

St. Stephen's College

Spiritual Transformation in Art Therapy: A Living Human Portrait

By

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MASTER OF PSYCHOTHERAPY AND SPIRITUALITY
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Abstract

This was a study about a client whom I worked with in my practicum experience in an inner-city church. It explored my thesis question: How was art therapy spiritually transformative for my client? The significance of this case is this outcome. Through the client's art therapy process, she addressed an underlying cause of her depression, the unresolved issues of trauma from childhood. I became intrigued with studying her case further in this thesis after writing an integrative paper on it for my practicum course. My purpose was to see what could be discovered through an in-depth exploration that would have a bearing on art therapy practice. I was especially drawn to the images, and how they emerged through the process of art-making and reflection, as they related to the client's spiritual development. Through a synthesis of case study methodology with theological reflection as inquiry and portraiture as research, I have created a conceptual model and termed it "a living human portrait" of the client's spiritually transformative art therapy. This was a retrospective study on a client's case. As such, ethical issues were taken care of prior to the research with a signed informed consent form, as required by St. Stephen's College for use in students' art therapy practicum work with clients. This case portrays what depth psychologists and art therapists have theorized: if spiritual issues such as the effects of childhood trauma are hidden from conscious awareness and are not confronted, psychopathology can continue over the course of a person's life. The case also portrays healing through confronting these underlying issues in spiritually informed art therapy.

Keywords: art therapy, case study, portraiture research, spirituality, transformation.

I dedicate this thesis to the loving memory of my mother Lois Ann who has been with me in spirit on every step of this journey.

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*Do not be conformed to the pattern of this world, but be transformed by the renewing of
your mind. (Romans 12:2a, NIV)*

INTRODUCTION

Reflections on My Client's Art Therapy

After a final art therapy session with Ann, one of my clients in my practicum art therapy studio in an inner-city church, I remember I sat gazing at my case notes, almost in disbelief. I was mystified as I contemplated this Ann's therapeutic process, amazed by the change that had occurred in her during nine months of art therapy. Her transformation had been profound. Ann [pseudonym] had become a new person. This change was as apparent in her affect as it was in what she expressed in her art and reflections.

I remembered Ann's first session with me. She had retired two years prior, and she said she was still finding this new stage in her life difficult. She described herself as a loner. She said she didn't feel good about herself and found it hard to be around people, so she avoided social situations. She said that she was thankful to have received a retirement pension, but had struggled with depression during her employment and for most of her life. Though Ann was polite and pleasant in manner, her affect was somewhat flat; she had little intonation in her voice and limited facial expression. She was pale, sullen, and withdrawn in posture and body language; she was hunched over and mostly motionless as she spoke. Her appearance was neat but plain, other than her stylish glasses.

That was such a contrast to this last session.

Today she was beaming. There was inflection in her voice, she laughed easily, her eyes were sparkling, and her body language and posture conveyed a vibrant energy that had not been there before. She still wore her stylish glasses, but now the rest of her outfit

was also stylish: her hair had more shape, and she was wearing a brightly coloured blouse and lipstick. Ann referred to her life before art therapy as her “old life.” She shared how things felt so different now: she was actively pursuing a healthy lifestyle, enjoying aquacise, and getting out more to socialize with friends. Ann claimed art therapy to be a “spiritual transformation” for her. She had put the word “transformation” in an art image. Ann said the change in her was evident to family and friends who were close to her. She told me that her best friend was so astonished to see this change in her that she decided she would like to try art therapy too.

In this last session Ann reflected on one of the most important metaphors in her artwork, a mastodon, which is a prehistoric elephant. This metaphor had emerged in an early session of the therapeutic process. In this last session, perhaps what stood out most for me were her words: “Where the mastodon came from will remain a mystery for me for the rest of my life ...[pause]... I have to believe it was Divine intervention” (The client, Ann, [pseudonym,] 2015).

Ann experienced transformative healing that has continued to amaze me. There is a wondrous mystery in the healing effects in art and spirituality that transcends description. Although we do not have ways to measure God or assess the authenticity of any miraculous healings, we can study perceptions of sacredness and their implications for people (Pargament, 2006). When I began studying at St. Stephen’s College I wrote a paper for a course about my personal theology at the time, based on lived experience of brokenness and how art and spirituality contributed to my own transformative healing. In my studies that followed in the Master of Psychotherapy and Spirituality program with a specialization in art therapy (MPS-AT), themes of spiritual formation continued to

emerge in my sketching, painting, and journaling, as I was seeking to express what I understood through lived experience. It was incredible for me to discover how imagery and metaphor deepened my understanding of such experience. I became enthralled with studying theoretical underpinnings of art therapy, psychotherapy and spirituality related to concepts of spiritual transformation. These studies enhanced my desire to work with those struggling with brokenness, such as grief over loss, depression, and other emotional and spiritual health issues. I felt called to help people to find insight and healing through art therapy. In a paper which I wrote for an ethics course in 2013, as I prepared for my practicum experience, I wrote that I was grateful to have been touched by Divine healing grace, and I prayed others might be touched in the same way in my practice. I envisioned this as the ultimate in spiritually oriented art therapy: to help people find healing from their despair and emotional suffering. Yet I was stunned by Ann's transformational healing that happened in her art therapy process during my work with her in my practicum as an art therapy student. I continue to be awed by the realization that at the end of her art therapy, Ann held a deep conviction that she had experienced Divine intervention and spiritually transformative healing.

This was a meaningful coincidence or by Jung (1952/ 1977) terms synchronicity. Although I was enthralled by studying the subject, I did not anticipate the spiritual transformation that occurred for Ann. Rather, from the time I first became acquainted with Ann, her presenting issues, and her goals in art therapy, I struggled with feeling inadequate as her therapist. I was well aware of my lack of experience. Ann began art therapy as my client during the first year of my art therapy practicum. She was struggling with challenging existential questions and spiritual issues, as I will describe later in this

thesis. Of course, for ethical reasons, I chose not to disclose to her anything about my own experiences of brokenness, despair and spiritually transformative healing. If anything, I was overly cautious about ethics, determined not to share my biases or influence my client with my own assumptions or beliefs. At the same time, I was moved with compassion for this person who was transitioning into her retirement with a life history of trauma, grief and mental and physical health issues. I hoped and prayed that I could be of help to her, to assist in relieving some of her emotional suffering. Essential in my learning experience was to remember to trust in my training and supervision as a student art therapist. Further to this, it was necessary to “trust the process” (McNiff, 1998) and the creativity and healing that happens in art therapy. Ultimately, I learned to trust not only my abilities, but in Divine Grace. Looking back, I realize that as I learned to trust, Ann’s art therapy process was transformative for me as well as for her.

I became enthralled with Ann’s case when conceptualizing it for an integrative paper as required to complete my practicum course. The content of the imagery, metaphors, and themes that emerged in Ann’s art-making and reflections related to the outcome was fascinating to me. At the same time as I was writing the practicum paper I was beginning to search for an inquiry for this thesis. At some point in my pondering, my intrigue for this case merged with my search, and I began to explore the idea of studying Ann’s art therapy process further as a research topic. The outcome of her art therapy was significant, and I wanted to deepen my understanding of how it occurred.

Research Question

The purpose of this thesis is to explore my research question: How was art therapy spiritually transformative for my client? There are some underlying questions I have also considered: What did spiritual transformation mean for my client? How was the context important to her spiritual transformation? How did the imagery and metaphors contribute to this? What transpired in Ann's art therapy process that was essential for spiritual transformation to occur? What were key aspects in her bio-psychosocial and spiritual assessment prior to art therapy that may have contributed to her ability and/or motivation for this change? What other aspects in the case may have contributed? How can this be interpreted from the different theoretical lenses of art therapy, psychotherapy and spirituality; what does the literature say about spiritual transformation and how it may occur? Lastly, what emerged as the essential learning in the study of this case? This thesis explores these questions through case study methodology (Stake, 1995; Yin, 2009), integrated with theological and spiritual reflection as inquiry (Clark, 2015; Fitchett, 1993; Kinast, 1999; Whitehead & Whitehead, 1995), synthesized with portraiture as research (Lawrence-Lightfoot, 2005; Kapitan, 2010). I have termed the methodology I have conceptualized for this research as "a living human portrait."

Key Definitions

It became clear as I began to compose this thesis that terms I introduced in my research question and methodology need clarification. You, the reader, may be questioning how I, the author, conceptualize art therapy, what I mean by spiritual transformation, and how I define case study research. You may further be asking how or why I integrate theological and spiritual reflection as inquiry and synthesize portraiture as

research, and term this “a living human portrait.” The following briefly answers these questions, which I then expand on with further discourse in the following Chapter 2 (literature review) and Chapter 3 (research methodology).

Art Therapy

As the term suggests, art therapy is a form of psychotherapy in which art is central to the approach (Hyland Moon, 2002). It is based on the premise that in a safe environment, the creativity inherent in art-making and the reflection on the imagery provide a way to transcend usual patterns of thinking and behaviour to evoke change and growth (Hogan, 2015; Rubin, 2001). Assouline (2009) provides this comprehensive definition of art therapy: “Art-making, within the context of the therapeutic relationship, provides a safe, nonverbal means to expressing difficult emotions, allowing individuals to confront, work through, and eventually integrate aspects of the illness [and/or trauma] that may have previously seemed unspeakable” (p.iii).

Recently there has been confusion and controversy over what art therapy is and what it is not. Many of the “adult colouring books” that have become popular claim to be “art therapy.” Although this has been positive in that it has created greater public awareness of art therapy, professional art therapists stress that their claims are misleading (Malchiodi, 2016). There is evidence that mindful art-making can be therapeutic in the sense of having a significant calming effect (Hogan, 2015) similar to other mindfulness practices (Kabat-Zin, 1994). Along with other art therapists, Malchiodi (2016) does not intend to undermine the significance of mindful art-making as an effective form of personal meditative practice. These and other evidence-based practices can be ways for clients to self-regulate (Hogan, 2015) and manage anxiety. Van der Kolk (2014) asserts

that teaching mindful and meditative practices is a critical first step in the treatment of trauma. However, colouring is relaxing but it is not a mindful art-making practice (Malchiodi, 2016). Furthermore, just as psychotherapy is more than mindfulness techniques, art therapy is more than creating art simply for the calming effect. In fact, at times it can conjure up feelings and memories from deep in the psyche that are challenging and anything but calming. Yet in a safe therapeutic environment, these perturbing feelings and memories are opportunities for growth and healing (Malchiodi, 2016). Art therapy is as diverse in theory as other forms of psychotherapy (Rubin, 2001). Art therapists find theories and models of practice that resonate with their personal philosophy and ways of being, as do all psychotherapists (Rubin, 2001). Needs of individuals and/or populations with whom art therapists work are important considerations in any approach (Rubin, 2001).

The theory that informed my art therapy practicum experience with the client in this study was predominantly from Rogers' person-centered¹ expressive arts therapy (2001), and I integrated it with spiritually informed art therapy (Allen, 1995; Hyland Moon, 2005). Essentially, humanistic theory has been most meaningful with its theoretical underpinning that art-making in a safe and nurturing environment allows for the client's psychological and spiritual growth and self-actualization (Rogers, 2001). Constructivist and narrative art therapy perspectives (Burt, 2012; Carpendale, 2009; Hogan, 2015; Riley, 1997) have also been significant influences in my practice. Particularly in Ann's case, other theories of art therapy, such as feminist art therapy (Burt, 2012; Hogan, 2012), have influenced my practice. Still other theories, such as

¹ I have used Canadian/British spelling for words such as colour, behaviour, favourite, except when quoting American authors or using their wording such as "person-centered" in Rogers' (2001) approach.

psychodynamic (Rubin, 2001) and psychoanalytical art psychotherapy (Schaverien, 1992), have further informed my approach and research for this case study. A more thorough discourse on the key authors of art therapy and psychotherapy theories that have informed my practice as the student art therapist for Ann's case and my study of the case as the researcher is provided in the literature review in Chapter 2.

