The Use of the Artist Self to Strengthen the Therapeutic Relationship

with Clients Struggling with Eating Disorders

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Abstract

The writer will explore the premise that when the art therapist utilizes his/her artist self, the therapeutic relationship is strengthened which in turn leads to healing in clients struggling with eating disorders. The writer seeks to understand what ignites the flame of the artistic self. This paper will examine creativity, art-making, and the influence of environment and developmental stages on creativity to gain understanding. The review of literature will also explore a forest of healing specifically around the population dealing with eating disorders. Healing will be broken down into the following categories: environment; increased community connection; and increased voice through expression of feeling/emotion, truth telling, reframing meaning of one's story, vulnerability, confession, acceptance of feelings and increased insight. The third area the writer will consider is variables that create the perfect weather pattern of an effective therapeutic relationship. Research will focus on a humanistic, relational, client-centered approach to therapy. The writer claims that therapist congruence and authenticity; unconditional positive regard and empathy; disclosure and boundaries profoundly impact the effectiveness of the therapeutic relationship.
Art therapists appear to live in one of two camps or somewhere on the road between the two. In one camp, the art therapists keep their individual art-making skills intentionally separate from their work as art therapists. In this camp, self-disclosure is minimal and the therapist acts as a facilitator for the client process, but never engages in art-making with the client. The focus of this camp is on the product. This camp names its work art psychotherapy. In the camp at the other end of the road, the art therapists make every effort to integrate their identity as artist into the art-making experience with clients. In this camp, authenticity is a central base for which the therapist to return. Given that the art therapist is also an artist, authenticity requires that this artist identity be integrated into the client/therapist relationship (Lusebrink, 1990, p. 10). The emphasis in this camp is on the healing power of the creative process. Moon (1999) states that this way of thinking embraces an approach that "emphasizes the goodness of art-making for both the patient and the art therapist...in this approach the art-making process is the primary element of psychotherapy" (p. 78).

The central purpose of this research is to strengthen the foundation of art therapists working from an "art as therapy" approach. Rather than a vague belief that the process of creativity is valuable, this study seeks to identify specific ways that the creative process strengthens the therapeutic relationship and leads toward healing in clients struggling with eating disorders. The writer proposes that art therapists do not always understand creative development, how to create a space that nurtures creativity in individuals from different backgrounds and brain functioning, with biases toward the art process. Furthermore, art therapists do not always have a specific protocol for how to create an environment for healing as well as be able to assess when healing occurs? This study seeks to build the healing foundation. Finally, the study purposes that if the art therapist is disengaged from the art process, then the art therapist is not fully authentic. Given that authenticity is one of the key components of a relational/humanistic model of therapy (Tantillo, 2004), the writer proposes that
healing and authenticity are linked, and the therapeutic relationship cannot be it's strongest if the art therapist is not using his/her artist self to help strengthen the therapeutic relationship.

In completing this study, the author hopes to encourage art therapists working from an integrative approach to be grounded in why they are using their artist self in therapy and how it is leading toward healing, specifically with clients struggling with eating disorders.

**Literature Review**

**Limitations and Assumptions of the Research/Researcher**

The writer holds the assumption that when the art therapist utilizes his/her artist self, it strengthens the therapeutic relationship which in turn leads to healing in clients struggling with eating disorders. This assumption influences the data that is gathered because the writer holds the belief that the creative process itself is healing.

A limitation of the research lies in the expansiveness of the topics of artist, healing, eating disorders and the therapeutic relationship. The writer finds it difficult to fully understand the breadth and depth of each category within 15-30 sources. Furthermore, the writer uncovers many applicable sources that are books but is limited primarily to peer reviewed, 1st source journal articles in this study. This research references studies and articles from the years 1954 to present. The research cited around creativity and healing in eating disorder populations is more current.

**The Artist Self**

In this paper the term “artist self” is referencing the artist within the being of the art therapist. In order to be able to understand the question, "how can the art therapist's 'artist self' strengthen the therapeutic relationship with clients struggling with eating disorders so that they experience greater healing through the artistic process?”, one must first understand the artist self. Thus, the writer addresses questions such as, (a) how does passion interact with the artist self? (b) how do cognition and the brain affect creativity? and (c) how does the environment and developmental stage of the artist affect creativity? If the above aspects of the artist are his or her fuel, what does the flame of
art-making look like once ignited, and what does the flame of art-making provide to the artist?

**Creativity.** The writer first explores the perspectives of several authors on the topic of creativity. Matisse (1954) seeks to portray the essence of the integration of internal and external worlds through creativity in the following quote:

> The first step towards creation is to see everything as it really is, and that demands a constant effort. To create is to express what we have within ourselves. Every creative effort comes from within. We have also to nourish our feeling, and we can do so only with materials derived from the world about us. This is the process whereby the artist incorporates and gradually assimilates the external world within himself, until the object of his drawing has become like part of his being, until he has it within him and can project it onto the canvas as his own creation. (p. 3, as cited in Roston, 1997)

Song, Y. K. (2007) writes about the power of creativity: "creativity is a key that opens many doors. It can produce change for the better in a wide variety of human activities ranging from the spiritual to the material, the altruistic to the personal, the practical to the idealistic" (p. 91). Luh and Lu (2012) add to Song's research with the conclusion that, "to understand the traits and aptitude of students and to provide an adaptive development is both important and beneficial to the enhancement of creativity" (p. 287). Luh and Lu go on to explore what they term "harmonious and obsessive passion". In their study, harmonious passion and creativity are characterized by flow, positive emotion, and concentration that result from autonomous internalization of the activity into individual identity. People who experience harmonious passion participate out of free will and are open to the experience. These individuals have a propensity to innovate or do things *differently*. The passion is like a perfectly dry log that fuels their flame of creativity and artistry to a consistent roar. Obsessive passion and creativity are related to negative cognition, shame, and controlled internalization of an activity. Even if the persons operating from obsessive passion like the activity, they will feel forced, and feel pressure in relation to social experience or self-esteem. These individuals desire to do things *better* and are more controlled in their
approach to problem-solving and activities. Obsessive passion is related to "neuroticism" (Luh & Lu, 2012, p. 283). This passion is like a green or rotten log that fuels a temperamental and unpredictable creative, art-making flame.

Madjar, Chen, and Greenberg (2011) explore creativity within the context of the work environment. They explore radical or "divergent" creativity in contrast to incremental or "adaptive" creativity that seeks to incrementally build on existing ideas. These researchers emphasize that one type of creativity is not superior to another. However, the style in which a person approaches creativity will impact routine performance and commitment to a cause. Routine performance is related to incremental creativity and commitment to a cause is related to radical creativity. In this study, the researchers also explore “two personality characteristics, willingness to take risks and conformity” (pp. 731). The authors find that an innate willingness to take risks is linked to radical creativity and a tendency toward conformity is linked to incremental creativity.

Riley (2004) adds to the exploration of creativity in light of the brain. She proposes that it is through the art-making experience that the brain is fully integrated, allowing creativity to emerge in each person. She states:

..the right brain is fast-acting and specializes in sensations, images, and nonverbal meanings of words...metaphor, paradox, and humor....when we ask our clients to project an image [right-brain activity] and contemplate the meaning of the image [left-brain activity], we are offering an opportunity for an integrated experience that can lead to choices. (p. 185)

Riley adds that making an art form involves "movement, tactility, vision, memory, and imagery, involving all the brain functions" (p. 189). The writer concludes through these findings that the integrated brain with an openness to trying new ways of doing things is the dry fuel for the art-making fire. And a divided brain that focuses only on doing things "better" results in wet or rotten fuel for the fire of creativity.
Influence of Environment and Creative Development. Roston (1997) writes about how the environment within which a person grows up affects the quality of fuel for art-making and creativity. She states, adult creators describe their childhood as "having a playful and recreational attitude toward talent and development, high standards for performance, and motivation to work hard" (p. 178). Roston's research reveals that this playful and recreational attitude tends to become "inhibited" as people progress from childhood, to adolescence, to adulthood. She reports that developmentally, acquiring "evaluative skills" leads to more "conventional artwork, more realistic and less creative" (p. 177). There appears to be an "inhibiting" focus on realistic renderings that preoccupy children in middle childhood. She continues that older children tend to spend more time choosing and arranging objects before drawing, tend to form simpler groupings and tend to spend more time on life drawing only verses experimental art-making. Furthermore, their images are more personalized with very little experimentation (p. 189). The fuel for creative art-making over developmental time appears to move from perfectly dry wood to dampened and tainted fuel if creativity is smothered by a focus on realism, perfectionism, evaluation, and pressure to perform. Furthermore, the research shows that art-making itself has the power to "dry out the wood" when both sides of the brain are accessed through the process, in turn fueling the creative flame.

