly, noticing difference that is great enough to bring discomfort can indicate a possible empathy block. This tool can be employed both reflexively (i.e. bringing awareness to my discomfort with difference in the moment of the therapeutic encounter) and reflectively (i.e. in processing the session and working through countertransference issues), to work through or around the empathy block in order to access an empathic connection. Secondly, difference is part of the process of empathy. Acknowledging it allows the therapist to safely return to his own perspective, preventing him from overidentifying or merging with the client. Finally, regardless of whether the therapist is able to empathize with the client, differences perceived between the client and therapist can also be explored as in-session material. It may facilitate naming the existing power differential between the therapist and client, as well as other differences in privilege or power that may reflect on the client's

experience in life. In this way, discussing difference openly in the session could also lead to greater empathic understanding between the two, as well as making difference a safe topic of exploration in therapy.

Countertransference. This code was used for the few passages in which I referred to my own issues affecting how I related with clients. Zepf & Hartmann (2008) defined countertransference as “the reactions ... to the patient’s current transferences” (p. 759), but it can also be more broadly defined as “any therapist feelings or attitudes toward the client” (Peabody & Gelso, 1982, p. 240). I consider therapist countertransferential reactions as being related to the therapist’s own identity and personal issues. I placed this code under the theme of *Tools* because I felt that working through my countertransferential material, including feelings of blocked empathy, gave me a better understanding of myself and clarified issues that I need not project onto my clients. Linking to the above paragraph, this processing of my countertransferential reactions to clients allowed me to feel safer and more accepting of our differences. The tool here includes two parts: identification of countertransferential issues, and the work involved in unpacking those issues.

Beliefs. The theme of *Beliefs* emerged from codes that fit into my belief system, which encompasses body, mind, emotions and spirit. The codes were used for passages indicating personally meaningful insights related to the research process, experience and outcomes, as well as to my personal and professional identity; they were significant according to my internal frame of reference. Although the implications of these particular codes might not be generalizable to others, they were certainly of value in my heuristic process, and contributed to one of the by-products of heuristic research: personal transformation. I present six of these codes below: *self-care, conditions, that’s the work, body, support from beyond me, and empathy*.

Self-care. This code was used for all passages which referred to the awareness of my need for greater self-care, the relationship between self-care and empathy, and that which constituted self-care. The concept of self-care is one that is often touted in the helping professions, but not very well practiced. It was a slogan repeatedly emphasized by professors during my first semester of drama therapy training, but it took me the entire two-year program to really understand the art and work involved in making self-care a priority.

Movement exploration and body sensation, followed by watching my filmed movement and journaling, helped me notice ways in which I demonstrated a lack of self-care (described in

this section under the subheading *Body*). The research process served to grow my understanding that caring for oneself, as a foundation for well-being, self-knowledge and groundedness, is both a condition for good therapeutic work and a facilitator of empathy. That which differentiates empathy from merging, the idea that one returns to one's own point of view and identity after having briefly tasted that of the other, can be facilitated by a strong sense of self; in turn, one's sense of self can be strengthened by carving out time to be present with oneself. The arts-based research and data analysis processes themselves, which entailed taking time for introspection, processing experiences (including working through countertransference feelings) and expressing myself through artistic modalities, provided me with a novel experience of self-care. As I thought about the impact of my own self-care on my future clients, I wrote "I'll take care of me, so I can help you take care of you. I'll take care of me, so I can be present with you. I'll take care of me so empathy can find us."

Conditions. This code initially related to the physical conditions I felt to be important during the arts-based exploration phase of my research; they comprised location, space, light and sound. These elements played a significant role in my ability to engage with the material. My initial movement explorations took place in a dance studio where I had worked during my undergraduate studies. The location was familiar, the space was appropriate for movement exploration, natural light could enter the space, and the ambient noises weren't too loud, unfamiliar or threatening. These conditions provided a containing space which facilitated my exploration of the research themes, not unlike the way the therapeutic space provides containment for personal exploration with a therapist. The code of *conditions* also encompassed the idea of conditions necessary for empathy; as mentioned in the previous section, I determined self-care to be one of them.

