St. Stephen's College

A Learning Quest: A Case Study of a Client's Art Therapy Experience

by

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Dedication

I dedicate this work to my husband, Harry, who has been my staunch supporter and loyal companion in life and in work. I could not have completed this journey without his patience, love, and unwavering support every step of the way.

Abstract

This research project is borne out of an invaluable art therapy practicum experience, during which I, the student therapist, encountered a client's acute emotionality during therapy. As a result, I expanded my academic knowledge, clinical understanding, and sense of professional identity through clinical supervision and the literature. I investigated numerous subjects, including those of trauma, neuroscience, art therapy, eye movement desensitization and reprocessing, integrative practices, and spirituality. These studies informed my treatment approach, theoretical inclinations, and professional development. This thesis presents a case study of the client's art therapy experience through the lens of my clinical and academic learning.

Key words: case study, trauma, art therapy, eating disorder, neuroscience, bilateral stimulation, spirituality, integrative practice, eye movement desensitization and reprocessing (EMDR).

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List of Abbreviations

ED	Eating Disorder
EMDR	Eye Movement Desensitization and Reprocessing
PTSD	Post Traumatic Stress Disorder

List of Definitions

Abreaction	Release of emotional tension achieved through recalling a traumatic experience.

Introduction

During my art therapy practicum, I had the good fortune to work with a client who was artistic, committed, and generous. Her contribution to the therapeutic process was substantial and crucial to my academic learning, clinical understanding, and professional development. This thesis is primarily an exploration of my learning journey through the discussion of the client's art therapy experience, within which her poignant narrative and a noteworthy therapeutic relationship are presented. It is also a tribute to a client whose generosity was so bountiful that without it, my academic and professional development would have been, not only different, but greatly diminished. This introduction offers: a general statement of the problem area; the research question; my personal interest in the research; a brief insight into theological themes; and the type of methodology chosen.

General Statement of the Problem

The general problem statement can be summarized as follows: I, the student therapist, was faced with the challenge of the client's acute emotionality, which affected the ongoing process of therapy. One of my goals during this art therapy practicum was to provide emotional support and containment for the client so that therapy could continue.

I was provided with and surfaced a detailed description of the client's medical and personal history that explained some of the symptoms of excessive emotions during therapy. Here, however, I want to contextualize the problem statement by providing a brief account of the client's background and therapy experience.

The client, hereafter referred to as Julia, a pseudonym, suffers from childhood trauma. She was diagnosed with bulimia and post traumatic stress disorder (PTSD) as a young adult. Her symptoms included nightmares, paranoia, depression, and social anxiety. The most problematic symptom during art therapy was her abreaction, which interfered with the therapy. Sometimes this emotional release happened during therapy in a conversation that was prompted by artwork and psychological issues. Other times, Julia came to therapy in an overwrought state. She often hid behind her sunglasses and inside a hood to conceal her swollen face from spent tears. She also requested that I dim the lights and lock the doors. In very faint lighting, the client and I sat across from each other in silence. Julia would often rock gently from side to side, back and forth, crying and whimpering, occasionally trying to articulate some words. Those words were rarely audible or comprehensible.

My initial reaction in this clinical scenario was one of helplessness. Each time, when Julia was too emotional to receive therapy, I would sit with her until the hour was up, then she would leave the clinic without uttering a word. There might have been some emotional relief from our rather non-interactive therapeutic interaction, but nonetheless, she seemed tormented after such emotional outpouring. After a number of such sessions, I felt powerless to alleviate her pain or change the situation, and turned to my supervisor and the literature for ideas and guidance. From the literature, I discovered different ideas and approaches pertinent to the therapeutic process and my research project. This process led to the development of my research question.

The Research Question

The research addressed consisted of two questions. The first question was*: How did the student therapist uncover the complexities of her eating disordered client's experience of PTSD-related symptoms in art therapy?* The second question was: *How has the discovery impacted the student therapist's clinical understanding, academic learning, and her developing professional orientation?*

The research questions were formulated to explore my clinical work with a client in art therapy, the client's art therapy experience, and my learning process. The first research question focused my research in the areas of client symptoms, clinical treatment, and data collection and analysis, where I defined the syndrome of complex trauma from the perspective of neuroscience and examined the trend of experiential therapies as an alternate form of trauma treatment. Then I studied the current research on how the innovative treatment combinations of art therapy, bi-lateral stimulation, and other integrative practices could enhance the benefits of trauma interventions (Lusebrink, 2004; McNamee, 2003, 2004; Tripp, 2007).

In the second research question, I explored my learning in the areas of clinical supervision, professional identity and theoretical development, all of which developed significantly over the course of my practicum and research. In my practicum, I came to appreciate the implication of a matching theoretical framework between the supervisor and supervisee (Falender & Shafranske, 2004; Putney, Worthington, & McCullough, 1992). This appreciation led me to think further about theoretical orientation in terms of art as therapy versus art psychotherapy (Malchiodi, 2007). Aside from this theoretical choice, there were also different underlying emphases of professional identity that an art

therapist needs to consider. In my practicum, I experienced the usefulness of my artistic competence, and therefore, have chosen to explore the appropriate balance of art training, skills, and education in the art therapy profession (Robbins, 1987; Rubin, 1984). I also examined the identities of an artist, teacher, and therapist that an art therapist may assume, in order to accommodate diverse client needs in various therapeutic situations (Allen, 1992; C. Moon, 2002).

Personal Interest

In order to understand my interest in this work, it is helpful to know something about me. I am the oldest of six children. In Chinese families, the oldest child has many privileges, as well as responsibilities. A few of my duties included being expected to be a care-giver to my siblings, a manager of the household, and a mediator of domestic conflicts. My childhood was extremely difficult, chaotic, and stressful, but not abusive. I was not victimized, nor have I ever received a trauma related diagnosis. Therefore, the nature of my childhood challenges was very different from that of the client. The issues of transference and countertransference did not develop in a way that would have occurred had I also experienced childhood abuse. Instead, my childhood experience predisposed me to feel somewhat responsible to ensure that the trauma-affected client was looked after to the best of my ability.

According to John Norcross and Barry Farber (2005), among those who are in the helping profession, there exists "the deep abiding motive of self-healing and self-growth" (2005, p. 940). My personal interest in this research had less to do with personal healing, and more to do with a calling to heal others. Nouwen (1975) says that there is a precious

place inside us that if we listen, we "discover the voice telling us about our inner necessity – that is, our vocation" (p. 19). I feel called to work with children and adults of Chinese descent who have been traumatized by abusive parents' authoritarian/harsh parenting style (Qiao & Chan, 2005). Research has shown that there has been a shift in parenting styles among Chinese parents in China during the modern era (Lu & Chang, 2013). Nonetheless, I continue to witness abusive treatment of children by their parents among my family relations, friends, and strangers, in private and in public. The cultural phenomenon of parental abuse of children remains prevalent in the Chinese society today, and I wish to serve those who are profoundly affected by this reality.

Generally, there is little public awareness of the impact of abusive Chinese parenting practices on children. Further, health care workers and members of the police have not been trained to understand this cultural phenomenon (Cheung & McNeil Boutte-Queen, 2000). Art therapy is an emerging field in Hong Kong, and I want to be a part of an expanding therapeutic movement using art therapy in the area of trauma treatment.

Theological Themes

The discussion about spirituality occurs in Chapter 2 Literature Review and Chapter 5 Data Analysis. The literature review provides a broad definition of spirituality, with special emphasis on spirituality relevant to psychotherapy. It also discusses eating disorders (ED) as a spiritual malady, and how psychotherapeutic programs with a strong spiritual focus are integrated with mainstream programming. Further, discussion on spirituality concentrates on the natural partnership of spirituality and art, which is supported by literary evidence that confirms the therapeutic benefits of their integration.

In the Chapter on data analysis, there is a discussion on the client's spirituality and the artwork that reflects it. The theme of spirituality is discussed in terms of the artistic elements in the paintings and drawings, which include the subject matter, composition, and artistic motifs. The topic of spirituality also extends to the discussion of my spiritual development. I explore how an unusual clinical session led to the exploration of the concept of meaningful coincidence and numinous experience, which affected my theological worldview.

Choice of Methodology

I chose the case study methodology, as the method of inquiry that guided my research process. In Chapter 2, Methodology, I preface the case study methodology with a discussion of the nature of qualitative research, and its overall philosophical underpinnings and interpretive frameworks (Creswell, 2013; Merriam, 1998; Mertens, 2010). I subsequently present the arguments for the selection of the case study methodology and discuss its suitability by defining and describing the nature and purpose of the case study, including its strengths and weaknesses (Creswell, 2013; Merriam, 1998; Yin, 2014). I also discuss the specific type of "intrinsic case study", which was conducive to detailed analysis and description, and therefore, a suitable methodological choice (Baxter & Jack, 2008; Creswell, 2013; Stake, 1995). Further, I describe the implementation of the case study method (Baxter & Jack, 2008), comment on the procedures of data collection, analysis of the case study design (Creswell, 2013; Yin, 2014), and clarify the ideas of interpretation, case researcher roles, and the research strategy of triangulation (Stake, 1995).

In the final section of Chapter 2, I discuss the issue of validity in qualitative research and how I established validation through research strategies of prolonged engagement, triangulation, and thick description (Merriam, 1998; Stake, 1995; Yin, 2014). Last, I discuss the subject of ethics, including: the procedures that were implemented concerning the collection and protection of data; the acquisition of informed consent; and the assurance of confidentiality (Merriam, 1998). I also explain my adherence to ethical guidelines by referring to appropriate sources and literature (B. Moon, 2006).

Data Analysis

To present the analysis and findings of data, I organized the case in a descriptive, time series, and holistic framework (Yin, 2014), and provide a chronological description of relevant client information and the particulars of the therapeutic process. I attempt to describe the various chronological data points, which occur within three distinct developmental stages in the artwork. This enabled me to trace the client's therapeutic shifts during the art therapy practicum. In the analysis of the client's character, I also give a holistic account of the case by discussing different situational factors in order to sketch a larger picture of the client's overall therapeutic experience (Creswell, 2013). For the analysis of the art, I use Betensky's (1977) model of a phenomenological approach to art therapy. I examine the artistic structural elements, the use of color and materials, and compositional elements to search for major artistic themes in the client's artwork. From these themes, together with client discussions during the practicum, I

attempted to uncover the inherent artistic significance that spoke to Julia's sense of aesthetics and self.

Summary of Findings

In Chapter 5 Conclusion, I arrive at three findings. The first finding discusses how art was used as a vehicle to balance a therapeutic relationship. The client's artistic expertise enabled her to express herself confidently during and through art therapy, and thereby exercise her personal power. I also contend that art therapy, as an approach in this situation, leveled the power differential between Julia and me. The second finding explores Julia's inability to recognize her strength despite the inferred evidence of its presence in her art. Julia's art is an affirmation of her artistic passion, training, and talent, yet she is unable to recognize that aspect of fortitude within herself. The third finding examines my clinical judgment regarding Julia's discourse of sexual abuse. I discuss the dilemma, doubt, and insight to the possibility of having made a clinic error.

I revisit and discuss the literature review in terms of a metaphor, where I draw a comparison between the creative process of exploring the literature review and that of making a quilt. I also compare the role of the researcher to that of a quilt maker, and discuss the similarity in their artistic endeavor. Last, I tell the story of how an art therapy article has expanded my academic horizon and inspired me to obtain certification in the modality of Eye Movement Desensitization and Reprocessing (EMDR), which has partially influenced the direction of my professional development after graduation.

In conclusion, I offer a personal statement that describes the triumphs and tribulations, gratification and disappointments, and the meaningfulness that is generated

from the long process of a practicum and research. I discuss my satisfaction of having developed a positive therapeutic relationship, but also the challenge that I faced during the interpretive process of data analysis. I explain my sense of meaningfulness that was generated in the therapeutic encounter between the client and me through the discussion of the concept of chance. Finally, I conclude my thesis by exploring the possibility of continuing my research in the area of art therapy and EMDR.

This introduction has provided a synopsis of the various topics which will be discussed in the forthcoming chapters, including: a general statement of the clinical problem; the research questions; theological themes; choice of methodology; and a summary of the findings, including a personal statement that reflects my overall impression of the practicum and research process.

Chapter One: Literature Review

This literature review comprised four areas of study. The first area of study focused on the psychological understanding of the client's art from the perspective of art therapy. The second area investigated the topic of trauma and was the most extensive, as it pertained specifically to the case study. The third part of the literature review was based on developing a hypothetical treatment plan for providing further clinical services to the client, and embraced a spiritual focus. The final area included a discussion on the chosen methodology for this research. I recount how I learned about methodology, and specifically about the case study method. Each area is addressed in turn.

Psychological Understanding and Art Therapy Theories

As previously mentioned, Julia produced a significant body of artwork during art therapy. The paintings had a very specific style and alluded to certain meanings that invited examination and interpretation. Her prolific output during art therapy encouraged me to examine different art therapy theories, as a way to cultivate an interpretive understanding of her art.

The theoretical literature on art therapy offers different approaches to the exploration of art images. One approach is to focus on pictorial content, artistic styles, and symbolism as a way to facilitate personality assessment, symptom analysis, and therapy (Simon, 1992, 1997). Another approach is the application of the phenomenological theory (Betensky, 1977, 1995), which focuses on the client's art process and artwork as a phenomenon of consciousness. It deals with the meaning of

thematic content and the structural organization of artistic elements. This theory asserts that the client's art process and subjective experience contribute to self-expression and discovery. The last approach is the interpretation of art through the method of analytical art psychotherapy (Schaverien, 1999, 2010). This approach considers pictured images as an object of transference. It questions the benefit of diagrammatic or stereotypically illustrated images, and claims that they are nonessential to depth work. Rather, it encourages the embodied images that are psychologically formative which speak the unspoken and transform the psyche of the artist.

The above works are the classical art therapy approaches that have been established by the pioneers in the field of art therapy. They are anchored in the psychoanalytic tradition and emphasize the art product as a symbol for communication. This approach is referred to as art psychotherapy, in which art is defined as a means of symbolic communication that expresses feelings, thoughts, and conflicts (Malchiodi, 2007).

Another group of literature discusses a different art therapy approach and views art making, in itself, as a healing process. This approach is sometimes called art as therapy (Malchiodi, 2007). It does not seek to interpret or explain art imagery, but supports the idea that play and creativity naturally unfold and harmonize with the therapeutic process. The imaginative spirit that emanates from the creative process is conducive to the use of various expressive modalities. The disciplines of dance, poetry, music, drama, and writing are the creative tools of the imaginal realm. In this space of the imagination, the rule is the absence of rules, and improvisation and extemporaneous pleasures are the spontaneous pursuits of an imaginative mind (E. Levine, 1994; S. K.

Levine, 1992). This concept of play and creativity is the foundation on which art therapy draws.

Trauma, Neuroscience, and Treatment

For the literature review on trauma, I surveyed a body of literature that spoke about the field of neuroscience and its perspective on trauma. I found a number of research studies that reflected a shift in the understanding of the impact of trauma and the thinking behind trauma treatment. The amount of literature available on the topic of trauma was voluminous. It was impossible to review all the works that have been written on the subject. Therefore, I limited this literature review to resources that captivated my interest and provided understanding and guidance on the facilitation of art therapy during my practicum.

For example, two features, in my practicum, structured the discussion on the topic of trauma in this literature review. The first feature concerned the complexity of client diagnoses. Julia was physically abused as a child, and suffered many symptoms of childhood trauma. Her complicated medical background necessitated my earnest study of complex trauma and its related conditions. The second feature related to the provision of effective interventions. Due to her childhood abuse, Julia suffered extreme emotionality. Many times during therapy she wept uncontrollably. Lights had to be turned off, and therapy could not be facilitated. As a therapist, I watched helplessly while Julia rocked and whimpered in her chair. I turned to literature to explore the current discussions about trauma treatment which included those of bi-lateral stimulation, art therapy and neuroscience, and the integrative approach of various psychotherapeutic modalities. The

following sections discuss: the definitions of trauma and symptoms; the shift in treatment approach; and the amalgamation of art and neuroscience. I continue with the exploration of art therapy and neuroscience and conclude with a review about the integrative approach of art therapy and other psychotherapeutic methods.

Trauma and Symptoms

Two works in the 1990s offered an extensive discussion on the impact of trauma. Judith Herman's (1992) ground-breaking work on trauma and recovery focused on domestic violence and political terror, thereby contextualizing psychological trauma against a societal backdrop. She differentiated the Type One, single event trauma, from the Type Two trauma, which is prolonged and repetitive. The second work, by Lenore Terr (1976), was a longitudinal study of the kidnapping of school children in Chowchilla, California, and the impact of trauma on these children's development and behaviour. Her work revealed how single-event trauma can affect memory, the sense of time, dreams, and relationships, and brought attention to how trauma impacts childhood and adult development.

