The importance of making art for the creative arts therapist: An artistic inquiry

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A B S T R A C T

This poststructuralist research documents the value of creative arts therapists' engagement with the artistic process outside of work. The research process and results are represented in a reflexive narrative, which is a postmodern, textual performance of three artistic inquiries conducted from 2004 to 2006, with 45 therapists, co-researchers, who utilize the creative arts working in psychiatric hospitals in New York City and unanimously reported making art outside of their jobs. Individual co-researchers created improvisations, music, sound, movement, writing, and art in response to two questions, “What is the relationship between your artistic pursuits outside of work and your work as a therapist in the hospital?” and “What happened to you when you stopped making art?” Subgroups were formed from an artistic analysis of individual responses. Each subgroup further distilled the essence of its members’ responses to the question by collectively creating a new art piece. The author describes in detail a selection of the inquiries, sharing her process of understanding their meanings while inviting multiple interpretations, without espousing one answer or truth.

Continual practice of one's art form—a requisite of the profession

In a December 2004 American Dance Therapy Association (ADTA) listServe discussion preeminent dance/movement therapists explored why it is important to stay rooted in the dance. Lenore Hervey stated:

What is fascinating about the practice of dance is the dynamic flow of movement, moment to moment, ever changing. It takes practice [emphasis added] to keep up with that in our own embodied self-awareness and the awareness of another’s body changes, which is sometimes very subtle (personal communication, December 2004).

It is this “practice” that I argue all creative arts therapists need to keep during their clinical work. In my 12 years of experience I have found that many students and colleagues have not kept a regular practice of going to the art, dance, or music studio to create their own works of art. In this inquiry I wanted to collect data to check my observations, to see if non-engagement in one’s own creative process is endemic and problematic amidst the larger field of creative arts therapy (CAT). Is the fact that some creative arts therapists do not make art, or engage in creative practices regularly a problem? Schmais alludes to career drift in a December 2004 ADTA listServe discussion,
It has been my observation over the years that the students who have remained in our field are those who have been enmeshed in dance, particularly those who have taught, choreographed, and performed. Bodywork, yoga, authentic movement, etc. decidedly enhance our skills, but the technical, expressive and communicative aspects of our art form are the foundation upon which we build dance therapy skills (personal communication, December 2004).

Art therapists, Marsha Aliaga (2003) and Pat Allen (1992) theorized that career drift, stress, burnout, and clinification would be potential consequences of the art therapist not engaging in regular art making.

Clinification is a syndrome defined by Allen as “a dual developmental process whereby the art therapist gradually takes on the skills and characteristics of other clinicians, while at the same time investment in and practice of art skills decline” (1992, p. 22). McNiff (1998) argued that art therapists are pressured to develop a clinical identity rather than an artistic identity. McNiff stated this is attributable to art therapists’ “sense of inferiority in relation to the more institutionally dominant scientific mental health professions” (1998, p. 33). Johnson (1994) also discussed creative arts therapists’ experiences of shame about our profession. Aliaga (2003) and Allen (1992) further argued that clinification contributes to burnout, career drift, lack of art therapy research, and lack of theoretical depth.

I surmise Aliaga’s (2003) and Allen’s (1992) concerns about burnout, stress, clinification, lack of research, and lack of depth of theory can be applied to all the respective creative arts therapies. As a detailed survey of each of these professions is beyond the scope of this paper I will use the fields of art therapy and dance/movement therapy as exemplars, assuming that there is overlap, more similarities than differences, amongst our sister organizations, in our knowledge of creative processes and in our professional identity.

Aliaga (2003) fielded 116 surveys to recent art therapy graduates from NYC graduate art therapy schools with a combination of closed-ended and open-ended questions. Twenty-five were completed and returned. Aliaga found that 15 (65%) were continuing to make art. Seven out of that 15 claimed to experience high levels of stress at work, while three also claimed to feel burnout. Her hypothesis that neophyte art therapists who engaged in art making would experience less career drift, stress, and burnout was not confirmed. She noted that her methodology was flawed, from a scientific epistemology, by its small sample size.

While Aliaga (2003) explored the negative consequences of not engaging in active art practice, no research has been published in The Arts in Psychotherapy that asks, as I have here, “What is the value of maintaining an art practice?” Utilizing my personal experience as a springboard I expounded upon this issue when I presented a workshop at the American Dance Therapy Association’s Annual Conference in Denver, Colorado in 2003. The workshop, titled “Finding Recuperation and Rejuvenation through Choreography,” (Hiller, 2003) explored the process by which choreographing, rehearsing, and performing dances helps me maintain my equilibrium while working in dysfunctional bureaucracy that undervalues the work creative arts therapists do. It keeps me connected to the roots of my profession and provides me with a wellspring of inspiration to help me and my patients create. I believe as Julia Cameron (1992), author of The Artist’s Way, does, that artistic people must regularly replenish their creative wells.

