

SELF-PORTRAITS DRAWN WITH EYES CLOSED: A RESPONSE ART SERIES

ZOË BOWMAN

A Research Paper  
in  
The Department  
of  
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements  
for the Degree of Masters of Arts  
Concordia University  
Montréal, Québec, Canada

APRIL 2018

© ZOË BOWMAN 2018

# CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

By: Zoë Bowman

Entitled: Self-Portraits Drawn with Eyes Closed: A Response Art Series

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

**Masters of Arts (Creative Arts Therapies; Art 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:

*Heather McLaughlin, MA, RMFT, ATR-BC, ATPQ*

Department Chair:

*Yehudit Silverman, MA, R-DMT, RDT*

*April 2018*

## ABSTRACT

### SELF-PORTRAITS DRAWN WITH EYES CLOSED: A RESPONSE ART SERIES

ZOË BOWMAN

The ability for self-reflection is essential for individuals working in the helping profession as it helps to maintain personal and professional wellbeing while also facilitating an awareness of unconscious interactions within the therapeutic relationships. Within the art therapy field, the use of response art is recommended as a tool for self-care, self-reflection and for exploring and containing difficult experiences within therapeutic relationships. Using an arts-based approach, this research investigates how a series of self-portraits drawn with eyes closed, and particularly my personal interpretations of the facial compositions, can serve as a response art technique to deepen self-reflection. The series of self-portraits drawn with eyes closed and the subsequent post-viewing written reflections provided an efficient creative technique that promoted deeper self-knowledge, revealing the significance of environmental countertransference. Creating a series of response art self-portraits provided a means of documenting the evolving experience of the developing art therapist. Creating self-portraits drawn with eyes closed is recommended as a response art technique for art therapists.

*Keywords:* response art, self-portrait, self-reflection, arts-based inquiry, series, environmental countertransference

## **ACKNOWLEDGEMENTS**

To my partner, who encourages me to explore the world through whimsy and wonder. Thank you for always seeing and believing in the artist within me.

To my parents, for everything and all that you have done.

To my sisters in art therapy, for your strength, your love, your curiosity and your vulnerability. Learning alongside you has been the most important part of this journey.

To B, for always being there in life's big adventures.

To Ann Yi, for all the self-portraits you made along the way.

To Jennifer Eiserman, for the art project that put me on the path to becoming an art therapist. You opened the door to a whole new world.

To Heather McLaughlin, for all those questions and prompts that helped navigate this experience.

## Table of Contents

List of Figures .....	vi
Introduction.....	1
Literature Review.....	2
Art Therapy.....	2
Burnout .....	3
Self-Reflection .....	4
Countertransference .....	4
Response Art.....	6
Portraiture in Art Therapy.....	9
Self-Portraiture.....	11
Self-Portraiture in Art Therapy.....	12
Creating Art Without Looking.....	13
Methodology .....	14
Research Question .....	14
Artistic Technique: Drawing with Eyes Closed.....	15
Steps for the Arts-Based Research Project .....	15
Significance of Arts-Based Research in Answering the Research Question .....	16
Content Collection and Analysis in Arts-Based Research.....	17
Ethical Considerations .....	17
Possible Conclusions .....	19
Findings.....	19
The Environment .....	20
The Creative Process.....	21
Key Portraits .....	22
Confronting my Self-Image .....	25
Being Seen .....	26
Creating a Ritual .....	27
Honouring the Impact of Client Imagery: A Secondary Response Art Process .....	27
Discussion.....	30
The Technique of Drawing with Eyes Closed .....	31
The Impact of Creating a Series of Response Art Images .....	32
The Influence of the Timing of Creation .....	33
Contributions to the Field .....	33
Validity and Reliability.....	34
Limitations .....	34
Closing Remarks.....	35
References.....	37
Figures.....	47

## List of Figures

Figure 1. <i>The Ugly</i> (10.27.17).....	47
Figure 2. <i>Deflated</i> (11.09.17).....	48
Figure 3. <i>Unbalanced</i> (12.14.17).....	49
Figure 4. (11.16.17).....	50
Figure 5. (12.01.17).....	51

## Introduction

Working in the helping profession exposes an individual to a multitude of complex interpersonal and personal experiences. The ability for self-reflection is an important skill for professionals in the helping sector. Not only does self-reflection serve to maintain personal and professional wellbeing (Lith, 2015; Skovholt & Rønnestad, 2003) but it also promotes an awareness of unconscious interactions occurring within the therapeutic relationships (Havsteen-Franklin & Altamirano, 2015). For the art therapist, the creation of response art is well supported as a means for self-reflection and self-care (Fish, 2008, 2012; Kielo, 1991; B. Moon, 2015; Wadeson, 2003). This arts-based research project explores how the creation of a series of self-portraits drawn through a specific eyes-closed method can serve as a response art tool to facilitate self-reflection. I designed this self-portraiture method in an attempt to access and reveal unconscious experiences through the creative process. In the initial conception of the project, I expected this response art technique to reveal information about countertransference responses with my clients but in fact, the process revealed the impact of my working environment. At the time this research was conducted, the topics of art therapist self-portraits and the creation of a series of images as a form of response art was limited.

The creation of data for this arts-based research project occurred over the length of one semester (September – December 2017) while I was working as an art therapy intern in a child psychiatry day-hospital program. This program, for children who are experiencing severe psychological, emotional and behavioural difficulties, follows a behavioural approach with the end goal of helping the children learn to function within both the school and home environments.

My response art for this research project was created at the end of each clinical day. The final series totalled 33 self-portraits drawn with eyes-closed. The full series can be accessed at [www.drawnwitheyesclosed.wordpress.com](http://www.drawnwitheyesclosed.wordpress.com). For the purpose of this research project, only three self-portraits are discussed in detail. These images were selected because they facilitated the most profound insights for me, impacting my self-reflection, self-understanding, and self-compassion. The experience of creating an on-going series of art for the duration of one semester will be explored in the Discussion of this research.

The research paper begins with an exploration of the literature on current practices in responsive art-making, countertransference, self-portraiture, and the drawing techniques of creating without looking including blind-contour drawing and drawing with eyes closed. It will

be followed by a discussion of the methodology that was used to create and reflect on the self-portraits drawn with eyes closed. The Findings chapter of the paper will review my experience and learning gained from the process of creating a series of self-portraits drawn with eyes closed where the findings from three key self-portraits are reviewed in detail. The paper concludes with a discussion of the technique of drawing with eyes closed, the impact of creating a series of images as a form of response art, how this technique contributes to the field of art therapy and a look at the validity, reliability and limitations of this arts-based research.

### **Literature Review**

The literature review is intended to ground the project within the current understanding of self-reflective practices. The function and use of response art will be reviewed along with a focus on the specific method of blind-contour drawing and self-portraiture techniques. The topic of self-portraiture, particularly of the art therapist as a form of response art, has received limited attention. For this reason, the use of portraiture in art therapy in general, both by the client and the art therapist, will be reviewed first before exploring the potential of self-portraiture as a self-reflective tool for the art therapist.

### **Art Therapy**

Art therapy is an integrative mental health service that engages the body, mind, and spirit (American Art Therapy Association, 2017). Through creative processes and products, art therapy provides additional modes of expression and can facilitate insight into areas that are difficult to understand or communicate through words alone (Hinz, 2009; McNiff, 1976; Schaverien, 2000). The process of art therapy has been described as a way of knowing (Allen, 1995) and as “a source of expression demonstrating how a person is” (Betensky, 1995. p. xii). Through the process of image making in art therapy a person is encouraged to draw from within (Malchiodi, 2007). This process has been found to reduce stress (Jones, 1983), to facilitate the integration of internal and external parts of the self (Lith, 2015), to increase problem solving abilities (Franklin, 1992), and to contribute to a more positive self-image (McNiff, 1976). Franklin (1992) further describes art therapy as “safe place where the old self can be confronted and the new self rehearsed” (p. 80). The art products created in art therapy have been described as “an object and an event that invites our transformation, our healing and reconciliation” (Kramer, as cited by Kapitan, 2014, p. 144). Importantly, art therapy differs from casual art-making in that the sessions are purposeful, recurrent, focused on the development of specific therapeutic goals and



guided by a trained art therapy professional (Canadian Art Therapy Association, 2017).

## **Burnout**

Mental health practitioners are vulnerable to personal and professional impairment. Consistent exposure to client experiences (Richards, Campenni, & Muse-Burke, 2010), stressful working environments without sufficient supports (Rzeszutek & Schier, 2014), and an inability to cope with personal emotions on a day-to-day basis (Gam, Kim, & Jeon, 2016) can lead to burnout. Burnout is described as physical, emotional, intellectual and spiritual exhaustion (Gam, et al., 2016) and includes feelings of hopelessness, a decreased sense of personal and professional accomplishment (Rzeszutek & Schier, 2014), and may manifest as somatic symptoms (Maslach & Leiter, 2008). Burnout can have a profound and pervasive impact on a mental health practitioner's ability to provide adequate services to their clients. An early study on burnout observed that 71% of therapists and 43% of psychiatrists experienced burnout symptoms (Farber & Heifetz, 1982). In a recent meta-analysis of 35 years of research on burnout in the mental health profession, Dreison et al. (2018) found that 21% - 67% of mental health care providers have reported high levels of burnout. Burnout can become a chronic condition and has been associated with increased risk of other mental health problems such as depression, anxiety, and impaired memory (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). While individual temperament, emotional reactivity and social supports may account for the range or individuals affected by burnout (Rzeszutek & Schier, 2014), these numbers suggest that burnout symptoms are prevalent within the mental health profession.

Because mental health professionals focus so intently on the needs of others, they are often at risk for overlooking their own emotional needs (Barnett, Baker, Elman, & Schoener, 2007). Unsurprisingly, it is more common for someone within the helping profession to recognize signs of psychological and relational distress in their colleagues rather than within themselves. A study by Brodie and Robinson (as cited by Barnett, et al., 2007) found that 84% of psychologists reported that they had observed depression in their colleagues, whereas only 47% acknowledged that they had personally experienced depression. These findings suggest a discrepancy between the observation of an outside phenomenon and self-reflective practices. Unfortunately, the stigma associated with mental health is present even within the helping profession and may explain some of this discrepancy (Barnett, et al., 2007).

## **Self-Reflection**

Self-reflection is described as “a conscious attempt to understand more about who we are, why we do what we do, and how we want to behave and think in the future” (Ramsay & Sweet, 2009, p. 17). The act of looking within can help to reveal thoughts, emotions, and experiences and may reveal countertransference issues which can be used to inform our understanding of our therapeutic relationships (Havsteen-Franklin & Altamirano, 2015). Increasing our awareness of internal states through self-reflection also increases our ability to express the tensions and unresolved feelings which serves to facilitate a functioning balance between our professional and personal lifestyle (Lith, 2015) and promote professional and personal growth (Skovholt & Rønnestad, 2003). On-going self-awareness/monitoring has been linked to the ability to ensure quality professional performance even in the face of professional and personal stressors (Coster & Schwebel, 1997). It is also considered a central aspect in both the development and maintenance of therapeutic skills (Bennett-Levy & Thwaites, 2007), and is rated as the highest indicator of professional well-functioning practice (Schwebel & Coster, 1998). Therefore, promoting growth within our own professional and personal lives allows us to be more effective at promoting growth in the lives of our clients (Corey, 1996; Yalom, 2002). The literature supports that adopting a consistent self-reflective practice and being attuned to the subtle changes in our own mental, emotional, and physical states serves as a primary step in attuning to our own personal needs and may serve to maintain the mental health of the therapist (Barnett, et al., 2007; Coster & Schwebel, 1997). This is important because as a mental health practitioner, we are our biggest tool of our work (Barnett, et al., 2007).

## **Countertransference**

Within the psychodynamic model of art therapy there is simultaneously a conscious and unconscious relationship between the client and the therapist (Johnson, 1998). The unconscious relationship is defined by the terms *transference* and *countertransference* responses which refer to the displacement of feelings, impulses and attitudes developed from previous relationships onto a current relationship with whom these sensations do not realistically exist (Weiner & Bornstein, 2009). These phenomena are created by a variety of defense mechanism, including projection and projective identification. While defense mechanisms exist within all relationships, the terms transference and countertransference are specific only to the therapeutic relationship. Transference refers to the client’s projections onto the therapist (Weiner & Bornstein, 2009);

Wolf, 1985) and conversely, countertransference refers to unconscious reactions and distorted perceptions of a therapist in response to their client and their work with the client (Weiner & Bornstein, 2009; Wolf, 1985). More specifically, countertransference refers to the therapist's response to the client's transference (Cornell, 2016). Countertransference responses may serve to expose elements of the clients' unconscious world (Waska, 2013). Therefore, attuning to countertransference responses can provide information about both the therapist and client.