I also experienced conditions that felt detrimental to the research process. When the dance studio was no longer available, I was provided access to a space in which a colleague worked. Although the space itself was quite conducive to movement exploration, I was only able to use it in the evening. The lack of natural light, the voices I could hear in the corridor, and the impression that I could easily be seen from passersby on the street, all increased my sense of insecurity in this space. In retrospect, I am reminded of the conditions of the spaces in which I worked during my practicum: Although far from deplorable, I never felt totally secure or comfortable in them either. In this way, the idea of conditions conducive to research parallels my

sense of the conditions necessary to engage in empathic therapeutic work; these include physical conditions such as the space in which I work, its light and privacy, but also conditions relating to my mental and emotional state.

That's the work. The *work* referred to with this code is both the kind of therapeutic work I wish to engage in – which extends beyond obligations or institutional rules to follow – and the personal work needed to enhance my in-session engagement (discussed in the paragraph on *self-care* above). The journal passages with this code included references to a positive experience of an empathic process with a client, reflections on what kind of personal and in-session work would support my growth as a therapist, and my attitude towards effortful work in general. The research process revealed my misconception that empathy was supposed to come naturally all the time. Movement explorations in which I struggled against the simple force of gravity showed three responses – giving into gravity, which led to stillness; making feeble efforts to move, which were often abandoned; and increasing or sustained muscular engagement in order to move. Even though the last response required more effort and often led me through somewhat awkward physical transitions, it was the most satisfying, and illuminated a forgotten joy that children experience when developing new skills. Engaging muscles, working at something that wasn't easy – there could be pleasure in that process! I journaled that “empathy takes effort, doesn't have to come naturally”, and what a relief this illumination was – not only was it acceptable that empathy didn't always come easily, but it could even be enjoyable to make the effort to develop it. I'd been afraid that if the work required in drama therapy didn't come naturally to me, I was in the wrong field; finding this satisfaction in effortful work gave me hope that I still had the ability to develop new skills, and that the energy put into doing so would make my work more satisfying. In writing I would also add the reflection that therapeutic work requires effort on the part of the client too, and if I expect my clients' engagement, I need to be ready to make my own effort as well.

Body. Passages were coded with *body* when I referred to bodily experiences in the research process. In one instance I described a physical sensation in my stomach when reflecting on qualities in a client I had difficulty empathizing with. Other passages made reference to the symbolic meaning I attributed to different body parts and movements during the exploration phase. I associated my lower limbs to receptive qualities needed in therapeutic work, such as groundedness and general direction, and my trust and reliance on the strength of my legs

remained unchanged throughout the movement exploration phase. I related my upper limbs to my communication style and self-image as a therapist. I initially had a negative image of my arms as feeble and ineffective, and I related this to my feelings of inadequacy both during my drama therapy internship in general, and with clients for whom I was struggling to find empathy. In one movement exploration, I grew frustrated with these useless limbs and flailed them around, moving quickly and roughly; it was no surprise that I felt shoulder pain afterwards, and I realized that I needed to take better care of my arms, and in parallel, of myself. Perhaps in caring for this part of my body, it too could gain strength, usefulness and expressive ability.

During a later movement exploration in which I imagined moving with a symbolic client, I found myself reaching out with my left arm to connect with and support the imaginary client, and the right arm was bent, hand on my shoulder in support of myself (see Figure 3). This position became symbolic of my understanding of a healthy and safe engagement in empathic and therapeutic work: supporting oneself in order to be able to support the other, and connecting to the other without losing one's connection to oneself.



Figure 3. Body says (detail).

This code was particularly significant both because it led to personally meaningful insight, and because my background in dance makes the bodily mode of expression a language in which I feel at home. Although my internship experience in drama therapy was at times difficult and unfamiliar, processing some of this difficulty through the familiar form of movement was an anchoring experience.

Support from beyond me. This code refers to passages related to my experiences of feeling or desiring support throughout the research process and throughout my training program. There was a spiritual quality to the content coded with *support from beyond me*, as it related to an internalized sense of all possible figures of support (e.g. parents, supervisors, benevolent universal energy). In an initial movement exploration, moving in a patch of sunlight and remembering a successfully empathic experience, I held my imaginary client in my arms. While reliving a feeling of giving support through empathic understanding, I also felt held by the light itself. I was moved by the image of being supported as I offered support, but I also felt a deep longing for something or someone to hold and support me; this could relate to my need for self-care work, but it also brought to my awareness the impact of my belief system on my practice. Spirituality is something I've striven to keep separate from my work as a student drama therapist, although it is an aspect of myself that I desire to deepen. Through the mandala phase of my arts-based analysis, I explored *support from beyond me* as it related to the centre of the mandala, the segment representing one's beliefs. This allowed me to consider the way in which my beliefs are related to the other aspects of myself, and how they inform and impact my practice as a creative arts therapist.