In a December 2004 ADTA listServe discussion Sharon Chaiklin wrote:

The more we know and understand about the art form, the more we understand its relevance to human life and experience. That those who first came to the use of dance in therapy were all first dancers per se, is not coincidence. To dance and choreograph demands that one know oneself as well as being able to relate to others and their bodies and rhythms. It is not one OR the other…it is both. We need to allow ourselves to move from our inner sense of self, feeling, conflicts, etc. but if we are to be of use to others, we must also see and have a range of possibilities to offer to stimulate ideas, movement and relationships…beyond what is our own natural and comfortable way of moving (personal communication, December 2004).

I believe this takes persistent practice, as one’s self is ever evolving. As our movement preferences change so do our repertoires. As our aesthetic preferences shift so do the images and symbols that speak to us. We must be aware of and in continual dialogue with these processes. Dorothy Vyslochky supported this idea when she stated that dance/movement therapists need to break their repetitive movement patterns as often as possible so as not to get stuck in them (Gallo, 2006). When we get stuck in our own patterns it is hard to help others break theirs.

As the scholars and literature reviewed recognize the importance of art making for art and dance/movement therapists, I expanded the focus from these domains into our larger community of creative art therapists to ask, “Do creative arts therapists continue to practice their art while they are working as therapists, outside of the therapeutic relationship?” Furthermore, “What is the relationship between creative arts therapists’ artistic practice and their clinical work?” I posed the questions in this way to explore my belief that therapists’ engagement in their own art making is essential to one’s clinical work, career satisfaction, and skills. As part of my investigation, I presented a series of inservices on artistic inquiry that asked practitioners these questions directly.

Methodological context

Few published CAT research articles (Fenner, 1996; Julliart et al., 2000; Politsky, 1995a) have documented a model of research that embraces the creative process that creative arts therapists use daily in their clinical work. The fact that only a handful of creative arts therapists (Fenner, 1996; Forinash, 2003; Hervey, 2000; McNiff, 1986, 1987, 1998; Meekums, 1996; Politsky, 1995b; Spaniol, 2001) have advocated arts-based research as a viable research method is ironic when contrasted to Berrol’s (2000) observation that “a negative bias toward scientific research still prevails among dance/movement (d/m) therapists and other creative arts therapists”(p. 30). Despite publication in 2000 of Hervey’s text on artistic inquiry, dance/movement therapists still seem unaware of arts-based research. From 2000 to 2006 there were only two arts-based studies presented at the Annual American Dance Therapy Association Conference Research Poster Sessions, Tonsey’s research with Muslim women in 2003 and this research in 2007 (Brown, Downey, Berrol, Hervey, & Cruz, in press; Cruz, 2004). In the “American Dance Therapy Research Survey” Cruz and Hervey (2001) found “with respect to other barriers to research activities, 61% rated lack of knowledge of statistical methods as a barrier” (p. 89). This may demonstrate dance/movement therapists’ lack of awareness of other means of research beside positivistic, quantitative, or quasi-experimental designs, or perhaps a lack of appreciation for non-empirical methods. It is also conceivable that the lack of published artistic inquiries comes from the difficulty in capturing this methodology in writing. This paper’s aim is to offer a possible remedy to this situation and fill this research void.
Textual performance of creative research

While a large majority of creative arts therapists have seemingly been ignoring arts-based inquiry, Mullen (2003) reported an explosion of arts-based inquiry in the social sciences, more specifically within the arts-based educational research (ABER) community. In “A Self-Fashioned Gallery of Aesthetic Practice” she discussed how she created a performance text, a “postmodern gallery space” in the journal, Qualitative Inquiry (Mullen, 2003, p. 165). Here she described how arts-based inquiry has created “hybrid forms” of research leading to creative forms of research representation, including narrative, life history, poetry, drama, and visual art. She explained how strands of writing in the ABER community “performs” different modes of artful representation, notably narrative prose, collage, painting, photography, performance, and poetry (p. 166). I aim to emulate the aesthetics of this postmodern approach to research in this written text, which is yet one more layer of the performance done as part of this artistic inquiry, which has been presented live, captured on video, and exhibited on DVD over the course of three years.

In this written text I actively use the first person, and subjectivity, to perform these research findings. McNiff (1998) argued against a scientific epistemology that criticizes aesthetic processes as being subjective, unreliable, and not valid. Here I am embracing postmodern and poststructuralist epistemologies by reflexively sharing my process of understanding the findings of this inquiry (identified below with italicized text), in doing so I invite you to devise your own interpretations and meanings. In this reflexive process I situate myself as an embodied artist/researcher, a practicing creative arts therapist who regularly choreographs and performs in New York City. As such this research can be identified as a creative analytical process (CAP) as defined by Richardson (Richardson & St. Pierre, 2005), as arts-based research as defined by McNiff (1998), and as an artistic inquiry as defined by Hervey (2000). It fits in with the “blurred genres” of postmodern social science research, defined by Denzin and Lincoln as research that continues to “move away from foundational and quasi-foundational criteria” where “alternative evaluative criteria were sought, criteria that might prove evocative, moral, critical, and rooted in local understandings” (2003, p. 4). Here the “line between text and context is blurred” and individual voices (including my own) are valued. Finally, as art making involves the continual co-creation of the self, where the self and subject are intertwined this research also fits into the poststructuralist paradigm, which embraces ambiguity and uncertainty (Richardson & St. Pierre, 2005).