From an earlier Freudian perspective, countertransference was believed to result from deficiencies in the therapist and was seen as indications of the therapist's own issues and potential psychopathologies (Lia, 2017; Wolf, 1985, 2010). The contemporary understanding of countertransference normalizes the experience and has been broadened to include both accurate and distorted perceptions and emotional responses to the client (Cornell, 2016; Weiner & Bornstein, 2009; Lia, 2017). Countertransference can manifest in many ways and range from positive to negative responses (Parth, Datz, Seidman, & Löffler-Stastka, 2017), including feelings of attraction to repulsion (Weiner & Bornstein, 2009), somatic feelings such as anxiety (Wolf, 2010), and continued holding of client material outside of the session (Waska, 1999). These perceptions and emotional responses, whether accurate or distorted, can affect the therapist's ability to observe empathically (Lia, 2017). Regardless of whether the countertransference responses are positive or negative, these experiences can influence the overall outcome of the therapy (Parth, et al., 2017).

In a review of the literature on countertransference, Parth, et al. (2017) recommend meticulous self-reflection on part of the therapist to facilitate awareness of countertransference responses. Failure to acknowledge countertransference responses can interfere with the therapist's analytic competence, leading the therapist to make mistakes (Chused & Raphling, 1992; Waska, 2008) which may have lasting and potentially detrimental effect to the therapeutic relationship (Cornell, 2016). Self-reflection increases the therapist's ability to attune to their own emotions as they are occurring within the session (Weiner & Bornstein, 2009) and may therefore serve to reveal invaluable information about the client (Parth, et al., 2017; Waska, 2013) which in turn informs our interventions (Kielo, 1991). Waska (2013) describes this self-reflective process as coming to understand "our place in the patient's internal world" (p. 467) and may lead to a reduction of anxiety for both the client and the therapist.

For Little (as cited by Parth, et al., 2017), countertransference is an unconscious process that is inaccessible in the moment-to-moment interactions during the therapeutic session. Parth et al. (2017), on the other hand, suggest that if the therapist is able to become aware of their behaviours directed towards the client then they may be able to become aware of their countertransference responses. From this perspective, the therapist's behaviours represent the element of countertransference that is most accessible to consciousness. Attention to these behaviours can facilitate an awareness of the unconscious roots of the countertransference responses (Waska, 2008, 2013). In order to tap into the insight that comes through countertransference responses, Waska (2008) suggests first resisting the urge to act out on the countertransference responses while also finding a way to contain them: "by containing these feelings and phantasies, the analyst can put them into some type of helpful symbolic expression (an interpretation) that can guide the patient and analyst further towards their goals" (p. 339). The act of containment, therefore provides the analyst or therapist opportunities to learn from countertransference responses and then use this knowledge to better serve the therapy.

For the art therapist, countertransference responses arise not only from verbal and relational exchanges but also from the visual interactions initiated by the clients' imagery. Schaverien (1999) describes aesthetic countertransference, which is the art therapist's emotional, physiological and cognitive reactions towards the client's art process and product. Kielo (1991) cautions that due to the exposure to both visual (art) and verbal interactions, art therapists are particularly vulnerable to countertransference responses. This is because the imagery can evoke reactions on pre-verbal, sensorial, and cognitive levels (Kielo, 1991). In the presence of the client's imagery, the art therapist is likely to experience their own projections onto the possible message and significance of the image, and may also feel unconsciously drawn or repulsed by the image (Kielo, 1991). This can all serve as information to inform the art therapist of their countertransference responses.

## **Response Art**

**Overview.** Given the introspective nature of art therapy, self-reflection is often an intuitive practice for art therapists (Van Lith & Voronin, 2016). Art therapists are encouraged to use personal art-making as a way of reflecting on material that occurs during their therapy work (Fish, 2012). This process, known as response art, can be used as a tool to: work through countertransference responses (Wolf, 2010), deepen empathic understanding (Fish, 2012; Kielo,

1991; Wilkinson & Chilton, 2017), examine, express, and contain difficult material as a means of processing therapeutic sessions (Fish, 2012), deepen the art therapist's understanding of their therapeutic and theoretical orientations (Crawford, Solis, & Pfister, 2014), and for self-care purposes (Crawford, et al., 2014; Deaver & Shiflett, 2011; Fish, 2012; B. Moon, 1999; C. Moon, 2002; Wadeson, 2003). In the creation of response art, the art therapist focuses a heightened state of awareness on their own perceptions, emotions and tacit knowledge of their clients (Fish, 2008). This can be achieved by focusing on the memories of a session or a specific interaction or image that occurred within the session. The art materials serve as a vehicle to explore, express, and documents these reflections (Fish, 2008). Importantly, the art therapist must allow themselves to be open to and curious about the images that emerge in their response art (Fish, 2008). Through this process the art therapist's own artistic energy and knowledge is used to express, reveal and process their own experiences within the therapeutic relationship.

**Response art methods.** There are two fundamental practices around response art: art created alongside the client or art created privately. Creating art alongside the client will be reviewed briefly before exploring more deeply the intentions behind private response art.

***Art-making alongside the client.*** Response art created during the sessions does not serve to explore countertransference responses, but is intended instead to deepen the therapeutic alliance by demonstrating to the client how the art therapist understands their experience (Fish, 2012, Miller, 2007; B. Moon, 1999; C. Moon 2002). Used in this way, the image can serve as a method for mirroring and to express empathic responses to the client (Drapeau, 2014). For Marshall-Tierney (2014), creating art alongside the client provided a means of "being with" (p. 99) the client. In his experience, the additional visual and verbal communication that came from both the process of creating alongside his clients and the visual products deepened his ability to attune to the client (Marshall-Tierney, 2014).

***Post session response art-making.*** Alternatively, response art created outside of the session, either privately (for the art therapist's own use) or in supervision as a means of sharing experiences with others (B. Moon, 2015; Fish, 2012) serves to provide the art therapist a creative space to explore deeper elements of their personal experience within the session. Shared within a larger community (such as through group supervision), response art may facilitate new ways of seeing and understanding (Lachman-Chapin, et al., 1998). Creating opportunities to dialogue

about the effects of holding these experiences may help diminish the stigma associated with mental health within the helping profession (Barnett, et al., 2007).

Primary intentions for creating response art outside of the sessions are to deepen the therapist's empathic understanding of the client in order to work through difficult countertransference responses (Deaver & Shiflett, 2011; Fish, 2008; Miller, 2007; Havsteen-Franklin & Altamirano, 2015; Wadeson, 2003) and to contain emotions (Drapeau, 2014). Response art provides a means to safely witness and contain unconscious material (Fish, 2012; Miller, 2007) and helps art therapists to increase self-awareness (Deaver & Shiflett, 2011). Because of this, response art is recommended by some as an essential tool within the training and practice of art therapy (Fish, 2012; Wolf, 1985). Through their own process and product of art-making, art therapists are able to gain insight and new perspectives, develop empathic understanding and clarify ambivalent or confused feelings (Fish, 2012; Kielo, 1991; Wadeson, 2003). Response art is widely supported as a tool to discover and work through difficult content that arises in the art therapy sessions (Deaver & Shiflett, 2011; Fish, 2008, 2012; Havsteen-Franklin & Altamirano, 2015; Miller, 2007; B. Moon, 1999; C. Moon, 2002; Wadeson, 2003).

**Learning through art-making.** Rogers (2002) describes art as a “language through which we deepen our understanding of human experience and hence of our client's experience” (p. 59). Given the expressive qualities of art, response art can serve as an important communication tool for both clinical and personal experiences (Fish, 2012; Kielo, 1991, Wadeson, 2003). Dunning (2005) discusses the tendency for people to fall under the false belief that emotional experiences are unique: “this asymmetric knowledge of our own interior lives versus the lives of others leads people to believe that they are different, exceptional, or a misfit when such beliefs could not be further from the truth” (p. 96). One of the major consequences of this false belief is that it increases the tendency to withdraw and disengage from others (Dunning, 2005). This not only increases isolation but also further contributes to the stigma surrounding mental health. While the insights that come from response art can be individualistic (Crawford, et al., 2014), sharing these explorations within the art therapy community, such as through supervision, can facilitate the communication of abstract ideas and experiences serving to create a bridge between the self and others (Ramsay & Sweet, 2009).

An art therapist's own experience in art-making is an integral part of their professional development (Rubin, 1999; Wadeson, 1987). The knowledge that comes from exploring the

affordances and limitations of art materials as well as through experimenting with materials for self-expression leads art therapists to be effective in using the art materials for therapeutic purposes (Rubin, 1999). Robert Ault, a pioneer in art therapy, believed that fostering and honouring artistic identity allows art therapists to be more effective in their work (Thompson, 2009). Ault continues to say that developing a good foundation and maintaining a continued involvement in art-making allows art therapists to continue gaining knowledge from the creative process as well as the information that is revealed through image (Feen-Calligan & Sands-Goldstein, 1996). Unfortunately, it is not uncommon for art therapists to overlook the importance of their creative knowledge when outside of their art therapy sessions, with many art therapists relying on verbal discussions alone as a means of processing and sharing their experiences (Wadeson, 2003). Rogers (2002) observed that art made by art therapists is a “massively undervalued resource, which has distinctive potential for mediating the emotional impact of their therapeutic practice” (p. 71) and thus calls for art therapists to increase their use of personal art-making as a means for personal processing. Maintaining an artistic practice is therefore important for all art therapists. Creating response art provides a means to foster the development and maintenance of the art therapist’s artistic sense of self (Thompson, 2009). While the potential and importance of response art is well supported, at the time of this writing, there is limited research that focuses on the creation of a cohesive and continuous series of artworks as a method of response art.

### **Portraiture in Art Therapy**

At the time of writing, there exists limited research on the self-portrait of the art therapist. Ashby’s (2017) arts-based research project on the use of self-portraiture (of the art therapist) as a transitional tool is the only research I have found. Her work, discussed in more detail further on, explores how the creation of self-portraits served to document and explore her personal experience as she evolved from student to professional roles. Therefore, an overview of the various ways in which portraiture is currently used in art therapy, both within and outside of the session will be reviewed in order to establish the significance of my response art method. This overview includes portraits made by the client as well as by the art therapist.

**Portraits as a witness.** The role of the art therapist is often one of a witness to the client’s way of being within the session (C. Moon, 2002). Witnessing, whether through verbal reflection or mirroring client’s actions affirms to the client that they are seen within the session.

Catherine Moon (2002) recommends using the therapist's own art-making as a vehicle for witnessing within the session. For her, creating portraits of her clients has proved to be one of the most direct ways to represent her role as a witness. Through this process, she describes being able to deepen her understanding of her client's way of being in the session while simultaneously being able to clarify her perceptions of therapeutic situations (C. Moon, 2002). Importantly, prior to making a portrait of her client's, Catherine Moon (2002) will inform her client of her intentions and proceed only if she has received their consent.

**Portraits created in session through the third hand technique.** The third hand technique is an empathic art therapy technique where the therapist helps the client with their image-making through attuned and non-intrusive artistic aide (Franklin, 2010). The intention is to help clients feel seen while simultaneously developing empathy for themselves and others (Franklin, 2010).

Carr (2018) describes *portrait therapy* as the process of creating portraits for the client using the third hand technique with the therapeutic goal of promoting the ability to re-vision, validate and integrate the client's self-identity. In working with terminally ill patients, she describes the depth of intimacy and trust that is needed to establish a secure therapeutic relationship in order for her to be able to produce the client's therapeutic portraits. Through this process, Carr (2014) found that clients were often more open and willing to disclose personal information while having their portrait painted (Carr, 2014). Reflecting on one of her clients, Carr (2014) explains "[the client] needed to tell me all about himself, including his previously hidden emotional life, to enable me to portray the complexities of his self-identity" (p. 60). Because the painting of a portrait has been found to increase disclosure, Carr (2014) argues that art therapists are more qualified than professional portrait artists to produce portraits for therapeutic purposes. This is because art therapists are trained to "witness, contain, and transform this [information]" (Carr, 2014, p. 59) which ensures that the process is sensitive to the vulnerability of the client. It may also be important for the art therapist who wishes to provide portrait therapy to have a firm knowledge of and experience as a portraitist as the image of the self can be a very sensitive topic. Producing an image for the client, particularly a portrait image, requires a close attunement to the client's strengths, preferences, vulnerabilities and needs. It is also extremely important that the art therapist be sensitive to the aesthetic tastes of the client (Franklin, 2010). The art therapists must withhold their own creative preferences in order to



successfully create portraits that represent the client's intentions. This may be important in achieving the therapeutic goals.

As a word of caution, art therapist Mary Huntoon (as cited by Wix, 2011) reminds us that the personality of the artist is always present within the art they create. This is extremely important when considering creating images of the client. Despite our best intentions, the preferences and biases of the art therapist could influence not only the imagery but also the resulting interpretations of the artwork (Carr, 2018). This is why it is so important to listen to and respect the information that the client shares during this process.

