

The Art Materials in the Therapeutic Relationship:  
An Art-Based Heuristic Inquiry

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## ABSTRACT

### THE ART MATERIALS IN THE THERAPEUTIC RELATIONSHIP: AN ART-BASED HEURISTIC INQUIRY

YAN YEE POON

In art therapy, the presence of a therapeutic alliance is a vital ingredient in creating a secure environment from which the client feels safe to create and explore with the art materials. Within the Expressive Therapies Continuum (ETC), it has been stipulated that further research should be conducted to include the relationship between the interactions with the art media and the therapeutic alliance. This art-based heuristic research explores the relational aspect of the ETC by engaging in weekly response art-making following individual art therapy sessions. The response art images were analyzed using the *ETC Use and Therapist Self-Rating Scale* (Hinz, Riccardi, Nan, & Périer, 2015), Snir and Regev's (2013) *Art-Based Intervention (ABI)* questionnaire as well as image dialogue in the form of witness writings. This research pointed to the value of the ETC framework in providing insight into the three components of the therapeutic relationship (art materials, art-making process, art product). Findings revealed the containing and holding aspect of media properties in helping the art therapist contain the client's emotions and experiences, provide a safe distance to reflect on for both the client and therapist, help set physical as well as emotional, and psychological boundaries in the therapeutic setting and in the creative process, and as a form of self-care.

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## Table of Contents

List of Figures .....	viii
Introduction.....	1
Therapeutic Relationship .....	3
Therapeutic Relationship in Art Therapy .....	6
Response art .....	10
Expressive Therapies Continuum .....	11
Methodology.....	14
Theoretical Framework.....	14
Ethical Considerations and Biases .....	16
Data Collection Procedures.....	16
Data Analysis Procedures .....	21
Images, Witness Writings, and Personal Reflections .....	22
Findings.....	29
Discussion.....	32
Conclusion .....	34
References.....	36
Appendix.....	43

## **List of Figures**

- Figure 1. *Triangular relationship in art therapy*
- Figure 2. *Relationships within art therapy*
- Figure 3. *The Expressive Therapies Continuum (ETC)*
- Figure 4. *ETC use and therapist self-rating scale*
- Figure 5. *Art-Based Intervention (ABI) questionnaire*
- Figure 6. *Graph of ETC levels*
- Figure 7. *Graph of aspects of ETC pertaining to media used and artistic process*
- Figure 8. *Building the base*
- Figure 9. *Seeing and being seen*
- Figure 10. *Fusion*
- Figure 11. *Finding a balance*
- Figure 12. *Where am I?*
- Figure 13. *The many triangles*
- Figure 14. *The holder*
- Figure 15. *Art materials within the triangular relationship*
- Figure 16. *Therapeutic relationship in the form of a triangular pyramid (tetrahedron)*

It's the relationship that heals, the relationship that heals, the relationship that heals – my professional rosary. – Irvin Yalom

## **Introduction**

Throughout my diverse work, study, and volunteering experiences, whether in the medical, mental health, or community fields, I realized that what fuelled my interest most was the relational aspect in the encounters with others. As a young child and throughout my teenage years, art allowed me to transform my feelings and experiences into images and helped bridge a form of communication with others. Within the art therapy program, I had the opportunity to learn about the impact of interpersonal relationships in the context of therapy, and more specifically, how we may influence the clients, but also how they affect us. The therapeutic relationship fascinates me for there are so many layers of communication, beyond the conscious layer of what is seen and felt. We learn to tune in to the client's sensations, feelings, and needs, while also being deeply conscious of our own physical and emotional reactions to that. This process is known as *therapeutic attunement*, which is the therapist's “ability to stay centered, aligned, present, and alert to the moment [...] a kind of mutual resonance experienced as connectivity, unity, understanding, support, empathy, and acceptance that can contribute greatly to creating a sense of psychological healing” (Kossak, 2009, p. 13).

Within the realm of any therapeutic approaches, it has been acknowledged that the quality of the client-therapist relationship is a common variable in successful therapeutic outcomes (Ardito, & Rabellino, 2011; Horvath & Luborsky, 1993; Horvath, Del Re, Flückiger, & Symonds, 2011). Many theorists have further advocated that the therapeutic relationship can be perceived as a “central change mechanism within therapy” (Hill, 2009, p. 199). Current knowledge about the concepts of transference and countertransference informs about the dual

contribution of both therapist and client to the relationship based on their previous relational experiences.

In the first year of my master's degree, I was introduced to the concept of the *Expressive Therapies Continuum* (ETC), a transtheoretical framework that organizes and describes the different levels in how clients may process information through their interactions with the art materials (Riccardi, Nan, Gotshall, & Hinz, 2014). Borrowing from cognitive psychology and art education, as well as theory about areas of the brain involved in perceptual information processing, the ETC was first proposed by Kagin and Lusebrink in 1978 as a “unified stepwise approach to the multifaceted nature of visual expression” (Lusebrink, Mārtinsone, & Džilna-Šilova, 2013, p. 76). Lusebrink (1990, 2004, 2010) further expanded the theory over the past 30 years or so by integrating notions about how different areas and functions of the brain are possibly linked to the different levels of visual information processing and visual expression. Hinz (2009) continued developing the ETC as well by carefully deconstructing and clarifying this complex model and making it accessible for clinicians to use within their own therapeutic practice while integrating behavioral, emotional and cognitive notions. An increasing number of international studies are supporting this theory as a unifying platform within the field of art therapy (Upmale, Mārtinsone, Krevica, & Džilna, 2011; Ichiki, 2012; Lusebrink, Mārtinsone, & Džilna-Šilova, 2013) or using it to measure client progress (Bennink, Gussak, & Skowran, 2003).

However, within the ETC, it has been stipulated that further research should be conducted to include the relationship between the interactions with the art media and the therapeutic alliance. Indeed, within the context of art therapy, the therapeutic relationship happens not only between client and therapist, but the art materials play a crucial role within the



relational encounter as well. The present art-based heuristic research is an attempt to bring insight into the relational aspect of the ETC through the following inquiry: What insights can be gained on the concept of the therapeutic relationship by exploring the ETC framework? This question will be investigated through the use of weekly response art following individual art therapy sessions with a women clientele in a community center.

In fact, response art, defined as artwork created by the art therapist in response to the client's story and metaverbal imagery (Fish, 2012), can enhance our understanding of the client's experience in relation to self and others (Havsteen-Franklin & Altamirano, 2015, p. 54). Deeply engaging with the material through the creative process can also foster empathy in the therapist (Kossak, 2009). Hence, the artwork in response art can become a visually attuned response to the therapist's experience of being with the client, which can inform about aspects of the therapeutic relationship.

The purpose of this research paper is to explore the researcher's perceptions of the role of the therapeutic relationship in relation to the ETC. This includes relevant examples from psychotherapy literature, the therapeutic relationship within the field of art therapy, the fundamental element of response art as well as current research on the ETC.

## **Literature Review**

### **Therapeutic Relationship**

In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

- Carl R. Rogers

In the earliest beginnings of psychoanalysis, Freud discovered that *transference*, a

process whereby a client displaces feelings initially experienced towards earlier figures in their life onto the analyst or the therapist (Case & Dalley, 1992), was a powerful tool in moving forward within the therapeutic work. Within contemporary therapeutic approaches, there is increasing recognition of the vital role that the therapist holds in the therapeutic relationship (Case & Dalley, 1992; Hill, 2009; Crits-Christoph, Crits-Christoph, & Gibbons, 2010; Slone & Owen, 2015). In fact, the acknowledgment of *countertransference* as a process whereby the analyst or therapist displaces his thoughts and feelings experienced with previous or other figures in his life onto the patient (Case & Dalley, 1992a) has led toward a *two-person psychology*. The latter recognizes that the therapist's exploration of his own feelings and thoughts may in turn provide crucial information about the client's thoughts and feelings (Case & Dalley, 1992; Hill, 2009).

Taking a deeper look at the concept of *attunement*, psychologist Erskine (1998) defined it as a “kinesthetic and emotional sensing of others” (p. 236) that goes beyond empathy. Akin to a mother deeply attuning to her child’s needs, the therapist engages in a similar process through a mutual back-and-forth rhythmic flow with the client. *Therapeutic attunement* means to be able to tune-in to the client's *being*, including the sensations, feelings, needs, while being deeply conscious of our own physical and emotional reactions. Satisfying this human relation need is a vital component in the therapeutic relationship (Erskine, 1998).