Artistic ways of knowing: a method

Hervey (2000, p. 7) defined artistic inquiry as a research method that:

1. Uses artistic methods of gathering, analyzing, and/or presenting data.
2. Engages in and acknowledges a creative process.
3. Is motivated and determined by the aesthetic values of the researcher.

In artistic inquiry (one of the creative characteristics of which is an evolving form or method) the research questions may actually be formulated through the making of art, and art/data may be created in response to the questions at anytime during the process by either the researcher or the subjects/co-researchers (Hervey, 2000).

McNiff (1998, p. 15) wrote, “The greatest challenge presented by art-based research is the boundless possibilities... the truly distinguishing feature of creative discovery is the embrace of the unknown.” He stated, “If I present one way as the definitive method of inquiry I will be omitting the endless possibilities” (p. 16). With this warning in mind I do not set this example as a template to follow but as a source to inspire future artistic inquiry.

Data collection

As a choreographer, theatre performer, and improviser, repetition is part of my aesthetic preference. It is my experience that repetition can provide structure for improvisation and can lead to in-depth understanding. I conducted the same artistic inquiry four times in four different settings and one with a variation of the question. I chose not to include two of the inquiries here, the ones conducted in Albany, NY and in Tokyo, Japan, as not all the participants met the criteria to be co-researchers (they were not professionals utilizing the arts in therapy). I am presenting a selection of the results from three of the inquiries, which in total had 45 co-researchers and formed 13 subgroups, from three hospitals in New York City: Bellevue Hospital in Manhattan, conducted on September 21, 2004 for its Psychiatric Activity Therapy Department; Interfaith Medical Center in Brooklyn, for its Psychiatric Rehabilitation Department, conducted on November 11, 2005; and at North Central Bronx Hospital, for its Psychiatric Activity Therapy Department, on December 13, 2006. Each of the inquiries consisted of the same components: an introduction, a lecture, an artistic inquiry experience and a discussion.

The two questions I asked at each hospital were, “Do you now or have you ever engaged in artistic pursuits outside of work?” and “What is the relationship between your artistic pursuits and your work as a therapist in the hospital?” I asked each group to divide themselves according to those who did and those who did not make art outside of work. My goal was to have people who did not make art to play the role of audience, to reflect what they observed and felt at the end of the process to provide another layer of perspective and crystallization (Richardson & St. Pierre, 2005). Not claiming authority, I felt exploring the relationship of the therapist’s art making to his or her clinical work was at the core of the issue, as emphasized in the literature, and, owning my subjectivity, would reinforce my personal experience as dance/movement therapist.

After obtaining their consent to participate in research I asked each person to take 5 min to answer the second question for himself or herself through drawing, movement, sound, song, skit, poetry, writing, or rhythm. I directed those who did something involving non-written or non-drawn forms to make phrases that were repeatable and teachable so they could show others. When the 5 min were up I gave each person a chance to show the group his or her artistic expression (visual, written, or performance). Each person took turns either doing a movement, making sound, combining movement and sound, reading poetry, or showing his or her artwork. I videotaped each expression/each answer to the question, unless the individual requested otherwise.

Data analysis and results

In the next step in this research process I asked the participants to form subgroups by finding and matching their work to others whose work was similar in pattern, theme, or rhythm. The ultimate goal in data analysis is to find meaning from the raw data, “to understand what it is offering in response to the research question or to uncover the truth” (Hervey, 2000, p. 49). Hervey further explained, “It may involve much organizing and reorganizing, finding patterns, forming similar meaning units, recognizing themes” (p. 49).
Co-participants walked around, looked at each others’ drawings, mingled, and compared their work. After subgroups were formed each subgroup was asked to take 10 min to make a collaborative piece of art as a group, with the aim of formulating a final artistic expression that distilled the essence and themes of their individual expressions. They were given the option to use a single or multiple art-form(s), i.e. just music or music with drawing and/or movement. The goal was to make one final cohesive artistic statement about the relationship between their art making outside of work and their work as creative arts therapists/clinicians.

Next, each group presented their final piece for everyone to see which was videotaped. Lastly, to distill the expression further I asked each group (and in some cases the audience) to come up with a word or two to describe the presentation/art. The total time ranged from 30 to 40 min for the entire inquiry. They ended with a discussion.

Bellevue Hospital

This first artistic inquiry (AI) was done as part of an in-service training. Seventeen creative art therapists, two CAT interns, and four recreation therapists/other non-discipline-specific staff members who utilize the arts in therapy were present. To my first question, “Do you now or have you ever engaged in artistic pursuits outside of your work at the hospital?” all but two (non-creative arts therapists) responded affirmatively. However these two left the session, deciding not to participate.

In total there were 21 co-researchers. Each made unique individual artistic statements, utilizing: movement, drawings made on white paper with colored markers, music, sound and movement, poetry, artwork through manipulation of paper (tearing, folding, crumpling, etc.), playing piano, or using the body or voice to make sounds. Out of 21 individual statements, six sub-groups were formed. All but one sub-group presented some sort of performance for their final statement. I detail three of the six subgroups below along with my internal process of understanding them.