**Portraiture as response art.** While response art can take many forms, several art therapists have recommended creating portraits of clients as a means for building and maintaining an empathic understanding and the therapeutic relationship (Carr, 2014, 2018; Jones, 1983). In personal response art (not shown to clients), Fish (2012) used portraiture as a means of containing confusing and disturbing feelings that lingered after encounters with client. For her, confronting the image of her client on paper provided an opportunity to navigate and better understand her own emotions towards the individual, which she had not had opportunity to do in real life (Fish, 2012).

### **Self-Portraiture**

In the historical works of artists such as van Gogh and Gregory Gillespie, self-portraiture has been used as an artistic method to facilitate self-understanding (Alter-Muri, 2007). For Frida Kahlo, self-portraiture initially served as a way to navigate various aspects of herself (Dosamantes-Beaudry, 2001). Described as an introspective tool, self-portraiture encourages the artists to be “open and receptive to the self, which is an important component of therapeutic growth” (Alter-Muri, 2007, p. 331) and can be particularly beneficial for providing distance from an experience thus allowing for reflection and providing opportunities to gain alternative perspectives. Importantly, Alter-Muri (2007) cautions that self-portraiture may not be a suitable mode of expression for all individuals as it may lead some individuals to “sink deeper into negative thinking, repetitive patterns, and feelings of despair” (p. 331) and may lead certain artists to become “vulnerable to obsessive thoughts about the self” (p. 331). Therefore, if using self-portraiture in a therapeutic context, it would be important for the art therapist to be attuned to the abilities and needs of the client (Carr, 2014).

## **Self-Portraiture in Art Therapy**

Smith's (2008) review of the literature demonstrates the various ways that self-portraiture has been used within an art therapy context and concluded that self-portraiture facilitates the exploration of both the physical and emotional aspects of the self. In their therapeutic work together, Dalley, Rifkind and Terry (1993) found that a client's creation of self-portraits within art therapy could indicate a need to confront a personal challenge. In working with chemically dependent patients, Hanes (2011) found that self-portraiture, and particularly spontaneous frontal self-portraits, provided a means for the patient to confront the harmful aspects of their disease, thus overcoming their own denial and defence mechanisms relevant to their addiction. For these individuals' the image propelled them to confront the detrimental aspects of their disease, thus increasing their awareness of the gravity of their situation (Hanes, 2011).

Serial self-portrait drawings have been used to document changes in self-awareness and self-concept for adult survivors of childhood sexual abuse (Glaister, 1996). Glaister (1996) found that reviewing the portraits in relation to those previously made by the client was an important aspect in the therapeutic process as it provided opportunities for self-reflection while also providing opportunities to visually observe growth or decline in the client's therapeutic process. Recently, Ashby (2017) found that creating a series of self-portraits enabled her to also create a personal space where she was able to honour her experiences through a time of transition.

Working with children, Cockle (1994) found that self-portraits served as an effective medium to express feelings relating to the self and environment. She found that the use of self-portraiture allowed her client to develop "self-acceptance, self-love and personal power" (Cockle, 1994, p. 47). Further Nuñez (2009) recommends photography as an accessible means to facilitate the production of self-portraits for children, adolescents and adults alike. Throughout her experience as a photographer she witnessed how the act of taking a photographic self-portrait placed the individual in a position of simultaneous vulnerability and control as they worked towards achieving an image that reflected their desired self-image (Nuñez, 2009).

Although there exists research on the use of portraiture of the client as a therapeutic intervention (Carr, 2014) or as a form of response art (Jones, 1983), the literature on the self-portrait of the art therapist is limited. Using serial self-portraits as a means of documenting the experience of transitioning from the role of an art therapy student towards a professional role, Ashby (2017) found that the creation of a series of self-portraits brought her in touch with

various aspects of herself. This process allowed her to further examine and reconnect with her identity as both an artist and aspiring art therapist. Importantly, Ashby (2017) found that the creation of the series of self-portraits fostered a healthier perception of herself. In support of this, several authors have found that self-portraiture is a powerful tool for deepening self-knowledge (Cockle, 1994; Hanes, 2011; Glaister, 1996; Alter-Muri, 2007). Drawing from the examples described above, using a self-portrait technique as a means of exploring responses to clients and therapeutic sessions could be a powerful self-reflective tool for art therapists.

### **Creating Art Without Looking**

**Blind-contour drawing.** Contour drawing, which refers to the process of drawing the basic outline of a figure or object, is a foundational drawing exercise that builds observation skills (Edwards, 2012; Nicholaïdes, 1941). The process involves training the eye and drawing hand to follow the same measured pace. Blind-contour is an extension of the contour drawing technique where the artist creates a basic outline of a figure without looking at the paper while drawing (Belleville-Van Stone, 2014; Lambert, 1996; Nicholaïdes, 1941; Thomas, 2006). Traditionally, the drawing is created without the artist lifting their drawing implement from the page, while carefully tracing the contour of the subject with their eyes. In both techniques, the intention is to slow down the observation process and develop a tacit and paced knowledge between the brain and the hand (Nicholaïdes, 1941; Shiff, 2002).

Elizabeth Layton is one artist who has received recognition for her blind-contour drawings, both within the art and art therapy worlds (Ault, 1993; Lambert, 1995, 1996; Malchiodi, 2007). Layton, who suffered from lifelong depression, found that psychiatric, medical and electroshock treatments provided little relief from her symptoms (Ault, 1993). Following the death of her son, Layton decided to try a drawing class rather than seek further psychiatric treatment (Lambert, 1995). It was there where she learned about the blind-contour drawing technique. Her process of creating (mainly) blind-contour self-portraits allowed her to explore and navigate her emotions and eventually get relief from her life-long battle with depression (Allen, 1995; Lambert, 1995, 1996; Malchiodi, 2007). Creating over 1,200 drawings, Layton was able to acknowledge the various identities and elements that made her who she was (Ault, n.d.). This process was very healing for her, and she credits the process, which she continued until her death, to have cured her of her depression (Ault, n.d.; Lambert, 1995, 1996).

**Images drawn with “eyes-closed.”** Within both the art and art therapy worlds, there is limited literature on the process and product of drawings made with the artist’s eyes closed. There exist drawing exercises similar to the contour or blind-contour methods where the artists’ focus is directed towards tactile stimuli rather than the traditional visual input (Maslen & Southern, 2011). In these exercises, the artists close their eyes and place their non-dominant hand onto an object they intend to draw. The aim is to refine the communication between both hands and create an image based on tactile information (Maslen & Southern, 2011).

Artist Willem de Kooning created a series of images drawn “with eyes closed” and found that this procedure allowed him to concentrate on inner sensations (Shiff, 2002). The resulting images have been described as disjointed yet captivating (Shiff, 2002). Although the figures are not quite true to form they suggest movement and spirit. In creating these images, the artistic attention typically given toward producing an aesthetic (visual input) was instead focused on representing the felt experience. The artist believed that “drawings could be made, and perhaps better made, without visual attention being given to the model at the moment of drawing. As a controlled loss of control, the method caused skills and change to become indistinguishable” (Shiff, 2002, p. 74). De Kooning noted his surprise at these resulting images as they were often far from the expected result and yet they seemed to capture vital elements of his models (Shiff, 2002). A drawn line, after all, serves to represent energy (Allen, 1995). Perhaps removing the visual input in the drawing process facilitated the expression of inner states or inner energy.

## **Methodology**

### **Research Question**

This arts-based research focuses on the following question: how does a series of self-portraits drawn with eyes closed serve as a response art technique to enhance an art therapist’s post-session reflection? Taking the form of an arts-based research project through the specific method of drawing with eyes closed, I am seeking to learn how this form of self-portraiture can serve to enhance my self-reflection on individual art therapy sessions. The underlying assumption of this research project is that response art-making and viewing serve to bring to surface unconscious experiences and therefore deepen self-awareness, emotional understanding, and reflexivity (Allen, 2013, Fish, 2012; B. Moon, 1999, 2013; C. Moon, 2002; Wadson, 2003).

### **Artistic Technique: Drawing with Eyes Closed**

In this arts-based research project, the body of work is created through the specific technique of drawing with eyes closed. This technique is an adaptation of the blind-contour method, where I draw without looking. Importantly, my eyes were kept closed throughout the drawing process and I allowed myself to lift my pen after having drawn each specific facial feature. While drawing, my attention was focused inwards towards the emotional memories of the art therapy sessions I had facilitated that day. The self-portraits were drawn quickly, usually within 1 minute so as to diminish cognitive influences. This process will be explored further in the Findings and Discussions sections of this research paper.

### **Steps for the Arts-Based Research Project**

The content of the research project was created three times weekly, beginning October 16, 2017 and ending December 21, 2017. The following is a brief description of the steps followed in the creation of and reflection on the response art self-portraits:

1. Creation of response art occurred at the end of each clinical day.
2. The elements of the self-portraits were drawn in a sequential order, serving primarily as a form of creative ritual.
3. The self-portrait remained unseen until several hours later when it was revealed for the post-viewing reflection (step 5).
4. An open reflection about my day was written immediately following the creation of the self-portrait to document my emotional, mental, and environmental state at the moment the portrait was created.
5. After approximately 4 -6 hours, I revealed the self-portrait to myself and engaged with the basic self-portrait (outline only) through Allen's (2017) Intention Witness Writing Process, writing a second reflection. For a full explanation of this method, please consult Pat Allen's website (<https://www.patballen.com/pages/process.html>).
6. With eyes open, the vessel of the self-portrait was filled with imagery inspired by my memory of clients' artwork or ways of engaging with materials.
7. The completed self-portraits were displayed in my apartment so that I could continuously reflect on the images and note the consistencies or changes in my state of being as represented in the imagery.

## **Significance of Arts-Based Research in Answering the Research Question**

Arts-based research is a generative process where the creation and use of personal art serves to explore internal experiences and external reactions (Kapitan, 2010; Kossak, 2013; Leavy, 2017). Relating this to an art therapy framework, the artworks created for arts-based research are understood as the primary location of investigation (Kapitan, 2010) with the goal of revealing interior feelings through art-making (Pink, 2012). Once created, the physical image(s) offers a sense of distance between the self and the experience, therefore providing opportunities to consider that experience from different perspectives while also encouraging further investigation on the relationship between the self and that experience (Schaverien, 1992).

An important element of heuristic research is a process known as reflexivity which is the ability to reflect upon the self within one's social context (Caetano, 2015). This encompasses all our internal dialogues or inner conversations which lead us into action (Goodman, 2017). Importantly, these internal dialogues are guided by our specific life contexts, including our individual biographies, relationships and social roles, as well as our prior experience of the consequences for having acted on these inner processes (Caetano, 2015). Consequently, this means that our level of self-reflection is limited to the extent with which we are able to engage in the reflective process.

The images created for this research project serve as a springboard into the reflexive process. Art provides a means through which an individual can explore, clarify and share their personhood (McNiff, 1981), particularly when the art maker also assumes the role of the observer (Betensky, 1995). This link was an important consideration in choosing an arts-based methodology for the research project as it seems particularly appropriate for a developing art therapist because it shares many similarities with the process of art therapy while also serving to provide an introspective and generative experience (Kapitan, 2010, 2014; Kossak, 2013). Through an art therapy lens, the subtle compositional aspects of each artwork reveal information about inner experiences, conflicts, and may perhaps reveal feelings of ambivalence (Pink, 2012). In this sense, art acts simultaneously as the evidence and as a witness of internal sensations.

An important underlying assumption within this project is that the subtleties of emotional experiences are often unconscious. My response art self-portraits are intended to serve as the visual through which I can reveal, explore, and reflect on the subtle emotions that shape my overall experience as an art therapy intern working in a child psychiatry day hospital. Revealing

these unconscious emotions through self-portraits drawn with eyes closed will allow me to simultaneously acknowledge and distance myself from the experience so that I may reflect on their significance. By generating the content for this research project, I assume both the creative and reflective roles that are most commonly seen in arts-based research (Leavy, 2017).

### **Content Collection and Analysis in Arts-Based Research**

Arts-based research is a highly individualistic process in both the creation and analysis of the content (Leavy, 2017). The data/artwork created in response to the research question is influenced by the personal experiences, preferences, and aversions of the researcher. While the findings of the research project are specific to my own experience, it is my hope that the technique of inquiry will be applicable for others practicing in the field of art therapy.