Roston (1997) suggests that preparing the fuel for art-making throughout a life-time of human development requires "time, talent development, knowledge, work, and emotional pre-occupation with tension between inner and outer worlds" (p. 190). Fleming (1993) would add that the artist has a need for "solitude, time, and artistic stimulation" (p. 2). Furthermore, "early loss is often considered a factor in the development of creativity, used as a way to comfort self in the face of pain, grief, and hurt" (p. 2). This statement suggests that individuals who have had to endure hardship in early development have possibly accessed their innate creativity to a greater degree than those who have not.

Art-making and Artist Characteristics. With the above mentioned facts in mind, the writer now examines the art-making flame itself when roaring and consistent, offering warmth, comfort and
light to the artist. Moon (2003) states, "I make art to live in a mindful way (p. 13)...the process of art is a metaphor for life itself in that as the artist works, she/he has ultimate power to change the piece...making art becomes an introduction to free will and the power of selection and creating. Creating empowers" (p. 19). Lachman-Chapin (1993) depicts the artist experience. She calls the art process "self-indulgent" with a focus on one's own needs and how to meet these needs. She states that "the artist exposes the self and skill to anonymous others and needs the other to see, accept, understand, respond, discuss, and buy art." She explains that pursuing art professionally is a "lonely and needy occupation that needs longer periods of time to reach subconsciousness.” During these long periods of time, the artist's own "imagery becomes out-bursts of passion...conflicts become obsessions...and the point of the art is to let go as much as possible" (p. 9-10). Moon (2003) adds, "my work as painter is all about wrestling with anxiety that forms in response to an awareness of these ultimate concerns of life...freedom, aloneness, guilt, sense of responsibility for one's life, the inevitability of struggle and death, and a deep longing for meaning" (p. 12).

**Summary.** The writer's first exploration of the artist self-posed the question, "if passion, cognition, brain functioning, environment, and creative development are the artist's fuel for the fire, what does the flame of art-making look like once ignited?" The writer concludes that the fuel of creativity is related to harmonious versus obsessive passion and an openness to try new ways of doing things rather than focusing on the best way (Luh & Lu, 2012, p. 283). Studies find that an environment that fuels creativity is one that is playful and recreational. Furthermore, perfectionism, evaluation and pressure to perform tend to douse the fuel of creativity (Roston, 1997). The flame of art-making emits a willingness to expose oneself, focus on one's own needs, live in a mindful way, and wrestle with the assimilation of one's internal and external worlds. The above mentioned research indicates that this flame is given oxygen to continue burning through time, talent, hard work, solitude, stimulation, and perhaps even hardship (Fleming, 1993; Roston, 1997).
Healing in Clients Struggling with Eating Disorders

The writer next explores the forest of healing that can become home for those struggling with eating disorders. The following metaphorical questions are considered: What are the characteristics of the moss of the forest? What nutrients create a environment for growth that nurtures the moss? How do the interconnected ecosystems facilitate healing growth for the moss? Lastly, what does it look like when the client's nurtured moss and the forest together sing a song of healing?

**Eating disorders.** The writer first provides an understanding of eating disorders. Barth (2008) explains eating disorder symptoms in the following text:

> [these symptoms] can appear in "normal" short-lived adolescent experimentation with dieting, binging, purging, and/or over-exercising. They can manifest as long-term, chronic and dangerous restriction, compulsive and/or chronic overeating with or without purging, and/or excessive amounts of physical activity. (p. 356)

Through her 30 years of work with this population, Barth (2008) has found there is no consistent "family type" that "predicts" or "explains" all eating disorders. Many individuals with eating disorders, nonetheless, experience problems related to early attachment and affect regulation. These individuals are often "bright" and "articulate" speaking freely of feelings, but may experience an inability to use these thoughts or words to process emotions (p. 357). Seigal (1999) describes attachment as "an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant care-givers" and adds that "attachment establishes an interpersonal relationship that helps the immature brain use the mature functions of the parent's brain to organize its own processes" (p. 67). In other words, if the primary interpersonal relationships in a developing child model difficulties regulating, accessing, and/or expressing emotion, the child will also experience difficulty over time with these skills. Barth (2008) expands on this idea noting that, "for many clients food and eating behaviors function to soothe and re-stabilize in the face of disruptive emotions." Furthermore, the behaviors are sometimes a way of "maintaining attachment to and
individuating from needed and loved 'objects'''' (p. 359). Furthermore, a gradual process of naming, talking about and accepting tolerable feelings leads to a sense of feeling understood (Fonagy, 2002) and contributes to attachment security and safety in the therapeutic relationship.

Through this discussion of individuals struggling with eating disorders the writer intends to help the reader understand the moss which has potential to grow or die in the therapeutic forest of healing.

**Environment for healing and growth in reference to eating disorders.** Barth (2008) explores the idea of the therapist acting as a safe haven for the client. This safe haven is nurtured by a non-judgmental inquiry about "apparently insignificant aspects of a client's daily life along with a genuine acceptance of a client's anxiety about trusting the therapist" (p. 359). She explains that "non-judgmental curiosity about a client's actions and choices works as both a model for and an entry into self-understanding and self-regulation" (pp. 359-360). Barth (2008) explores the client's process to feel safe enough to share authentic feelings and shameful experiences with the therapist. She indicates that boundaries, limits, a reasonably flexible environment and maintaining a stance that "no feeling is wrong" helps the client who has hidden an eating disorder feel safe enough to share about it as well as move forward once the secret is out" (p. 363). In a sense, Barth's insights reveal the therapist not only *creating* an environment for growth but also *being* the fertile environment for growth.

Jonas & Crawford (2004) suggest that healing is fed by a holistic focus on the "spiritual, emotional and mental aspects of the self" (p. 752). These authors find the following two important nutrients that the Healer must bring to create climate that sustains growth: (a) love defined as a deep emotional connection with the spiritual or divine aspect of another person...and (b) good intention defined as holding a positive and altruistic intention for the other (p. 752).

Studies conducted from a humanistic point of view indicate that the emotional climate that a therapist creates greatly affects the healing growth of the forest. Chodron (1997) indicates that an open nonjudgmental space allows people to feel. It is in this space where one is free from his/her own perspective of reality. This freedom frees up energy to hear other's
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stories and feel what they feel. It is in this place that people are able to communicate openly and freely.

Hook & Hook (2010) propose that an "attitude of grace that comes from a personal understanding of grace rather than a formula" is part of the healing climate (p. 309). Miller & Crabtree (2005) claim healing movement to be away from the infertile ground of "reductionism" and "perfectionism" and toward fertile ground of "abundance, generosity, compassion, humility, and prudence" (p. 47). Jonas & Crawford (2004) add that a fertile healing environment focuses on a "universal dimension...connected to each other and connected to the divine" (p. 753).

