ALIVE MOMENTS IN ART THERAPY:
A CO-CONSTRUCTION OF MEANING BETWEEN
AN ART THERAPY PRACTITIONER
AND ART THERAPY PARTICIPANTS
by
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B.A., Simon Fraser University, 1990

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF EDUCATION
in
EDUCATIONAL COUNSELLING

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THE UNIVERSITY OF NORTHERN BRITISH COLUMBIA
March 2003

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Abstract

This study was designed to examine the co-construction of meaning when an art therapist and art therapy participants interacted to co-create shared understandings. This research evolved out of ten years of art therapeutic practice and the adoption of a qualitative, postmodernist, social constructionist stance. The participants and art therapist identified “alive moments” (Shotter & Katz, 1998) when viewing videotapes of their art therapy session that characteristically struck them as being the most vital or meaningful.

Four participants, three women and one man were recruited in response to postings advertising the research. All participants were professional people who, at the time the research was conducted, were working in the helping professions or in education. Notions from Participatory Action Research (PAR), integrated with social constructionist theory, art therapy theory and practice, feminist theory and Rogerian counselling techniques were used by the researcher and the participants to collaborate to co-create relevant and meaningful themes from their experience.

This study suggests that future art therapy practice and research would benefit from innovative approaches founded in theoretical orientations such as social constructionism. The study offers ideas for authentic and meaningful collaborations between the art therapy practitioner and the art therapy client that are primarily focused on client strengths and client expertise rather than on a therapist-directed analysis and a problem-focused discourse.
Multiple Realities

I noticed that the blue of my paints wasn’t blue enough to get the intensity of the New Mexico sky.

I painted the sky red instead. I painted Jazz yellow.

He is a brown dog,

but yellow expressed him better. Color became fluid.

Leaves didn’t have to be green

because I saw them that way.

I added turquoise to them, then mixed blue with black and splashed on navy,

which added a touch of melancholy—after all,

it was the end of the summer.

(Goldberg, 1997, p. 45)
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Acknowledgements

I would like to acknowledge many people who have supported me throughout this academic process, which at times felt overwhelming.

First of all, I would like to thank my life partner, Len, for his unconditional support, ongoing encouragement, and unwavering trust in me to complete this thesis. There were many occasions when I felt defeated and, without his consistent faith, I am not sure that I would have had the courage to continue. I am also very grateful to my daughter, Shelley, and her husband, Ron, for their tolerance, support, understanding, and assistance with everyday commitments when I had neither the interest nor the energy to do them. In particular, I am highly appreciative to have the honour of being Anthony’s and Genevieve’s grandmother. These wonderful children continue to offer me invaluable encounters with wonder, curiosity, and the motivation to become a better woman. Hopefully, I provide them with a grandmother who feels her fear and does it anyway. In addition, I am indebted to the “thesis slugs”, the group of amazing and brilliant women I have had the privilege of knowing over the past few years. Without all of you, Barb, Margaret, Marion, Laurie, Kristi, and Sue, and your relentless support, encouragement and thought-provoking feedback I know I would have fallen harder and cried longer before I picked myself up to carry on.

I am indebted to Professor Trudy Mothus who, when I was certain I was sinking into the statistical backwater of those that never finish their theses, valiantly stepped forward to be my thesis advisor. Trudy, there are probably not enough ways to thank you for your consistent feedback, immense patience, unfailing expertise, ongoing support and encouragement and, most of all, your willingness to continue to work with me despite your many commitments. Also, my sincere thanks must go to Assistant Professor Lela Zimmer and Dr. Paul Madak who, along with Professor Mothus, willingly assumed the roles of thesis committee members halfway through my process. I have greatly appreciated the effort of both of you to offer your expertise and support to this venture.

Acknowledgements would not be complete if I did not include Dr. Karl Tomm and the late Dr. Gary Saunders from the Family Therapy Training Program of the University of Calgary. Through their compassion, expertise, and overall respect for my individual process of learning, I adopted a post-modern stance of viewing the world of therapy and art therapy, which in turn, invited me to see people as experts of their living experience. As well, I am grateful to Shirley Riley, the first post-modern art therapist I had the privilege of encountering. She became the impetus for initiating this research.

I am dedicating this thesis to my mother, Ms. Nora Bourke, who consistently encouraged me to pursue my education and supports me unconditionally, and to my late Grandfather (Mr. Harry Witney) and his typewriter. From a young age, I would watch my grandfather typing letters on that old standard typewriter and, as soon as he left the room, I would climb up on his chair and entangle the keys in a stack of metal. Each time, I knew I would be chastised for this behaviour but I risked his displeasure with me just for the opportunity to touch that magical machine. At five years old, it seemed that it was a means to expression and learning. I just knew that if I learned to operate that typewriter I would find the way to unimagined success and escape from life on a farm!
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Chapter One

Introduction

Studying art therapy from a perspective other than the traditional case study approach became the driving force behind my decision to develop a research design that examined the social environment of an art therapy session. I wanted to demonstrate how two individuals co-construct a reality, through the art therapy process, characteristically different from the realities they individually bring into the session. Past research in art therapy and art therapeutic encounters have focused on the intra-psychic experiences of the client as they are revealed and then evaluated by the art therapist. I invited clients to participate in an experience that did not focus on these internal processes, but rather emphasized the reality that we co-constructed together.

Examining Existing Art Therapy Definitions

In order to develop a social constructionist research model, I examined a particular definition of art therapy. Over the years, art therapists have struggled to define art therapy. However, Rubin (1982) defines art therapy by the differences between what happens in a typical art therapy session and what does not occur. Art therapy is best understood when one considers both aspects: the art and the therapy. The object of the art activity must be a therapeutic one (Rubin, 1982). To concur with the idea that therapeutic benefits result from the making of art, in and of itself, Adamson (1990) points out that those individuals who have difficulty speaking of their experiences may find art making helpful. Art-making, therefore, has been considered an activity that offers therapeutic benefits and creates an opportunity for the artist to feel a type of liberation from the constraints of debilitating
To understand the difference between art therapy and the making of art for art’s sake it is necessary to examine the goal of the activity. When art is made with an expectation that artistic skill will be attained, art is created and art therapy does not occur (Rubin, 1982). Malchiodi (1999) and Tomson (1997) expand this definition by pointing out that the activity of making art within a therapeutic setting includes a process plus the creation of a product. They offer two views that are prevalent in the art therapy field to explain what happens: (1) the belief in “art is therapy”—creating art is a healing activity in itself; and, (2) the notion of “art psychotherapy”—a process of communicating symbolically through imagery that “…enhances verbal exchange between the person and therapist and in achieving insight.” (Malchiodi, 1998, p. 6). The first stance maintains that participating in the creative, regenerative act of making art provides an opportunity to engage in a natural healing activity. The second perspective, on the other hand, suggests the occurrence of a process. Such a process results when an individual creates art and, in so doing, communicates through the expression of personal symbols, often with an unanticipated result of strengthening the interaction between her or him and the art therapist. This enriched interchange transpires subsequent to the individual’s disclosure of his or her inner meanings through the art expressions. Accompanied by verbal exchange, the art therapist and the client develop possibilities of meaning and understanding.

As a result of my desire to study the social environment in which art therapy is conducted, I chose a theoretical approach entitled “social constructionist” theory. As a theoretical orientation, social constructionism endorses the negotiation of meaningful
interactions occurring within a community of relationships (Shotter & Katz, 1998). In addition, social constructionism provides for the adoption of a ‘critical stance’ vis-à-vis our perceptions and understanding of the world we live in. This means that proponents of this orientation do not assume the existence of an ‘objective reality’ based on empirical evidence (Meldrum, 1999). Rather, they presume the following notions based in a subjective understanding of experience: (a) realities are not only culture-specific, they are embedded in a rich tradition of spiritual history (for example, in Canada, First Nations people have culturally distinct practices, such as the use of the medicine wheel); (b) we exist in a community of relationships that are based in a historical context.

Shotter and Katz (1998) and Meldrum (1999) also advocate for a position that maintains “knowledge of our world is sustained by social processes”, is negotiated through language and community relationships, and can be exemplified by examining a small group within a larger social institution. Even a university class can be viewed as a community in that its participants co-construct a certain understanding of their experience through the negotiation of meanings relating to particular concepts.

Examination of social constructions requires ‘social interaction’ between people (Meldrum, 1999). For example, beliefs about marriage will likely determine certain behaviours. In all likelihood, the belief in the roles of men and women in marriage, constructed and internalized within a social environment such as living in a family, determines how one acts when entering into a marriage. Specifically, a traditional idea such as “women are obliged to cook the meals” has a definite impact on how one interacts as a wife or partner.
Using these notions, the study adopted as a goal the creation of an environment in which participants were empowered and honoured rather than disrespected and pathologized. In order to do this, I adopted a social constructionist theoretical stance. In addition, I questioned the traditional approach of interpreting art therapeutic experience from the predominant theoretical approaches that discount strengths and focus on problems (Riley, 1984).

Conducting research from this significant perspective contrasted strongly with a traditional approach in which case studies have focused on the expertise of the art therapist as she or he defines the client's art according to a particular theory of human development. My interest in researching art therapy from a social constructionist standpoint developed out of my belief that art therapy practice occurs in an inter-relational manner between the therapist and client. In my experience, art therapy did not take place when the client created art and the art therapist, as an objective onlooker, analyzed the process and the image. A social constructionist theoretical approach offered me the latitude to examine the co-construction of the interactions between the art therapist and the client.

Weingarten (1991) aptly quotes Gergen (1985) in clarifying this activity: “This delicate interdependence of constructed narratives suggest that a fundamental aspect of social life is reciprocity in the negotiation of meaning” (p. 270). As Gergen asserts, an exchange of meaning transpires when individuals co-create a dialogue. I believe that this happens in the art therapeutic process as well. As the art therapist brings her version of reality to the experience, she continues to decipher and interact with the client’s perceptions. These accounts of perceived reality are shared and mediated between the two individuals until they co-create a mutual understanding.
The individuals' behaviour also significantly impacts the meaning-making process. Shotter (1999) incorporates Bakhtin's (1981) ideas into meaning making by focusing on the "relationally-responsive nature of everyday utterances" (p. 1). Bakhtin maintained that the "utterances" expressed in conversation are dependent upon "supplementary" response. Language and the creation of meaning are a co-construction of relational happenings that require an action. This may not necessitate a verbal response. Such a possibility seemed vital to the art therapy experience. Art therapy provides the opportunity for the concrete expression of non-verbal behavior such as colours, shapes, lines, representational images, and symbols that depict relationships. These relationships can be expressed as those between details of the image and image-maker, and between the image-maker and various individuals in her or his life. In addition, the imagery can contain significant information about the relationship between the client and the art therapist. By supplying this model, Shotter, using some of Bakhtin's original ideas, contributes substantially to the theory of social constructionism. Rather than emphasizing an individualistic approach to understanding art therapy practice, social constructionism advances a relational and, in my opinion, more encompassing view of what occurs in art therapy sessions. I would like to personalize this discussion by reflecting upon my own experience as a client of art therapy.

Reflections on My Personal Experience of Co-constructing Meaningful "Alive Moments"

The two years I spent training as an art therapist accompanied an intense art therapy process in which I participated in a group and in individual art therapy. Following my graduation in 1991, I continued to work through any unresolved psychological issues with a Registered Canadian Art Therapist. As well, I participate in an ongoing group of art therapists
that meet for peer supervision on a monthly basis. These experiences have been invaluable to me. I continue to actively participate in these mutual and individual reflective endeavours as a way to maintain my integrity as an art therapist. This process assists me in ensuring that my personal issues do not interfere with my ability to listen to and understand the experiences of people with whom I work.

Throughout my personal art therapy I have encountered instances of meaningful aliveness. Shotter and Katz (1998) defined “alive moments” as those instances in conversation when the individuals involved are “struck”, not only by the actual words that are spoken or written, but also by body language and the emotional tone of the dialogue. Another aspect of Shotter’s and Katz’s definition validated by my past art therapeutic experience is that, if these vital instances had not been noticed at that particular time, they may have not been explored. In that case, the meaningfulness derived from collaborative awareness may have been overlooked. An example of such an interaction occurred in March, 1991 in a group setting. The following words were my written reactions to the group experience and the co-creation of a group mural. Initially I responded as follows:

I really want to be isolated from this group. I am the monster in this group creating chaos on this island. I am the red spiky fish puking its guts out, polluting the ocean. (See Appendix N) for copy of the image).

With feedback from the group therapist and group participants, it became clear to me that I alienated myself from the group, believing that I would not be accepted because I was not secure in my own self-esteem. Fromm (1956) believed that self-esteem had its roots in a human awareness of our need for connection with our fellow human beings. Having a low sense of self-worth results from the awareness of our shame at needing to be connected and
thus contributes to a sense of guilt and anxiety. Although this initially appears as primarily an intra-psychic process, what is relevant to the discussion of co-construction in this experience is the process utilized by Dr. Fischer and the other group members in order to co-construct an understanding of how I distanced myself from people who expressed compassion for me. At that time, I believed that I was not worthy of others' care, so it seemed safer to be alone and irritable. The reason I disclose this personal information is to emphasize how emotionally alive this moment in art therapy became for me, given that it occurred in therapy 11 years ago. The profound meaning stood out because it clearly elucidated how actively I had created my own loneliness. Initially, as I came to this understanding of myself, I felt overwhelmed with sadness. In a relatively short time I replaced this feeling with relief. As a response to this absorbing moment on my healing journey, I created the following image and reflections:

This is how my jug of self-esteem will look. I am making sure that I have an intact bottom on the jug. There is light and growth coming out of it, out onto the world, where I hope to be an effective therapist some day. (Written March 25, 1991). (See Appendix M).

Obviously, I had engaged in some reparative work following the group experience. I felt confident that this interaction carried intense meaning and that it had been co-constructed through active interchange and feedback from both the participants and the facilitator. I knew that a profound level of meaning resulted because of the intense emotional resonance I felt in my body. The co-constructed meaning significantly impacted the creation of the image of the jug. It felt as if an enormous burden had been washed away and, in its place, remained hope and inspiration about becoming increasingly authentic. Illustrations of how this momentous experience continued to have impact was expressed in the following excerpts from my
personal journal, dated September 13, 1991: “Yes Dr. Fischer I am now embracing life. Thank you, thank you for helping me get my life back. I feel closer to who I really am, than I ever have in my life”. It is evident from these words that I attributed a great deal of meaning to my art therapeutic experience and that I allowed myself to become vulnerable in a way that was unusual for me.

A more recent example of my experience of alive moments in an art therapy session occurred when I sought the services of a qualified art therapist. On September 21, 2001, I wrote the following in response to my session, (the images are not included, they remain at her office):

I had a great session with [_____]; it was a celebration of my life in some ways. I had to acknowledge that life is going pretty well for me these days, and I have had enough sadness, anxiety and despair. [_____] wondered if I had been addicted to pain and despair in the past. It is a hard realization to deal with but it is in my art. There appears to be a theme throughout my art that I “wait for the next shoe to drop”, kind of in a hyper-aroused state of vigilance. It is very helpful to me, learning to recognize that I don’t have to be in a state of worry and despair.

Perhaps I would not have realized how often I felt anxious if I had not participated in this process. Although, initially, I experienced discomfort with the art therapist’s musings, I came to appreciate her feedback. As we co-constructed a new version of reality for me, I began to appreciate how tainted my version of my ‘fate’ had been. The very fact that I felt such discomfort with the phrase ‘addicted to despair,’ indicated to me that it contained some truth for me. If I had not renewed my understanding of how I limited myself by maintaining pathological understandings, I would have disagreed with her comment. Again, I wondered if I would have come to realize how dominated I felt by anxiety and despair if the therapist had not brought forth the possibility. This mutual collaboration led to an understanding of how I
limited myself by holding on to negative beliefs regarding my experience. In addition, we co-
created the recognition that, at that time in my life, there were elements to be grateful for. The
deep level of the meaning co-constructed during these alive moments stood out in that they
crystallized how the process of identifying those vibrant moments of therapy significantly
impact future personal thoughts and ultimately behaviour.

It is apparent to me that the co-researchers’ experience of this research parallels, to some
extent, my personal art therapeutic encounters — specifically, the focus on meaning co-
created between myself and my art therapists, and the meaning that the participants and I co-
constructed. The opportunity to explore my therapeutic issues, I believe, contributed
significantly to my openness and increased understanding of how the process of mutual give-
and-take occurs in a postmodern art therapy experience.

Theoretical Paradigms

To construct an experience of art therapy with research participants, I decided to
combine a Rogerian counselling approach and social constructionism as an overall
epistemology, combined with Participatory Action Research (PAR). Harriet Wadeson (1992),
an eminent art therapist, in the following quote, encapsulates one of the concerns I had
regarding art therapy research:

Yet, most art therapists enter the field charged with their own personal experience of
gratification from art expression and a wish to involve themselves with others through
the intimacy of imagery. Such work is of a very different nature from the exacting of
methodological considerations of research design and implementation (Wadeson, 1992,
p. 1).

As Wadeson points out, many art therapists become entranced with the idea that art
therapy has healing aspects and pursue a career in the field in what appears to be somewhat of
a romantic approach. These idealizations of art therapy differ greatly from the restrictions placed upon researchers in the field of social sciences. Research, unlike this romanticized approach to art therapy, therefore, became of great interest to me. Proponents of a social constructionist approach offered a way to encapsulate the desire that many art therapists, including myself, had to 'involve' ourselves in the intrinsic co-construction of bringing forth meaningful discourse within the art therapy experience. It became essential that the methodology I chose reflected this desire. I had to shed the delusion that I could be an 'objective' researcher. I decided on Participatory Action Research (PAR) as a well-suited method. This choice complemented my belief that, as a social constructionist, the research participants would as deeply impact me, as they would be by me. As well, the collaboration and relationship(s) we created would acutely influence us.

Participatory Action Research, as a method, moves beyond an understanding of another's world (their subjective experience) to the active process of co-creating meaning that results in some type of action or change. Smith (1997) presents PAR as an experience of liberation in which a group of people meets to understand, analyze, and deliberate over a “living process” (p. 173) with the goal of implementing some type of change. The movement occurs through what Smith refers to as “dialectic of praxis” or an “action-reflection” process. “Action-reflection”—an analytic, informative process—occurs when the participants and researcher engage in contemplative self-reflection, within the context of their present and past experiences. Enacting a set of behaviours related to the newly acquired self-knowledge ensues (Smith, 1997).

PAR also includes within its theoretical tenets the concept that “objectivity does not
exist” (Smith, 1997, p. 183). In other words, “people are active agents in their world” (Fine, 1994, p. 180). Through the entire PAR experience, individuals affirm their active involvement in the construction of their realities. Similar to the views of social constructionist inquiry, individuals honor multiple realities, construct relationally diverse discourses, engage in self-reflexivity, and give the final word to those whose lives are directly affected. Smith (1997) defines PAR as a research methodology encompassing a theory of knowledge and reality in which the researcher accepts the primacy of dialogic, relational meaning making. The construction of a PAR stance occurs through the adoption of the following principles: (a) liberation as intent, (b) the development of a ‘compassionate culture’, (c) participation in a ‘holistic, dynamic, vital, circular’ process (i.e., praxis, defined as action-reflection), (d) revering research participants’ reality, including the acknowledgement of historical and cultural knowledge, (e) participating collectively to explore, discuss and take action on collaborated ideas, and (f) co-constructing new ‘living’ knowledge gathered through a continuous dialogue, one that results in a deeply-understood transformation. These principles fit well with social constructionism and its epistemological foundations dedicated to the co-construction of authentic, relational, and diverse realities.

I utilized a Rogerian counselling approach as a means of creating a therapeutic milieu in which such alive or striking moments could manifest spontaneously. Fundamental concepts of a Rogerian approach are: (a) trust in the ability of individuals/groups to be motivated by a basic impetus toward health and growth; (b) that the therapist adopt a stance of unconditional positive regard in which her or his values will not influence how the he or she views the client’s reality; (c) the therapist adopts congruence in all her interactions so as to
communicate a sense of consistency in words and actions; (d) the use of empathy that indicates to the client that the therapist commits to a genuine interest in learning to understand his or her experiences (Raskin and Rogers, 1995).

Silverstone (1997) expands on these particulars by maintaining that a Rogerian, or person-centred, counselling orientation incorporates additional values such as the social and constructive nature of the human being, that a basic human need consists of faith in oneself, the importance of perception in influencing behaviour, that the final authority for the health of the individual rests with him or her, that the therapist needs to view individuals as whole beings on their path to self-realization, and that therapists renounce any thoughts that they have of power and control over others. Given that this research purported to offer a milieu in which alive moments would be manifested, the adoption of a Rogerian approach by the researcher/clinician seemed to be the most appropriate way to create an environment of respect, safety, esteem, trust, mutual compassion and caring. These ideas appeared to blend well with a social constructionist philosophy in that they call for the locating of oneself within a posture that values the dignity of human experience. Therefore, I proposed that alive moments would be nurtured more sensitively if I endeavored to create a compassionate culture through the use of a Rogerian counselling orientation. In addition, I believed that through the creation of a compassionate milieu my therapeutic practice would improve.

My primary interest resulted in viewing art therapy as an aspect of a relational practice in which meaningful interchange is co-constructed, with an emphasis on historical/cultural relativity, and openness to the critical analysis that allows for the co-creation of active
interchanges. My intrigue revolved around those moments that arrested or halted the process by the very nature of their import. Specifically, my curiosity peaked when I was seized by unique moments that carried an element of surprise. During these moments, I realized the power of this intimate interaction and its ability to impart a momentous experience of understanding and verbal exchange. In particular, I felt compelled to examine these moments as they ‘strike’ both the art therapist and client (Shotter & Katz, 1999). “Alive or living moments” in therapeutic dialogue have been referred to by Shotter and Katz, as those that:

...‘move’ or ‘strike’ others by the saying or the writing of certain words at certain moments, to use words to draw attention...to aspects of their own sayings and doings to unique details of their lives, that might otherwise have passed us both by unnoticed, and particularly, to yet-to-be relations between such details (p. 2).

As well, I wanted to consider the social constructionist tenet that posits viewing of experience from alternate and varied realities or truths, and affirms that all of these interpretations are not only valid but also possible. Goldberg (1997) expresses the possibility of multiple truths in the following quote:

I noticed that the blue of my paints wasn’t blue enough to get the intensity of the New Mexico sky. I painted the sky red instead. I painted Jazz yellow. He is a brown dog, but yellow expressed him better. Color became fluid. Leaves didn’t have to be green because I saw them that way. I added turquoise to them, then mixed blue with black and splashed on navy, which added a touch of melancholy—after all, it was the end of the summer (p. 45).

It seems to me that this quote aptly symbolizes the experience of a social constructionist approach. The artist expresses her version of everyday events in a distinct and alternative manner (e.g., a “red” sky). Not only does this quote exemplify the value of perceiving multiple realities, it illustrates the possibility of ‘arresting’ or ‘living’ moments. By writing in such a poetic manner, Goldberg seizes our attention and demands that we re-assess the effect
of seeing only "green" leaves. She arouses within us a desire to re-evaluate our own meanings of her words. More importantly, however, we awaken to the potential of perceiving multiple truths. I endeavored to create similar moments of vitality with the participants. In so doing, I became sensitive to the meaning of these expressions in their lives. Therefore, the goal of this research became the description of these alive moments from both the participants’ and the researcher’s perspectives.