Within the context of expressive art therapies, Kossak (2009) described and linked these powerful moments of connection to the phenomenon of *entrainment*, which arise “when resonant fields rhythmically synchronize together, such as brain waves, circadian rhythms, lunar and solar cycles, breathing, circulation, and rhythms found in the nervous system” (p. 16). On a parallel tangent, Schore (2012b) noted that whereas the left hemisphere communicated conscious

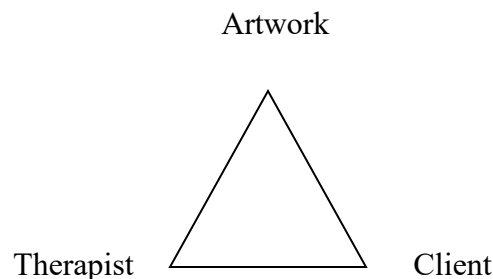
processes on a more explicit level, right-brain to right-brain transactions were nevertheless at the centre of the therapeutic relationship through its nonverbal transmission of unconscious processes and implicit emotions. He further advocated with supporting evidence that early relational processes linked to attachment were recorded within the right hemisphere and would be reactivated within the unconscious transference-countertransference relationship (Schore, 2012a). This points to the importance of the therapist's right hemisphere in processing implicit nonverbal communication within the therapeutic alliance. As noted by Schore (2012b), the right brain tracks and interprets on a preconscious level the psychobiological state of self and other. Hence, the act of engaging in visual art making can tap into these unconscious processes, which can lead to insight into the right brain-to-right brain encounter between the client and therapist.

**Therapeutic alliance.** Bordin (1979) was the first to propose a pan-theoretical definition of the therapeutic alliance, extending to any therapeutic approach, which stressed the importance of a positive client-therapist collaboration in overcoming the patient's "common foe of pain and self-defeating behavior" (Horvath & Luborsky, 1993, p. 563). He believed that having a shared agreement of the treatment's goals and perspective on the tasks as well as the presence of feelings of mutual trust, acceptance and confidence were necessary components to the therapeutic alliance (Horvath & Luborsky, 1993). The presence of a therapeutic alliance has been more and more evidenced as an integral component in the process of therapeutic change (Hill, 2009, p. 199). In a meta-analysis exploring the relation between the alliance and the outcomes in individual psychotherapy, Horvath, Del Re, Fluckiger, and Symonds (2011) reviewed over 200 studies that consistently showed the quality of the alliance as a strong predictor of the therapeutic outcome. This seems to be true no matter the type of treatment offered or presenting problems of the client (Horvath & Symonds, 1991; Horvath & Bedi, 2002). Findings from a multilevel path

analysis by Falkenström, Granström, and Holmqvist (2014) revealed that symptoms' improvement or deterioration may not necessarily lead to better or worse alliance, however the alliance instead was a stronger predictor of the therapeutic outcome.

### **Therapeutic Relationship in Art Therapy**

**Triangular relationship.** In art therapy, the client engages in self-exploration with the use of art materials in the presence of the art therapist. The client-therapist relationship is thus transformed with the additional presence of the artwork, which is considered to have a life of its own that is “independent of its maker” (Edwards, 2001, p. 86-87). In art therapy literature, the therapeutic relationship is often referred to as the triangular relationship (see Figure 1). Within this triangle, the emphasis may shift from one side to another depending on the “circumstances of the setting, the needs of the client, and the training of the therapist” (Moon, 2003, p. 110). Ideally though, Schaverien (2000) advocated that all three elements of the triangular relationship should have equal value, however the art therapist should also demonstrate flexibility.



*Figure 1.* Triangular relationship in art therapy.

**Attachment in the therapeutic relationship.** In psychotherapy literature, the client-therapist relationship has been compared to an attachment relationship, mirroring aspects of a parent-child relation. Findings from an exploratory study investigating the relationship between the client's interactions with the art materials and the therapeutic relationship showed that patients who felt more secure in relation to their therapists (secure attachment) described having

a more positive experience with the art materials (Corem, Snir, & Regev, 2015). The outcome of the research suggested that as oppose to patients who reported having greater avoidance in relation to their therapists, those who felt secure with their therapists are perhaps more likely to engage in a deeper self-exploration by using their therapists as a safe base to explore (Corem, Snir, & Regev, 2015). Thus, the presence of a therapeutic alliance, suggested by a positive attachment to the therapist, is a vital ingredient in creating a secure environment from which the client feels safe to create and explore with the art materials (Corem, Snir, & Regev, 2015; Dalley, 2000).

**The art process and product within the transference relationship.** Within the triangular relationship, the artwork can be seen as an intermediary in the relationship between the client and the therapist (Schaverien, 2000). Parallel processes can emerge in terms of transference (client-artwork and client-therapist) and countertransference (therapist-artwork and therapist-client) (see Figure 2). In fact, Wadeson (1986) stated that in order to fully understand the art produced in art therapy, it is crucial to look at the transference relationship within which the work is created. For the client in art therapy, the art therapist may carry out the roles of provider, nurturer, messenger, and all-knowing figure by offering tangible supplies and functioning as a witness of their creative work (Wadeson, 1986). In fact, some art therapists view the presentation of materials as a “metaphor for food” (Moon, 20120, p. 53) as it is a tangible way of “emotionally feeding the client” (Hilbuch, Snir, Regev, & Orkibi, 2016, p. 23). Echoing the act of a parent feeding a child, the art therapist may be perceived as good enough parent who provides good and nurturing materials, or in opposition, as a bad parent who provides dangerous and inadequate materials (Moon, 2010; Rubin, 1984; Wadeson, 1986). Feelings of regression associated with earlier object relations may be evoked in the client and reflected in the art

product as well as in the art-making process itself.

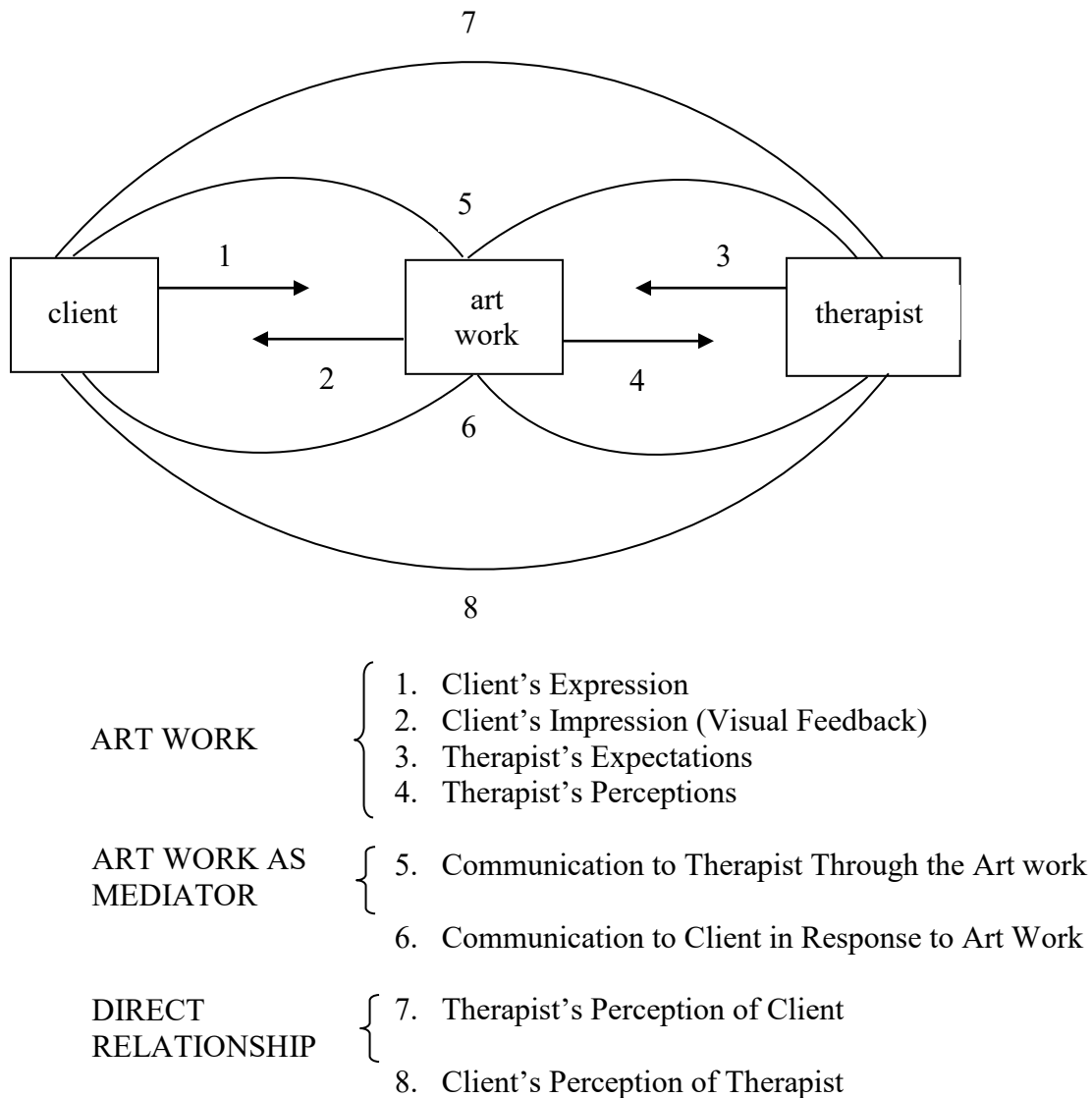


Figure 2. Relationships within art therapy. Reproduced from Edwards (2001).