Other nutrients of a healing climate mentioned by Stiver (2000) are authenticity and mutuality, especially mutual empathy and mutual empowerment (p. 248). Miller (2005) points to respectful interaction, a mix of "rich and lean" conversation; trust...and creating a "facilitative space" where defenses can be let down and emotions shared for deepening self-awareness and sense-making (p. s-45). He discusses that there is by nature a power imbalance between the clinician and the client. Thus, the therapist needs to create a climate of "shared power...holding on too tight to control of the content of the encounters can cut off the voice of the patient" (p. s-44). In order to let go of control, the therapist must be very "mindful and aware, able to shift out of routine, hold intention lightly, and attend to the process" of the client (p. s-45). Johnson expands on this "process of the client." He states, some clients need a lot of space, silence, and patience to grapple with what is going on inside and to come up with their own words. Other clients need very active engagement, lots of dialogue and aliveness or else the therapist is experienced as too far away and as not caring. (p. 236)

Hook & Hook (2010) explore how to create a healing environment in a group setting. The authors indicate the therapist must keep strong boundaries such as "confidentiality; no judgments of criticisms; no advice giving; do your own work; it is okay to pass; do not dominate; and have consistent attendance" (p. 311). Koff (1997) also identifies nutrients of a healing community: (a) order is essential; (b) all individuals must be accorded with equal worth; (c) all individuals have a need to
contribute and belong; (d) all problem-solving is based on mutual respect (p. 26).

These findings suggest that from a relational/humanistic therapeutic perspective, the majority of nutrients for a healing environment exist within the therapist rather than outside the therapist. In a group setting, however, the therapist regulates the flow of nutrients into the group.

**Increased community connection resulting in decreased isolation.** The relational/cultural model of therapy claims that "healing occurs not through increasing separation but through increasing connection" (Stiver, 2000, p. 248). Tantillo (2004) proposes that this model of therapy is effective with eating disorder clients because patients usually suffer from a pervasive lack of "perceived mutuality in relationships, and often experience a simultaneous intense hunger for and fear of mutual connection" (p. 61). These intense feelings juxtaposed often create shame in the clients who struggle with eating disorders as they fear needing too much. Barth (2008) adds, "clients who hide symptoms from their therapist also frequently hide them from other important people in their lives" (p. 357). Johnson (2006) explains "a key aspect of the shame sequence is hiding. Internally it feels urgent that the other does not find out about this hidden part of our lives or personality" (p. 225). Thus, the only safety for one struggling with shame is in withdrawal and isolation, “...these individuals cannot move beyond their inner world of thought into expression because fear of exposure, attack, and ridicule is too great" (p. 226).

Tantillo (2004) describes a relational therapy approach to clients struggling with eating disorders. She proposes that an individual struggling with this addiction is able to let go of symptoms when she/he is able to: (a) identify connections between her relationship with food and her relationships with self and others; (b) develop mutually empathic and empowering relationships with others inside and outside the therapy office (p. 53).

Miller & Crabtree (2005) also state, "healing often occurs outside the clinical relationship...it emerges from many different relationships" (p. 44). These authors depict a "healing landscape" approach that expands attention into the community. The therapist is just one old growth tree of
strength in the forest of healing. Relationships, home, work, church, play, even the shopping center
might be other trees with root systems that can provide interconnection, growth and healing to the
client with an eating disorder (p. s-48). The therapist may be an important "catalyst" for healing; a root
system providing the moist, dark, environment perfect for growing moss and connecting other flora.
The moss, does not stay however on one tree. As it is nurtured and watered, it crawls to the next tree's
root system, and the next, and the next. As Hutch (2000) explains in his perspective from a medical
model:

  the healer's mandate...is to learn how to see disease in terms of the whole (gestalt) of
  which it is but one or several parts of functioning together...healing must give priority to
  the integration of the self as a unified field of embodied awareness, and then allow the
  patient to dwell in his or her habitus long enough to bring about healing. (p. 389)

Koff (1997) emphasizes connection, contribution and cooperation from an Adlerian approach to
healing. Hook (2010) examines a specific model for group therapy called "the Healing Cycle." This
model encourages explicit interpersonal interaction as the core mechanism of change (p. 308). The
above referenced research indicates that the moss takes time to grow in the fertile forest as a client with
an eating disorder takes time to heal in his or her "habitus" of human connections. Furthermore,
Herman (1992) observes that resilient moss that continues to grow despite obstacles is created through
active-task oriented coping, purposeful action, and an internal locus of control. The writer takes time
next to explore further this "internal locus of control" in the form of the client's own voice.

**Voice: resounding a song of healing.** The writer's research indicates that when a climate for
healing in the forest has been nurtured, the moss begin to spread amongst the old growth root systems
of strength. If standing in the center of the forest, one might begin to hear songs of healing. Songs of
insight, mindfulness, vulnerability, confession, ownership and acceptance form an orchestra of new
meaning that resounds throughout the old growth forest.

  Miller & Crabtree (2005) speak to how healing is unique for each individual. They emphasize
the importance of gaining insight and understanding in each part of identity: (a) history; (b) family; (c) genetics; (d) communities; (e) cultures; (f) heroic narratives (p. s-42). Johnson (2006) also focuses on insight. In her research she states, "for growth to happen the client must be willing to become self-reflective, experience what he or she is feeling and share those experiences with the therapist" (p. 236).

This example echoes Hutch's (2000) statement that, for healing to occur, "the focus must be to turn inward for the cure rather than externalizing the disease and looking for any 'sanctioned modality' to make them better (p. 392)." Hook (2010) claims that an "experience of grace within a context in which one can be vulnerable with truth telling about stories that the client is making up" results in healing for the client. Furthermore, as the client is able to focus on confession and ownership rather than blaming others for issues with which they struggle, the client learns to sing a new melody that echoes empowerment throughout the forest trees.

Hutch (2000) and Johnson (2006) address the concept of reframing meaning. Hutch defines the concept from the shamanic perspective. He states that reframing is the process of responding to one's "destiny itself as a soul-making endeavor that transforms darkness into light which illumines the inner recesses of lived experiences" (p. 394). Hutch references the "wisdom of surrender" which is an understanding of "things unseen" (p. 397). Johnson (2006) suggests that part of this "surrender" creates a shift away from perfectionism. She states that healing happens when one recognizes that "life is a process and seeking permanent perfection is a recipe for shameful failure and depression" (p. 240). Hutch (2000) adds that part of the new melody sung by a forest in healing is a teleological perspective on life. "Teleology provides a rational account of the long-range purpose of life; whatever happens in life, even misfortune, serves to confirm this long-term vision" (p. 394). The writer concludes from Hutch's research that if people have this perspective, they are able to let go of the story they tell themselves that they must do things perfectly. The release of pressure to be perfect allows people to become more vulnerable with others, writing a fluent rather than disjointed song of healing.

Summary. The research referenced shows that if therapists want to create a healing
environment for the client struggling with an eating disorder, they must ask themselves before engaging in therapy if they are able to provide love, good intention, an attitude of presence, abundance, generosity, humility, compassion and boundaries to the client (Jonas & Crawford, 2004; Hook & Hook, 2010). Therapists need to recognize that individuals struggling with eating disorders often isolate and hide due to felt shame (Tantillo, 2004). Clients also often have experienced problems with early attachment and an ability to access, express and regulate emotion (Barth, 2008). Helping these clients make connections between their relationships with food and with self and others supports fertile growth in their forest of healing. Developing and strengthening empathic relationships both in therapy and outside of therapy will aid in helping them eventually sing their own song (Tantillo, 2004, p. 61; Johnson, 2006, p. 225-226). Furthermore, the healing may begin within the client/therapist relationship, but long term healing needs to take place in the "habitus" of the client over time (Hutch, 2004, p. 389).

Research indicates that healing is unique for each client. Finding one's own song of empowerment and fluidity comes through insight, ownership, confession, and reframing perspective and meaning (Hook, 2010, p. 314). Lastly, finding one's voice is nurtured in a relationship that is a "safe haven" for the person struggling with an eating disorder (Barth, 2008).