Significance of This Study

In order to create an experience of co-constructed understandings and appreciation, I expected that this thesis would be valuable for professionals, both art therapists and other counselling practitioners, as well as academics. Qualitative researchers in the fields of psychology, psychotherapy, family therapy, education, and especially art therapy may be interested in this type of approach. I anticipated that, especially within the art therapy community, this type of research would be welcomed. An email conversation from Dr. Debra Linesch, a professor in the Clinical Art and Family Therapy program at Loyola Marymount University in Los Angeles, endorsed what I wanted to accomplish: open space for a different pathway—art therapy research that proposes a change. She expressed it this way: “I…am delighted to respond to you and help in your most worthwhile endeavors…First of all, I truly support your ideas and your decision to not simply contribute to the abundance of case study research in our field.” (Linesch, personal communication, December 5, 1999).

As well, I envisioned that visual artists, art therapy trainees, and even certain individuals and groups, not working in the therapy field, but seeking a creative approach to freeing themselves from the constraints of problem-saturated discourses, would find this research of
interest. If the consumers of the service we have to offer perceive this research as beneficial, it will be necessary that they have access to what may be an alternative approach to resolving difficulties. In other words, this research ought to be made available to those who would most benefit from it. I hope that it will empower people to question the medical model discourse that still informs much of art therapeutic practice.
Chapter Two

Literature Review

Art therapy was pioneered in the United States, Canada and Europe in the early 20th century. Despite art therapy’s relatively short history, it is now recognized as a valuable therapeutic approach used to assist individuals and groups in resolving life difficulties. My interest in researching art therapy stemmed primarily from the work I participated in over the past 10 years as a registered art therapist. In particular, I became increasingly intrigued by the nature of the relationship between the art therapist and the client where participants construct a reality that is conducive to the healing of problematic life experiences such as death or loss, relationship difficulties and various traumas. The relationship or the social environment in which the art therapist and the client interact offers a vital setting for this research to be conducted.

Background

Differences of opinion exist in the art therapy world with regard to what occurs in art therapy sessions. Regardless of the various definitions of art therapy, many art therapists work within a psychotherapeutic milieu. In differing ways, art therapists assist clients with difficult life situations and explore new ways of being in a world that presents many challenges. In addition, art therapy comes about with the aid of the creative process, a dimension of the human experience that often remains underdeveloped.

Art therapy research to date consists predominantly of case study research (McNiff, 1999). In this chapter, I examine this trend and discuss three dominant theoretical approaches to art therapy. First, I explore psychoanalytic art therapy and Jungian art therapy since they
have been two of the most influential theories for art therapy. Second, I consider socio-
cognitive and systems approaches such as Gestalt and family therapies. Next, I describe
postmodern therapies such as feminist therapy and social constructionism. Finally, I will
examine the limitations of some of these approaches and discuss how, through investigating
their restrictions, I have come to embrace a different research theory and methodology,
namely social constructionism.

The following literature review examines traditional art therapy, presenting a historical
context and introducing more recent research based in a postmodern perspective, including
social constructionist art therapy. Since there is little quantitative research in art therapy, it is
not relevant to this particular study because it contradicts the foundation of postmodern or
social constructionist inquiry. Specifically, by its very nature, quantitative research assumes
that the researcher is the expert and the participants' experience, discovered, dissected,
analyzed and reduced to statistics, will become important only when the researcher has
manipulated and interpreted it. In addition, quantitative research assumes that there is only
one knowable reality or truth. Unlike social constructionism, where multiple truths are
honoured, quantitative inquiry values the pursuit of truth as it is condensed to some quantity.
In this way, the hierarchy of a researcher being in a position of power over the research
participants is reinforced. Therefore, I decided that quantitative research in the art therapy
field would not be included as it is not relevant to the type of experience that I hoped to co-
create with the research participants.
Art therapy, traditionally founded and embedded in psychoanalytic practice (Cane Detre et al., 1983), became an extension of psychiatric practice that took place in hospitals and mental health centres. In these settings, psychiatrists with interest in visual art introduced patients to the making of images to assist in the alleviation of painful and psychological symptoms. In addition, educators such as Margaret Naumberg and Florence Cane (Cane Detre et al., 1983) launched psychoanalysis into the school system in the form of image making. This image-making process included visual art such as drawings, paintings, and three-dimensional works consisting of clay sculptures. The use of art in school, with its therapeutic effects for children, interested both of these pioneers. The extension of art therapy soon included other client populations such as individuals and groups consisting of children, adolescents, and adults suffering from a range of issues such as behavioural problems, inappropriate expressions of anger, alcoholism, mental illness, depression, and physical ailments such as cancer.

Around the same time, Edith Kramer (1971), another psychoanalytically-oriented educator and artist, began using art therapy in the school system, residential treatment centres for children, and in her private practice. She believed in the necessity of having a sound understanding of the intrinsic power of creative expression plus a thorough knowledge of psychoanalysis. In her book, *Art as Therapy with Children*, Kramer presented several case studies that delineated how she worked with children suffering with issues such as blindness, aggression, and the developmental concerns of adolescence and self-esteem. Kramer asserted
the necessity of following the principles of Freudian psychoanalysis, such as the resolution of unconscious defenses and neurotic conflicts, by encouraging children to draw, paint or make sculptures about their life issues.

One particular case study presented by Kramer is that of a seven-year old boy who experienced a lack of ability to manage his anger. She did not give directives to begin his art therapy sessions; rather she encouraged him to use clay to make spontaneous sculpture. During one art therapy session, Kramer observed how this boy approached the clay. He attempted to make a dog’s head but, because of his agitation and lack of technical ability, the neck was too weak to hold the head, and he could not make a tongue for the mouth that would stay attached. Despite Kramer’s attempts to assist in stabilizing this sculpture it continued to collapse. In response to this failure, the child smashed it in anger. Following this expression of anger, the child used a piece of paper to trace his shoe, and then re-created the markings on the sole.

Kramer interpreted this session as an example of child’s repressed psychosexual rage having been triggered by the dog’s open mouth and his inability to manage its construction. Specifically, she related the mouth to body cavities that provoked the child’s ambivalence regarding his own bodily functions. She believed that these triggers were a demonstration of his unconscious sexual drives. Further, Kramer explained this behaviour as a defensive reaction, a type of “ritual” used to regain control of his overwhelming emotions. Although she did not consider this session as one in which the child made any progress, she discussed other sessions in which this boy continued to use spontaneous art-making that illustrated his ability to create meaningful and ordered art. In these later sessions, she described an
increased level of calmness and a stronger connection between her, the child, and his art.

This type of psychoanalytic art therapy presents a difficulty in that it focuses on the child's pathology and the release of unconscious motivation that seems to be beyond the child's control. Kramer (1971) assumed that this child had sexual drives that overwhelmed him to the point that he lacked the ability to control his impulses, and by rising to the surface, these urges provoked his aggression. Her evaluation that this child was suffering from "grossly defective ego development" (Kramer, 1971, p. 163), exemplifies not only a negative perspective, it portrays a punitive approach. She presupposed that the tracing of the shoe represented a retreat into 'defensive' behaviour rather than considering the fact that this child's attempt to gain control may have been an effort to bring some form of containment to his anger. In this light, the drawing of a familiar object can be seen as a strength rather than a defect because it allowed the child to gain some mastery over an uncomfortable situation.

Naumberg (1987) also presented case studies from a psychoanalytic perspective. She termed her approach "dynamically-oriented art therapy". By this, Naumberg referred to the process by which art making elicits imagery from the unconscious mind and reveals it in the form of symbols. In her book, Dynamically Oriented Art Therapy: Its Principles and Practice, she offered three examples of adult use of art therapy to resolve issues such as depression, alcoholism, and hallucinations. One case illustration she presented was that of a 41-year old woman who suffered with alcoholism and hallucinations. Naumberg reported on 12 sessions with this particular client, documenting her progress through the art therapy experience. She did not give any directives for the sessions. Rather, she encouraged the spontaneous expression of art by the client.
According to Naumberg, the third session revealed an especially poignant and effective encounter in which the woman began to remember some childhood experiences. In this session she created a painting that she entitled, “Bright Colors in the Center of a Dark Picture: It’s a Ray of Light and Hope Working with M.N.” (M.N. being Margaret Naumberg), (Naumberg, 1987, p. 89). Having created this image, the client recalled some pleasant childhood memories. In addition, Naumberg suggested that one of the meaningful aspects of this image, in particular the ‘ray of light and hope’, referred to the client’s positive feelings for the therapist. She labeled these feelings “transference”, which refers to the assignment of childhood feelings to the psychoanalyst/therapist/art therapist. Naumberg underscored the importance of this session, stating that it indicated the start of a growing sense of self-esteem and meaningful connection with another human being.

Although Naumberg (1987) appeared to be less analytical about the art than Kramer (1971), she nevertheless framed art therapy within a psychoanalytic approach. She maintained a belief in the development of positive transference as a sign of progression in the client’s therapeutic work. However, there is no indication in her documentation of this session that suggests that the client was asked if she felt better. Again, the art therapist determined the health of the client according to a set of tenets espoused by psychoanalytic theory that tends to give credit for the client’s recovery to the therapist. This assumption is problematic because it does not give credit for therapeutic growth to the client, who needs to know that her health is not dependent upon the therapist’s skill. More importantly, the credit for the creation of change in a person’s life ought to land squarely at the individual’s feet (Riley, 1994).
Wadeson (1987) is another proponent of psychoanalytic art therapy. She presented a specific case study undertaken when she worked with individuals in a psychiatric unit. She described the work with one woman diagnosed with manic-depressive illness with whom Wadeson worked over a two-year period. As with, Kramer (1971) and Naumberg (1987), she used a non-directive approach and encouraged spontaneous art making. Wadeson reported that she had difficulty connecting with this client. During the manic phase, the woman spoke almost non-stop and, while in the hyperactive state, she often splashed paint indiscriminately. On one occasion, she ran out of the art room into the ward. During the depressed state, she became non-communicative and withdrawn. Wadeson reports on one particular session in the depressed phase when she was able to request that the therapist pose for a clay sculpture. The client created a piece of two women, herself, and the therapist. Wadeson analyzed this sculpture as a representation of the importance of the therapeutic relationship in the client’s life. Despite her inability to focus in both phases of the manic-depressive illness, the client established a meaningful relationship with the therapist and, in addition, she expressed many of her repressed feelings. As well, Wadeson observed that despite the client’s lack of insight, she benefited from the art therapy sessions because she learned to rely on the support of another person, the art therapist.

In this case, Wadeson’s (1987) work with the client revealed some positive aspects. In particular, she provided a caring, respectful environment in which the client could express herself. As well, Wadeson appeared to have been gentle and accepting of whatever mood the client presented. However, she, too, resorted to the interpretation of the art and the experience of the client as one that is contingent upon the therapist’s good will. By deferring to tenets of
psychoanalytic theory (although less dependent upon its terminology), she did not attribute
enough power to the client’s abilities to form relationships or to successfully express her
feelings in a creative way.

Lester (1980), a psychoanalyst, working with images, presented a case in which she
discussed transference and imagery in the analytic process. Her interest in this case study was
primarily the relationship between imagery and “free association” (Lester, 1980, p. 411). Free
association refers to a process in which the psychoanalyst encourages a ‘patient’ to express
any thoughts or feelings that come into her mind, while she reclines on the analytic couch
(Horowitz, 1988). Lester purported that, during free association, imagery becomes heightened
and, in turn, this enhancement of visual representations intensifies the transference that
develops during analysis. Although she did not have the client draw these images (she is not
an art therapist), she did request he describe them in the form of daydreams or “fantasies”.
These images could have easily been created in a visual expression and, given this possibility,
the case is worth noting in this section on psychoanalytic art therapy.

Lester (1980) saw this client over a four-year period. The primary approach she took
revolved around resolution of his neurotic transference in relation to her. The client, a 19-year
old student, attended McGill University in Montreal, Quebec.

He experienced a type of depression in which he felt “empty, worthless, and incessantly
dissatisfied with himself” (Lester, 1980, p. 413). Lester described the process of analysis,
noting that after a certain point, once he expressed the imagery freely, he became less
anxious, more competent in dealing with his inner conflict, and began to feel less interested
in his fantasies and dreams.
One particular example of the client's active change to his fantasy world was his expressed wish that the analyst would never leave him (this occurred following the analyst's vacation). Lester identified this moment as an indication of the movement from previous violent fantasies, in which he imagined mutilating people, to one in which the transference relationship became apparent and could be resolved. Around this time, Lester assisted the client in working through the feelings of abandonment—originating in his childhood—and guided him in developing more self-respect and less dependence on her. She attributed the movement in therapy to a parallel process that occurred: as the dream/fantasy images changed so did the free association. Therefore, according to Lester, the encouragement of this client's imaginary life became an essential turning point in the evolution of the therapeutic encounter.

One of the primary limitations of this study is evidenced by it not being an art therapeutic experience. However, the value in including it here rests with the illustration it provides as an example of the creative mind in the healing process. Specifically, the movement from the violent images to those of a benign nature suggests the existence of untapped potential within the psyche of this individual. However, another difficulty with this study stems from its reliance on psychoanalytic interpretation and practice. Little, if any, credence lies with the natural creative ability expressed by this client. Again, the therapist as expert assumes the authority for healing the client. As well, similar to the other art therapy studies discussed, it focused on the existence of an unconscious, and the need for the therapeutic technique to access that unconscious material and bring it into the light of the present day. In so doing, it emphasized that the only way to heal from childhood experiences is the resolution of repressed memories through the development of a transference relationship with the analyst.
Baron (1989) conducted art therapy with patients who were suffering from cancer. She also worked from a psychoanalytic orientation, thus her focus relied on the revelation of unconscious attitudes that affect the mental state of clients with cancer. In one specific case example, she presented a woman who exhibited what Baron interpreted as denial regarding her illness. An indicator, to Baron, of the woman’s denial was the maintenance of an outwardly cheerful appearance to her family and others. Baron describes this woman’s denial as a guard against facing and accepting the reality of the cancer in her body. This 41-year old woman suffered with advanced lymphoma and, at that time, her drug trials were ineffective. She participated in an art therapy group for people enduring cancer.

In one session, she drew a picture, which Baron interpreted as weakening her ability to heal. Baron described the picture as containing a large, yellow tumor in the middle with several men, carrying bows and arrows, shooting at the tumor and other men digging into the healthy tissue surrounding the tumor. These men symbolized her immune system. The client indicated that this was a picture portraying her triumph over the cancer. However, Baron interpreted it as a “bleak” picture rather than accepting the client’s explanation that this picture depicted how she was struggling to accept the cancer and attempting to live her life in a less stressful manner. Baron, upon further reflection, concluded that the image might relay some healing aspect, since it assisted the client’s partial acceptance of her medical condition.

Baron’s (1989) assumption that the client’s response to the art she created was inaccurate represents an obvious limitation of this case study. Here we see another example of how the ‘expert’ therapist arrives at conclusions based on a pre-determined theoretical orientation rather than on the specific expressions of the client. Baron’s highly analytical approach
assumed that the client engaged in a defense mechanism (denial) as a way to disown her illness. Although the experience allowed the client to express some control over the invading tumor, her initiative was undermined. It seems that it would be far more respectful to validate the client's creative and natural healing power evidenced in her drawing. Instead, the therapist attempted to remain 'objective' and thus did not express enthusiasm for the client's healing capacities. The study does, however, provide an opportunity for the reader to be exposed to the healing power of the creative imagination despite the pathologizing critique.

McNiff (1981, 1992, 1998) and Dalley et al. (1987) endorse another type of analytic art therapy. They advocated for a perspective similar to a Jungian archetypal approach to art therapy. By doing so, they incorporated a theory proposed by Carl Jung, who maintained that universal symbols are stored in the unconscious of all human beings. He referred to this facet of the human psyche as the “collective unconscious” (Woodman, 1982). The collective unconscious contains archetypal “…patterns or motifs…that are the basic content of mythologies, legends and fairytales.” (Woodman, 1982, p. 195). These are the types of images that archetypal art therapists believe come to light in the creation of imagery. As well, Jungian art therapists maintain that these images, once interpreted through a personal process such as art therapy, possess intrinsic, healing power that assists individuals in making profound changes in their lives.

Similar to psychoanalytic art therapists, archetypal art therapists present their research in the form of case studies. Their studies are replete with references to metaphors, and symbols that are often found in various cultures. These therapists also maintain that the creation of art, in and of itself, has a healing capacity because of the universal healing potential in human
creativity. Therefore, the case studies do not deal primarily with the resolution of issues by working through neurotic conflicts. Rather, they attest to the strength of an ancient healing approach to release solutions when individuals engage in the creative process (McNiff, 1981).

These archetypal case studies addressed issues experienced primarily by adults. They included the resolution of major transition phases in adult life, including the process of aging, issues depression, and relationship difficulties. Although these are mainly adult life trials, archetypal art therapy can be effective with children as well. Dalley et al., (1987) present case studies of children who achieved a unified sense of self upon completion of art therapy. This sense of self refers to a stable awareness of who they were vis-à-vis their experiences that the children attained due to the art therapy sessions. These children presented various problems including anorexia, behaviour and school issues, enuresis (lack of bladder control), physical ailments such as kidney trouble, anxiety, low self-image, physical abuse, fire-starting, and parental separation. Dalley et al., (1987) worked with these children in a non-directive manner, accepting their imagery without judgement or criticism, but being aware that many of their creations expressed both the children's personal unconscious and universal patterns the collective unconscious revealed to them through their images.

In one study, Dalley et al. (1987) reported on art therapy work completed with an enuretic, nine-year old boy. He had become enuretic with the birth of his younger brother after his mother became ill and unavailable to him. The art therapy lasted for an 18-month period. One specific session she described incorporated Jungian theory. As with the other sessions, this one was client-directed. Dalley et al., (1987), did not give any instructions to
the boy. During this session, he sculpted a clay bowl with a head in it. He completed the bowl by painting and varnishing it. Upon completion of this art piece, he became unusually joyful, running around the therapy room excitedly.

Dalley et al. interpreted this to symbolize the child's offering of himself to the "angry goddess" (his mother). The child's mother had been angry with him on several occasions due to his violent outbursts at home. Dalley et al. believed this session to be a "peak experience", one in which they celebrated going out of the therapy room to buy a treat for the child (he saved his treat for his mother). She discussed this session as one of the first in his journey toward wholeness or the individuation of his psyche. By "individuation," she referred to the Jungian concept of a process by which the client develops a coherent "Self" that directs the personality (Woodman, 1982).

Although Dalley et al. (1987) presented the work as a method of respect and regard for children's experience, a problem remains in the interpretation of the child's experience according to a prescribed set of theoretical tenets. She resorted to the belief that the creation of art has the power to extract universal motifs from the unconscious mind. Given this interpretation, there remains little, if any, need to request an explanation from the client. Again, in this art therapeutic approach, there is disregard for the client's perspective. Despite the rich imagery and the attractive nature of this interpretation to elicit a complex understanding of the human condition, it continues to be another approach that relegates the client to the background. The therapist occupies the foreground, assuming that the client has no control of his or her own recovery.

In summary, psychoanalytic art therapy has provided the art therapy discipline a sound
foundation on which to build further theory and incorporate new ideas. However, the limitations of this approach seem to now outweigh the benefits. Limitations include: (a) the emphasis on uprooting unconscious pathological motivation for certain behaviours rather than recognition of human strengths, (b) the concentration on interpretation of art and therapeutic discourse according to a pre-determined theory of human development rather than endorsing unique human experience, and (c) the relegation of client knowledge to a place of unimportance rather than consideration of it as a well of valuable information, with the potential for healing. Given these limitations, it remains necessary to research art therapeutic experiences that focus primarily on the client as the expert, and honours his or her experience as fundamental to the co-creation of, and meaningful interaction in the therapeutic connection.

_Socio-cognitive, gestalt and family systems art therapy and research._

Gestalt therapy provides an example of the movement away from psychoanalytic art therapy with its emphasis on the attainment of insight. This approach focuses on the here and now. The word ‘gestalt’ is a German word that has no literal translation into English, but rather has been incorporated into English by philosophers and psychological theorists. Words that come close to its meaning are “form, figure, pattern, structure and configuration” (Rhyne, 1984). Gestalt psychologist Fritz Perls, whom Rhyne trained with, is a famous proponent of this approach. Rhyne explains one of the tenets of Gestalt theory: the “whole is greater than the sum of the parts” (1984, p. 8). This concept, along with the emphasis that therapy occurs in the here and now, provided Rhyne with a backdrop from which she developed gestalt art experience. In particular, creating art became a way for individuals and groups to discern, in
the present time, their whole personality rather than reduce behaviours to pathological expressions. This therapeutic experience provides a qualitatively different opportunity than that of psychoanalytic art therapy. The latter has as its goal the identification of certain pathology and the subsequent unearthing of it as a process of gaining insight.

Rhyne (1984) incorporated Gestalt theory with art therapy in an experience in which the focus stays in the present. Rhyne defined the ‘gestalt art experiences’ as those in which the artist or client is completely absorbed in the process of creating art by thoroughly concentrating on the encounter with the art media, while at the same time being mindful of the activity. In other words, there exists a process of watching oneself as one engages in the art making. Rhyne maintained that through this type of mindfulness, the client recognized preferred ways of being for now and the future.

Similar to the psychoanalytic approaches Rhyne (1984) used case studies to present her work both in practice and research. She worked with groups, couples, individuals, and families experiencing various life dilemmas. These included children and adolescents who exhibited behaviours such as hyperactivity, selective mutism, developmental delays, suicide attempts, and drug addiction.

One case Rhyne (1984) chose to report on was a 35-year old African-American woman’s experience as a participant in group art therapy. This woman worked through issues of racism while she participated in social action. The adult groups facilitated by Rhyne were spontaneous and open-ended in which no specific directions were given about what to create. During one session, this woman decided to paint apart from the group on the floor of the room. She labeled this image, “The Monster Man”, (Rhyne, 1984, p. 57). It depicted a huge
black male image on a background of red.

Rhyne underscored the importance of this image stating that it provided the first opportunity for the woman to acknowledge her feelings of confusion, anger, and hurt. Her associations to the painting included the acknowledgement of feelings such as isolation, alienation, fear, disgust, and power. Rhyne adopted the technique of re-directing the verbalizations about the painting back to the client’s immediate feelings and experience. She identified this session as a crucial point in the therapy due its profound effect upon the client’s willingness to express her feelings and let go of her strong need to control her effect. According to Rhyne, the prime significance of this session relates to the realization that the client discovered what being ‘black’ actually meant to her. In so doing, she began an intense process of self-reflection.

One of the advantages of using Gestalt art therapy is that it requires the therapist to focus on the present rather than the childhood or past experiences. Another advantage of this approach stems from the concentration on the client’s language as he or she processes the art therapy. In addition, it integrates the immediate reality with ‘fantasy’ in a constructive and meaningful way. However, Gestalt art therapy, as an intra-subjective process, places the emphasis on the therapist’s employment of certain techniques that extract meaning as if they are instruments in discovering a core of truth. It seems to ignore the possibility that both participants—client and art therapist—could co-create meaningful interchange through mutual give-and-take.