**The role of the art materials in the therapeutic relationship.** Indeed, as much as the client-therapist relationship may evoke feelings of transference, the way clients handle the use of art materials in the presence of the art therapist fosters a parallel phenomenon as well (Hilbuch et al., 2016). In a most recent article by Hilbuch et al. (2016), the authors investigated the role that art materials played within the transference relationship by interviewing ten senior art psychotherapists. Findings revealed that transference during the art-making process could

happen intrapersonally (to the art materials) and interpersonally (to the psychotherapist). There is also literature affirming that the wide-range of artistic sensory properties may trigger implicit memories which in turn may influence the client's way of interacting with the materials (Moon, 2010). Results from Hilbuch et al.'s (2016) study suggested that clients used the art materials in a manner that reflected how they were treated themselves or how they would like to be treated, in relation to earlier object relations. Thus, the art materials can allow the clients to act on their unconscious impulses in the form of sublimation (Hilbuch et al., 2016).

Gaining a deeper awareness of the transference and countertransference contents within the various aspects of an art therapy session is vital in understanding the therapeutic relationship within the context of art therapy. This includes the handling of art materials (by the client and the art therapist), the artistic process (by the client as creator and the therapist as witness), and the art product (viewed and discussed by both client and therapist and safeguarded by the therapist). Not only can it help to foster therapeutic alliance, but it can also help advance the therapeutic work by increasing the client's knowledge of their own patterns of behaving within the therapeutic space and making links to earlier object relations and their experiences outside of therapy.

The art materials, the art-making process, and the resulting art product all carry important functions in the transference relationship. The use of response art within the present study could bring insights into the countertransference aspects that were not discussed in Hilbuch et al.'s (2016) study by reflecting on the creative processes and dialoguing with the resulting images. Feelings that are rooted from personal experiences may unconsciously influence the way we facilitate the overall session, the art materials, the creative process, and the discussion around the resulting art product (Wadeson, 1986). Power relationships may arise when we try to control,

often in an unconscious level, aspects of the session in order to satisfy our own needs rather than our client's.

### **Response Art**

When working with patients, it is important to remember that the special qualities of our tools as art therapists are ones that we may use effectively for our own insight, growth, and healing. - Barbara Fish, 1989

*Response art* refers to art created by an art therapist with a focused intent of “using his or her sensations, emotions, perceptions, and tacit knowledge of the client” (Fish, 2008, p. 70).

Inquiry through visual art making gives access to information that goes beyond the nonverbal. It is *meta-verbal* in the sense that it captures "tacit emotional nuances [...] ways of knowing that are nonlinear, nonsymbolic, and linguistically inaccessible (Harter, 2007, p. 167). Lusebrink (2010) believed that the process of art making gave way to “sensory and affective processes on basic levels that are not available in verbal processing” (p. 176), and this is true as much for the client as it is for the therapist.

A literature review provided by Fish (2012) examined the increasing number of art therapists making art as a means of processing their in-session experiences with the clients and to deepen their knowledge of self and other. This means of inquiry have been used for various purposes including the exploration of difficult emotions experienced in the sessions and the processing of countertransference issues (Fish, 1989; Fish, 2012; Wadeson, 2003), as a means of self-care (Fish, 2008; Gingras, 2015; Harter, 2007), and as a tool in supervision to explore clinical issues (Fish, 2008). In fact, Fish's (1989; 2008; 2012) personal exploration and commitment to making response art led to an increased awareness of her own countertransference within the client-therapist interactions. By engaging in a parallel process to



the clients' therapeutic and creative work, art therapists can transform their experiences by acknowledging their personal strengths and struggles (Harter, 2007).

Based on the earlier discussion of right-brain to right-brain communication, engaging in visual art-making after therapy sessions can offer access into the unconscious realm of the nonverbal affective, body and mind, transactions within the therapeutic relationship, allowing the art therapist to be "in a state of right brain receptivity" (Schoore, 2012b, p. 39). Moreover, response art can also provide data into transference and countertransference processes within the therapeutic relationship by observing and noting my own interactions and experiences within three crucial components of the therapeutic relationship in art therapy reflected earlier: the art materials, the art-making process, and the resulting art products. The ETC served as a framework for the study by offering valuable insight into these three elements: it categorizes the interactions between the client, the proposed media, the final art product, and the creative process (Hinz, 2009).

### **Expressive Therapies Continuum**

As mentioned earlier in the introduction, the ETC was first rooted in the work of Kagin and Lusebrink (1978) and further expanded by Lusebrink (1990; 2004; 2010) and Hinz (2009). Grounded on the belief that the unique properties pertaining to different art materials can evoke various emotions and experiences in the creator, it provides a transtheoretical framework looking at how a person accesses and expresses feelings and experiences through their interactions with diverse media (Riccardi, Nan, Gotshall, & Hinz, 2014).

The ETC takes the form of a continuum organized in four different developmental hierarchical levels: kinesthetic/sensory, perceptual/affective, and cognitive/symbolic, and the creative level (see Figure 5). Each particular level corresponds to specific ways in which visual

and affective information is processed within the different structures and functions of the brain (Lusebrink, 2010). Hinz (2009) believes that an individual who is well functioning is able to gather and process information in a *balanced* manner within all ETC components given the particular context. In fact, integrating cognitive and emotional information from both right and left brain hemispheres, the creative level is a transformative process in which the individual self-actualizes and realizes his or her "talents, capabilities, and potentials" (Hinz, 2009, p. 187). Thus, knowledge about the ETC can help art therapists gain an increased awareness of the parallels between how clients engage in the art process and how they generally process information in other areas of their lives. In noting the client's areas of strengths and weaknesses within the different levels of the ETC, it provides a starting point for art therapists to create interventions that may help move toward balance and flexibility between and within each level, if appropriate.

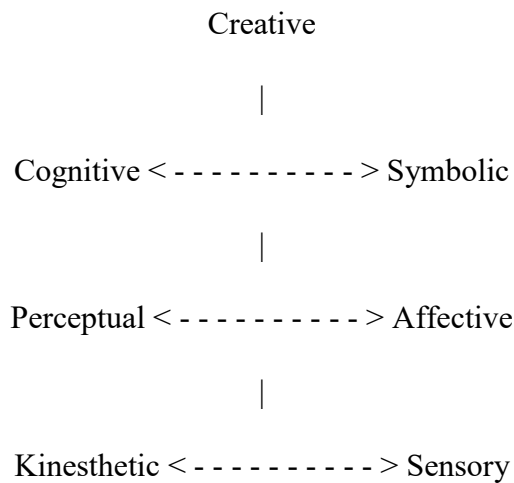
In her exploration of variables in the use of media, Dr. Sandra Graves-Alcorn (2017) developed the concept of Media Dimensions Variables (MDV) in her master's thesis in 1969. It looks at how properties inherent to particular art media can be classified and therapeutically applied, such as base on structure (structured or unstructured), task complexity (high or low), and media properties (fluid to resistive media). Looking at the ETC graph (Figure 5), the use of resistive media such as markers and collage generally enhances components on the left side of the graph, hence the kinesthetic, perceptual, and cognitive functions. On the other side of the framework, the sensory, affective, and symbolic components are usually activated when an individual uses fluid media, such as watercolor or finger paint (Hinz, 2009; Lusebrink, 1990, Lusebrink et al, 2013). Thus, with knowledge about media properties, the clients' choice of media can infer to the art therapist about their particular needs. Indeed, Lusebrink et al. (2013) gave the example that the use of resistive media could reflect "a need for autonomy, protection

of borders of personality, control of emotions” whereas fluid media can suggest “a need for liberation from control and free expression of emotions” (p. 82).

Analogous to the ETC framework, a study by Péntzes, van Hooren, Dokter, Smeijsters and Hutschemaekers (2014) revealed that the way a client interacts with the art materials could infer about characteristics of the client’s mental health, such as his or her level of motivation and ability to rationalize and be flexible. This stresses the importance of the art materials as a valuable tool in art therapy assessment, distinguishing it from other adult mental health assessments. In a follow-up of their study, findings revealed that the formal elements of the client’s art product could offer insight into the client’s interactions with the art materials and his or her psychological functioning (Péntzes et al., 2015). In fact, information about the client’s affective and rational states could be determined by classifying his or her style of interactions with the materials (in terms of movement, dynamic, space, tempo, pressure, lining, shaping, repetition and control) along a continuum from ‘affective’ to ‘rational’ (Péntzes et al., 2015, p. 7).