Spiritual Transformation

In my attempt to lessen the ambiguity of the term “spiritual transformation” in this thesis, I found it was important to first conceptualize spirituality. Editors Koss-Chioino and Hefner (2006) write that “the concept (and experience) of spirituality is under continuous scrutiny; the exploration is vigorous and still in its beginning stages” (p.4). Pargament (2006) defines spirituality as “the search for the sacred” (p.13). From a holistic perspective of human nature, spirituality is an integral part of health (Allen, 2005; Clark, 2000a; Edwards, 2016; Farelly-Hansen, 2005; Fitchett, 1993; Pargament, 2007). Clark (2000a) provides clarity in her definition that distinguishes spirituality from faith, theology, and religion. She constructed her definition in reference to insights not only from theology but also from philosophy, anthropology, and sociology. As Clark (2000a) posits, faith is “being in relationship with” while spirituality “is the experience of being in relationship with”; theology is “reflection and celebration around the experience of being in relationship with” and religion is “community contexts within which to share reflection and celebration of the experience of being in relationship with” the sacred (p.29). This may lead the reader to ask, what is meant by sacred? As Pargament (2006) notes, the Oxford English Dictionary defines the word sacred as “the holy, those things set apart from the ordinary and worthy of veneration and respect” (p. 13). He further elaborates

that this includes concepts of the Divine and God, but also suggests that many aspects of life can become sacred virtually by association with divinity (Pargament, 2006).

It has become apparent to me in reviewing the literature that the term “spiritual transformation” has various connotations within constructs as numerous and diverse as the world views, paradigms, and assumptions people have as unique human beings and as members of various communities and cultures. Some health care professionals, researchers, and scholars may be skeptical of a study of spiritual transformation and its relevance in clinical work. Hefner and Koss-Chioino (2006) note that “from the 1970s to the 1990s the major focus of the literature was on religious-cult activities and on conversion as negative” (p.3). However, they contend that more recently there is renewed interest in spirituality and more specifically in spiritual transformation and its significant healing effects, and “spirituality and religion are increasingly viewed as distinct phenomena” (Koss-Chioino & Hefner, eds., 2006, p.4).

In reviewing literature, I discovered Pargament’s (2006) definition of spiritual transformation from an ecumenical perspective. He asserts that spiritual transformation is “a fundamental change in the place of the sacred or the character of the sacred as an object of significance in life, and secondarily a fundamental change in pathways the individual takes to the sacred” (p.21). Pargament (2006) gives various examples of this “fundamental change,” some that have had a healing effect on life, and others that have not. The focus in this thesis has been on spiritual transformation that has had a healing effect. Thus, I was enthralled with discovering the text by Koss-Chioino and Hefner (2006) that offers research and reflection on the topics of spiritual transformation

connected with healing from multiple disciplines of study, such as anthropology, spiritually-integrated psychotherapy, clinical psychology, theology, and neuroscience.

Taking Clark's (2015) and Pargament's (2006) definitions of spirituality and spiritual transformation into consideration, I would describe Ann's spiritual transformation as a fundamental change in her experience of the sacred. Throughout the process, Ann's faith, theology, and religion did not change, hence this was not a religious conversion. The focus of my study is on the change in Ann's religious beliefs but on her spirituality and her transformative experience of the sacred and Divine that was healing for her. I have been curious and searched for what might have been universal in Ann's transformative process, from the lens of spiritual (Allen, 2005), psychodynamic (Schaverien, 1992), and other art therapy theory, as I am interested in a broad range of spirituality and healing that crosses culture and faith traditions.

That said, the context of the art therapy environment was faith-based; the practicum site was in a church, and Ann identifies as a Christian. My world view is also grounded in the sacred texts of the Christian faith tradition. Thus, I have drawn on these sacred texts and related Christian theology, with an emphasis on feminist theology (Wolski Conn, 2005), where it is relevant. Chapter 3 provides a description of my research paradigm and more about my world view, assumptions, and reflexivity.

A Living Human Portrait

This is my conceptualization of research that integrates qualitative case study methodology (Stake, 1995; Yin, 2009), with theological and spiritual reflection as inquiry (Clark, 2015; Fitchett, 1993; Kinast, 1999; Whitehead & Whitehead, 1995), and portraiture research (Lawrence-Lightfoot, 2005; Lawrence-Lightfoot & Davis, 1997; Kapitan, 2010).

Case Study. It seemed obvious to use a case study as a methodology for the research for this thesis; it is research on a case from my practicum experience that I have chosen to study. As a qualitative approach, I found there was much to consider in choosing this methodology. For example, I had to decide what was an appropriate case study design for exploring my research question, and how and why might I choose to incorporate other methods in my study design (Wolcott; 2009).

Out of the many approaches to qualitative methodology, case study seemed to be the best fit. The constructs of my thesis question and the underlying questions suit case study methodology in that they are specific, complex, and bounded in time and context (Creswell, 2013; Kapitan, 2010; Stake, 1995). Case study methodology allows for an investigation of all aspects pertinent to this specific client's art therapy, including her assessment, process, art-making, imagery, therapeutic relationship, context, and outcome. Creswell (2013), Kapitan (2010) and Mertens (2015), who each write about different qualitative approaches, all refer to Stake (1995) and Yin (2009) as the key authors writing about case study. I found Stake's and Yin's approaches useful, but Stake's (1995) approach, in *The Art of Case Study* resonated most strongly in its surprising artistic sensibilities.

My case study was retrospective; the data was obtained during the therapeutic process of the case, which occurred before my research design. This means that as the researcher I examined past evidence, in case notes, photos of art work, and transcripts of video recordings of the case to attempt “to bring new insights to bear on its interpretation” (Kapitan, 2010, p. 104). It is an *intrinsic* case study, in that its purpose is to learn something important about this specific case (Creswell, 2013; Kapitan, 2010; Stake, 1995). As Kapitan posits, in an intrinsic case study, “ultimately, the researcher is interested in discovering what can be learned from a particular encounter or encounters in the field that have bearing on the art therapy practice” (p.103). In Kapitan’s (2010) discourse on case study research in art therapy, she introduces “portraiture as research” and its original authors Lawrence-Lightfoot and Davis (as cited in 2010, p. 108). I have found portraiture to be applicable for this study.

In my review of the literature on case studies in spirituality and art therapy, I found that therapists integrated various forms of research methods when designing case studies. For example, Van Lith (2009) used phenomenology in her case study, and Chickerno (1993) used a heuristic approach. When conducting graduate and post-graduate research at St. Stephen’s College, Behman (1999) integrated case study with narrative inquiry. I had been considering narrative inquiry in my research design, as I thought it related to my use of a narrative art therapy approach in my practice. However, two factors made me change my approach: discovering I could integrate theological and spiritual reflection as inquiry (Clark, 2015); and realizing that spirituality was a significant focus of Ann’s reflections.

Theological Reflection as Inquiry. Since case study's content is largely about spirituality, I have been drawn to "theological and spiritual reflection as inquiry" (Clark, 2015), to disseminate the profound depth of meaning in this client's art and reflections. Furthermore, to develop greater understanding of Ann's spiritual development, I have adapted Fitchett's (1993) model of spiritual assessment and other models of bio-psychosocial assessment. My assessment of Ann's case has been influenced by Boisen's (1962) model of the "living human document" and an updated version, the "living human web" (Miller-McLemore, as cited in Ramsay, ed., 2004). To provide reflexivity as the therapist and researcher, I have included a reflection on who I am in relation to this case.

Another main construct of theological reflection is using "thick listening" to "thin moments" (Clark, 2015), to reflect on and find theological and spiritual meaning in narratives of direct experiences. I have integrated the methods of Killen and De Beer, (1994), Kinast (1999) and Clark, (2015) and created narratives of the therapeutic process around spiritual themes that emerged in the art-making and reflections on the imagery. This process helped me to develop a greater spiritual and theological understanding of the case.

Portraiture as Research. I have enjoyed studies in visual arts, and portraiture has been a significant focus of these studies. I have spent hours engrossed in creating figurative drawings and paintings, fascinated with studying the characteristics of and capturing the essence that makes people recognizable as uniquely and yet universally human. Hence, I was enchanted with discovering "portraiture as research," as a method of case study that Kaplan (2010) refers to. Kaplan introduced the key authors of this approach, Davis and Lawrence-Lightfoot (1997). Lawrence-Lightfoot (2005) reflects that

she “wanted to create a narrative that bridged the realms of science and art, merging the systematic and careful description of good ethnography with the evocative resonance of fine literature” (p.6). A review of the work of Davis and Lawrence-Lightfoot (1997) reports how “the authors have managed to capture the artistic and deeply personal aspects of portraiture that make it a unique form of social science inquiry” (Harvard Educational Review, n.d.). As Cope, Jones, and Hendricks (2015) describe:

Portraiture blends aesthetics and empiricism while drawing on features of narrative, case study, phenomenology and ethnography. The portraits stand as individual vignettes revealing recognizable themes [...] to immerse the reader in carefully painted and perceptive stories of success and positivity in times of adversity. (p.6)

Integrating Research Methods. In my research design for this thesis, I have integrated qualitative case study methodology (Stake, 1995) with theological reflection as inquiry (Clark, 2015) and portraiture as research (Davis & Lawrence-Lightfoot, 1997). The integration of the research methodology as described reflects the interdisciplinary approach to interpreting the data, which integrates art therapy, psychotherapy theory, theology, and spirituality. Narrative with “thick description” (Geertz, 1973) is the common thread that weaves these approaches together. By synthesizing them, I have created a conceptual model, which I call “a living human portrait,” of Ann and her spiritually transformative art therapy process. Further discourse on my research paradigm, methodology, and the integration of methods in my research design can be found in Chapter 3.

Location in the Research to Date

Through searching databases, I found a gap in the literature on qualitative case study research integrating spirituality with art therapy. For example, my preliminary search of the PsychNet database (November 2015) on these topics showed few results, indicating where this case study is situated in the literature to date. When performing separate searches on case studies, major depression, art therapy and spirituality, there were hundreds of thousands of results for each of these four topics. However, delineating the search by combining selected topics significantly refined the results. Combining case study research and art therapy yielded fewer than 175 results, and delineating this further to peer-reviewed studies of a middle-aged population, age 40 to 64, yielded only 16 results. In another delineation of the search, combining all categories but age of population yielded four results. This shows a comparatively insignificant amount of literature on case study research on art therapy and spirituality for middle-aged populations with a diagnosis of clinical depression.

Granted, PsychNet is only one of many databases, and therefore provides a limited search that does not include all scholarly journals in art therapy and spiritual care. However, I searched other databases: Taylor and Francis Online, which included Canadian, American, and international art therapy journals; and Atlas, which covers journals on religion, spirituality, and pastoral care. Again, I found relatively few results. I found one study closely related to mine, a case study on recovery from addictions in spiritually oriented art therapy (Chickerneo, 1993), but this case study it was not a retrospective one. It became clear to me that there are comparatively few peer-reviewed journal articles on art therapy and spirituality with original research using case study

methodology to reflect retrospectively on a single therapeutic process. Furthermore, of the relatively few found in each database, even fewer are specific about their research methods. I found that some case studies provided vague explanations of data collection, interpretation, and triangulation of methods that would contribute to the validity of the research. That said, Yin (2009) explains that clarifying methodology is less important in case studies used for educational purposes than case studies for the purposes of conducting research.