Kwiatkowska (1978), Landgarten (1987), and Riley (1994) are some of the art therapists who have promoted family art therapy. Art therapy from this perspective integrates family
therapy theory. The blend of art therapy and family systems theory provides a specific example of this integration. Family systems theory views the family as a unit in which each member’s actions influence the other members of the family (Landgarten, 1987). A systems approach to working on family issues adapted to art therapy permits the art therapist to observe the family as it interacts together in creating an image or several images. Landgarten identifies three components of family systems art therapy. These constituents are: (a) the "process" that is a diagnostic tool to increase understanding of family communication and troublesome patterns of interaction, (b) the "contents" (what actually takes place in the family art therapy session) that supply a container for the expression of both conscious and unconscious patterns of being; and (c) the "product" (the image created) that provides a record of the family session. Other family systems theoretical concepts, such as "family roles, alliances, communication patterns" (Landgarten, 1987, p. 6), are easily observed as the family makes art together. In these ways, art therapy provides a concrete, bird’s eye view of the family creating a microcosm of their interactions.

Landgarten (1987) also presented her work and research in the form of art therapy case studies. These included families who experienced various forms of discomfort and difficulty—with issues resulting from parental separation and divorce, crisis intervention for a family whose child who was sexually abused, a sole parent family suffering from depression, to families with acting-out adolescents and terminally ill family members.

Landgarten (1987) described a case study in which a family struggled to resolve fair parental visits for the children amidst divorce proceedings. During the course of the art therapy, she invited the family to make spontaneous art as well as directed them in some art
tasks. Langarten used specific art directives, such as providing construction paper for all the members (two children and parents), while requesting that they make an image illustrating what they perceived as the current family dynamics.

She found that this art exercise depicted the struggle the family experienced when the children only visited their father on weekends. For example, the mother’s picture entitled “Angry Mondays” portrayed her resentment that Dad had become a “Good-Time Charlie.” (Langarten, 1987, p. 61). This image contained three triangles with “angry arrows” (the father and two children) coming out of them, pointed at herself (a round shape). Landgarten identified this session as being pivotal in that it crystallized the crux of the family issue. She decided to schedule a follow-up session with the parents alone. The purpose of the follow-up meeting was to negotiate visitation privileges agreeable to both parents. Several sessions followed this one, culminating in the completion of several goals, including moving toward a divorce in a less emotionally-laden manner, assisting the children in understanding the reasons for the divorce, lessening of the children’s guilt feelings, arranging visitation, and helping the children to adjust to a different family structure.

Despite the many successes reported in this case study, the impetus for resolving the family difficulties still originated with the art therapist. She retained the position of analyzing the images and deciding on the next course of action. It did not appear that they negotiated the necessity of a parental art therapy session. In a more collaborative approach, a process of mediation could have occurred in which the client and art therapist reached a decision through reciprocal interchange.
Since its early inception, art therapy has, for the most part, endorsed a positivist psychological stance. It focuses primarily on the dissolution of pathology and the empowerment of healthy patterns of behaviour and cognition. As discussed to this point, this trend has been developed in the form of case studies, with the emphasis on the individual (with the exception of family art therapy). Byrne (1995) argues for the movement toward a practice that is less entrenched in the interpretation of personal or archetypal symbols of the imagery by an expert therapist and focused on the co-creation of meanings that emerge from language and social context. Feminist art therapy and social constructionist art therapy are approaches that address this need for change.

First of all, a definition of postmodernism is required. Kvale (1992) locates the origin of the term in the 1950's and 1960's when it was coined in architecture, literary criticism, and sociology. He also notes that the term became popular during the 1970's and 1980's, especially with the publication of Lyotard's (1984) book, The Postmodern Condition: A Report on Knowledge. Postmodernism distinguishes the following tenets: (a) it is not a philosophy as much as a variety of perspectives and translations of human experience; (b) there is a movement away from the belief in an objective reality and a tendency to question encompassing, universal truths; (c) it is an epistemology that upholds the principle that meaning is co-constructed and explained in reference to certain phenomena rather than the adherence to an established doctrine of intention; (d) it promotes and (e) it upholds a belief system that endorses the existence of multiple and relative human knowledge, constructed through language in a social context. In art therapy, there has also been a movement toward
the incorporation of postmodern beliefs in an attempt to understand the diversity of visual expression related to human knowledge.

Art therapists appear to have mysteriously disregarded feminism, one of the most powerful influences in the social sciences in the past four decades. Burt (1997) performed a subject search on the CD-ROM Psyc Lit of the articles and book chapters that mentioned feminism and several professions, including art therapy, psychology, social work, family therapy, psychiatry, occupational therapy, and psychotherapy between the years January, 1987 and June, 1994. Out of 357 articles that referenced art therapy, she found that there were no book chapters and only two journal articles (a total of 0.6%) that mentioned feminism. A striking lack of research and case presentation exists in the art therapy field when comparing the number of studies undertaken in the field of psychology. The latter referenced 138 articles and 170 book chapters (a total of 1.4%).

Burt (1997) defines feminist theory, within the context of her writing, as the “...movement to equalize the position of women in relation to the position of men in our society.” (p. 98). As well, she maintains the following point: socio-political structures that oppress women exist in society. Included in these is the field of mental health.

Furthermore, the personal experience of each woman in society is valid and is influenced by these socio-political structures, which are socially constructed with specific purposes, and both sexes are constrained by their individual sex roles and by absorbing the attributes of androgyne (the characteristics of both genders). Each gender could experience liberation to some extent.

Liebmann’s (1997) case study of a self-help women’s project in Bristol, England
exemplifies art therapy from a feminist perspective. This group project was entitled NEWPIN (New Parent Infant Network). Goals of this program were: reducing the cycle of abuse in families, preventing child abuse, building parental self-esteem, liberating parents from the influence of depression and loss of identity, and encouraging parents to adopt a belief in the worth of consistent and caring child care.

The coordinator introduced art therapy to this group in an attempt to balance the verbal component of the group with a creative feature. Input attained from the group members determined the criteria for involvement in the art therapy group. For example, they established a guideline that accepted all imagery without criticism (Liebmann, 1997). As well, the participants founded the group on feminist principles similar to those identified by Burt (1997). Considering that the group blueprint transpired during the initial phase of the development, issues of power and control diminished to some extent. The group members experienced the resolution of personal issues through the creative act of discovering their unrecognized strengths in the art-making process. In this case, an expert art therapist did not analyze the art. Evaluation of the group experience revealed that a consciousness-raising occurred. Specifically, the women indicated that they, through the creative activity, recognized how many socio-political and economic conditions had held them back. The coordinator of the project observed that the participants achieved a sense of greater control in their lives through the art therapy group and this enabled them to feel more empowered in facing further life difficulties. The women also acknowledged that they felt more capable because they found their “voices” (Liebmann, 1997, p. 214). Dialogue following the group sessions exemplified this change. In particular, these women identified gender discrepancies
and considered how these societal limitations affected them in daily life.

Ross (1997), another feminist art therapist, conducted a study in which she interviewed participants in three groups. These participants were either employed as speech therapists (professionals), speech therapist trainees, or clients. The female participants explored the issue of conflict and its effects on them both professionally and personally. The groups ran for an hour and a half on a one-time basis.

The first group consisted of the professionals who were asked to consider the various roles in their lives and to think about the degree (if any) of conflict they felt "...within or between their roles." (Ross, 1997, p. 143). She requested that each woman create an image that resonated with these thoughts. Ross found that both personal and social concerns materialized in the imagery and the ensuing discussion. Conflicts arose that related to both work and home. Work-related conflicts revolved around working hours in the clinic, seniority, professional status, and duties of supervision, and establishing clear boundaries with clients. The nature of the personal conflicts reflected a high degree of exhaustion from working. As a result, the women felt guilty that they were conceivably "neglecting" their families. For example, one image Ross describes as "...home and work colliding with each other like meteorites" (1997, p. 144). Upon further self-reflection, through open communication with each other, the participants realized that these conflicted pressures were in part "self-imposed" and in part due to the expectations of others.

The second group, composed of trainees whose training consisted partly of assertiveness training, was asked to consider a question that asked whether they thought they had acted assertively or unassertively and how. After such reflection, the researchers imparted an
invitation to the participants to create an image that reflected these considerations. The difference between the images of assertiveness and non-assertiveness indicated to Ross (1997) a noticeable component of the art-making encounter.

Interestingly, the participants often referred to themselves as two distinct individuals, when in a non-assertive stance or an assertive one. A particular woman's picture of herself as not assertive provides a poignant example of this distinction. She described it as a "crumpled and bent-over flower." (Ross, 1997, p. 145). Other women expressed experiences in the non-assertive stance as being "invisible" and being "unable to stand upright". This art-making encounter also triggered painful childhood memories that the participants shared and worked through because of their experience of safety within the group. However, the assertive images also expressed profound wisdom. They depicted women as "full-bodied figures", women "overcoming the powerlessness and "being real" (Ross, 1997, p. 146). Overall, these participants perceived a power difference between themselves and those in authority. They decided that a preferred reality would be to bridge that gap by behaving more assertively since this would help them feel more authentic as human beings.

The third group included clients who stammered. Ross (1997) asked them to create two separate images: one of feeling "powerful" and the other of feeling "powerless". She discovered that these women experienced a fundamental sense of "being out of control" (Ross, 1997, p. 146). Some of the participants assembled collage (a picture created with ready-made images found in books or magazines) that portrayed images of powerlessness consisting of magazine pictures of overweight women or shabby women, as exemplified by one woman's depiction of herself as a huge mouth enclosing a spiral. She described it as "...a
bottomless pit of appetites.” (Ross, 1997, p. 147). A significant outcome of creating these pictures of powerlessness and the pursuant discussion relates to how women connected their feelings of impotence not only to individual concerns, but also to their gender in general. They felt that, as women, above and beyond having a disability, they experienced less authority in society. The powerful images, on the other hand, contained pictures of slim women, beautiful homes, exercise equipment, and “virtuous foods such as salads” (Ross, 1997, p. 147). Overall, this group of women felt that to become powerful they must somehow suppress their natural passions. Ross concluded that through the art therapy experience, these women identified their personal struggles and connected them to the social roles they occupied, and the attitudes they had adopted regarding the social constrictions of their gender. In this study, women also experienced a type of consciousness-raising that encouraged them to make decisions about ways they could alter their behaviour in an attempt to decrease their feelings of disqualification.

A criticism of this study relates to the fact that the researcher/facilitator introduced the idea of conflict before the art-making process. Specifically, she requested that they consider how conflict had affected their lives. Even though she acknowledged that she had used a directive to instruct the participants in this researcher, she did not account for the influence this instruction may have had on the type of images created or how it could have impacted the ensuing verbal or non-verbal reflections. This study characterizes an approach in which an art therapist uses a directive to inspire the creation of art that will depict an experience she is interested in researching rather than one in which the researcher accepts the generation of spontaneous imagery. Ross (1997) did not take into consideration that she might have
restricted the art expressions to some degree by inviting the participants to consider a specific concept. A further impact of Ross's use of a directive may be that it disallowed alternative images that led to discussions of past successes already utilized by these women to master dilemmas such as conflicts.

Malchiodi (1997) presented an overview of feminist art therapy in which she describes the art created by several women artists who suffered with breast cancer. Although these art-making experiences were not carried out with an art therapist, she maintains that they were therapeutic in that the individuals concerned worked through painful struggles through the utilization of creative expression. Malchiodi indicated that these artists participated in a form of social action by making their pain visible through their art. In a larger way, through exposure of these images to the public in the form of exhibits, they became symbols of emancipation from what could have been the silencing and isolation of their experience. The art projects took the form of grief masks (sculptures), a mastectomy quilt, photography and ceramics, as well as, poetry and books (Malchiodi, 1997).

Through the action of exposing their creative expressions of their suffering, these artists evolved from a position of victimization to one of entitlement (Malchiodi, 1997). As well, these acts of empowerment became a form of "inspiration" for other women suffering from breast cancer (Malchiodi, 1997). By having the courage to expose their pain in such a public forum, these artists became champions for the rights of women experiencing such a devastating ordeal.

By focusing on the gender imbalance implicit in a patriarchal society and reporting on its impact on women and, in some cases, on men, feminist art therapy and research has become
an important arm of the art therapeutic world. In the studies quoted, the group experiences of these women appeared to have assisted the participants in this recognition and, in so doing, raised their consciousness. Women also benefited from the feminist art therapy groups because it provided a venue for them to express their suffering in a visual form. This appeared to be helpful in not only understanding their experiences, but also in reducing the isolation of suffering alone. The universal nature of a group experience created an interaction between the women in a social arena. The participants and the facilitator negotiated meaningful co-constructions of these painful experiences. In a modernist, rather than a postmodern approach (Ross, 1997), the researcher moulds the experience by restricting the results through a process of suggestion. Ross, for example, directed the participants to create images about their experiences of conflict. By doing so, it is possible that she excluded alternative images, which may have influenced the ensuing discussion. As well, it still represents an example of an expert determining an outcome and interpreting it according to her expectations.

Social constructionism is based on several suppositions. These include: the existence of an established, knowable reality rather than the belief in an obscure, indefinite reality comprehensible through communication and further co-constructed as individuals continue to exchange individual thoughts; the modernist idea that a “system of knowledge” (Shotter, 1993, p. 179) exists for humans to discover is not emphasized; the co-construction of reality occurs among people through a shared interaction (using language) within particular social contexts (including historical ones) (Shotter, 1993).

Riley (1994) initiated the use of social constructionism into the practice and research of
family art therapy. She became aware of the importance of the individual’s or the family’s social and cultural contexts and the influence of these necessary links on difficult experiences. Specifically, she adhered to the tenet that clients construct valuable meaning that they award to their experience. This meaning, co-constructed between the client(s) and the therapist, provides the impetus for change in the therapeutic encounter.

Central to this approach, art therapists adopt a stance of curiosity and tentativeness. In addition, Riley (1994) contends this stance lessens the need for the therapist to demonstrate her or his expertise by determining the “right answer” to clients’ difficulties. As well, therapists/art therapists must not only maintain an inquiring attitude, but they also need to embrace one of vigilance regarding their meanings of reality. From this perspective, value is placed on human contact as a social interaction in which meaning is not discovered but rather must be created within the give and take of dialogue with each other and about the image. Riley (1999) explains that the art therapist provides art media and a favorable environment and the client constructs images upon which they reflect. In so doing, the therapist can offer interpretation that may be accepted or rejected by the client. Arriving at the final explanation of these images follows a thorough process of give-and-take that emphasizes the plurality of “truths”. Social constructionist art therapy, therefore, provides an inter-subjective opportunity to process therapeutic issues and to actualize, multiple and shared meanings.

Ultimately, the inter-subjective experience of the client effectively results in the co-creation of meaning, not as a static concept, but rather as one of fluidity that changes and adapts as people communicate with each other. Contact with others becomes the prime way in which personal and shared meaningful interpretations of life events continually change.
through verbal and non-verbal language (Fruggeri, 1996; Gergen and Kaye, 1996; Riley, 1994 and 2000; Shotter, 1993).

Riley (1994) supports her claims with a case study in which she explored one family's narrative through the use of social constructionist art therapy. One or more of his caretakers had subjected an 11-year old boy to various forms of emotional and physical abuse. One particular form of abuse at the hands of his stepmother required him to kneel on dried beans for hours, sometimes more than once a day. This torture had made him lame. Riley maintained that essential to his therapy would be that he reconstruct the meaning he associated with beans. During the art therapy sessions, attended by the boy and his foster mother, he decorated a shoebox with magazine images and cut a slot in the top of it. Riley then decided to cut out bean shapes from brown construction paper. Initially, this behaviour confronted the boy, frightening him to some degree. Although Riley directed the art therapy by choosing to cut out bean shapes, which may be interpreted as an attempt on her part to control the outcome of his therapy, she succeeded in calming his fears through her empathic responses to him. With each subsequent session he became able to take some of the beans and put them in the box, entitling the act as “...things he wanted to forget” (Riley, 1994, p. 23).

Through a process of handling the bean shapes and exerting his control over them, he began to talk about the pain of his experiences and eventually overcame his fear of beans. The meaning of these past experiences changed through the actual hands-on experience of manipulating the 'beans' and altering what had been a traumatic hurtful phenomenon into one of irrelevance. In other words, Riley and the child collaborated to co-construct a new reality,
one in which he transmuted terror and trauma into self-efficacy and self-control.

Campbell and Abra Gaga (1997) corroborate Riley’s (1994) perspective by reporting on a study in which a young African-American woman sought art therapy following a drug overdose. This case occurred in Britain where this young woman, as a child, had been apprehended by social services and placed in various neglectful and abusive foster homes. Initially, in therapy, this woman reported that she usually dreamt of herself as ‘white’. However, as art therapy progressed and the art therapists encouraged her to embrace her ethnicity through image-making and ensuing dialogue, she started to dream of herself as a black person. Prior to engaging in art therapy, this client had not been able to articulate her experiences but, through the creative process, developed the strength to express the pain of enduring racism and, in time, embraced an identity filled with pride and possibility.

In some ways, these two case studies approximate cognitive-behavioural art therapy, however, the primary difference focused on the dialogue in these studies.

Although the writers observed a definite change in the clients’ behaviours and cognitions, the treatment emphasis remained on the language co-constructed between the clients and the art therapists. In addition, a shared activity occurred between the clients and art therapists in which a different interpretation resulted (Riley, 1994; Campbell & Abra Gaga, 1997). For example, in the latter case, the client and art therapist co-created a new version of the experience of being a woman of colour. It moved from one of “despair and pain”, to one of self-confidence and self-acceptance. Through the creation of imagery, encompassed within a healing discourse that employed negotiation, this client embraced a new self-image.
Kapitan and Newhouse (2000) offer another example of social constructionist exploration conducted in a similar manner to a case study; however, they describe it as a narrative of deconstruction and reconstruction. Kapitan presents Newhouse’s creative process as she worked through her struggle to complete her thesis for a Masters Degree in Art Therapy. Kapitan initially struggled with what she perceived as a lack of organization and rigour on the part of the student (Newhouse). However, as Newhouse continued to create art, such as collage, accompanied by writing, Kapitan realized that, rather than approach this project in a linear fashion, she disassembled previously held postulates that art and thesis-writing need to be completed in an “organized” and lineal manner. Instead of following academic guidelines, Newhouse used art to construct her individual meaning, related to the process of writing a thesis. In this way, she engaged in an experience in which multiple meaning(s) could be created instead of adhering to a formula for how a thesis is to be produced. For example, Newhouse described her art making:

> Often a single object or scrap of paper inspires me, and around that scrap I build a collage. I lay my initial scrap on a sheet of paper without gluing it down. I add, rearrange, remove, and manipulate the materials until I am satisfied I have achieved an acceptable effect (Kapitan and Newhouse, 2000, p.117).

Newhouse demonstrated what occurs in a social constructionist process—how the individual interacts with the environment to create something different than initially perceived. In other words, meaningful reality transpired when she constructed one of specific and profound importance.

In addition, this exploration illustrates the inter-subjective aspect of social constructionism. Only through ongoing dialogue between Kapitan and Newhouse did new
meaning actualize. Kapitan disclosed how, initially, she questioned Newhouse’s approach. However, by challenging herself to re-examine her preconceived beliefs about thesis writing, supplemented by recurrent conversations with Newhouse, she learned to trust the credibility of this dialogic process.

A study conducted by Kalmanowitz and Lloyd (1999) exemplifies further a qualitative approach. They conducted it in the former Yugoslavia where the researchers complemented a team from Britain sponsored by the British charity, ‘War Child’. They facilitated two exploratory pilot projects in Slovenia and Croatia to determine the needs of the refugees. The art therapists offered a variety of art media to the participants in this project and, for the most part, art making happened spontaneously. Specifically, they established an “arts-based trauma centre” where refugees dropped in to experiment with image making (Kalmanowitz & Lloyd, 1999, p.17). They created two primary symbols: roads and houses. The researchers found that the houses represented the refugees’ loss of their homes, and the roads symbolized the many miles these people had walked. The researchers initially identified these symbols as themes. However, once the researchers made this identification, they returned to the participants to engage in a collaborative process in which the latter described the roads as representing their long journeys and the houses as depicting the loss of their homes.

Following the research, Kalmanowitz and Lloyd engaged in a self-reflective process, by making art themselves. By doing this, they determined that their main purpose in this research was to ‘bear witness’ to the suffering of the refugees (Kalmanowitz & Lloyd, p. 25). Since these researchers participated in a process of self-reflection rather than imposing a standard test upon the refugees, it seems that this research falls into the category of social
constructionist inquiry. It is the willingness, as a researcher, to not only acknowledge one’s influence upon the research environment, but also to explore the effect of the study on oneself as a researcher that positions this study within the realm of social constructionism. As well, these researchers adopted a stance of “not-knowing” rather than one of an expert in relation to the participants’ lived experience (Riley, 2000). By embracing this posture, these researchers practiced one of the principal premises suggested by social constructionist theorists. Acceptance of this stance implies that the researcher believes that meaning making is a collaborative process rather than a discovery process where one individual unearths unrealized self-understandings with the assistance of a detached authority.

Limitations of Traditional Art Therapy Research

Byrne (1995), McNiff (1998), Burt (1996, 1997), Riley (1994, 2000), and Kapitan and Newhouse (2000) advocate for a change in the research of art therapy. They maintain that research in art therapy, to date, consisted of methods such as case study because of the connection between art therapy and psychiatry. As indicated earlier, case study research dominated the research in the field of art therapy. This approach did not fit with my hopes of answering questions about the process of meaning making in art therapy.

McNiff (1998) and Byrne (1995) promote the exploration of qualitative research methods in which the art therapy experience can be brought forth with more imagination and creativity within a discursive method. Specifically, they refer to an approach that takes into consideration the ideas put forth by social constructionism. One tenet in particular stands out: that language and interaction cultivate the co-construction of meaning.

Deacon (2000) also proposes movement toward more creative and postmodern
approaches in qualitative research. In particular, she defends the use of the arts to collect data because of their ability to express the multiplicity of human experience that in turn leads to co-constructed discourse. For example, she discusses methods such as visual arts, drama, writing, and use of metaphors, photography and videography used to provide a rich foundation of contextual information that may accompany verbal language. Her approach fits well with McNiff’s (1998) ideas about the use of innovative research techniques that he terms “art-based research”.

McNiff (1998) coined the term “art-based research” and he refers to it as follows:

“...art-based research grows from a trust in the intelligence of the creative process and a desire for relationships with the images that emerge from it. These two focal points are the basis for a new tradition of inquiry.” (p. 37).

He emphasizes the need for art-based research by stating that the appropriate setting for it is “daily practice in the world...” (McNiff, 1998, p.82). Also, he focuses on the necessity for research in art therapy to be based in creative activity that occurs within the world of everyday experience. With this acknowledgement McNiff (1998), expresses an urgency to explore daily phenomena that take place inter-subjectively. In other words, he stresses not only the relationship between the art and the artist but also the relationships between the artist, the art therapist and the art, the ensuing discourse, and how they weave together. It seems that his notion of art-based research fits well into the thoughts I had about exploring the creativity and meaning-making process that occurs in art therapy. In particular McNiff’s (1998) “art-based research” harmonized with the tenets put forth by social constructionism, especially with its focus on examining the ordinary interactions of the client and art therapist. As well, McNiff’s concern with creative aspects of research blended well with social
constructionism's consideration that central to the experience of two or more people interacting is the process by which they co-construct meaningful, discursive exchange.