The content generated and collected through this arts-based research project includes the self-portraits as well as the pre- and post-viewing written reflections for each image. The pre-viewing response is written in free form to capture the most salient experiences present in my mind and environment at the time the self-portrait is created. The post-viewing response, written after the self-portrait has been revealed to myself, follows Allen's (2017) Witness Writing Process. Here the initial focus of the response is placed on the stylistic qualities of the drawing and subsequently proceeds to explore the significance of the overall composition. At this time, my attention is focused on the facial composition and emotional expression portrayed in the self-portraits. The format of the creation of the self-portraits as well as the inclusion of a more structured reflective writing process has been designed to provide structure and reliability to the research project.

Displaying the completed images in my apartment is intended to facilitate continuous reflection, and therefore provide the opportunity to further observe the relationships between each individual self-portrait. Any additional reflections that come from this open-observation will also be documented. It is expected that by the end of the research project, I will have created 30 self-portraits drawn with eyes closed and 30 each of the pre- and post-viewing written reflections (for a total of 60 written reflections).

### **Ethical Considerations**

The ethics code of the Canadian Art Therapy Association (2016) states that art therapists "maintain professional competence by utilizing means such as ongoing self-evaluation, peer support, consultation, research, supervision, continuing education and personal therapy to

evaluate, improve and expand their quality of work with clients, areas of expertise and emotional health” (p. 4). Being aware of our internal states helps us to take care of ourselves and increase our awareness and understanding of our countertransference. The research series of self-portraits drawn with eyes closed is intended as a means of self-evaluation in order to further develop my understanding and awareness of my internal states within the art therapy sessions that I am facilitating. Because the response art is created immediately following the final art therapy session of each day, the content of the research project is inspired by my clients. However, this is a personal project and for this reason the self-portraits are never made in the presence of my clients and are made on my own time.

In the final step of the creation of my self-portraits (step 6), the memory of my clients’ artwork or ways of engaging with materials is used to fill in the vessel of my self-portrait. This step is intended to deepen my empathic understanding of my client’s experiences during the art therapy sessions (Wilkinson & Chilton 2017) while also acknowledging the lasting impression that our client’s visual imagery can have on the therapist. In respect of ethics, it is important to address that this element of the image is made purely from memory. It is never an exact replica of my client’s therapeutic work and will contain no identifying information.

Importantly, Kossak (2013) and Moon (2013) caution arts-based researchers to be aware of their intentions with arts-based enquiry – are arts-based researchers simply serving a narcissistic need or does their enquiry actually serve a greater whole? I believe this is an important ethical consideration, primarily because my form of enquiry is through self-portraiture, which can be perceived as a narcissistic platform. For this, I return to the intention of my research question which seeks to explore how self-portraits drawn with eyes closed can deepen post-session self-reflection. Adopting a self-reflective process has been identified as one of the most important skills for ensuring a professional and well-functioning practice (Schwebel & Coster, 1998) and serves to better promote client’s therapeutic growth (Yalom, 2002). The self-portraits serve as a visual cue to guide deeper reflection in relation to my interactions with my clients, the environment, and within my own personal experience as a developing art therapist. A benefit of using self-portraiture is that while the imagery is inherently personal it also draws attention to the humanness of the experience. Reflecting on the images through the Intention Witness Writing Process (Allen, 2017) is intended to reduce automatic judgements (influences of the rational mind) to learn the subtle messages from the properties of the self-portraits.



## **Possible Conclusions**

I expect that the visual imagery produced in this series of self-portraits drawn with eyes closed will encourage me to deepen my ability to self-reflect (documented through the post-viewing written reflections) on the art therapy sessions I am facilitating with individual clients. As individual portraits, I expect that the compositional aspects of each self-portrait will prompt curiosity about my own internal experiences and encourage me to consider possible links between my personal experiences with my interactions with my clients (countertransference). As a series of images, I expect to become aware of the emotional and mental trends in both the imagery and myself over the duration of the research project. A further expected outcome is that the content that is created throughout the duration of the research project will provide a visual platform for me to share with other individuals in the helping profession. The intention is to make use of the method of creating self-portraits drawn with eyes closed as a way to invite dialogue and reflection about the relationship between both the conscious and unconscious experiences of people in the helping profession in relation to their clinical work.

## **Findings**

The research project resulted in 33 self-portraits drawn with eyes closed. Other than a minor aesthetic modification made for personal preference after the first self-portrait, there was no change to the drawing method and to the best of my ability, the same compositional features were included every day as a form of creative ritual. All self-portraits were created on-site following the final session of each clinical day. The pre- and post-viewing reflections were written in accordance to the steps outlined in the Methodology. This provided a means of reflecting on and learning from the self-portraits. Although I made a conscious effort to maintain an open and non-judgemental mindset when viewing my self-portraits, my interpretations are influenced by my own biases. In considering the findings of arts-based research, it is important to remember that our emotional state and individual artistic style influences our visual expressions (Kramer, 2002) and that our interpretations of our own artworks are influenced by our individual and cultural sensitivities (Dissanayake, 1992). While the findings are personal, my intention is that this research paper demonstrates how the process of creating a series of self-portraits drawn with eyes closed can serve as a response art technique to facilitate self-reflection.

In designing this research project, I expected that the response art technique would reveal my countertransference responses with my clients. The self-portraits revealed to me, however, a

continuous stressful influence on my day-to-day experience that I was unable to account for within my individual art therapy sessions. At the time of this research project's conception, I had not considered how the environment in which I was working would influence my experience. This realization revealed itself slowly through the research series with certain self-portraits facilitating this insight more deeply than others. In order to better situate my findings, a more thorough description of my working environment and my theoretical approach is necessary. The subsequent findings will explore my self-learning through the process of creating a series of self-portraits drawn with eyes closed and focus on three self-portraits that facilitated the moments of important insight in my self-reflective process.

### **The Environment**

Children are referred to the child psychiatry day hospital program where I am an intern for reasons such as behavioural difficulties, emotional dysregulation, pervasive developmental disorders and developmental trauma. The facility functions like a school, where the children are provided individualized education programs with access to therapies such as cognitive behavioural therapy, occupational therapy, speech and language therapy, and creative arts therapies.

My art therapy sessions occurred in a large room adjacent to the classrooms. Soundproofing was an issue and many sounds from outside the art therapy room often intruded on our sessions. For many of my clients, these audio invasions often served as a springboard into conversations about difficult behaviours and challenging experiences. In this sense, the lack of soundproofing sometimes positively influenced the therapeutic work. On a personal level, I often found these sounds intrusive. I could hear children having audible emotional experiences and also hear the adults' responses to these outbursts but because I was removed from the context of the situation I had little information available to make sense of what I was hearing. I found that I was particularly activated when I recognized the distressed voice of one of my clients. Not being able to intervene in these situations often made me feel helpless.

It is important to note that the dominant therapeutic approach at the psychiatric day hospital followed a behavioural model. Within my art therapy space, however, my interventions were often less behavioural than those used by some of the other professionals. I realize now that I was in a position of privilege while working with my clients. I had an individual space with each client where I was able to be attuned to one child at a time. The one-on-one space allowed

me to be exclusively present and engaged with each child and to be sensitive to their individual rhythms, needs, and interests. Because of this, my experience with the children was likely very different than that of the other staff since they were with the all of the children for the majority of the day and needed to divide their attention between many children at once.

### **The Creative Process**

In accordance with my Methodology, each image was created based on my own mental self-image, similar to a reflection I might see in the mirror had I used a visual prompt. My knowledge of my own image served to guide my drawings while my eyes were closed. Through this method, I was able to maintain a ritualistic formula in the creative and reflective process at the end of each clinical day. Despite holding the same image in my mind each day, the resulting self-portraits were far from my mental image. Interestingly, de Kooning reported a similar experience with his drawings made with eyes closed, where he was surprised by the discrepancies between the image he had held in his mind and the image he produced (Shiff, 2002). For me, these surprises facilitated learning by serving to prompt deeper self-reflection.

**Rational for creative technique.** Perfectionism has always had a strong influence on me. For many years I was unable to complete a work of art because the images I created never measured up to my expectations. In order to move forward in my capacity to express myself creatively, I intuitively adopted many creative techniques to facilitate my ability to accept my images. Drawing with a pen has increased my ability to accept each line that is created as I cannot erase the marks. Drawing without looking at the paper has also served to reduce the critical narratives that often accompanied my drawing process. As a result, I have found that I am more spontaneous in my art-making and have come to appreciate the “imperfections” of the images. These techniques have allowed me to be more open and accepting of my art-making and it is for this reason that I wanted to further explore how a response art technique that reduced cognitive control could facilitate self-reflection.

**Reflecting on known emotion and image interpretation.** Concerning my self-portraits drawn with eyes closed, regardless of whether the emotional expression I saw reflected in the composition of the self-portrait matched with my cognitive understanding of my emotions, I never felt as if there were mistakes in the image. This method therefore bypassed my perfectionist tendencies. In fact, when there was a disconnect between my known emotion and the emotional expression of the self-portrait, the image encouraged me to reconsider my

experience during the session and reflect on the interactions I had with my clients to see if I could find an explanation for the unexpected visual emotion.

Generally, I felt very engaged with my clients and most often experienced positive emotions during the session. My interpretations of the majority of my self-portraits, however, often conflicted with my cognitive understanding of myself in session because I often saw elements of negative affect. This disconnect between my known emotion and my interpretations of my self-portraits led me to consider the influence of the environment on my daily experience. Importantly, this is based on my own personal interpretations and it is possible that others do not see my portraits as portraying a negative self-image.

### **Key Portraits**

The initial contoured image of each self-portrait was the base for all my post-viewing reflections. My focus during these reflections was on the facial composition, emotional expression reflected to me through the facial composition, and the connectivity between the drawn elements. It was with this version of the self-portrait where I looked for emotional validity or discord to prompt self-reflection.

The full series of self-portraits drawn with eyes closed can be found at [www.drawnwitheyesclosed.wordpress.com](http://www.drawnwitheyesclosed.wordpress.com). While all portraits encouraged self-reflection, some portraits had a more profound impact on me than others. Three portraits in particular, which I have titled *The Ugly* (10.27.17) (Figure 1), *Deflated* (11.09.17) (Figure 2), and *Unbalanced* (12.14.17) (Figure 3), provided clarity of understanding that challenged my overall perspective on my experience and thus serve as the body of my findings. It is possible that due to the continuous self-reflective nature of this response art technique, previous portraits may have prepared me for the insight I found within these three portraits. I acknowledge that these insights are personal, yet they illustrate the ways in which the response art technique of drawing self-portraits with eyes closed deepened my self-reflection and self-knowledge.

**The Ugly (10.27.17) (Figure 1).** Sometimes the images that produce the most adverse responses are the ones that we can learn the most from (Allen, 1995), yet we may not be ready to learn from them at the moment of creation. Watkins (1981) suggests that in these instances it is likely that the boundaries between our unconscious and conscious states are uncomfortably close. Despite my intentions of withholding immediate judgements, this self-portrait triggered an immediate sense of repulsion. I saw reflected in the gaze a sense of hopelessness. The head and

vessel were connected and yet I saw this as if the spine had sunk or as if the body were folding in on itself. Both my pre- and post- written reflections indicated that I was extremely resistant to the creative process on this day. I was frustrated by my lack of control in the drawing process. My written reflections revealed a deep desire for things to be ok, to be aligned, and to be easy.

To me, this portrait represented all the ugliness and discomfort I was feeling at that present moment due to interactions that occurred both in and outside of my art therapy room. The intensity of my immediate aversion toward this self-portrait, however, suggests to me that I wasn't yet ready to confront the reality of my experience. This is obvious to me now that time has passed since the creation and initial revealing of the image.

McNiff (1998) discusses how the creation of our "demons" can allow us to reflect on and come to better understand what we may have once found offensive. While this particular representation of myself was never intentionally created to reveal a "demon," the intensity with which I reacted to the image suggests to me that there was some element of truth within this self-portrait. Emotional reactions and expressions of feeling are signs of inner change (Holmqvist, et al., 2017). In the moment, however, although I was able to react to something I did not like, I was not yet ready to move beyond my initial reaction to receive the message this portrait had.

*Exposure to images for continuous reflection.* Hanging these portraits on the walls of my apartment provided the opportunity to take my time to observe my images, and when ready, work to acknowledge, understand and accept their messages. For me personally, I appreciated having the self-portraits hung up on my wall because they served to represent my developing experience. Had the self-portraits been kept from my vision (for example, in a portfolio) then perhaps I would not have continuously reflected on the possible messages of each self-portrait. Certainly, I would not have come to consider the relationships between each self-portrait. However, I would like to acknowledge that hanging the images on the wall and being surrounded by them all the time might impact one's ability to separate their work and home selves.

**Deflated (11.09.17) (Figure 2).** In this self-portrait, the facial elements are contained and aligned but my mouth escapes me a little. I recognized a sense of sadness or hopelessness in the eyes. *Deflated (11.09.17)* was one of the rare self-portraits that evoked an immediate sense of personal recognition. Perhaps this element of personal recognition facilitated my ability to make connections between my experience and my reaction to *Deflated (11.09.17)*. I saw myself tired from being in a constant state of alert due to the emotional reactivity of both children and staff.