Empathy. As the central variable in this research, the code of empathy was prevalent in my data, and exploring this code led to personally significant insights. One important application of empathy that emerged from my data is that of self-empathy. In one sense, the idea of self-empathy represents the ultimate paradox: It is a practice of disconnecting from myself in order to consider myself as a separate person, and then getting closer to myself through empathic understanding of myself. Although it may sound contrived, I believe such a practice of self-empathy is possible through the drama therapy lens of role theory (Landy, 1991), with the idea that one part of myself (or one role) can practice empathy for another part (or another role).

During one research session, I filmed myself watching my filmed self on the camera screen, as if looking at my image in a mirror. The fact that I couldn't see my mirror image eye to

eye due to the camera lens' positioning added distance to my self-perception. I considered this image of myself as another person and spoke out loud, attempting to empathize with this person on the screen. The experience was emotionally rich; although my journal notes were very sparse, I still remember the strong sensation of being able to observe myself as a separate entity, and attempt to empathize with this person. According to my *touchstone* method of evaluating research significance based on emotional resonance, I identified this experience as highly significant. The lack of extensive notes about this experience may be due to feelings of insecurity about the recording and its content – although I kept the video recordings of my movement explorations, I deleted this quite vulnerable recording.

Empathy and insecurity

I encountered a sense of stuckness multiple times throughout the research process, a feeling I can now define as resistance. This resistance initially took the form of changing my research question multiple times, and it was a significant finding to finally conclude that empathy was somehow tied to insecurity. However, I also found myself very stuck when trying to understand how exactly these two concepts were linked.

A salient feeling that emerged during the research process was a sense of not having been a recipient of sufficient amounts of empathy, or perhaps never having had a model for active empathy. I felt that I hadn't received what I was supposed to give – that is, the experience of receiving empathy when it's difficult to be empathized with. For example, I was in personal therapy for part of my second year of training in drama therapy: In retrospect, I was struck by a sense that it seemed almost too easy for my therapist to empathize with me. It's as if I wanted it to be more difficult for her, I wanted to see her struggle and then really arrive, rather than seeming to care and understand all too easily, but not perhaps as deeply as I desired. I related this feeling not only to my therapist, professors, peers, or various friendships throughout my life, but in particular to my earliest relationship – that with my parents. Only now, in the final writing of this paper, am I concluding that my attachment style, based on this very first relationship, might have impacted my empathic style and pervasive feelings of insecurity.

This sense of the lack of an empathic model was something I was resistant to express. It emerged in my creative explorations, and I noted the feeling in my journal, but in transcribing it I was aware of a highly self-critical inner voice (*What more empathy did you need, you baby? Didn't get enough attention? You just want to blame your parents for everything, don't you?*).

Reflection on this point went through a very long incubation period. It was not until I returned to my literature review in the writing of this final paper that I came across content by Kohut that addressed this aspect of my experience of empathy. During his final public address on the topic of empathy, Kohut (1981/2010) brought up what he called disintegration anxiety, describing it as the “loss of empathy, the loss of an empathic milieu, the loss of an understanding milieu” (p. 127). He went on to describe adult clients who have an eternal sense of guilt for wanting more empathy and understanding than their parent was able to give. In spite of the dated language and context, I felt as if Kohut were describing my own secret feelings of not having received enough, and my own self-criticism for wanting more. What I experienced as insufficient empathy from my parents may have eventually led to my insecure feelings about the quality of empathy I was able to give, which in turn led me to judge this in others – a cycle that seems perpetually self-propelling, if left unexamined.