This gap in the literature suggests to me that my research about my client's case is significant. It is important in its uniqueness and its positive outcome. Furthermore, this study's goal is to be relevant in its "natural generalizability" (Stake, 1995), meaning that readers will find resonance in Ann's story. This is a qualitative study that strives to add to the dialogue on spirituality and transformation in therapeutic art-making contexts and inform spiritually oriented art therapy theory and practice. Perhaps most importantly, it seeks to convey the richness and complexity of human experience.

Ethical Considerations

As this is a retrospective case study on a client's case in my practicum, ethical issues have been taken care of ahead of time regarding informed consent. For each client in a student's art therapy practicum work, a form is provided by St. Stephen's College that includes permission for the case notes and/or artwork to be included in student/counsellor's publications including books and articles (sample copies of the forms used for informed consent are in Appendix C). Thus, I have informed consent signed by the client to use data from her art therapy case, provided that any identifying personal information remains private and confidential

Confidentiality has been protected through the use of a pseudonym, Ann. Some other details that are not pertinent have been omitted and/or changed to further disguise the case and provide confidentiality. As the client, Ann was glad to consent to the possibility of her case being studied for my thesis. She saw it as her way of reciprocating the therapy and healing for which she is grateful, as she voluntarily reiterated in an email to me. Most importantly, as required for research, I have followed the specific procedures for observing the *St. Stephen's College Ethical Conduct for Research Involving Humans* (St. Stephen's College, 2013), as outlined in my approved ethics review application. I have discussed the ethics of this case in greater detail in Chapter 3, as it is related to the sensitivity of confidentiality in research methodology.

Summary

This introduction began with a vignette to give the reader a glimpse into the client's transformative process. Next, I provided a brief overview of my thesis and its purpose, including my research question and delineation of underlying questions. Then I provided definitions for the terms art therapy, spiritual transformation, and "a living human portrait" that are pertinent to my research question and underlying questions. I have outlined my research methodology, located this case study in the literature to date, and provided a brief discussion of the ethical issues pertaining to this case study.

In the following chapters, I have expanded on this discourse. Chapter 2 is a literature review of theory that informed my practice as the (student) art therapist in this case, and the theory that informed my research. In Chapter 3, I have further delineated my research paradigm, methodology, and case study design, with an explanation of the remaining chapters.

I invite the reader to be as intrigued with this “living human portrait” as I have been, to embark on a journey to witness the transformative art therapy process that transpired.

CHAPTER 2. Literature Review

The purpose of this literature review is to delineate relevant resources from key authors as they relate to the research question, purpose, and related themes informing this thesis. I structured the literature review in three main parts, although there is some overlap in the discourse. In these three parts I review key literature relating to: a) theory-informed practice in my art therapy practicum and specifically in work with the client in this case; b) theoretical underpinnings related to the bio-psychosocial and spiritual assessment of the client in this case; and c) psychological, and theological and art therapy perspectives on spiritual transformation.

Perspectives Informing My Art Therapy Praxis

Through intensive learning in psychotherapy, spirituality, and art therapy at St. Stephen's College, I have experienced tremendous personal growth, and through this learning and growth I have found what is meaningful to embrace for my practice as an art therapist. For the following discussion on my practice as an art therapist in this case study, I have drawn from a previous paper that provided a framework for the theoretical lens that informed my approach with the client in this case. I have woven in other pieces of writing from my studies in art therapy, psychotherapy, and spirituality that have also been critical in my personal growth, professional development and praxis relevant in this case. My convictions for choosing my stance, integrated approach, and way of being as an art therapist stem in part from my lived experiences. They also stem from theories that resonate and invariably challenge these convictions through my studies of different psychotherapy, spiritual, theological and art therapy perspectives. I find it imperative to

include theoretical underpinnings of my practice as this has bearing on the purpose of this case study and thesis, which is to examine the transformative art therapy process.

Creating Trust.

The therapeutic relationship is the key component of the various theories in psychotherapy generally and art therapy particularly (Corey, 2012; Rubin, 2001). From the lens of person-centered theory, the most essential offering is to provide a nurturing, safe environment that creates trust in the therapeutic relationship. This trust is achieved by being congruent, empathetic, and unconditionally accepting towards clients (Rogers, as cited in Corey, 2001). Empirical data shows that in a nurturing environment, human beings have the propensity for personal growth, development and self-actualization (Corey, 2012; Rogers, 2011; Yalom, 2009). I enjoy the metaphor of the acorn that captures this philosophy. Based on personal experience and witnessing others, I know this to be true. “Provided with the appropriate conditions, [the acorn] will ‘automatically’ grow in positive ways, pushed naturally towards its actualization as an oak” (Corey, 2012a, p.178).

This emphasis in humanistic and existential psychotherapy shares a common thread with expressive arts approaches (E. Levine, 1995; S. Levine, 1992; McNiff, 2008), existential art therapy approaches (Moon, 2008), and lifespan development approaches (Brentro, 2006; Sugarman, 2004). I find Bronfenbrenner’s words from a lifespan perspective inspiring: “every child needs at least one adult who is irrationally crazy about him or her” (as cited in Brendtro, 2006, p. 165). From attachment theory, empathy and the creation of a “safe haven” is essential for the treatment of childhood trauma and related attachment issues (Mikulincer & Shaver, 2010; Szalavitz & Perry, 2012). The

importance of a trusted therapeutic relationship also fits well with spiritually integrated approach (Fitchett, 1993; Pargament, 2007).

In spiritually integrated art therapy (Allen, 2005; Farrelly-Hansen, 2005) the therapeutic process provides a nurturing relationship for expression of spirituality to freely occur. There is a circular relationship that exists between the therapist, client, studio space, art materials, and images (Levine, 2003). To me, what is most crucial in the process is paying attention to this circular relationship, and containing the space for it to develop. As the (student) art therapist creating a trusting relationship and environment, I encourage the art-making process, helping clients to connect with their creativity through this trusting therapeutic relationship. “Creative powers are exercised when people feel safe” (McNiff, 2004, p.29).

Practicing the Art-based Art therapy Approach.

In my integrated art therapy practice, there are two main approaches informing my work with clients. The first is Hyland Moon’s (2002) art-based perspective. In contrast to other approaches, art-making is central in her approach. “Art-based therapy” is a term Hyland Moon (2002) uses synonymously with “studio art therapy.” She writes about this in intricate detail, with poignant vignettes of her work with clients (Hyland Moon, 2002; Moon, 2008). Humanistic philosophy underpins this approach; studio art therapy integrates the person-centered lens (Moon, 2008). Art-based theory trusts in the human ability to find actualization through creating art in the therapeutic environment. As this perspective proposes, the client finds new perspective and meaning through the art-making process and reflection on imagery in a therapeutic relationship with the art therapist (Hyland Moon, 2002). I have seen how this theory works in practice: how

clients find awareness, autonomy, and freedom from problematic thinking and behavioral patterns and resolve interpersonal issues through the therapeutic creative process.

The second of the two main perspectives informing my work is Natalie Rogers' (2011) person-centered expressive arts therapy, borne out of the influence of the work of her father, Carl Rogers. A key point Rogers (2001) makes is "that the creative bud is very delicate" (p.168). A common issue for clients is that the judgment they've experienced as children has caused the belief that they can't draw or paint. Therefore, I agree with Rogers (2011; 2001) that it is important to honor creativity by respecting the courage it takes to share.

I want to reiterate the common thread in these two approaches, art-based and person-centered expressive art therapy, that when a therapist provides congruency, empathy and unconditional acceptance of clients and their expressions in their art, clients can flourish and find unconditional acceptance and compassion for themselves (Rogers, 2011; 2001). This is meaningful from my worldview; it speaks to what I believe is a basic human need, a spiritual longing to be deeply understood and accepted, which in turn nurtures self-understanding and acceptance. Deep empathy and compassion, and being able to communicate this with emotional honesty, are part of a therapist's essential intuitive and spiritual processes.

As expressive arts therapists Shaun McNiff (2004), Stephen Levine (1992), Ellen Levine (1995), and Natalie Rogers (2011; 2001) posit, expressive art therapy is an integrative multi-modal therapy that emphasizes the healing aspects of the creative process itself. Expressive arts include dance, visual art and music therapies, as well as journal writing, poetry and improvisational drama; all of these modalities might be used

to experience and express inner feelings. Rogers theorizes that a distinct creative mode is activated in a multi-modal approach, which refers to it as the “creative connection” (2001, p. 165) made when experiencing multi-modalities rather than a singular focus of art, music, or dance therapy. “When we express these inner feelings in visible forms, we are using art as a language to communicate our inner truths” (Rogers, 2001, p.163). In this therapeutic approach, the arts are used “to foster emotional healing, resolve inner conflict, and awaken individual creativity” (Rogers, 2001, p.163).

Rogers’ (2001) theory led to my fascination with expressive arts therapy. Stephen Levine (1992) contributed to the dialogue in *Poesis*, as he writes poignantly, “without the container, the psyche cannot ‘hold’ its suffering; the intensity is too much to bear. Art creates the form in which intensity of feeling can be contained” (1992, p.57). McNiff (2001) writes that “creative vitality can be viewed as a condition in which all of our resources are simultaneously engaged” (p.325). I have enjoyed reviewing *Minstrels of Soul, Intermodal Expressive Therapy* (1999). In it Knill, Barbara, and Fuchs note that the intermodal approach is “a discipline unto itself, with its own theoretical framework and focus.” (1999, p.16). Their theory is that creativity alone is a powerful force that is healing. As Ellen Levine (2003) writes, the key is the “inter” meaning “between” modalities. It is in this in between space that lies a possibility of increased creative expression. Levine (2003) refers to this as transitional space. “It is in this [transitional] space that creativity resides and creative activities find their home” (Levine, 2003, p. 77). Stephen Levine refers to transitional space as “liminality,” a term he notes was originally coined by anthropologist Victor Turner (as cited in Levine, 1992, p.49). I have noticed in studying the literature that the containment of this transitional space is a common

underlying theme discussed in the various theories and approaches of art therapy and expressive arts therapy. Rooted in analytical psychotherapy, containing the transitional space is critical for the art process (Levine, 2003). According to McNiff (2001), “this [expressive arts] approach to art therapy, then, relies on the making of a space where these creative powers can be activated, and where we in turn can be healed by them.” (p.325). McNiff (2004) refers to this in *Art Heals* as “*temenos*, a sacred place that acts as a vessel of transformation” (p.30). Using a meaningful personal metaphor and taking it through various modalities of painting, drawing, journaling, poetry, and dance on a journey of self-discovery in my art therapy training has been enlightening, as it has allowed me to understand the significance of the intermodal approach.

Journaling is an art modality that is a form of storytelling, also known as a form of narrative. It is ingrained in our human nature to tell stories, it is an art that has been a part of culture throughout history (Geertz, 1973). We each have a story to tell. Image-making is a form of storytelling. When I was going through some difficult experiences of depression early in my adult life, art and journaling meant survival. Pat Allen (1995) describes story-telling beautifully, “it is in the telling and retelling, as truthfully as we can, and in the genuine witnessing of all the stories of all people, that we heal ourselves and the world” (p. 199). Images are stories, built over time, that explore spaces within, and teach us what it means to be alive and human (Allen, 1995).