In my post-viewing reflection, I wrote: “I am beginning to suspect that my unconscious emotional state is profoundly affected by my working environment and less so by the actual encounters I have with the children.” I realized that in the majority of my sessions with my clients, I experienced positive affect. I felt engaged and attuned and curious about my clients’ self-expression. The children appeared to be engaged and moving towards their therapeutic goals. And yet I struggled to find these experiences reflected in my self-portraits. Day after day, the facial expressions I was seeing in the compositions of my self-portraits confused me. What was causing me to consistently interpret negative affect in my self-portraits? This portrait alerted me to the possibility that my response art technique was revealing an influence on my experience that I had not previously considered.

*Deflated (11.09.17)* helped me realize that I was so deeply affected by the environment that there was no space within me to hold my experiences with my clients. McNiff (1998) acknowledges that the environment can have a profound effect on experience: “since every aspect of an environment expresses energy that potentially affects other things and people, there are few boundaries to the creative ecology” (p. 139). Realizing the impact of the working environment on my everyday experience, especially because it was negatively influencing my state of being, was very important. The working environment has been found to contribute to the stress levels experienced by individuals in the helping profession (Choi, et al., 2014; Gam, et al., 2016). If left unaddressed, chronic stress can impair the therapist’s ability to provide quality care for their clients and can eventually lead to burnout. This image helped me realize how important it was for me to address this issue and work through my environmental countertransference so that I could create space within me to hold and process the experiences I was having with my clients during the individual art therapy sessions. Additionally, once I became aware of this influence on my own experience I was able to consider how it might also be affecting my clients, which served to provide a new opportunity for therapeutic work.

**Unbalanced (12.14.17) (Figure 5):** For this portrait, I swayed slightly from my usual intention (to focus on internal emotional experiences) and instead began this self-portrait in response to an interaction I just had with a client. In the art therapy session immediately preceding the creation of this portrait, my client told me that he was painting a portrait of me and he was going to make it ugly. In this session, the child, who was often quite distant and resistant to the therapeutic relationship showed an increased desire for connectivity. Expressing that he

wanted to make a portrait of me and “make it ugly” suggested that he wanted to connect but was testing how I would respond and perhaps wondered whether I would accept him (his image) and his abilities. This child also struggled with self-esteem and so I understood his verbal declaration to intentionally make an “ugly image” as a way to give himself permission to create any image. With this understanding, I invited him to make his image however he wanted to in order to show him that he and his images were accepted unconditionally. My response seemed to put him at ease and he was very engaged with me throughout the session. I was moved by this interaction and so I repeated the intention of making an “ugly portrait” to myself as I drew my own self-portrait with eyes closed after our session. Because I held this intention in mind, I expect the image to be disjointed and ill-composed. However, later when I revealed the image, I found the self-portrait mild and non-threatening (at least compared to the self-image I had held in my mind while creating the portrait). Interestingly, although I was consciously trying to explore the topic of “ugliness” in the creation of this self-portrait, which I have since titled *Unbalanced* (12.14.17), I did not find this self-portrait as threatening as *The Ugly* (10.27.17), which I found unexpectedly and completely repulsing. In fact, in my post-viewing reflection, I actively searched for the ugliness that I had thought I had placed into this self-portrait. Eventually, I noticed the unbalanced composition, more noticeable for me in this self-portrait than in any other, and wondered if the image was “ugly” because it was unbalanced. Reflecting on the unbalanced quality of the image alerted me to the imbalance in my own life. The large size of the head suggested to me that so much of my energy had been going towards cognitive tasks and as a consequence I had actually begun to neglect my body. I realized that over the duration of the term, my ability to self-care had diminished – that was the ugliness this portrait suggested to me. *Unbalanced* (12.14.17) helped me realize the need to increase my effort in creating and maintaining a more balanced lifestyle, particularly in creating time for exercise and rest. This brings us back to the importance of taking care of all parts of ourselves in order to prevent burnout (Gam, et al., 2016).

### **Confronting my Self-Image**

Throughout this project, I confronted a new aspect of myself at the end of each clinical day. I was surprised that the majority of the self-portraits evoked in me a sense of depressive and reactive affect. These are not traits I typically identify with and receiving these images day after day was discouraging. Persisting in this self-reflective process was important because eventually

I had to confront the inconsistencies between my perceived experience and the messages I was receiving from my response art. Edwards (2014) writes: “to give a feeling form and produce an image that is in some way meaningful and personally significant involves the risk of abandoning the familiar and courting the unknown. This can feel messy, chaotic, terrifying” (p. 54).

Honouring and accepting these darker parts of my self-image, despite or perhaps even more so in light of the fact that I did not like them, was important. It was uncomfortable to realize that something within my experience as an art therapy intern in child psychiatry was affecting me at such a profound level that it was overshadowing the positive experiences I was aware of having with my individual clients. I enjoy working with this population and I felt present and attuned to the individual needs of each child during my sessions. The inconsistencies between my perceived experience and my visual self-representations suggested that there must be something else influencing my experience that was beyond my conscious awareness.

An important lesson I’ve learned through this process is that making the connections between the image and experience is only the first step in resolving the deeper feelings surrounding the experience, and the ability to make those connections can take time. Navigating this process does not have to be an individual task. Bringing these experiences to supervision can further help the therapist make sense of and move through difficult experiences (Choi, et al., 2014) and may also help reduce the misconception that we are alone in our emotional experiences (Dunning, 2005). Learning to find my own place within my internship environment has been an ongoing challenge that I have experienced throughout the year but because this response art series helped me gain awareness of this stressor, I have been able to work towards moving forward in this challenging experience.

### **Being Seen**

Each self-portrait revealed to me a different aspect of myself. The subtle variations of drawing compositions that resulted from the technique of drawing with eyes closed allowed me to reveal, explore and acknowledge many different emotional states and experiences. Allen (1995) cautions that humans can easily become fixated on only one aspect of the self and neglect to acknowledge what she calls the “richness of our multiplicity” (p. 10). She recommends art-making as a means to remain curious and open to these various aspects of the self. Through image making, something invisible is made visible, and therefore there is potential to deepen self-awareness (Holmqvist, Roxberg, Larsson, & Lundqvist-Persson, 2017). Of the 33 self-



portraits I created, only six evoked an immediate sense of being seen. I use the term *being seen* to refer to the experience of feeling that my known emotional and cognitive experiences were validated by the facial expression and composition I interpreted from the self-portrait. These six self-portraits are highlighted on the website for this research project. These were powerful moments for me as the images provided a sense of reassurance while also deepening my sense of self-compassion. Most often however, the portraits did not offer immediate gratification. In these instances, the image encouraged me to enquire more deeply in an attempt to connect my experience with the information I received from the self-portrait.

### **Creating a Ritual**

Response art is well supported as a means of self-care (Deaver & Shiflett, 2011; Fish 2008, 2012; Lau, 2017; Wadson, 2003). Creating self-portraits at the end of each clinical day became a ritualized way to honor my experiences and helped me transition from the environment and role of an art therapy intern into my everyday self. The creation of a ritual was an important part of my early experience as an art therapy intern. It simultaneously served as an anchor in my experience while also providing a space to release aspects of the experience. For me personally, I appreciated seeing the series of self-portraits develop as a visual representation of the accumulation of my experiences and learning. Rituals are commonly discussed within bereavement literature (Lau, 2017) and are defined as “deliberate, detailed, and repeated patterns of activity that are infused with multiple meanings” (Romanoff & Thompson, 2006, p. 312). Rituals serve to bring attention to the patterns of our lives while also offering a sense of stability and order (Romanoff & Thompson, 2006) and help to connect new actions or thoughts to known and safe past actions or thoughts, thus creating a safe base and sense of structure (Koch, 2017). Developing a safe base or sense of structure through rituals could contribute to the development of internal and external resources, which have been found to prevent burnout symptoms (Choi, Puig, Kim, Lee, & Lee, 2014).

### **Honouring the Impact of Client Imagery: A Secondary Response Art Process**

**Filling the vessel.** While this was not an initial focus of the research project, this part of the process was extremely valuable for me. Each day, the vessel of my self-portrait was filled with imagery inspired either by a client’s way of engaging with art materials or my memory of their artwork. Most days the vessel was filled with the imagery of only one client but there were days where the imagery or ways of making of more than one client came to occupy the vessel.

The act of recreating the memory of my client's artwork was a means for me to refine my reflection on the sessions by experiencing and observing what it *felt* like to engage in the client's way of making art. This process is supported by Wilkinson and Chilton (2017) who recommend this practice as a means of developing empathic understanding and by Yalom (2002) who emphasizes that learning to view the world through the client's eyes enhances therapy. The process of filling in the vessel of my self-portrait served as a symbolic way for me to visually acknowledge and document the power of my clients' artworks.

**Engaging in child inspired art-making.** Due to the development of skills and experience (Lowenfeld, 1953; Malchiodi, 1998) the art-making of children is often very different from the art-making of adults. As an adult working with children, I felt it was important to explore child inspired art-making as a means of increasing my understanding of their experience within the art therapy sessions. Many of my clients showed an openness to their imagery – they had a sense of spontaneity while engaging with their materials and often held very little attachment to a final product. This was an inspiring point of view that I adopted in my self-portrait technique. Ironically, however, my commitment to follow my Methodology for the purpose of this research project inhibited my ability to fully engage in spontaneous creativity. I admit I was committed to an aesthetic principle and each day I would try to contain the spontaneity and mess-making that is common in child art-making into the boundaries of the vessel of the self-portrait. Becoming cognizant of the discrepancy between a child's spontaneous and accepting way of art-making and my own controlled goal-seeking art-making was an important step in my learning.

**Recording client imagery.** Recording these inspirations allowed me to become aware of which clients I was most preoccupied with or affected by and also served to bring to light some of my aesthetic countertransference (Schaverien, 1999, 2000). Schaverien highlights how the images that make an impression on us have either touched on our own aesthetic preferences or aversions or may reflect a deeper element within the therapeutic relationship. It is important to note that my selection of the imagery to put into the vessel was based on what most immediately came to mind.

At the time of this research project, I was working with a total of nine clients. As my series developed, I was surprised to learn that the imagery of two of my clients took the majority of my visual reflections. This realization encouraged me to consider possible reasons for why

certain clients occupied my mind more often than others. These two clients showed resistance to art therapy. One child actively resisted coming for the first seven sessions. The other child was very resistant in engaging with me in the session and often acted as if he were alone in the room. Interestingly, both of these clients typically engaged with three-dimensional materials. In my response art, I would often find a way to represent the three-dimensional material in a two-dimensional way or I would create my own imagery to represent the interaction between the client and myself. For example, the imagery inside the vessel of Figure 4 (*11.16.17*) symbolically represents my experience of being continuously shot at with a pretend gun one of my clients built out of blocks. The vessel of Figure 5 (*12.01.17*) represents a wall one of my clients built out of wooden blocks. In these instances, the vessel served as a way for me to process symbolic aspects of those experiences and also explore my own experience within the session. These examples briefly demonstrate two ways the vessel served as a space to document and explore the impact of my client's imagery and ways of being within the therapeutic space. For me, the vessel served primarily as a creative space to represent how client imagery and interactions come to be contained within the art therapist.

**Trying to contain the uncontainable.** While my intention for the vessel portion of the self-portrait was to deepen my empathic understanding of my clients through recreating the memory of imagery or artistic methods, I experienced many restrictions in the act of "filling in the vessel." In particular, I often felt confined within the boundaries of the vessel. How was I to represent the mess and creative energy that I constantly witnessed in my clients when I was so determined to contain their imagery within the vessel? Throughout the research project, I was so committed to maintaining an aesthetic principle and concerned about properly following the Methodology of the research project that I could not allow myself the experience of fully embodying the children's methods of expression.

**Significance of material selection.** The Expressive Therapies Continuum (ETC) is a theoretical model within art therapy that formulates a framework of the therapeutic properties of art materials and creative expression organized into three levels each with two opposite poles each (Hinz, 2009). The levels are arranged in a developmental hierarchy and include Kinaesthetic/Sensory, Perceptual/Affective, and Cognitive/Symbolic. A final level, referred to as Creative, can occur at any level of the ETC. Functioning across levels occurs in a balanced relationship, meaning that as engagement on one pole increases involvement the other polarity

decreases (Lusebrink, Mārtinsone, & Džilna-Šilova, 2013). The ETC framework has been a prominent theoretical understanding in my development as an art therapist.