Bellevue subgroup 1

This performance started with one man standing in the center hitting his thigh with his fist saying the word “what,” then hitting his chest two times quickly to the rhythm of the next two words “goes in,” then holding his fist over his mouth saying “must come” until he released it into an open hand which spilled down forward in front of him along with an elongated “out.” He repeated, “What goes in must come out” with his movement phrase as each member joined in one by one. The next man knelt on one knee next to him, repeating, “If it’s out there but its gotta come in here, then it has to go back out there” while reaching his arms out in front of him then back to his sides. Next a woman continuously walked in a circle around the first two repeating, “What goes around comes around.” The third member weaved herself around the circle, then through the middle, walking between the two men, then back to the outer circle, repeating, “Coming out to go in, coming in to go out.” The last woman stood on the other side of the man kneeling. She repeated, “What I give I take, but I always give it back” while moving her arms out in a giving motion, then wrapping them back around herself over and over. This sub-group used the words “Transformation and Deviation” to title this piece.

This work spoke to me like a Buddhist mantra. It rang true in my spiritual core. The repetition was satisfying. The circle represented wholeness and completeness for me as an observer. This was the piece that I most identified with as a CAT. I need to release the energy I take in from my patients. I have found the best way to do this is to transform it into movement and choreography.

During a solo butoh improvisation I performed in 2003 I found myself containing then releasing the body memory of one of my patient’s suicide attempts. I found the lure of the noose calling me, feeling the patient’s helplessness as I hung my head forward on tiptoe, suspended waiting for death. Diving into the depths of this experience I made her desire to end her life my own and transformed it into performance. I found myself with greater empathy for and acceptance of the patient when I returned to work. This was in sharp contrast to my usual frustrated and impatient response to this client who suffered from substance dependence and borderline personality disorder.

Bellevue subgroup 4

Two art therapists and an expressive arts therapist stood in a line holding their brightly colored marker drawings on white paper in front of their chests as a drama therapy intern stood in front of them doing figure-eight-shaped movements with her hands and arms, swaying side to side, swirling her hands, occasionally turning around to look at the other three behind her. These three moved their drawings (papers) in a flatter figure-eight movement side to side and took turns speaking aloud words the intern had initially written for her individual expression, “Interaction, Flowing, Flying, Windmills, Swirling, Butterflies.” They titled their piece “Flowing Interaction”.

I did not resonate with this performance. The movements were peripheral and not from the core viscera (my preference as a mover). As I had difficulty feeling a response I wondered about the way I understand art. My prejudice is if I do not feel a response, I don’t like it, recalling one of my dance mentors saying, “So what!” if she didn’t “feel” a performance. Stating that bias aloud I can now perceive how perhaps the drawings were protection from being seen, perhaps a defense against feeling, as the paper was held up in front of the torsos of the three in the back, which I took to mean, “don’t look at me (my body) as a performer, look at my drawing” which I responded to by closing my perception. I wonder can we use art making as a defense against feeling the difficulties of working in psychiatric hospital or as an escape?

In 2000 I performed with a modern dance company. Since I did not create the choreography myself or dictate its effort qualities I was unable to fully access the residue from my job at the hospital. In some sense this was like an escape. I remember being exhausted during this time period and question if it was due to not releasing the energy I took in from patients.

Bellevue subgroup 6

This subgroup presented their final statement on the floor of the room as a static art piece (or tableau) featuring a folded piece of long white paper (shaped like a tent) covering the three smaller ink drawings each member made as his or her individual artistic statements. Lifting the tent they explained to the group that each other’s drawings contained images of traveling or covering. As I write this, I can still hear one member’s voice saying, “contain and anti-contain” and feel the a-ha sensation inside myself, identifying what this process is, to hold my client’s emotions, experience, and lives every day then to have to find a place to let that all go.

When I was a neophyte dance/movement therapist I rode home on the Long Island Rail Road sometimes overwhelmed by emotions I was holding, i.e. rage, lust, self loathing, fear, from the clients I
worked with at a psychosocial clubhouse for adults with mental illness. Using improvisation during after work rehearsals with the experimental theatre group I co-founded helped me let out the emotions I had taken in from my clients. I wrote text for performances as a schizophrenic, making word salads, and using William Borough’s cut up technique, which helped me explore non-linear ways of being and thinking. In “I Was a Record Player” (Dean Street FOO, 1999), I examined the fear of being committed, disassociation, and the inability to differentiate reality from fantasy, when I played the mother who was strapped down and given shock treatment.

Interfaith Medical Center

The third version of this AI was held as an in-service training for the staff of the Psychiatric Rehabilitation Department at Interfaith Medical Center. There were 16 creative arts therapists and four recreation therapists (who also use the arts in their work) creating four subgroups. Three did not participate at all. The set-up, presentation, and inquiry were done almost identically to the Bellevue presentation described above. Again I will present a sample of the subgroups findings below.