*Research Question*

My interest in "living moments" and multiple truths, discovered in the therapeutic process led me to the following research question: How does the creation of imagery and the discourse, related to that imagery, nurture and give rise to meaningful "alive moments" (Shotter & Katz, 1998) between the art therapist and the client? These moments of realization are notable because they reify, both through the art and the dialogue, the movement that evolves. Shotter and Katz (1996) refer to such instants of vitality in therapeutic practice as "living or arresting moments". They define them as: "... to be 'struck' or 'arrested' by another's words is not just to responsively understand them in terms of a single connectedness ... but to find oneself resonating to a whole multiplicity of other possibilities." (Shotter & Katz, 1996, pp. 2-3). In other words, the listener becomes transfixed by certain words/phrases (in the case of art therapy, images), of momentous proportion. Specifically, they are two important aspects to the understanding the significance of "alive moments". They are: (1) that these interactions occur within a relational sphere in which one is seized by a realization that one's self has been changed in a surprising and significant manner. (2) these living moments resonate throughout your being, they are not a verbal response only. Shotter & Katz (1998) quote Bachelard by emphasizing that as with poetry, these living interactions characteristically fashion existence because of their power to halt our typical reactions and almost force us to alter our sense of others and ourselves. Our inner conversations also change as our outer interactions become more reflective and tentative. In
this way "alive moments" become instants of crystallized meaning that offer the unexpected opportunity to alter our living knowledge and consider other potential for possibilities not previously contemplated.

The co-construction of meaningful alive moments between myself and former clients required an examination of previously conducted research in an attempted to discern if there had been movement of any kind toward a postmodern approach in art therapy. As indicated by Alter-Muri (1998), the movement in the fine arts world toward the acceptance of postmodernism and current critical analysis of modernist thought was beginning to shake the underpinnings of traditional art therapy theory. During this study, I met and co-constructed art therapy sessions with four individuals who participated in all aspects of the research experience. The aim was to experience a collaborative art therapy experience in which meaningful interchange was negotiated through the identification of alive moments (Fuller & Strong, 2001). These alive moments were chosen by both the researcher and participants and were further analyzed and crystallized into meaningful communication within a social constructionist framework.
Chapter Three

Methods

Research Approach

To construct an experience of art therapy with research participants, I decided to combine a Rogerian counselling approach and social constructionism as an overall epistemology along with Participatory Action Research (PAR). Harriet Wadeson (1992), an eminent art therapist, encapsulates, in the following quote, one of the concerns I had regarding art therapy research:

Yet, most art therapists enter the field charged with their own personal experience of gratification from art expression and a wish to involve themselves with others through the intimacy of imagery. Such work is of a very different nature from the exacting of methodological considerations of research design and implementation (Wadeson, 1992, p. 1).

My interest in research of a “different nature” became essential. Proponents of a social constructionist approach offered a way to captivate the desire that many art therapists, including myself, have to “involve” ourselves in the intrinsic co-construction of bringing forth meaningful discourse within the art therapy experience. The methodology I chose needed to reflect this desire. I had to shed the delusion that I could be an “objective” researcher. I decided to choose PAR as a research method. This choice complemented my belief that, as a social constructionist, I would be deeply impacted by the research participants, as they would be by me. As well, the collaboration and relationship(s) we created would acutely influence us.

Participatory Action Research as a method moves beyond understanding of another’s world (their subjective experience), to the active process of co-creating meaning that results
in some type of action or change. Smith (1997) presents PAR as an experience of liberation in which a group of people meets to understand, analyze, and deliberate over a “living process” (p. 173) with the goal of implementing some type of change. The movement occurs through what Smith refers to as “dialectic of praxis” or an “action-reflection” process.

Action-reflection, an analytic, informative experience, occurs when the participants and researcher engage in contemplative self-reflection within the context of their present and past experiences. Following this interaction, the participants and researcher interact in a different manner. These interactions are related to the newly acquired knowledge of self and other (Smith, 1997).

PAR also includes, within its theoretical tenets, the concept that “objectivity does not exist” (Smith, 1997, p. 183). In other words, “people are active agents in their world,” (Fine, 1996, p. 180). Through the entire PAR experience, individuals affirm how they are actively involved in the construction of their realities. Similar to the views of social constructionist inquiry, multiple realities are honoured, discourse is constructed relationally within a social milieu, self-reflexivity takes place, and the final word of expertise comes from those whose lives that are directly affected. Smith (1997) defines PAR as a research methodology encompassing a theory of knowledge and reality in which the researcher accepts the primacy of dialogic, relational meaning making. The construction of this methodology includes the adoption of the following principles: (a) liberation as intent; (b) the development of a “compassionate culture”; (c) participation in a “holistic, dynamic, vital, circular” process (i.e., praxis, defined as action-reflection); (d) honouring research participants’ reality, including the acknowledgement of historical and cultural knowledge; (e) participating
collectively to explore, discuss, and take action on collaborated ideas; and (f) co-constructing new "living" knowledge gathered through continuous dialogue, one that results in a deeply-understood transformation (Smith, 1994). These principles fit well with social constructionism and its epistemological foundations dedicated to the co-construction of authentic, relational, and diverse realities.

Maina (1999) presents another aspect of PAR that may not be readily appreciated. She discloses her previous struggle to find "appropriate methods of data collection that would be congruent with the experience of the members of my community and particularly the teachers who would be directly involved in my research" (Maina, 1999, p. 4). It is a concern I shared with her. Specifically, I felt somewhat conflicted because, as Maina (1999) indicates, the researcher contrives the research design in the first place. However, within the frame of a social constructionist position, I acknowledged that I was not about to attempt to conduct value-free, objective research. As a matter of theoretical integrity in this case, I became active and fully involved in the co-construction of realities as a collaborator. My input would be as pertinent as that of the research participants. Given that social science research is done with human participants and that I developed this study, it was my contention that by my assumption of a social constructionist approach, using Rogerian counselling couched within PAR methodology, I endeavored to co-construct a shared experience. Specifically, I perceived this research as a series of micro-PAR interactions. Once participants accepted the invitation to participate, they became co-constructors in the process, outcome, and reporting of the research through my willingness to be transparent and genuine in my interactions with them. For example, I assured the participants that they did not have the power to hurt my
feelings and that I hoped that they would bring up any concerns through talking, email, letters or asking for an advocate who may be willing to speak for them. Also, I maintained a self-reflective posture through my own journaling process, writing and making art on my own that revealed biases, excessive influence, or disempowering thoughts and feelings that may have developed within myself. I joined with the participants by honestly disclosing any previously held perceptions, as well as any emergent perceptions, so that I would maintain a non-hierarchical and congruent culture. In this way, I believe that two directions emerged—one in which I shared my thoughts, feelings, and perceptions with them and another in which they reciprocated. I trust that, with this approach, an experience was created in which I became their research participant (Freire, 1990). Within this type of collaborative model, we co-created art and conversation, and participated in a dialogic process of relational and practical interplay.

Participants/Co-researchers

I invited people to participate in this collaborative experience from my place of employment and other public places. I posted a recruitment notice at my present place of employment, emailed it to friends and colleagues, and put them in public places such as the art gallery, the college, and the university, outlining the research and requesting participants (Appendix E).

The participants were adults, four women, and one man over the age of 20 years. Their relevant life issues ranged from unresolved childhood experiences to difficulties in present relationships, work-related problems, career choices, and grief over loss of a parent.
Procedures

The research occurred at my place of employment where we scheduled art therapy sessions that fit both my schedule and that of the participants. Data was collected in a series of interviews during which the participants created images. I used both videotaping and audiotaping to ensure accurate recording of the interactions. I provided the participants with simple art media such as tempera paint, chalk and oil pastels, crayons, felt pens, clay, and paper. Initially, the participants and I met to review the Information Letter (Appendix E). I explained the intent of the research. In addition, I asked the participants to express their opinions about the value of the research. At that time, I requested any suggestions or contributions they may have regarding the study. As well, I clarified the act of choosing a meaningful alive moment.

After the first meeting, the following process evolved: (1) the spontaneous making of art by the participant, while I quietly observed; (2) upon completion of the art-making I gave the videotape to the participants and requested they choose an alive moment. I explained that I, too, would choose an alive moment and then we would meet to discuss our choices; (3) we reconvened and reviewed the selected videotape. At that time, we discussed the importance of the alive moment and how our choices were different or similar. An interaction resulted, characterized by mutual exchange of empathic understanding. I audiotaped this conversation with the purpose of recording our verbal communication. (4) I then had the audiotape transcribed requesting that it include all responses. (5) Once transcribed, the participant and I met to peruse it for accuracy and engaged in further collaboration about the process we co-created. This discussion crystallized the alive moment as the most meaningful point in the
therapeutic interaction. We met for a last time to identify and discuss any relevant and possible recurring themes or patterns that we had co-constructed. Between each part of the research process, a one- to two-week period elapsed.

As well, I kept a journal outlining the influence the research had on me. This journal contains writing as well as the drawings, paintings and clay sculptures that assisted me in processing the research experience. I disclosed any relevant ideas I had conceptualized through this journaling to the participants. I regarded this process as an integral part of the co-construction of the meaningful dialogic interaction we engaged in.

Data Analysis

During the third meeting with the participants, once the reviewed audio tape sections had been transcribed, we collaborated and discussed the alive moments to determine if the identification of these striking instants in the therapeutic encounter nurtured the emergence of themes that were valuable to us. Exploring the data for the existence of individual themes proved to be worthwhile as it assisted in establishing coherence in the meaning-making aspect of art therapy. Identification of these congruent strands of understanding bolstered the experience for both the participants and I. It assisted in highlighting our appreciation of our similarities and differences as authentic human beings.

In addition, I asked the participants if they sensed a difference in themselves since involvement in the research. I attempted to determine how they might have been affected by the research in ways that may not have been expected. Typical of qualitative research, unexpected data did appear. According to a PAR approach, I discussed this unforeseen data with the participants. We cooperated to determine the relevance of this data to the overall
research experience.

I expected that the participants and I would be changed to some extent, but I had no way of knowing how this would occur. As I had experienced in the past, I was once again surprised by the impact of art therapy. As well, I imagined that I would be invited to contemplate how powerful social constructionist art therapy was in humbling my experience as an art therapist. These feelings, too, were reinforced. I had the opportunity once again to experience the momentum toward health that occurs when two people collaborate with the goal of co-constructing wellness.

Ethics

A concern with ethical standards became my highest priority in this research, given the emphasis I had placed on co-construction, and the necessity to maintain respect of the participants' lived experience. In particular, I contemplated four questions: if I were a client would I want this research to occur? If so, then how would I assure more comfort and bring forth increased participant empowerment (Zeni, 1998)? Are there situations in which my role as an art therapist and a researcher conflict? If I assumed there would be such a role conflict, how would I endeavor to resolve such discord (Stiles, 1993)?

Firstly, I endeavoured to “do no harm” (Palys, 1997). This criterion, taken from the Canadian Psychological Association Guidelines for ethical principles of research and therapy, ensures respect and dignity for all persons who participate in research (Palys, 1997, p. 102). The Canadian Counselling Association (1999) also upholds similar principals regarding respect for the dignity of persons and “not willfully harming others” (p. iv). In addition, Miles and Huberman (1994) suggest similar ethical guidelines. Specifically, they delineate specific
points that are fundamental to sensitive research. For example, at the stages of recruitment, fieldwork, and reporting, the researcher must ensure (dependent upon theoretical perspective) that ultimate care is taken when approaching participants. Specifically, one adopts an "ecological" approach adopting the following postures: (a) during the recruitment, the need for cultural sensitivity; (b) during the fieldwork, avoid being detached; and, (c) during the reporting, engaging in responsive communication.

This ecological perspective provided a foundation for what Zeni (1998) presents as a necessary element when conducting collaborative research. She discusses "action research" as a type of "insider research" due to the nature of the practitioner-researcher role. Thoughtful contemplation occurred in order to attend to the following points: recognition of the power relations between researcher and research participants; consciously working in collaborative decision-making as a way of flattening the hierarchy; the purpose of the study and would participants consider it a worthwhile endeavor; are there risks and benefits to both researcher and participants, and what efforts will be implemented to minimize the risks; fully questioning the concept of informed consent, and thoroughly discussing with participants the consequences of their involvement; assuring anonymity and confidentiality by asking participants to choose pseudonyms and, further, by changing identifying demographic information; determining how the data will be collected and stored, providing a secured storage place (such as a locked file cabinet) to guarantee participant confidentiality; providing an opportunity for participants to withdraw from the study at any time during the process; and discussing ownership of the document produced (Zeni, 1998).

Weingarten (1991) introduces the concept of "intimacy" into the consideration of ethical
demands, both in therapy and research. She defines intimacy as interaction occurring when people share meaning or co-create meaning and are able to coordinate their mutual meaning making. Meaning can be shared through writing, speech, gesture, or symbol. In the process of co-creating or sharing meaning, individuals have the experience of knowing and being known to each other. Intimate interaction can happen with one or more people, in actual or imagined encounters (Weingarten, 1991, pp. 294-295).

Clearly, from this standpoint, therapists and researchers have an opportunity to co-construct meaningful, intimate interaction by their presence in the research environment. Considering the inter-subjectivity of the research perspective I participated in, I discovered that I became fully aware and vigilant regarding the implicit unequal power relations that could have exist in any research experience. As a critical requirement, I decided to honestly disclose any thoughts I had regarding my privilege in an attempt to decrease the power inequity and to increase the level of intimate interaction.

Given the nature of this collaborative study and my primary concern with “doing no harm,” I ensured the safety and well being of participants. Clients who have been working with my colleagues at my place of employment and those who saw my notice posted in other public places were invited to participate. I presented them with an information sheet and discussed any possible concerns they had about their participation, focusing on any cultural or specific issue that may have been sensitive to them. As well, I asked at the outset of our conversations whether clients consider this type of research a worthwhile experience for them and the field in general. To effectively address any possible bias, I sought to maintain quality control through processes referred to as “forestructure” and “permeability” (Stiles, 1993, p
602). In order to attain such permeability and forestructure, I kept an ongoing journal of my reactions and, as well, sought to disclose these renewed understandings to the participants.

I protected the identity of research participants by requesting that they choose pseudonyms and by changing demographic information. I provided participants with informed consent forms to sign and discussed in detail any concerns they had. In particular, I maintained vigilance in these discussions by asking if participants fully understood what exactly their involvement meant, including access and availability of the thesis document. These consent forms included a statement that ensured participants would have the power to decide whether images created within this experience would be attached to the document.

I provided participants with the opportunity at all stages of the research process to withdraw from the study. As well, I made myself available for discussion of any concerns that arose or, if participants did not feel comfortable discussing these concerns with me, I suggested names of other therapists they may wish to contact. I advised participants that all videotapes, audiotapes and typed transcripts (raw data) would be stored in a locked, metal file cabinet that I alone have access to. Raw data would be made available to my advisor, my committee members and participants (if interested), and stored in a locked file cabinet for five years. I offered the research participants an opportunity to continue art therapy with me, for two sessions free of charge, to work through any issues that may have arisen out of the research experience. If this arrangement was not satisfactory I suggested names of other therapists in the community for the participants to pursue therapy with. As well, I made myself available for further discussion and resolution of any concerns that may come up due to the research, if participants sought therapy with other professionals. To maintain validity in
a qualitative study, I continually collaborated with another art therapist and/or other therapists or counselors to monitor my motivation and to be vigilant with regard to the issues of possible disempowerment of research participants (Stiles, 1993, p. 608). I perceived the consultation with another art therapist as vital, given this could have been my most vulnerable area of bias. Since I have a relatively long history of work as an art therapist and some of my perceptions may have become rather solidified, the importance of consulting another art therapist stood out for me. I deemed that this consultation contributed to co-construction of renewed understandings of my participation in this study. As well, this practice assisted me in becoming more open and permeable to the reception of unique constructions of participants' realities.

I discussed with research participants the possibility that the collaborative information co-constructed (including photographs of imagery) may be used for research purposes, for educational purposes (teaching), for art therapy/counselling purposes, and may be reported in academic journals.

The following appendices are attached to inform participants of the objectives of this research: (a) an information sheet (Appendix A), (b) Letter of informed consent (Appendix B), (c) limitations to confidentiality form (Appendix C), (d) a letter of permission from my employer to conduct research at his private practice (Appendix D), (e) a notice of participant recruitment (Appendix E).
In this study, I was interested in creating research from a social constructionist perspective within an art therapeutic setting where two individuals—the counselor and the client—interacted to bring forth relevant meaning(s). This endeavor characteristically created a mutual encounter that contributed to the co-construction of shared understandings. The intention of this study was to bring forth such an experience. As I became immersed in this research, it became clear to me that a distinct difference developed between engaging in art therapy as a solitary activity and this experience of participating in art therapy in the presence of another individual, in particular a trained art therapist. Through the use of Participatory Action research—a qualitative methodology—the participants and I chose alive moments. We defined these alive moments as those that stood out for us and appeared to have more energy than at other times during the initial art therapy session. Such instances of mutual understanding crystallized into vital pieces of meaning that demonstrated how the socially constructed art therapy research unfolded. Also, I utilized Rogerian counselling techniques such as the one that follows to accurately reflect the participants’ meanings:

H: so that was a very thinking first one (referring to the first drawing Appendix (H) but this one was more from a different place...a little further down...

B: like a more deeper place

H: yeah

B: and you were surprised about all the colours that you chose that symbolized you?

H: yeah.

Using this approach and within this context, this chapter will describe the participants’ and my experiences. As well, it will include our meaningful alive moments and the
subsequent co-constructions of reality as we moved through the art therapeutic encounter. In
addition, I will end the chapter by explaining the relevant themes that the co-researchers and I
identified as recurring during the sessions. I will begin by introducing the co-researchers in
this study and describing their experience.

Co-researcher Profiles: Co-constructed "Alive Moments" and Relevant Themes

In the methodology section, I outlined how Participatory Action Research (PAR)
requires that the researcher seek the participants' input regarding data analysis. Within PAR,
research participants maintain a primary role as co-researchers. This notion is central to social
constructionist theory as well. In order to adhere to the principles of these two approaches, I
focused on describing each co-researcher's process, which they, in turn, validated. No
additional analysis or interpretation occurred prior to this writing.

Initially, in the construction of this research, I decided to invite adults to participate. I
had no preconceived notions about the gender of the prospective participants. Three females
and one male, all Caucasian and between the ages of 30 and 55, accepted my invitation. A
mutual process developed as potential co-researchers agreed to participate on a first-come-
first-serve basis. The process of co-constructing meaning with people in an art therapeutic
environment became more significant than their demographics. The following section
profiles participants and briefly describes their life experience. All participants chose the
pseudonyms identified and the letter “B” identifies me for my first name, Beverley.

Angela’s alive moment(s).

Angela, a professional married woman, responded to my posted notice inviting
participation in the research in part due to having previous involvement creating visual art.
After viewing the videotape of our art therapy experience Angela identified two moments that she experienced as most “alive” for her. One had to do with the overload of obligations in her life, and in the other she realized how oppressed she felt by both unsold property and a family problem. Both issues remained unresolved at that time, and not likely to be settled in the near future. She indicated, as well, that due to the fact that these issues were not resolved, she experienced an exacerbation of the feelings of being oppressed and overwhelmed exacerbated. She expressed this as follows:

I realized that when I painted it all out and kept adding stuff that I do have a lot...I was constrained because so much of what’s happening that’s oppressive to me has to do with the houses and that has to do with the family situation...And I realized...having these houses sitting there and me being powerless to do anything...

As well, Angela expressed an element of surprise that she could not work to resolve the issue of feeling overloaded with her life obligations without discussing the family-related problem:

...And then I am sure I said it before but [____] wasn’t listening or I didn’t say it the right way or whatever. That surprised me, that I couldn’t keep that out of this. I thought if I picked this as an issue, my being overworked, that I would be able to keep the family problem out of the picture.

Angela realized that through our conversation and the art making we co-constructed an unexpected circumstance. Despite her efforts to suppress details of the family problem, it became apparent that this issue occupied a prominent place in her life. By selecting this alive moment, she realized the total effect of feeling powerless in relation to a family member’s difficulty. Due to the profound impact of this realization, Angela increasingly understood her sense of impotence, especially in relation to how it contributed to an overall feeling of being overwhelmed and overloaded. She also became aware that not realizing the impact of the
family member's problem required a disproportionate expenditure of her personal resources:

B.: So that was the most meaningful part of it, ...that you couldn't keep [____] out of it?
A.: Yeah, I think, ... um I hadn't realized how, how much of my energy goes there.

For Angela, the amount of energy necessary to cope with this family issue held distinct meaning for her because it created a new appreciation of her feelings of powerlessness and a sense of being burdened.

The importance of Angela's alive moment is evidenced by her own evaluation. Specifically, her words "I hadn't realized how ... much energy goes there" aptly expressed the extent to which her choice of alive moment had brought forth a profound understanding of her predicament.

Researcher's alive moment.

I chose an alive moment from the videotape when Angela and I discussed the painting she created (Appendix F). In particular, we referred to one representation of her as a flesh-coloured outline that had not been filled in with paint. In contrast she painted herself in red when she worked as a group facilitator. I noticed the difference between these two self-expressions and she indicated that, unlike times when she functioned as a group facilitator, she often felt "empty...really tired". My singling out of this alive moment led to the following conversation:

B: I asked you about the centre, is there any reason why you didn't fill yourself in?
A: yup, yeah and I never thought of that when I was doing it. That was the first thing I painted...and all this stuff going on around me so I never thought of the fact that I was empty until you pointed it out... Because it doesn't matter what I look like. What does matter in this issue, is what is going on
around me.

B: So, if that was the case, then would it not matter, are you saying it wouldn't matter about how that would impact you?

A: Well no, it matters how it impacts me .... But umm, that's the thing...all these things impact me. But what I look like to a person doesn't matter much in this picture because...it doesn't matter what I look like, what persona I am, I'm tired. ... You know it doesn't matter if I have my tutoring clothes or my testing clothes or my parent clothes or my workshop clothes...

B: Okay, because in all those roles you are tired.

Therefore, the conversation that grew out of the identification of these alive moments resulted in a process of co-constructing a mutually shared understanding. Through the give-and-take of our verbal interaction, we co-created an appreciation that Angela's feelings of tiredness appeared more precise and more meaningful than the vague experience of feeling overwhelmed.

_Co-constructed themes_.

In our final meeting, Angela and I identified significant themes that recurred in the process of choosing alive moments in the art therapy experience. Angela identified three relevant themes: (a) an excessive number of commitments, (b) feeling most oppressed by family problems and unsold properties, and (c) the unexpected outcome or the surprise at not being able to discuss feelings of exhaustion without relating it to the family problems.

Angela's choice of these three themes paralleled mine to some degree: (a) feelings of being "empty" (the empty image - Appendix F), contributing to feeling so tired; (b) the oppressiveness of the family issue and how much energy it took to live with that, even in the research she struggled to keep it private; (c) the surprise element, how the process was unexpected in some ways; and (d) how she over-extended herself, giving to others, indicated by her statement about commitments and group facilitation, "I bleed...", which seems to fit
with the idea of not wanting to reveal the family issue, in a way protecting them and keeping
the secret.