Through my reflection on the perceptual qualities of my portraits, I realized the irony of trying to explore emotional responses through a predominantly perceptual means. Hinz (2009) suggests that perceptual art-making can serve as a means of containing affect and that overreliance on this component could suggest a disconnect from emotional expression. Realizing that my material selection and process may not have been the most effective method for fully exploring my research question also helped me to realize that the theoretical framework I was using in my sessions was not fully aligned with the behavioural philosophy of my internship site. Was the rigidity of my research project and this need for containment and control in my art-making in fact a response to my feelings of a lack of control within the larger environment at my internship? Realizing that I consistently felt a profound lack of control within my working environment perhaps increased my unconscious desire to exert control over something. Given that the method of drawing with eyes closed provides very little opportunity for control over the final image, perhaps my material selection, firm adherence to the Methodology, and my reluctance to let the client-inspired imagery seep out of the lines of the vessel served as my way of establishing some control in my experience as an art therapy intern.

### **Discussion**

The intention of my research project was to explore how a series of self-portraits drawn with eyes closed served as a response art technique to enhance my ability for post-session self-reflection. I was interested in how my interpretations of the facial expressions and overall compositions of the self-portraits could facilitate a deeper reflection on my sessions – both of my own emotional states within the sessions as well as on the interactions with my clients that occurred throughout the session. I expected that these images would reveal countertransference responses. The message that I received from the series, however, reflected how powerful the working environment was on my overall experience and I realized that before I could address my countertransference responses with individual clients, I would first need to attend to my countertransference towards my environment. The technique of drawing with eyes closed, the impact of creating a series of response art, and the validity, reliability and limitations of the arts-based research project will be discussed.

## **The Technique of Drawing with Eyes Closed**

As the literature review shows, the technique of drawing with eyes closed is not well-documented in formal art, art history, or art therapy research. In the limited information that is available on this technique, drawing with the eyes closed allows the creator to concentrate on inner sensations (de Kooning as cited by Shiff, 2002) and thus may provide opportunities to explore unconscious knowledge. This resonates with me after having completed my series of self-portraits drawn with eyes closed. Creating art through this novel technique served many purposes. First, reducing my attention on visual stimuli allowed me to concentrate more on my inner experiences. The self-portraits were drawn while I was looking inward, attending to the various known emotions I was experiencing at that present moment and often the resulting images revealed elements of my experience that I was unaware of at the time of drawing. This technique also reduced my ability to control the overall composition of the portrait. While I maintained cohesion in the series by adopting a drawing sequence in the design of the self-portraits the overall composition of the self-portrait was left to chance through the drawing technique. Even though I drew the same features each time, every self-portrait is unique. A benefit of adopting a drawing sequence is that it came to serve as a ritual that helped me transition from each clinical day.

Knowing that drawing with eyes closed reduces my control over the final image also influenced my openness and ability to accept each image. The method of drawing with eyes closed reduced the pressure to create self-portraits that met my aesthetic ideals. It was not uncommon for images that I thought would be well composed (based on the felt experience I had while drawing) to be disjointed and poorly connected. How much of this was an unavoidable outcome of the technique and how much of it actually reflected my unconscious is difficult to ascertain. This didn't seem to matter in the self-reflective process, because the composition of each image whether cohesive or misaligned prompted me to consider what experiences within my day may have contributed to the image reflected in the self-portrait. This is a drawing technique that I am quite familiar with and I would imagine that with each repetition of this technique one's ability should become more refined. Despite this, I was continuously surprised by the self-portraits and enjoyed maintaining a sense of curiosity about the message behind the compositions. With the exception of a few images, I noticed a reduction in my critical gaze and I was able to view the image with curiosity and acceptance. Because the images were self-

portraits, I believe this also contributed to my ability to view my own experience with curiosity and acceptance.

### **The Impact of Creating a Series of Response Art Images**

Núñez (2009) writes: “by making a self-portrait series in a short time we can actually go through a very interesting inner process of self-knowledge, and this process is completely natural and intuitive, even if unconscious” (p. 54). From my own experience, while not every portrait provided significant insight, each portrait did suggest something new about myself. Coming into contact with these reflections challenged me to consider different perspectives when reflecting on my experiences within my individual art therapy sessions. As the series developed, I was able to visually acknowledge the passing of time, witness the struggles and growth in my role as a developing art therapist, acknowledge how each day brings different successes and challenges and to honour the work I was doing with my clients. As McNiff (1998) writes: “[there is] constant movement in human expression [where] in every new action something emerges that we did not know before” (p. 186). Holmqvist, et al. (2017) describes the ability to make sense of unknown or unconscious inner experiences as a key factor in personal change and growth. Creating the self-portraits as a daily form of response art in combination with the written reflections and being able to continuously reflect on the growing series helped me to review and document the development in my perspective and experience. The full series can be accessed at [www.drawnwitheyesclosed.wordpress.com](http://www.drawnwitheyesclosed.wordpress.com).

Similar to Ashby (2017) who created self-portraits as a means of reflecting on her transition between the roles of student and professional, I too experienced an occasional conflict between my desire to be open to the creative process and my aesthetic standards. Not surprisingly given the drawing technique (and despite my attempt to maintain an open and accepting attitude towards the process and resulting images) some of my self-portraits did not meet my aesthetic standards. I found that I responded particularly harshly to the images when I was feeling overwhelmed. Taking the time to write down my reflections with the self-portraits was an important step in this process because it not only encouraged me to explore the image more deeply but also served as written and concrete evidence of my emotional and mental state at the present time. As I reflected on the completed series, I was able to revisit these moments and gain a new perspective not only on the images but also on my own evolving experience.

## **The Influence of the Timing of Creation**

Because the self-portraits were drawn immediately following my last art therapy session of each clinical day, I initially predicted that the self-portraits would serve to reveal countertransference responses towards my clients. My findings, however, revealed less on countertransference responses in relation to my clients and instead drew my attention the impact of the working environment on my daily experience. This became evident to me after so many self-portraits failed to represent any aspect of my known emotions. Perhaps if I had limited the creation of my self-portraits in response to only one client I may have learned more about countertransference responses towards that specific client. At the very least, this would have reframed my reflection towards one specific individual rather than towards my overall experience throughout the day. The research design of creating one portrait at the end of each clinical day likely facilitated a more comprehensive understanding of my experience as an art therapy intern and may be the reason why I learned more about how influential the environment was in my experience rather than revealing specific countertransference responses within my work with individual clients. This discovery, however, was significant because it helped me become aware of how the working environment serves as the foundation for all subsequent experiences. Becoming aware of this allowed me the opportunity to begin working to address specific stressors within my working environment. Reframing both my perspective and my attitude increased my comfort in the working environment.

## **Contributions to the Field**

For the reasons described above, I believe the method of creating self-portraits drawn with eyes closed could be a useful tool for art therapist's self-reflection. As a response art technique, reflecting on the series of self-portraits encouraged deeper self-reflection, served to document my evolving experience and also provided a means for creative self-care, which is understood as an important aspect of art therapists' well-being (Deaver & Shiflett, 2011; Fish 2008, 2012; Lau, 2017; Puterbaugh, 2015; Wadeson, 2003). When the facial expressions of the self-portraits aligned with the way I understood my emotional state, I felt seen, understood, and validated. Seeing my known self reflected in the image was powerful and helped me appreciate and accept my experience. Most often, however, the facial expressions and compositions of the self-portraits did not align with the way I understood my emotional state. These portraits were the most important because they prompted a deeper level of self-reflection by encouraging me to

consider different perspectives in an attempt to understand where this visually expressed emotion was rooted. This helped me become aware of unconscious aspects in my daily experience that affected me deeply. Becoming aware of the influence of certain elements in my daily experience allowed me to begin to work towards addressing the stressors, which in turn allowed me to continuously improve my ability to provide quality care for my clients.

### **Validity and Reliability**

As a personal process, response art is well-documented and well-supported as a means for art therapists to reflect on and explore countertransference responses, to deepen empathic understanding of clients, and for self-care purposes (Deaver & Shiflett, 2011; Fish, 2012; B. Moon, 1999; C. Moon, 2002; Wadson, 2003). I would add that response art also increases our awareness of our overall experience. It is important to acknowledge that my findings reflect my personal experience, my own artistic abilities and interests, and are also limited by my scope of self-exploration and capacity to go so far beyond myself. Importantly, if another were to adopt the technique of drawing with the eyes-closed as a method of response art, their creations would inevitably have a different visual quality influenced by their own artistic styles, preferences, and aversions and their findings would be attuned to their ability, situation, and personal readiness.

Assuming both the roles of generating the data and reflecting on the images, the reliability of the research project depended on my ability to follow the procedure outlined above in the Methodology. McNiff (1993) emphasizes that the message of the image depends not only on the viewers ability and readiness to receive the message but is also influenced by past experiences and present perceptions. Importantly, arts-based research is an individualistic process, shaped by my personal artistic abilities, interests, and limited by the depth of my self-reflective abilities.

### **Limitations**

Trying to suppress my immediate reactions and judgements to my portraits through the Intention Witness Writing Process (Allen, 2017) was more and more difficult for me as I progressed through the series. Once the reflective process was no longer novel, I found myself becoming quicker to react to the portraits. In hindsight, I believe I could have learned valuable information from these immediate reactions and it may have served well to acknowledge and further explore these immediate responses. For this reason, I would recommend McNiff's (1993)



process of dialoguing with the image as the method of post-viewing reflection as it allows for more freedom in responding to the image.

The size of paper used for the creation of this series (17 x 24 cm) felt appropriate for the drawn portrait. For me, the paper felt big enough to safely contain my self-image and allowed me to draw at a scale that was comfortable and fit with my drawing preferences. However, I found the size of paper extremely restrictive when trying to fill the vessel of the portrait with child-inspired art. In fact, this was often an unrealistic process. The art of many of my clients was large and spontaneous and the small vessel (and my determination to stay inside the lines) limited the depth in which I could fully embody my client's art-making process. For example, many of my client's created art through large movements – while I could achieve a visual semblance in the vessel, the small size of the paper meant I could not engage in the same large movements. I believe it would have been beneficial to embody the art-making process in a more authentic way. In order to fully experience a child-oriented approach to art-making, I would recommend using larger paper and also permitting yourself to allow that creative expression and energy to go outside of the lines.

### **Closing Remarks**

As a response art technique, creating a series of self-portraits drawn with eyes closed served to deepen my understanding of my own experience as a developing art therapist working in a child psychiatry day hospital. While my initial intention was to use this response art technique to reveal and explore countertransference responses within my work with individual clients, the process revealed instead an element of my experience that was, at the time of this research project, overshadowing my session-to-session experiences. Although this learning was different than what I originally anticipated, it was invaluable because it allowed me to acknowledge a stressor within my personal experience as a developing art therapist. Through this response art technique, I realized that I needed to first deal with my reactions to the environment in order to create space within me to be able to fully reflect on my work with clients. Creating and reflecting on my self-portraits drawn with eyes closed provided me the opportunity to find balance within my personal and professional life which in turn helped me better serve my clients.

The technique of drawing with eyes closed provided a quick and accessible art-making technique that was suitable to implement into my busy schedule. Because the response art technique was quick, I was easily able to make time to create art each day. This helped me to

maintain not only my artistic identity, but also allowed me to creatively reflect on and integrate my experiences into my evolving identity as a developing art therapist. The pre- and post-written reflections provided a means for me to dialogue with the images and to document my shifts in perspectives in response to the compositions of each self-portrait. While the written portion of this self-reflective technique took longer to do than the art-making, it served as a very important step in providing context for the self-portraits and also as documentation for the ways in which the images prompted deeper self-reflection. For me, the facial expressions (as I interpreted them) provided the most valuable insight towards deeper self-knowledge – particularly when the image did not correspond with my known emotion. This prompted me to investigate further into my reflection on the sessions in an attempt to discover where the drawn emotion may have come from. The post-viewing responses served as a space where I was able to work with the image, my perceptions, beliefs, and memories to come to deeper self-knowledge.

For future use of the response art technique of drawing self-portraits with eyes closed, I would recommend creating an image immediately following each individual session in order to better focus the exploration of countertransference responses with each client. I would also consider adopting a more spontaneous written reflective process such as McNiff's (1993) process of dialoguing with the images in order to capture the immediate reactions to the self-portrait. Finally, when including the memories of clients' imagery within the vessel, I would allow that imagery to sometimes seep beyond the borders of the vessel to allow for a more authentic experience of embodying my clients' artmaking techniques. While the results were different than what I had originally anticipated, the response art technique of drawing self-portraits with eyes closed was still a helpful tool for self-reflection. As this response art technique has shown, there is much to be learned from letting go of control.