Interfaith subgroup 2

Two people started standing in the center slightly bending towards each other, holding up a piece of paper and pulling on opposite ends on which a drama therapist who sat on her knees frantically drew with a magic marker until it ripped into shreds. The two standing then got a new sheet of paper so the woman on her knees could start over again, repeating the scenario until the end. The other members circled around them. One walked weaving around and underneath this center trio. She displayed her exhaustion by curving forward and reaching her head up then down and lowering down her spine until she was on all fours. At times she got back up only to sink down again, her footsteps even on all fours appearing labored. At times she stopped altogether and sat on her knees looking defeated, taking in the destruction. Another (seemingly to play the acting out patient) took paper, ripped it up, then threw it in to the air or drew on it or played with the therapist’s ID badge and scarf. At one point she too sat down on the opposite side of the therapist who had been crawling and together they created a mirror image but soon the patient character shattered it, getting up and moving around chaotically. The last member moved around the circle as if she was filming the whole scene. This was done until shreds of paper surrounded the exhausted group. This group titled their piece “Conflictual Perseverance.” This group reported having conflict about their title but not feeling conflicted about their experience.

The co-researcher who acted as witness saw “conflict, tug of war, urgency to represent, to seek answers and the innate tension we have to make something out of nothing.”

“This piece made me feel the exhaustion that comes from working really hard only to see one’s work fall apart and asking, “What is the point? Why bother if all I do is undone by forces outside my control?” Despite this desperation the scene was comical and energetic—many of the others watching laughed, as I did. It spoke to me of repetition-compulsion, creation and destruction, death and birth, cyclical patterns and balance. We must create to feel complete.

Recently I worked on a group project with clients in the Methadone Treatment Program (MTP) at Bellevue that was never completed due to their disorganized behavior, relapses, and imprisonment. Starting to follow a creative impulse and not being able to see it through to fruition left me feeling frustrated and unfulfilled at work, disappointed. Thankfully immersion in my own choreographic pro-

cess provided an antidote. I cannot control clients’ behavior but I can control the movement of my body. I can complete works of art that I begin.

Interfaith subgroup 3

This subgroup started with two women entering the space from the back corner, carrying a tambourine together, one making spirals on the top and the other underneath the skin of the tambourine. This made a gentle scratching sound along with a slight jingle from one of the spiraling sticks hitting the tambourine chimes. They walked to the center where they slowly knelt down to two drawings taped together on the ground. Both drawings had spirals on them, one completely covered with spirals, the other with only one blue-green and black marker spiral and words on it. Then another woman joined them walking into the center from one side of the space, gently shaking four large jingle bells on a small circular band. The next member slowly walked to the center entering from the opposite side of the space moving the mallet around a Tibetan singing bowl’s edge while standing. After all four converged in the center, those sitting slowly rose up from the ground and reversed their entrances, walking backwards... the first two together, retreating to their corner and stopping the tambourine and the scratching... then the jingle bells woman reversed back to the side until the singing bowl woman was left alone in the center. One instrument at a time was subtracted until there was only the resonance of the Tibetan bowl and then silence. They titled this piece “Pulse of Infinity.”

Watching this piece, the witnessing co-researcher said, “Art is a sacred practice” and used the title “Sacred Communion” to describe it.

Butoh often takes me into trance or deep meditation. While performing with 75 other performers in Agora II (LaFrance, 2006) I was directed to move as if “a magnet from deep in the universe was pulling” me (C. Hastings, personal communication, September 2006). As I slowly entered into the performance space, an empty cement pool, doing the walk of a million years I summoned the spirits of all those who once inhabited the pool and I was entranced. Being able to tune into this aspect of existence helps me recognize the spiritual element in the work I do and allows me to help patients recognize the sacred within themselves as well. On a non-verbal level I am communicating to the clients I work with, “our bodies are home to our spirits”. The administrator of my program has validated this when he said to me, “you are the one who takes care of the souls of our patients” (L. Hauser, personal communication, 2005).

Interfaith subgroup 4

Two therapists started walking in from each side of the space, to meet in the back center where one picked up a large water cooler jug from the ground. Although it was empty she made us believe it was filled. As she lifted the jug high over her shoulder the other mirrored her by lifting a rain stick until both stepped into a lunge with their front legs while their arms and torsos lowered the two props down in front of them to empty the imaginary water out into a small Tibetan singing bowl which sat on the ground inside the bottom of a tambourine open side up. The pouring water was audible with the downward movement of the rain stick. Both bent down to pick up the bowl and tambourine. The one with the bowl gently raised it to her partner’s mouth to give her a drink then poured the remaining water over her partner’s neck as the partner arched her head and neck back. The other then took the tambourine and lifted it over her
partner’s head to pour the water over her, sprinkling it as she shook the tambourine down along her arms, which made a delightfully delicate sound. They titled their piece “Pouring.”

The co-researcher witnessed, “soothing, healing, filling up and emptying out, inspiration and expiration.”

I saw the mirror image as two parts of the whole. It reflected the beauty of bathing in the fluidity and essence of a healing, giving-receiving interaction. In our work who really is the giver and who is the receiver? Can we truly differentiate in the ongoing parallel processes? I felt cleansed by the strong but tender ritualistic movements of this duet. It was like I was experiencing a feeding of the soul.

In all that I give to my patients they also give to me. A patient wrote a beautiful poem for me when she was discharged from the MTP where I work. I felt seen and acknowledged as a human being, not just as a therapist, in her poem. I was deeply touched by the intimacy we shared over the years as she bravely fought her past and overcame her addiction. As patients share their struggles I learn. Not only do I hold their pain and frustration, I get to share their joy. And when they hope it send rays of light through my dark days.