Thus, examining our own interactions with the art materials and reflecting on the resulting art product can help us gain insight into our own mental states and reveal characteristics of how we usually process information on a regular basis. As noted earlier, it could also offer information about “the quality of existing relations or the desired one” (Hilbuch et al., 2016, p. 24). This confirms the value of response art in this study to investigate on aspects of the therapeutic relationship. In fact, Hinz (2009) cautioned the art therapists in monitoring, examining, and understanding their own “natural or learned affinities and aversions to media and ETC component processes” (p. 238) because it may have an impact on the therapeutic relationship and the therapy work. Response art can benefit both the art therapist and the client by bringing insight into the therapeutic relationship through transference and countertransference

data (Case & Dalley, 1992). For the art therapist, it can also be a means of self-care by exploring and processing difficult in-session experiences (Fish, 2012).



*Figure 5. The Expressive Therapies Continuum: Reproduced from Hinz (2009)*

## **Methodology**

### **Theoretical Framework**

In my roles as an artist, community art educator, and art therapy student, art is a primary mode of inquiry. It not only acts as an indispensable channel of communication in art therapy, but it is also a language that I utilize in my personal life. Art making brings me into a heightened state of awareness that facilitates a deeper understanding of my experiences. There are a number of significant research examples where art therapists have illustrated the vital role of using an arts-based approach within the field of art therapy (Allen, 1999; 1995; Gingras, 2015; Kapitan, 1998; McNiff, 1998; Power, 2016).

Understanding the role that art plays within the therapeutic relationship necessitated that I explore my own definition of media properties while also reflecting on its impact on the therapeutic alliance. As mentioned earlier in the literature review, response art can help process in-session experiences with our clients. By exploring our "sensations, emotions, perceptions, and

tacit knowledge of the client" (Fish, 2008, p. 70) through art materials, it can deepen our knowledge of self and other by providing information on the therapeutic relationship. Moreover, working within the framework of the ETC, art as a way of knowing can offer a "more direct and comprehensive knowledge about the qualities of materials and practice" (McNiff, 2011, p. 386). This directly links back to the research question in terms of exploring my own meanings behind diverse media properties within the ETC. By looking inward into my internal ways of knowing through art, it brought forth new perspectives of my lived experience in relation to the therapeutic relationship and the use of materials.

In addition to the art-based approach as a primary mode of research, heuristic processes were also an integral part of my research. In fact, heuristic inquiry complements well the art-based approach in affirming the importance of "imagination, intuition, self-reflection, and the tacit dimension as valid ways in the search for knowledge and understanding" (Douglass & Moustakas, 1985, p. 40). The heuristic approach led me to look into my own experience of the phenomenon by using self-inquiry as a guiding frame (Moustakas, 1990). The use of self-evaluation forms after the response art as well as dialogue with the images helped to deepen self-reflection on the role of art media properties and processes in my own practice and the impact it may have on the therapeutic alliance. Exploring the therapeutic relationship requires reflexivity to look at the meaning of the art responses in regard to my own artistic practice but also what that means in regards to my role as an art therapy intern facilitating art making with clients. According to Bloomgarden & Netzer (1998), reflexivity requires the art therapist to explore and study one's own experience and to "trust his or her experience, intuition, and tacit knowledge" (p. 53).

## **Ethical Considerations and Biases**

Given the use of response art to explore the topic of therapeutic relationship, ethical considerations included a particular awareness of my role as a researcher as well as an art therapy student within a particular practicum setting. It was important to acknowledge the limits of my own knowing, particularly in terms of examining the therapeutic alliance, one limitation of the study is the omission of participants. Caution was used to ensure that no client information was revealed through the collection of personal data. Indeed, according to the code 2.3 (AATA, 2013), art therapists cannot disclose confidential information without the clients' explicit consent, unless stated by code 2.4 (AATA, 2013) that it is in the interest of the client and a written consent is obtained before disclosure.

Moreover, an ethical and multicultural practice requires *knowing oneself*. In addition to being aware of cultural and historical implications pertaining to the use of art materials (Moon, 2010), understanding my own artistic preferences and aversions in terms of art materials helped me understand its impact on the therapeutic alliance. Indeed, art therapists have the ethical responsibility to cultivate their own awareness about the “multiplicity of ways that art is construed and constructed in various contexts” (Moon, 2010, p. 12). The present research can foster a dialogue amongst art therapists in becoming aware of one's own relationship to diverse artistic media as well as their clients' preferences and aversions.

## **Data Collection Procedures**

To maintain that art deals in truth is to miss the fact that instead it offers the awakening of sensation, emotion, and imagination in ways that nothing else can. This awakening of the aesthetic, combined with the opportunity to authentically represent the most profound aspects of our work, is what artistic inquiry offers beyond truth.

– Douglas Morgan, in *Must Art Tell the Truth?*, 1969

To respect both the art-based and heuristic approaches within this research, the data collection procedures borrowed from Moustakas' (1990) six phases of heuristic inquiry as well as Hervey's (2000) three steps to art-based approach.

**Initial engagement.** In heuristic inquiry, the researcher first discerns and clarifies a research area that he or she is passionate about (McNiff, 2011). An inner dialogue occurs during this first phase, where one encounters “the self, one’s autobiography, and significant relationships within a social context” (Moustakas, 1990, p. 27). After an art therapist asked me what first led me to art therapy, it made me reflect on my journey of getting into the program and significant moments that have impacted this process. There was no doubt that as I navigated between diverse settings as radiation therapist, artist, community art educator, and art therapy student, the relational encounters fuelled increasing curiosity within me. The role of art within an intimate encounter in a therapeutic setting intrigued me. My intent in doing the present research is to deepen my understanding of the different layers of communication happening within the therapeutic relationship. More specifically, what does the art bring within the therapeutic alliance? Response art helped me explore this question by bringing forth the tacit and unconscious dimensions in the interaction with others while the heuristic approach helped guide the process towards my own experience of this phenomenon.

In this phase of initial engagement, a literature review was conducted to investigate on different aspects of the research problem: the concept of the therapeutic relationship in general, in psychotherapy, and in art therapy, the use of response art within art therapy research, and the framework of the ETC. This helped deepen understanding of the various aspects of the research question and guide the creative process.

**Immersion.** Once the question is clarified, the researcher dwells intensely with the question at hand “consciously and unconsciously, in waking state, while sleeping, and in dream states” (Sela-Smith, 2002, p. 65). In art-based research, the immersion phase involves a deep engagement in “creative activities that structurally guide the question” (Kapitan, 2010, p. 167). There is a direct involvement in art making and resulting art product(s) (Hervey, 2000).

I began engaging in response art once a week for an intended period of seven weeks. A consistent time, place, setup, and structure for art making was established. A wide range of art materials, ranging from fluid to resistive materials according to the ETC, were permanently setup on a desk in my office, which also included preferred, aversion, and novel materials. The materials included pencils, colored crayons, permanent markers, oil pastels, soft pastels, watercolor crayons, acrylic paint, watercolor paint, clay, magazines, diverse paper media, canvases, scissors, glue stick, liquid glue, fabric, and needles. However, other materials could be added when needed and there was a choice to continue working on the same piece from the week before or begin a new creation. There was no time limit to the art-making process, but the average time spent on creating was forty-five minutes to an hour and a half.

The first artwork was created with the intention to self-evaluate within the ETC framework, making sure to include preferred materials as well as media that I preferred less. The six artworks that followed were made in reflection to weekly individual sessions with clients, with the intent to investigate on the research question: What insights can be gained on the concept of the therapeutic relationship by engaging in response art within the frame of the ETC? The final art piece was created as a synthesis of the research.

*Self-assessment forms* (see appendix). At the end of each response art, two self-evaluations were completed to reflect on the creative experience and the materials used.



Generously provided by my supervisor Maria Riccardi, who has been working closely with Lisa Hinz in expanding the model to the Creative Arts Therapies supervisor, the first assessment form, *ETC Use and Therapist Self-Rating Scale* (Hinz, Riccardi, Nan, & Périer, 2015) (see Figure 4), evaluated the level of functioning and engagement within each, ETC. level. It also evaluated preferences and responses to various materials and encouraged personal reflections pertaining to the therapeutic relationship. Further solidifying results from the first assessment form, the Snir and Regev's (2013) *Art-Based Intervention* (ABI) questionnaire (see Figure 5) provided 41 Likert-type items that encouraged reflection on the creative process and helped quantify the interactions with various art materials.

*Witness writings.* Another crucial part of reflecting on the art-making experience was to sit and dialogue with the images through ‘witness writings’ (Allen, 1995). This was done meditatively by making free associations to each resulting artwork. First, I jotted down words that described what I saw objectively in the image followed by a description of what I thought of the artwork and its significance. The data was stored in a digital form to facilitate the process of analysis for themes in a later stage. From McNiff’s (2004) perspective that the way we treat and try to understand an image often reflects how we treat other people, the attempt to dialogue with an image views it as a third entity and parallels gaining insight on the therapeutic relationship. Developing our sensitivity to images can nurture our empathy toward what our clients are feeling and vice-versa (McNiff, 2004).