Integrating Other Art Therapy and Psychotherapy Theory

Because of the significance of journaling in my lived experiences, the postmodern lens of narrative art therapy (Carpenter, 2009; Hogan, 2015; Riley, 1997) has resonated, and I have integrated it in my work with Ann and other clients. It is based on the constructivist paradigm that people make meaning, and construct, organize, and make sense of their lived experience through language and narrative. As theorists Epston, White, and Murray posit, “the ‘story’ or ‘narrative’ provides the dominant frame for the lived experience and for the organization and patterning of the lived experience” (as cited in Riley, 1997, p.282). In narrative therapy, the goal is to co-construct new narratives for dominant old stories, to create new meaning (Riley, 1997). Furthermore, “the re-storying of experience necessitates the active involvement of persons in the reorganization of their experiences” (Epston &White, as cited in Riley, p. 283)

The aphorisms “every picture tells a story” and “a picture is worth a thousand words” convey how art lends itself well to the narrative lens. Riley (1997) and Carpendale (2009) provide their perspectives and thorough descriptions of narrative art therapy. As Riley (1997) explains, “the guiding principle behind this approach to therapy is the therapist’s positive belief that clients have previously overlooked their innate powers to solve problems” (p.284).

As I use this narrative approach in art therapy (Carpendale, 2009; Riley, 1997), I listen intently to the story each time a client reflects on a piece of art. Finding pieces that convey strength and resiliency, I reflect these gems of truth back to the client. Then the client begins to see these strengths and is empowered. Further to this, I allow clients to be the “experts” of their experiences and in the re-authoring of their stories as I

collaborate with them. Metaphor therapy (Kopp, 2013) is an approach that can be integrated with art therapy, as metaphor is an integral component of art therapy generally and narrative art therapy specifically (Allen, 1995; Carpendale, 2009; Moon, 2007; Riley, 1997). As Riley (1997) posits, “the use of metaphor is a basic tool in the practice of art therapy” (p.283). I appreciate Carpendale’s (2009) explanation of metaphor and its significance in art therapy. Conventional metaphors that are arbitrary can dominate and distort perception, but new perceptions can reorganize the meaning of conventional metaphors (Carpendale, 2009). “We make meaning of lived experience through language and perception” (Carpendale, 2009, p. 22). The image itself is always a symbolizing something significant for the client. As I guide clients to work with the imagery and metaphors that emerge, I encourage them to find meaning, being cautious not to project meaning of my own into their art.

In my studies in art therapy theory I found specific art therapy directives from various authors’ theoretical perspectives that were integral to my personal growth. I found myself intuitively leaning on these specific directives as I worked with clients. Discovering this, I have understood why Carpendale (2009) emphasizes the imperative for students to have personal experience with intensive art therapy. For example, suggesting art-making and journaling around the inner critic was based on relevance derived in personal experience with this directive by Allen (1995). Another specific directive that was significant in my personal process was the destruction of art work as a cathartic process which is part of Schaverien’s (1992) psychoanalytical art psychotherapy. In the case study in this thesis, the client’s responses to these directives were poignant.

Feminist perspectives (Corey, 2012) became a particularly important consideration in my work with clients who internalized oppression and stigmatization. This drew me to study feminist psychotherapy theory (Corey, 2012; Riley, 1997; Hogan, 2015) and the self-in-relation approach (Kaplan, 1991). Especially in cases of physical and sexual abuse stemming from childhood, the tenets of these theories helped me to encourage and empower clients to gain and/or regain the personal power essential to their healing and continuing health. In Ann's case and others, I found that understanding the guiding paradigm of feminist psychotherapy and art therapy theory (Corey, 2012; Hogan, 2015) was paramount in the client's therapeutic process.

When I researched possible "clinical treatment options" taking into consideration the life span developmental perspective, the two options that most often came up in the literature were bio-medical interventions and cognitive behavioural therapy (CBT) (Spencer, Biederman & Mick, 2007). While I have respect for the empirical data of the evidence-based theory underpinning these treatment options, I agree with Ray and McFadden (2001), who posit that "theories are interpretive paradigms that necessarily limit as much as they reveal" (p. 201).

When working with clients with diagnosed mental health issues, it is essential to work in conjunction with the psychiatrist, to have a multi-disciplinary understanding, and to respect that medication is effective. However, I have concern about the use of prescription medication as the first chosen method of treatment rather than last resort for some mental health issues. I agree with Perry (as cited in MacKinnon, 2012) that the reverse should be true; particularly with childhood development issues such as Attention Deficit Hyperactivity Disorder (ADHD), medication should be the last treatment option

considered, not the first. Furthermore, I am not a proponent of CBT for reasons Bronfenbrenner (as cited in Brendtro, 2006) discusses, as well as what I have learned through my own lived experiences of CBT therapy. Bronfenbrenner's position is that "a narrow focus on micro-behaviors obscures the real meaning of behavior" (as cited in Brendtro, p. 164).

I concur with Rollo May (PsychotherapyNet, 2009), who criticizes "gimmick approaches." Referring to hundreds of psychotherapeutic techniques that are being developed "because therapists are bored, and they have to make [psychotherapy] amusing at least to them," he concludes that "they are bored because they are only dealing with minor issues of life. In my opinion, this is not real therapy, real therapy is the therapy that enlarges the person" (May, as cited in PsychotherapyNet, 2009).

However, through studying counselling theories, I have become interested in acceptance commitment therapy (ACT) (Bowden & Bowden, 2012; Hayes, Strosahl & Wilson, 2012). This approach differs from CBT, which works directly on changing negative thought and behaviour patterns. In ACT, clients accept that such thoughts are present and lets them be, refocusing their thoughts on a commitment to finding meaning and purpose. This approach contributes to "therapy that enlarges the person" (May, as cited in PsychotherapyNet, 2009). ACT appealed to me as an alternative to CBT, which I had experienced in therapy and found to be difficult. Focusing on capturing negative thoughts in order to change them was a battle that was overwhelming for me at times. In contrast, ACT lent itself well to creating possibilities to find acceptance and purpose through art.

Integrating Spirituality in Practice

The search for meaning and purpose was frequently a part of clients' sessions; contemplating existential, spiritual, and religious themes came up often. This could perhaps be related to the context, as the art therapy took place in a church, although this is considered common in psychotherapy (Corey, 2012, Pargament, 2006). Nevertheless, religion and spirituality were themes that emerged frequently, and I was conscious of ethical issues. "Failure to address [spirituality], may, in some cases, be incompetent or unethical practice" (Robertson and Young, as cited in Corey, 2012, p.38).

I found it was essential to integrate existential and spiritual art therapy perspectives, such as work by Allen (2005), Farrelly-Hansen (2005), Hyland Moon (2005) and Moon (2008). These words of Hyland Moon's (2005) have stayed with me throughout my practice:

As a therapist, and as a human being, this helps me to stay firmly grounded in the knowledge that suffering, even the suffering of a single human being, is beyond my capacity to heal. I need God, Mystery, a Higher Power to work through me. It's a relief to know I'm not in this alone. At the same time, art as prayer helps me to recognize the awesome responsibility I have as co-creator to do what I can about suffering in the world. (p.37)

My plan to integrate spirituality in clients' therapeutic process has been to guide them to greater depth in their spirituality as it emerges, and to greater wholeness (Jung, 1961/2011). Practically speaking, this would mean meeting clients where they are in their spiritual development (Fowler, 2005), and seeing the world through their theological and spiritual lenses. It is important to respect each client's belief system while assessing how

her/his spiritual perspective may be contributing to her/his whole health, including physical, psychological and social health (Vaughan,1991). Furthermore, this would mean companionship and gently guiding my clients to journey towards what is universal spiritually: to find Divine Love within themselves, intrinsic worth, peaceful acceptance of the past, and forgiveness and love for themselves and others (Pargament, 2007). I have learned this through my lived experiences of mental health issues, grief and anxiety, and the difference between psychological recovery and spiritual healing.

“Anam cara” is an old Gaelic term that translates as “soul friend” (O’ Donahue, 2004). In the early Celtic church, an “anam cara” was a “person who acted as a teacher, companion and as a spiritual guide” with whom you can express “your innermost self, your mind and your heart” (O’ Donahue, 2004, p.13). My intent is to be a soul friend and prayerful companion to each client in her/his spiritual journey. If I had only one word to use to describe integrating spirituality into each client’s therapeutic plan, that word would be “compassion.” What does this mean? I appreciate the answer Kidd (1990) provides:

The answer becomes clear when we look at the word compassion, which literally means com (“with”) passion (“suffering”). To have compassion is to suffer with. It’s not feeling a detached pity but sharing the pain. Moving toward compassionate experience makes us available with empathy to another. (p. 201)

Perspectives Informing Assessment

To begin with, there are many drawing tests that can be used as assessment tools in art therapy, for example, the Silver Drawing Test (SDT). As I have been researching and writing my thesis, I have been inspired by the sheer grit and determination Silver (2006) has demonstrated in her research for the SDT and the “Draw A Story” (DAS) assessments. However, I agree with Groth-Marnat’s suggestion that “drawing techniques be considered not so much as formal tests but rather a way to increase understanding of the client based on client/clinician interaction related to the drawing” (as cited in Kaplan, 2012, p.455). Furthermore, I feel that evaluating a person’s drawing or behaviour in a formal assessment could be a detriment to establishing the trust that is essential in a therapeutic relationship. Assessment is a sensitive issue and must be treated as such. I prefer a person-centered approach to assessment that is more subjective in terms of capturing the experience of the client and working with it (Miller, 2013). Furthermore, I value the postmodern art therapy lens (Burt, 2012) that empowers clients by consciously working collaboratively with the client on issues, rather than assessing pathology and diagnoses as the expert. That said, I appreciate the “expressive therapies continuum” (ETC) lens in the assessment of the client’s needs (Hinz, 2008). This approach, for example, posits that it is beneficial for a client who is comfortable with a more cognitive level of functioning to “focus on the Kinesthetic /Sensory level, and the therapist might take the client from her head to her heart through soothing sensory experiences or a release of tension via non-threatening kinesthetic experiences” (Lusebrink, as cited in Hinz, 2008).

For this case conceptualization, I have used Bronfenbrenner's (2005) bio-ecological model of human development as the framework of assessment, integrated with Fitchett's (1993) 7 x 7 spiritual assessment model. I find Bronfenbrenner's (2005) model to be most comprehensive. It is based on the premise that "behavior is not isolated, but is a reciprocal transaction with others in the [person's] space" (Brendtro, 2006, p.165). It is a life span approach, as it includes a chronosystem, which is the progression of the historical context and its impact on four other systems which Bronfenbrenner has termed the microsystem, mesosystem, exosystem, and macrosystem (Brendtro, 2006; Bronfenbrenner, 2005; Wong, 2001). As Brendtro (2006) explains, in 1979 Bronfenbrenner called this ecological theory; it was revised to include biological influences and is now called a bio-ecological development model. Bronfenbronner (2005) theorizes that each of these systems interact and effect human development. Wong (2001) writes, "Bronfenbrenner once remarked that the idea of his nested and interconnected ecological system originated from the traditional Russian doll, which is characterized by the embedding of a series of smaller dolls inside larger ones" (p. 369). This metaphor was helpful for me to undertand Bronfenbrenner's (2005) bio-ecological model as more holistic rather than linear or circular. I agree with Brendtro's (2006) remarks that this model is multi-faceted and wide ranging and can be overwhelming in its complexity. Thus, I use Morse's strategy to search each client's bio-ecology "for factors of most importance" (as cited in Brendtro, 2006, p. 165).