North Central Bronx Hospital (NCBH)

My initial question, “Why is it important for creative arts therapists to continue making art?” did not feel completely answered until this last part of the inquiry. Logically I knew I had answers but aesthetically I felt I was missing something and decided to look at the question from another angle. I wanted to see and feel responses to the question, “What happens to creative arts therapists when they do not make art?” I presented one last inquiry as an in-service to the Activity Therapists at NCBH.

Eight therapists were present for the in-service. I started the same way by asking, “Do you now or have you ever made art outside of the hospital?” Everyone answered in the affirmative. Then I directed the co-researchers to think of a time when they were not making art outside of work and asked them to take 5–10 min to make a piece of art by using materials, paper, markers, movement, sound, instruments, or dramatic techniques to describe, “What happened to you when you didn’t make art outside of work?”

One person did not create art to answer the question, did not want to be video taped, and did not want to act as audience, and thus was excluded from the inquiry. I then directed the co-researchers to subgroup according to themes presented in the work. This brought up a discussion at which point I encouraged the co-researchers to try to respond to the art on artistic, intuitive, and emotional levels, not via an analytical discussion. When the three subgroups were formed I directed each to make a final artistic statement distilling the essence of their subgroup. Finally when the pieces were completed I asked each to title the work for further clarification. I am including all three subgroups below. After the in-service I wrote spontaneous poetry to further analyze the findings (see Table 1).

NCBH subgroup 1

A drama therapist stood in the middle of a circular area created between two art therapists who were facing each other holding each other’s forearms. The one inside moved forward and backward against the arms of the others in a swaying movement—first somewhat forcefully as if she was trying to break out. Her movement got weaker and more listless until she stopped and tensed all the muscles in her body including her face, like a piece of petrified wood, arms gathered in. She then released the tension, became flaccid, and dropped her chin forward so it hit her collarbone, standing still. The other two stood still the entire time, keeping the space in silence. This group titled their final artistic statement, “Deple-

Table 1

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<tr>
<th>Subgroup 1</th>
<th>Subgroup 2</th>
<th>Subgroup 3</th>
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<tbody>
<tr>
<td>Rock a by baby on the tree-top. When the tree shakes the cradle will fall, drop, stop. Stuck, stunned, locked up, throw away the key. it’s not me anymore. I once was alive.</td>
<td>Bang-bang-pound Pound-pound-sound-swing rock-sway your troubles away but not today- not today. Today they’re held tight deep inside-like my heart pounding- my fist pounding- let me out- let me free!</td>
<td>You tear me to pieces. I fall to pieces. You pick up the pieces. Art makes me whole. Deconstruct and reconstruct reinvent to invent, me and you.</td>
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The other co-researchers said this piece felt like “solitary confinement or ‘constriction.”

The initial swaying movement evoked soothing feelings in me. I saw the person trapped inside as the creative arts therapist and the circular space as a prison cell, at other times the person on the inside represented art making and the space between the others arms was the job in the hospital which can deplete one of energy. I also saw the drama therapist as the self and the swaying movement representing the self-nurturing effects of art making. As she stopped swaying she became tense and rigid, as if she might break. This reminded me that making art is a means of self-soothing for us and if we stop we may experience vicarious trauma.

For 11 years I have been simultaneously working in a hospital as a dance/movement therapist and choreographing, performing two to ten times per year, rehearsing one to four times a week. Some days when I don’t rehearse the effects of carrying patients’ trauma manifest as difficulty falling asleep, nausea, tension in my muscles, headaches, a diffuseness in my being, or lack of motivation. At times I carry sadness, rage, apathy, and helplessness from my workplace. Fortunately these signs of compassion fatigue don’t last long as frequent visits to the dance studio provide relief.

NCBH subgroup 2

This subgroup consisted of one woman sitting in a chair hitting one side then the other of a large talking drum creating an awkward rhythm, not syncopated, next to another therapist sitting with her head hung low and rocking in a chair as if bound up by ropes, with a space between them. The rocking, intermittently accompanied by a bound rubbing or punching of the thighs, became more intense, rougher, until it pattered out and the pounding stopped. They titled this piece “Passionate Pounding Disconnects.” The other co-researchers watching said this felt like “agitation” or “silent agitation.” The other co-researchers said this piece felt like “solitary confinement or ‘constriction.”

The co-researcher witness observed, “soothing, healing, filling-giving-receiving interaction. In our work who really is the giver and who is the receiver? Can we truly differentiate in the ongoing parallel processes? I felt cleansed by the strong but tender ritualistic movements of this duet. It was like I was experiencing a feeding of the soul.

In all that I give to my patients they also give to me. A patient wrote a beautiful poem for me when she was discharged from the MTP where I work. I felt seen and acknowledged as a human being, not just as a therapist, in her poem. I was deeply touched by the intimacy we shared over the years as she bravely fought her past and overcame her addiction. As patients share their struggles I learn. Not only do I hold their pain and frustration, I get to share their joy. And when they hope it send rays of light through my dark days.