Thoughts from my research journal during this process revealed that I felt gratified and
awed by the experience. The following words seem to express my interpretation of how these
themes developed in my own self-reflection process:

I am also aware (again) of how the art therapy contributes to an individual’s greater
understanding of her experience. In particular, in this case, Angela consciously and
almost persistently did not want to reveal information about one particular detail. That
she was attempting to control the revelation of a particular issue seemed to lead to an
awareness that this same issue was of great import in her life, (the family secret)... In
this situation she was surprised how much of her energy was being taken up by the
oppression of this particular aspect of her life. ... Although Angel” did not always agree
with my observations and input, it was interesting to feel justified to be more real in my

If I am truly working from a social constructionist perspective I know that I must let her
come to her own meanings and interpretations. Yet, on the other hand, I know, as social
constructionists that my meanings/reality brought into the session are part of the co-

We co-created profound themes and co-constructions through our individual processes of
self-reflection while simultaneously collaborating to develop ideas that may not have come to
fruition by a solitary venture or by verbal exchange alone.

*Hampton’s alive moment(s).*

Hampton is a sole mother and a professional woman working in the human service field
who responded to the research notice after a friend passed it on to her. Following the viewing
of the videotape of our art therapy session, she chose the following moment as being most
alive for her:

H: The meaningful moment I picked was when we were talking about this move.
And you asked about what the colours meant? And I hadn’t really ever
thought about it that way. ... I just went and picked them because I liked them and then when you asked me about...it was (laughter)...it was one of those meaningful moments, I guess. ... And because I am not an abstract person. ...Like when I do my own art it is very representational. ... there’s more symbolism in there (referring to the second picture B Appendix I) than there would be in here (referring to the first picture B See Appendix N). So ...it really hit a different level. ... Umm (short pause). I guess having you make me aware of the colours in it.... Making them important, like making them significant...the colours that I had chosen. ... when you raised that...it was really changing the level of awareness for me. So that was meaningful. ... Yeah and it helped, I think, took me to that different level because... because I hadn’t been there before...

B: So you were surprised that those colours symbolized how you feel, maybe how you feel about yourself or who you are.

H: Like, to think in terms...think of yourself in terms of colour isn’t something that I have ever done. In classes before and they say if you were a colour which colour would you be...((Laughter). I always have a hard time with that kind of thing...because I really don’t think like that.

B: Okay so it was the part about...after I talked about the colours for yourself and what they meant, what they symbolized...and you said intimacy is yellow and purple ...

H: Hmmmm.

Hampton and I engaged in an interchange characterized by elaboration, clarification, and reflection. Through this type of back and forth verbal interaction, we created a mutual understanding about the significance of the colours in the art piece. Once I inquired about them and she elaborated further, we co-constructed an understanding that the chosen colours were actually expressions of her. For example, by focusing on the specific colours together, she realized that they symbolized emotions in a way that differed from when she engaged in her usual self-reflective process.

Hampton’s choice of alive moment stood out significantly for her in the way she expressed her surprise at how she had not previously experienced herself in this manner. Her evaluation of this vital instant was characterized by her words “I didn’t really think like that”,
referring to thinking of her emotional self in terms of different colours. It is obvious that she valued the experience of choosing an alive moment because it provided an alternative way of viewing herself, it opened up new possibilities of understanding her inner life.

Researcher's alive moment.

The most alive and meaningful moment I chose in the session occurred when I felt most connected to Hampton. Specifically, as she frankly disclosed concerns relating to her relationship, our interaction became more intimate.

B: And you said that your yellow is in the centre because it is grounding and its in the inside but hers is on the outside...it's more of a reaction...like it shows how she only shows that part...that intimate part when something has happened. When something negative has happened and then it is more of a reaction than being inside her.

H: Right.

B: Yeah, I thought it was really significant because it felt like...you and I really connected.

This occurred after she talked about the meaning of the colours in the second picture (See Appendix I) and her realization that, when her partner expresses intimacy, it seems to be a reaction to a particular event rather than a feeling that comes from within her psyche.

B: I also felt most connected in the session. ... I guess it is just quite profound for me when I see the art again...every time it is different and uh...it really explicitly shows the situation...you know...when you talked about intimacy and how it becomes more of a reaction from her than from deep within her and with you the image is so different, and it is right in the centre of your being.

The parallel process that took place between Hampton and I and the conversation about intimacy stood out for me because a more intense connection developed between us. My fascination with this moment stood out because I felt as if I was experiencing a microcosm of her relationship dynamics. As she frankly disclosed her feelings, we moved to deeper sense
of connection—in particular, the discussion of the meaningfulness of colours to her, specifically the colours yellow and purple. These colours symbolized her feelings of intimacy and, at that point, the conversation changed direction. It flowed into an interaction that evolved into further co-construction of an actual experience of profound understanding between us. As an art therapist, this type of interaction in a session typically induces a sensation that is profound and unique. Through this collaborative dialogue, we co-created an exchange that became the highlight of the art therapy session and, for me, resonated with an appreciation of how momentous the process of collaborative meaning making can be.

*Co-constructed themes.*

During our last meeting, we brought forth themes that we individually identified as occurring throughout the art therapy research session. Hampton identified the following relevant theme: The use of colours to symbolized her feelings and her sense of self as well as the interactions or descriptions of interactions between herself and her partner.

For her, this particular concept transpired throughout the research session and exemplified co-constructed understanding. She expressed that until I asked about the possible meaning of the colours she had not thought of it. Although upon being asked about the symbolism of colour she concurred that, whether she consciously chose this colour or not, it resulted in significance and meaningfulness for her. The session became meaningful when Hampton and I started to talk about the implication of the colour choice. Previously, she had not considered the possibility that colour choice could have emotional significance. She demonstrated this when she communicated her past experience of having difficulty in perceiving herself as a colour, especially when it was suggested as a solitary, cognitive
exercise. Hampton realized that, through the mutual collaborative dialogue and the art making, colours have meaning for her. This realization aptly illustrated how socially constructed discourse contributes to the co-creation of understandings and shared meanings.

I chose themes similar to those Hampton identified. These were: (a) the unforeseen or unanticipated experience that evolved as we brought forth the emotional symbolism of the colours, and the appreciation that the experience was “better than expected”; (b) the significance of the colours and the individual attribution of feelings to certain colours—colour choice, although not always an intended action carries with it profound meaning and expression of emotions and experiences; and (c) Hampton’s statements that the art therapy significantly changed the experience of knowing herself. A new self-understanding and mutual appreciation was co-created. Through this conjoint interaction, Hampton and I collaborated to weave together a dialogue that manifested not only in mutual understanding but, as well, created a new appreciation on Hampton’s part of how socially constructed art therapy can accentuate an alive meaning making process.

_Suzie P's alive moment(s)._ 

Suzie P is another professional woman working in the helping professions and is a single mother. The art therapy research attracted her, in part because of her extensive experience in self-discovery work with the expressive arts. Therefore, her involvement in the art therapy process appeared to be a comfortable situation. Having viewed the videotape of the art therapy session she chose the following moments as being most alive for her:

S: And then when I started using the water on it that was also very meaningful. Actually that was probably the most spiritual part of it ... with the water on it.

B: That tactile experience was most spiritual.
S: And just the visual of the water struck things inside. ... (short pause) and the colour was of my desires so that was significant. ... This one (see Appendix J) was more significant than the smaller work that has black edges (see Appendix K). (short pause) ... that gold chalk had to go back on the work that had the depth. ... Yeah...so then it wasn’t that peachy, salmony colour, I added gold to it. (long pause). Yeah that gold was an energetic gold kind of ...a way to work beyond the room. ... when you noticed that I wished to have my whole self involved with the work and not just my head...not just my head, when you mirrored that to me. ... Yes that was very effective. (short pause). Maybe the second piece (See Appendix K) is ego...like in the naming of it... It came to me Y that my ego was quite (chuckle) a problem. It is a hard taskmaster. (short pause). And there was certain affirmation in what you said... that was quite helpful.

B: Oh...okay. ...those points that you picked out that were important to you, what was it about any of them that was particularly significant? If you could pick any of them? It sounds like the process for one, was really important, the doing, the colours, the watching of the water as you put it on the picture. ...

S: Besides the paint went off the page ... Because these things are not coming from my head. ... it was just welling up from deep within.... So my head was just observing what I was needing and so that was informing my ego in my head about what was going on; . About the person I am deep inside... the sort of whole person that lives in there, that can hide from anything else (chuckle). So...just allowing those sensations and what I needed was informing me ...

B: Why it was so significant?

S: But...often I am not really aware of what I need or what or who I am and I am distanced from it in my rational mind, eh? And so...just by letting the sensations come up...you know, just knowing that the paper’s not big enough...it has to be bigger... or you know this ... yeah, that’s the right colour, it does have to off the page, that is not me saying “make it this way”...it is something deep inside saying “it needs to be this way.... And my rational mind is just being an observer, like a scientist...sort of. ... So that’s quite important to me. ...and so, and it was often a surprise to my mind... “Oh that’s what you mean, look at what the water’s doing to her, she loves the water.” (chuckle)

By participating in this interchange and referring to the art pieces again, we co-constructed an experience that intensified the process of creating art for Suzie P. The actual creation of the visual expression was the most alive and meaningful part of the research for her. The interaction between Suzie P and I is a pertinent demonstration of how meaning in social constructionist art therapy is co-created through a lateral interchange of reflection,
questioning, clarifying and sharing of each other's perceptions of reality.

For Suzie P the choice of alive moment impacted her sense of self in a profoundly meaningful way. Her description of how the choice of alive moment invited her to observe her whole being involved. Specifically, she said: "... Because things were not coming from my head... it was welling up from deep within". It is evident from these words that Suzie P's experience in the study nurtured the opportunity for an alternate experience of her self-understanding to be brought forth. In addition, this moment became momentous because she felt more spiritually connected when her 'head just observing'.

*Researcher’s alive moment(s).*

One of the alive moments I chose from the videotape, similar to Suzie P’s, was when she added the gold to the peach-coloured painting (See Appendix J). For me, this expressed meaning because she validated that part of herself “deep within”—the live energy that is so necessary for her to live a meaningful and authentic life. A second meaningful and alive moment for me follows:

B: And I think that is really interesting too, that it has to go off the page. I was curious about that, that the colour has to go off the page because I was thinking... does that mean that then it's not stopping,... that you say, you call it flowing... it's like a continuous flow ... or is it have ... umm ... I can’t think of the work ... an infinite number of possibilities?

S: No, that it comes from an infinite place and goes out in an infinite way, that they are immeasurable in a sense...

B: Ohhh. I see, so it’s more about the immeasurability of this experience, as well as where it comes from and where it goes, but those are the infinite aspects of it.

S: Yeah, like a person comes from an infinite place, qualities that a person holds, that are part of them. ... Comes from an infinite place it can go into the world in immeasurable ways we don’t know... we don’t know how… That’s what is really hard about it ... control is ...

The choice of this particular alive moment profoundly stands out for me because, at this
point in the conversation, we contemplated, reflected, and shared some of our deepest, 
perhaps most intimate beliefs about spirituality and magnitude of the human condition. In 
particular, existence is incomprehensible and immeasurable in many ways and yet, in our 
individual lives, we struggle to understand and make sense of it. We engaged in a process 
that was different from individual self-reflection. Suzie P and I disclosed our struggle to 
grasp the meaning of a somewhat mysterious and abstract concept. The very nature of human 
existence became a subject that we contemplated, not only in response to the art she created 
but, more importantly, in the language we chose to ponder an idea. In so doing, we co-created 
a mutual appreciation of life’s enigmas.

**Co-constructed themes.**

During our last meeting, Suzie P and I collaborated to construct relevant themes that 
ocurred in the research session. Suzie P decided that the following themes were meaningful 
to her: (a) she allowed the sensations to surface, and then manifest in her picture, as opposed 
to thinking about how her picture would look; (b) the importance of being in a “true place 
within, as opposed to a head place”; (c) she can be her own worst enemy; (d) 
acknowledgement and respect of her life energy, honouring herself- the spiritual source and 
its infinite nature, that it is a continuous flow, and that we struggle to control where it goes. 
As well, she wondered about the relationship she has to water and how it is a metaphor for 
the “fluidity” of human existence: “water …it’s me… it represents the qualities of 
understanding, knowing intimately, reflecting, soft, clarifies, and is easily muddied”; and (e) 
her curiosity, her ongoing interest in “learning something new”.

Suzie P constructed these themes through the art therapy research experience.
Specifically, they developed as we engaged in a collaborative interchange and co-created alive meaningful understandings. She owned and valued the real moments from the videotape and dialogued with me in a way in a way that encouraged me to fully appreciate how much she relied on that part of herself to guide her through weighty life issues.

My chosen themes related significantly to Suzie P’s. Specifically, these were: (a) how meaningful the process was for her, as opposed to the product or analysis of the art; (b) the significance of water, its spiritual qualities, such as fluidity and its power to help her get in touch with her depth of experience and the qualities of water as a spiritual metaphor because of its ability to reflect, to be clear and yet to be muddied; (c) aliveness or meaningfulness doesn’t come from the head, the necessity to have a whole person experience or involvement in the self-reflective process, and letting the information emerge from her depth; (d) the life energy and how it must be respected; and (e) the effectiveness of having me mirror her feelings, thoughts, and process.

I felt energized throughout the research with Suzie P. This occurred as I experienced her willingness to participate in a conversation that probed the question of human existence. My thesis journal entries shed some light on my process, how I struggled to become more authentic in these interactions. This is exemplified in the following words:

... I was struck by the degree to which this participant opened up to expose her inner journey to me. I felt honoured and surprised because she has never met me before, or even talked with me in person. We have only communicated over the phone. Somehow her sincerity seemed to encourage me to be more in touch with my feelings too. Participating in this experience with her somehow quieted me down. It was a calming situation for me, more so than I remember having for quite some time. (Thesis Journal Entry, October 18, 2001).

Together we participated in a process characterized by clarification, mirroring and at
times retreating. We steadily co-constructed a mutually shared understanding of what was arresting and meaningful for her. Art therapy became a potent experience for both of us as we co-created living moments in the research sessions.

*Barry's alive moment(s).*

Barry was the only male participant in this study, also employed in the human service professions. He became involved in the research by responding to the poster outlining the study's premises. In the transcript “B” identifies Barry's statements, while I use “BR” to refer to myself. Upon viewing the videotape of the art therapy session, Barry chose the following alive moment:

B: My meaningful moment was when I saw the other side... when you asked me about the picture. ... And I can’t remember the exact context now (chuckling) because it was a while ago, ..., you asked me some questions about the picture and it was calm and it was about energizing, the outdoors ...things like that. ... I can remember all different sorts of things...and then I saw the opposite side of that too. ... So the meaningful moment for me when I saw both sides of the situation. Does that make sense?

BR: Yeah, so when you saw the calmness and the...what’s the word...lack of calmness (chuckle) ...

B: No it would be like conflict. ... That’s this stuff (referring to the picture, See Appendix L), and this was before my father passed away, right?

BR: So what was so meaningful about that, I meant what so meaningful about that moment in the videotape?

B: Ummmm...it really enforced the balance in my life, that yeah...everything has two sides to it...even the greatest problem can have a lot of strengths if you are willing to look for them, and the greatest strength can have some conflict to it. ... For example, having a sense of humour can be wonderful but if you use it at the wrong time it can get you into trouble. (Laughter) You know, umm for me it was profound in that ummmm, my youngest brother has been kind of bothering me because I have tried almost everything to try and connect with him...he just doesn’t seem to want to connect so it’s like...it’s okay to let go of that.

BR: Uh hmmm... so that’s your decision?

B: ... it’s not my choice to let go of it...it’s in terms of...I mean... No, it’s not my choice that he doesn’t want a relationship. ... That’s his choice. ...one of my brothers came up to me, ... “Well you know what, Barry? You’ve done
everything, I don't know"...he said, "there's nothing you can do, you know you just gotta let it go" and I thought there's more reinforcement for what I kind of ...maybe not...I don't know.... And my mom will be going soon too, she has had a few strokes so she is not doing well, but it was a good process to go down there and it was nice to have it reinforced, you know like I had done some work here in terms of the drawing (See Appendix L) and in terms of our discussion.

Through a continuous dialogue, Barry and I created an interchange that specifically addressed his desire for a closer connection with his brother and how he accepted that at this time, his brother had little interest in reciprocating. In this acceptance he found a new appreciation for the "two sides to the coin". By creating a visual representation (Appendix L) of a tranquil outdoors scene, Barry expressed one side of the coin, the part of his present life that he created, a manifestation of peace and calmness. However, through our conversation about the painting, it became apparent that in his family there was a definite conflict and, regardless of how hard he tried to mend that fracture, it remained unhealed because of his brother's unwillingness to participate in any joint interaction. The co-construction of this realization and mutual understanding between us brought forth the significance and profound meaning of the need for balance in Barry's life. As well, in a more general sense, we collaborated to co-construct an acknowledgement that balance is a life quality that he endeavored to create.

Barry's choice of alive moment(s) was obviously significant for him because he expressed how satisfied he now felt about with some of his life choices, in particular mending fences with his father and giving up the pursuit of a relationship with his brother. Specifically, Barry's words about the "two sides of the coin", relating to conflict and harmony, and the shared understanding we co-constructed, he came to accept that despite his
desire for balance in life, there were times when experiencing conflict was necessary to attain a deep sense of inner calm. Words such as “so the meaningful moment for was when I saw both sides of the situation”, indicate how Barry had come to accept that through the identification of an alive moment he was able to appreciate the struggle as well as the resolution.

*Researcher’s alive moment(s).*

The most alive and meaningful moment I chose occurred at a different point in the art therapy session. However, it, too, related to the co-constructed recognition of the importance of balance in one’s life, and how acceptance of the negative side of the coin is as valuable as validation of the positive side. The following conversation ensued:

BR: This is meaningful for me,...when you were talking about the spiritual or how you to go out in the wilderness...and that when you were in Vancouver the last time, you had talked about how you noticed that there wasn’t any life in the water in the harbour. ... That led to a conversation about your calm, life-giving relationship ...how different than your family of origin. ... So yeah that was the realization about your relationship at this point...is very different, you know how you have been able to create ...or construct that in your life.

B: Yeah...definitely ...

BR: Yeah... that seemed to be important to me because I felt how significant that it is for people coming out of families where there has been conflict or issues, as there is with most people, ... families of origin life have that.... many people are able to create something different. ... You have actively worked harder at it within it yourself and doing all that family of origin work ...and creating a peaceful place for you to go and... be spiritually but also creating a relationship with an adult woman that is reflected in this picture. ... that is what I thought was really important ...how you’ve done that ...in your life...the risk, and you have been courageous enough to push through all this stuff... It came to me too as you were talking about asking your dad for those “meetings”, ...that was a great act of courage too.

B: Hmmm.

Although in the last part of the quote I explained why this moment seized my attention, it
was necessary to emphasize my choice because the experience carried intensity and depth for me. As I conversed with Barry, referring to a picture illustrating harmony and calmness, I came to an understanding that the illusive goal of creating of tranquility in one’s life may have to grow out of conflict and disharmony. Through our collaboration, it became evident to both Barry and I that, in order for such a harmonious relationship to develop in his adult life, he had to thoroughly examine his origins, and carefully and deliberately shape a different life today.

*Co-constructed themes.*

Themes of relevance chosen by Barry had more of a wide-ranging scope than I expected. As shown in the following, he related them to life issues or struggles: (a) that he referred to the behaviour exhibited by his brother as “passive-aggressive”, and that he has never used that term before but recognizes that his entire family, including himself, utilize this approach; (b) “no regrets” – he felt no regrets about his father’s death (Barry’s father died in the middle of this research process) and, as well, he did not regret pursuing a relationship with his brother; (c) “knowing where he came from” – an important self-discovery because it led to further self-reflection that he understood his family of origin dynamics and recognized that perhaps he too, experienced “stuckness” about the pursuit of his brother; (d) “how to get outside myself” by being aware of where he came from; (e) the journey to calmness may entail conflict, and his difficulty in accepting this; (f) that he felt anxiety in a conflicted situation, and he has a tendency to pursue the other person to regain harmony and he continues to bring balance into his life as exemplified by referring to a past relationship; (g) that the colours and construction of the picture provided an apt metaphor for how he still
questions himself, especially in conflict and actively works to re-create balance in his life, especially if he thinks he has hurt someone; and (h) recognition that he worked hard to create a “peaceful place” in his life today, and that it was an act of courage.

Barry’s identification of these meaningful themes and how they relate to his life in a more global manner demonstrated not only an honest self-evaluation, but also displayed an act of courage. Through our combined efforts and our honest disclosures about how the research experience affected us, we co-constructed a shared understanding that seemed to assist Barry in seeing beyond the study to how the themes in the art therapy related to his life in general.

I identified themes almost identical to Barry’s: (a) the need for balance in life and that the road to achieving it is often conflicted; (b) “no regrets” – that because of Barry’s family of origin therapy and training he did not have regrets after his father’s death, (c) the personal became professional; (d) the creation of a “peaceful life and relationship” today and the knowledge of how his past contributed and strengthened the journey to achieve this; (e) Barry’s desire for a connected relationship with his younger brother and how he pursued it; (f) the importance of the construction of the picture and the colours chosen and how they parallel Barry’s efforts to construct a creative life. The struggle to form a creative reality and a life-enhancing adult relationship stood out for me in this collaborative communication. As a life theme, it resonated not only in my journey to create something different than what I grew up with, but in many other peoples’ lives that I have had the privilege of knowing. The interaction between Barry and I, including reference to his art expression, cemented for me how meaningful and exciting the process of co-constructing mutual appreciation and shared
understandings can be when utilizing a social constructionist approach in an art therapy session.

Summary

The co-constructed art therapy experiences described in this chapter portray the sincere intentions of these participants in their endeavours to co-construct an experience of uniqueness and mutual understanding with me. As two individuals meeting in a somewhat contrived situation, we engaged in caring communication and co-created moments of aliveness that contributed to mutual knowledge. We became co-researchers in a way that I had not completely anticipated.