The Therapeutic Relationship

Thus far, the writer has examined the flame of the artist self and the nutrients that nurture a forest of healing. The therapeutic relationship acts as the weather system that has impact on the fire and the forest. When the weather is cool and damp, the flame of the artist self and the beauty of the forest are able to co-exist and create an aura of beauty and light. The flame provides warmth to the cool forest. However, if the weather system is hot and dry for extended periods of time, the forest dries up, the moss stops crawling, and the flame of the artist self grows into a raging forest fire that overtakes rather than embellishes the beauty of the forest. Thus, it is essential that close attention be paid to the therapeutic relationship. The areas the writer researches in this study include therapist
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congruence/authenticity, unconditional positive regard/empathy and disclosure/boundaries.

**Therapist congruence/authenticity.** Carl Rogers (1966) terms "therapist congruence" and explains this concept to involve "self-awareness; that is, the therapist's feelings are available to him--to his awareness--and he is able to live them, to experience them in the relationship, and to communicate them if they persist (p. 12)."

Kwiatek, Mckenzie, and Loads (2005) broadly define development of the therapeutic self as "the process of the individual evaluating the effect of his or her characteristics, values, and practice in interactions with others, and the extent to which this brings development and insight" (p. 28). These authors explain that knowing the "self" involves moving away from ways of working that inhibit focusing on the client's needs. Rogers (1961) terms this a "client-centered" approach to therapy. He suggests that the therapist must take time to find his or her own weaknesses as well as personal connectedness and places of wholeness to communicate the possibility of wholeness to the client through his or her being, without words or techniques.

Moon (2003) also re-enforces the importance of authenticity and congruence in the therapist's being. He states, "It is necessary for art therapist to continually strive for self-awareness. It is impossible to have an authentic relationship with another person if one is out of touch with his/herself" (p. 17). Tantillo (2004) echos the above ideas. In her writing she states, "humanists view authenticity in the therapeutic relationship as a necessary ingredient for patient self-disclosure, trust, self-knowledge, increased intimacy, healing and psychological change" (p. 55).

Because the therapist is also human, it is likely that during the course of a relationship with a client, she or he will experience uneasy, confused, and at times helpless feelings. Johnson (2006) states that these feelings "indicate the therapist is carrying shame about the potential failure of the therapeutic relationship." She emphasizes the usefulness of being aware of a tendency to create a "healthy-therapist-sick patient polarization" in an effort to protect one's own pride. In contrast the therapist also has opportunity to create a "truly human relationship" (p. 235). Johnson expands on this idea with the
Every time the client/therapist relationship can go through a small rupture, the client builds the capacity to see the therapist as human, capable of making mistakes and apologizing for them. This experience helps the client stay out of the 'either/or' world where one person is cast out of the relationship. (p. 237)

This research supports the idea that if the therapist is able to stay grounded and congruent with his or her strengths, weaknesses, and experiences as a human being, his or her presence has potential to contribute to a weather system of healing. This weather system is saturated with authenticity and congruence, providing enough moisture to keep the forest green and flourishing.

**Unconditional positive regard: empathy.** Unconditional positive regard and empathy are the second and third essential ingredients in the therapeutic relationship (Rogers, 1966, p. 11). According to Rogers, "unconditional positive regard means that the therapist communicates to his client deep and genuine caring for him as a person with human potentialities" (p. 13). He goes on to explain that only from a congruent self can the therapist give unconditional positive regard. Furthermore, when the therapist is deeply empathic, "perceives experiences and feelings accurately and sensitively, and...understands their meaning to the client," (p. 15) the client is able to feel unconditional positive regard hovering in the air.

Kwiatek, McKenzie, & Loads (2005) conduct a study with practitioners about self-awareness and reflection and the use of the "self" in therapy. These researchers find that "reflective" practitioners, those willing to take the time to understand the world of the client, give care that is responsive, warm, and driven by the needs of the individual (p. 29). This study purports that the "knowing process" concerning a client includes reflecting on questions such as:

1.) Who is this person and how must he or she be feeling?

2.) What event brings this person here and how has this effected his or her normal life?

3.) How does this person make me feel?
4.) How can I help this person and what support does he or she have and need?

5.) What is important to this person?

6.) How does this person view his or her future? (p. 30)

Kwiatek, McKenzie, & Loads (2005) emphasize three main points of empathic air temperature.

Empathy is (a) the ability to see the world as others see; (b) being non-judgmental; and (c) understanding another's feelings and communicating that understanding (p. 30).

Joseph (2006) builds on the importance of understanding the client's perspective. He explains that the therapist must understand the socio-political context impacting relationships as well as 21st century power struggles and societal pressures in order to understand the social/racial reality of the client (p. 32). The unconditional positive regard and empathic air temperature surrounds and infiltrates growing ecosystems in which moss can thrive.

**Disclosure/boundaries.** The writer's research indicates that therapist authenticity does not equal self-disclosure (Tantillo, 2004, p. 58). In her writing, Tantillo evaluates using self-disclosure for eating disorders in the relational therapy approach. She indicates self-disclosure is aimed at fostering a sense of mutual connection but also needs to convey to the patient that the therapist understands and accepts the patient's tendency to fear mutual connection (p. 59). Authenticity can occur through verbal means (e.g. validation and reflection), and through non-verbal means (e.g. being attentive and emotionally present in the moment to moment interplay of therapy) (p. 58). If a therapist chooses to disclose in this situation, Tantillo emphasizes the need for a clear rational. For instance, to (a) provide validation; (b) provide empathy; (c) move from "me" to "we"; (d) focus on normalcy; (e) move through disconnection; (f) share experiences; (g) use humor; (h) convey flexibility to an openness to change; (i) use irreverence to convey concern about the impact of a behavior; (j) share relational dilemmas; or (k) apologize (p. 68). Tantillo explores the ethics of disclosure and indicates that it is ethical to withhold disclosure if it is:

1). Primarily meeting an unconscious/unresolved or conscious therapist need (e.g.
validation or acceptance).

2.) Used as a strategy for disconnection (e.g. use of humor to distract).

3.) Used as a means to manipulate, control, or be intrusive with the patient.

4.) Is an assault of attack versus an invitation to engage in authentic connections.

5.) Reflects a disrespect of the patient's relational images, meanings, or patterns.

6.) Would be followed by the therapist's being unable or unwilling to discuss the patient's responses to the disclosure. (p. 69)

Tantillo also considers the following contextual factors to consider when using self-disclosure:

1.) Purpose of therapy.

2.) Stage of therapy.

3.) Power dynamics in relationships.

4.) Need in the therapeutic relationship at the given time.

5.) History.

6.) Strengths and vulnerabilities of the patient and therapist.

7.) Availability of time to deal with the disclosure.

8.) Therapist level of self-care and stressors (p. 68).

Kwiatek, McKenzie and Loads (2005) also discuss ethical decision making from a humanistic and holistic perspective in their research. They explore using the self in therapy and claim that it's important for the therapist to "choose priorities that are based on a client/staff partnership" (p. 28).

Hook & Hook (2010) also touch on the ethical issues involved with self-disclosure in a group setting. These researchers state, "self-disclosure by therapists has been a controversial issue. Concerns...include taking a focus away from the group member, being too directive, and using the member to work through one's own issues." Hook and Hook (2010) claim that self-disclosure must be purposeful, and done for the benefit of the group. Stiver (2000) explores therapeutic boundaries and the reality that risks need to be taken for change to occur. She poses that the most general answer to the question of
how to maintain boundaries is that "whatever moves the relationship from disconnection to reconnection to new connection, serves as our guide for all interventions" (p. 248).

More specific boundary concerns such as countertransference and transference are often mentioned in therapeutic settings when considering disclosure and the therapeutic relationship. Wolf (1985) defines countertransference as "the therapist's unconscious reaction to his patient, based upon the therapist's early object internalization" (p. 129). More current explanations of countertransference see it as a "tool" rather than a "deficiency" to be used to better understand the client's transference, or self as connected to other objects. Transference then is the client's unconscious reaction to the therapist based on his or her early experiences in life which can be used as a tool if approached in an intentional way (p. 129).