North Central Bronx Hospital (NCBH)

My initial question, “Why is it important for creative arts therapists to continue making art?” did not feel completely answered until this last part of the inquiry. Logically I knew I had answers but aesthetically I felt I was missing something and decided to look at the question from another angle. I wanted to see and feel responses to the question, “What happens to creative arts therapists when they do not make art?” I presented one last inquiry as an in-service to the Activity Therapists at NCBH.

Eight therapists were present for the in-service. I started the same way by asking, “Do you now or have you ever made art outside of the hospital?” Everyone answered in the affirmative. Then I directed the co-researchers to think of a time when they were not making art outside of work and asked them to take 5–10 min to make a piece of art by using materials, paper, markers, movement, sound, instruments, or dramatic techniques to describe, “What happened to you when you didn’t make art outside of work?”

One person did not create art to answer the question, did not want to be video taped, and did not want to act as audience, and thus was excluded from the inquiry. I then directed the co-researchers to subgroup according to themes presented in the work. This brought up a discussion at which point I encouraged the co-researchers to try to respond to the art on artistic, intuitive, and emotional levels, not via an analytical discussion. When the three subgroups were formed I directed each to make a final artistic statement distilling the essence of their subgroup. Finally when the pieces were completed I asked each to title the work for further clarification. I am including all three subgroups below. After the in-service I wrote spontaneous poetry to further analyze the findings (see Table 1).

NCBH subgroup 1

A drama therapist stood in the middle of a circular area created between two art therapists who were facing each other holding each other’s forearms. The one inside moved forward and backward against the arms of the others in a swaying movement—first somewhat forcefully as if she was trying to break out. Her movement got weaker and more listless until she stopped and tensed all the muscles in her body including her face, like a piece of petrified wood, arms gathered in. She then released the tension, became flaccid, and dropped her chin forward so it hit her collarbone, standing still. The other two stood still the entire time, keeping the space in silence. This group titled their final artistic statement, “Deple-

Table 1

<table>
<thead>
<tr>
<th>Subgroup 1</th>
<th>Subgroup 2</th>
<th>Subgroup 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock a by baby on the tree-top. When the tree shakes the cradle will fall, drop, stop. Stuck, stunned, locked up, throw away the key. it’s not me anymore. I once was alive.</td>
<td>Bang-bang-pound Pound-pound-sound-swing rock-sway your troubles away but not today- not today. Today they’re held tight deep inside-like my heart pounding- my fist pounding- let me out- let me free!</td>
<td>You tear me to pieces. I fall to pieces. You pick up the pieces. Art makes me whole. Deconstruct and reconstruct reinvent to invent, me and you.</td>
</tr>
</tbody>
</table>

The other co-researchers said this piece felt like “solitary confinement or ‘constriction.”

The initial swaying movement evoked soothing feelings in me. I saw the person trapped inside as the creative arts therapist and the circular space as a prison cell, at other times the person on the inside represented art making and the space between the others arms was the job in the hospital which can deplete one of energy. I also saw the drama therapist as the self and the swaying movement representing the self-nurturing effects of art making. As she stopped swaying she became tense and rigid, as if she might break. This reminded me that making art is a means of self-soothing for us and if we stop we may experience vicarious trauma.

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I felt the disconnection in the space between the two performers. The drum and rocking rhythms were two elements that could not quite meet. I saw both representing aspects of the self. Thus the answer to me was, if I stop creating art outside of work I become disconnected with myself. Alternately I saw the drums representing either the therapists’ rage or the patients’ rage that the therapist contains. If we do not make art outside of our jobs we may limit our ability to discharge this type of energy, which can cause anger and frustration.

NCBH subgroup 3

This subgroup consisted of two therapists. They created an art piece together by tearing a piece of white paper. The right side of the paper was torn by the music therapist, which created a large S shape, while the dance/movement therapist tore small square
shaped wholes close to the left edge. The paper was then torn into two pieces. They titled this piece “Disconnection.” All the witnessing co-researchers agreed with this title.

I asked myself whether the torn paper represented a broken off part of the self we as therapists don’t want to recognize that gets triggered by patients and that can be healed or brought back together by art making. Working in psychiatric and substance abuse outpatient treatment I have often felt like patients took a piece of me and art making helps me feel whole again, integrated and connected. We move from being torn to pieces to a cohesive whole.

After working intensely with one female patient in CAT groups for over two years I became aware that she triggered my unresolved sibling rivalry issues. She was the needy underachieving sister; I was the successful, distant, rejecting sister. Clearly I had blocked this dynamic from my consciousness for a while. Once I realized that our relationship was the stage on which we were both playing out our family dramas I did a series of drawings about the patient and started to write about my sister to help me understand the part I played in this dynamic. This helped me move from feeling like the bad sister (and sometimes the bad therapist), victimized by my sister’s negative narcissism, back to a more neutral therapist who would no longer give into the patient’s emotional demands to appease my guilt.