**Incubation.** With the large amount of incoming data, I quickly began to feel overwhelmed and took a break from active researching to instead letting the data sink in at its pace. This occurred during the Christmas break and without having classes nor practicum, it allowed me time to look at all the data that has been accumulated so far and make sure that it

linked back to the research question. Moustakas (1990) believed that a period of incubation began without planning, and allowed “inner tacit dimension to reach its full possibilities” (p. 26) by withholding any additional input. Incubation gave time to process, reorganize, and let new perspectives emerge. Moreover, honoring any resistance that arise and not forcing through it meant to trust the process (Allen, 1995).

**Illumination: one step forward, two steps back.** After two weeks of incubation, a new surge of energy allowed me to dive back into response art and I continued my internship with the clients with a reinforced understanding of the role of art within the therapeutic relationship. In the illumination phase, the researcher’s “receptive state of mind without conscious striving or concentration” (Moustakas, 1990, p. 29) allows insight to occur. Dialoguing with the images brought new perspectives about transference and countertransference not only through the resulting artwork but also in the art materials. A return to literature search consolidated these insights through the finding of a recently published article suggesting that, in an art therapy session, earlier object relations are evoked in the way clients handle the art materials (Hilbuch et al., 2016).

**Explication.** To make meaning from all the information collected, the data analysis involved “much organizing and reorganizing, finding patterns, forming similar meaning units, and recognizing themes” (Hervey, 200, p. 49). How does the emerging data relate back to the research question? Looking at the various sources of data, recurrent words, themes, symbols, ideas, and feelings were noted down while keeping the research question in mind. To synthesize data from the *ETC Use and Therapist Self-Rating Scale* self-assessment, extrapolation of most pertinent data were used to create two graphs. The first graph (see Figure 6 in Appendix) is a visual representation of how the ETC levels shifted from week to week depending on the

particular art response. The second graph (see Figure 7 in Appendix) complemented the first by depicting different factors that may have contributed to the prominence of different ETC levels. The visual appearance of the two graphs allowed for more efficient cross-verification of the data which served to strengthen the findings. It was also most useful during the thematic analysis of the images in quickly linking the specific materials that were used back to the corresponding ETC levels and other aspects related to the creative process during a particular week. The ABI questionnaire, however, served solely to deepen reflection on the creative process after each response art and to reaffirm results from the first self-assessment; no further analysis resulted from it.

**Art making to present findings.** At last, the final step in arts-based inquiry involved ‘re-contextualization’, which is the “placing of the art work in a context appropriate to its value, where its meaning may be best revealed” (Hervey, 2000, p. 54). Gathering the themes, metaphors, and personal reflections that emerged from the research, a visual book was created to illustrate the development of my own creative process in investigating and uncovering my personal definition of media properties and its impact on the therapeutic relationship. The visual book acted as a container for my research findings. It was a way to spread the seeds amongst peers in the field of art therapy, carrying with it the importance of art making as a tool to establish the therapeutic alliance but also to gain an awareness of personal contributing factors related to artistic media through response art.

### **Data Analysis Procedures**

In summary, the data collected includes: (1) artworks from response art (2) witness writings from dialogue with the images (3) personal reflections from the self-assessment forms (4) and graphs created based on these forms.

The art responses mainly revealed images of body parts (hand, eye), partial or full human-like figures and shapes, and nature elements (trees, water, mountains). The materials used were wide ranged and included traditional art materials and methods such as drawing with permanent colored markers, oil pastels, soft pastels, colored crayons, and watercolor crayons; painting with acrylic and watercolor paint with the use of paintbrushes and fingers on paper and canvas; creating sculptures by modeling clay with my hands; and collage with magazine images. My creative process also included less conventional materials, often considered arts and crafts, such as the use of pipe cleaners to create a sculpture. Fiber art was incorporated in my process as well through the creation of a doll with fabric, thread, yarn, and sewing needles. The scale of the artworks produced was small to moderate size.

The following section will provide a brief analysis of the weekly response art in terms of the media properties, the manner of interaction with the art materials, and the emerging function(s) and theme(s) from each response art.

### **Images, Witness Writings, and Personal Reflections**

**Week one: *Building the Base*** (see Figure 8). With the aim to self-evaluate within the ETC framework before beginning any response art, a first artwork was created with the intention to discover how to begin this research. In this process, a soft, yet sturdy hand emerged while playing around with pipe cleaners and the fuzzy, sharp, and malleable material coiled tightly around my fingers. My engagement with this particular medium revealed my need for a secure frame, perhaps a containment for the stress felt in beginning this research journey. The properties of the material used reflected the environment in which I wanted to be contained in: soft and nurturing, sturdy but malleable and adaptable. In this response art, working on the perceptual

level provided me physical boundaries as a form of containment while the sensory aspect of the material evoked a calm and comforting presence upon touch.

The image of a hand symbolized the first physical contact with clients and the beginning of the therapeutic relationship. Aristotle had said that the hand is “the tool of tools” (Dictionary of Symbolism, 2001) and within the context of art therapy in particular, it is the ‘tool’ that we use to provide tangible art materials to our clients. The clients in turn use their hands to create and by observing the way the art materials are handled, it can give clues about their information-processing system (Hinz, 2009).



*Figure 8.* Building the base.

**Week two: *Seeing and Being Seen*** (see Figure 9). This work was created in two parts. During this first response art, the fluidity and sensuality of the watercolor paint allowed tense and vulnerable emotions to emerge and left the image sitting on my desk even though it felt incomplete. Taking distance from the image was a way to honor the deep feelings that it aroused (Allen, 1995). When I returned to work on it a few days later, the watercolour crayons and oil pastels allowed more precision in making marks on a perceptual level, which perhaps reflected a need to gain control over the process. Moon (2010) stated that oil pastels could allow for “strong expression while maintaining a sense of control” (p. 22). Indeed, combining fluid and resistive materials provided me the control I needed to stay with the creative process without feeling overwhelmed. During this second phase of creation, the symbol of the eye suddenly emerged

from the landscape, with its red veins and penetrating gaze. It seemed to reflect my experience of therapeutic relationship in witnessing the clients' stories through their eyes while feeling the working of the mirror neurons within me.



*Figure 9.* Seeing and being seen.

**Week three: *Fusion*** (see Figure 10). During this week, I decided to explore painting without the use of any mediators, just my fingers. Upon touch, on a sensory level, the acrylic paint felt soft, wet, and thick. The application of the paint onto the canvas was stimulating yet soothing at the same time. It started with one finger, then two, then gradually my whole hand became one with the materials. There was a sense of fusion with it and the media's lack of precision and control gave me a sense of letting go. Indeed, I felt very present and aware within the sensory and affective realms yet detached from cognition. Hinz (2009) noted a growing "awareness and matching of internal sensations" (p. 64) when using finger painting. Dialoguing with this artwork revealed strong countertransference feelings felt in the therapeutic relationship. The image showed an intersubjective space that felt chaotic and confusing.



*Figure 10. Fusion.*

**Week four: *Finding a balance*** (see Figure 11). This artwork emerged as I sought to find containment and control after the intensity of the previous response art. The media in this process were precise and required minimal effort. First, a structure was defined with markers. Then, when I began to colour the newly created boundaries within the circular form, my use of the materials transitioned into a slower and softer pace using coloured pencils. Parallel to this physical process, I sensed a shift in my emotional and bodily state. It was as if the tense feelings before art making were seen from a safe distance instead of being overwhelming. On a perceptual level, working on a small scale and within a circular frame helped me feel grounded and contained. In fact, Moon (2010) noted that the level of control and predictability within drawing materials can provide a safe and containing context for clients with intense emotions (p. 21). In addition to the sense of control provided by the use of markers, students' responses in study by Snir and Regev (2013) disclosed a "certain detachment from their inner world" (p. 97) when interacting with the medium. The use of these resistive materials and the resulting artwork can help in providing containment for the client's intense emotions that may emerge in the therapeutic relationship.



Figure 11. Finding a balance.

**Week five: *Where am I?*** (see Figure 12). The creative process began by gently resting a wet and warm tea bag onto a watercolor paper and then meditatively watching the appearance of a blob forming underneath as the paper soaked up the fluid. When the blob no longer expanded onto the paper, I lifted the tea bag and repeated the process again and again onto different areas of the paper until it reached a point of saturation. Working on a perceptual level, colored pencils, markers, and oil pastels were used to outline and delineate the different shapes on the paper and letting the image emerged unconsciously. Reflecting back on these steps, the tea bags paralleled my personal inquiry about how much content the therapist could absorb from clients. What can art therapists do when their bodies and psyches become filled with the client's content and leave stains inside and outside the therapeutic space into their personal lives? In setting a safe structure within the therapeutic space, the importance of knowing our personal boundaries in the therapeutic relationship surfaced in this work as a means of protection and self-care. For the client, the art materials can bring an additional dimension of holding in the therapeutic relationship by expressing and externalizing high impulse affects from a reflective distance (Chong, 2015). For the art therapist, these same tools can also be a means of self-care and processing of in-session experiences through response art.