Chapter 5. Discussion

I undertook this heuristic research inquiry in order to explore a personal discomfort around the idea of empathy and my practice of it in the therapeutic context. Through engaging in the heuristic process, I came to understand that my deep, initially ambiguous question tied empathy to feelings of insecurity. Although this connection is personally significant within my internal frame of reference, I acknowledge that it may not be equally relevant for others. However, the process of exploring these topics led to questions that I feel are germane to the field of drama therapy and the creative arts therapies at large. I pose these questions below, drawing connections to their implications for the field, and I recommend them as avenues for further research.

Discussion questions

Why are we silent on the topic of therapist insecurity in the creative arts therapies?

The literature implies that therapist insecurity is common to all levels of therapist experience, and yet literature in the CATs mainly refers, anthropomorphically, to the insecurity of the CATs as a profession. Considering the small size of the field itself, and the even smaller number of creative arts therapists engaging in research, one could assume that most of this energy and funding is likely to be concentrated on providing evidence of the efficacy of the CATs modalities. However, the field needs more practitioners, researchers and advocates in order to grow, and these creative arts therapists need to be able to withstand the developmental insecurities inherent in taking on this role. One explanation for the low priority of therapist insecurity as a research topic in the CATs may have to do with the very human defense of avoiding distressing thoughts and feelings (Shedler, 2010). If creative arts therapists feel insecure, whether in their abilities, in the value of their work, or in their own identity, avoiding these feelings is a completely natural reaction. However, the work of a therapist is to explore this avoidance in clients (Shedler, 2010), and I believe it is our duty as therapists to explore it in ourselves as well.

What are the consequences of failing to explore our own insecurity as therapists?

The initial problems I identified with my practice of empathy related to issues of power, privilege and difference, but insecurity emerged as a more fundamental theme because it lay at the root of these issues. Delving into this insecurity in myself led to a deep exploration of countertransference material, which eventually brought me to understand how my insecure

feelings about empathy were intimately connected with my feelings about the kind of empathy I'd received from my parents.

Until I came to this major insight, my exploration of other issues I felt insecure about, namely privilege and power, was blocked. And until delving into this countertransferential material, my empathy for some clients was also blocked. What about for other therapists? What issues may be blocked because of unexplored countertransferential material? And how can therapists deal with these issues if they are unable to safely recognize and examine their underlying insecurity?

What are the conditions that ensure safe exploration of insecurity? If insecurity is a phenomenon CATs practitioners experience both individually (as other health professionals do) as well as collectively as a profession, it is an issue that must be addressed both individually and collectively. One area of collective influence on new generations of creative arts therapists is that of the educational institutions where they are trained. However, both my personal experience and the literature on trainee therapists suggest that it may feel unsafe to reveal insecure feelings in this context, both with educators and peers. So how can students safely discuss feelings of insecurity? How can we de-stigmatize this experience?

The impact of this question extends beyond students to educators, researchers, practitioners and mentors already working in the field. We know that feelings of insecurity can occur at any point in a therapist's career, but if a culture of avoidance is instilled around such personal issues during training, how can these issues be given space in one's professional life? Just as therapists make use of empathy in order to create a space in which clients can safely explore their vulnerabilities, how can we do this for ourselves and each other as a profession? And, in turn, how can an exploration of our own insecurity inform the way in which we grant this space for our clients? I found parallels between the conditions needed to safely engage in this research and those needed to facilitate empathic practice; do therapists' necessary conditions for safely exploring insecurity parallel those of clients?

How can we better promote and model self-care in the creative arts therapies? One of the many personally significant outcomes of this research project was my experiential discovery of the value of self-care, and the centrality of self-empathy to its practice. I spent time with myself and my difficult feelings, and sought ways to understand my own experience. From this self-empathic place, I discovered how to make use of creative processes to identify my

needs, to internalize the support that I desired, and to become the person who could grant that support. Like Sela-Smith (2002), I discovered the potential for heuristic research to facilitate personal transformation. But without the vehicle of this research project, I may not have reached this milestone of significant personal and professional growth. Despite the concept of self-care being named and repeated throughout my training, I felt that its facilitation was lacking; alongside clinical and creative techniques, self-care too must be learned. How can training programs prioritize the teaching and practice of self-care? And how can we encourage the use of our own creative modalities for such self-care practices? Orkibi's 2012 study suggested that CATs students engage very little in art-making processes during their studies. Despite the importance of staying active in one's own modality for professional identity development, drama therapy students were the least likely to engage in their art outside of their training program requirements. Are there any successful models which contradict this finding, or is it true across all drama therapy training programs? How can we facilitate a greater engagement in drama and theatre for self-care among drama therapist trainees?