Van der Kolk (2014) affirmed the idea that the body retains the imprints of trauma, which are manifested as symptoms of dissociation, amnesia, and re-enactment. He said, "traumatized people remember too much and too little simultaneously" (2014, p. 179) . They are split-off psychologically and unable to integrate the experience of trauma within their present circumstances or life. They are frozen in time because their emotions and memories are stored in fragments.

In my practicum, client abreaction was the main motivation for finding answers in literature. The client exhibited many negative mood states that correlated with the description of trauma, including depression, anxiety, and dissociation, which fall within the diagnostic category of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) (2013). The manual provides a detailed classification of criteria and symptoms, including exposure to traumatic events such as injuries, death, sexual abuse that generate intrusive memories, negative alterations in cognition and mood, and marked increase of arousal.

Shift in Treatment Direction

The talking cure of cognitive behavioural therapy and psychoanalysis are the conventional approaches for trauma intervention (Van der Kolk, 2014). Psychodynamic approaches, which have shown positive results (Gibbons, Crits-Christoph, & Hearon, 2008), and pharmacotherapy also have been considered prevailing choices of trauma treatment (Butcher, Mineka, & Hooley, 2007). With the advent of scientific technology, neuroscientists could better understand the biological underpinnings of sensation, perception, cognition, emotion and sensory integration (P. A. Levine, 2010; Perry, Pollard, Blaicley, Baker, & Vigilante, 1995; Van der Kolk, 2014). The general consensus among neuroscientists is that trauma affects the brain profoundly. Over time, the brain and body habituate response patterns, as they cope with the stresses of trauma. States of emotions ultimately turn into characteristic traits which are extremely difficult to reverse (Perry et al., 1995).

With the new understanding of how neurological impact transforms into somatic symptoms, neuroscientists have shifted the focus of trauma treatment from a verbal model to an experiential one (P. A. Levine, 2010; Van der Hart, Nijenhuis, & Steele, 2006; Van der Kolk, 2014). Experientially focused trauma treatments emphasize the engagement of the parasympathetic nervous system, restoration of equilibrium in the limbic system, and the switching off of the chronic hyper-arousal response. Rather than focusing on changing thinking, the emphasis is on the re-education of the bodily perception of visceral sensations and nonverbal cues. "The body is the bridge" (Van der Kolk, 2014, p. 237), and healing becomes a totality of experience.

Experiential therapies, as a group, form a very eclectic treatment category (Van der Kolk, 2014). They include yoga, bilateral stimulation, biofeedback, and meditation. Neuroscientists also welcome the arts as an additional recruit to the treatment regimen and believe any creative activities such as writing, art, music, movement, and dance can foster healing experiences. Susan Makin's work (2000) exemplifies the multi-disciplinary approach of the arts as a therapeutic model. Makin, who has worked closely with anorexics and bulimics, explores art therapy in conjunction with other creative activities, such as journaling and poetry-writing, and advocates a multi-disciplinary approach incorporated with the mainstream medical programmes.

Art and Neuroscience

There is the polyphony of voices coming from the different corners of science, medicine, and art, each participating rigorously in the discussion about the mystery of the brain. This coalition of academics and practitioners endeavour to decode the enigmatic

brain by explaining art with science and science with art. The emergence of linguistic blending in scientific and artistic terminology, such as “the visual brain,” “the science of art,” “neuroaesthetics,” “brain/creativity relationship,” “synaesthesia,” and “optical art,” suggests an academic union between neuroscience and art.

Much literature has explored the close kinship between the aforementioned disciplines. One article gives a broad overview of the connection of neuroscience and art by outlining the works of neuro-pioneers, such as Semir Zeki and Vilayanur Ramachandran, and the commentaries by other neuro-academics (Huang, 2009). Based on the assertion that visual art contributes to the understanding of the visual brain, neurobiologist, Zeki (2001) explores the link between visual art and neurobiology in terms of brain functioning in the areas of knowledge, abstraction, and aesthetics. (2001). He believes that visual art illustrates how the brain learns, and sheds light on the neurobiological basis of art making, human creativity, and diverse human experiences. Neurologist, Julien Bogousslavsky (2005) studied the neurological diseases in artists, and has drawn a connection between creativity and brain pathology, specifically in regards to the global brain functioning of perception and abstraction in the frontal brain region.

The quest for answers about the brain from those in the arts is just as passionate. Contemporary painter, Garry Kennard (2006) sees a valuable symbiotic relationship between neuroscience and art, whereby art provides more than just scanned images of the brain, but a conduit to the mind. He believes that art offers science a glimpse inside the rational brain, a microscopic view that shows how the subjective brain responds to the material world, experiences creativity, and crafts a human narrative of its own reflection, consciousness and emotional experiences.

Art Therapy and Neuroscience

The technology of neuroimaging has ascertained that creativity is a frontal brain activity (Bogousslavsky, 2005; Kennard, 2006), showing the inextricable link among neuroscience, art, and healing. Literary discussions have transpired between the topic of art therapy treatment and neuroscience, suggesting the underlying therapeutic value of art making (Lusebrink, 2004). Art therapists have written at length about brain anatomy, brain functions, and neuronal connectivity (Belkofer, Van Hecke, & Konopka, 2014; Hass-Cohen, Findlay, Carr, & Vanderlan, 2014; Lusebrink, 2004). They have discussed the impact of trauma on the neurological organization, relationship of the nervous system and mind/body, and the issues of attachment, development, and learning. Literary examples of the robust exchange among art therapists on neuroscience and art therapy can be examined in the following sources.

An electroencephalogram (EEG) study of a single-subject design shows relaxed alpha brain waves after a drawing activity, compounding the growing persuasion that art therapy is the choice in the treatment of trauma (Belkofer et al., 2014). Linda Gannt affirms that art therapy can transcribe trauma experiences into comprehensive, chronological trauma narratives, and identifies such processes as the crux of healing in trauma (2009). Erin King-West and Noah Hass-Cohen (2008) explain the symptomatic dysregulation of PTSD, attention/consciousness alteration, and the different levels of dissociation. In their article, they also espouse the importance of therapist empathy within the model of relational neuroscience.

Bilateral Art Therapy

The above-mentioned articles examine the different scientific threads that tie neurobiology and art therapy together. These writings point to further favourable clinical progress of a new partnership between art therapy and bilateral stimulation (McNamee, 2004, 2005; Tripp, 2007). Bilateral art therapy is considered by many art therapists as an enhanced method to balance the body and mind, the verbal and non-verbal, and cognitions and feelings. Carole McNamee (2004) has developed art therapy protocols that focus on the incorporation of annotated scribbled drawings, talk therapy, and dominant and non-dominant hand drawings. The protocol emphasizes the use of bilateral art activities to stimulate memories and experiences that reside in both sides of the brain (McNamee, 2003). Tally Tripp's trauma protocol (2007) integrates a brief art therapy procedure and a modified version of EMDR. It is a treatment design for processing somatically held negative memories and cognitions by using the techniques of dual attention focusing, somatic awareness, art making, and narratives.

Integrative Therapies

The combination of art therapy and EMDR is seen to be a theoretical and procedural hybrid that enriches both modalities as a trauma intervention. This dynamic development of trauma treatment has engendered a flurry of interest in the new area of integrative art therapy. The above-mentioned article by Tripp (2007) reflects an integrative trend of diverse psychotherapeutic modalities with art therapy, thereby forming a synergy that compounds their healing potential.

Many art therapists become theoretically and methodologically eclectic, and have increasingly turned to other therapeutic methods to increase the effectiveness of their treatments. Not only do they combine art therapy with one additional technique, they make use of multiple methods to formulate a composite of interventions. Bruce Tobin (2006) explores the art images in art therapy and those that arise during EMDR processing. His treatment design is a combination of modified EMDR protocol and paper-based images. He adds the activity of writing that casts an extra source of processing to strengthen the therapeutic effects. Savneet Talwar's (2007) art therapy trauma protocol (ATTP) is designed to access the non-verbal somatic memory of trauma. It draws prodigiously from other therapists' personalized therapeutic procedures, such as Francine Shapiro's EMDR, Carole McNamee's bilateral art, and Michell Cassou's unique painting method. Another example of the assortment approach to trauma treatment is Shirley Schmidt's method for traumatized clients (1999). Her treatment procedure adapts the theories of ego state therapy, the techniques of resource development and installation, and alternating bilateral stimulation (ABS),

Depending on the therapists' clinical experiences, client populations, and theoretical inclinations, they each have their own personalized clinical template for the integrative approach of trauma treatment. Some are more partial to a non-verbal approach, others may lean toward somatic and sensory procedures, and there are those who espouse resource-based methods (Schmidt, 1999). The open sharing and exchange of methods, techniques, and theoretical ideas among these art therapists is the clinical modus operandi that has nurtured an innovative and fertile ground for the development of art therapy as a treatment for trauma.

Summary – Trauma and Art Therapy

This discussion on the topic of trauma began with the seminal works and established approaches in the field of psychotherapy. It has drawn a connection between art and neuroscience and explored the therapeutic effects of their partnership. I have examined how art therapy has blossomed into an integrative modality that incorporates other art forms, psychotherapeutic theories, and clinical methods.

The various articles that are cited here support the neurobiological view point of nonverbal intervention, and promote art therapy as the preferred form of treatment for psychological trauma (Gannt, 2009). Although art therapy and the expressive arts are popular and sought after in medical institutions and private practices, the studies on these modalities are primarily selective cases that are descriptive in nature but lack the support of large-scale data. Without a standardized benchmark for measuring the effectiveness of art therapy, it remains a concept of healing and standard of care, rather than a form of empirical treatment. Nonetheless, the literature that has been review here is a vital and necessary addition to the ongoing discussion concerning the development of trauma treatment.

Spirituality and Trauma Treatment

The next part of this literature review was based on the development of a hypothetical treatment plan, which presumed an opportunity to continue with the therapy that has now terminated. If I had a chance to continue my service for Julia, I would have built in a strong spiritual component earlier in the therapeutic work. Here, I inquired into the writings on the integration of art therapy and spirituality. I explored works that spoke

about the affinity between the arts and spirituality, and those that were particularly germane to the Julia's personality and medical conditions.

The Heideggerian perspective of hermeneutics emphasizes the understanding of being (*Dasein)* through attending to the past, present, and future events, as a way of increasing comprehension and meaning (Paterson & Higgs, 2005). I have also adopted a past/present/future approach in my literature review by learning about the client's past trauma and foraging through current psychotherapeutic theories for treatment interventions. In an attempt to look ahead to the future, I contemplate the possibility of providing further service to this client.

There is evidence which indicates that spirituality is also a significant contributor to the field of trauma treatment. There are different religious spiritualities (Sheldrake, 2012). They include but not limited to those of Christian, Jewish, Islamic, Hindu, and Buddhist. In non-religious and contemporary terms, spirituality refers to "life as a whole" or a quest for the "sacred." (p. 5). This literature review limits its search to the understanding of spirituality that is relevant to psychotherapy, and specifically to the treatment of women with eating disorders.

The literature that was reviewed offers a general definition of spirituality as a life-guiding principle and a unique experience with the divine (Barnett, Goodyear, Cornish, & Lichtenberg, 2007; Paintner, 2007). There is agreement amongst these same authors that spiritual values such as compassion, love, hope, inspiration, enlightenment, congruence, and gratefulness orient one's life toward meaning and purpose. The literature also affirms that spirituality is a quest for intimate and wondrous experiences with the divine

or cosmos that are integrated, numinous, and mysterious (Barnett et al., 2007; Paintner, 2007; Sheldrake, 2012; Worthington & Aten, 2009).

There are different types of spirituality (Worthington & Aten, 2009). The following discussions focus on the religious spirituality on which therapeutic interventions are based. Religious spirituality can be conceptualized as a sense of closeness and connection to a particular god or higher power, and much literature shows the connection between this concept and psychotherapeutic evaluations and treatments. A theistically oriented assessment measures the awareness of God and the relationship with God (Hall & Edwards, 2002). This clinical measurement forms part of the medical process in which individual experiences and pathological conditions are evaluated. Theistically focused psychotherapy encompasses a religious conceptual framework on which interventions are built (Richards, Smith, Berret, O'Grady, & Bartz, 2009). It assumes that clients have faith in God's healing power and draw on that resource during treatment.

Eating disorders are considered a spiritual struggle from the theistic perspective (Richards et al., 2009). Those who suffer from ED are devoid of spirituality, and exalt eating disorders as objects of faith (Berrett, Hardman, O'Grady, & Richards, 2007). They struggle with self-worth and boundaries (Vaughan, 1991) and possess an incoherent and undifferentiated self (Demidenko, Tasca, Kennedy, & Bissada, 2010). They are tormented by existential questions such as,

1. Who am I?
2. What is my real self?
3. What is my fundamental identity? (Wilber, 1979).

These questions are evidence of their crusade against eating disorders in their healing journeys.

Spiritual Treatment Programs

Cognitive behavioural therapy is an established adult ED treatment approach (Jenkins & O'Connor, 2012; Mountford & Waller, 2006). However, a comparative study (Richards, Berrett, Hardman, & Eggett, 2006) shows that participants who attended spiritual groups were able to reduce various ED symptoms significantly and improved their mood and attitude toward dieting, outperforming those in secular cognitive and emotional support groups.

Some mainstream programs have openly incorporated spirituality into their core treatment plan. Michael Berrett et al. (2007) prescribe a comprehensive spiritual program that helps eating disordered patients rediscover their spirituality. The program employs the imagery and metaphor of the divine and innocent-child as a technique to nurture a spiritual relationship with God. Scott Richards and others (Richards et al., 2009) also promote a psychological treatment with theistic emphasis. Their program complements the clinical plan of a multidisciplinary team in an out-patient clinic, where pastoral counsellors team up with physicians, psychiatrists, psychologist, and family counsellors. These authors endorse the importance of simultaneous physical, emotional, relational, and spiritual wellbeing in a healing process and encourage the implementation of spirituality concurrently with mainstream treatment designs.

Integration of Spirituality and Art

From a spiritual perspective, beauty is concerned with the sublime (Sheldrake, 2012), and therefore, spirituality naturally dovetails with art. Since my client was exceedingly enthusiastic and committed to her art and art therapy, a review of literature that combines art and spirituality was appropriate, and complements a would-be clinical program that is being discussed in this thesis. The following articles describe how art and spirituality harmonize with each other in therapeutic situations.

There is a strong consensus that art and art making is inherently spiritual (Arya, 2011), and that art and spirituality are inextricably yoked together similar to the way they are hinged to life (Bell, 2011). This connection of art and spirituality is fostered by the force of human imagination that can be released at difficult thresholds (O'Donohue, 1997). Through creative engagement, meaningful activities restore a sense of capability and shift the focus away from problems to an imaginal space (Bell, 2011), where the voice of the soul speaks through art and illuminates new possibilities, which constitute the foundation of healing (Allen, 1995).

In art therapy, spirituality is appreciated and utilized to open up the intrapsychic space where the spirit lives and breathes (Bell, 2011). Spiritually oriented art therapy is an integrated whole-person approach to ensure that a person's spiritual dimension is given the same regard and attention as other psychic realities. It is perceived as an effective modality of recovery, healing, and growth because it opens up a humanizing and spiritual process of reflection and dialogue on suffering, meaning making, and purposefulness.

There is also literature that describes how spirituality joins the arts in the treatment of different populations such as those of addictions, ED, the terminally ill, and children. Irene Renzenbrink (2012) uses the technique of storytelling and art therapy in her clinical work with trauma, loss, and grief, and affirms the healing power of art-based spiritual care for those who face the challenge of imminent death. Holly Feen-Calligan (1995, p. 47) defines addiction as a spiritual disease. She indicates that for those who have an addiction, the relationship to the object of addiction is all consuming and is "worth" more than health and life, as a result of which the process of addiction can be described as "worth-ship" (that is worship). The art therapy approach in this article supports an inward healing process of discovering the parts of self as a replacement for the idolatry of addiction. It echoes a theistic theme of the twelve-step program, which concentrates on powerlessness, humility and the surrendering of oneself to God. Stephen Koepher (2000) speaks about paediatric art therapy and spirituality with a social reference to the disenfranchised in modern science. Children are helpless in their own healing process, except for the fact that they have healing resources that are innately spiritual. In art therapy, they spontaneously create spiritual/religious art images from which they draw comfort and support; therefore, it is dependent on the medical system to nurture this gift among children. The article emboldens art therapists to actively engage a child's spiritual/religious belief system within their practice.