## References

- Allen, P. B. (1995). *Art is a way of knowing: A guide to self-knowledge and spiritual fulfillment through creativity*. Boston, MA: Shambhala Publications Inc.
- Allen, P. B. (2013). Art as enquiry: Towards a research method that holds soul truth. In S. McNiff (Ed.), *Art as research: Opportunities and challenges* (pp. 13-20). Chicago, IL: Intellect, The University of Chicago Press.
- Allen, P. (2017). *The pades studio process*. Retrieved from <https://www.patballen.com/pages/process.html>
- Alter-Muri, S. (2007). Beyond the face: Art therapy and self-portraiture. *The Arts in Psychotherapy, 34*, 331-339. doi:10.1016/j.aip.2007.05.002
- American Art Therapy Association. (2017). *About art therapy*. Retrieved from [https://www.arttherapy.org/upload/2017\\_DefinitionofProfession.pdf](https://www.arttherapy.org/upload/2017_DefinitionofProfession.pdf)
- Ashby, M. (2017). *L'autoportrait et la période de transition de l'étudiant vers la profession d'art-thérapeute: Une exploration basée sur les arts*. [Graduate Projects (Non-thesis)] (Unpublished).
- Ault, R. E. (1993). In memory of Elizabeth "Grandma" Layton, 1909 – 1993. *Art Therapy: Journal of the American Art Therapy Association, 10*(2), 109-111. doi:10.1080/07421656.1993.10758994
- Ault, R. (n.d.). *The Robert Ault manuscripts; Index to volume III*. [unpublished manuscript]. Retrieved from <https://www.arttherapy.org/ARCHIVES/Founders/Robert%20Ault/The%20Robert%20Ault%20Manuscripts%20Volume%203.pdf>
- Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice, 38*(6), 603-612. doi:10.1037/0735-7028.38.6.603
- Belleville-Van Stone, F. (2014). *Sketch! The non-artist's guide to inspiration, technique, and drawing daily life*. New York, NY: Watson-Guptill.
- Bennett-Levy, J. & Thwaites, R. (2007). Self and self-reflection in the therapeutic relationship. In P. Gilbert and R. L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioural psychotherapies* (pp. 255-281). New York, NY: Routledge.
- Betensky, M. G. (1995). *What do you see? Phenomenology of therapeutic art expression*.

- London, England: Jessica Kingsley Publishers.
- Caetano, A. (2015). Personal reflexivity and biography: Methodological challenges and strategies. *International Journal of Social Research Methodology*, 18(2), 227-242. doi:10.1080/13645579.2014.885154
- Canadian Art Therapy Association. (2016). Standards of Practice. Retrieved from <http://canadianarttherapy.org/Resources/Documents/CATA%20Standards%20of%20Practice.pdf>
- Canadian Art Therapy Association. (2017). *What is art therapy?* Retrieved from <http://www.canadianarttherapy.org/what-is-art-therapy/>
- Carr, S. M. D. (2014). Revisioning self-identity: The role of portraits, neuroscience and the art therapist's 'third hand'. *International Journal of Art Therapy*, 19(2), 54-70. Retrieved from <http://dx.doi.org/10.1080/17454832.2014.906476>
- Carr, S. M. D. (2018). *Portrait therapy: Resolving self-identity disruption in clients with life-threatening and chronic illnesses*. London, England: Jessica Kingsley Publishers.
- Chused, J. F., & Raphling, D. (1992). The analyst's mistakes. *Journal of the American Psychoanalytic Association*, 40, 89-116. doi:10.1177/000306519204000104
- Choi, H., Puig, A., Kim, K., Lee, S., & Lee, S. M., (2014). Examining differential effects of internal and external resources on counselor burnout symptoms in South Korea. *Journal of Employment Counseling*, 51(1), 2-15. doi:10.1002/j.2161-1920.2014.00037.x
- Cockle, S. (1994). Healing through art: The self-portrait technique. *International Journal of Play Therapy*, 3(1), 37-55.
- Corey, G. (1996). The counselor: Person and professional. *Theory and practice of counseling and psychotherapy* (5<sup>th</sup> ed.) (pp. 15-49). Ann Arbor, MI: Brooks/Cole Publishing Company.
- Cornell, W. F. (2016). Failing to do the job: When the client pays the price for the therapist's countertransference. *Transactional Analysis Journal*, 46(4), 266-276. doi:10.1177/0362153716661719
- Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28(1), 5-13. Retrieved from <http://dx.doi.org/mercury.concordia.ca/10.1037/0735-7028.28.1.5>
- Crawford, S., Solis, G., and Pfister, E. (2014). *Art-making for the art therapist: A study on*

- clinical insight, therapist identity, self-care, and countertransference*. Loyola Marymount University and Loyola Law School Theses and Dissertations. 54. Retrieved from <http://digitalcommons.lmu.edu/etd/54>
- Dalley, T., Rifkind, G., & Terry, K. (1993). *Three voices of art therapy: Image, client, therapist*. New York, NY: Routledge.
- Deaver, S. P., & Shiflett, C. (2011). Art-based supervision techniques. *The Clinical Supervisor, 30*, 257-276. doi:10.1080/07325223.2011.619456
- Dissanayake, E. (1992). Art for life's sake. *Art Therapy: Journal of the American Art Therapy Association, 9*(4), 169-175. doi:10.1080/07421656.1992.10758958
- Dosamantes-Beaudry, I. (2001). Frida Kahlo: Self-other representation and self healing through art. *The Arts in Psychotherapy, 28*, 5-17. [https://doi.org/10.1016/S0197-4556\(00\)00066-6](https://doi.org/10.1016/S0197-4556(00)00066-6)
- Drapeau, C. (2014). *Countertransference and the creative arts therapies: A review of the literature and a practical guide to creatively managing countertransference*. [Graduate Project (Non-thesis)] (Unpublished).
- Dreison, K. C., Luther, L., Bonfils, K. A., Sliter, M. T., McGrew, J. H., & Salyers, M. P. (2018). Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. *Journal of Occupational Health Psychology, 23*(1), 18-30. Retrieved from <http://dx.doi.org/10.1037/ocp0000047>
- Dunning, D. (2005). *Self-insight: Roadblocks and detours on the path to knowing thyself*. New York, NY: Psychology Press.
- Edwards, B. (2012). *The new drawing on the right side of the brain* (4<sup>th</sup> ed.). New York, NY: Jeremy P. Tarcher/Penguin.
- Edwards, D. (2014). *Art therapy: Creative therapies in practice* (2<sup>nd</sup> ed.). Thousand Oaks, CA: SAGE Publications Inc.
- Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology, 13*(2), 293-301. doi:10.1037/0735-7028.13.2.293
- Feen-Calligan, H., & Sands-Goldstein, M. (1996). A picture of our beginnings: The artwork of art therapy pioneers. *American Journal of Art Therapy, 35*, 43-59. Retrieved from <http://0->

search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=eue&AN=505819483&site=eds-live

- Fish, B. J. (2008). Formative evaluation research of art-based supervision in art therapy training. *Art Therapy: Journal of the American Art Therapy Association, 25*(2), 70-77. doi:10.1080/07421656.2008.10129410
- Fish, B. J. (2012). Response art: The art of the art therapist. *Art Therapy: Journal of the American Art Therapy Association, 29*(3), 138-143. Retrieved from <http://dx.doi.org/10.1080/07421656.2012.701594>
- Franklin, M. (1992). Art therapy and self-esteem. *Art Therapy: Journal of the American Art Therapy Association, 9*(2), 78-84. doi:10.1080/07421656.1992.10758941
- Franklin, M. (2010). Affect regulation, mirror neurons, and the third hand: Formulating mindful empathic art interventions. *Art Therapy: Journal of the American Art Therapy Association, 27*(4), 160-167. doi:10.1080/07421656.2010.10129385
- Gam, J., Kim, G., & Jeon, Y. (2016). Influences of art therapist's self-efficacy and stress coping strategies on burnout. *The Arts in Psychotherapy, 47*, 1-8. Retrieved from <http://dx.doi.org/10.1016/j.aip.2015.09.005>
- Glaister, J. A. (1996). Serial self-portraits: A technique to monitor changes in self-concept. *Archives of Psychiatric Nursing, X*(5), 311-318. Retrieved from [https://doi.org/10.1016/S0883-9417\(96\)80040-9](https://doi.org/10.1016/S0883-9417(96)80040-9)
- Goodman, B. (2017). Margaret Archer, modes of reflexivity: The structured agency of nursing action. *Nurse Education Today, 48*, 120-122. Retrieved from <https://doi.org/10.1016/j.nedt.2016.10.001>
- Hanes, M. J. (2011). "Face-to-face" with addiction: The spontaneous production of self-portraits in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 24*(1), 33-36. doi:10.1080/07421656.2007.10129365
- Havsteen-Franklin, D. & Altamirano, J. C. (2015). Containing the uncontainable: Responsive art making in art therapy as a method to facilitate mentalization. *International Journal of Art Therapy, 20*(2), 54-65. doi:10.1080/17454832.2015.1023322
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.
- Holmqvist, G., Roxberg, A., Larsson, I., & Lundqvist-Persson, C. (2017). What art therapists

- consider to be patient's inner change and how it may appear during art therapy. *The Arts in Psychotherapy*, 56, 45-52. Retrieved from <http://dx.doi.org/10.1016/j.aip.2017.07.005>
- Johnson, D. R. (1998). On the therapeutic action of the creative arts therapist: The psychodynamic model. *The Arts in Psychotherapy*, 25(2), 85-99. Retrieved from [https://doi.org/10.1016/S0197-4556\(97\)00099-3](https://doi.org/10.1016/S0197-4556(97)00099-3)
- Jones, D. L. (1983). An art therapist's personal record. *Art Therapy; Journal of the American Art Therapy Association* 1(1), 22-25. doi:10.1080/07421656.1983.10758734
- Kapitan, L. (2010). *Introduction to art therapy research*. New York, NY: Routledge.
- Kapitan, L. (2014). Beyond self-inquiry: Does arts-based research produce real effects in the world? *Art Therapy: Journal of the American Art Therapy Association*, 31(4), 144-145. <http://dx.doi.org/10.1080/07421656.2015.967644>
- Kielo, J. B. (1991). Art therapists' countertransference and post-session therapy images. *Art Therapy: Journal of the American Art Therapy Association*, 8(2), 14-19. doi:10.1080/07421656.1991.10758923
- Koch, S. C. (2017). Arts and health: Active factors and a theory framework of embodied aesthetics. *The Arts in Psychotherapy*, 54, 85-91. <http://dx.doi.org/10.1016/j.aip.2017.02.002>
- Kossak, M. (2013). Art-based enquiry: It is what we do! In S. McNiff (Ed.), *Art as research: Opportunities and challenges* (pp. 19-28). Chicago, IL: Intellect, The University of Chicago Press.
- Kramer, E. (2002). On quality in art and art therapy. *American Journal of Art Therapy*, 40(4), 218-222. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=aft&AN=504987914&site=eds-live>
- Lachman-Chapin, M., Jones, D. L., Sweig, T. L., Cohen, B. M., Semekoski, S. S., & Fleming, M. M. (1998). Connecting with the art world: Expanding beyond the mental health world. *Art Therapy: Journal of the American Art Therapy Association* 15(4), 233-244. doi:10.1080/07421656.1989.10759332
- Lambert, D. (1995). *The life and art of Elizabeth "Grandma" Layton*. Waco, TX: WRS Publishing.
- Lambert, D. (1996). The unflinching eye of Elizabeth Layton. *Aging*, 366, 21. Retrieved from

<http://0-eds.a.ebscohost.com/mercury.concordia.ca/eds/detail/detail?vid=2&sid=b7f9a327-08b9-4fa6-9c14-cc5fc02ea129%40sessionmgr4007&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=9601053583&db=a9h>

- Lau, P. (2017). *Ritualized art-making as self-care in palliative care: An arts-based inquiry*. [Graduate Project (Non-thesis)] (Unpublished).
- Leavy, P. (2017). *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. New York, NY: The Guilford Press.
- Lia, M. (2017). Reflections, and relative examples, regarding countertransference, empathy, and observation. *International Forum of Psychoanalysis*, 26(2), 85-96.  
doi:10.1080/0803706X.2016.1200197
- Lith, T. V. (2015). Art-making as a mental health recovery tool for change and coping. *Art Therapy: Journal of the American Art Therapy Association*, 32(1), 5-12.  
doi:10.1080/07421656.2015.992826
- Lowenfeld, V. (1953). *Creative and mental growth*. New York, NY: The Macmillan Company.
- Lusebrink, V. B., Mārtinsone, K., & Dzilna-Šilova, I. (2013). The expressive therapies continuum (ETC): Interdisciplinary bases of the ETC. *International Journal of Art Therapy*, 18(2), 75-85. doi:10.1080/17454832.2012.713370
- Malchiodi, C. A. (1998). *Understanding children's drawings*. New York, NY: The Guilford Press.
- Malchiodi, C. A. (2007). What is art therapy? *The art therapy sourcebook*, (2<sup>nd</sup> ed.) (pp. 1-22). New York, NY: McGraw-Hill.
- Marshall-Tierney, A. (2014). Making art with and without patients in acute settings. *International Journal of Art Therapy*, 19 (3), 96–106.  
doi:10.1080/17454832.2014.913256
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93(3), 498-512. doi:10.1037/0021-9010.93.3.498
- Maslen, M., & Southern, J. (2011). *Drawing projects: An exploration of the language of drawing*. London, England: Black Dog Publishing Limited.
- McNiff, S. (1976). The effects of artistic development on personality. *Art Psychotherapy* 3, 69-75. Retrieved from [https://doi.org/10.1016/0090-9092\(76\)90002-8](https://doi.org/10.1016/0090-9092(76)90002-8)