Limitations

The heuristic approach is one that prizes subjectivity over generalizability, and employs personal responses as markers of validity. The research method itself, as well as this individual sample size, limits conclusions to the individual level; these conclusions may only apply to those for whom they personally resonate. This is understood, and I explain my efforts to contribute to the credibility (Guba, 1981) of my inquiry in Chapter 3. Among these efforts, peer debriefing was one tool that I engaged in less than originally intended. Although I discussed my process both with my research advisor and peers, I experienced a certain resistance to revealing the full extent of my feelings of insecurity; this certainly impacted the frequency of my debriefing sessions. Increased exchange may have expanded the awareness of my biases – not to eradicate them, which the heuristic approach deems both impossible and undesirable, but to illuminate these unexamined aspects of myself.

Future research

In addition to the questions posed above, I have identified other avenues for future research. In the most general sense, this research could be built upon by expanding the sample size and applying other research methodologies to examine whether a relationship exists in others' experiences of empathy and insecurity in therapeutic practice. Future research could also

consider the experience of these constructs from the perspective of clients, and the usefulness of exploring these constructs in clients' therapeutic work.

The research process itself led me to discover tools with which to further engage in my inquiry – tools which helped me create a framework for examining both personal and countertransferential content. The connection I experienced between the practices of empathy, self-care, and countertransference could be further explored in qualitative research on CATs practitioners. What's more, some of the tools I employed, such as Jennings' (1998) mandala, Schenstead's (2012) arts-based reflexivity, and my practice of filmed self-empathy (see Chapter 4, under the subheading *Empathy*) could be examined further in terms of their applications for therapists' self-reflexivity, post-session processing, and working through countertransference.

Future research could include the application of various theoretical lenses. At the end of Chapter 4, I touch on a connection made between empathy, insecurity, and the relationship with my primary caregivers, but I do not expand on this aspect. The research could be furthered by considering empathy and insecurity in light of attachment theory, which emphasizes the importance of this fundamental relationship. The impact of trauma could be another factor to consider in relation to participants' experiences of empathy and insecurity. Finally, the idea of problematizing empathy was one of the catalysts for this project; further research could consider this problematization through lenses other than the personal (e.g. cultural), and even drama therapy and dance movement therapy's unique applications of empathy could be critiqued through other social or theoretical perspectives.

Conclusion

Returning to my research question, I conclude that as a drama therapist in training, my experience of the interplay between my insecurities and my ability to engage empathically in the therapeutic context is a complex one (see Figure 4). Focusing on, expressing, and organizing my experiences in order to answer this question has led me to previously unexamined countertransferential material, and provided me with a practice of self-empathy I may not have otherwise discovered. It has guided me to the questions I pose to the field of drama therapy and the creative arts therapies, as I transition into adding my voice to those of the professionals who have mentored me until now. As creative arts therapists, I believe that our ultimate goal is to empower our clients to find and activate the creative resources that lie within. As an experiential learner, taking myself through this heuristic process has allowed me to play the multiple roles of

researcher, participant, therapist and client, and allowed me to taste this self-empowerment I strive to facilitate in others.



Figure 4. Mind map.

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Appendix A: Codes

insecurity

disconnection

insight

power, privilege

judgement

sympathy

feeling, connection

difference

conditions: place / space / light / sound

self-care

disambiguation

strength, empowerment

empathy

passive / easy / receptive

support from beyond me

body, meaning attributed to parts / movement

that's my job

that's the work

identification

countertransference

Appendix B: Codes organized by theme

Vulnerability

insecurity

disconnection

Judgement

passive / easy / receptive

that's my job

Tools

feeling, connection

difference

countertransference

empathy

disambiguation

Personal significance

self-care

conditions: place / space / light / sound

that's the work

body, meaning attributed to parts / movement

support from beyond me

insight

empathy

Disambiguation of concepts

sympathy <-> empathy <-> identification

power <-> strength, empowerment

empathy ≠ passive / easy / receptive

difference, which includes power, privilege, doesn't have to lead to judgement