From Fitchett's (1993) holistic perspective, he emphasizes that the spiritual dimension is integral to an assessment of the whole person. I have considered his, Fowler's (1996), and Irwin's (2006) perspectives for assessing spiritual development in

this case study. I have included Fitchett's (1993) spiritual dimension, because this is a more complete than Bronfenbrenner's (2005) macrosystem of overarching beliefs and values. Spiritual development involves the transpersonal and adds a complete other dimension that interacts with human development (Fitchett, 1993; Irwin, 2006).

I appreciate Sugarman's (2004) position that "when we want to learn about the life course, however, the term 'story' is more appropriate" (p.96). As an anecdote is told, the "snapshot belongs to a unique place in our past, that our life unfolds in time, that it is a chronology, a story, in fact a true autobiography" (Sugarman, 2004, p.11). To facilitate storytelling, Sugarman (2004) asserts that it is imperative to allow clients to tell their story on their own terms as participants in a joint effort. It is also imperative to "listen actively and empathetically, affirm the value of what is being communicated," and to respond with interest, questions, and comments that assists them in telling "a fuller, more coherent, and more textured account" (Sugarman, 2004, p.92) This is consistent with the person-centered approach (Rogers, 2011), the narrative art therapy approach (Carpendale, 2009), and the spiritual care approach (Fitchett, 1993). Hence, I have integrated this in the approach I use for assessment; I gather together pieces of a client's lifespan as she/he reflects on her/his art and her/his life story over time in the process of a series of therapeutic sessions (Carpendale, 2009).

To summarize, I have taken Sugarman's (2004) life story approach, Bronfenbrenner's (2005) model of human development and Fowler's (2006) model of spiritual development and integrated them in an assessment framework. This has been proposed as an alternative to a typical bio-psychosocial assessment for this case. In my assessment, I include specifics from life span theories to create context and identify

relevant developmental factors and aspects that influence the ability to adjust to change (Bentley, 2007; Sugarman, 2004). I distinguish and describe life stages, events, and turning points (Sugarman, 2004, Bentley, 2007). Finally, I identify the role that spirituality may be playing in the client's situation (Fitchett, 1993; Fowler, 1981; Irwin, 2006). In the portraiture research methodology (Lawrence-Lightfoot, 2005) that I have integrated in this study, this was "the background" of the client's portrait. "Rendering of the Background: Ann's Life Story and Holistic Assessment" is in Chapter 4.

Perspectives Informing Research

The focus of my literature review for this thesis has been on the experience of spiritual transformation from different perspectives in psychology and theology. This has been an intense process. A vast amount of literature explores this and related concepts, such as individuation and wholeness from analytical psychotherapy theory, self-actualization from a humanistic perspective, and differentiation from a systemic approach. I still feel I am only beginning to plumb the depths of this subject matter.

At one point, I felt as though I was searching for the philosopher's stone, as articulating this abstract thought continued to be elusive. Interestingly, I discovered that this is a metaphor Jung (1961/2011) used along with alchemy in reference to the process of individuation. The one thing I have learned for certain is that exploring the concepts of spiritual transformation, individuation, and wholeness has been transformative itself. Studying the work of key authors on this subject matter, and attempting to find language to articulate the meaning of spiritual transformation in the context of this case study have been enriching. Thus, it resonates that "theology is an inherently interdisciplinary undertaking" (McCullough, 2015, p. xviii). This is an interdisciplinary study, and the

literature in each discipline is vast. An in-depth review is beyond the scope of this thesis. Thus, in the following I have focused on key theorists' positions that emerged for me as most pertinent to my research.

Clark and Pritchard's (2016) use of two terms has evoked depth of meaning for engaging in theological reflection. These two terms are "thick listening" and "thin moments." Their meanings respectively are "multi-layered contemplative awareness that understands and relishes the deep touch points of suffering (and the broad range of other experiences) and imagination" and "times where separations brought about through differing world views, paradigms, and filters become increasingly thin and/or transparent" (2016, p. 1).

Psychodynamic Perspectives

Seeing the depth in the therapeutic process of clients were experiencing in my practicum work, I began to be more intentional in integrating psychodynamic perspectives of art therapy theory (Rubin, 2001). I could see the difference when the client's imagery was "embodied" (Schaverien, 1992) with meaning. I found that understanding the significance of symbolism in my clients' imagery and dreams was important in bringing deeper meaning to the therapeutic art process, allowing the unconscious to become conscious. Awareness of psychodynamic concepts such as transference and countertransference, active imagination, shadow, individuation, wholeness, and archetypes (Jung, 1961/2011; Rubin, 2001; Schaverien, 1992; Sedgewick, 2001) became important to me to find a greater depth of understanding and conceptualize the therapeutic process in my client's case.

Allowing Unconscious to Become Conscious. The basic premise of depth psychology theory is that any unresolved issues of the past remain in the unconscious and cause psychopathology in the present, and healing begins with the unconscious becoming conscious (Corey, 2012; Rubin, 2001). The concept of the unconscious, intuition, and consciousness have raised curiosity in the arts and sciences since the 19th century (Zakian, 2015). Initially, I was not curious about the unconscious at all; instead I found myself being hesitant about psychodynamic theory. When studying counselling and psychotherapy theories in an online course, I had decided to take the Adlerian approach that we are not predetermined by our past, but rather our perceptions and interpretations of our past, and “consciousness, rather than the unconscious, is the center of personality” (Adler, as cited in Corey, 2012b, p.60). I was determined that any issues I had been struggling with had been consciously resolved.

However, as Corey (2012) posits, it is ethically an essential responsibility to seriously consider that unfinished business from the past can block awareness and efficacy as a therapist. I found this unnerving and thought-provoking, especially contemplating how transference and countertransference could happen unconsciously. Thus, I began to study psychodynamic theory more thoroughly. Through a closer look at how past experiences can affect the present at an unconscious level, I realized that my hesitancy was, as Schavarién (1992), Rubin (2001), and originally Freud (as cited in Corey, 2012) explain, resistance. I became more aware of how internalized past relational issues can be transferred to present relationships, as it became particularly concerning for me in my training to consider how unconscious material on my part as an art therapist could affect my therapeutic relationships with clients (Corey, 2012; Moon, 2006).

Through art and reflection, I began pondering my past, wrestling with difficult experiences and becoming aware of how they may be affecting my present life, and an issue emerged through my art that I realized needed attention. More about this can be found in Chapter 4, under the heading, “Situating Myself as Portraitist: A Reflection on Who I Am.” Through this experience, I gained further understanding of the significance of transference, and countertransference. This learning conveyed the importance of personal experiential processes of development in my art therapy training (Carpendale, 2009).

I respect the significant contribution Freud made in the study of psychology and specifically on the unconscious (Corey, 2012, Rubin, 2001). There was a time when Freud and Jung made huge strides in this field together, and then because of their differences eventually they parted ways, both continuing with their own schools of thought (Jung, 1961/2011). Undoubtedly, Jung’s interest in spirituality and Freud’s criticism thereof sparked conflicts and caused them to part ways. Freud emphatically denied that there was any room for spirituality or religion in the modern science of psychology (Katz, 2008).

In contrast, Jung (1961/2011) was fascinated with the transpersonal, and how it was understood in different religions, and he was particularly influenced by Eastern thought. I appreciate that as Ulanov (1971) writes, “Jung was the first among the pioneers of depth psychology to point out that the psyche has a religious function” (p. 85). In contrast to Freud’s worldview, Jung (1961/2011) asserted that spirituality is integral to wholeness in health. Through my own experience of faith and spirituality, I have been drawn to Jung’s thought, and specifically his concepts of wholeness, and individuation. It

was through researching these topics that I began to have a greater depth of understanding of another concept significant in Jungian analytical theory: active imagination.

Activating Imagination. I have always loved to use my imagination: many of my school teachers reported that I was a “daydreamer.” I have been enthralled with Jung’s concept and method of active imagination (Jung, 1961/2011). All creative arts therapies “can trace their roots to Jung’s early contribution” (Chodorow, 1997, p.1). Like many people before me, I have searched throughout Jung’s writing, attempting to specifically identify his discussion on active imagination. Finding Joan Chodorow’s (1997) text about this topic was enlightening. As Chodorow explains, “Jung’s analytic method is based on the natural healing function of the imagination, so there are obviously many ways to express it” (Chodorow, 1997p.1). I have been fascinated by this, and enthused by the discovery that creativity in art-making and play contributed to Jung’s analytical psychotherapy theory, beginning with his conceptualization of active imagination (Chodorow, 1997; Jung, 1961/2011; Wallace, 2001).

In Jung’s (1961/2011) autobiographical work, *Memories, Dreams, Reflections*, he explains his difficult period after parting with Freud, and his need to find a method for his own healing. It was through these struggles, contemplating how to find healing within, and going back and re-living his childhood, that he discovered the healing power of the imagination (Jung, 2011 /1961). He decided that in his imagination he would return to his childhood fantasies as they emerged, and he began to play, just as he had as a child; this process of play led him to remember a terrifying dream from his childhood (Chodorow, 1997). Thus, he began to realize that “when he managed to translate his emotions into

images, he was inwardly calmed and reassured” (Chodorow, 1997, p. 2). This is a process I am drawn to intuitively, as are all artists. Through his personal explorations, Jung developed a method to find images that are hidden in emotions (Chodorow, 1997). In an essay in Rubin’s text, Wallace (2001) provides practical steps for Jung’s (2011 /1961) method of active imagination in art therapy.

It is important to note Jung’s emphasis on “active” rather than “passive” imagination (Jung, 2011 /1961; Chodorow, 1997). When a person is passive, and the image is not consciously evoked, it can drift around unnoticed, or it can erupt into consciousness uninvited. Passive imagery is not helpful and it can even be dangerous; lacking the active participation of consciousness can mean identifying with a mood, dream or fantasy. Hence, Jung (as cited in Chodorow, 1997) suggests that a constructive response to a compelling idea or mood is to consider how it may be true or not true. Passive imagery that emerges from the unconscious needs self-reflective, critical evaluation. On the other hand, conscious, intentional, or active fantasy does not require criticism; instead, the symbolic material needs to be understood (Jung, as cited in Chodorow, 1997). Many fundamental concepts of Jung’s analytical psychology, such as archetypes, individuation and wholeness, come from his personal experimental experiences with active imagination (Chodorow, 1997). Jung’s earlier concept of the transcendent function, an original term for active imagination, came out of his attempt to understand how to come to terms with the unconscious (Chodorow, 1997).

Confronting the Shadow. In analytical psychology, the shadow is a symbol of the psychic function that mediates between the ego and the unconscious (Ulanov, 1971). “The shadow personifies everything the subject refuses to acknowledge about himself yet is always thrusting itself upon himself *directly* or indirectly” (Jung, as cited in Ulanov, 1971, p. 284). “To face our shadow is a first step to seeing ourselves as we really are” (Ulanov, 1971, p.34). Another name for the shadow that is in conflict with the ego is the inner critic (Allen, 1995). Creating an image of the inner critic and journaling about it was a powerful experience in my learning process, after studying about it in Allen’s (1995) *Art as a Way of Knowing*. In this text Allen describes how the power of the inner critic controlled and limited her life, and how she found a way to work past this in her art.