The greatest danger and difficulty in countertransference is a paranoid or phobic attitude toward the therapist's own feelings. The therapist may be flooded with feelings of rage, anxiety, love, etc., in relation to one's patient. The danger also lies in being passive to the countertransference and at its mercy leading to an unconscious avoidance or denial of feelings (Klorer, 1993, p. 225).

As a therapist, having boundaries and the insight to know when to disclose or not to disclose is like holding the wind in one's hands. Releasing the wind slowly creates a light breeze that nourishes the forest. Releasing the wind in full force creates a storm that fuels an uncontrolled sense of danger to the forest and the moss attempting to grow within.

**Summary.** The writer concludes from the above research that if authenticity and congruence seep out of the therapist as moisture seeps from the saturated ground, then an environment is created for unconditional positive regard and empathy to evaporate and integrate into the air temperature of the forest.

The research reveals that self-reflection influences the therapist's ability to have unconditional positive regard and empathy. Three components of empathy the writer notes include: (a) being able to see the world through another's eyes; (b) understand the feelings that are being communicated; and (c)
hold a non-judgmental attitude (Kwiatek, McKenzie, & Loads, 2005, p. 30). Rogers (1961) adds that when the therapist is able to create an empathic relationship grounded in congruence, he/she is prepared to think about ethical and contextual reasons for holding boundaries as well as commit to honesty even when there are unpleasant feelings involved. A congruent, empathic therapist is also strong enough to follow through on convictions as well as release the wind of insight and knowledge through disclosure when appropriate (Tantillo, 2004). Stiver (2000) states that the focus of when to release the wind and how much is based on what moves the relationship from "disconnection, to reconnection to new connection" (p. 248).

The therapist needs to be mindful and present to understand the perfect mixture of moisture, air-temperature, and wind speed to allow the fire and forest to co-exist with an aura of beauty, warmth, and light.

**Final Summary of the Literature Review**

In this study, the writer proposes that when the art therapist utilizes his/her artist self, the therapeutic relationship is strengthened which in turn leads to healing clients struggling with eating disorders. The writer seeks to strengthen the foundation of art therapists working from an "art as therapy" approach (Lusebrink, 1990). This foundation is strengthened by gaining insight around the flame of creativity, a forest of healing in eating disorder clients, and the weather system of the therapeutic relationship that nourishes both the flame and the forest. Most importantly, the writer challenges art therapists to know why they are using their artist self in therapy and how it is leading toward the client's healing.

The writer draws a strong correlation from the research between therapist congruence, authenticity and a healing climate for clients with eating disorders (Barth, 2008). The writer is interested in how use of the artist self fits into this correlation by adding to authenticity and therapist congruence. Moon (1999) comments on therapist congruency, "We as art therapists cannot shield ourselves from our own powerful feelings. Yet, we cannot afford to be consistently overwhelmed and
traumatized by our patients either...making art provides a healthy, practical, and authentic mechanism for the art therapist to handle the intense feelings that accompany clinical work (p. 81). Research indicates that personal art-making in session with clients provides the basis of an authentic relationship with self and others and helps focus attention in session. It also helps in the transition from work to personal life (Moon, 2003 p. 11; Fish, 2012, p. 139).

Another strong correlation the writer finds in the research is between empathy and unconditional positive regard and a safe, healing environment for eating disorder clients (Stiver, 2000). The writer claims that using the artist self helps to facilitate an empathic and safe environment for the client. Moon suggests that establishing empathic relationships through the use of responsive art:

1. Gives therapists opportunity to get in touch with how client presents himself/herself.
2. Provides a mechanism for circumventing the clients resistive "I don't care" defensive behavior.
3. Allows the object of the art to become the mediator of interactions.
4. Provides means to honor how the client feels about him or herself and the world, providing understanding. (Moon, 1999, p. 79)

The research reveals that individuals struggling with eating disorders often have had traumatic experiences with early attachments (Seigal, 1999), and thus did not learn at a young age how to access emotion and feeling, accept their emotions without judgment, and use their emotion as information to communicate their needs to others. The writer finds a strong correlation between healing in clients diagnosed with eating disorders and healing in relationships. For this population, relationship develops through a gradual process of talking about and accepting tolerable feelings leading to a sense of feeling understood (Fonagy, 2002). Moon (1999) explores use of the artist self in this gradual process by approaching art as imaginative, interpretive dialogue in which "the artist-therapist always projects her or his own feelings and thoughts into the artwork she or he creates in response to the patient-artist. Typically, the patient-artist is inspired to make another image in response to the therapist's response"
Upon considering this creative dialogue, the writer notices a connection between a therapist's discretionary use of disclosure (Tantillo, 2004) and the need for gradual exposure in clients struggling eating disorders, shame and acceptance of negative emotions. The writer concludes that the art therapist using his or her artist self in therapy must also use discretion when sharing about art that is created in session. Wolf (1985) supports this idea that direct sharing sometimes is appropriate, but may be much too threatening for some patients. "Patients who have had traumatic experiences with early objects that were intrusive and didn't promote a healthy sense of personal boundaries may become quite threatened by the therapist's direct sharing of material" (p. 132). Thus, sometimes it is appropriate for the therapist not to share, but to internally experience a greater connection to the client's story.

Furthermore, there appears to be a correlation between therapist congruence, and navigating countertransference in an ethical way. Wolf (1985) states, “it is important to note the possibility that the analyst's image may spring forth more from his own unresolved personal conflicts than from the patient's own psychic material” (p. 132) However, "this image making can also result in a profound sense of being understood" (p. 132). Wolf (1985) continues:

If the analyst utilizes his/her own inner creative resources by making creative art materials available to both the patient and the analyst during the analytic session, he/she may significantly widen the range of reception of these projections to include visual images. These images must then be used within the session and explored in an open and often playful way in order for the patient and analyst to more fully identify and understand their significance. (p. 130)

The writer finds a relationship between a playful, creative environment void of evaluation and pressure to perform on ease of creative expression (Roston, 1977), and the impact of unconditional positive regard, non-judgment and empathy on a fertile environment for the eating disorder client to access and express feelings (Chadron, 1997; Barth 2008). The research indicates that clients struggling
USE OF ARTIST SELF IN THERAPY

with eating disorders often hide and/or struggle to identify feelings and emotions (Barth, 2008). The artist self can be used to create a playful environment through collaborative art-making in session.

The research indicates that congruence, authenticity, flexibility and fluidity interact consistently with a harmonious creative process (Roston 1997). The writer concludes if the art therapist creates a flexible, non-judgmental environment, healing is more accessible to the client struggling with an eating disorder. Riley (2004) comments on the art-therapist's flexible and fluid role:

If we as therapists take a "non-knowing" stance, are curious, and are open to reading the client's map, we can enter into the imagery of our clients and wait to discover if our visions are similar. We can rely on the art images to illuminate their vocabulary, and we can continue to dialogue until we understand their significance. (p. 187)

Klorer (1993) adds caution that “since an art therapist is also an artist, he/she must be careful not to let his/her enthusiasm for the quantity or quality of a person's art products influence her/him unduly” (p. 220).

The writer observes another correlation between the artist wrestling through the art process with ultimate concerns of life and the anxiety that forms in response to life (Moon, 2003), and a client who uses food to soothe and re-stabilize disruptive emotions (Barth, 2008). The writer concludes that as the client diagnosed with an eating disorder begins to use art to soothe and wrestle with disruptive emotion, healing can happen. Furthermore, Moon (2003) states that the art therapist can model this process when actively engaged in her/his own expressive art tasks (p. 18).

Creativity correlates to healing in clients struggling with eating disorders through nourishing feeling and integration of external and internal worlds (Matisse, 1954, p. 3); this integrated experience can lead to new choices (Riley, 2004, p. 185). Through offering an experience of free will and the power of selecting and creating through art, the client struggling with an eating disorder begins to acknowledge, own, and accept his or her own thoughts, feelings and experiences. The creative process in which the object of the drawing or painting becomes a part of the artist's self may parallel the client's
healing process of integration of self (Hutch, 2000, p. 389).