Based on this literature, if I had been given the chance to continue to serve the client, I would have implemented a psycho-spiritual treatment design that was in accordance with her clinical condition and personality, namely the diagnosis of an eating disorder (ED) and her artistic disposition.

Methodology

The literature review on methodology was a quest for the appropriate research tools. Its purpose was to shape the knowledge that has been gained from the discussions on the topics of trauma, art therapy and neuroscience and organize the information into a framework that supported the research process. This section illustrates the development of my understanding of research methodology, which oriented my approach to exploring my research questions.

The literature on methodology that I consulted comprised a number of works that spoke broadly about the nature, approaches, and processes of qualitative inquiry. In particular, I reviewed sources that concentrate on the theories of hermeneutics and the case-study method. Whenever I embark on a learning journey, I like to start as far back in the journey as it is possible and reasonable. Donna Mertens' book entitled *Research and Evaluation in Education and Psychology* (2010) offered me that beginning place on the topic of qualitative research. Her work prefaced the topic of research with philosophical principles, theoretical perspectives, and paradigms, which are the basis for all types of research. The book predominantly focused on quantitative research in the fields of education and psychology, but contained many valuable pedagogic features that would apply to qualitative research in other disciplines.

Having attained some background knowledge in qualitative research in Mertens' book, I turned to John Creswell (2013) for a more thorough understanding of various qualitative research methods. His work offered a detailed description of five separate qualitative approaches, including: narrative study; phenomenological study; grounded theory; ethnographic study; and case study. He delineated their features and procedures

and differentiated the focus of each research approach. From his explanations of various research methods, I discovered that the case study was the most suitable method for the discussion of a single client's experience of art therapy. The strength of the case study method lies in its theoretical emphasis on uncovering the essential nature of a bounded case through in-depth description supported by the convergence of multiple data sources.

There has been confusion about the nature and purpose of the case study methodology. To novice researchers, this methodological ambiguity is even more acute and vexing. Therefore, the primary purpose of the methodology section in this literature review was to find resources that could help me clarify this puzzlement. A few titles surfaced during my research that were particularly useful. A handbook to case study research was very helpful (Hancock & Algozzine, 2006). This handbook offered a condensed and practical guide with references to case study examples and illustrated explanatory commentaries. It served me well as an introduction to my research, and remained a good companion to comprehensive references later in the research process. Pamela Baster and Susan Jack's article (2008) on the case study method was also beneficial. The authors identified key elements in the design and implementation of a qualitative case study by presenting its information in visually organized tables that clarify case study research questions, types, and propositions.

Robert Yin (2014) and Robert Stake (1995) have written extensively on case study methodology. Their work became useful once I possessed a preliminary understanding of case study. Both authors covered the definition of case study research and the process of creating a case study. Yin's book was substantial in scope, theoretical in content, and technical in language. It has a strong emphasis on different types of

evidence and their preparation, collection, and analysis. Stake's book, on the other hand, is focused on both topics of qualitative research and the case study method. It was less technical and directive than Yin's work with a simpler writing style. He offered a chapter on the various roles of a case researcher such as those of a teacher, advocate, evaluator, biographer, and interpreter, which served as a reminder of the importance of motivation, responsibility and function of the researcher. He also offered a complete case evaluation on the reform of a school program with annotated notes of reflection, opinions and guidelines to enhance the reader's understanding of the case study methodology.

The aforementioned resources helped me understand the nature of the case study, although Sharan Merriam's book (1998) was instrumental in the development of my confidence on the topic. Merriam, an adult educator, is skilled at effectively instilling information. Her definition of the case study method has been supported by many different theorists' core principles. After citing theorists such as Yin, Wolcott, and Smith, she asserted her opinions and concluded that "the single most defining characteristic of case study research lies in delimiting the object of study, the case" (p. 27). Her language was direct and simple. She said that case study method allowed her to "fence in" her study, and explicitly stated that if the phenomenon of study is not finite or limited, then the project is not a case (p.27). This kind of straightforwardness in academic language is music to the ears of a novice researcher. Her uncomplicated style of writing delivers the depth of the topic of qualitative research and case study permeates her book. It has been a core resource in my understanding of the case study method.

Chapter Summary

The literature review was a learning process for the purpose of responding to the issues and queries of the case study in this thesis. Various academic topics were explored in hope to find greater understanding and appreciation of the case. The broad topics that have been discussed in this literature review are trauma, spirituality and methodology, with other relevant subtopics that generate an overall picture of the research process.

In the discussion about art therapy, I have defined the theoretical difference between two art therapy theories. For the purpose of examining the psychological aspect of client artwork, I have looked at literature that discussed the traditional interpretive approach in art therapy. The resources consisted of the pioneering works by Simon (Simon, 1992), Bentensky (Betensky, 1977), and Schaverien (Schaverien, 1999), who have developed their theoretical ideas from the dominant theories of phenomenology and psychoanalysis.

In the trauma section of the literature review, which is based on the prevailing findings in neuroscience, I have discussed the definitions of trauma, it symptoms, and the shift in the perspective of trauma and treatment. I have also explored the academic dialogue that has linked art and neuroscience together, forming a fruitful partnership for the advancement of trauma intervention. Finally, I have examined the development of bilateral art therapy and the integration of various psychotherapeutic modalities that further advances the field of trauma treatment.

In the spirituality section of this chapter, I used the Heideggerian concept of past/present/future as a way of expanding my knowledge of trauma and healing. Based on a hypothetical situation of future clinical service, I designed a psycho-spiritual

treatment plan by studying literature that emphasized theistic spirituality as a treatment approach. Since the case study pertained to a client with an eating disorder, I also explored the literature that views an eating disorder as a spiritual malady and affirms that spiritually focused programs are beneficial. I have also drawn an intrinsic relationship between art and spirituality, thereby forming the rationale for the integration of the two disciplines as the preferred treatment approach for different populations of addictions, the terminally ill, and children.

In recent years, there have been three shifts of focus in the interpretation of psychopathology and treatment (Butcher et al., 2007). The first one stemmed from a biological viewpoint in the fields of psychiatry and clinical science. The second was based on behavioural and cognitive-behavioural viewpoints that are favoured by clinical psychologists. The third shift occurred in sociocultural conditions that are popular with other mental health professionals. Hence, the biopsychosocial approach has become the sought-after clinical model in the advancement of psychotherapy.

The biopsychosocial concept inspired me to structure my literature review with a biopsychospiritual frame of reference, replacing the social component with a spiritual one to demonstrate my ardent belief of spirituality as the vital element of a healing formula. Research has confirmed that spirituality enhances physical, emotional, and relational dimensions of client lives, and that spiritual growth and healing have a positive correlation during treatment (Richards et al., 2009). I formulated this literature review in a way that all the topics could be linked together under the concept of the biopsychospiritual approach, thereby giving a meaningful and integrative arrangement to the multifarious ideas of theories and approaches.

The third area of study in this literature review was that of methodology. I illustrated my learning process concerning the quest for the appropriate academic research tool. I examined the introductory works that were suitable as complementary sources to other influential works on case studies. I also reviewed major writers such as Yin (Yin, 2014), Stake (Stake, 1995), and Merriam (Merriam, 1998), and described their unique styles and strengths in their delineation of the case study method.

This literature review has been an essential exploration for me in the research process. It has been a learning journey of a broad spectrum of academic topics that have widened my academic horizon and kindled intellectual ambers that glow with curiosity. More importantly, the literature review has provided me with the necessary foundational information that has clarified my thinking on many fundamental research concepts and positioned me suitably as the researcher; the human instrument that is ready for the investigative work of qualitative inquiry.

Chapter Two: Methodology

This chapter on methodology begins with a discussion of the overall philosophical underpinnings that frame the methodological approach in this thesis. Subsequently, I present the chosen method of the case study that guides the data collection and analysis. Finally, I address the ethical concerns that were relevant to subject and sampling procedures.

Research Question and Clinical Concern

I begin by reviewing the research question and clinical concern that formed the basis of overall inquiry. The clinical consideration revolved around the client's acute emotionality, which became an obstacle to the art therapy process. My primary therapeutic goal was to provide emotional support and containment for the client's abreaction so that therapy could continue in session. As I attempted to support the client, I began to appreciate the clinical challenges that I faced and looked to my clinical supervisor and the literature for guidance concerning therapeutic interventions. The case study approach of this thesis was designed to explore the client's art therapy experience, my therapeutic work with an eating-disordered client, and the inherent challenge of client abreaction, which kindled my interest in trauma and trauma intervention.

The research question was a two-part query. The first part explored the client's clinical condition and the therapeutic process.

1. How did the student therapist uncover the complexities of her eating-disordered client's experience of post traumatic stress disorder (PTSD) in art therapy?

The research focus for this question concerned the areas of client symptoms, therapeutic interventions, and the clinical process.

The second part of the research question pertained to my own learning experiences during the art therapy practicum.

2. How did the student art therapist's clinical experience impact her clinical knowledge, academic learning, and professional orientation?

Here, I examine my theoretical orientation, experience of practicum supervision, and professional identity.

Qualitative Research, Philosophical Assumption, and Method

In this section, I present a discussion on qualitative research, the philosophical assumptions that guided the research process. Further, I define and describe the implementation of case study method and elaborate on the procedures for data collection and analysis. Finally, I clarify the ideas of interpretation, case researcher roles, triangulation, and the implicit moral and ethical issues in the case study method.

Broad Philosophical Underpinnings

My chosen methodology of case study was framed by the theory of hermeneutics, which falls under the constructivist paradigm (Mertens, 2010). Constructivism is the study of interpretive understanding and meaning. It is a philosophical viewpoint about the nature of knowledge, and a movement that is influential in the arts, social sciences,

and education. Its main theoretical tenet affirms that reality is socially constructed, whereby the active knower or learner makes meaning of the world through language. It is based on the idea of no fixed 'objective' reality, rather understanding that individual people construct their own realities from the experiences in their lives. When applied to the contexts of counselling, psychotherapy, and research, constructivism is the philosophical thinking that determines how people draw ways to construct their worlds through language, metaphors, and narratives (McLeod, 1993).

Hermeneutics is a theory and methodology of interpretation that aligns with the above-mentioned constructivist principles. Some of its essential characteristics are specific in terms of knowledge, understanding, and learning. Knowledge and learning are created through a dialogue between the text and researcher, where the facts are contextual and dependent on environmental, historical, and personal elements (Carolan, 2001). We learn and understand through language that is restricted by history and traditions (Kinsella, 2006). However, language also unites a medley of perspectives (Paterson & Higgs, 2005) and moves our individual, subjective, and conventional viewpoints into a larger context of language, history, and culture (Carolan, 2001). This is a bona fide understanding of knowledge, which moves one from the subjective to the objective (2001) and back again, through a continual movement of a circular process that shifts between parts and the whole. It is the action of the hermeneutic circle (Carolan, 2001; Paterson & Higgs, 2005) that enhances the interpretation and reveals hidden subtleties and complexities of new understanding (Kinsella, 2006).

Martin Heidegger was a German philosopher and prominent thinker of the hermeneutic tradition. Two of his hermeneutic concepts were relevant to my research

study. The first one was motivated by an ontological question to specifically uncover the deeper understanding of the nature of being, becoming, and existing or reality that he calls "Dasein" (Van der Pijl, 2009). This approach of inquiry is a "[returning] to our Being," of which our original understanding is hazy and unformed, but through the process of searching and researching, ways are distilled to unveil the hidden meanings of Dasein (Paterson & Higgs, 2005).

Qualitative research embraces the idea of deep examination of the subject or question of inquiry. I attempted to understand the nature of my client's past existence and current reality through her childhood trauma and present life struggles. The language that fostered my learning and understanding was an artistic and metaphoric one that was powerfully expressed in the Julia's artwork. Her artistic language illustrated images and artistic narratives of her essential being, and I had sifted through and revisited this artistic text repeatedly to peel away unclear understanding and uncover deeper layers of essential meaning.

Another aspect of Heidegger's idea of being is deeply tied to the notion of time and temporality (Van der Pijl, 2009). He theorizes that the interpretation of human existence, which is impacted by the passage of time, stems from the intentional act of one's experiencing of all that is material and temporal. In my practicum, I chose to research my client's art therapy experiences that were confined to a specific time frame. I studied all that had unfolded within that temporal perimeter of a practicum, in order to understand a particular individual person's essential character from the actions and interactions in therapy.

As a researcher, I am reminded by the hermeneutic idea that we are influenced by traditions, which can leverage against a researcher's interpretive positions (Paterson & Higgs, 2005). As human beings, we self-interpret against our linguistic and cultural backdrops, which hold significance and meaning for us (Leonard, 1994). Therefore, I was mindful of my own sociocultural background, and consciously attempted to separate my own experiences from those of the client. Meanwhile, I am fully aware that my understanding and analyses were coloured by the circumstances of my life experiences and the engendered prejudgments and biases.

I was also cognizant of the hermeneutic position of ambiguity, which yielded unconfirmed findings that resisted authoritative and definitive readings of texts (Kinsella, 2006). In my research, I embraced any analytical contradictions, complexity, and imprecision as I searched for conclusive meanings and significance. During such time, I remained open and available to the unfolding of revelatory discoveries and transformative possibilities that are inherently abundant in the methodological approach of hermeneutics. This research stance required by the hermeneutic tradition was consciously and carefully observed when I waded through my client's art, which afforded broad and diverse meanings due to its breadth and volume.

Hermeneutics has a "critical" dimension to its approach whereby this evaluative potential addresses the crucial aspect of power (Kinsella, 2006). Critical hermeneutics recognizes human vulnerability, and gives voice to discourses, histories, customs, and conventions of the marginalized, who are absent from the prevailing conversations of self-affirmation and assertion. My client suffered profoundly from childhood abuse, and continues to be afflicted by debilitating symptoms of trauma. I believe that one of the

most valuable aspects of my research was the opportunity for Julia to express herself as fully as she wished in therapy, where she spoke and illustrated eloquently and authentically of her pain through both verbal and nonverbal texts of conversations and art.

As mentioned earlier, hermeneutics is a study of interpretive understanding. This philosophical perspective provides an academic perimeter within which the purpose of my thesis resides. The purpose of my thesis is to explore my learning journey through the lens of my client's art therapy experience. It functions as a research approach that bridges the gap between my learning experience and the object of my learning, which is my client's clinical conditions and the therapeutic process. Romanyshyn (2013) calls it a journey between the researcher and the text, in which the process of interpretation brings forth intelligibility of the message in the work.

In this thesis, hermeneutics is the theoretical principle that communicates the scope of my learning experience in relation to the client's conditions and her art making. It frames my journey of learning through my personal and professional perspectives as I have lived them, thereby giving me the structure from which to interpret and explore my client's overall therapeutic experiences through the chosen method of a case study.

Case Study

From my literature review on methodology, I concluded that the most suitable methodological tool for my research project was the case study. In this section, I describe the implementation of the case study method and comment on its procedures for design, data collection, and analysis. I also clarify the ideas of interpretation, case

researcher roles, triangulation, and the implicit moral and ethical issues concerning this method.

The case study methodology was an appropriate choice for my thesis given the following characteristics.

- The case study is a description of a real life context, bounded by place and time and substantiated by the triangulation of data (Creswell, 2013; Yin, 2014).
- A case study is 'particularistic' in character, meaning that it reveals particular problems about a particular person or group of people (Merriam, 1998).
- It is revelatory in nature whereby a researcher has access to situation that was previously unavailable for observation (Yin, 2014).

There are different designs within the case study method (Yin, 2014). I chose that of the "intrinsic case study." The purpose of the intrinsic case study is to illustrate a case that a researcher finds interesting and unique. I had a genuine interest not only in studying a problem, trait, or theoretical idea, but also in studying the actions and interactions within the case of my practicum that was in and of itself unusual and conducive to detailed analysis and description (Baxter & Jack, 2008; Creswell, 2013; Stake, 1995).

As mentioned earlier, case study has the "particularistic" feature that requires concentrated focus on a particular subject. Thick description is another case study feature that lends itself to the construction of knowledge that builds particularity (Merriam, 1998). This case study described the therapeutic processes with details of clinical developments, client/therapist interactions, and my learning experiences. From the

constructivist point of view, the case study provided descriptive raw material for readers to draw their own interpretation (Stake, 1995). According to Stake, case studies embrace a heuristic nature whereby the end report of the study confirms the familiar, discovers the new, and extends the readers' experience through revelatory discoveries of a well-described case (1998). I believe that this case study had a heuristic element in which I validated the tribulations of an eating-disordered client, uncovered a unique case of gifted expressions, and heightened the readers' awareness of a talented individual person.