In his text on focusing, Weiser Cornell (1996) not only identifies the inner critic, he emphasizes the idea of making friends with this critical part of oneself. Weiser Cornell (1996) suggests doing so by focusing and being gentle and compassionate with the inner critic. “Think of the critic as an unhealed part of you that has been cut off from love and acceptance. It speaks harshly because it has been unloved for so long.” (Weiser Cornell 1996, p.71). As Weiser Cornell explains, this critical part of the self is afraid, longs to protect, and wants to be heard. Allen (1995) concurs, as she writes, “There will come a time when your critic will mature and change...into a compassionate helper” (p.50). “As we begin to give some attention and care to channeling these neglected aspects of ourselves, they become less threatening and more and more helpful to us” (Ulanov, 1971, p. 34). Befriending my image of my inner critic was empowering for me.

Contemplating Individuation and Wholeness. For Jung (2011 /1961), wholeness is the transcendent function, the “Self,” (with capital S) that is transcendent and hence cannot be directly described. “[The Self] encompasses both the sum total of one’s conscious and unconscious processes” and it is “the energizing and organizing center of the personality” (Sedgewick, 2001, p.34). As Jung (1961/2011) writes, “the conscious and unconscious do not make a whole when one of them is suppressed and injured by the other” (p.288). Individuation is a process of transformation that moves towards wholeness (Jung, 1961/2011). “‘Either/ or’ choices become ‘both/ and,’ but in a new and unexpected way” (Chodorow, 1997, p. 4). This is the transcendent function of the psyche that allows the transition from one attitude to another, draws polarized energies together, and results in a new symbolic position which contains both perspectives (Chodorow, 1997). It is “a movement out of the suspension between two opposites, a living birth that leads to a new level of being, a new situation” (Jung, as cited in Chodorow, 1997, p. 5). As Jung theorized, individuation is awareness of conflict between the conscious and unconscious, movement towards resolution of dualism, and organization of inner chaos (Jung, 2011/1961). I appreciate Ulanov’s (1971) words on this theory:

In order for the psyche to achieve wholeness, the ego must recognize and reconcile these polarities. The process of reconciliation occurs through conscious participation in symbols which emerge from the unconscious and bring together the two opposing poles in a third form. This new symbol, by performing the work of reconciliation, puts the consciousness in deeper touch with the rest of the

psyche, thus in turn, enriching a person and making [her/] him feel more fully in touch with [her] his life (p. 85).

Ulyanov posits that for Jung this solution is the religious function (Ulanov, 1971). “If all goes well, the solution, seemingly of its own accord, appears out of nature” and “it is felt as ‘grace’” (Jung, 2011/1961, p. 335).

Various psychological theories offer similar perspectives on the transformative process and wholeness in psychological health, with language that differs from Jung’s term of individuation. Existentialists refer to self-actualization (Yalom, 2009; Moon, 2008). From a humanistic perspective, Natalie Rogers (2001) writes, “essentially, the goal of person-centered art therapy is to become whole people, more fully actualized and empowered” (p. 177). As Rogers further explains, “Personal integration is part of the natural flow of events when we use symbolic and expressive media; once we uncover unknown aspects of self, the process includes letting these parts find their rightful places in our psyches” (p. 177). This has nuances of Jungian theory. From systemic and family counselling perspectives, the goal of change is to become differentiated rather than emotionally cut off or fused in interpersonal relationships (Bowen, as cited in McGoldrick, Gerson, & Petry, 2008). I have noticed a common thread in the discourse of the transformative process in various psychotherapy theories. I find it interesting that while these perspectives differ, and spirituality is not always discussed, the respective terminology such as “self-actualization” and “differentiation” stem from Jung originally (Chodorow, 1997).

Theological and Spiritual Perspectives.

Awakening and Spiritual Transformation. Jung's position is that wholeness or "Self," is Imago-dei, the image of God, and in the Christian faith tradition, wholeness is Christ (Waldron, 2011). There is much literature on the topic of wholeness and spiritual transformation from differing theological and spiritual perspectives. Paul Jones (1989) developed "a topographical metaphor of theological worlds" (VanKatwyk, 2010, p.5) that I find congruent with Jung's (1961/2011) conceptualization of individuation, the resolution of psychic dualism. Jones (1989) "coined this concept to describe the spiritual striving in a theological world constituted by an *obsessio* (dilemma) that is attuned to a contrasting *epiphania* (resolution)" (VanKatwyk, 2010, p. 5). In Jones's (1989) conceptualization, there are five theological worlds, and the "rhythm" in the interplay between the respective poles of "*obsessio*" and "*epiphania*" is found in each one. These five meaning constructs emerge in the following theological worlds with respective polar dyads: a) 1st World, Separation and Reunion; b) 2nd World, Conflict and Vindication; c) 3rd World, Emptiness and Fulfillment; d) 4th World, Condemnation and Forgiveness; and e) 5th World, Suffering and Endurance. Christians have differing theological worlds, and as they find resolution for dilemmas, they experience life-transforming epiphanies (VanKatwyk, 2010).

VanKatwyk (2010) reflects that "the theological world of *separation* and *reunion* presents itself as the theological stage on which to explore Boisen's crisis and conversion experience" (p.5). Boisen (1960, 1962) wrote with great depth of understanding on the darkness of mental illness. Reading his life story, I can see where this insight stems from (Boisen, 1962). His wisdom came not only from his extensive work with patients who

struggled with mental health issues, but through reflection on his own experience of psychopathology and how spiritual revelation brought healing in his life. Boisen's (1960) personal story about the message he received through prayer, "Don't be afraid to tell" (p.47), affirmed my intention to stand in solidarity with my client in her courage to have her story told. It is meaningful to me that "Boisen theologically defined the heart of darkness in his crisis, and in general for psychiatric disorders, as one of 'estrangement and isolation'" (VanKatwyk, 2010, p. 5). I agree wholeheartedly with his assertion, which is why I felt compelled to read more about this in Boisen's (1960, 1962) texts, specifically on isolation.

The whole world is the medicine. What is the illness?
- Zen Koan

As part of a course on research methodology, guest instructor Margaret Clark lectured on "Theological Reflection as Inquiry" and her method of "thick listening to thin moments" (2015). In the same course, (2015) there was time set aside for contemplative arts, facilitated by guest instructor Norbert Krumin. This was a time to pause and reflect artistically and spiritually with art materials and collage as an art directive. This allowed for deeper understanding, as creative and contemplative processes contribute to a more holistic learning experience. We were given the opportunity to reflect upon a Zen koan, also known as a Buddhist parable, "The whole world is medicine. What is the illness?" (as cited in Shoshanna, 2008, p. 247).

During that time, I had been writing a paper for an abnormal psychology course. My topic was the stigma of mental health issues and how isolating this can be for a people, a topic I feel strongly about. This may be why the answer to this question for me during the contemplative art process was "isolation." Nevertheless, this was a "thin

moment” for me, and I have had done much “thick listening” on it since, especially in contemplating my own experience of mental illness, and writing this thesis on the case study of my client’s experience. The definition of the word “isolation” is “set apart or cut off from others,” and the origin is the Latin word “*insulatus*, made into an island” (Dictionary.com, n. d.). Therefore, Boisen’s (1962) position on isolation and despair is one I have found most illuminating. It has not only confirmed my thoughts on the significance of the issue of isolation, but has given me new insight on how isolation contributes to mental health issues. Boisen (1962) theorizes:

The inability to socialize and thus assimilate a new experience, whether that experience pertains to sex or to any other matter vital to the individual’s standing in [her/] his own eyes, is apparently common to the mentally ill, those at least who are without organic disease. The mentally ill as a group are those who, accepting the inherited loyalties and the associated standards of ideals, feel themselves *isolated* from those whose love is necessary to them [emphasis mine] (p.144).

This provides a possible explanation for the powerful hold that isolation can have on someone who keeps a traumatic experience hidden due to shame, and how isolation can contribute to psychopathology. It makes sense then that as a person finds the ability to “socialize and thus assimilate” an experience, and no longer feels isolated by it, she/he can find begin to find healing and wholeness. From Jones’ (1989) theological worlds’ perspective, when there is no longer the *obsessio* of separation, there can be the epiphany of reunion with self, others, and the Divine. From Jung’s (1961/2011) perspective, this is the religious function and has potential for individuation, wholeness, and the union with “Self.”

If the answer to the Zen koan (as cited in Shoshanna, 2008, p. 247), is that the “illness” is isolation, how is “the whole world” the medicine? My interpretation is that it is community. In *From Brokenness to Community*, a powerful statement by Bonhoeffer is quoted, “Love of the abstract idea of community destroys community, love of the people builds community” (as cited in Vanier, p. 35). In the following, in which community is referred to “*communitas*,” the Latin word for community, Levine’s (1992) beautiful prose resonates:

What is wonderful is that the exchange of suffering forms a community of healing... sorrow is transformed into joy... the deep abiding encounter of soul with self and soul with other. It is *communitas*, the experience of humankindness. (p.57)

Jones (1989) offers a theological world inventory to be used in conjunction with his text, which I have found helpful to situate and understand the rhythms of my personal theology. Using the inventory, I found that my spiritual strivings stemmed predominantly from two worlds, the first and the fourth. When I was in the crisis of postpartum depression, I felt, deeply, the *obsessio* of *separation* in the first world and *condemnation* in the fourth. Facing this illness and the existential crisis of the loss of health felt like a place beyond depression, a place of spiritual darkness, desolation, and despair, where things seemed hopeless. I felt isolated, alone, and suicidal in my feelings of shame, worthlessness, and self-condemnation. In this despair, I reached out to a mother’s group in a Christian faith community in my neighborhood, and returned to the Christian faith tradition of my childhood in search of new meaning and hope.

One day, alone in my art room, I was preparing for a group meeting while my baby boy was sleeping. It was one of my darkest days, and I was reading the New Testament. I had just reached the part of the scripture about a woman who was having health issues and attempted to reach out to Jesus for healing. Jesus was walking by, and she could just touch his robe. He turned to her and said, “Daughter, your faith has healed you. Go in peace and be freed from your suffering.” (Mark 5:34, NIV). As I contemplated this scripture passage, I had a numinous experience, what Jones (1989) would call an *epiphania of reunion and forgiveness*. Although this happened many years ago, I remember it well. I was brought to tears, as I felt peace wash over me, and Love pour into me. Tillich (1948) describes this as grace; “peace enters into us and makes us whole” ... “self-hate and self-contempt disappear” and “our self is reunited with itself. Then we can say that grace has come upon us” (p.163). My life did not magically change that day, but my inner life changed, I had an epiphany, an awakening to new consciousness. I felt a sense of peace, freed from the emotional suffering of hopelessness.

My thesis supervisor who introduced me to Stanford (1977), after she read a draft of this literature review. In *Healing and Wholeness*, Jungian analyst and Episcopal priest Stanford (1977) differentiates between the Greek words that mean cure or healing, and the one Greek word that means to be ‘made whole’ and that refers to a much more inclusive healing of the total person (p.56). He explains that in the Gospels, when Jesus heals someone “vicariously” one of the common words for healing is used. But when someone undertook a personal pilgrimage and reached out to Jesus personally, and was healed, “Jesus used the greater Greek word and said, ‘Your faith has made you whole’” (Stanford, 1977, p.56). He gives the example of the woman who touches the hem of

Jesus' robe. Stanford (1977) emphasizes the importance of reaching out, "to act upon the faith we have even though we are assailed by doubts; in this way faith will grow." (p. 57).