Another relationship the writer notices is between a person-centered approach (Rogers, 1996) and the client diagnosed with an eating disorder's engagement in the art process and creativity.

Research indicates that the creative environment ranges from playful and recreational to rigid and pressured. This environment can affect one's approach to creativity, ranging from harmonious to obsessive passion (Roston, 1997). Riley (2004) reflects on integrating the artist self in this correlation. She states,

In collaborating with clients as art therapists, we must be aware that no two brains are alike, that every image has a unique meaning to the art-maker. The art therapist must have dialogue about the art and even then the art therapist can never see "exactly" as the art-maker sees. (p. 185)

(Moon, 2003) focuses on five basic uses of responsive art-making that support a person-centered approach to the creative process:

- to develop empathy through replication of a client's imagery
- to clarify feelings
- to explore preconscious and unconscious
- to help differentiate affect
- to explore the relationship (p. 79).

Research draws a parallel between a caring, safe, congruent relationship and a sustainable therapeutic relationship that is able to weather challenging "bumps." Riley (2004) states, “there is a need to continually mirror feelings through the art...and piece together issues for the client to experience care and connection...for there to be enough safety to be able to disagree at times or suggest new techniques to the client” (p. 233). Sometimes the therapist acts as an agent of "contrast"--challenging the plausibility of explanations of art, asking questions, suggesting alternatives (Kapitan, 2008, p. 55). Research indicates that engaging in this authentic relationship with a therapist leads to
decreased isolation (Johnson, 2006), increased acceptance of emotion, and increased ability to communicate with others. The art therapist must be prepared to function both as an artist and teacher, as well as therapist. In helping clients become more skillful artists, they are able to communicate more effectively (Klorer, 1993).

Lastly, the writer finds healing in clients struggling with eating disorders correlates to an internal locus of control and also to a connection to people outside of oneself (Tantillo, 2004). Vick (1999) writes about different forms of "creative dialog" that the art therapist might use to empower the individual, strengthen the therapeutic relationship as well as strengthen relationships with others: "collaboration, working together on a single piece, independent but parallel works, group projects, and reflective work " (p. 216).

The writer finds the research to support the claim that when the art therapist utilizes his/her artist self, the therapeutic relationship is strengthened which in turn leads to healing in clients struggling with eating disorders.

**Future research**

The studies of creativity were conducted with students who had parental support for creativity and who had high motivation. Further research needs to be done on the effect of weak support systems or lower socio-economic status on creativity (Rosten, 1997). More research could also explore how individuals with a stronger left brain than right brain functioning benefit from a focus on creativity. Further research could examine how loss during early development might affect the development of creativity in clients diagnosed with eating disorders. For instance, does the individual's creativity become less "incremental" and/or more "radical" as he or she heals from an eating disorder? Or how does healing in the client struggling with an eating disorder impact risk-taking in art-making?

Areas of research that need more focus are creative development and the impact of environment; the brain's connection with creativity; and specific art interventions within the population of individuals struggling with eating disorders. For instance, what is the best approach with 12-13 year
olds compared to 25-26 year olds?

The research is strong in its exploration of relational/cultural and humanistic models and weak in its references to other forms of therapy. Research indicates that treating eating disorders can be approached holistically, and the relational/humanistic form of therapy is one aspect of the forest that can be an important piece of healing in eating disorders. More research could be done around psychoanalytic/psychodynamic approaches, Dialectic Behavioral Therapy and Mausley's approach to healing eating disorders. Integrating the artist as therapist may or may not be appropriate for the goals of the above listed approaches.

Finally, in this paper, the writer references the perspectives of therapists. More research needs to be done from the perspective of the client around the value of art therapists using their artist selves in the therapeutic relationship.

Description of Problem Implemented

During the month of May 2012 and Sept 2012-present, I met both one-on-one and in a group setting with clients at the Emily Program, my internship site. The clients involved in the Emily Program are diagnosed with eating disorders and are often working through other challenges such as trauma, chemical dependency, grief and loss and depression. In this project, I explored the use of the artist's self to strengthen the therapeutic relationship, leading toward deeper healing in clients. During the summer 2012, I completed an internship in Nicaragua and continued to explore my use of self as artist in the cross-cultural community art therapy setting.

After developing my proposal for my master's project I realized along the way certain aspects would need to be changed to protect the therapeutic relationship. Originally I planned to have continual interaction with the participants in this project (following discharge and the initial consent for participation) as I created artwork stemming from their own work. However, once participants left the Emily Program, communication became more difficult. Many participants were not fully healthy and perhaps did not want accountability. I found that communicating with clients outside of the context
that I originally worked with them as an art therapist changed the relationship. I also realized that the completion of this book with my original project structure was dependent on client responses. I felt a lot of pressure on the relationships because I needed something from the client at this point.

With these thoughts in mind, I decided to write into my consent form that participants would have an opportunity to respond to their work or to mine with written or visual responses. Participants would be given a certain amount of time to respond after I contacted them. If I did not hear from them I would assume that they did not want to respond. Originally the project was designed to facilitate continued relationships with clients through art via this e-mail correspondence and sharing of artwork upon discharge. A challenge that I came across, however, was that of time elapsed between gaining consent from clients of their artwork and creating response art post-client/therapist relationship at the Emily Program. I wanted to be careful not to interpret their story but to remember the artistic procedure, the feeling tone of their image and the verbal expression the client shared with his or her artwork when creating the corresponding pieces of work. Because I was out of the country for a couple of months and did not have a chance to do this immediately following participant consent in May, I found it challenging to get back into the emotive and creative flow/connection I had when meeting with the client weekly.

A key factor in the adjustments made was the question, “How can this project help assess if the therapeutic relationship is strengthened if I am not seeing the client any longer; and there is no one at the Emily Program seeing the client?” I determined that I must be in a therapeutic relationship with the clients to assess healing and connection. It became clear to me that whenever I was making art with, about or including client artwork, I needed to be in relationship and able to converse around how the experience was for them. I came to the conclusion while talking to my Supervisor that there could be liability risk corresponding with clients via e-mail whom I am not seeing or who are not immediately connected to an EP therapist. Some of the questions posed were the following: What if my artwork (sent via e-mail--or conversation) triggered something that I am unable to follow-up with? Would I
feel responsible? Would I be responsible--if the result was physical/emotional harm?

I made adjustments to include risks and benefits in my comprehensive consent form. A more extensive review process by the Institutional Review Board (IRB) and a slight adjustment to the way I “use my artist self in the therapeutic relationship.” We again determined that I must stay as present as possible. The pieces included in the final book that were created fall 2012, after this discussion, have a slightly different feel to them due to all artwork being created during the therapeutic sessions while the clients were in the residential setting at the Emily Program.

With each participant I read through this consent form and made sure they understood the premise of the project, that their identity would be kept completely confidential, and that they could withdraw from the experience at any time. Participants were all over 18 years of age.

The clients and I compiled digital images of their initial work and clarified meaning and the experience of their creative process. The integrity of each original piece of artwork was retained and included in the book. I have given the clients opportunity to add written pieces to their artwork. All completed artwork for this project was filed on my computer in folders organized by the client's first name only. The culmination of the project is a book given to each participant that acts as a visual representation of community--sharing of stories, social connection and encouragement.

Overview of Reading

One way that I fueled the inspiration for my experimental process of using the artist self in the therapeutic relationship was through reading many books by art therapists who specialize in this area such as Bruce Moon, Shaun Mcniff, Arthur Robbins, and Tal Dalley.