*Figure 12. Where am I?*

**Week six: *The Many Triangles*** (see Figure 13). The winter break brought in mixed feelings of guilt and heaviness as I prepared the clients for the interruption of our sessions. Seeking a means to discharge some of these intense contents myself, on a kinesthetic and sensory level, clay provided me an immediate release of energy as I pressed my fingers against the soft, warm, and malleable material, reminiscing of the earth. On a cognitive level, it absorbed and slowed down the stream of thoughts in my head. Indeed, working with the ETC framework, Joshua Nan (2014, 2017) had noted in his extensive research on clay art therapy for adults with depression that the multi-faceted media properties of “clay as a single medium of art therapy intervention” (Riccardi, M., Nan, J. K., Gotshall, K., & Hinz, L. (2014) allowed clients to gradually move from a predominant Kinesthetic-Sensory level, to the Perceptual-Affective, and then to the Cognitive-Symbolic level (Nan, 2017). Clay also has the ability to function as a “neutral container” (Chong, 2015, p. 122) by containing, absorbing, and slowing down high impulse emotions. The resulting triangular pyramids of varied sizes evoked the three-dimensional triangular relationship in art therapy. The visual and tangible aspect of the sculptures allowed me to feel its warmth and weight in the palm of my hand and to be able to physically lay them down and set them aside. Indeed, Malchiodi (2012) noted that clay can foster “three-dimensional thinking” and stimulate the “use of tactile senses” (p. 28).



Figure 13. The many triangles.

**Week seven: *The holder*** (see Figure 14). In an attempt to integrate findings that emerged from the previous art responses, the structure of a doll emerged. Working on a perceptual and cognitive level, the frame was first built with pipe cleaners and then, fabric, needles, and thread were used to assemble different body parts to give a three-dimensional aspect. I initially wanted to sew something inside the body but then decided to create a backpack instead. This way, the doll did not have to hold the contents *within* her but rather *with* her, and she could choose to take it off when needed. Sewing was a process that you couldn't exactly rush; it felt like a meditative exercise that stimulated attentiveness rather than an insistence toward self-expression (Kapitan, 2003). It allowed me to take the time to look at and mend parts of myself that I haven't paid attention to.

Moreover, analogous to the integrative aspect of fiber arts (Moon, 2010), representations of body image can help bring fragmented pieces "to certain kinds of self-soothing, integration, and reparation" (Feen-Calligan, McIntyre, & Sands-Goldstein, 2009, p. 168). The doll acted as a container of strong emotions that aroused in me during the break time. The response art reflected my responsibility as an art therapy intern to hold onto and carry the clients' stories and emotions along with our therapeutic alliances. I felt it was my job to keep the contents safe and accessible to retrieve when the break would be over. *The Holder* provided a physical, psychological, and emotional *holding*, a self-soothing and comforting companionship.



Figure 14. The holder.

### Findings

From the data analysis, the following reflections emerged in relation to the therapeutic relationship. Through response art, the creative process in this research made me realize that remaining in the space of *intersubjectivity*, defined as the “sharing of subjective states with another person through emotional attunement” (Franklin, 2010, p. 160), can trigger our own vulnerability as emotional witness to the clients’ trauma. Indeed, within the therapeutic relationship, attuning to the clients’ stories along with the feelings, emotions and sensations fostered powerful moments of connection within the sessions through right-brain communication.

In-depth awareness and knowledge about art media properties can help put up limits in the creative process when intense emotions arise and deciding what reflective distance is needed in order to develop a conscious relationship with the image (Allen, 1995) and what materials could help contain the overwhelming feelings. For instance, in my own process, using fluid materials such as watercolor and acrylic paint allowed deep emotions to emerge and was stimulating whereas incorporating more resistive materials such as oil pastels and markers provided a sense of control, precision, and containment. These findings paralleled the concepts delineated in the ETC framework pertaining to the range of media properties (Hinz, 2009). Moreover, in general and pertaining to my own process, working on a kinesthetic level helped in releasing energy, the sensory level stimulated the affective level which in turn led to deep

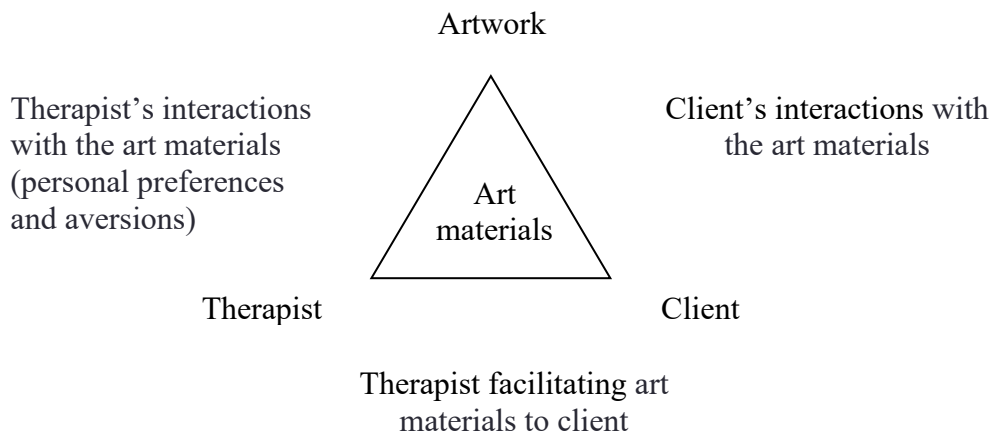
emotions, the perceptual level allowed me to feel contained and focused, and the cognitive level seemed to be more involved in tasks that required higher complexity (e.g. sewing). The symbolic level, which seemed to be present during most of the response art, allowed for a personal and intuitive connection and reflection of the artworks.

In art therapy, art materials can provide holding and containment in the therapeutic session. In fact, neurobiological research supports the ability of art materials to provide self-soothing and containment through *touch*. For instance, sensory receptors located in the skin allow not only the identification and manipulation of objects, but are also linked to emotional touch by activating a brain structure that regulates soothing emotions and hormonal activation (Cozolino, 2006, p. 23). Similar to the art therapist, the art materials and the resulting artwork *hold* and *carry* the client's experiences and emotions. Both art therapist and art media act as physical, psychological, and emotional containers.

As a means of containment, using and defining boundaries in the creative process can be a form of self-care and also parallel the act of setting personal limits within the therapeutic relationship, for both the client and therapist's well-being. Indeed, the art materials can act as a third party in the therapeutic relationship to help contain the clients' overwhelming feelings and provide a safe distance to reflect on its emerging content. As a student art therapist, setting aside time to process and release intense emotions and experiences through response art was an invigorating form of self-care.

If we look back at the triangular relationship discussed earlier in the literature, art materials are in fact situated in the midst of all three transactions of the relationship (see Figure 15), acting as an intermediary. First, what is most obvious is the client who interacts directly with the art materials to create an art product. However, the art therapist is the one who presents

and offers the art materials to the client. By doing so, he or she also contributes indirectly to the client's resulting art product based on their own relationship with the art materials, whether on a conscious level or not. Looking at the therapeutic relationship from the perspective of a triangular pyramid (see Figure 16), the art materials are at the core of pyramid, forming the base of the triangle no matter how you rotate it around; it is on all the side surfaces. In addition to the client, therapist, and artwork forming the three corners of the triangle, the three-dimensional aspect of a tetrahedron adds a fourth corner, which alludes to the unconscious processes that are taking place within this complex relationship, what Schore (2012b) called the *right-to-right brain transactions*. In this triangular pyramid, each corner intersects with the three other corners and each separate triangle side holds a value in contributing to the therapeutic relationship in art therapy.



*Figure 15. Art materials within the triangular relationship*

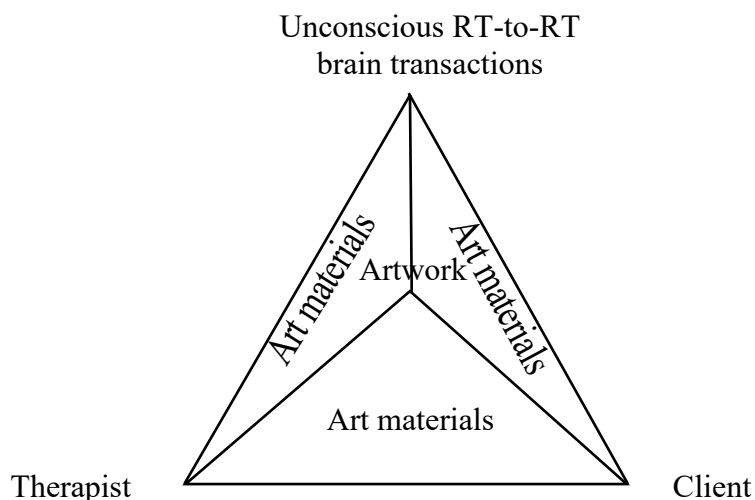


Figure 16. Therapeutic relationship in the form of a triangular pyramid (tetrahedron)

### Discussion

Using an art-based heuristic approach provided a profound and immersive experience of uncovering the different layers within the therapeutic relationship in art therapy. The framework of the ETC was no doubt valuable in guiding the art making process and allowed a deeper awareness of media properties while also exploring its utility within the therapeutic relationship.