The methodology of the case study was also suitable for several other reasons. My case study was an inquiry into an eating disordered client's art therapy experience during a practicum with a fixed duration. During my practicum, most of my clients were transient. Therefore, the lengthy therapy with this particular client was unusual and unique, and provided access to the rare opportunity for a clinical situation where substantial growth and progress took place for both Julia and me. Finally, I also believed that this case study could contribute to the literature concerning the use of art therapy with the eating disordered population.

Data Collection and Analysis

This case study was based on multiple data sources that were collected from the client's art portfolio, my clinical notes, and survey questions. The primary data source was Julia's art. Because Julia was a professional artist, the production and quality of her work was voluminous and exceptional. It is rare for both professional therapists and students to have the opportunity to work with this quality of art. The art was rich and

conducive to detailed analysis and description, generously provided by a committed client.

There were two stages of data collection and analysis in the research process. The first stage of data management took place during the art therapy practicum, which became the preliminary step to subsequent data procedures. Merriam (1998) believes that data collection and analysis can occur simultaneously. It begins with the investigator knowing her problem, selecting a sample to address the problem, and constructing the end report that has been accompanied by the dual process.

There was certainly simultaneous data collection and analysis during the practicum. Client art was produced and analyzed weekly to monitor client process and progress. Merriam (1998) says that "the investigator does not know what will be discovered, [or] what to concentrate on, and what the final analysis will be like" (1998, p. 162). During this investigative stage, which was preliminary and highly exploratory, I had no expectation of what might be discovered. Data were collected on the client social background and medical history. My simultaneous review of this data and the analysis of client art stimulated queries that laid the foundation for the second stage of subsequent in-depth and critical data analysis.

The second stage of data gathering and investigation resulted in the final report that examined different components of the case, including: the art therapy process; thematic material from art analysis; my personal learning journey; and system dynamics. These components were linked up to form a comprehensive study of the case, meeting the requirement of qualitative research that emphasizes understanding the whole rather than parts of the whole (Forchuk & Jacqueline, 1993).

The final report of the case study attempted to create an effective clinical document that offered a strong investigation of the research questions. It explored the client's art therapy experiences through a chronological review of the art therapy process, in which the artwork was organized into different artistic and psychological patterns for examination. The different art pieces were considered as the "aggregation of instances" (Stake, 1995) that were assembled to form an independent picture, lending themselves to new impressions and meanings.

Case studies require the convergence of data. I triangulated various data sources and developed what Stake (1995) calls "naturalistic generalizations." These were analytical determinations that stemmed from my personal engagement with the client's art through inward experiences of journaling and reflection. These contribute to potential ongoing conversations in which others might participate, about which they might reflect, and from which they might learn.

Limitations and Strengths

Within the context of empirical inquiry, the overall criticism of the case study methodology is that it is descriptive, and its description is a subjective representation of a phenomenon rather than a prediction of future behaviours (Merriam, 1998). The outcome of its sampling procedure is only applicable or meaningful to those subjects in that particular case, therefore making generalizations impracticable. Case studies are considered as partial accounts of a case being explored, which can oversimplify or exaggerate a situation that misleads readers to faulty conclusions. The construction of the

final report is at the sole discretion of the researcher, whose training, dependability, and sensitivity can affect the integrity of the end product.

The above criticism of the case study methodology stems from a rationalistic orientation of the scientific perspective, where objectivity, generalizability, and effectiveness are the sought-after purposes of a research project. However, as mentioned earlier, my case study was guided by the constructivist paradigm and structured by the hermeneutic lens, whose research concerns are more in accord with multiple and co-constructed realities, individual values, and processes (Carolan, 2001).

From the perspective of an interpretative framework, the case study methodology has a very robust role and purpose. According to John McLeod (2010), case study research in the context of counselling and psychotherapy contributes enormously to the shared knowledge of well-documented case evidence. It offers practitioners detailed accounts of therapy and clinical problems. It is also a tool for re-examination and reflection on clinical practice for the purpose of professional development.

McLeod further elaborates on the justification of a type of case study methodology that is relevant to mine. For example, the "single subject", or n=1, design is an important approach in the field of counselling and psychotherapy (McLeod, 2010). It is a term that refers to the type of clinical trial where a single patient is the entire trial or case. A critic of this design would object to the limited generalizability and the chance success of a positive outcome that has eluded the laws and goals of generalized statements prescribed by the scientific community. However, McLeod endorses the flexibility and scope of the single-subject design and claims that it should be recognized as a sound research tool. He outlines the strengths of the n=1 studies as a research

method that can document precise measurement of change generated from interventions. It can integrate research into routine practice, and that it is a practice-friendly method for evaluating the efficacy of new types of intervention.

As mentioned earlier, my case study was guided by constructivist values and hermeneutic traditions. As a qualitative researcher, I was more concerned with understanding, learning, and the nature of experience. In my effort to attend to Julia's clinical problems, I worked with different treatment modalities that were part of the current repertoire of trauma interventions. To keep a nominal progress report of these interventions, I designed a modest empirical procedure of survey questions. They were not formulated to track changes and variables, or generate quantitative evaluations, but to gather descriptive data that would add information and understanding to the case of a single client. The discussion of the n=1 design here is to present its research validity so as to lend support to my rationale for choosing a single client as the basis for study in my research.

Validity

Validation is concerned with congruence of findings and accuracy of measurements. Questions such as,

1. How congruent are the findings of reality?
2. Are investigators measuring what they say they are measuring? (Merriam, 1998),

reflect a positivist tone that is not suitable to naturalistic inquiry. A shift in research language has emerged to satisfy a different criterion of validity in qualitative inquiry.

The investigative discourse has become more open and adaptable, and is reflected in a shift of research terminology from validity, reliability and objectivity to trustworthiness, credibility and dependability (Creswell, 2013). Rather than quantifying a problem and establishing a case through the effects of numbers and variables, new approaches for understanding in qualitative methodology call for an interpretive stance and emphasize ideas such as the importance of the researcher, validation through dialogue with participants, and continual evolution of interpretations.

I established validation through the concept of trustworthiness in my work by having implemented qualitative research strategies of prolonged engagement, triangulation, and thick description (Creswell, 2013). Various sources of supporting data such as journals, poetry and reflections were used to provide background information to elucidate Julia's worldview, attitudes, and behaviours. The protocol of triangulation was to minimize intuitive assertions, and generate accurate statements through the rigorous use of multiple data sources (Stake, 1995). The data analysis of clinical notes, survey questions, and art images afforded an opportunity to verify whether there was convergence in data (Yin, 2014), which contributed to research reliability.

Traditionally, reliability refers to the probability of finding replication. In the case of applied research, it is the soundness and dependability in outcomes from given data that are sought after (Merriam, 1998). In my case study, the multiple data sources such as documentation, therapy sessions, and artwork were triangulated to give a rich description that ultimately spawned a congruent client portrayal. Rather than statistical data of numbers, surveys, or measurements, words and pictures of clinical contexts, research participants, and therapeutic activities were authentically recounted. Thick

description of client history, therapeutic process, and artwork were provided for the readers to transfer information to other settings and determine for themselves whether findings could be extrapolated to other contexts (Creswell, 2013; Merriam, 1998).

Julia and I had a lengthy therapeutic relationship, in which substantial art data were accumulated, and periodically reviewed over sixteen months. Long-term observation of the client case was therefore possible because of the prolonged engagement with data sources, thus reducing the chances of misunderstanding and data misinterpretation (Bassey, 1999). From the deep immersion in data, I was able to produce rich descriptions of a clinical phenomenon and interventions under close examination, making it possible for the thesis audience to develop empathic understanding of the case (Stake, 1995; Yin, 2014).

The researcher is an important consideration in qualitative research. She is the primary instrument of data collection and analysis; therefore, researcher bias is an important factor in any research process. The researcher needs to be aware of innate human fallibility associated with personal values and backgrounds that colour the lens through which she views her work (Merriam, 1998). The case researcher also plays different roles during the research process (Stake, 1995). As a researcher, I considered myself an advocate and interpreter. As discussed previously on the topic of critical hermeneutics, which is a socially rigorous theory that gives voice to the marginalized, I was partly an advocate for Julia. I endeavoured in my research to convey Julia's strength, talent, and generosity, despite the overwhelming odds and adversity in her life. I was also an interpreter who tried to integrate multiple realities of the external, sensory, and experiential worlds or perspectives that had occurred during a clinical process. Despite

the fact that distinctiveness is inherent in individual interpretation, good research brings commonality. My interpretive attempt endeavoured to reflect what Stake calls the construction of a universal reality that is sophisticated and resilient to scrutiny.

Ethics

In qualitative studies, ethical issues are likely to emerge in data collection, analysis, and findings, where description and interpretation form major parts of the research (Merriam, 1998). All phases of the research process need to be managed with intention and care. The first step to ethical conduct in a study is the collection of appropriate documents that address permission, confidentiality, and informed consent.

Qualitative research requires proper documentation for the purpose of gaining permission and access to participants and sites. Several documents that were required for my research study were submitted and approved by the St. Stephen's College Ethics Panel. They included the St. Stephen's College's consent form for counselling/art therapy services, and the Informed Consent by the Client, whereby the client was informed of the two purposes for the research. These purposes were to satisfy the partial requirement of the Masters degree in Psychotherapy, Spirituality, and Art Therapy and to contribute to the knowledge base of the study and profession of art therapy. The last piece of documentation was the Letter of Authorization from the Agency where the research participant was a client. This Letter stated that the agency gave permission to the student therapist for the use of client information, case notes, and artwork solely for this research project.

Julia was assured that confidentiality would be strictly observed, that only the thesis supervisors and thesis committee had access to the raw data. No client initials or name, in part or in full, were disclosed in meetings, reports, or within the thesis. Instead, a pseudonym of the client's choice was used to protect client anonymity. The client was informed of the option of withdrawing from the project at anytime during the course of research with no repercussions.

My adherence to ethical conduct during the research was also guided by the ideas of art therapists Bruce Moon (2006) and Lynn Hammond and Linda Gantt (1998). They state that client artwork is equivalent to verbal communications, thereby drawing attention to the complexity of art interpretation, and caution against labeling and reductionistic readings of client art. Their warning against arbitrary or forced interpretations of client artwork is further reiterated in the Standards of Practice of the Canadian Art Therapy Association (2013), which explicitly instructs art therapists to "interpret client art expressions fairly and accurately in a manner that minimizes the possibility of misleading the public and other professionals" (p. 7). These advisories steered me on the path of objectivity, openness, and respect throughout the process of data analysis.

All research documents must be secure and treated with respect. Data such as notes, video recordings, and consent forms were secured in a password-protected computer, loaded onto a portable storage device, and stored in a locked filing cabinet in my home office. The artwork was kept in an art portfolio, protected in plastic casing from wear and tear. It will be returned to Julia after this thesis is finalized and approved by the College.

Chapter Summary

This chapter has focused on the methodology employed in this thesis by first examining the overall philosophical underpinnings of constructivism and the theory of hermeneutics. The first section of the chapter consisted of the discussion of the Heideggerian concepts of Dasein and temporality, and the social idea of critical hermeneutics, thereby framing the chosen methodology of this case study. The next section defined the case study design. It offered evidence for the preferred choice of the case study method and described its processes of data collection and analysis. It also presented the weaknesses and strengths of case studies and argued for the case study method engaged in this thesis through the discussion of the single-subject design. Finally, this chapter examined: the role of the researcher; data collection methods; issues of research validity; and ethical issues concerning informed consent and security and safety of data.

Further, this chapter has discussed the essential nature of qualitative research. I have discovered the suitable tools that allowed me to conduct an interpretative form of research that was founded on collaborative reconstruction, subjective findings, and dialectic processes. The inherent strategies of thick description of points of view, the making of meanings and interpretations, and the sensitization of readers to a unique phenomenon have fostered an in-depth exploration of a unique case, and thereby have added further information to the study of human affairs and their environment in the field of qualitative research.

Chapter Three: A Chronicle

As previously mentioned, the purpose of this art therapy case study is to integrate my theoretical perspective, clinical training, and academic learning with Julia's art therapy experience. In this chapter, I discuss the case study by first outlining the theoretical perspective that has guided my practicum. I then describe the Julia's personal and medical histories, and her motivation for healing. Finally, I present the chronological process of art therapy and an analysis of Julia's artwork.

Prior to beginning, it is important to contextualize this case study by offering some background information about my practicum. My decision to do a case study on my practicum was motivated by the unusual nature of the case. This case was unusual on many levels, such as the Julia's personal and medical complexities, her creative energy, and voluminous artwork. Furthermore, there were challenging circumstances around the setting up of the practicum, which added to the unusual nature of the case.

The challenge concerning the initiation of the practicum stemmed from the fact that this practicum opportunity was new, and it took place within the ministry of health care services in a different province than St. Stephen's College. The College had no prior relationship with the practicum host, and all administrative procedures had to be newly established. The practicum host was reluctant to grant me the placement because they were accustomed to processing practicum placements for an entire graduating class, not for a single student. Their reluctance was further compounded by the substantial legal expenses required for drawing up the necessary papers for one student. Fortunately, I had

the support of my instructors at the College, who appreciated the rarity of such a practicum placement and persevered on my behalf.

To have an opportunity to observe and work at a public clinic that is well staffed and furnished with a wide continuum of services was indeed rare and invaluable. The clinic offers outpatient programs for eating disordered (ED) adult clients and their families. The services include medical, psychological, psychiatric and family assessments and group programming, such as that of client group support, psycho-education, and meal support. Other skills groups include "building compassion", "making changes" that focus on self-care, stress management, and cognitive restructuring. Each client is assessed by a team of caseworkers following a required referral from their physician. Upon acceptance to the clinic, an initial treatment plan is recommended to accommodate the client's needs. For the art therapy program, clients are referred when they have an interest in arts and craft, the desire for group therapy, or the motivation to explore deep issues in individual therapy using art media.

Julia was an outpatient at the clinic. She was experiencing difficulty in other programs where self-disclosure was encouraged. Since she was a commercial artist, her case supervisor thought that she might benefit from individual art therapy with me. This referral proved to be a success for both Julia and me. Our weekly art therapy program lasted for more than one year. Julia attended every scheduled session except for one. This prolonged engagement with Julia and her artwork offered an immensely rewarding learning experience for me. I had the opportunity to learn to facilitate long-term therapy within a larger program structure. I observed how my work dovetailed with other therapy groups, and was given a chance to strategize with other caseworkers so to maximize the

therapeutic effect and complement the overall clinical mandate. It is from this practicum experience that I began to cultivate my therapeutic stance as a student therapist, fostering the first step of career development.

Theoretical Perspective

The practicum experience at the ED clinic laid the foundation for my understanding of theoretical principles in the practical application of therapy. There are at least two ways to approach a counselling situation (Carr, 2016). One can start with the particulars of an experience or clinical dynamics and relate them to the fundamental theoretical tenets and seek to discern which theory most closely underlies this therapeutic experience. I chose the alternative approach by selecting specific psychotherapeutic principles and sought to apply them to my clinical experience.

The rationale behind my choice of approach was that a student therapist would practice more methodically and effectively if he/she consciously commits to a particular theoretical path (Corey, 2009). A structured approach helps a student therapist adjust adequately to complex clinical problems. It also strengthens the formulation of a clinical case, identifies presenting issues, and clarifies contributing factors that facilitate or impede therapy.

General Framework

The nature of psychotherapeutic practice is close to that of detective/investigative work (McLeod, 1993). It helps people discover why they think, feel, and act in unsatisfactory ways. The therapist, who helps clients understand themselves, has no presumption of being an expert. He/she plays the role of a partner and maintains a

collaborative relationship with the client to create changes. At the same time, the therapist is also a generalist, holding combinations of theories and using more than one procedure (Corsini, 2005). In my practicum, I adhered to the 'non-directive,' 'client-centered' approach (McLeod, 1993). I maintained a 'not-knowing' stance and endeavoured to support Julia with warmth, openness, and respect. I also incorporated this approach with other psychotherapeutic theories, modalities and techniques as the therapeutic relationship evolved and new clinical material presented itself.

Theoretical Integration

The integration of psychotherapies enhances their efficiency and applicability. Assimilative integration is an integrative approach that focuses on a particular school of psychotherapy, and selectively incorporates other therapeutic modalities (Corey, 2009). The integration of psychotherapeutic theories and art therapy has produced two branches of art therapy practices (Malchiodi, 2002; Rubin, 2001); art psychotherapy and art as therapy, both of which are based in psychoanalytic thinking. My integrative approach in this case study aligns with the principles of the former, which combines verbal therapy and art making, creating verbal exchange between client and therapist that promotes therapeutic insight.