I experimented with “image dialogue” a concept introduced to me by Mcniff (1992). Image dialogue is a continuous conversation instigated through images. The images speak for the unconscious, ask questions, have responses, and lead to the next image creation. As a body of work emerges, themes emerge. The themes speak to new themes. This image dialogue is a way of staying in the present and honoring whatever experiences, emotions and feelings emerge. It is important to be
patient with and accepting of the self. From this grounded place, one has choices as to the next step.

Moon (2009) brought to life the different ways that an artist can “be” in the therapeutic relationship. He explained (1) art as work (2) art as an act of love (3) art as language (4) art as communication (5) art as play (6) art as prayer (7) and art as mastery (p. 130). As I worked with individuals over the last year, I experimented with these different roles of art in therapy. My art was at times responding to a client's mood, their words, or their artwork. Sometimes we engaged in pure play and experienced community and safety through the art. At times I helped teach an artistic skill or how to use a new material or technique. Many times, my own creative process inspired an individual to use a similar technique; for instance, creative book-making, de-construction and reconstruction of images, multi-media collage and oil pastel. The intention I used in sessions with individuals was in its own sense, an act of love—to really care, to really be present, and to respond to the needs through offering my skills as an artist.

As the project progressed I continued to learn and explore this idea of using the artist self to help strengthen the therapeutic relationship. A focus of my project was to hold, contain, mirror, and witness the stories of clients through collaborative and integrative art-making. Client artwork was always the impetus for each creative process.

I found that if I modeled a mindful presence, clients were more likely to relax into a like state. McNiff (2004) stated:

Over and over again I tell my students, and remind myself, that conflict is the subject matter of our work and that we are training to learn how to engage it in others and ourselves and to creatively transform it into new forms of life...so rather than blunting the awareness of my conflicts through avoidance, I try to stay close to them, to directly engage their power to transform. I must not be afraid of great tensions, for I see that nature is strongest, most passionate, and at her best when expressing radical extremes. The skill in being an artist of each day lies in the ability to place all of my
transformative energies into the moment, in such a manner that I move sensitively from one relationship to another, from this moment to the next. (p. 54)

I practiced the perspective McNiff explained above in my sessions with hurting adolescents. It was comforting to me to embrace tension and conflict and welcome it in our sessions and in my own art.

Moon (2012) stated, “many people find it difficult to act creatively because they are trying to do too much and essentially attempt to be in a place other than where they are. They lose the balance and the ability to move with the forces of the environment that will ultimately support expression” (p. 67). Moon's comment challenged my “artist self” to be present in the midst of papers, classwork, relationships, tasks, expectations, and life as a whole. When I practiced this mindful presence in each session, despite the whirlwind of activity outside of session, it was more likely that the clients engaged mindfully in the art process.

**Stories of Client Experience**

“Gabe”, 16 years old, came into session with intention. He stated "can we melt crayons on board with a hairdryer?” He had currently heard news that his grandmother was going into a nursing home. She was the person he had been living with and now he had nowhere to go. I gave him complete control of his process and let him know my observations...let him feel what it was like to put his feeling of being out of control into his experimental art process. I sat with him, and experimented with him. I "joined” with him through this experimenting and intentionally allowed him lead. I walked beside him in the art process. I melted my own oil pastel in a journal in which I was working. He responded to mine and I responded to his. The following weekend I created two small pieces of artwork through the crayon melting process that I gave as a gift to Gabe.

“Janet,” was 13 years old and a collaborative art maker at heart. What is the most important part of an adolescent's girl's development? To me it seems to be her social world. Collaborative art-making whether it be journal construction, watercolor painting with salt, or exchanging art work, the collaboration through art energized Janet and gave her a sense of safety in the art-making experience.
Alone, she was on stage to perform for the therapist. And she stated that she "used to be creative" but she hadn't done art for a long time. Feeling as though she had to perform lead to more locked doors to her creativity. So we worked together. I again let her lead the process--making a journal, cutting, measuring, guiding, gluing. When painting, she wore my apron and I wore a plastic table cloth around me--taped with masking tape applied by her eager hands. We stood as we painted, we moved to rhythms in the music; we experimented with salt; we dripped and ran the paint together. And at the end we exchanged our creation. This shared creative experience created safety that freed Janet to talk about her anger her experiences being bullied, and her desire to be an advocate for others who are being bullied.

“Clara,” 19 years old, was ready to discharge. I contemplated how the art work could be a release for the pain--a release that might counter the scratching and scarring motions on her arms, stomach, and legs. At home I experimented with how to make scratchboard. I scribbled with crayon on chunks of wood and sprayed black spray paint over color. On her last day we worked together to finish her journal--I worked as an assistant, and as a guide. I offered her the boards to explore sublimating the scratching into the board, and she created her own board of an image of her anger turned outward rather than inward. Underneath the darkness on the board the light revealed, the more she scratched away, the more light emerged. As she was completing her own board, I made one for her and gave it as a gift. This young lady had undergone several heart surgeries throughout her life. During our short time together she wore a heart pacer and expressed her desire for freedom from it. As we talked I created a gift for her reflecting the emotions around this “heart battle.” I gave this piece to her as a gift, and she received with a grateful heart.

It was the day before Thanksgiving and a group art activity seemed needed. We pulled out large sheets of paper and created mirror name drawings representing ourselves. As group members checked in I asked them to listen very carefully to what others were saying—to the needs of others. Following this check-in clients passed papers in a carousel fashion. I gave the directive to give a gift through art
to the person whose paper was in front of him/her. After about five minutes, the papers rotated, and the artistic gift giving continued. I participated in this activity—as an equal member, sharing experience, giving gifts of encouragement and receiving the group member's encouragement. As each individual left group that day, their faces and words confirmed that strengthening the individuals strengthened the community. My role as an artist was to engage collaboratively in this community; to emit what Bruce moon would call “infectious creativity” (B. Moon, personal communication, January 14, 2013).

“Kristi,” 23 years old, chose her first session to work with clay. As we talked we both sat forming sculptures. Close to the end of the session we observed that her piece was a grown, “dead” tree and mine was a youthful sprouting tree. The young tree was 11 years old to be exact; the age of the onset of Kristi's eating disorder. Kristi had shared her discouragement as a 22 year old, feeling very stuck in the pattern of eating disordered behaviors and thoughts. We spontaneously began to dialogue between the two figures. I asked her what the 11 year old sapling would say to the 22 year old tree. She stated, “What happened?” The 22 year old dead tree responded, “Life.” “Why are you dead?” asked the young tree. “You'd never understand,” the older tree said sadly. Through this conversation, the deep imbedded guilt and condemnation that fed the eating disorder cycle were voiced. The voice of the young tree was able to give compassion and understanding to the older dead and worn tree. My involvement as a co-creator in this process reminded me of the importance of being an authentic artist in the therapeutic relationship.

There are many more stories to tell: quick gesture sketches of the mood of a withdrawn client that allowed her to feel understood; molding a plaster mask on a client's face, creating a safe bond, and then witnessing her metaphorical process. As she removed the mask she stated, “it feels very metaphoric of my voice being closed in by my eating disorder, and the freedom I hope for and have felt at times when the ED is removed. It is as though I can breathe again. I also made response art to help soothe intense anxiety or reflect back the clients experience.

There were stories of artistic scribble games played with 11 year-old clients. Through one game
emerged a story line of love for a grandma, longing for companionship on a lonesome road, and longing for freedom from the scary monster on the journey. As I engaged as a child in artistic play, defenses were bypassed and this young girl's voice was set free—at least for the moment.

One experience reminded me of how important it is to be aware of the possible impact of my own art making on the client. A 17 year-old girl came to session feeling very anxious. As she engaged in art making throughout the session, I did the same as I sat next to her. When I went home that night I continued work on a provocative piece involving imagery of fire, and a girl in the fire (the piece was created with the intention of mirroring the anxiety that was being felt by the client). I brought this piece to my supervision session as well a piece reflecting calm and peace that I did to share with the client in response to the anxiety. This was a learning experience for me as my supervisor voiced concern that my artwork might result in her feeding off the image of anxiety as I was creating it. We discussed the importance of always communicating with the client if I am creating art; for instance: “What is it like for me to create the image, or use the materials?” and “What is it like for the client?”