Indeed, looking at the previous concepts that aroused, the overall theme of *holding* and *containment* emerged as a key function of the art therapist and art materials in building and developing the therapeutic relationship. My deep and mindful engagement with diverse art materials, on a shifting continuum of kinesthetic, sensory, perceptual, affective, cognitive, and symbolic levels, allowed me to gain an increase understanding of how certain media characteristics could set the stage for Winnicott's concept of holding and Bion's (1962) notion of containment within the therapeutic encounter. The last artwork acted as an integrative piece for previous art responses and made me realize the different types of holding or containment that exist within the triangular relationship in art therapy. Three components distinguished themselves: *holding environment*, *holding content*, and *Holding You and Me*, however they each interweave and are interdependent.

**Holding environment.** Through response art, my own creative process made me realize the importance of having a *physical holding space*. The consistence of the framework was reassuring and allowed me to not have to worry about setting up a place, gathering the materials, finding the time, etc. The physical space was already *there*, all I needed to do was to create. Within the triangular relationship in art therapy, this space is provided and held by the art therapist and the art media. Indeed, in the beginning and throughout the therapy, the art therapist attunes to the clients' needs by carefully selecting and presenting art materials by taking into consideration the clients' level of processing, personal desires, and therapeutic goals. Being aware of my own levels of processing within the ETC framework and attuning to the effects of diverse art media properties onto my physical, emotional, and psychological state allowed me to continuously assess and pace the depth of exploration that suited my personal needs.

**Holding content.** In addition to providing a physical holding space, the art therapist and the art materials also *hold* and *carry* the clients' experiences and emotions, physically, emotionally, and intrapsychically. By attuning to the in-session experiences with clients, I realized some of the clients' materials were deeply embedded within me, sometimes following me outside the sessions. This spoke about the art therapist's vulnerability in sharing an intersubjective space. Making art allowed me to externalize countertransference feelings. Both the art therapist and the art materials act as physical, psychological, and emotional containers.

**Holding You and Me.** As seen in the literature review, attunement means not only to be deeply aware and empathetic to the other, but also remaining mindful of oneself. The creative process made me realize I often forgot myself in the therapeutic relationship equation. It became clear to me that not only was it crucial to set a safe structure within the therapeutic space in terms of the physical setting, but also to know our own internal boundaries when it comes to the

therapeutic relationship. Indeed, the intense emotions and experiences of the clients often get projected onto the space and onto us. As a tangible third hand, the art materials can bring an additional dimension of holding by allowing the client a way to safely express and externalize those high impulse affects, and looking at them from a reflective distance (Chong, 2015).

### **The Cycle of the Triangular Pyramid**

From the emerging concepts and themes and more particularly the process of physically building the triangular pyramids in one of the response art, a circular movement was noted as information got processed within the triangular relationship. Building and demolishing, withholding and releasing, and letting in and letting out. These words were not binaries but rather they complemented each other in helping find balance. In performances that explored creative art therapists' relationship between their artistic pursuits outside of work and their work as therapists, the words "What goes in must come out" and "If it's out there but it's gotta come in here, then it has to go back out there" (Brown, 2008, p. 204) mirrored this flow that needed to occur within a healthy therapeutic relationship. In parallel to the present research findings, one group even formed the image of a tent symbolizing the quintessence of holding, containing or covering in the therapeutic relationship (Brown, 2008).

### **Conclusion**

What is needed is a form of holding, such as a mother gives to her distressed child. There are various ways in which one adult can offer to another this holding (or containment). And it can be crucial for a patient to be thus held in order to recover, or to discover maybe for the first time, a capacity for managing life and life's difficulties without continued avoidance or suppression.

- Patrick Casement, 1985



I initially began this research by inquiring about the therapeutic relationship within the ETC framework and how response art could bring insights in filling the gap. As the journey unravelled, the encounter with the art materials, guided by the structure of the ETC, made me realize that each media was multifaceted in its therapeutic properties, the way it could be manipulated, and its impact on the user. The art materials hold an indispensable position within the triangular relationship in art therapy, and hence, can have a significant impact on the therapeutic alliance. By serving as a foundation and acting as the art therapist's third hand, the art materials can provide physical, psychological, and emotional containment and holding of client's experiences and emotions and can help prevent vicarious traumatization.

Using an art-based heuristic approach helped me reconnect with my artist self and reaffirmed the validity of trusting the unconscious through the creative process and images as a way of knowing. Dialoguing with the images also made me realize the charged content that I carried from in-session experiences with clients and the importance of being able to process that. Indeed, doing response art can be a means to keep the flow circulating within the triangular relationship and to maintain a healthy balance. Moreover, exploring media properties by consciously and unconsciously interacting with a wide-range of materials has taught me to be mindful and exert caution in selecting and facilitating art materials within the therapeutic space as it could potentially be seen as inadequate materials or even potentially dangerous from the client's perspective.

The main limitation of this research was the omission of direct information from an essential component of the therapeutic relationship: the client's perspective. Adding research participants could strengthen and help triangulate findings. The use of the ETC framework can help bridge results from both client and therapist sides. Moreover, in addition to the media

properties explored in this research, incorporating Graves-Alcorn and Kagin's (2017) concept of Media Dimension Variables (MDV) by exploring the structure and the task complexity involved within each media interaction could also deepen understanding of the art materials within the therapeutic relationship. The art materials not only act as an intermediary in the therapeutic relationship, but its inherent properties are also an integral part of the client's therapeutic and creative process.

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**5. Preference for /Aversion to the Artistic Process**

0 1 2 3 4 5 6 7 8 9 10  
Aversion to the Process Preference for the Process  
(I wanted to quit right away) (I could have done it for hours)

**6. Degree of Satisfaction with Final Art Product**

0 1 2 3 4 5 6 7 8 9 10  
Very Dissatisfied Medium Very Satisfied

**7. Self-Reflection: Learning from the Artwork and Artistic Processes**

**What did I learn with reference to the ETC?**

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**With which level of the ETC did I feel most comfortable? Why?**

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**Which level of the ETC seemed blocked? Why?**

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**With which materials/techniques should I familiarize myself or experiment further?**

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**Which materials are missing from my studio or art therapy sessions?**

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**How did this experience help me understand the issue of creative materials/processes countertransference? What will I keep in mind as I formulate future treatments goals, and plan future art therapy interventions?-**

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Figure 4. ETC assessment form.

Hinz, L., Riccardi, M., Nan, J. K., & Périer C. (2015, September). *ETC as An Inclusive Cultural Landscape for Expressive Therapies*. Workshop presented at the 13th European Arts Therapies Conference, Sicily, Italy.

### Art-Based Intervention self-report questionnaire (ABI)

Below are some statements that people use to describe their art-making experience. For each part please rate your experiences according to the instructions.

**Part I:** Try to recall your feelings and thoughts in the moments *before* beginning your work. Circle the number that best describes your experience.

1=Not true                      4=In the middle between True and Not True                      7=Very much true

1. I was upset at the prospect of getting dirty during the task.	1	2	3	4	5	6	7
2. I was reluctant to participate in the task.	1	2	3	4	5	6	7
3. I was curious about the creative task.	1	2	3	4	5	6	7
4. I was glad to have an opportunity to engage in a creative task.	1	2	3	4	5	6	7
5. I was excited to begin the creative task.	1	2	3	4	5	6	7
6. I had ideas about what I would want to make.	1	2	3	4	5	6	7
7. I felt confident that whatever I chose to do would go well.	1	2	3	4	5	6	7

**Part II:** Now try to remember your feelings and thoughts while you were doing the creative task. Circle the number that best fits your experience during the art-making.