Christ speaks of spiritual rebirth, when he says to Nicodemus, "Flesh gives birth to flesh, but the Spirit gives birth to spirit" (John 3:6, NIV). It was a revelation for me to learn in a theology class and in studying further in Guthrie's (1994) text that in the Old Testament, the name for Spirit is feminine, and in the New Testament, Christ uses this feminine name of the Spirit when describing spiritual birth. Guthrie's (1994) perspective emphasizes that it is important to recognize the Spirit as a person, one of the three persons of the Holy Trinity, along with the Creator and the Redeemer. The Spirit is referred to in the New Testament as the "Comforter" and the "Counselor." Jesus is quoted as saying, "And I will ask the Father, and he will give you another Counselor to be with you forever - the Spirit of truth" (John 14:16, 17, NIV). The same God who is Creator, and God who is Incarnate Word, is also God who is Spirit (Guthrie, 1994). The Spirit works to sustain us in our spiritual transformation and in continued spiritual development (Guthrie, 1994).

Ortberg (2002), who writes about spiritual transformation, refers to this verse from scripture: "Do not conform to the pattern of this world, but be transformed by the renewing of your mind" (Romans 12:2, NIV). He notes that, "The Greek word for 'transformed' in this verse is *metamorphoo* from which comes the English word metamorphosis" (2002, p.21). This is significant to me. Soon after I experienced Grace, or being "born by the Spirit," and shortly before my mother passed away, she shared with me how the metamorphosis of a butterfly is a metaphor for spiritual transformation. This has been a meaningful metaphor for me since.

For Merton, wholeness is finding true self. Merton's words resonate "To say that I am made in the image of God is to say that God is the reason for my existence, for God is Love. Selflessness is my true self. Love is my true character. Love is my name" (1949, p.60). Like Jung, Merton (2013) was influenced by Eastern thought, as he explains in a lecture on "The Search for Wholeness." For Merton (2013), Christ was the fulfillment of this search. In my search for literature on spiritual transformation and wholeness, I was enthused to find *Hidden Wholeness, the Visual World of Thomas Merton* (Griffin, 1970), a book of Merton's artistic photography. On the front page was an epitaph, an excerpt from his poem "Hagia Sophia." I became curious about the poem I searched for it in the literature. This was enlightening; Merton's poem (as cited in Cunningham, ed., 1992), "Hagia Sophia" introduced me to a profound reimagining of the mystery of God. Dear (2010) refers to Merton's poem as a masterpiece that "celebrates Divine Wisdom as the feminine manifestation of God" (NCRonline.org).

Contemplating Women's Spirituality and Feminist Theology. As mentioned previously, Clark (2000a) provides clarity in distinguishing spirituality from faith, theology, and religion, as it is "the experience of being in relationship with" the sacred (p.29). Wolski Conn (1996) clarifies further that "when this capacity is experienced in relation to the divine mystery as Source, and Incarnate Word, and life-giving Spirit, there is Christianity" (p.9). I appreciate her emphasis that "the meaning of the word spirituality refers to *experience*, shaped by the richness and complexity of each person's living" (Wolski Conn, 1996, p.10). This includes all aspects of a person's bio-psychosocial and spiritual development, including gender, which is the focus of Wolski Conn's (1996) discussion. She further clarifies that gender does not refer to the biological sex (female)

but the social constructs of the sex and its meaning in current culture (Wolski Conn, 1996). Studying feminist theology has been transformative for me personally and professionally. Furthermore, it has been integral to my study of the client's case in this thesis and her transformative experience. Most invaluable in this literature review have been resources such as those in *Women's Spirituality*, edited by Wolski Conn (1996) and other texts on feminist spirituality (Fischer, 1988; Johnson, 1995; Rupp, 2010; Schussler Fiorenza, 1992; Shinoda Bolen, 2001). From a feminist perspective of theology, Fischer (1988) writes that our images of human wholeness and holiness have historically only been partial. Hence the feminist "approach to Christian growth requires a new theology of the person, one which affirms that all the truly significant spiritual qualities are attainable by both women and men" (Fischer, 1988, p.32).

Feminist spirituality recognizes how analytical psychology has made an important contribution to the psychological understanding of individuation and spirituality, yet also acknowledges that Jung's cultural and gender bias make his anima/animus archetypal theory problematic (Fischer, 1988; Johnson, 1995, Wolski Conn, 1996). I have questioned this perspective; perhaps these feminist theologians are speaking from their own biases? Carotenuto (1991) highlights Jung's archetypal theories as revolutionary in the context of the time, in the atmosphere of positivism. Feminist theologians seek "to heal dualisms and replace them with a new vision of human wholeness for both women and men" (Fischer, 1988, p. 32). Was this not also Jung's vision? I have since found that feminist Jungian psychotherapists revised Jung's schema. They agree that there are indeed archetypes of the masculine and feminine. However, there is a plurality of inner paradigms, using Greek mythology (Schnieders, 1996). For example, Shinoda Bolen

(2001) has used ancient Greek goddesses to describe the archetypes of the feminine in women. It is empowering for me to contemplate that the spiritual does have a feminine persona in a woman, that is not a recessive masculinity but her “feminine power active in a sphere from which real women have been traditionally excluded” (Schneiders, 1996, p.41).

Analytical psychology aside, I agree that “feminist consciousness once raised, can only deepen” (Schneiders, 1996, p. 50). “Once sensitized to the reality and the effects of patriarchy, one can only become more aware of its pervasiveness, more convinced of its destructiveness, more resistant to its influence on oneself and one’s world” (Schneiders, 1996, p.50). Through critical analysis, I came to understand particularly how the “overwhelmingly masculine God-imaging in the Christian tradition has been oppressive” historically (Schneiders, 1996, p.50) and, for me, personally. Though I am not Catholic, along with mainstream feminist Catholics (Schneiders, 1996) I can say I have a deep personal prayer life, the Holy Trinity is central to my faith life, and my ministry is an expression of my spiritual life. This is not a club membership where I can simply stop paying fees. It is not as though I simply belong to the Christian Church: I *am* a Christian. Realizing that patriarchal oppression caused an existential crisis, I could not simply abandon my faith, nor could I repress the anger at the oppressive indoctrination of the patriarchal Christian religion. Wolski Conn (1996) explains this inward crisis as inevitable. It was comforting to read this, and know I was not alone in this crisis. It took time to work through this. Through this process, I have remembered Christ’s own anger with oppression and injustices conveyed in the scriptures. I have embraced the stance of

the community of faith where my practicum was located, the inclusive language in their liturgy and in their mission statement found on the church bulletin each Sunday.

She Who Is (Johnson, 1995) and *In Memory of Her* (Schussler Fiorenza, 1992) are two texts that work to reconstruct theology from the feminist perspective. Schussler Fiorenza (1992) writes poignantly on women of the gospels whose discipleship and apostolic leadership were integral to “Jesus’ ‘alternative’ praxis of ‘agape’ and service” (p.334). Johnson (1995) refers to scripture - “here is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus” (Gal. 3:28. NIV) - and states that feminist theology:

...so hopes to change unjust structures and distorted symbol systems that a new community in church and society becomes possible, a liberating community of all women and men characterized by mutuality with each other and harmony with the earth. (p.31)

It has been refreshing, and deeply stirring, to learn of the feminine metaphors in scripture; Wisdom, or *Sophia* in Greek (Johnson, 1996), is especially meaningful. “The female figure of Wisdom is the most acutely developed personification of God’s presence and activity in the Hebrew scriptures” (Johnson, 1996, p.372). “Out in the open Wisdom calls aloud, she raises her voice in the public square; on top of the wall she cries out, at the city gate she makes her speech” (Proverbs 1: 20-21). Further to this, it has been enlightening to read the work of female theologians and mystics from the Middle Ages, including Catherine of Siena, Clare and Jane de Chantal, and Teresa of Avila (Wolski Conn, ed.,1996).

Speaking of the Unspeakable

Sexual and domestic violence, and therapeutic interventions for victims and offenders, are well researched in psychological and art therapy literature (McGee, 2012; Thomson, 2012). One article I found, “Multiple Reflections of Child Sexual Abuse” (Ronai, 1995), is so provocative and disturbing that I would not recommend it without warning about the vile, vulgar, and profane details of Ronai’s “layered” account. That said, I admire her award-winning courage in using her own story to provoke readers in such a way that they cannot be left unperturbed; she certainly achieved her goal of creating a subversive text. The reality is that no linguistics, disgusting and vile as they may be, equate with the degradation and humiliation of the actual traumatic experience of sexual violence. I appreciate Ronai’s (1995) ideology, which postulates that if forms of patriarchal and hierarchical structures in families and societies are eliminated, incest, sexual abuse, and other forms of abuse will also be eliminated. Ronai (1995) also stresses that child sexual abuse and incest “*must be made a public concern* so that the victims are no longer saddled with the stigma, guilt and shame associated with the experience” (p.406) [italics mine]. What is disturbing to consider is that while domestic violence has since been “*made a public concern,*” more than 20 years after Ronai’s article was published, victim blaming, especially in high profile court cases has continued to fuel stigma and shame. Hence, sexual abuse cases continue to go unreported.

The following (as cited in Fischer, 1988, p. 154), is a poem titled “With No Immediate Cause” by Ntozake Shange:

Every 3 minutes a women is beaten
every 5 minutes a

woman is raped/ every ten minutes

a little girl is molested

This poem was written many years ago, but high statistics remain. As Fischer (1988) notes, as disturbing as statistics are, they only scratch the surface, and do not include domestic violence that goes unreported. I agree with Ronai (1995) that the biggest problems of sexual abuse, other than the devastating effects of the trauma itself, are the associated shame and stigma, which keep the abuse a secret and the victim in isolation. A woman can be imprisoned in self-effacement, disempowered and, at times, unaware that this is the root of her problems. This can then become a systemic issue, and a cycle of domestic violence experienced in childhood repeats itself in adulthood. Hence, the personal becomes political, a social justice issue, and an important feminist issue (Burt, 2012). While public advocacy is needed, it is critical to address this issue in psychotherapy to give a client the power and compassion she needs to free herself from the isolation and victimization holding her/him captive, so she/he can find the self-compassion, dignity, and empowerment she needs for wellness.

Brown (2012) has conducted extensive research on the issue of shame. She defines it as “the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging” (2012, p. 69). She notes further how shame and isolation are closely related, and “the most terrifying and destructive feeling that a person can experience is psychological isolation” (Miller and Stiver, as cited in Brown, 2012, p.140). What I find most relevant in Brown’s (2012) writing regarding shame and isolation is this:

When coupled with the shame of believing we're disconnected because we're not worthy of connection, it creates pain we want to numb ... Shame often leads to desperation. And reactions to this desperate need to escape from isolation and fear can run the gamut from numbing to addiction, depression, self-injury, eating disorders, bullying, violence, and suicide. (pp.139 - 140)

This to me is precisely how shame become can become as painful as the traumatic memories; the trauma is further exacerbated by shame and isolation and becomes part of a vicious, debilitating cycle of mental health, stigma, isolation, shame, desperation and more pain and further psychopathology. Another piece I found significant in Brown's (2012) work regarding "numbing" is that it "is especially debilitating because it doesn't just deaden the pain of difficult experiences, [it] also dulls our experiences of love, joy, belonging, creativity, and empathy" (2012, p. 137). This further adds to the debilitating cycle and exacerbation of isolation, stigma, and mental health issues.

Satir's (1987) article on the use of power was enlightening when I was considering issues of domestic violence. She discusses the reality of various power issues and how the therapist can influence therapy through her positive or negative use of self. She postulates that "power has two faces: one is controlling the other; the second is empowering the other" (p. 20). We all are familiar with how power can be misused; however, it is equally important yet not emphasized enough that the therapist can use her power "to empower patients towards their own growth" (p.22). McGee's (2012) journal article about a child sexual abuse case, along with several others I reviewed, demonstrates how art therapy is beneficial in that imagery can express so much that is too painful to express in any other way. As she explains is equally important, recovery takes place in

the context of a relationship in which, inevitably, childhood fears, dependency issues and traumatic re-enactments are triggered, and confusing feelings emerge (McGee, 2012).