The themes that we collaborated on, following the identification of individual alive moments, were significant in that they illustrated how we for the most part experienced the study in a similar manner. The co-constructed themes developed as a part of negotiation and collaboration regarding their importance illustrates how we co-created meaningful shared understandings. Table 1 outlines the co-constructed themes identified by the co-researchers and myself.
Table 1

*Co-constructed Themes Between Co-researchers and Researcher*

<table>
<thead>
<tr>
<th>Client Themes</th>
<th>Researcher Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angela Beverley</strong></td>
<td><strong>Beverley</strong></td>
</tr>
<tr>
<td>Excessive number of commitments</td>
<td>Feelings of emptiness</td>
</tr>
<tr>
<td>Oppressed by family problems</td>
<td>Oppressiveness of family issues</td>
</tr>
<tr>
<td>Unexpected outcome regarding not being able to keep family secret</td>
<td>Surprise element re: family situation Degree to which she overextended while giving to others</td>
</tr>
<tr>
<td><strong>Hampton Beverley</strong></td>
<td><strong>Beverley</strong></td>
</tr>
<tr>
<td>Symbolic use of colour</td>
<td>Unanticipated symbolism of colour</td>
</tr>
<tr>
<td></td>
<td>Significance of use of colour for expression of feelings</td>
</tr>
<tr>
<td></td>
<td>Changes due to the research</td>
</tr>
<tr>
<td><strong>Suzie P Beverley</strong></td>
<td><strong>Beverley</strong></td>
</tr>
<tr>
<td>Surfacing of Sensations</td>
<td>Meaningfulness of experience</td>
</tr>
<tr>
<td>Importance of being in “true place”</td>
<td>Significance of water as spiritual</td>
</tr>
<tr>
<td>She can be her own worst enemy</td>
<td>metaphor and fluidity of water</td>
</tr>
<tr>
<td>Acknowledgement of her life energy</td>
<td>Aliveness doesn’t come from her head</td>
</tr>
<tr>
<td>Appreciation of her curiosity</td>
<td>Respect for her life energy</td>
</tr>
<tr>
<td></td>
<td>Effectiveness of mirroring her expressions</td>
</tr>
<tr>
<td>Client Themes</td>
<td>Researcher Themes</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td><strong>Barry</strong></td>
<td><strong>Beverley</strong></td>
</tr>
<tr>
<td>No regrets about his fathers’ death</td>
<td>No regrets about father’s death</td>
</tr>
<tr>
<td>Identification of “passive-aggressive” behaviour by himself and family</td>
<td>Need for balance in his life</td>
</tr>
<tr>
<td>AHow to get outside myself”</td>
<td>The personal became professional</td>
</tr>
<tr>
<td>Journey to calmness may entail conflict</td>
<td>through his own family therapy</td>
</tr>
<tr>
<td>Feels anxiety when he ‘pursues’ others to regain harmony</td>
<td>Desire to have better relationship</td>
</tr>
<tr>
<td>How certain decisions re: colours resulted in image turning out in a particular way</td>
<td>how important they were to him</td>
</tr>
</tbody>
</table>

Chapter Five will further explore and discuss these co-constructed alive moments. In addition, I will ponder how art therapy framed within a social constructionist perspective, conducted through the use of Participatory Action Research contributed to the co-creation of meaningfulness in this research experience and the development of theoretical understanding.
Chapter Five
Discussion

Introduction

Evolution of research design in response to initial research question.

The research question that evolved to initiate this study follows: how does the creation of imagery and the discourse, related to that imagery, nurture and give rise to meaningful alive moments between the art therapist and the client? Given this question and the results discussed in Chapter Four, I continued to hypothesize about the possibility that if an art therapist adopted a social constructionist stance in relation to her clients, could she co-create meaning between them? In response to this consideration, I propose the following points that I have contemplated in depth: First of all, I will discuss the conflicts I experienced prior to my final realization that the study had demonstrated a collaborative effort to co-construct shared understanding. I will consider the various aspects of the study in relation to previous and present literature and reflect on my past experience as a client of art therapy and reflect on how that has impacted me as an art therapist and a researcher using particular thesis journal entries and previous images I created in response to specific facets of the study. Second, I will address the theoretical approaches I adopted and re-introduce social construction and explain how I incorporated it with PAR and Rogerian counselling techniques and feminist beliefs. These theories will be explored as a way to explain their contribution to my initial goal of reducing the power difference between the co-researchers and myself. Finally, I will discuss my concerns with this study and offer my thoughts for
further research and explore how I perceive my practice as an art therapist has been impacted by the research. Included in this last point will be suggestions about how this research may impact the field of art therapy in general.

*My struggle to co-construct a safe and non-hierarchical research milieu.*

My initial desire and commitment to co-construct a research experience that would create an experience of equality between the co-researchers and myself culminated in a fairly intense struggle within myself. Despite my commitment to a social constructionist stance and my attempts at utilizing Rogerian counselling techniques, I continued to question whether I had truly shed my former psychodynamic training as an art therapist. These doubts hung on regardless of my dedication to a constructionist perspective and the use of a PAR methodology. The data showed that I had accurately employed Rogerian counselling and art therapy techniques in a collaborative manner, but there remained a nagging sense that perhaps the power discrepancy had not been diffused. I questioned whether the inherent difference between the status of a therapist/counselor/researcher could ever be dissolved to the degree that the co-researcher/client/participant would feel equal. Tamasese, Waldegrave, Tuhaka, and Campbell (1998) point out that within certain "institutions" inherent power relations exist that require special attention. It is within this context that my uncertainty remained. How does one co-create a total experience of collaboration and equality in a research model? This underlying question continued to haunt me until I came to a realization that, as Tamasese et al. (1998) also suggested, there is a need for someone to remain accountable for the care of the participants in therapy and/or research.

With further reflection, I began to feel less conflicted about the need to co-create an
experience of ideal collaboration. My responsibility had been to provide an environment in
which the rights and needs of the co-researchers would not be undermined. I began to
understand that the doubts I initially felt about my inability to co-create an environment of
equality might actually be related to my desire to ensure that co-researchers were not harmed.
Maintaining the stance that, ultimately, I had to be responsible for the care of the participant
meant that I had to maintain a position of accountability. If that resulted in a situation in
which I erred as a pure collaborative researcher, I willingly took that chance knowing that I
had been cautious and had practiced in an ethical manner.

Following this decision, my anxiety about whether the study had been an exemplary
collaborative experience lessened to some degree. I acknowledged that I had not usurped the
co-researchers' power. Instead, I hoped that participants were safe and underwent as little
emotional discord as possible resulting directly from this study. This is evident in my initial
offer to provide additional art therapy sessions (free of charge), or a referral to another
therapist if anyone felt this was what he or she needed. Only one participant/co-researcher
took advantage of this offer, which resulted in a positive experience. Since I did not have a
contract to tape and transcribe any subsequent sessions, I do not have taped data to support
this experience. However, one example of a situation in which a co-researcher asserted her
reality over mine follows:

B: ...okay well did you have any questions at all about what I said and the moments
   I picked out, or any comments or questions about that?
S: Ummmmmm
B: or disagreements?
S: ...at the end of the process when we started talking about it...I think that is a bit
dangerous to talk about something...then it becomes an exercise of the head.
B: Okay.
S: it doesn't involve the whole self...
B: uh hmmmmm
S: better stick with what you know, what feelings were evoked ...
B: Okay.

Contemplating this dialogue I realized that Suzie and I had collaborated in a manner that significantly reduced the power differences between us. It is evident from this piece of the transcript that I willingly received her feedback—in particular, her disagreement with the aspect of the research that ended in a process of talking about the experience. In this way, I believe that I adhered to the principles of social constructionism, PAR, and Rogerian counselling through my willingness to honour her discontent with that piece of the research. By re-examining this conversation, I accepted that we had co-constructed a mutually shared and respectful understanding of each other’s reality.

*My struggle to accept that the research question had been answered.*

A paper by Vorhees (1994) validated my uncertainty about whether I had answered my research question. In particular, I speculated about *how* did the use of PAR, the adoption of a social constructionist stance and a feminist perspective, accompanied by application of Rogerian techniques, contribute to the identification of meaningful alive moments in therapy? Not knowing whether the research question had been answered became especially troubling. After reading Vorhees’ work, I felt less conflicted about my initial self-doubt as a fledgling researcher. Her honest disclosure of experiencing a wide range of emotions confirmed that my struggle was fairly typical. As well, it normalized the doubts I had that perhaps I had not answered my research question. In addition, it calmed my fears that the research had not been meaningful for the participants. I will demonstrate in the next section, how the study
accomplished what I had hoped it would. I addressed the question of how through the adoption of a non-authoritarian stance exemplified in theoretical orientations such as feminism and social constructionism. The utilization of a PAR methodology in conjunction with Rogerian counselling techniques, the co-construction of alive moments, and the subsequent conversations created a means by which mutually appreciated understandings were shaped. Weingarten (1995), in her study about “challenging cultural beliefs about mothers” stated: “Helping a voice to be heard is truly radical listening.” (p. 21). By “radical listening” she referred to the type of listening that portrays a genuine, appreciative attitude that invites another person to tell her or his story. This approach is similar to the principles of Rogerian counselling. Upon further reflection, I came to accept that the question of how meaning was co-constructed had been answered and that it had been answered in a collaborative manner.

The other concern I had related to my need to know whether the experience was meaningful for the co-researchers. In other words, was the study worthwhile? It appears this type of self-questioning is typical when researching rather nebulous human experiences such as the co-construction of meaning (Vorhees, 1994; Weingarten, 1995; Linesch, 2000; Fuller & Strong, 2000). Returning to the basic tenets of social constructionism, Shotter (1999) discusses the difference between “external observation” and “participatory understanding” as ways to understand the human experience. In particular, he stresses the latter approach that underlines the interaction between two individuals as a “comprehensive view” that manifests in reflexivity and quite possibly, self-questioning (Shotter, 1999, p. 10). It appears that similar to the PAR principle of “action-reflection”—the process of co-constructing mutually
appreciated realities—necessitates the questioning process on both the part of the researcher/therapist and the co-researcher/client. The search for meaning from these perspectives develops into a circular interaction in which truths are co-constructed within a milieu of respect and genuine care. As Bakhtin (as cited in Shotter, 1999, p.10) stated: “Truth is not born nor is it to be found inside the head of an individual person, it is born between people collectively searching for truth, in the process of their dialogic interaction.” In this way, the search I embarked on to convince myself of the worth of this study illustrated not only a typical reaction to researching the human experience of co-constructing meaning, it also became the impetus for an honest search to understand and eventually validate my intentions, hopes, and possible unrecognized motives for initiating and completing this study.

However, following this intense process of self-examination, I returned to the data and was pleasantly reassured that the experience I had intended had materialized. This is illustrated by the following quote:

A: I was surprised that I couldn’t fully examine my personal issues of overload without discussing the impact of family problems, and I preferred to keep family issues confidential.

These words were expressed during our last meeting in which Angela and I co-constructed meaningful themes. Her surprise reveals that there is an element of meaning in the experience because prior to the research she had not fully realized the extent to which these family issues impacted her sense of being overloaded. The realization she identified as a result of our co-created conversation around her image underscored for me not only the value of this research, it demonstrated to me that it had been a collaborative effort and through my noticing of the emptiness of her self-representation and how it stood out in
relation to the whole picture, she had gained a new understanding of her experience (See Appendix F).

Resolution of the struggle.

Following the above-mentioned struggle, I acknowledged the outcomes of the study and embraced the possibility that several aspects of the co-constructed experience deserved recognition and discussion. The following section will examine these points, including expectations and findings, a further analysis of the co-created mutual understandings, and further effects of whole-heartedly embracing the tenets of social constructionism, feminism, and PAR.

Initial Intentions and Unexpected Outcomes

In response to my reflections and ruminations when initially contemplating this research, I created a collage (See Appendix G) and wrote the following words:

“In 2 print”

I stole this clever title. It is the name of a youth art magazine and it refers to the creation of a document. Before that even begins I must ensure that the following elements are in place. “Explore the wisdom and Elders”—the old woman and ghost of a woman placed next to green and blue paint.

Green and blue are knowledge. Knowledge is developed by waiting, respecting the elders. She carries a knowing expressed in her wrinkles and her kind and compassionate eyes. Her smile is disarming, and it must be.

Comfort is necessary, comfort and welcoming. The ghostly woman, an apparition of veracity—she needs no body because her truth is her vessel, her existence may not be permanent, but her learning is dynamic and fluid. …

Images that inspire—such is my reality, images will hearten my conscience, to retain my focus, an ethical locus that ensures wellness.

Blackness and whiteness on a blank canvas where dormant potential awaits invitation.
This is the ground for sensual meaning, integrated; this becomes my manuscript—"In 2 Print" (Thesis Journal Entries from December 1999).

Revisiting these words, I realized that I expected the research to manifest in a particular manner. As I reflected upon this writing following the completion of the study, I realized that I had imagined that I would be more instrumental in the co-construction of the research experience. Despite the sense I had of being committed to a social constructionist theoretical orientation, I still believed that I had to offer a "blank canvas." Through the adoption of this metaphor, I became aware that in the early stages of formalizing the research question I expected that I would provide a value-free environment for the emergence of meaningful outcomes. These ideas remained from my training as a psychodynamic art therapist. Additional reading, discussions with other social constructionist thinkers, and continued reflection resulted in the realization that I had to completely alter the notion that only a sterile therapeutic milieu would assist the participants in experiencing a profound and meaningful encounter. The study portrayed that as I thoroughly adopted the principles of social constructionism, feminism, and Participatory Action research, and became more effective in the practice of Rogerian counselling techniques, the research interactions resulted in vital, consequential, and thoughtful interactions. The degree to which we collaborated to construct significant meaning is exemplified by the following quote:

B: I thought it was really significant because it felt like you connected about this realization that when she ______ expresses intimacy or shows intimacy it comes from something outside that has happened, something outside herself, rather than from inside herself.

H: Hmmmm.

B: I also felt most connected in the session. ... I guess it is just quite profound for me when I see the art again...every time it is different and uh...it really explicitly shows the situation...you know...when you talked about intimacy and how it
becomes more of a reaction from her than a feeling from deep within her, and with you the image is so different, and it is right in the centre of your being.

As this conversation continued the connection deepened and strengthened. Reflections from a journal entry dated, November 29, 2001 aptly described how I experienced the interaction:

Last evening when I met with my 2nd participant (Hampton), for the last time, and she reaffirmed my contribution to the interchange, I was struck (again) as to very co-constructive nature of the art therapy interaction. As I asked her re: the meaning of the colour yellow and she indicated that it was about intimacy, and the conversation turned to one describing the lack of intimacy between herself and her partner, I became painfully aware that if I had not asked the question that we may not have entered into this particular conversation.... As well, I was again reminded of the depth of self-understanding and self-reflection that can occur for both the art therapist and the clients when the art therapy process is entered into and the conversation is validated and meaningful.

As I continued to contemplate this interaction, I remembered Weingarten’s (1991) assertion that during the co-construction of “ethical” research, intimacy is created when the two individuals involved (researcher and participant) allow themselves to know and become known to each other. During this study, the process of knowing one another progressed as we allowed ourselves to be intimately connected. As we grew closer, we developed meaningful dialogue. This type of genuine and momentous discourse developed instinctively due in part to the safety of the research milieu. My experience of the interactions surprised me in that, as we identified and collaborated about the alive moments, we became increasingly honest and trusting. Riley (2001) supported the co-creation of such intimacy when she discussed a group therapy experience she participated in with elderly individuals. She poignantly expressed the depth of emotion that developed between herself, an elderly person suffering with Alzheimer’s disease, and his caregivers. Riley’s reference to an expression of one particular
participant as he talked about how difficult it was for him to paint when he could not hear.

Riley drew closer to him as he expressed his deep feelings about the loss of his physical attributes. In this encounter, she became aware of how his senses of sight and hearing were closely linked. As he continued to express his "sadness, anger, and joy," it became clear Riley understood that, through the co-construction of a safe and honest therapeutic setting, a meaningful and intimate interaction developed.

As discussed previously, I came to embrace a sense of unanticipated outcomes as the research evolved. I experienced myself differently as an art therapist. I realized that my participation had been active and necessary. The first quote, relating to the collage (Appendix G), suggests that I enter into the picture in a ghost-like manner. I understood this apparition of myself through a process of journaling and painting. I initially thought of my role in the interaction as a holder of my own truth, while simultaneously maintaining a stance that neither influences nor guides the art therapy session. As a result of allowing myself the freedom to express my truth in a non-authoritarian manner, I realized that, by assuming a ghost-like stance, I denied the influence of my presence. In the past, this blindness inhibited my effectiveness as an art therapist. I realized that I had impeded the co-creation of intimacy and meaningful discourse through the assumption that I had to maintain this stance of detachment.

Following the interviewing and transcription of the research tapes, I came to another unexpected realization. The following thesis journal writing not only expresses the differences between a solitary experience as a researcher/practitioner and an involved participant in the research process, it also underscores the significance of my presence and its
influence in the art therapy encounter:

Can I have a conversation with the art and myself alone, and if so, does the meaning that I derive from this solo activity have as profound an effect on my being in the world as if I were to have an interchange with another human being?

No, alone it is primarily self-reflection, even when in conversation with the art.

Although engaging with the art is a revealing process, it is not an exercise in socially constructed discourse. It is not an interaction mediated within a milieu that has the power to create a mutually collaborated reality. (Thesis Journal Writing, January 10, 2002.)

In this quote, I struggled to clarify how I understood the difference between solitary art therapy and co-constructed art therapy. I compared a solitary act of conversing with the art to the experience of engaging in a mutually collaborated co-construction of meaning. It became evident to me that the difference occurred through the act of mutual give-and-take that took place between the participants and myself. Shotter (1993) and Riley (1994, 2001) emphasized the importance of the social nature of any meaning-making process. This study supported their claims in that it illustrated how the context or social environment impacted the reality that the participants and I co-constructed. Fuller and Strong (2001) discussed the impact of context in their representation of discourse and language as a “received world view” (p. 201). This phrase refers to the process of co-constructing meaningful interaction between people when they relate to one another by choosing specific responses. These responses are dependent upon what has been previously expressed with certain environments, past and present. The idea of a received worldview appeared to be demonstrated in this research through not only the words used, but also the art created by the participants. Certain threads of conversation were emphasized due to the imagery created and the choice of alive moments that struck both the participants and myself. As Anais Nin so eloquently expressed, “We
don't see things as they are, we see them as we are” (quoted from a journal entitled: “A Journal Celebrating Wild Women”). Shotter (1993), Riley (1994, 2001), Fuller and Strong (2001), Alter-Muri (1998), Kerr (1999) enhanced Anais Nin’s quote through their emphasis on the social aspect of intimate discourse. Reality, therefore, as demonstrated by this study and the supporting literature, is an interface between individuals’ worldviews and selective verbal responses uttered as they interact with each other. In other words, as outlined by one of the vital tenets of social constructionism, a knowable reality is co-created within certain contexts or social environments.

The Co-construction of Authentic and Mutual Understanding

I expected that this research would provide an opportunity for the participants and me to interact in a manner that would impart mutual regard and express an appreciation of each other’s individuality and life wisdom. Central to the act of bringing forth a genuine interaction was the co-creation of a safe and reciprocally valued context. In an attempt to offer an experience in which the participants felt honoured and valued, I utilized client-centred art therapeutic techniques. Silverstone (1997) and Raskin and Rogers (1995) advocated an approach that underscores the adoption of congruent, empathetic, genuine, and caring attitudes toward the client or participant and oneself. For the most part, I maintained a stance that supported the participants’ dignity. Through the identification of alive moments in the art therapy and the use of client-centered therapy techniques such as reflecting and empathizing, I encouraged the participants to further elaborate on their feelings and thoughts. The following quote exemplifies such an interaction:
S: About the person I am deep inside...like the...sort of whole person that lives in there,
B: Okay...as opposed to coming from your head informing you.
S: Yeahh ...
B: Yeah...so this part inside you did guide you that was touching you, and informing you of what to do...or what you were doing.
S: Ummm.... that I, in a sense I am my own worst enemy, and keep that life from going...like here (referring to Appendix K), its too small and it doesn’t have the flow of the water or depth or anything because it is confined too much.
B: Okay...so it sounds like in that realization that you’re your own worst enemy, you’re the one that confines or restricts your experiences in some way.
S: Uh hmmmm.

It is evident to me that the use of thoughtful empathizing and reflecting assisted Suzie P’s reflections as we co-created a dialogue in response to the images she created. The interaction deepened, as we participated in a co-constructive dance, characterized by intimate connections and vibrant meaningfulness.

Feminist Art Therapy and Social Constructionism: Vessels of Co-creation

The metaphor of the vessel as a container for the co-construction of postmodern art therapy, joined with the ideologies of social constructionism and feminism, provided me with a powerful image of how practice can be conducted within a certain framework. The strength of this metaphor reveals the possibility of holding in place certain epistemological tenets while they simultaneously inform a relevant practice. The principles of social constructionism, postmodern art therapy, and feminism supplied a solid base to the “vessel” that contained the activity of researching the experience. Some of the principles upheld within these ideologies include: (a) the adherence to a belief in the non-existence of an objective reality; (b) the significance of the context, both historical and socio-political; (c) the importance of the social interaction between individuals; (d) the value of expressions of
meaning in both dialogue and visual images; (e) the need for social activism to liberate women and men from the inherent oppression of socially constructed institutions; and (f) the belief in the existence of a multiplicity of comparative human knowledge (Alter-Muri, 1998; Byrne, 1995; Kvale, 1992; Riley, 1994, 2001; Spaniol, 1998; Burt, 1997; Ross, 1997; Malchiodi, 1997; Arrington & Yorgin (2001); Kaplan, 2000; and Kapitan & Newhouse, 2000).

Feminism: A Way to Flatten the Hierarchical Norm of Research

Several years ago in my journey of self-recovery, I embraced a feminist perspective for my conduct in the world both as a professional and a human being. I adopted a feminist belief system as a way to nurture my growth and development as a sane and contributing woman in my world. My desire to co-create an egalitarian research experience became paramount in that I hoped that the co-researchers would feel a sense of empowerment. In so doing, I anticipated that an experience of freedom would be co-constructed.

As early as the 14th century, Julian of Norwich (c. 1342-1423), wrote about the “feminine side of God” (Cahill, 2002, p. 1), referring to her understanding of the Christian, particularly Roman Catholic, doctrine of belief in the sacred trinity of God. As well, during my undergraduate years at Simon Fraser University as a student of women’s studies, psychology, and sociology, Catherine MacKinnon (1987) strongly influenced my thinking regarding the rights of women with the following words:

Gender here is a matter of dominance, not difference. Feminists have noticed that women and men are equally different but not equally powerful. Explaining the subordination of women to men, a political condition, has nothing to do with difference, because the ideology of difference has been so central to its enforcement. Another way to say that is, there would be no such thing as what we know as sex difference much less
would it be the social issue it is or have the social meaning it has were it not for male
dominance. Sometimes people ask me, "Does it mean you think there's no difference
between men and women?" The only way I know how to answer that is: of course there
is; the difference is that men have power and women do not. I mean simply that men are
not socially supreme and women subordinate by nature; the fact that socially they are,
constructs the sex difference as we know it. I mean to suggest that the social meaning of
difference is gender-based (Mackinnon, 1987, p. 51).

This quotation asserts the power of a socially constructed belief system that has asserted
the inferiority of women through the maintenance of patriarchal discourse. The purpose of re-
introducing feminism as pivotal to this writing is to re-emphasize how strongly I am
committed to the creation of a research experience of equality and, in so doing, I maintain
that I actively struggled to co-create a non-hierarchical study.

In the world of traditional psychoanalysis there have been many women dissidents,
including Karen Horney and even Anna Freud. Writers such as Simone de Beauvoir, Betty
Friedan, Eva Figes, Germaine Greer, Shulamath Firestone, and Kate Millet continued to
speak against the traditional view of women as suffering from such misunderstood concepts
as "penis envy" (Mitchell, 1974). In the 1980's, psychoanalysts, such as Jessica Benjamin,
thoroughly examined the concept of the oppression of women in her worthy book, The Bonds
of Love: Psychoanalysis, Feminism and the Problem of Domination, reinforcing ideas such as
those put forth by Catherine MacKinnon:

The contemporary consciousness of women's subjugation has profoundly challenged the
acceptance of authority that permeates psychoanalytic thinking. Feminism has provided a
fulcrum for raising the Freudian edifice, revealing its foundation to lie in the acceptance
of authority and gender relations. (Benjamin, 1988, p. 7).

These later 20th century writers shaped much of my thinking as a trainee in a
predominantly psychoanalytic training program of art therapy and influenced my decision to
adopt a feminist and social constructionist stance to the practice of art therapy. As discussed, these viewpoints took on a pivotal place in the development of my research question and the models utilized to carry out the study.