- McNiff, S. (1981). *The arts and psychotherapy*. Springfield, IL: Charles C. Thomas Publisher.
- McNiff, S. (1993). Perspective: The authority of experience. *The Arts in Psychotherapy*, 20, 3-9.  
Retrieved from [https://doi.org/10.1016/0197-4556\(93\)90028-Z](https://doi.org/10.1016/0197-4556(93)90028-Z)
- McNiff, S. (1998). *Trust the process: An artist's guide to letting go*. Boston, MA: Shambhala Publications, Inc.
- Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy: Journal of the American Art Therapy Association* 24(4), 184-190. doi:10.1080/07421656.2007.10129470
- Moon, B. (1999). The tears make me paint: The role of responsive art-making in adolescent art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 16(2), 78-82. doi:10.1080/07421656.1999.10129671
- Moon, B. (2013). Mentoring and other challenges in art-based enquiry. In S. McNiff (Ed.), *Art as research: Opportunities and challenges* (pp. 31-36). Chicago, IL: Intellect, The University of Chicago Press.
- Moon, B. L. (2015). *Ethical issues in art therapy* (3<sup>rd</sup> ed). Springfield, IL: Charles C Thomas Publishers, LTD.
- Moon, C. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. Philadelphia, PA: Jessica Kingsley Publishers.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A Review of the problem and its remediation. *Administration and Policy in Mental Health*, 39(5), 341-352. doi:10.1007/s10488-011-0352-1
- Nicholaïdes, K. (1941). *The natural way to draw: A working plan for art study*. Boston, MA: Houghton Mifflin Company.
- Nuñez, C. (2009). The self-portrait, a powerful tool for self-therapy. *European Journal of Psychotherapy & Counselling*, 11(1), 51-61. Retrieved from <http://dx.doi.org/10.1080/13642530902723157>
- Parth, K., Datz, F., Seidman, C., & Löffler-Stastka, H. (2017). Transference and countertransference: A review. *Bulletin of the Menninger Clinic*, 81(2), 167- 211.  
Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=edswss&AN=000403301200004&site=eds-live>

- Pink, S. (2012). *Advances in visual methodology*. Thousand Oaks, CA: SAGE Publications Inc.  
Retrieved from <http://0-dx.doi.org/mercury.concordia.ca/10.4135/9781446250921>
- Puterbaugh, D. (2015). A whole-person approach to self-care. *Counseling Today*, 57(12), 55.  
Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=eue&AN=102985898&site=eds-live>
- Ramsay, G. G., & Sweet, H. B. (2009). *A creative guide to exploring your life; Self-reflection using photography, art, and writing*. Philadelphia, PA: Jessica Kingsley Publishers.
- Richards, K. C., Campenni, C. E., & Muse-Burke, J. L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, 32(3), 247-264. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=eue&AN=53069871&site=eds-live>
- Rogers, M. (2002). Absent figures: A personal reflection on the value of art therapists own image-making. *Inscape*, 7(2), 59-71. doi:10.1080/17454830208414044
- Romanoff, B. D., & Thompson, B. E. (2006). Meaning construction in palliative care: The use of narrative, ritual, and the expressive arts. *American Journal of Hospice & Palliative Medicine*, 23(4), 309-316. doi:10.1177/1049909106290246
- Rubin, J. A. (1999). The basics. In *Art therapy: An introduction* (pp. 131-155). Philadelphia, PA: Brunner/Mazel.
- Rzeszutek, M., & Schier, K. (2014). Temperament traits, social support, and burnout symptoms in a sample of therapists. *Psychotherapy*, 51(4), 574-579. doi:10.1037/a0036020
- Schaverien, J. (1992). *The revealing image*. London, England: Routledge.
- Schaverien, J. (1999). Art within analysis: scapegoat, transference and transformation. *Journal of Analytical Psychology*, 44, 479-510. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=a9h&AN=3251706&site=eds-live>
- Schaverien, J. (2000). The triangular relationship and the aesthetic countertransference in analytical art psychotherapy. In A. Gilroy and G. McNeilly (Eds.), *The changing shape of art therapy; New developments in theory and practice* (pp. 55-83). London, England: Jessica Kingsley Publishers Ltd.

- Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology: Research and Practice*, 29(3), 284-292. Retrieved from <http://0-dx.doi.org.mercury.concordia.ca/10.1037/0735-7028.29.3.284>
- Shiff, R. (2002). "With closed eyes": De Kooning's twist. *Master Drawings*, 40(1), 73-88. Retrieved from <http://0-www.jstor.org.mercury.concordia.ca/stable/1554555>
- Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development*, 30(1), 45-58. doi:10.1023/A:1025125624919
- Smith, F. (2008). *Seeing and being seen: Self-portraiture in art therapy*. [Graduate Project (Other-thesis)] (Unpublished).
- Thomas, J. (2006). *The art of portrait drawing: Learn from the essential techniques of the masters*. Cincinnati, OH: North Light Books.
- Thompson, G. (2009). Artistic sensibility in the studio and gallery model: Revisiting process and product. *Art Therapy: Journal of the American Art Therapy Association*, 26(4), 159-166. doi:10.1080/07421656.2009.10129609
- Van Lith, T., & Voronin, L. (2016). Developing a critically reflexive practice for art therapist using external perceptions of art therapy. *Reflective Practice: International and Multidisciplinary Perspectives*, 17(2), 194-206. doi:10.1080/14623943.2016.1146580
- Wadeson, H. (1987). Structure, environment and materials. *The dynamics of art psychotherapy* (pp. 25-53). New York, NY: John Wiley & Sons.
- Wadeson, H. (2003). Making art for professional processing. *Art Therapy: Journal of the American Art Therapy Association*, 20(4), 208-218. doi:10.1080/07421656.2003.10129606
- Waska, R. T. (1999). Projective identification, countertransference, and the struggle for understanding over acting out. *The Journal of Psychotherapy Practice and Research*, 8(2), 155-161. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330531/pdf/155.pdf>
- Waska, R. (2008). Using countertransference: Analytic contact, projective identification, and transference phantasy states. *American Journal of Psychotherapy*, 62(4), 333-351. Retrieved from <http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=psych&AN=2009-16671-001&site=eds-live>

- Waska, R. (2013). Working to understand our role in the patient's mind: Countertransference and the problems of immersion. *British Journal of Psychotherapy*, 29(4), 466-480.  
doi:10.1111/bjp.12042
- Watkins, M. (1981). Six approaches to the image in art therapy. *Spring: An Annual of Archetypal Psychotherapy and Jungian Thought*, 107-125.
- Weiner, I. B., & Bornstein, R. B. (2009). The psychotherapy relationship: Countertransference. *Principles of psychotherapy: Promoting evidence-based psychodynamic practice*. (3<sup>rd</sup> ed.). Hoboken, NJ: John Wiley & Sons.
- Wilkinson, R. A., & Chilton, G. (2017). *Positive art therapy theory and practice: Integrating positive psychology with art therapy*. New York, NY: Routledge.
- Wix, L. (2011). Looking for what's lost: The artistic roots of art therapy: Mary Huntoon. *Art Therapy: Journal of the American Art Therapy Association*, 17(3), 168-176.  
doi:10.1080/07421656.2000.10129699
- Wolf, R. (1985). Image induction in the countertransference: A revision of the totalistic view. *Art Therapy: Journal of the American Art Therapy Association*, 2(3), 120-133. Retrieved from <https://static1.squarespace.com/static/538a2909e4b0cbca508e30fa/t/539f3b52e4b0b4f1b3a54493/1402944338818/Image+Induction+in+the+Countertransference%2C+1995.pdf>
- Wolf, R. I. (2010). No one can hear me scream! *Psychoanalytic Perspectives*, 7(2), 279-296.  
doi:10.1037/0735-7028.35.3.255
- Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York, NY: HaperCollins Publishers.

Figures

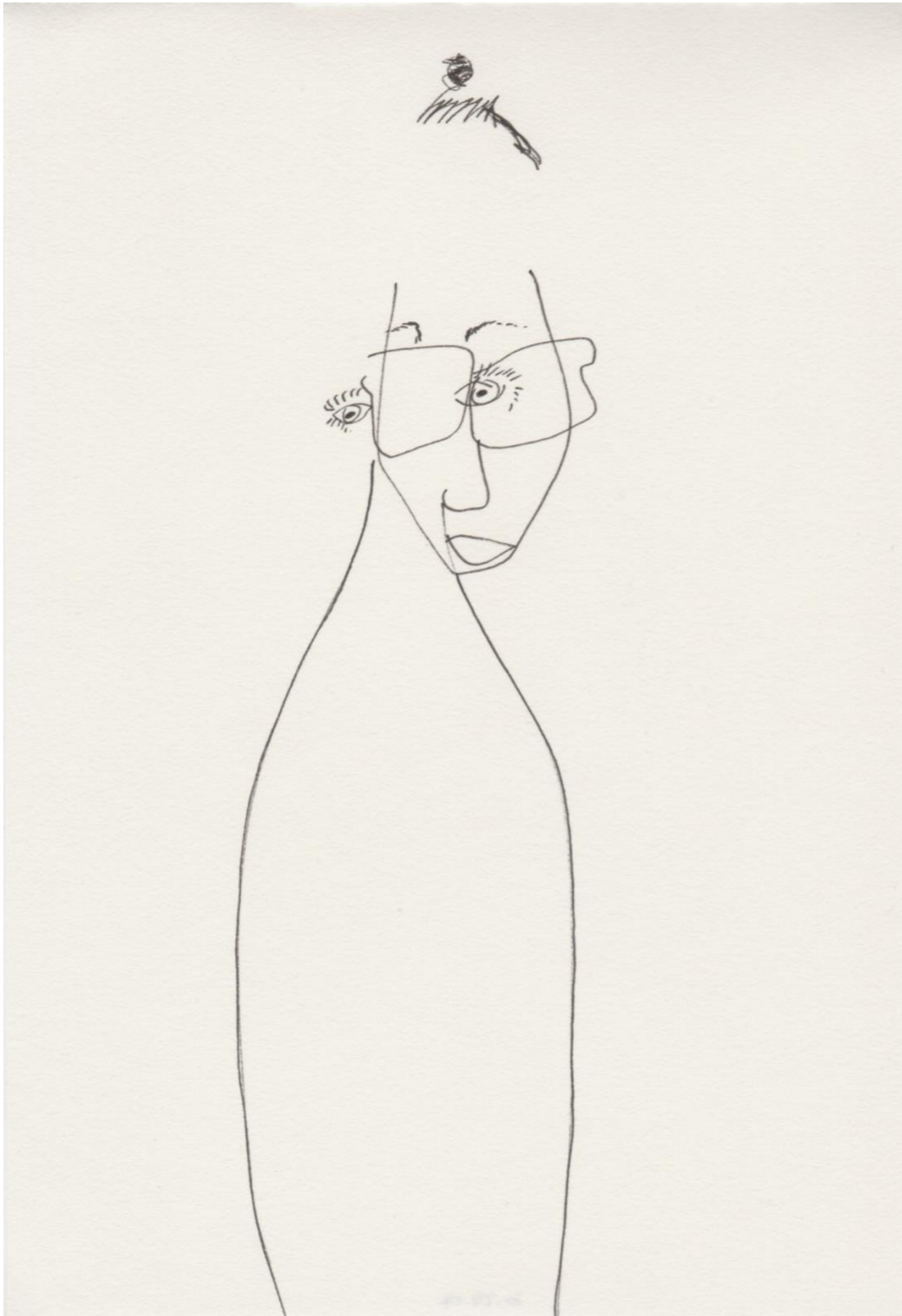


Figure 1. *The Ugly* (10.27.17). Ink on paper. 17 x 24 cm.



Figure 2. *Deflated* (11.09.17). Ink and watercolour on paper. 17 x 24 cm.



Figure 3. *Unbalanced* (12.14.17). Ink and watercolour on paper. 17 x 24 cm.



Figure 4. (11.16.17). Ink and watercolour on paper. 17 x 24 cm.





Figure 5. (12.01.17). Ink and watercolour on paper. 17 x 24 cm.