From the clinical practice of my practicum, I have developed a theoretical stance that is closer to art psychotherapy. My client's art expertise allowed her to create images efficiently within the hour of therapy, and left time for deep discussions of the images. Through our verbal exchanges, I grew to appreciate how verbal exploration of artistic symbols was therapeutic. Many of our discourses centered on the meanings of images

that formed a container for the client's visual thinking. When the client grasped the insight from her images and our conversations, the therapeutic effect was apparent.

Another reason for my preference of art psychotherapy as a therapist is that the finished art product offers a concrete clinical tool. Art products can provide opportunities for evaluation of a single artwork by the therapist, and observation and objective evaluation by other health professionals on an interdisciplinary team. A sequence of images collected over time can supply information about therapeutic processes and change (Rubin, 2010). Art products are also a lasting evidence of artistic mastery that serves as a part of the healing formula of an intervention. Moon (2008) believes that artistic skills are an "ability to organize and transform raw materials and experiences. The significance of artworks in the therapeutic setting is found as clients transform powerful destructive inner forces into constructive, meaningful art objects" (p.130). The nature of my clinical work with this client has brought me closer to the theoretical stance of art psychotherapy on the spectrum of art therapy theory.

Julia

Social History

For the purpose of confidentiality, the client is referred to as 'Julia' in this case study. All of the information in this history was obtained from her self-report, and some details have been changed in order to protect her right to privacy.

Julia is a thirty-five year old, Caucasian female. She came from a middle class family. Her father was an entrepreneur who owned a computer store. Members of the family, including Julia, helped out with the business's daily operations. Julia, therefore,

starting at a young age, was immersed in computer know-how and became extremely well versed in electronics and technology.

Julia has an older brother and a younger sister. When they were children, the father was very partial to the son because he was intelligent and academically accomplished, eventually achieving a doctorate degree. Conversely, the father was unaffectionate toward Julia and her sister, sometimes even cruel and violent. Suffering from a raging paranoia, the father ruled the family with patriarchal terror through threats and violence, and Julia bore the brunt of it.

Julia seemed to have been the scapegoat of the family's problems. Every time the house was not cleaned, the dishes were not put away, or the carpet was not vacuumed, it was Julia's fault. She stood up for herself, and her defiance infuriated her father, who punched and kicked her down the stairs numerous times. However, Julia had no recollection of the physical abuse except through her sister's description of the assaults.

Julia's mother was a homemaker, but occasionally helped with various tasks in the family business. She managed to escape her husband's terror by threatening him with a divorce if he "ever laid a hand on her." Yet, she abetted her husband's abusive behaviours by defending him and blamed her daughters for their provocation. Julia described her mother as a "statue," who stood by in the background and silently supported her husband's maltreatment of the sisters.

Julia is estranged from her two siblings. Her brother has moved to Europe without maintaining contact with the family. A relational rupture developed between Julia and her sister, as children, when the latter reported the family abuse to a teacher but later was forced to retract because of Julia's refusal to corroborate. The police and social

services were involved. The children were placed in foster care for a short period of time. No charges were laid on the father, and the children eventually were returned to the parents.

Julia's real source of social support comes from her husband. They met in high school and have been inseparable ever since. Their marriage is vital and strong. She considers him her hero, and his stability is the driving force behind her recovery. Because the couple is so bonded, Julia has developed a tendency to be over-dependent on him for company and support. When her husband is at work, she manages her anxiety by engaging in addictive behaviours, such as compulsive video gaming, smoking, housecleaning, eating, and drug use.

Julia's interest in art began when she was young. As a child, Julia carried a sketchbook everywhere she went. She drew everyday and particularly enjoyed sketching landscapes, showing promise for an art career early in life. At a young age, she would sit in front of the television and learned to sketch from moving images. This exercise would have been demanding for any adult artist, to say nothing of a child. However, it was the drawing of cartoons that really ignited her imagination, which paved the way for a career in computer graphics. Since her graduation in graphic design, she worked as a freelance illustrator for eight years, until she was forced to resign due to ill health.

She is financially dependent on her husband. Her inability to provide an income to the household and repay her student loans has engendered a profound sense of guilt and shame. These toxic feelings have further compromised her health and exacerbated the symptoms of her eating disorder. Julia's health history will be discussed later in this chapter.

Client's Motivation for Healing

According to Patton (1983), even seasoned counsellors can forget or omit the most essential elements in therapy due to expectations or clinical errors. Patton, therefore, relies on a system of inquiries to achieve clarity and direction in a counselling situation. Patton's "magic questions" are three simple, but effective questions that clarify and guide the counselling process. The magic in these questions is their capacity to prevent the therapist from being distracted by too much information. They provide focus and perspective in a clinical session that pinpoints the client's reasons and intentions for therapy.

The first magic question is *what is the client looking for?* As mentioned earlier, Julia was an artistic child and spent much of her time drawing. In therapy, she wanted to recapture that childhood experience and reconnect with a part of herself that was healthy and productive. The second question is *why did the client pick this particular time to ask for help?* Julia had been struggling with depression and anxiety. She wanted to rebuild a childhood habit of painting and drawing as a strategy to manage negative feelings and thoughts. According to Patton (1983), at any given time when a client asks for therapeutic help, it is a sign that the person is capable of change and growth despite being in pain. Julia's search for help demonstrated that she was ready for the rigorous work of recovery.

The third magic question *is why did the client come to see me (the student art therapist)?* Julia was referred to me by her caseworker at the eating disorder clinic where she was an outpatient. At the clinic, Julia had difficulty participating in the programs that required self-disclosure and group discussions. She often found herself unable to share

her feelings, and became angry when required to do so. Fortunately, she had a caseworker whom she could trust. Patton says that "[t]he greater the degree of choice and the more knowledge the counselee has about the person or agency to whom he or she is going for help, the more likelihood that help will be obtained" (Patton, 1983, p. 142). This caseworker understood Julia's therapeutic needs and offered her the choice of art therapy. Even though Julia had no knowledge of me or my program, the fact that she had knowledge and confidence in a trusted caseworker, who took the care to match her with an appropriate therapist and program, strengthened her psychological resources to find and make use of relationships that would meet her needs.

Patton (1983) says that formulating a case in the above-mentioned way is important as part of the therapeutic process. The questions of client's motivation for change and growth are the "high ground" to which the client needs her therapist to lead her. Thus, to avoid getting lost on the way to that high ground, the therapist must always hold the client's intentions in sharp focus, and not be overcome by clinical details and complexity, not even the client's pain.

Client Medical Background

Julia developed an eating disorder when she was twenty-seven. It was a dieting strategy to trim a ponderous frame of 240 pounds, which eventually resulted in the development of bulimia nervosa. Comorbidity often accompanies this diagnosis (Butcher et al., 2007). Julia's diagnoses included severe clinical depression, panic disorder, and PTSD, from which she suffered nightmares, flashbacks, and dissociation.

People with bulimia nervosa often have a co-occurrence of substance abuse (Butcher et al., 2007). Throughout her adolescence and early adulthood, Julia was addicted to stimulants and sedatives. Later, her experimentation with drugs went beyond amphetamines and barbiturates. She became a heavy user of hallucinogens, which included Lysergic Acid Diethylamide (LSD), Ecstasy, and Marijuana.

Julia also attempted suicide when she was fifteen. Specific factors that lead someone to suicide can take many forms (Butcher et al., 2007). In Julia's case, it was an interpersonal crisis triggered by an event related to her studies. Despite much hard work, Julia was unable to achieve top grades in her economics course, as she had in other courses. Her father accused her of being lazy, deceitful, and half-witted. The name-calling was so hurtful for Julia that she attempted suicide by swallowing five handfuls of ibuprophen. She was sent to the hospital and subsequently revived by doctors. The family visited Julia in the hospital after her suicide attempt. They were cold, undemonstrative, and her father came and left without saying a word. The lack of familial affection was too much for Julia. In a moment of impulse and anger, she chose a self-destructive solution.

After the suicide attempt, Julia denied that she needed treatment and had no bona fide treatment until she was twenty-two years old. Denial, being a form of defense, is a way that a person distorts a traumatic event by blocking essential details and withholding information (Corey, 2009). However, Julia was forced to examine her behaviour and accept her mental illness after she got married.

Before marriage, Julia was very promiscuous. She explained that she needed to be loved by many men and required numerous sexual relationships simultaneously. After

she got married, she was engaged in cyber sex, thinking that it was an innocuous behaviour in a marriage. When her husband discovered her online relationships, he was devastated. For the first time, Julia appreciated her husband's devotion and the profound aguish that she had inflicted on him. That was a turning point in her life as it prompted her to seek therapy.

Aside from therapeutic treatment, Julia also relied on medication to negotiate her daily activities. Her psychiatrist prescribed Pristig for depression, Trazadone for sleep, and Clonzapan Benzodiazepine for anxiety. They all had side effects, and were not completely effective. She struggled with acute and chronic depression, anxiety, and social phobia. Medication ameliorated the eating disorder symptoms of intake restriction and purging, but her weight spiked given the absence of a commitment to a healthy dietary routine.

Art Therapy Process

Julia's sixteen-month course of art therapy had shifts in clinical direction and goals. During this lengthy art therapy program, there were three distinct stages in the counselling process. The first stage consisted mostly of art making. The second stage was a combination of art making and verbal therapy, and the last stage was an integration of art therapy and EMDR.

There were two reasons why the first stage of art therapy consisted mostly of art making. First, Julia was protective of her privacy and was reluctant to disclose her personal history. Hence, we turned to the art as a safe place, in which to build trust and rapport. Second, Julia was a graphics artist who had only worked with digital

applications. She missed the sensory aspect of art making and wished to reconnect with the hands-on experience that art materials could offer.

One of the goals in art therapy is to stimulate the physical senses in a creative process. The benefit of sensual experiences can help the client focus on the immediate occurrence in art making (Hinz, 2009). The kinesthetic sense of physical touch to the contours, outlines, and surfaces of materials and art objects provides essential tactile information in art therapy (Lusebrink, 2004).

Julia was a painter and delighted in the viscosity in the paint medium. Be it tempera, watercolours, acrylic or oil paints, each has its own viscous quality that resists and flows. During art therapy, Julia worked mainly with acrylic paints. Its fluidity allowed her to work fast with her paints. In a few short strokes, Julia could create vivid color mixtures that were abound with emotional expressions. Art therapist Pat Allen (1995) says that "[p]aint is feeling liquefied. Its flow and movement evoke certain sensuous energy, and that their colors are the artist's emotions made visible" (Allen, 1995, p. 28).

The simple art activity called the "little art" predominated the second stage of art therapy. The size of paper are the boundaries of an expressive experience (Hinz, 2009). Large papers accommodate more images and emotions, and vice versa. The little art directive was inspired by neurobiological research on bi-lateral stimulation (McNamee, 2004; Tripp, 2007). The treatment entails a whole-brain process that unblocks emotions. This art activity presupposed the engagement of both sides of the brain through simultaneous drawing and speaking. Its purpose was to moderate Julia's emotional state while she told her story.

Julia drew on papers measured at 4" x 6", using pencils, crayons, and coloured-pencils, which are considered resistive media requiring the application of pressure (Hinz, 2009). Drawing is a meticulous activity that is conducive to self-expression and narration (Malchiodi, 2002). The combination of media resistivity and a detailed art exercise was my attempt to contain and support Julia's emotional sensitivity.

The little art directive enabled Julia to talk candidly about her pain of vulnerability, self-contempt, and suicidal ideation without excessive emotionality. She described how a sense of injurious shame bore down on her because of her impaired existence. She called herself a "couch parasite", and thought that she was better off dead than alive.

Julia's disclosure was more in depth and personal in the second stage. She referred to her inner child as the "little Julia" and spoke with reflective distance that allowed her to be amenable and logical. The goal of evoking emotions through the use of art materials and imagery is to develop the "ability to gain enough reflective distance from an emotional experience [so that one can] label it, think about it, and learn from it" (Hinz, 2009, p. 120). Despite being teary at times, Julia could express bottled-up emotions without the previous emotional breakdowns.

The last stage of the clinical process was an integration of art therapy and EMDR. EMDR is a modality that incorporates experiential, behavioural, and cognitive aspects of therapy; its effective outcomes are well supported by empirical data (Shapiro, 2001). Art therapist, Tripp (2007), has achieved some success by combining EMDR processes of tactile/auditory stimulation and art therapy. I completed the EMDR basic training in

Vancouver and received additional EMDR supervision during my practicum, which enabled me to provide supervised EMDR treatment for Julia.

EMDR procedures require the reinforcement of client inner resources prior to the actual processing (Shapiro, 2001). This procedure is called resource installation, and its goal is to develop sufficient emotional stability through positive affects, such as those of interest, joy, and pride, as bulwark against overwhelming emotions during processing.

Despite Julia's openness to EMDR, she found the treatment difficult. Both Julia and I were thwarted by the inner voices of her monsters. In her mind, they mocked her of her attempt to heal and ridiculed the feebleness of the technique. *How can a container drawn on paper quell my power? Do you (Julia) really believe a therapist who plays with children's crayons, and waves her fingers left and right can challenge me and win?*

The more I tried to "install," load or stockpile Julia with positive emotions, the more she became distressed and found the inner monster's taunting intolerable. Julia's psychological combat against her monsters generated a need for additional therapeutic armament. Tripp's trauma treatment (2007) is a method of dual attention focusing that facilitates somatic awareness, art making, and narrative. After my failed encounter with Julia's 'monster,' I employed a processing device as demonstrated in Tripp's article. It is an authorized EMDR tool called Tac/Audio Scan, which produces bilateral tactile and auditory stimulations. Julia preferred the tactile pulsers, so I inserted them inside her socks. Such devices can be considered gimmicks. However, this clinical accessory produces soothing vibrations without interfering with the art process (Tripp, 2007). "By making art and focusing on the body and its physical sensations in the present, the client

can be made to feel safe and relaxed while moving quickly and deeply through layers of unresolved material from the past" (p. 178).

The EMDR tool proved to be advantageous. The additional support of the Tac/Aud Scan device helped Julia contain the self-shaming inner voices during the resource installation procedure. The oscillating pulses kept Julia concentrating on a physical sensation, thereby keeping her mentally present in the room with me. It kept Julia focused on her art without being mentally hijacked by her inner monsters.

Art Analysis

In this section, I examine the structural, psychological, and spiritual aspects of Julia's art. First, I use Betensky's phenomenological approach to art therapy to examine the artistic structural elements. Then, I use Shavarien's approach of analytical art psychotherapy to analyze the psychological themes in the images. Last, I look at how a geometrical shape and Julia's theological worldview convey a sense of spirituality in her drawing and painting.

I draw the reader's attention to the seemingly divergent theoretical perspectives that I have employed for the analysis of the art data. Betensky's theory is based on a phenomenological framework, whereas Schavarien's is rooted in the psychodynamic approach. While they are from different ends of the theoretical spectrum, I chose these two theorists based on the nature of the client's art, which was sophisticated in techniques, composition, and subject matter. I believe that these two theorists are in keeping of my stance as an art psychotherapist, and are suited to explore the depth of the client's art data, thus illustrating her artistic talents and complex psychological profile. The process

involves what is apparent (the phenomena) and then exploration of the meaning of those phenomena at an in-depth (psychodynamic) level.

Julia did not name any of her artworks. (In retrospect, I realize that it might have been therapeutically beneficial had I encouraged her to do that.) For clarity, I have assigned titles to the art pieces discussed in this thesis.

Structural Elements

Betensky believes the close study of structural elements, such as lines, colors, and shapes in art images can provide exciting information and insight about a client (1977). According to Betensky (1977), lines take many forms and can express a myriad of emotions. They can be soft or jagged, and express love, fear, or anger. In Julia's art, lines are a dominant artistic feature. They are numerous and have the specific quality of strength and direction. They embody motion that is not explicit, but implied. This quality of lines is known as "dynamization," which embodies vigour and expressiveness in Julia's art (Figure 1).

Figure 1 The Rainbow of Fire

Shapes are formed by the combination of lines that create a closure (Betensky, 1977). Like lines, shapes also denote meaning about personality and the state of inner control. In Julia's art, the shapes were geometrical and dramatic. They form a strong focal point in the art and lend strong organization to the pictorial composition. Shapes also symbolize weight, which can represent one's sense of the world. Julia's shapes were often generated in the form of figures that are sizable, and they personify pressure and force. This is illustrated in Figures 2 and 3.

Figure 2 Spontaneous Exploration

Figure 3 Cathartic Release

Betensky (1977) says that color indicates how a person expresses emotional responses to challenges. Diffuse colors indicate disorderly emotional expressions, and the lack of color conveys the need for control. Being a professional artist, Julia had a sophisticated understanding of color. In her art, there were soft, pastel-like colors that were soothing. At the same time, there were also strong and contrasting hues, which played off each other for the effect of tension. The colors in Julia's art were well coordinated to maximize emotional expressions (Figures 4 and 5).