Ruddick (1996) blends the concept of social constructionism into a feminist perspective by the following words:

The idea that “epistemic communities” socially produce all knowledge enables us to ask how the criteria of rationality are negotiated in particular circumstances. Several feminist philosophers have pointed to ways in which these negotiations are entwined with assumptions or charges of masculinity or femininity. Stated generally, what Carol Cohn typically structures epistemological communities, a feminist critical theorist, has called “gender discourse” (Cohn, 1993). A gender discourse is a symbolic system that dichotomizes human characteristics such as thought and feeling, mind and body, confrontation and accommodation, and systematically associates the first and valued set of characteristics with masculinity, the second, and opposite set with femininity. (Ruddick, 1996, p. 265).

Epistemology has been defined as “the theory of knowledge, especially with regard to its methods and validation” (Illustrated Oxford Dictionary, 1998, p. 273). Ruddick examined the known, established theoretical construction of gender as one couched within a social milieu, primarily concerned with the oppression of women. In addition, this socially determined construct relegated certain human experiences as being more likely to be expressed by women than men. For example, this discourse consigned human sensibilities such as rationality to men and emotionality to women. These types of discourse were particularly troubling for me as I grappled with the co-creation of an egalitarian research experience. Therefore, my primary concern focused on the inherent power relations in a therapeutic milieu. Given my commitment to feminist ideas and social constructionist concepts, accompanied by my need to co-create a PAR research study using Rogerian counselling
techniques, I found the words of Winnie Tomm (1995) comforting:

The study of power relations is a central focus of feminist research. A clear understanding of power dynamics is required for effective social action. I believe that such critical analyses and corresponding social action can be combined with the ethic of compassion that characterizes all spirituality (p. 5).

Although this study did not focus on spirituality, this quote reassured me in that it assisted my understanding of my intuitions and beliefs about the role of compassion in co-creating a research environment where power dynamics would be diminished and the natural hierarchy of research would be flattened as much as possible.

Adoption of a postmodern, feminist art therapy resulted in the practice of the principles I have expressed as necessary for the reduction of power relations in this study. As indicated, the preservation of these standards was primary and, in doing so, it contributed to, in one particular example, an increased understanding of how one participant confined certain aspects of his life. One significant point evolved out of a conversation about Barry's choice of alive moment. He referred to this realization that he appreciated the experience of "knowing where I come from." This acknowledgement assisted him in recognizing that the journey to attain harmony in his life may include the resolution of conflict and, if so, it had been worthwhile to pursue any such discord to its conclusion. The ensuing dialogue and reference to his image (Appendix L) demonstrated how we connected to each other and the image, and our process of co-creating a mutual understanding:

BR: Yeah, so when you saw the conflict and what's the word...lack of calmness?
B: No it would be conflict.
BR: Conflict...yes.
B: Like I mentioned, conflict between my youngest brother and I.
BR: Yeah
B: Yeah in that context so ...
BR: So what was so meaningful about that, I mean what was so meaningful about that moment in the videotape?

B: Ummmm Y it really enforced the balance in my life, that yeah...everything has two sides to it, even the greatest problem can have a lot of strengths if you are willing to look for them, and the greatest strength can have some conflict.

BR: Uh huh ...

B: ...You know...for me it was profound in that ummm my youngest brother has been kind of bothering me because I’ve tried almost everything to try to connect with him. ... He just doesn’t seem to want to connect so its like...it’s okay to let go of that.

The interaction characterized the essential notions of postmodern art therapy. I approached this image and the participant’s associations to his image with an openness and curiosity that portrayed my willingness to be informed of his reality. I found that, as I continued to reflect upon the discourse co-constructed with Barry, I became further entranced with the metaphor of the vessel. As a container of the meaning-making interaction, the image of the vessel had the ability to hold in place all the exchanges that occurred in the present moment, the tenets of the ideologies adhered to, the past life experiences and knowledge brought to the interaction, and the potential to nurture the co-creation of new and undeveloped possibilities of discourse. With the implementation of the philosophies of social constructionism, feminism, and postmodern art therapy, we connected on a level that brought forth honest, genuine practices informed by these ideologies. Barry and I collaborated to understand and appreciate the distinctness of our interchange.

Another example of such mutually shared understanding occurred when another participant —“Angela” mused over her chosen alive moment:

A: It doesn’t matter what I look like...all these things (referring to her image, see Appendix H) impact me.... It doesn’t matter what I look like, what persona I am, I’m tired. ... You know it doesn’t matter if I have tutoring clothes on, my testing clothes or my parent clothes, or...workshop clothes.
B: ...because in all those roles you are tired.
A: Yeah.

The few words I expressed in reflecting her feelings of “tiredness” contributed to the identification of an experience of “…feeling empty… I bleed…” As she reflected on the extent of the oppressiveness of her life at this point, she began to fully comprehend the burden of assuming an excessive number of commitments. The two words “I bleed,” which she expressed in reaction to her empty self-image, exemplified a personal and profound feeling of being overwhelmed. Her choice of these words left little doubt about the depth of her exhaustion.

As I received her reality, I felt honoured to have participated in this art therapy research experience with her. Through the adherence to the principles of postmodernism, social constructionism, and feminism, I reminded myself of the privilege the participants had bestowed on me through their authentic disclosures in this research experience. A vital reaction reverberated within me when I reflected on how fortunate I was to have been involved in this research. I felt an intense sense of gratitude and humility that the participants had invited me into a precious space, and that a creative collaboration had occurred. We had co-constructed an intimate and mutually appreciative reality. I reminded myself of one of the first tenets I learned as an art therapist, that is, continue to “know myself.” Dr. Fischer’s words resonated in my mind — “keep on painting,” he had advised. He was my mentor and one of the primary therapists when I trained at the Vancouver Art Therapy Institute. His sage advice seemed never so valuable. I must remain vigilant and continue to monitor my own authenticity as a human being who has entered into a profession in which people come to
entrust their deepest experiences to me. I have continued to participate in art therapy with other art therapist(s) over the past 10 years since my graduation. I have found that it is an effective and life-giving endeavour, a vessel to deconstruct my demons and to reconstruct my creativity as an art therapist and a human being. Fromm (1956) talked about the intrinsic need of the human creature to be aware of herself/himself: “Man is gifted with reason; he is life being aware of itself; he has awareness of himself, of his fellow man, of his past, and of the possibilities of the future.” (p. 8). For Fromm, this awareness was examined in the context of how one becomes a loving, compassionate human being. To locate this concept with the framework of self-awareness as an art therapist, in particular my experience of grappling with my own demons, the significant aspect of that quote that stands out for me is the possibility of “life being aware of itself.” Specifically, I am referring to the process of continuing to know myself. The act of painting and engaging in conversation as a supervision process is how I perceive that my life as an art therapist continues to be momentously aware of itself.

*Participatory Action Research: A Change Process*

I employed Participatory Action Research (PAR) with the expectation that the participants and I would experience an increased sense of confidence as well as a novel expression of mutual understandings. The primary constituents of PAR that stood out for me with regard to the outcome of this research are: (a) an awareness of having been changed through the co-creation of meaningful interactions; and (b) a sense of liberation as a result of participation in a collaborative “living process” (Smith, 1997, p. 173). Specifically, the first aspect of PAR manifested in the research as the participants expressed a change in their self-understandings. Hampton, in particular, discussed how she had not recognized the value of
colours to represent her emotional responses:

H: Like to think in terms...think of yourself in terms of colour isn’t something that I have ever done. In classes before, and they say if you were a colour which colour would you be? ...I always have a hard time with that kind of thing because I don’t think like that...

B: So it was revealing and unusual?

H: It was...

As Hampton expressed, she had not experienced the attachment of emotions to colours in the past. Participating in the research created a new understanding for her. As well, it became apparent that she had gained a distinct and enhanced sense of herself. It was the first time that she had been able to attribute feelings to certain colours in her drawing (Appendix I). Hampton indicated that she found the collaborative art therapy research interaction “better than expected.” Complementary to principles of PAR, the art therapy research resulted in an interaction exemplified by negotiation, mutual sharing, and a welcomed alteration in the participant’s sense of knowing herself.

Alteration in my self-knowledge occurred here as well. I had the opportunity to reassess my role as an art therapist, moving from an understanding of myself as primarily observer to one of active participant. In addition, I validated my own journey of self-reflection. More importantly, however, I participated in a meaningful experience of co-creating in-depth, intimate interactions with the participants. Meaning making in art therapy has not been an occurrence that I have focused on in the past. The deliberate act of choosing a meaningful, alive moment in this research encouraged me to be a full contributing partner in the art therapeutic encounter. Such an active form of engaging in the art therapy provided me with the chance to appreciate my contribution to the co-constructed outcome of the research.
Through this collaborative interchange, I grew to appreciate my knowledge and reality as it manifests itself in the art therapy experience. Rather than oppressing my perception, the research brought forth an increased sense of confidence and pleasure in my role as a congruent individual in the therapy session.

Experiencing myself as competent differed dramatically from my previous perception of myself as a therapist too often inundated with self-doubt. As the participants underwent a change in their sense of selves, I, too, felt a parallel change occurring. A shift took place primarily through our collaborative efforts as co-researchers committed to the goal of increasing shared understandings. Fryszberg (2000) substantiates the value of postmodern art therapy in the assistance of the appreciation of one’s sense of self, and the nurturance of relationships in an experience of life change. Characteristic of PAR, this research validated that life alteration could occur, and when it did, an increase in self-appreciation, and the appreciation of others occurred.

Another constituent of PAR, the experience of being liberated from a discourse of limitation, also developed out of this research. Specifically, this concept conveys the change process that occurred when the participants and I co-constructed new or different meanings for various understandings of our constructed realities. Fuggieri (1996), Green and Kaye (1996) and Riley (1994, 1999, 2001) support this type of change process so characteristic of PAR. The co-construction of this manner of interaction is portrayed in this study by the following dialogue with Angela:

A: I realized that when I painted it out and kept adding stuff that I do have a lot. ... I was constrained because so much of what’s happening that’s oppressive to me has to do with the houses and that has to do with the family situation. ... And I
realized—having these houses sitting there and me being powerless to do anything.

Initially, when Angela began painting, she did not realize how oppressed she felt by her family situation. With further verbal collaboration, we maintained a focus on the painting’s truth. We deconstructed the experience of oppression and recreated one characterized by freedom. This process was facilitated by her willingness to openly portray one aspect of her life as being dominated by restrictive influences. By recognizing how much of her life energy had been usurped by the suppression of her feelings with regard to this family issue, Angela gained a fresh view of how she had succumbed to unfair expectations of herself. Angela felt liberated following from the oppression she had formerly experienced in relation to the family situation.

Spaniol (1998) conducted research with individuals suffering with a psychiatric disability. She approached the research from an ethnographic perspective by actively requesting that the participants be involved in relating their experiences with art therapy. Spaniol (1998) describes this art therapy research as emancipation from the inhibiting context of a “disability culture”. Specifically, she described how she invited the clients to recount how they engaged in the art therapy research. One participant disclosed that he valued not only the art he created, but also the process by which he and the art therapist co-created meaning. Change apparently occurred for him through this interaction. He developed new skills to alleviate his anxiety. Spaniol’s research parallels the outcome of my study in that it provided the participant(s) an opportunity to become aware of limiting beliefs, and created alternative options to lessen influence of any previous disabling internal dialogue. By
utilizing a methodology such as PAR, we actively engaged in the research in a way that brought forth change. This experience, in turn, contributed to an unexpected sense of control over what seemed like overwhelming problems in the past. Carolan (2001) supports the use of PAR with art therapy by emphasizing how the path to change is co-created through active collaboration of both researcher and co-researchers as they engage in mutual meaning making and the co-creation of contextual truths.

The Influence of My Art Therapeutic Experience on the Research

Reflection on my past art therapy experience as a client in which art therapy can assist in the process of healing psychological issues yielded at least two realizations. Firstly, I believed that it contributed to the research. Specifically, through my ongoing and intense process of participating in art therapy over the years, I gained a deep appreciation and understanding for those clients who take a risk to express their inner experiences in a visual art form. In addition, I came to acknowledge that, through the participation in art therapy as a client, I understood and empathized with the participants’ experiences in this research. McNiff (1998), Riley (1994), Malchiodi and Riley (1996), and Riley (2001), advocate for the personal processing of art therapists’ psychological issues prior to the practice or research of art therapy. It became clear to me as the study progressed that, as I engaged in a lengthy therapeutic process to disentangle myself from the disabling discourse of my childhood, I had embraced a therapeutic stance of ultimate respect, admiration, and care for those daring individuals who pursued a similar path. In addition, I gained a sincere appreciation for the assistance of a qualified therapist when embarking on such a courageous journey. Without the caring, empathetic, genuine and committed therapists I have worked with, I doubt I would
have been capable of attaining the degree of life fulfillment I enjoy at the present time, nor
would I have had the motivation and tenacity to push forward through the difficult life
challenges.

Experiencing the intensity of being struck by alive moments myself also enhanced the
study. For example, I knew how to explain the process of identifying such to the participants.
From the participants’ responses, I realized that they understood what I meant by the
identification of such moments. They required little elaboration on the concept of choosing
those moments that stood out for them from the session. Later in my journal, as I reflected on
how I had explained that these moments would be meaningful to them, I came to realize that,
due to my past experiences as a client, I fully comprehended how I had been struck by these
kernels of aliveness in the sessions. Secondly, it became clear to me that my past therapy
participation paralleled some of the participants’ research experiences. Specifically, the
mutual process of co-constructing meaning through the identification of these living
moments presented interactions similar to the ones I have participated in. Although I have not
been directed to choose these instances of meaning, I have experienced the intensity of such
times in the therapy sessions. In particular, the moment I previously described in individual
art therapy appeared to be similar to those of both Hampton and Suzie P. Both women
described how, through my musing about the meaning of colours (for the former), and my
acknowledgement that she wanted her whole self involved in her art therapy experience (for
the latter), they gained an increased and unexpected understanding of themselves. As well,
Angela identified how she had been surprised that the family issue had so much influence on
her overall sense of being overwhelmed. Through our mutual interactions, and in particular
...

This writing resulted as I continued to reflect on how the research impacted me. At these times, I realized that I felt deeply touched by the participants' experiences. These entries took on a sense that is similar to some of my own therapeutic compositions. At different times during the research, I reflected in my thesis journal. Upon further contemplation it became increasingly apparent that the participants' experiences paralleled my personal art therapy process.

*The Co-constructed Themes as Indicators of Meaningful Interchanges*

As I continued to ponder this study and its importance in the art therapeutic experience of the co-researchers and myself, I mulled over the seemingly profound meanings that we co-constructed. To re-iterate to some extent about these additional musings, it seemed fitting to re-iterate about the themes co-created between us. Given the emphasis on the identification of alive moments put forth throughout this discussion, I decided to emphasize the following themes that stood out in this research.

Firstly, one theme that developed with two of the participants through the
acknowledgement of meaningfulness as it was co-constructed, relates to the feeling of liberation from former self-limiting discourse. Specifically, I weighed how significantly postmodern art therapy had released me from the shackles of self-disparaging discourse against the discussions that evolved with the participants. As Shotter and Katz (1998) pointed out, when one person in a mutual exchange pays attention to a specific aspect of the interaction and relays it to the other individual a certain type of 'noticing' occurs. They refer to this as "responsive-relational understanding". Through the use of a Rogerian counselling approach (Silverstone, 1997), I attended to specific expressions both in the imagery and the ensuing dialogue and, in so doing, assisted the co-researchers in taking a second look at particular constructions of reality that previously limited them in realization of their potential. This type of freedom resulted through the mutual interactions that developed as part of our process of our identification of alive moments.

Secondly, the theme of increased self-understanding developed along with the co-creation of mutual understandings. This parallel process stood out for me as it became obvious that each co-researcher realized and reflected upon some aspect of their reality as we co-constructed a new reality in the sessions. In addition, this fresh self-appreciation was characterized by an overall sense of surprise and wonder, as it became part of a relationally created understanding for each participant. For example, two out of three of the co-researchers expressed how they had gained an increased comprehension of their socially constructed knowledge in relation to their creative abilities. Specifically, one participant found that she had the aptitude to perceive her emotional states as colourful metaphors, a skill she formerly had not realized or valued. This newly acquired knowledge and the sense that it
occurred in an unexpected manner further enhances the efficacy of art therapy when conducted from a postmodern perspective. Through an adherence to postmodern ideals (Shotter & Katz 1996, Deacon 2000, Barbee 2002, Riley 1994, 2000, and Hogan, 1997), we co-created an alternative to self-criticism and the debilitating effects of maintaining such limited discourse.

Thirdly, a key theme demonstrated by this research developed out of the co-researchers’ willingness to be fully present in the experience. In particular, two individuals attained an understanding of satisfaction with the authenticity of their involvement in the art therapeutic experience. Specifically, they expressed that through the art making they noticed the genuineness of their experience when they allowed themselves to participate from a true place. This acknowledgement resonated for both of them because they articulated about how the imagery and the accompanying dissuaded self-doubt. For one person, the experience invited an expression of her spirituality and life-energy. The other individual commented on how he felt more genuine as a human being when he deconstructed the self-limiting beliefs because, through the acknowledgement of his desire to be a more authentic person, he felt a deep sense of relief and satisfaction. Such appreciation also contributed to an enhanced mutual understanding between us since I, too, had difficulty extricating myself from the incapacitating effects of self-doubt. As Shotter and Katz (1996, 1998), and Katz and Rappo (1997) stated, the relational aspect of exchanges and its effect on the co-construction of new realities brings forth meaningful and profound interactions that are mutually appreciated.

As I repeatedly explored these themes, I came to accept, through the identification of those alive moments, that the co-researchers and I had truly co-constructed a postmodern art
therapeutic experience. It seemed that, as we chose these crystallized instances of vitality, we connected to one another in a way that was atypical of usual interactions. The safety of a therapeutic environment invited our process to become mutually rewarding and meaningful. Due to the attainment of a fuller understanding of the effects of postmodern art therapy, I still ponder over the process that occurred in this study and how we co-created mutual understandings as well as alter our previously held social constructs.

Concerns Regarding this Study: Constraints

Constraints of choosing one theoretical orientation.

Other theories could have been adopted to describe and understand the art therapy interactions. However, regardless of what theoretical approach I chose, the study would have been impacted. What is important is that, as a qualitative researcher, I recognized and recorded what influenced the outcomes. It is likely that different expressions of meaning would have resulted from this research had I chosen to adopt a Freudian or Jungian theoretical orientation and analyzed the art therapy participants and myself. For example, these psychodynamic approaches would probably have underscored the influence of the participants’ past experiences, particularly those of childhood, and focused on working through the resolution of transference within the art therapeutic milieu. As discussed previously throughout this thesis, it was my intention to explore a different approach, one which I thought fit more appropriately with the postmodern stance I had, assumed since my graduation from a psychodynamically-oriented art therapy training program.

Methodological constraints.

A conspicuous limitation in the utilization of the methodology chosen for this study is
that I designed the initial research and formulated a research question. Although I adhered to the other principles of PAR, I have been plagued by the fact that this research grew out of my desire to study art therapy from a postmodern perspective. A pure PAR study would have involved me approaching a particular group of individuals and offering my services as a facilitator of a piece of research. We then would have collaborated to co-construct a relevant study that would have grown out of the needs of those people. To counteract the effects of my power as a researcher, I adopted a social constructionist attitude and stance. As well, I simultaneously utilized a Rogerian counselling technique. In addition, I struggled to maintain a stance of curiosity and respect, while continuing to monitor my motivation, needs, and reactions in the research environment.

One particular aspect of this study, however, that I was unable to eliminate was that I had the training as the art therapist and the participants did not. It was extremely difficult to wrestle with the possible perception on the part of the participants that I was the expert who would interpret and analyze their images. I became aware of how diligently I was striving to reduce my power of influence as the art therapist in this study. I realized that almost in an unconscious manner, as a clinician I deliberately and actively disempower my expertise. Ways that I work to present as an equal human being as an art therapist is to maintain an open and welcoming demeanour, and at times when appropriate, increase my transparency with self-disclosures. Actions I take to mitigate my expertise are typically maintaining open body language, smiling, maintaining reasonable eye contact, leaning forward to express my interest and attentiveness, and often, choosing to sit in a chair that is lower than that of the client. These almost automatic bodily responses were maintained throughout the research
experience. Adopting a social constructionist stance, using PAR methods and person-centred counseling skills, accompanied with the incorporation of a Feminist ideology I actively worked to become an educated non-expert; in particular, I regarded myself a non-expert of the participants' lived experiences including their innate strengths, and their well of resources.

In addition, in consideration of my 'expert knowledge', this study is similar to case study research within a qualitative research paradigm. Under this umbrella the qualitative researcher assumes the role of clinician-researcher (McNiff, 1997 and Gale, Chenail, Watson, Wright and Bell, 1996, Chenail, 1996 and Flemons, Green and Rambo, 1996). Adoption of this role allows the clinician-researcher the freedom of inventing and designing the research. Also, by embracing a social constructionist stance I realized that, just by my presence in the therapy milieu, I would be influencing the outcome(s) and, even if I had not designed the study, I would be actively co-constructing a new reality for the participants.

Another possible constraint of this research is that I asked the participants to choose an "alive moment". In this way it is possible that I may have influenced the outcome of the study. However, it is important in qualitative research that the participants and the researcher approach the research equally attuned to the research structure. Specifically, this refers to the requirement of qualitative research, particularly PAR, that all participants collaboratively share the expectations and process of the study they are involved in (Miles & Huberman, 1994). In this way the researcher connects with the participants for the purpose of ensuring that everyone involved in the experience are equally knowledgeable of all aspects of the study and engaged in a collaborative endeavour. The primary purpose of my instruction to choose
an alive moment was to make certain that all participants were similarly informed. In particular, as outlined by PAR, participants or co-researchers must have access to the same knowledge that I have. By this statement, I am referring to my behaviour in defining alive moments, and in addition, explaining how these alive moments would be chosen. This type of instruction is typical of PAR and other qualitative research (Miles & Huberman, 1994). It is necessary that the researcher do her utmost to reduce the power difference between herself and the co-researchers by transparently explaining the process and aim of the study.

In addition, the methodology outlined in the proposal for this research specifically indicated that participants would not be recruited from my particular caseload as a practicing art therapist or from another clinician's caseload. The aim in this particular ethical consideration was that I would not be unduly influential on their performance in this study. Specifically, this refers to the possibility that, if I had asked present or former clients from my caseload, to participate there may have been a sense of obligation that they could have felt regarding their desire to please me. As well, it was important that no possibility existed that I had recruited other clinicians' clients by enticing them to participate in art therapy. Such enticement would have been unethical and could have been perceived by my colleagues as appropriating their clients. These specific restrictions, at the proposal stage of this study were built in an attempt to flatten the inherent hierarchy between therapist-researcher and client-participant. As well, there was a need to reduce any misconceptions that I could coerce the individuals to participate in this research.

Sample size.

Although the study is based on a small sample (four individuals), sample size is not
particularly relevant in a qualitative research model. What is relevant is the clients' context or life experience. In particular, the fact that they had post secondary education would imply that they have the ability to think critically, make well-informed decisions and question my motives if they deemed it necessary. The participants' life experience, therefore, is more of a pertinent than the actual sample size. In particular, the goal of qualitative research is that each individual participant's experience is valid and important, rather than whether this research is generalizable to other populations. Within the parameters of this study these participants indicated that they had been positively impacted by the experience. Reflecting on their expressions it appears that the choosing of alive moments within a socially constructed milieu, in which their lived experience was respected and validated, resulted in considerable outcomes. The four participants indicated that their experience the study was positive and enlightening in several ways.