Artistic methods of presenting findings

In this inquiry the presentation of the findings was built into each session. In this final phase of the inquiry, the goal is to communicate the meaning of the findings which involves re-contextualization, “the placing of the art work in a context appropriate to its value, where its meaning may be best revealed” and preserved (Hervey, 2000, p. 54). This refers to creating the finished presentational form, a performance, video, gallery show, or text in which the findings will be communicated. Hervey argued that even if no other aspect of the research was artistic, the findings could possibly still be given artistic form and presented artistically as such, to qualify a research project as an artistic inquiry. In this phase it is important to let the artwork “shine forth” its essence as it conveys meaning. The artist’s [researcher’s] task is to allow the medium to express both itself and whatever meaning is also being revealed through it” (p. 53). Above I chose to describe only a few of the subgroups from Bellevue and Interfaith, which best captured the essence of all of them. I felt describing them all would have compromised the aesthetic merit of this paper, making it too tortured, and preserved (Hervey, 2000, p. 117) stated artistic inquiry succeeds, “When I understand it and it is useful to me.” The impact or “catalytic validity” (Mullen, 2003) of this paper/research depends on you. The presentation format of these inquiries intentionally incorporated a learning component to educate and to inspire creative arts therapists; it is my hope this paper will do the same. Will you after reading this conduct arts-based research? Or if you have veered away from your own creative practice, will you return?

McNiff (1998) proposed we must engage in efforts to find our artistic epistemology, to create rigorous standards for arts-based research, and to affirm for ourselves that we have a special intelligence and value among the helping professions. McNiff projected, “It’s only a matter of time before the profession inverts its dependence on others and finds its unique place within the collective effort to advance human understanding” (1998, p. 18). He argued the following three themes are essential to initiating a rigorous and creative tradition of research within the creative arts therapies:

The first major objective for art therapy and all of the other creative arts therapies is epistemological. We must come to a better understanding of how artistic knowing is different from scientific understanding. Second, there is need for research methods and questions, which arise from the unique character of the art experience and its application to therapy. And finally, achievement of these two goals will help us to determine where and how conventional behavioral science research methods can be selectively used to further understanding of creative experience in therapy. (p. 17)

Over 10 years ago Allen (1992, p. 22) asked, “What are the benefits...which accrue to the art therapist who is able to remain an art maker?” and “What is the long-term effect on the field of art therapy, still in a nascent stage of development, when art therapists give up making art?” This research presents artistic and written answers to these questions (see Fig. 1). To the first question, these findings suggest multiple answers: transformation, wholeness, completion, spiritual depth, containment, contemplation, connection, cleansing. To the second question this research suggests: depletion, anger, apathy, disconnection from ourselves, our work and patients. In keeping with postmodern, poststructuralist paradigms of social science research, multiple interpretations are invited from this research. What are yours?

This research documents that all 45 creative arts therapists, who participated in this study and work in hospitals in New York City continue to make art while managing their careers, and find the art-making process vital to their professional affectivity and their personal well-being. Administrators of the agencies where creative arts therapists work along with our credentialing bodies and national organizations should take note of this and create standards of practice that support this. More research is recommended that looks at what occurs when creative arts therapists stop making art, how it may impact patients and the growth of the profession.

Discussion and implications

Richardson and St. Pierre (2005) cited four criteria for this type of writing:

1. Substantive contribution: Does the piece contribute to our understanding of social life? … Does this piece seem “true”?
2. Aesthetic merit: Does the piece succeed aesthetically? … Is the text artistically shaped, satisfying, complex, and not boring?
3. Reflexivity: How has the author’s subjectivity been both a producer and a product of this text? Is there adequate self-awareness and self-exposure for the reader to make judgments about the point of view? Does the author hold herself accountable to the standard of knowing and telling of the people he or she has studied?
4. Impact: Does this piece affect me emotionally or intellectually? Does it generate new questions or move me to write? Does it move me to try new research practices or move me to action? (p. 964)

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An exploration of issues that impede this practice would also be beneficial to the field.

Acknowledgements

The author would like to thank dance/movement therapists Meg Chang, Maria Clausen, Johanna Clemenko, Cara Gallo, Lenore Hervey, Tomoyo Kawano, and Deniz Oktay for their support and thank artist Fred Hatt for his assistance in editing the video footage and creating the DVD. This study was made possible by the help of dance/movement therapists, Marie Carstens and Tamar Kipnis, and expressive arts therapist, Milica Zgaljic-Ramirez, who coordinated the in-services at their respective institutions where these inquiries took place.

References


Fig. 1. Summary of research questions and labels of art made in response.

<table>
<thead>
<tr>
<th>Bellevue</th>
<th>Interfaith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformation and deviation</td>
<td>In the middle of chaos we find tranquility</td>
</tr>
<tr>
<td>Structure, containment, everything &amp; nothing</td>
<td>Conflicting Perseverance</td>
</tr>
<tr>
<td>Incomprehensible palatal babble sound</td>
<td>Pulse of Infinity</td>
</tr>
<tr>
<td>Flowing interaction</td>
<td>Pouring</td>
</tr>
<tr>
<td>Balance and enrichment</td>
<td></td>
</tr>
<tr>
<td>Containment vs. anti-containment</td>
<td></td>
</tr>
</tbody>
</table>

Remember a time when you didn’t make art when working as a CAT.

What happened to you?

NCBH

Depletion

Passionate Pounding Disconnects

Disconnection

What is the relationship between your art making outside of work and your work as a creative artist working in the hospital?