Figure 4 Nurturing Presence

Figure 5 Tears of Despair

In art therapy, art expressions contain client's feelings and thoughts. They find expression in lines, colors, and shapes to convey vitality, values, and self-identity. Betensky's (1995) phenomenological approach to art therapy focuses on art expressions as a phenomenon from which client and therapist distil meaning and insight.

Psychological Elements

I use Schaverien's (1999) concept of "the life in the picture" to guide the psychological investigation of Julia's art. This idea describes the nature of the "diagrammatic image." Schaverien believes that art mirrors the psychological contents and presents them for viewing. Julia's art was characterized by specific artistic subject matter, which illustrated her troubled inner life. Her art was filled with menacing figures. Her paintings showed how monstrous characters bore down on the innocent and vulnerable. The images told a distressful story of Julia's psychological world.

Schvareien affirms that the mirroring function in artwork reflected one's interior landscape.

Julia's images also had the quality of "dream space" (Schaverien, 1995). The relationships between the people and their objects seemed timeless. The sequence and rhythms in the pictures were disconnected to outer reality. Strange relationships, unfamiliar beasts, and archaic images formed their own kind of reality. This description was illustrated in the drawing of a flying dragon that was wreaking havoc on civilians and instilling fear. It transmitted a feeling of alarm, helplessness, and panic (Figure 6).

Figure 6 Annihilation

Schaverien (1999) refers to this style of illustration as a diagrammatic image. It is a linear reproduction of a pre-conceived artistic idea that is realistically drawn. Despite the concreteness that was portrayed in Figure 6, there was also an unreal quality

associated with the destruction. It had the feeling of a dream, where the impossible became possible.

The diagrammatic images are sometimes labelled as "bad art" (Schaverien, 1999). However, this type of art is not labelled as bad in the sense that it is inferior, but in the sense that it is inauthentic. It is equivalent to presenting the false self in verbal therapy, which does not correspond with the emotional self (Winnicott cited in Schaverien, 1999).

Much of Julia's art could be identified as diagrammatic art. Despite the fact that it was not 'authentic' as defined by Shaverien, it was very useful to me as a form of clinical assessment. The diagrammatic drawing, it showed how her psyche continued to struggle with the effects of child abuse. It displayed a life of daily emotional turmoil, which was definitely authentic and true.

Julia struggled with the concept of duality, which represented her inner sense of diametrical forces, such as good and evil, love and hate, and strength and weakness. The art demonstrated the concept of duality through the illustration of two dragons, which symbolized the extremity of Julia's emotions (Figure 7). It was a representation of her emotional states where she ricocheted from one extreme to another continually, without ever finding an emotional landing place of peace and stability.

Figure 7 Duality

Spirituality Elements

The concepts of spirituality in Julia's art did not fall within the typical spiritual ideas of hope, divinity, or love (Barnett et al., 2007). Her spirituality was exemplified by ruination and wreckage, which is a familiar theme in many religious traditions. However, there was a structural element in Julia's art that illustrated the constructiveness of the human spirit.

Spiritual characteristics could be identified in Julia's art. The geometrical shape of the triangle featured prominently in her drawing. The actual triangle was not illustrated in her work, but its idea was used to anchor the artistic content and composition. "Triangles were conceived by the ancients to explain the secret order of the cosmos" (Tompkins, 1978, p. 119). Betensky (1995) believes that geometrical shapes, such as the triangle, lend themselves to symbolic thinking, and their depiction structures one's feelings and thoughts. From a stylistic point of view, Julia's artistic composition

was strong and stable, emanating a sense of solidity and strength. It could be inferred that there was stability in Julia's psychological constitution, which was not readily apparent or instrumental in her life yet (Figure 8).

Figure 8 The Soul of Strength

The nature of the symbolic images in Julia's art spanned across the realms of religions, mythology, and spirituality. They included angels, warriors, snakes, dragons, and demons, which had been prominent in many biblical, cultural, and metaphysical narratives (Figure 9).

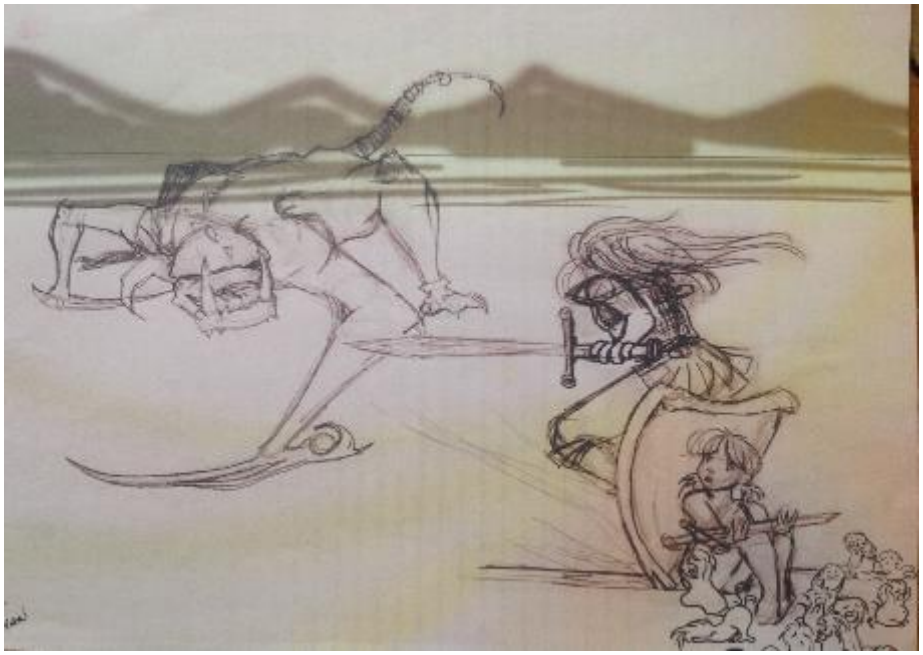

Figure 9 The Defender

The artistic motif of warriors and battles in Julia's art mirrored Paul Jones's theological world of conflict and history (1989). In Julia's world, "conflict seems to be the heart of life ... with persons deprived of the means needed for living. Wherever one turns, the scene is a drama of winners and losers. ... The foe is widespread, for even the cosmos is beset by entropy, so that such haemorrhaging seems to give to each part a sense of being violated" (p. 57).

Chapter Summary

I prefaced this chapter with a description of the context of my practicum and an explanation of my preferred approach in a counselling situation. The integrative approach of client-centered theory and art psychotherapy was presented to affirm my theoretical position. I also described Julia's social and medical histories and identified

her motivation for healing within the context of Patton's (1983) magical questions. I provided the chronology and survey of the three-stage art therapy process in my practicum, and the rationale for my clinical decisions during the course of therapy. Last, I have presented an analysis by investigating the structural, psychological, and spiritual elements in Julia's art.

This Chapter details what occurred in my art therapy practicum with a specific client. Numerous important events took place during a lengthy course of therapy with many clinical shifts and turns. I have recounted the clinical developments as closely as possible to their actual chronology in order to provide an overview and convey the actuality of my practicum experience. This chapter is a chronicle of an intensely experienced story that, both in words and in image, was shared by a very generous client.

Chapter Four: Looking Deeper

In this chapter, I offer a brief account of my journey, as a student therapist, and how my life circumstances and personality influenced the counselling process. Then I discuss how my theoretical orientation impacted the experience of my supervision. I also provide an in-depth discussion of therapist and client dynamics that were relevant to my academic and clinical learning. Last, I examine the spiritual growth that both Julia and I underwent during the art therapy practicum.

Student Therapist's Journey

"Many therapists have been parentified children and [they] may have gained from the experience, but [they] would be wise to explore how this shapes [their] caregiving responses" (Byng-Hall, 2002, p. 377). I retrace the steps of my childhood and examine how the process of parentification affected my development, and influenced my role as a therapist.

Asian cultures have highly stratified expectations of children (McGoldrick, Gerson, & Petry, 2008). I am the oldest of six siblings. In the Chinese culture, the oldest child can enjoy many privileges, but at the same time, shoulder many weighty responsibilities. The responsibilities that landed on my shoulders included those of communication, care-giving, leadership, and conflict resolution. At a young age, I learned to be observant of people and events and exercised tactfulness to maintain domestic harmony. I also took on the role of comforting the family members who were depressed and counselled those who were distressed.

The destructive aspects of parentification include emotional caretaking and responsibilities that are developmentally inappropriate (Byng-Hall, 2002). The parentified child comes to see these responsibilities as part of his/her identity. For example, there were times in my practicum that I was overcome by Julia's grief and sense of shame, and felt it was my responsibility to bring Julia relief.

Unrealistic expectations of parentified children can lead to low self-esteem, anxiety, and lack of self-identity. They develop feelings of inadequacy, guilt, and self-blame (Byng-Hall, 2002; Castro, Jones, & Mirsalimi, 2004) that generate life-long challenges. Afflicted by the process of parentification as a child, I have my share of inter/intra personal difficulties as an adult, which have sent me on a personal quest for answers and healing.

My journey of recovery led me back to school in midlife. In my learning, I discovered I needed more of an in-depth understanding of human nature. As a result, I explored and contemplated psychological issues from the perspectives of childhood origins, dreams, interpersonal relationships, and the psyche. I was and am partial to Freud and Jung's approaches, particularly their concepts of imagery. Whether the images are in life or in dreams, Freud believed that images were pieces of a puzzle to be solved and explained, and Jung believed that images connect to the unconscious, and they can be explicated from cultural and psychological perspectives (Edwards, 2001). Many of the psychological ideas bestowed by these two titans of psychotherapy have evolved and burgeoned since their days. Their concepts have been championed by many who came after them, and expanded into psychodynamic theories, which have made invaluable contributions to the process of counselling and therapy (McLeod, 1993).

Supervision

In my practicum, I looked to my supervisor for guidance that would align with the psychodynamic perspective, only to discover that she was unyieldingly partial to the theory of narrative therapy. The different theoretical orientations between us set us apart in our clinical approaches. I welcomed my clients to revisit the past and share their painful childhood stories. My supervisor, on the other hand, believed that stories: shaped current reality; enabled the deconstruction of victimization; and could reconstruct a narrative of courage and victory (Corey, 2009). She believed that clients should stay in the present and not dwell on the past. For me, this approach seemed disrespectful and might lead the client to feel that they had been abandoned. I did not believe Julia was ready for such an emotional leap. I believed that if I had dissuaded Julia from voicing her past hurts, I would have been no different from the teacher, the parent, or the neighbour who dismissed and disavowed her when she tried to disclose her childhood abuse.

According to Falender and Shafrnaske (2004), when addressing sources of conflict in supervision, those that are related to the difference in theoretical orientation or therapeutic approach are hard to resolve between the supervisor and supervisee. The supervisee who must function within the theoretical framework not of her choice becomes more dependent on the supervisor and hampered by lack of autonomy (Putney et al., 1992). I needed to work from my own theoretical inclination and independent from my supervisor's theoretical stance. When it became apparent that my needs as a student were not going to be met, I sought practicum supervision elsewhere so that I could be supported by a supervisor who shared my theoretical position. This supervision experience was a good example of the necessary awareness of theoretical match between

supervisors and supervisees. A mismatch of theoretical orientation can lead to frustration and obstacles in one's journey of academic learning.

Individual Dynamics

Art therapy practice can fall into two general categories. The first is art as therapy, whereby the process of art making is inherently therapeutic (Malchiodi, 2007). Personal satisfaction, healing, and transformation can come from the creative process of art making, which nurtures authentic self-expression and promotes health and growth. The second category defines art therapy as a form of psychotherapy. Art psychotherapy (2007) focuses on the creation of art products as a means to express emotions, issues, and conflicts. It sees art as a symbolic communication that promotes verbal exchange between the client and therapist. This interaction is the foundation on which understanding and awareness are built, fostering new ways of thinking, behaving, and living.

My work with Julia has shown me that I am theoretically inclined toward art psychotherapy. Our discussions focused on the symbolic meanings of her art, which nurtured our dialogues and the therapeutic relationship. However, our connection was more than that of a client and therapist; it was enriched by the conversations we shared as artists. The meeting of minds between us took place in the world of art.

My art ability helped foster rapport and a genuine encounter with Julia. The therapeutic alliance was built on a technical language, namely that of art. My skills in art and art therapy gave Julia a choice to either focus on the art and converse as an artist, or explore her psychological issues and interact with me, as a client. However, Julia's

artistic skills were rare in the domain of art therapy. Art therapy clients may or may not be comfortable with the process of art making, and I believe that the art therapist's art training and artist identity can be a clinical advantage and increase the effectiveness of therapeutic outcomes.

Arthur Robbins says that "[i]n therapy, patients and therapists alike [are] engaged in finding the artists within themselves" (1987, p. 21). If art therapists want to facilitate this artistic quest, they need to hone their artistry through an all encompassing approach of developing artistic sensibilities, art knowledge, and conscientious self-study (C. Moon, 2002). I am not advocating that art therapists become art teachers and turn art therapy into art education. However, "art therapists do a certain amount of teaching to help clients articulate inner experiences" (Allen, 1992, p. 26). The difference between an art therapist and a psychotherapist is that the former does more than imparting suggestions or mirroring. An art therapist also elucidates the nature of art materials and demonstrates how they can be best utilized, which reinforces the therapeutic process.

I believe that an effective art therapist is someone who comprehends artistic materials, tools, processes, and products. Judith Rubin (1984) builds on this perspective further by saying that the artistic component and the choice of using oneself as a teacher in art therapy need to be selective. Helping the client help himself/herself on technical matters with a quick and easy solution can teach the client problem-solving skills and provide a better learning experience, resulting in enhancing autonomy and developing the artist within.

Other art therapists also promote formal art methods in therapeutic situations. Bruce Moon (2008) believes that art therapists should not only rely on the therapeutic

benefit of cathartic experiences, but also incorporate the formal artistic procedures and techniques of art expressions. His opinion is based on the idea that personal competence derived from masterful execution of artworks is therapeutic. The accomplishment achieved through regular practice leads to a sense of empowerment that strengthens psychological health.

Research has also shown that a formal art subject, such as art history, can be beneficial when combined with art therapy (Miller, 1990). A study of an art history-enriched art therapy program shows increased wellbeing in adult psychiatric patients, who were initially unmotivated and restless. The structured art therapy program enhanced with art history reduced anxiety and increased concentration on art tasks among these hospitalized patients.

Pat Allen (1992) claims that "the field of art therapy is in danger of being subsumed into counselling or other related disciplines" (1992, p. 28). She recommends the concept of "artist-in-residence" in which the art therapists open up their art-making process to clients and staff for observation and participation. She asserts that this practice can counter the "clinification syndrome" in art therapy, encourage the practice of art making, and promulgate the healing capability of art as a form of treatment.

As much as I believe in the importance of the mastery of art in an art therapist, I believe we are both artists and art therapists. I agree with Robbins' (1987) point of view that art therapists need to hold onto their verbal skills as well as their artist roots. The aesthetics of lines, shapes, color, form, and balance have parallel psychological associations; therefore, the proficiency in facilitating both verbal counselling and art-focused art therapy is a therapeutic blessing.

System Dynamics

In this section, I review my strengths and weaknesses as a student therapist, followed by a review of the client's strengths and weaknesses.

Student Therapist's Strengths and Weaknesses

"Helping relationships are intrinsically unequal and asymmetrical" (VanKatwyk, 2003, p. 2), but I believe my artistic skills were instrumental in addressing this imbalance by engaging Julia's artistry in therapy. Julia's professional art training tilted the power differential scale, rendering it more proportionate between us. Our art knowledge allowed us to collaborate as artists and participate more like equals. It was a genuine encounter in which Julia and I exchanged ideas, feelings, and thoughts as one artist to another. We were fully present for each other, and admired and mirrored each other's art knowledge and experiences. Research has shown that patient collaboration is a marker for therapeutic alliance (Colson et al., 1988). Julia's collaboration reinforces my view that the therapist's art skills can play a critical role in building a therapeutic alliance.

I also have an empathic temperament that contributed to my role as a therapist. Like Julia, I grew up in a harsh and shaming environment. Many Chinese parents believe in strong control of their children, and would often shame them into submission (Neff, Pisitsungkagarn, & Hsieh, 2008). Shame is also an emotion that is highly characteristic of sexual abuse victims, who tend to hide, avoid exposure, and carry the secret of childhood molestation into adulthood (Feiring, Taska, & Lewis, 1996). For example, Julia gave every new therapist a list of her personal and medical histories. The list was not given for therapeutic purposes, but as information only. The disclosed information

was to prevent all therapists from inquiring into her sexual abuse. For whatever reason, that list was never given to me. However, I suspected that she was sexually abused as a child, though I never asked her. One fascinating aspect of counselling is the amount of information that both therapist and client conceal from each other (McLeod, 1993). Julia had her reasons for masking her sexual abuse, and I respected her choice.