1=Not true                      4=In the middle between True and Not True                      7=Very much true

8. I felt that I could keep on going for hours.	1	2	3	4	5	6	7
9. I knew exactly how to handle the art materials.	1	2	3	4	5	6	7
10. I felt that I wasn't being creative.	1	2	3	4	5	6	7
11. I had a difficult time executing my ideas.	1	2	3	4	5	6	7
12. I felt that I wasn't good at this kind of activity.	1	2	3	4	5	6	7
13. I was able to let go and flow with my creativity.	1	2	3	4	5	6	7
14. Working on my art project released any tension I might have had.	1	2	3	4	5	6	7

15. I learned about myself in the process.	1	2	3	4	5	6	7
16. I felt that I was able to easily make a nice and aesthetic product.	1	2	3	4	5	6	7
17. I encountered many technical difficulties in performing the art task.	1	2	3	4	5	6	7
18. I had a hard time sitting still and wanted to get up and move around.	1	2	3	4	5	6	7
19. I enjoyed the art task process.	1	2	3	4	5	6	7
20. I found it pleasant to create.	1	2	3	4	5	6	7
21. Working on my art project provided me with a sense of inner peace and warmth.	1	2	3	4	5	6	7
22. While I was creating, I came up with all kinds of ideas for my art project.	1	2	3	4	5	6	7
23. I felt limited	1	2	3	4	5	6	7
24. It took me some time to understand how to work with the art materials.	1	2	3	4	5	6	7
25. I felt that it was OK for me to make mistakes during the process.	1	2	3	4	5	6	7
26. I felt playful with the materials.	1	2	3	4	5	6	7
27. Working and creating gave me a sense of confidence.	1	2	3	4	5	6	7
28. I find that this type of activity makes me concentrate.	1	2	3	4	5	6	7
29. I felt that the work was a therapeutic activity.	1	2	3	4	5	6	7

Part III: The following statements deal with your thoughts and reactions towards the artistic product you have made. Circle the number that best indicates your experience after the art task was completed.

	1=Not true	4=In the middle between True and Not True	7=Very much true				
30. I wanted to keep what I had made.	1	2	3	4	5	6	7
31. I was excited about what I had created.	1	2	3	4	5	6	7
32. I was surprised by what I had made.	1	2	3	4	5	6	7
33. I wasn't satisfied with what I had made.	1	2	3	4	5	6	7
34. I completed the task with a sense of satisfaction.	1	2	3	4	5	6	7
35. I was not interested in the final art product.	1	2	3	4	5	6	7

Part IV: Finally, in light of your experience with the art material, please describe your attitude towards this material.

	1=Not true	4=In the middle between True and Not True	7=Very much true				
36. Material is pleasant to work with	1	2	3	4	5	6	7
37. User-friendly material	1	2	3	4	5	6	7
38. The material has a soothing effect	1	2	3	4	5	6	7
39. A powerful material	1	2	3	4	5	6	7

40. Material communicates cold detachment	1	2	3	4	5	6	7
41. Flat material, lacks depth	1	2	3	4	5	6	7

Figure 5. Art-Based Intervention (ABI) questionnaire

Snir, S. & Regev, D. (2013) ABI – Art-based intervention questionnaire. *The Arts in Psychotherapy* 40, p.338-346

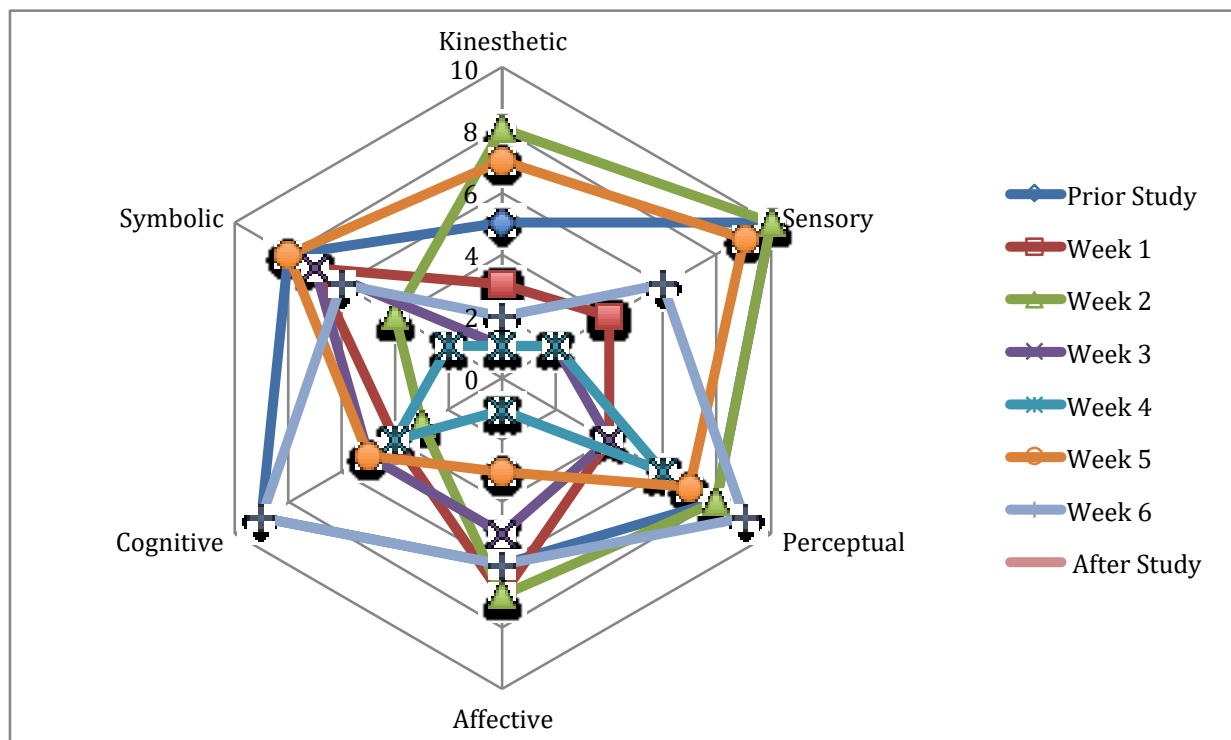


Figure 6. Graph of ETC levels

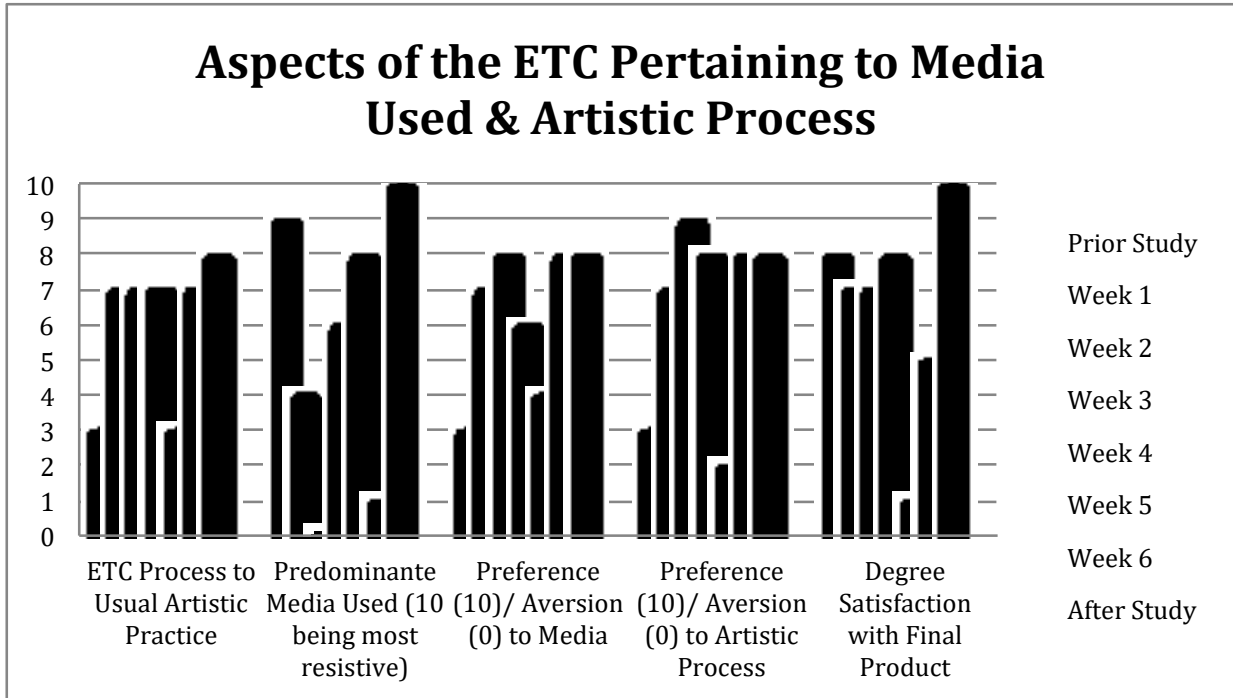


Figure 7. Graph of aspects of ETC pertaining to media used and artistic process



Figure 8. Building the base.



Figure 9. Seeing and being seen.



*Figure 10. Fusion.*



*Figure 11. Finding a balance.*



*Figure 12. Where am I?*





*Figure 13.* The many triangles.



*Figure 14.* The holder.