While in Nicaragua my understanding of my role as an art therapist was broadened by the concept that "I am an art material" to be used as the community/client needs. At times I needed to find ways to be more of the "pastel" and "fluid" art material. I also needed to re-assess my subconscious belief that certain bold colors and attributes are more valuable than others. I learned about acceptance of all forms of presence. As the above stories revealed, every individual's needs are so different. The way he/she engages with art is different, and thus, the way I engage as an artist will vary and change. At times I will lead boldly with my creative passion through projects I have worked on such as creative journals, soul collage, deconstruction and reconstruction pieces, experimentation, etc. But other times I need to come in to the relationship as the pastel. I need to be the container or “mandala” that holds what the individual brings to our time together.

Interview: Bruce Moon

As part of my project I interviewed Bruce Moon, a seasoned art therapist who specializes in
using the artist self as therapist to strengthen the therapeutic relationship. He worked for 40 years with struggling adolescents. He is now the chair of the Department of Doctoral Teaching and Art Therapy at Mount Mary College. I gleaned many insights from our conversation. His definition of healing is “accepting and transforming things that are difficult in life.” He encouraged me to honor what each person feels and use it with the goal not being to help him/her feel better, but to help the person be okay with whatever it is that he/she feels.

This interview shed light on addiction, adolescents and effective art-making processes. Bruce emphasized the importance of authenticity and using the area of the most comfort or expertise as an artist to help others tell a story. He stated he has found that the key to unlocking creativity in others is to bring a “creative contagiousness” as an artist into the studio. This contagiousness inspires, gets others enthusiastic and willing to step into a challenge. Bruce stated, “Addiction happens when someone is compensating for something missing.” If I convey something I know well in an artistic technique, it can then become a tool for the adolescent to share about what might be missing. He spoke candidly about some of his hardest experiences as an art therapist in relationship with adolescents and expressed, “you can never really know what's going on inside a person. Never assume you know. The best you can do is to really be with them, and to seek to understand the story they have to tell.”

Ultimately it is the client's job to heal and change, but this can't excuse us from responsibility as an art therapist to come to the relationship grounded and passionate about the creative experience. As Bruce put it, “you can't expect people who feel so crappy about their lives to feel excited about talking about their lives.” Using the self as artist is what can open a door for another person. Bruce shared about his own door into the creative world. He did not grow up in a creative home; for much of his life he was “oriented to sports, girls, rock and roll and heading the wrong direction.” An art teacher was able to reach inside and make every subject relate to art. This teacher gave him inspiration to encourage others.

Because of this experience and many others that center on motivation for healing coming
through relationship, Bruce believes that creativity can help all people have increased opportunity to tell their story. He expressed that people of all personality types, those with stronger left brains and those with stronger right brains are able to be very creative. The key is a caring individual with an artistic bent who shows interest in this person.

As much as an art therapist might desire to care for another, “failure to connect” will happen at times. Bruce discussed the importance of taking care of oneself. He makes a lot of art, poetry and songs. He invests in good relationships in his personal life and in supervision along the way.

This interview added to my understanding of using myself as an artist to strengthen the therapeutic relationship. When a person engages in therapy in a humanistic, authentic, fully engaged way, this care for self is extremely important (B. Moon, personal communication, January 14, 2013).

An Adlerian Perspective

Alfred Adler was a pioneer of psychology along with Sigmund Freud and Carl Jung. He was often termed a psychologist of the “common man” and paid special attention to the purpose behind any behavior as well as the context in which a person lives and breathes. He was a physician and a healer and was intrigued by the way people compensate and maintain balance throughout challenges in life by “adapting their behaviors with whatever resources remained available to them” (Griffith & Powers, 2007, p. XX). He believed people develop a “lifestyle” or way of being in the world based on interpretation of their social, familial, and work experiences (p. 63). He observed, “by virtue of being born, each human being is confronted by these unavoidable tasks” (p. 64).

Adler used terms such as community feeling and inferiority feeling as fundamental feelings that are part of our capacity for being human. He believed all people feel inferior and strive for balance and connection to others. However, an “inferiority complex” forms when a person feels that he/she is not strong enough to solve a problem in a socially useful way (Griffith & Powers, 2007, p. 59). Adler stated that people who “operate on the useful side of life cooperate with the community” while those on the useless side of life “operate in ways that are obstructive of or antithetical to the interests and well-
being of the...community” (p. 104). Furthermore, Adler stated, “The more developed the community feeling, the more diminished the inferiority feeling with its associated sense of alienation and isolation” (Griffith & Powers, 2007, p. 11).

Adlerian psychology explores two types of striving in which people participate. Vertical striving is on a vertical plane and refers to “movement in pursuit of prestige and status,” in order to decrease a sense of inferiority and elevate the “self.” “Competitive striving” motivates vertical moment. In contrast, horizontal striving occurs on a horizontal plane and also requires energy toward increased effort and performance. However, the motivation on this plane is for the betterment of the society or community as a whole rather than for the “self.” “Processes of growth, development and solidarity with others” are central motivators on this plane. In other words, horizontal striving feeds “social interest” and vertical striving starves “social interest.” Furthermore, on the plane of horizontal striving, “self-fulfillment no longer depends on what others think or do, but on what one can contribute.” Adler believed that “once we free ourselves from our fear of being inferior and recognize our worth and dignity, we no longer fear making mistakes and therefore make fewer mistakes” (Griffith & Powers, 2007, p. 56).

As I considered these Adlerian concepts, it occurred to me that weakness and emotions such as depression, anger, anxiety, and fear are not valued by our culture as purposeful and valuable pieces of the self. Thus, people hide the ugly parts--the feelings and behaviors about which they feel shame. At times, trauma hides itself for fear of exposure. Shame increases isolation. Isolation increases "useless" behavior as Adler would explain. Isolation and shame decrease functioning in what Adler described as the social, work and love tasks of life. Eating disorders and other addictions, anxiety, depression, self-harm and harm to others result from individuals learning to stuff their voice into the bottom of their shoes and find purpose, belonging, and empowerment in the disorder. Social, work and love tasks are all affected by these patterns leading toward much discouragement.

The purpose of this study was to increase and strengthen the discouraged person's feeling of
community. My hope was that the individuals who contributed to the book would feel a sense of connection to society resulting in decreased isolation as their voices are heard through their artwork. I wanted the participants to hear the message that they are valuable—even the parts they often want to hide from others. With the courage to be imperfect, they have the chance to contribute to society in a socially useful way. I also hoped that through the art, people might know that others have experienced emotions similar to their own; that they aren't alone; and that being a part of “horizontal striving” is much more life-giving than “vertical striving” for superiority. Ultimately, I hoped to encourage those who were and are discouraged. As I engaged in the process it challenged me to think about how my presence through art could encourage community and horizontal striving in contrast to a competitive and perfectionistic environment. Furthermore, this study explored how being an artist and being authentic intertwine throughout my therapist identity.

**Future Plans for Use of the Project**

I plan to send each participant a copy of the book upon completion. I will contact Minnesota Art Therapy Association, Adler Art Therapy Program, and the Emily Program, the site where the participants originated. I will also look into presenting about my topic at the Art Therapy Symposium spring of 2013. I would like to present my process as well as a final product of the book. (Clients have consented to the use of the book for this purpose). This project has helped create a foundation for the way I want to work as an art therapist. In all of my one-on-one sessions and groups I am asking myself the question, “How can I use my artist self to strengthen the therapeutic relationship, help the people I'm working with have a voice, and transform their chaos and pain into creative expression?” This book-making template that shares stories and creates community connection through client artwork might also be used in my future work with clients.
References


Moon, B. L. (1999). The tears make me paint: The role of responsive art-making in adolescent art
USE OF ARTIST SELF IN THERAPY


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