One day, Julia accidentally brought up the topic of her sexual abuse, forgetting that she had never recounted the facts to me. I was rather startled by the important disclosure. I did not pursue the disclosure further because I witnessed a surge of unease, which I interpreted as embarrassment and shame, and thought if I had given it more attention than it had already generated at the time, I might have made matters worse. For those who have never had validating attunement, or been affirmed by an important other, intrapersonal relationships are associated with pain, rejection, and shame (Cowan, Presbury, & Echterling, 2013). When a client is being heard or seen for the first time, she is anxious and ashamed. Empathy can hurt. It is a paradoxical idea, but one that is true.

In the slight form of empathic identification, I recognized the vulnerable aspect of myself in Julia. I resonated with her feelings of powerlessness, and respected her privacy around her sexual abuse issues. My childhood experiences of shame schooled me to always be prudent and understanding in clinical situations, which added to my professional sensitivity as a therapist.

Alternatively**,** Skovholt & Ronnestad (2003) have identified a list of elements in counselling work that causes stress for novice counsellors. One item on the list that speaks directly to my professional growing edges is that of porous emotional boundaries. According to Skovholt & Ronnestad, when a novice therapist is challenged by a client's

intense emotions, he/she struggles with what is called "insufficient closure" (p. 49). Insufficient closure refers to the therapist's inability to stop processing the intense data from a therapy session. Julia's art was full of violence and chaos, and the global unrest reported in the news these days often reminded me of her art. I became absorbed in Julia's problem outside of therapy and developed a "fix it" attitude.

The integration of EMDR and art therapy mentioned in Chapter Four was the evidence of this preoccupation. From the perspective of VanKatwyk's Helping Style Inventory (2003), I began with the role of a Celebrant, but unknowingly changed to that of a Manager. I switched from "being with" to "doing for", from an empathizer to a rescuer. These two styles are situated on opposite ends of the Inventory diagram, and have contrasting purposes and objectives. The Celebrant advocates for connection, support and affirmation, while the latter prescribes instruction, suggestion and advice. I focused my attention on the presenting problems rather than Julia as a person. The balance of power had shifted from that of facilitation to direction.

Due to my inexperience, I inadvertently switched from one helping style to another, without being aware of doing so and without obtaining the client's consent. The change of one's helping style can have its justifications. However, as a novice therapist, I need to learn to be aware of the change, and not be slipping in and out of a chosen helping style unknowingly.

Client's Strengths and Weaknesses

From an assessment perspective, the choice of art media is indicative of the person's ability to process information and construct images (Hinz, 2009). Some clients

are afraid of fluid media and prefer the resistive property of pencil and crayons. This preference may indicate the need for control and an exclusive cognitive style of information processing. Julia's mastery of the paint medium showed a primarily affective method of information processing. Her art indicated a spontaneous organization of thoughts and feelings, which she could comfortably identify and express. Because art can serve as a healthy conduit for emotional expressions (B. Moon, 2008), art therapy was a particularly suitable healing modality for Julia. Julia's strength was undoubtedly her artistic talent. Her artistic sensibilities dovetailing with the healing capability of art therapy potentiated her recovery.

Julia possessed another strength that was more relevant in her recovery than her creativity. I can remember many times when Julia would appear for art therapy hiding under a hood and behind her sunglasses to conceal her puffy eyes and sense of shame. Despite how difficult her life was at the time, she never failed to show up for therapy. Julia was determined to follow through, and was absent only once during a sixteen-month art therapy program. Her perseverance was admirable, particularly given the significant dropout rate among the ED patients (Vandereycken & Pierfoot, 1983). During my practicum, I came to appreciate the challenges that ED clients face daily (e.g., insomnia, medication, and depression). In spite of these challenges Julia persisted.

Julia's weakness is explored in terms of resistance and defenses. There are understandable reasons behind the forces of resistance and defences in therapy. From a transpersonal perspective, resistance represents the fear of the unknown. This type of resistance refers to those who fear "the chaos that might ensue in the psyche if the status

quo is upset by repressed fantasies and memories" (Eades, 1992, p. 34) and to the ensuing trepidation of having their long-held views challenged.

Resistance can take many forms. "Client may be avoiding and distorting certain presenting issues and feelings" (McLeod, 1993, p. 88). In art therapy, clients may resist therapy by copying others' art, destroying their own artwork, or being reticent in therapy. They may also engage in excessive verbalization to avoid the creative process, or use stereotypical images instead of exploring their own unique creative language and imagery (Hinz, 2009).

Stereotypical images do not reveal personal information about the creator (Hinz, 2009). Clichéd images such as rainbows, roses, or hearts give the impression of imparting information, but usually do not reveal the client's genuine thoughts or emotions. Julia's art contained some stereotypical images such as hideous monsters and fallen angels (Figures 10 and 11). Her artistic designs were characteristic of stock art images and gaming graphics that were typical in the work of graphic designs. My practicum supervisor thought Julia was hiding behind her defenses, and needed to be spurred on to create more authentic art. I thought Julia's style of art was representational of her professional self, which was an important aspect of her identity. If there had been defensive elements in her work, I would have respected her artistic decision, and not rushed her into an alternate creative expression until she was ready.

Figure 10 The Fallen Angel

Figure 11 Persecution

Client resistance has its advantages. It is considered to be both a learning opportunity and a call to scrutinize our clinical assumptions. According to Moon (2008), when clients begin their stories in a guarded, wary, and distrusted manner, the therapist should treat it as a learning opportunity. Patton (1983) further reminds us that "...

resistance crushes the pretensions of those of us who are convinced that we know what is good for people" (1983, p. 183). When resistance materializes, an astute therapist is not dictated by a pre-determined course of therapeutic action, but attends to the resistance as a priority, and responds with flexibility (1983).

Neuroscientists also remind us that altered brain chemistry is the culprit behind the outwardly resistant behaviours among trauma victims. Van de Kolk (2014) says, "we now know that their behaviours are not the result of moral failings or signs of lack of willpower or bad character. [In fact], they are caused by actual changes in the brain" (2014, p. 3). Therefore, to interpret Julia's inability to make changes as resistance or weakness would be unfair, uncompassionate, and ignorant of a much larger psycho/physiological picture that exists behind her seemingly resistant behaviours.

Client and Student Therapist's Spiritualities

Research has shown that spirituality can help an ED client's recovery process (Berrett et al., 2007). Women suffering from eating disorders have lost their self-identity, and are unable to appreciate the different aspects of their character. Their lack of spirituality reduces their identity to an ED or victims of trauma. They can only see themselves as abused children, filled with fear, self-contempt, anger, and disgust.

Spirituality can help the client create a "little child" concept that is healthy and conducive to healing (Berrett, et al. 2007). According to Kalsched (2013), the little child is a part of the self that has split off during severe episodes of trauma. It becomes the cloistered self that serves the purpose of an innate self-care system. Its purpose is to protect the vulnerable and innocent parts of the self in the unconscious for safekeeping.

Kalsched (2013) continues to explain that the defensive system that is responsible for the process of splitting off the psyche is also very negative and aggressive. It keeps the little child demoralized with a terrible sense of "original sin." The protective mechanism that splits off the person begins in the role of a custodian, but eventually becomes that of a perpetrator. Hence, those who suffer from trauma are difficult to heal.

At the beginning of therapy, Julia was preoccupied with creating monstrous and aggressive images. After six months of art therapy, Julia's attitude softened, and she produced images with themes of love and health. In the little art portion of art therapy, Julia created an image resembling a female figure holding an infant. The pictorial content inferred maternal love (Figure 12). Julia was reluctant to talk too much about the image. However, the enchanting style was the first of its kind to appear in her art. The subject matter and its softness can be effective when used in imagery work to build inner resources. According to Gary Yontef and Lynn Jacobs (2005), it is helpful for clients with shame issues to imagine a metaphorical Good Mother "who is fully present and loving and accepts and loves the patient just as he or she is" (p. 323). The suggestion of motherly love in this painting was a positive indication of spiritual development that could support Julia in her recovery.

Figure 12 The Hues of Contrast

I belong to Jones's first theological world of Separation and Reunion (Jones, 1989). Having grown up in a family that was harsh and conflict-ridden, I felt isolated and yearned for domestic harmony, but am weighed down by thinking that it will never be. Immigrating to Canada from Hong Kong was a fortuitous event in my life, but after many years of living in this country, I continue to feel like a stranger in a strange land. Inhabitants of Jones' first theological world (1989) have a continual feeling of being cut away, like an electrical device that is faulty because it is detached from its power supply. However, an incident in my practicum gave me cause to re-examine my worldview.

In the first session, Julia painted a picture (Figure 13), the meaning of which was unclear to her. As we gazed at it, I commented that the structure looked like it was lit from the inside, and Julia concurred without further explanation. At the time, I had no knowledge of Julia's history of abuse, but I happened to be reading a book on childhood trauma entitled *Too Scared to Cry* by Lenore Terr (1976).

One late evening, after being immersed in Terr's book, I reflected on the topic of complex trauma. My eyes fell on the book cover (Figure 13), and I realized I had seen this image before.

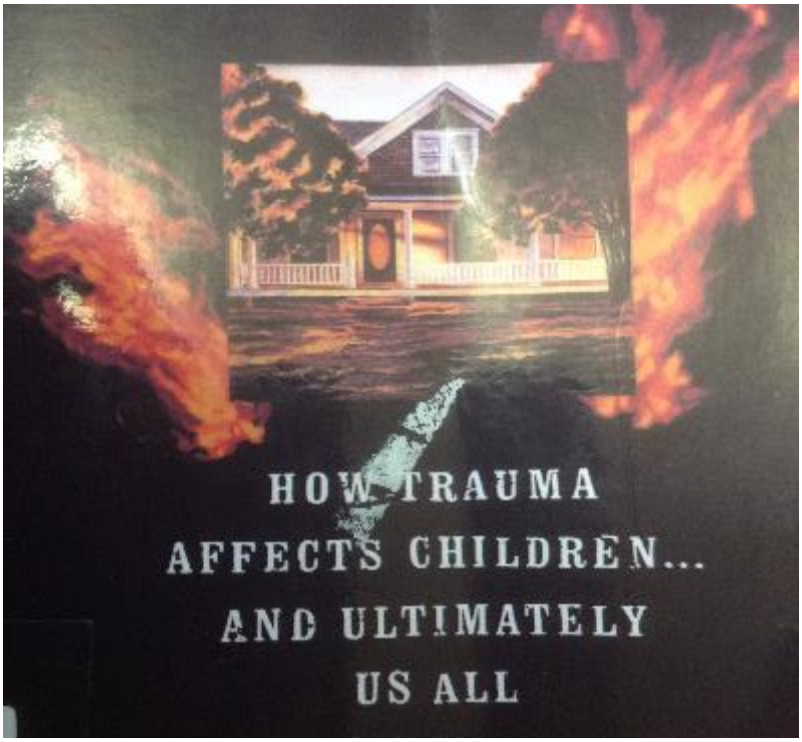

Figure 13 The Book Cover

I re-examined Julia's painting from the first art therapy session and was struck by the notable resemblance between her painting (Figure 14) and the image on the cover of the book.

Figure 14 The Hidden Flames

Subsequently, I confirmed with Julia that she had no knowledge of the book, the author, or the designer of the cover. I had no reason to doubt her claim, and trusted that it was an incredible coincidence.

According to Jung (1960), coincidences become more meaningful when their occurrences are improbable. The fact that Julia and another graphic designer each independently had created images that are highly similar in composition and content seemed inconceivable. Jung continues to say that meaningful coincidences do not lend themselves to explanations, and therefore are viewed as acausal (1960). However, often we are so impressed by its manifestation that we want to see them as more than mere chance. The early classical idea of causality has a 'magical' quality to it, such as the Chinese concept of 'Tao' which embodies the concept of meaningful coincidence (1960).

Along with this notion of meaning, there is also a unique experience of this coincidental spontaneity. "A numinous experience is awesome, mysterious, powerful,

and fascinating. ... It penetrates our core" (Corbett & Stein, 2005, p. 55), and entrances, captivates, and transports us to a realm that is out of the ordinary (2005). Furthermore, "Numinous experiences tend to address the subject's developmental need of the moment" (p.55).

As I am writing about the spontaneous similarity between Julia's painting and the image on a book cover, I continue to marvel at the mysteriousness of this coincidental happening. Like those inhabitants of Jones's (1989) theological world of Separation and Reunion, "[I] yearn wistfully for a harmony to all things, while being haunted by the sad thought that there may be nothing behind it all" (1989). This numinous experience was an antidote to my feelings of isolation and loneliness; it was an appropriate spiritual lesson at the right time for me. My hope was that perhaps there was intelligence that was superior to our ego and personal will, and that it would work through our unconscious and guide our development (Mansfield, 1995). My hopefulness was the reason behind my account of this notable clinical moment.

Chapter Summary

In this chapter, I have considered how my family of origin and the process of parentification have shaped my personality and professional disposition. I have pointed to the significance of theoretical compatibility between supervisor and supervisee, and how the lack of it can affect the latter's learning experience. I have also discussed my advocacy for strong artistic skills in art therapists, and have given reasons for my partiality. Last, I have examined the system dynamics in therapy between my client and

me by describing our strengths, growing edges, and spirituality on personal and professional levels.

This deep examination of relevant topics has highlighted the complexity of the client's life circumstances and elucidated her response to therapy. At the same time, I revisited my childhood memories and was able to grasp how earlier life events impacted my clinical work and professional identity. This chapter reflects some of the driving forces behind the therapeutic experience.

Chapter Five: Conclusion

This final chapter of the thesis consists of a summary of the findings, a reexamination of the literature review, and my personal reflection on this case study. The findings include discoveries made from clinical processes regarding the therapeutic interaction, client change, and my clinical judgment. Next I reexamine the literature review and reflect on what proved particularly helpful during the research process. Last, I conclude with a personal statement on the meaningfulness of this practicum and research, and how it translates to my future career development.

Summary of Findings

There are three findings from the data analysis that are particularly significant. These findings touch on the topics of the therapeutic relationship, the client's essential character, and my clinical judgment. They are the result of an in depth inquiry into the complexities of the client's medical and psychological conditions. They also form part of the learning journey that took place in my facilitation of art therapy with the client.

The first finding discusses how art was used as a vehicle to navigate a therapeutic relationship. The client's artistic expertise enabled her to express herself confidently, and thereby leveling the power differential between her and me. The second finding explores how Julia seemed unable to recognize her inner strength despite the inference of its presence in her art. The third finding examines my clinical judgment regarding Julia's disclosure of sexual abuse.

When I met Julia, she had been an outpatient at an eating disorder clinic for a significant period of time. According to McLeod (1993), those who are long-term users of psychiatric services often are unable to work, sustain satisfactory relationships, or engage in self-care. Often they are caught in the up-and-down emotional cycle of being hopeful about turning their lives around, only to have their life goals dashed in the end, feeling a strong sense of failure and powerlessness. This depiction of the life of psychiatric patients describes Julia's life. Her experiences with the health care system were equally disappointing. I remember her telling me that she often had to wait for three months or more to see her psychiatrist, and then he would only spend fifteen minutes on assessment and change her medication, with only limited inquiry about her emotional condition. Julia's perceived these inattentive medical professionals as controlling and uncaring, which represented barriers to her sense of self-control and well-being (Corey, 2009).

It was understandable that Julia felt marginalized and defenseless in her relationship with medical professionals. In these situations, inequities surface on many levels including that of gender, culture, education, and economics (Corey, 2009), and it would have been difficult for her to rise up and assert herself in the presence of those who seemingly held all the power. However, her experience in the art therapy studio was a strong contrast to that of the psychiatrist's office. In art therapy, her expertise in art enabled her to express herself confidently, thereby creating a therapeutic alliance that was based on equal exchanges and participation, wherein she felt heard, appreciated, and empowered.

The second finding discusses Julia's inner strength, which was demonstrated in therapy and represented in her art. Despite how painful it was for Julia, she spoke genuinely and honestly about her feelings of inadequacy and shame, and her art strongly echoed those feelings. Art in art therapy is more than just ornamentation (Malchiodi, 2007). "Art chronicles and conveys a wide range of emotions, from profound joy to deepest sorrow, from triumph to trauma" (1998, p. 2). Furthermore, artworks are considered to be an entity, even an emissary of encoded messages of past events and psychic health. It is no easy feat for anyone to verbally discuss their feelings of shame. To face one's sense of shame that is depicted on a surface, and then lay bare the associated thoughts and feelings to a therapist is a Herculean effort for someone with childhood trauma and an eating disorder. I consider her ability to overcome these barriers an indomitable characteristic, although she was unable to see or accept her own strength and courage.