It is worth noting, as well, that very different outcomes would probably have resulted with a larger sample. As well, the goal of this research was to collaborate and co-construct meaning between the participants and myself. Given this objective, I maintained integrity through procedures such as permeability, forestructure, triangulation, and journaling.

Participants' demographics.

The fact that all the participants worked in the helping professions might be regarded as a limitation in this study. It is possible that due to the nature of their professions, these participants represented a particular type of individual. For example, it may be that these participants were highly interested in self-reflective pursuits, and have pursued such endeavors in the past. Considering this possibility, several questions arose in my mind: What,
if anything, does their professionalism do for them as participants? How does participants’ context, specifically their professionalism, influence their performance in the study? Would individuals, who lacked this particular level of education have talked with me in a different manner? To answer these queries, first of all, the participants’ professionalism and education undoubtedly contributed to the responses and reactions they expressed during the study. However, it is important to point out that regardless of whether these people work as professions, they have human experiences and respond to life with feelings, thoughts and behaviour. If their lived experience is not deemed as valuable as any other person’s experience, specifically from a different culture or socio-economic status, then there exists an underlying assumption that professionals somehow are more attune to life’s expectations and do not suffer in as relevant manner as someone who is less educated. It is evident that their professionalism did influence the research outcomes, however, the more relevant point is that despite this possibility, in qualitative research all human experience is regarded as valuable.

To re-iterate, there is no doubt that the results would have been very different if the participants had different life experiences. However, despite the adults’ life experience, age, or profession, the research was designed with the purpose of co-constructing meaning with these individuals. Consistent with PAR and social constructionist theory, the research was designed to study the process of meaning making through the identification of ‘alive moments’. To this end the research purpose was achieved and further studies could examine the influence of different individuals’ life experience in this process.

One participant’s feedback.

One participant indicated that one aspect of the study she did not enjoy or appreciate
related to the amount of “talking about” the experience. She would have preferred to create art with less conversation and more focus on the emotional responses. Writing from my journal indicates how I processed this feedback:

This research process is probably somewhat more enlightening than I expected; while at the same time, less so. Yesterday I had feedback from a participant that the ‘talking about’ the art process was not as helpful as “staying with the emotional experience would have been.” In many ways I agree with her. However, in my research the conversation is about the meaning making process. It is a part of the co-construction of verbal or emotional meaning. I guess making art together could be more of a co-constructive emotional experience. Another thought I had was that it may been more “effective” (her word) if she had participated in Gestalt art therapy, which is grounded in the here and now and is more focused on the emotional experience. However, that is not what I proposed to do. (Thesis Journal Writing, November 15, 2001)

As I re-read this writing, it seems to be somewhat defensive and has an overall feeling of irritability. It is as if I attempted to deal with feedback while feeling threatened to some extent by it. In the end, however, the feedback from this participant proved to be invaluable because it encouraged me to examine my need for perfectionism. For example, I felt anxious when I perceived the experience I facilitated for the participants did not provide the best milieu for healing. This feedback is also valuable in that it assisted me in thinking of other research models—specifically, one in which the art therapist would create art with the participant.

Another result of this particular piece of feedback was that I re-examined the original research transcripts. Upon doing this I discovered that Suzie P had not been referring to the possibility that I had talked “too much”, rather she expressed her preference for a more meditative and mindful experience of “being with” the emotions that were triggered by her image making. Despite her preference, and her specific criticism about the talking, she
indicated that a change had occurred. In fact, she commented on the effectiveness of the “mirroring” I had done in response to her images and comments. Specifically, this ‘mirroring’ supported the co-creation of a new sense of herself within a postmodern model. In reality Suzie P’s words validated the practice of utilizing language in a change process. On one hand, she expressed her preference for a less verbal interchange, while simultaneously endorsing the social constructionist tenet of using dialogue in the conceptualization of change. By commenting on the effectiveness of ‘mirroring’ Suzie P corroborates the research process while paradoxically criticizing what she terms the excessive use of talking. This presents a particular challenge and possibly the opportunity to explore how such feedback could be explored in a collaborative manner for further research.

Another consequence of this specific feedback was that I again questioned whether the inherent power difference between the participants and myself had actually been reduced or eliminated. Upon re-reading my proposal for this study and the Appendix A, the initial Information Sheet, I discovered that I had fully expected the participants to offer feedback, both positive and negative. With increased contemplation I realized that Suzie P would probably have not have told me about the “too much talking” if she had felt that she would experience any negative repercussions from me. I can safely state that in order for her to make that statement it is highly likely she felt that her input would be respectfully received and considered.

Given that I adopted person-centred counseling techniques, and that I presented them in a tentative fashion, it is evident from the following excerpt that Barry felt little constraint in correcting me: “... what is the word, lack of calmness”, B: “No it was conflict... “. I
hesitated in using the word 'conflict' when referring to Barry's family of origin experiences because I did not want to unduly influence his recollections. However, it is apparent from his statement that he felt comfortable in naming the experience in his own words.

Given these two examples of participants' honest self-disclosure I believe that the milieu we co-constructed was as truly egalitarian as could be achieved in a research model. The more I return to the words of the participants, the more I am convinced that this study provided an opportunity for participants and I to interact within a space where power over another did not manifest.

**Implications for Future Research**

*True PAR—co-creating art with the participants.*

The last point in the limitation section became an impetus for me when considering further social constructionist studies. In particular, it would be fascinating to pursue research in which the art therapist-researcher co-creates art with one participant or a group of participants. McNiff (1998) conducted research in this manner and states that it is effective and revealing for the clinician-researcher as a method of self-examination. My first identifiable limitation of this study indicated that it did not comply in a pure manner to the requirements of PAR. It seems that, as an art therapist, if I approached a community of people and presented myself as a facilitator of an art therapy experience constructed in a truly collaborative manner, it would make perfect sense that I, too, participate in the co-creation of art relevant to the agreed upon purposes of the research.

Existing groups that may be of interest might be support groups in which the researcher-clinician does not facilitate the group experience. Rogers (1989) explored these types of
group interactions in what was termed "encounter groups". Such experiences were non-hierarchical in nature and Rogers did not impose an outside structure. Out of this movement emerged various support groups in which everyone is considered equal and there are no leaders and outside status is irrelevant. For example, many 12-Step programs, such as Alcoholics Anonymous are founded on this premise. Further research in which the researcher became a true participant would likely result in novel and unexpected outcomes.

As well, research with low-income families, couples or individuals would be interesting and revealing. This type of study would be worthwhile as it may assist in determining whether socioeconomic status or educational level has any impact on individuals’ experience of choosing alive moments and co-constructing meaningful and profound interactions with a researcher.

*Divergent Participants and Varying Life Obstacles*

Many research studies have been conducted with art therapy with varying client populations, communities and life experiences. However, it seems to me that the method of choosing alive moments within an art therapy research experience has not been conducted to date. Many individuals could participate in the creation of meaning-making process through the process of identification of arresting or striking moments, not only in art therapy, but also in conversation in general. It would be exciting, with more time and more energy, if people of all ages could co-create meaningful experiences through the process of identifying aliveness in school conversations, in other art therapy studies with children, adolescents, couples and families.

The use of art therapy can be integrated into many different self-reflective experiences as
well as group experiences. I can imagine how meaningful an art therapy interaction could be if a group of adolescents worked together (with a facilitator) in co-creating mutual understanding for any number of prominent life issues, including abortion, sex, dating practices, substance use. As well, the research of collaborative meaning making approaches through the identification of alive moments recorded on tape and video may offer couples and families the opportunity to truly co-construct shared understandings as a means of counteracting the negative effects of misunderstandings. It would be fascinating to pursue these possibilities in a research experience that focused on the co-creation of harmony with families and between couples.

*Implications and Influence of Research for My Practice as an Art Therapist*

One of the primary implications on my future practice as an art therapist is that I now feel validated and more confident in the adoption of a postmodern approach to working in my profession. This is valuable to me as it illustrates how I have a tendency to be plagued with self-doubt in relationship to my ability as an art therapist. In particular, these doubts have been exacerbated because of my having recently adopted a social constructionist orientation. These fears related directly to the experience of abandoning my training as a psychodynamic art therapist and then adopting a postmodern approach. The research study emphasized how profound the meaning-making process can become when approached from a compassionate yet active stance as an art therapist.

Not only did this study enhance my confidence as a social constructionist art therapist, it underscored the worth of introducing and encouraging individuals to explore their creativity as a method of resolving life difficulties. It also re-affirmed my knowledge of how powerful
art therapy can be in the exposure of limiting beliefs regarding self. Through the collaborative approach, a fertile and welcoming milieu can be created in which creativity can be expressed.

Zeni (1996) advocated for enhancing intimacy in research through an honest expression of authenticity. I believe it is less likely that a power hierarchy between the participant and the researcher would develop if therapists disclosed in a freer manner to their clients. Putting this idea into practice in my art therapy room has assisted in encouraging clients to re-look at self-limiting beliefs and began to embrace the possibility that their lives are not ‘dysfunctional’. Rather, they are presented with the idea that their difficulties would thwart almost anyone. Specifically, I have found that, by introducing the concept, clients have within them the resources they need and, to date, they have utilized creative responses to many of their problems, I became increasingly successful in negotiating meaningful art therapeutic experiences. The imagery can be trusted to portray their truth. Accompanied by a mutual interchange of co-constructed understanding, augmented by a strength-based focus, clients and I have brought forth effective options to thriving in an all too difficult and complex world.

Another result of the research relates directly to my professional standing as an art therapist. Specifically, I now see that I can invite other art therapists to consider the adoption of a stance that is not focused on pathology and dedicated to the discovery of irrefutable truths. Rather, I believe that I can encourage art therapists and therapists in general to consider the possibility that both the therapist and the client are actively creative in co-constructing new and innovative realities. As well, as a long time practitioner of art therapy, I feel a deep sense of relief and freedom to let go of preconceived notions of how I must be as
a clinician. Instead, I now focus on accepting my approach—blemishes and all—and seriously considering how my professional and personal experience can be an asset in each session.

*Implications of Research for Future Art Therapy Practice in the Field*

In general, this study suggests that practice in the field of art therapy may benefit from the adoption of a social constructionist approach. In particular, it is evident from the results of this study and the participants' feedback that they felt respected and supported in exploring their own meanings and self-understandings. It makes sense that some art therapy practitioners reassess their loyalty to pathology-based procedures and seek to encourage and bring forth clients' strengths and creative solutions to their life difficulties.

This approach may not fit well with more traditional approaches to art therapeutic practice, such as Freudian or Jungian orientations. However, despite the basic differences in theoretical frameworks and some of the elemental therapeutic techniques, it would probably improve psychoanalytic practice in art therapy if the practitioner adopted a social constructionist stance that allows for the reduction of the power differential between the art therapist and the client.

*Summary*

To return to the question of resolving my research question, it seems appropriate to restate it at this time. The research question I developed was 'How does the creation of imagery and the discourse, related to that imagery, nurture and give rise to meaningful “alive moments” between the art therapist and the client?' In other words this question is asking: How does the making of art and the talking about it result in alive moments that create new
possibilities for living (Shotter & Katz, 1998)? By rewording the research question it assists in a process of re-examining how the research question was answered. By narrowing down the question even more, it can be construed in the following manner: How do we create our life through our talk, and how did the art making contribute to those living exchanges? Upon further contemplation it appears that this process of choosing an alive moment that characteristically captured experience contributed to the “responsive-relational” interactions that occurred in the research (Shotter & Katz, 1998). More simply put this term refers to the process of co-constructing understandings through the use of language within a social milieu. Vygotsky’s social development theory of learning supports these concepts as well (Riddle, 1999). Two or more individuals connect through the use of language that has been shaped by specific cultures and specific life experiences.

This study, using a feminist and social constructionist perspective, integrated with PAR, and Client-centred approaches resulted in the telling of individual stories that were made explicit through the creation of imagery. Specifically, the art created became the vessel that contained the alive moment. Videotaping the initial art therapy session allowed the participants and myself to temporarily freeze frame these encounters and in so doing, allowed for reflection and the co-constructions of new possibilities of understanding. The identification of alive moments within the context of this research experience provided a valuable opportunity for the participants and myself to interact within a “living” system (Shotter & Katz) that was temporarily immobilized for the purpose of reflection and conversation with the aim of co-creating new experiences. These new understandings signify that change occurred for both the participants and myself. Specific examples of these co-
created alternate live possibilities and new self-understandings are expressed by both Hampton's expressed surprise that she could express her feelings in colour, and Suzie P's acknowledgement of the effectiveness of the mirroring technique. In these ways the research question was resolved and new life stories were told.
References


Appendix A

Information Sheet for Participants and Employer

My name is Beverley Read, and I am completing my Master of Education degree in Counselling at the University of Northern British Columbia (UNBC). I am conducting a research study in which I would like to understand how people attribute meaning to art therapy experiences. Over the past 10 years working in this field I have come to realize that art therapy is a valuable healing approach, and have become especially intrigued with the aspect of the relationship between the client, the art therapist and the art created in the session. Given this interest I am developing this research study to become more aware of how people learn to understand each in the art therapy experience. I am proposing to conduct a study that examines how each of us will look at artwork created, rather than the traditional approach in which I would analyze the art. The purpose of this type of inquiry is for the researcher to honour and respect the lived experience of the participants by inviting them into an interaction in which they will be empowered by open and honest communication between themselves and the art therapist.

Attached is an 'informed consent' letter (Appendix B) that outlines researcher and participants’ expectations and obligations.

To co-create a safe and collaborative research environment I will protect the participants in this research in the following ways:

Recruitment of Participants - Participants will be invited by posting a recruitment notice (Appendix E) at my present place of employment and public places such as the art gallery, the college and the university. Once potential participants express interest
in being involved in this research I will contact them by telephone, outlining the
objective of the research. At this time I will include in the invitation a question about
whether participants think this research experience would be a worthwhile endeavour
for them.

Proposed Tasks to be Requested of Participants - I will ask participants to engage in
one art therapy session with myself as the art therapist, in which she/he will create
spontaneous art. I will be videotaping and audio taping this session. In addition, I will
request that participants choose meaningful moments from the videotape that are
important to them. I will indicate to them that I, too, will choose a meaningful
moment. We will then meet again to review the videotapes and discuss our chosen
moments, working together to create a meaningful discussion. I will audiotape and
videotape this meeting as well in order to produce a transcript of our interactions. In
addition, we will identify any relevant life issues or themes that we may have
produced together.

Access to Respondents’ Responses - Access to respondents’ responses will be
available to my thesis advisor, committee members and participants (if interested).

Voluntary Nature of Participation - Participants will be provided with the opportunity,
at all stages of the research process, to withdraw from the study, with no
repercussions. I will make myself available for discussion of any concerns that may
arise at this time. If participants do not feel comfortable discussing these concerns
with me, I will provide names of other therapists they may wish to contact. As well,
any images have been created by participants; will become the sole property of the
participants.

Potential Benefits from the Study. - It is my opinion that participants will benefit by being involved in this study because they will have the opportunity to be in complete control of the outcome. This will occur through a process of collaboration regarding decisions about what will be included and not included in the final research document. I believe this will be an experience of empowerment for them.

Potential Risks (if any) from the Study. - I think the potential risks will be minimal from involvement in this study. If there are issues arising out of the research experience that need to be addressed, I plan on providing two free art therapy sessions to attempt to resolve any such difficulties. In addition, I will be willing to meet with participants and other therapists (if that is their wish) to consult about the effect of participating in this research.

Anonymity and Confidentiality. - I will protect the identity of participants by requesting that they choose pseudonyms and by changing demographic information. Limitations of confidentiality will be discussed in full (as per Appendix C). These limits are in accordance with those practiced at my place of employment.

Storage of Data. - Data will be stored in a locked, metal file cabinet for a period of five years. I will be the only person with a key to this cabinet.

Name and Phone Number of Person to Contact in Case Questions Arise. If participants have any questions regarding this research, please contact me at (250) 963-0161 or Dr. Paul Madak, my supervisor at (250) 960-6520.
Availability of Research Results. - If participants wish a copy of research results, following the last collaborative meeting to determine what will be included in the thesis document, please contact me at (250) 564-9360.

Complaints about the Research Study. - Any complaints about the study should be directed to the Office of Research and Graduate Studies, at (250) 960-5820.

University of Northern British Columbia.
Appendix B

*Letter of Informed Consent*

I, ___________________________, agree to participate in a research study (thesis) to be undertaken by Beverley Read as part of her Masters in Education (Counselling) degree, at the University of British Columbia. I understand the purpose of this research is to *explore the meaning-making process using art therapy, and to create a meaningful experience within the art therapy experience.* The information gathered from this research will help art therapists and other helping professionals to become more effective in their work with people.

I acknowledge and understand the following:

Beverley Read has invited me to participate in this research and it is my understanding that we will work together in a situation in which I will have the final say as to what is included in the thesis document.

I will permit the videotaping of three one to one-half hour sessions with Beverley Read. I am aware that I will both view the videotaped session, and that I will choose a moment from the tape that is most alive for me. At an agreed upon date, Beverley Read and I will participate in a one to one-half hour session in which we will view particular sections of the videotape and discuss the chosen meaningful moment. I agree that this second interview will be audio taped and videotaped to be transcribed by Beverley Read. At a later date, Beverley Read and I will meet to go over the transcriptions and make a joint decision as to whether the art piece will be included in the thesis document.

My name will be omitted from the transcriptions and I will choose a pseudonym for use in the transcriptions.
I will not be remunerated for my participation in the study.

Art created in the session by myself becomes my property and I will make the final decision as to whether it will be photographed for inclusion in the thesis document. Beverley Read and I will discuss the imagery (paintings or sculptures) at the third meeting.

At any time during the study I am free to withdraw my participation and the information obtained from these collaborations will not be used. I am free to limit areas of my experience that I do not wish to share or reveal.

The information provided by myself and others will be used for research purposes, for application in future counselling and art therapy services and may be reported in academic journals. I can contact Beverley Read at (250) 564-9360 or through email at readb@telus.net to obtain a copy of the research results.

Transcriptions and notes will only be available to Beverley Read and to her thesis advisor, and to her thesis committee members. Raw data will be stored in a locked cabinet for five years following retrieval of information, and destroyed thereafter.

Beverley Read has offered me two free art therapy sessions following the research experience if there are uncomfortable issues or experiences to process due to participation in this research. I clearly understand this offer, and we will decide together if two sessions are adequate. If two sessions are not sufficient we will negotiate further sessions as deemed necessary. Beverley Read has indicated that we will fully discuss this aspect of the research experience so that I am well aware of her offer prior to the start of my participation. If this is not appropriate for me, she will provide me with names of other counsellors or art therapists either in Prince George or in the surrounding region.
Beverley Read will be working under the supervision of her faculty advisor, Dr. Paul Madak at the University of Northern British Columbia. He can also be reached for inquiry regarding this study at (250) 960-6520, or emailed at: madakp@unbc.ca. As well, I can contact the Faculty of Graduate Studies at UNBC at 960-5820 for further inquiries.

Given that I have read the above information I am willing to answer the following questions:

(Please check the appropriate response.)

Do you understand that you have been asked to be in a research study?

Yes _____ No_____

Have you read and received a copy of the attached Information Sheet?

Yes _____ No_____

Do you understand that the research interviews will be tape-recorded?

Yes _____ No_____

Do you understand the benefits and risks involved in participating in this study?

Yes _____ No_____

Have you had an opportunity to ask questions and discuss this study?

Yes _____ No_____

Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and it will not affect any medical or other kind of care you are receiving.

Yes _____ No_____

Has the issue of confidentiality been explained to you? Do you understand that you will
have access to the information you provide?

Yes _____ No _____

I have read and understand the information above and I agree to participate in this research study in art therapy.

__________________________________________  ____________________________
Signature of Research Participant             Date

__________________________________________
Printed Name

__________________________________________  ____________________________
Witness                                      Date

__________________________________________
Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

__________________________________________  ____________________________
Signature of Researcher                      Date
Appendix C

Limits of Confidentiality

Participation in this research is voluntary and the information (both verbal and non-verbal, including imagery created) in the art therapy sessions is to be retained as confidential. However, there are some instances, under the legislation of the province of British Columbia, in which therapists and researchers are required to report certain details of their otherwise confidential sessions/interviews. These instances would be in one of the following situations:

(a) if you were to indicate to the art therapist/researcher that you planned to harm yourself,
(b) if you were to advise the art therapist/researcher that you had intentions of harming someone else, (c) if you were to inform the art therapist/researcher that a child, an individual under the age of 19, is being neglected or emotionally, physically or sexually abused.

In any of these cases it is the researcher/art therapist’s legal responsibility to report to an appropriate authority so that assistance could be obtained as soon as possible. This researcher/art therapist at her place of employment in accordance with those practices these limitations of confidentiality.

I fully understand and agree to the limits of confidentiality as outlined above.

_________________________________________  _______________________________________
Signature                                      Date

_________________________________________  _______________________________________
Witness                                       Date
Appendix D

Employer's Letter of Consent

I, __________________________, (Garth Walmsley) give permission to Beverley Read to conduct her research on my premises, with former or present clients who are working with her colleagues. It is my understanding that clients will be advised of the degree of participation and outcomes of such research in a manner that fully apprises them of any possible risk or discomfort. It is also my understanding that these clients will receive two, free additional art therapy sessions, if they deem it necessary either with Ms. Read or a therapist of their choice, provided by referrals.

__________________________________________  ____________________________
Garth Walmsley, MSW                     Beverley Read

Date: ___________________________       Date: ___________________________
Appendix E

Research Participant Recruitment Notice

A research study is being conducted by Beverley Read, graduate student with the Faculty of Education & Counselling, University of Northern British Columbia, Prince George, B.C. This study will involve participants engaging in an art therapy experience. Art therapy is the use of simple art media such as tempera paint, pastels, or clay to create images that are related to particular life situations. Art therapy has been used to resolve many different life difficulties, as well as other experiences such as the exploration of meaningful relationships, increasing self-understanding, promoting self-confidence and assistance in making important life decisions, working through troublesome childhood experiences, increasing self-esteem, exploring creativity, and many other life issues.

This research will offer an opportunity to work with a Canadian Registered Art Therapist with 10 years experience in the field. She will be attempting to understand the healing relationship when entered into by an art therapist and a client. This research will focus on development of mutual respect in the art therapy experience and invites potential participants to become fully involved in the outcome of the study.

There will be no financial compensation for involvement in this study. However, three to five sessions will be provided for collaboration of the art therapy experience.

This study is looking for adults to participate, from the age of 20 onward.

For further information please call Beverley Read, Registered Canadian Art Therapist at home at (250) 564-9360 or at work at (250) 564-1000.
Appendix F

Figure 1 - Angela’s Picture
Figure 2 - Beverley’s Collage
Figure 3 - Angela's Picture
Appendix I

Figure 4 - Hampton's Picture
Appendix J

Figure 5 - Susie P.'s Picture
Appendix K

Figure 6 - Susie P.'s Picture
Figure 7 - Barry's Picture
Figure 8 - Beverley's Picture
Appendix N

Figure 9 - Beverley's Picture