As mentioned earlier in Chapter 4 in Reflections about the Case Study, Julia's father abused her physically throughout her childhood. The sheer brute force of his physical strength compelled her into submission. All her resources of personal power and strength had retreated from her conscious mind and went into hiding for safety and survival. This psychic development can be interpreted through the concept of the positive and negative aspects of the shadow, which is to balance the ego in the personal unconscious (Douglas, 2005). The shadow contains everything that could or should be part of the ego, but has been denied or has refused to develop. This repressed shadow life accumulates more energy than the ego, and periodically erupts as an overpowering rage and depression.

"The shadow gone autonomous is a terrible monster in our psychic house" (Johnson, 1991, pp. 4-5). Personal shadow tends to be the vehicle through which archetypal images of evil emerge out of the collective unconscious, for example, a mob engages in mindless act of violence (Johnson, 1991). As discussed in Chapter 4, in the data analysis, the depicted monsters reigned supreme in Julia's art and in her psychic life. During art therapy, they were discussed as a direct representation of her father, his anger, and brutality. They brought out a strong sense of victimization in Julia. She cried, even sobbed uncontrollably, as she spoke of her pain, grief, and helplessness while she explored those images. However, in the reverse, these same images could also be considered the energetic forces and strength of Julia's psychic self, which sought expression in her confident artistic use of lines, colors, and composition. The obvious and strong presence of talent and artistic integrity could be interpreted as courage and resilience, which had been suppressed from consciousness and gone underground. Confronting shadow material is essential to the development of a mature personality, I think that Julia's honest and courageous expression of her feelings and thoughts was the beginning of her journey to reclaim her personal power, which would undoubtedly develop further with therapy.

The third finding concerns my clinical decision related to the discovering of the Julia's sexual abuse. As mentioned in the data analysis, Julia accidentally disclosed her sexual abuse history to me. Many therapists would have pursued the divulged fact, but I felt that the lack of intention behind the disclosure did not give me permission to explore her sexual abuse. I believed inquiring into the forbidden issue would have embarrassed

her and surfaced shame, which could have been detrimental to the therapeutic relationship.

My clinical instincts and caution were correct in terms of the issues of shame and non-disclosure that are associated with the population of eating disorders. Research has shown that there is a strong correlation among the determinants of client non-disclosure, eating disorder symptoms, therapeutic alliance, and client shame (Spokes, 2012). Results suggest that the strength of the therapeutic relationship, influenced by therapist disclosure, has important implications for a client's willingness to disclose. Therapist disclosure was not relevant to my situation, as I had not self-disclosed my background including my experience with shame. However, I believe that there was a strong therapeutic relationship between Julia and me that would have provided a sound foundation for the difficult disclosure of her sexual abuse.

I am, of course, conjecturing that Julia might have been partially intentional in the disclosure of her sexual abuse, and that our strong therapeutic relationship would have survived the ensuing consequences. Now looking back, the very fact that it was mentioned gave me great pause to think that Julia might have been willing to explore her sexual abuse, and was, in her subtle ways, inviting me to take this courageous journey with her. If that was the case, I missed an important opportunity to support her. In fact, I may have deterred Julia from moving forward and making a profound change for which she was ready. The missed opportunity may have been a grave clinical error. I will never know the truth, and it continues to haunt me.

When Julia alluded to her sexual abuse and realized that she had kept the secret from me, she was extremely embarrassed. Upon reflection, it was my appreciation of her

acute sense of embarrassment that halted my curiosity. Throughout the practicum, the therapeutic relationship had been pleasant. At times, my client and I had been open and even jovial in each other's company. When the disclosure was made, there was a palpable sense of uneasiness between us over the misunderstanding of a very important piece of information. The usual positive relational pattern had been broken. It was too uncomfortable for me, and I wanted to quickly restore the previous pleasantness between us. I believe that if I had been more experienced, I would have been able to contain my sense of discomfort, which would have likely facilitated another layer of healing for Julia.

Once again, literature reminded me that even the most seasoned therapists can be stumped by unexpected clinical developments. In Neil Eddington and Richard Shuman's article (2011), Gerald Corey discloses the error that was made during his co-facilitation of a training group. In the group, a female student said that she respected Corey but felt insignificant in his eyes. Corey did not respond to her statement, and when asked why he had not offer feedback, he said that "he felt uncomfortable, put on the spot and did not know what to say" (2011, p. 4). Corey further commented that he sometimes would struggle with the here-and-now reactions, and when confronted and pressured, becomes evasive or speechless, and would revert back to old behavioral patterns.

Corey further articulated his feelings and shared them with his group, including the appreciation that everyone could benefit from his mistake. I too have learned from my mistake and now know that there were clinical options available to me in the moment of unease. According to Irvin Yalom (2002), there are two types of disclosures, vertical disclosure and horizontal disclosure. The former refers to in-depth disclosure about the content of disclosure, including details and circumstances of the event or practice.

Horizontal disclosure is the disclosure about the act of disclosure. Yalom gave an example of questions that would have been effective and appropriate in the situation with Julia. Those questions are:

1. What made it possible to discuss this today?
2. How hard was it for you?
3. Had you been wanting to share this in earlier sessions? (p. 110).

The above questions could have distracted me from my sense of unease, and allowed me to continue facilitating a therapeutic process that would have enabled the client to examine her motivation of her disclosure and lessened the embarrassment that she felt at the time.

Revisiting the Literature

In this section, I return to the literature review, not to give a summary, but to explore it through the lens of a metaphor. According to Merriam (1998), "a literature review is a narrative essay that integrates, synthesizes, and critiques the important thinking and research on a particular topic" (1998, p. 55). However, rather than looking at my literature as an academic study, I want to add a creative interpretation to my literature review in order to personalize it, thereby increasing its sense of relevance to the entire research experience. I revisit the literature by comparing its process to that of making a quilt.

The metaphor of a quilt has been used to illustrate different theoretical concepts in academic writing. For example, Ruth Ray and Susan McFadden (2001) have used the quilt metaphor to explain feminist spiritual development. Norman Denzin and Yvonna

Lincoln (2011; 2011) have used it to describe the work of a qualitative researcher. I have borrowed their use of this metaphor and applied it to the development of my literature review and the role of a qualitative researcher. There are three ideas that are common in both quilt making and research.

The first similarity between the creation of a quilt and a research project is that they both require slow and meticulous work. Quilts are made through careful construction of the numerous symmetrical patches and blocks to form various designs of floral patterns, country scenes, and communal events. The qualitative researcher assembles narrative imagery with words. Through the interpretation of gathered information, the author composes parcels of research material, bringing together the psychological and emotional qualities of the object under study (Denzin & Lincoln, 2011) .

Throughout my practicum, I was earnest in my desire to help those "who are struggling to find their way" (Corey, 2009, p. 35), and my earnestness plunged me into many academic topics, as I sought ways to alleviate my client's plight. The topics I studied included art therapy (Betensky, 1977; Rubin, 1984; Schaverien, 1999), trauma (Herman, 1992; Terr, 1976), neuroscience (Van der Hart et al., 2006; Van der Kolk, 2014), art therapy and integrative interventions for trauma (McNamee, 2003, 2004, 2005; Talwar, 2007; Tripp, 2007), spirituality (Berrett et al., 2007; Corbett & Stein, 2005; Richards et al., 2006; Richards et al., 2009; Sheldrake, 2012), and art therapy and spirituality (Bell, 2011; Edwards, 2001). At times, I felt I was spread out, undisciplined, and even random in my pursuit of knowledge. Corey (2009) warns against eclecticism in practitioners who lack the knowledge and skill in selecting interventions and the proper

consideration of therapeutic procedures. The wide coverage of academic topics could indicate my nascent syncretism. They were like fragmentary voices coming through simultaneously, but only partial images or vignettes of the process were visible. In the quilting process, while the quilt is being stitched, the overall image is incomprehensible. This stage of the quilt is called the "crazy quilt." My literature review had that crazy quilt effect as if I was trying to sew the different patches and blocks of topics together in order to tell my story and that of my client.

Denzin and Lincoln (2011) have likened the identity of the qualitative researcher to different professions, such as those of the scientist, journalist, social critic, musician, and quilt maker. They say that many methodological practices of qualitative research may be viewed as soft science, journalism, ethnography, or quilt making, and the researcher is seen as a maker of quilts. The creative processes of both research and quilt making focus on the expression of how human beings see, report, and interpret events. They are concerned with grouping images and representations together to form a puzzle. The quilter pieces an image through stitches, thereby creating a piece of visual art that embraces beauty, tells a story, and conveys emotions. The primary purpose of interpretive research is the study of lived experiences. They seek meaning and understanding via a rich descriptive process. Words and pictures are the tools for qualitative researchers as needles and threads are for quilters. Each use their creative tools to understand how people make sense of their social world and experiences (Merriam, 1998).

As a student therapist, many academic topics are new and exciting. My practicum helped me to focus on those that were pertinent to my interests and Julia's medical

conditions, namely trauma, neuroscience, and art therapy. This list expanded to cover other topics including spirituality, qualitative research (Hancock & Algozzine, 2006; Merriam, 1998; Mertens, 2010), and methodology and case study (Creswell, 2013; McLeod, 2010; Merriam, 1998; Mertens, 2010; Stake, 1995; Yin, 2014). Each topic was interesting and pivotal in my learning process. However, the most instrumental part of the literature review was the discussion of trauma from the perspective of neuroscience (Perry et al., 1995; Van der Kolk, 2014) and the integration of art therapy with other psychotherapeutic modalities (McNamee, 2004; Tobin, 2006; Tripp, 2007). These materials helped me understand Julia's symptom related to trauma, and paved a distinct path for my professional development.

My readings on trauma and neuroscience opened up a new world of valuable information and subsequent experiences for me. For example, Tripp's (2007) article on neuroscience, art therapy, and EMDR was instrumental in opening me to the profession of psychotherapy. When I learned how art therapy and EMDR dovetailed and applied in clinical situations, I decided to obtain EMDR certification. During the EMDR program, I had the opportunity to interact with therapists and counselors from various fields of practice. I became a part of a professional circle and benefitted from the rich clinical discussions by practicing therapists. This level of professional engagement, which included peer group supervision and training, enhanced my clinical understanding, and in the course of several weeks, I began facilitating EMDR with fellow classmates and clients.

My enthusiasm during training bolstered my expectation of EMDR, particularly when I heard about the positive experiences of EMDR facilitation from other therapists.

However, I soon discovered that, as a student, several weekends of intense learning of a new technique was hardly sufficient for managing real clients with real problems. In fact, the facilitation of EMDR with Julia brought a level of resistance that I had not previously encountered. The images of fierce "monsters" appeared frequently, and Julia became distraught. I used the resource installation technique to bolster her confidence. There were some benefits, but her resistance to processing kept us from the real work of EMDR. The development simultaneously stumped me and intrigued me, and I sought guidance from my clinical supervisor and returned to the literature once again to look for answers to the clinical dilemmas. The research included a wider area of topics in the field of psychotherapy such as shame and empathy (Cowan et al., 2013; Feiring et al., 1996), client resistance (Eades, 1992; Edwards, 2001), and dissociation (Van der Hart et al., 2006). I began to think about other interventions, such as spirituality (Berrett et al., 2007; Eades, 1992; Hall & Edwards, 2002; Sheldrake, 2012), art/art therapy and spirituality (Allen, 1995; Arya, 2011; Bell, 2011), from which I learned that spirituality is necessary in any healing program.

Personal Statement

While I gained insight about the complexities of Julia's medical conditions through the literature, my greatest understanding of her came from our conversations and my analysis of her art. From our interaction and my observations, I came to appreciate her strength of character, determination, and commitment to therapy. I benefitted from her trust and generosity of spirit, and learned a lot about the therapeutic relationship and process during this research. I am indebted to Julia and grateful for the experience.

I also struggled during the research process with data analysis. According to Moon (2006), there are benevolent and malevolent aspects to interpretation and analysis of artwork in art therapy. Often, interpretation of artwork is associated with standard tests, like the Rorschach test, which are connected to clinical identification of disorders (Malchiodi, 2007). It is legitimate in medical environments where diagnosis and interdisciplinary communication are required. However, interpretation for the purpose of translating and making meaning can be potentially harmful because of misconstrued meanings, thereby pigeonholing a client with a medical label. Therefore, as much as I was grateful for Julia's volume of artwork, I also felt challenged by its quality and depth. On one hand, I was excited by the richness of the artwork, and on the other hand, I was burdened by my lack of confidence that I could do justice to its artistic brilliance, or give the artwork a judicious interpretative study. The combination of my hesitancy and the possibility of misunderstanding her artwork were onerous. As a student of psychotherapy, I am imbued with the importance of "do no harm". Therefore, I was cautious to abstain from actively interpreting her artwork, and only participated in supporting her in the art making process, so that she could surface her own interpretations.

I end this personal statement with a discussion on the meaningfulness of the therapeutic encounter with my client. Irvin Yalom says, "intimate interaction is always salutary" (2002, p107). There were times when Julia offered positive feedback or insights from our sessions and as a result, I felt a distinct sense of wellbeing for having used my skills to deliver useful therapy (2002). "These are by-products of healers' doing their job, times when the healer is surreptitiously taking in some of that good stuff of therapy" (Yalom, 2002, p. 107). I was the recipient of that "good stuff" as result of this

therapeutic relationship, and could be the bigger beneficiary out of the two persons in this special encounter.

Finally, there is another meaningful element in this therapeutic encounter, and I shall describe it through the concept of chance. Albert Bandura (1982) believes that chance encounters play a prominent role in shaping the course of human lives. He defines chance encounters as unintentional meetings of persons unfamiliar to each other, and believes that although people might intentionally seek out certain types of experiences, ultimately they enter into life in a fashion largely determined by the element of chance. These decisions based on chance profoundly affect life paths, and often point to "path-setting events involving a fortuitous symbolic encounter mediated through another's actions." (p. 749).

"The attributes to social environments into which persons are fortuitously inducted also operate as highly influential determiners of the degree and course of personal change" (Bandura, 1982, p. 750). As mentioned in the beginning of Chapter Two, I faced different obstacles while trying set up my practicum at the eating disorder clinic. However, I was fortunate enough to be supported by College instructors who went through complex administrative channels to establish the practicum contract on my behalf. I was also assisted by conscientious caseworkers at the clinic who took me under their wing and guided me throughout my practicum. The positive attributes of the supportive environment of the College and the eating disorder clinic had fortuitously played an important role in the successful outcome of the art therapy program.

Bandura (1982) also says that "[c]hance encounters have the greatest potential for branching persons abruptly into new trajectories of life when they induct them into a

relatively closed milieu" (p. 753). The therapeutic encounter took place in the closed milieu of an eating disorder clinic, where I was given the chance to work with a specific ED client. There were other practicum students and programs that were available to Julia, but somehow she and I crossed paths and became collaborators in a successful art therapy program. I consider our meeting a chance encounter that precipitously launched me into a definite trajectory of academic and clinical learning and development.

Concluding Statement

This Chapter has reviewed three findings or observations drawn from the data analysis including: how art was used as a vehicle to balance the power differential between the client and art therapist; how the client's hidden inner strength was apparent in her artwork, but remained to be discovered and reclaimed by her; and how my clinical reaction was generated by the unexpected disclosure of sexual abuse.

Included is an artistic interpretation about my literature review using the metaphor of a quilt. It compares the creative processes of both quilt making and that of the literature review, and draws an analogy between the nature of the work of a quilter and a researcher. This metaphor allowed me to personalize and add meaning to the literature which enhanced its relevance to the research experience.

As I bring this thesis to a close, I compare the processes of thesis writing and that of painting. As an amateur artist, I have experienced the process of completing many paintings. Often there is a tendency to overwork a painting because with every piece of art there is the drive to chase after perfection without realizing that the end has arrived. Therefore, the painter continues to apply the final touches of detailed brushwork to the

painting, and unknowingly, alters the painting's original artistic plan. As the researcher for this project, I have arrived at that definitive point of completion. There are many more ideas, reflections, and discoveries that are worth mentioning and exploring, but to pursue them at this point would take this project in a different direction. It is better to reserve them for a later endeavour.

I am poised to step into the professional world of psychotherapy, and my greatest interest is to continue the investigation of EMDR and art therapy. With so much robust discovery in neuroscience, I believe it would be propitious to conduct rigorous research on the two modalities to determine their combined healing powers. The common interest and emphasis in bi-lateral functioning and imagery in art therapy and EMDR can offer many diverse avenues of inquiry in the field of qualitative research.

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