Disruption of healthy childhood development is among the most common pertinent issues in cases of child sexual abuse. Although the trauma and disruption manifest themselves differently in each case, they cause attachment issues which develop into maladaptive attachment styles later in life (Mikulincer & Shaver, 2010). I have found two main evidenced-based theoretical models of therapeutic change that could help to reverse the insecure attachment and lead positive outcomes (Moser & Johnson, 2008). The first is a neuroscientific trauma-informed approach based on theories of neuroplasticity of the brain termed “limbic system therapy” (Van der Kolk, 2014). The second is an attachment model of therapeutic change (Mikulincer & Shaver, 2010). Part of my therapeutic plan has been to integrate therapeutic tasks of these trauma-informed and attachment treatment models and guide clients through the models.

The “attachment theoretical model of therapeutic change” (Mikulincer & Shaver, 2010, p. 406) includes five tasks: a) to provide clients with a safe haven and secure base where painful memories can be explored; b) to explore and understand how clients currently relate to others; c) to examine the clients’ relationships with therapists; d) to facilitate time for clients to reflect on how their attachment issues are rooted in childhood experiences with primary attachment figures; and e) to help clients see how these attachment styles that were once adaptive are no longer functional.

Sensing the Spiritual Dimension of Trauma

Feminist theologian Fischer (1988) writes about the spiritual dimension of the critical issue of violence against women. As she posits, it is important for spiritual directors and counselors to understand these are “extremely important because of the deep and lasting impact they have made,” and they must be addressed “if the woman is to be healed” (1988, p.155). Fischer (1988) notes further that women may not be aware that sexual abuse has an impact on them, emotionally or spiritually, and on their religious beliefs. Further to this, they may be fearful of the judgement and rejection that will result if they reveal it. Her words are powerful:

Violence is an encounter with the power of evil in the world. Such suffering is...an experience of evil directed against our person...A betrayal of trust is experienced in the relationship with God as well as with other relationships (p.159).

Fischer (1998) also describes ways for spiritual care providers to offer help in healing such trauma. Inevitably an existential crisis arises, for example, “how could God allow this to happen?” It is helpful to reflect with the person on God’s relationship to evil. Fischer suggests it can be helpful for the woman to understand that “God cannot prevent all evil in a world of free agents” (p.162). Lastly, Fischer (1998) reflects the importance in:

helping the woman to find the existential answer, as Job did, in an experience of God’s healing presence. Healing the wounds of violence is a resurrection experience. The wounds remain, but they can be transformed into a new kind of

wholeness as a woman discovers new strengths within herself and her relationships. (p. 162-163)

The Wounded Healer Archetype

As I mentioned, I have come to an understanding that as an art therapist it is an ethical issue and an essential responsibility to seriously consider how unfinished business from the past can block awareness and efficacy (Corey, 2012). This includes continuous awareness of how any of wounds from the therapist's past may be triggered by clients' wounds. Research in literature on the wounded healer archetype has given me insight into how this was originally conceptualized and how it affects the therapist's motivation, the therapeutic relationship and, ultimately, healing in psychotherapy. Virtually all people who work in the helping professions are vulnerable and carry their own wounds, and these wounds contribute to healing work (Merchant, 2012; Miller & Baldwin, 1987).

McLeod (2009) summarizes the "wounded healer" theory: he posits that the power of the healer is derived from her or his experience of suffering. He references two sources on this theory, Guggenbuhl-Craig (1971), and Rippere and Williams (1985). These analysts and others that I have reviewed, (Groesbeck, 1975; Merchant, 2012; Sedgwick, 2003), claim that while lack of awareness can be harmful, conscious awareness of wounds can be effective in the healing profession. Jung refers first to the shaman in primitive and indigenous cultures (Merchant, 2012). From Greek mythology, Jung (as cited in Sedgwick, 2003) points to Chiron, the paradoxical wounded healer archetype, as a symbol for the doctor's (or therapist's) knowledge of his/her own wounds and their power in healing. Studying Christian tradition, Jung (1954/1993) writes that the

symbol of “the cross as a form of suffering expresses psychic reality, and carrying the cross is an apt symbol for the wholeness and also for the passion” (p.305).

In an autobiography completed in the last year of his life, Jung (1961/2011) summarized his perspective on the wounded healer archetype with these insightful words: “the doctor is effective only when he himself is affected. ‘Only the wounded physician heals.’ But when the doctor wears his personality like a coat of armor, he has no effect” (p. 134). These words strongly affect me, as do Nouwen's (1972) words from a theological perspective, that “wounds are from the depth of the human condition we all share” (p.95). I have also been influenced by Yalom (2002) who writes that he prefers to think of his clients “as *fellow travelers*, a term that abolishes distinctions between ‘them’ (the afflicted) and ‘us’ (the healers)” (p.8). What the wounded healer archetype means for me as a therapist is that being in touch with my own wounds enables me to be vulnerable and congruent in my use of self in the therapeutic relationship. This way, as Satir (1987) writes, “I am growing toward being a more integrated self. I am more ‘whole,’ and I am able to make greater contact with the other person” (p.23).

Countertransference and conceptualizing the paradoxical wounded healer archetype helped me to understand that it is imperative to maintain self-awareness as an integral part of ethical practice. This is accomplished through conscientious work outside of professional practice, whether in supervision, therapy, professional development, and/or collegial support. This allows greater focus on the client within the professional context (Moon, 2006).

Literature Review: A Summary

The purpose of this literature review was to prepare for the task of this thesis, the exploration of my research question: How was art therapy spiritually transformative for my client? First, I reviewed theory that informed my practice, to provide context and insight into my direction as the (student) art therapist in this case. Then I reviewed literature that informed my research on this case, to distill the meaning of spiritual transformation and related themes pertinent to the research question from various perspectives.

CHAPTER 3. Research Methodology

In this chapter, I describe my research design. It begins with the paradigm and philosophical assumptions that underpin my research question and is followed by an explanation of the methodology I have integrated into my research. Along with this is a detailed procedure of the methods I used to collect, organize, and analyze data, and synthesize findings. Further to this I have included a discussion on the ethical issues, and the reliability and validity of the study.

Paradigm and Philosophical Assumptions

My understanding of research in psychology prior to my graduate studies came from undergrad courses in this subject, with research that consisted primarily of a post-positivist paradigm. These essentially were studies focused on efficacy in quantitative research and statistical data. I remember the beginning of my studies in qualitative research I wondered, how can this research have any validity when there are no statistical data analysis? Furthermore, how could it be possible for qualitative research to be unbiased? It was interesting to learn that in all methods of inquiry, the researcher has philosophical assumptions and biases that will have a bearing on the research whether she is conscious of this or not (Kovach, 2010). Prior to beginning any research, whether quantitative, qualitative or otherwise, it is imperative that the researchers consider the paradigms underpinning their research questions (Creswell, 2013; Kovach, 2010; Mertens, 2015). As Edwards (2016) writes, the main use of identifying a paradigm is to articulate the worldview from which to approach the research. “Doing so provides structure and direction to our research processes that help us determine questions, methods, and analytic strategies that align with our fundamental assumptions and/or

assertions about the nature of reality” (Edwards, 2016, P. 258). Particularly in qualitative research, being conscious of these assumptions and continuously self-reflective throughout the process contribute to the validity of the study (Creswell, 2013; Edwards, 2016; Kovach, 2010; Mertens, 2015). As Tracy (2010) states, “one of the most celebrated practices of qualitative research is self-reflexivity, considered to be honesty and authenticity with one’s self, one’s research, and one’s audience” (p. 842).

It was Kovach’s (2010) text on indigenous research methodology that helped me to gain clarity about the significance of identifying worldview and philosophical assumptions. As she writes, “nestled within any methodology is both a knowledge belief system (encompassing ontology and epistemology) and the actual methods...the two work in tandem” (p.25). She also distinguishes different world views: “the term Western is used as a descriptive term for a particular ontological, epistemological, sociological, and ideological way of thinking and being as differentiated from Eastern thought, and Indigenous worldview, and so on” (Kovach, 2010, p.21). What struck me in reading Kovach’s (2010) work is realizing that although I like to think I am respectful of others, I do not know how it feels to *not* be a part of the dominant culture, religion, and race in North America. It’s important to be conscious of this always, Western worldview has deeply embedded systemic roots, it has influenced my biases and others. Kovach’s (2010) words resonate: “we know what we know from where we stand” (p. 7).

This seems simple yet it is complex; world views contain intricate understandings of reality constructed through lived experiences, unique as the people who hold them. Case study and other qualitative approaches in research methodology are generally based on this concept, which is essentially a constructivist paradigm (Creswell, 2013; Mertens,

2015; Stake, 1995; Yin, 2009). Stake (1995) explains the constructivist position that people understand reality through constructs they make in their lived experience. This paradigm stresses researching the constructs as they are understood and interpreted by the participants(s) involved in the case. “Infants, children and adults construct their understandings from experience and from being told what the world is, not by discovering it whirling there untouched by experience” (Stake, 1995, p.100). Although I concur with this constructivist paradigm, I have been drawn to the transformative paradigm used to conduct research in the service of social justice, for example from a lens of feminist theory, critical race theory, queer theory or disability theory. I was pleased to find that, as Mertens (2015) writes, “leaders in the field [of qualitative research] are more and more citing the need to situate their work in social justice” (p.21). Researchers who hold the transformative paradigm “consciously and explicitly position themselves side by side with the less powerful in a joint effort to bring about social transformation” (Mertens, 2015, p.21). This transformative paradigm fits well with my worldview.

Social justice is a strong component of my value system. I emphatically dislike power imbalances and oppression of any kind. This partly stems from my compassion for marginalized, stigmatized, and underprivileged people and a desire to make a difference. My experiences as an art facilitator in an inner-city agency played a key role in my development of this transformative paradigm. However, to be transparent, the paradigm stems mostly from my own experiences with stigma, self-stigma, oppression, and feelings of isolation, as someone who has lived with mental illness. In an online class discussion, I stated my views regarding social justice in a review of the article, “Art

therapy and Social Action: A Transpersonal Framework” (Hocoy, 2007). I was reiterating the view that the basic tenets of the Western worldview such as colonialism and patriarchy are deeply embedded in society and in the individual and collective unconscious. It is imperative that health care providers and researchers working in the mental and spiritual health realm understand this, as their clients are particularly vulnerable. Hierarchy creates power imbalances and inequality that can lead to oppression and injustices within relationships of families, communities, and society.

When I began my studies at St. Stephen’s College, I came with a Western worldview that had been instilled in me as a child. Although I was restless in my youth and had moved away from my Christian faith, I was a “prodigal” child; in the depth of my heart I did not entirely leave, and when I came back to my faith later in adulthood I felt like I had returned home. My philosophical assumptions and worldview stem from this Christian faith tradition, and essentially my core faith and values have remained the same. However, shifts occurred in my beliefs that have been transformative, particularly in recognizing how the dominance of the Western worldview and patriarchal society was unconsciously embedded in my biases. I have always strived to be open-minded concerning differing values and belief systems. Yet through my studies I became aware of some blind spots, rigidity and dichotomy in my thinking.

Through rigorous reflection, I have strived to grow in my perspective in these areas, to be more comfortable with uncertainty, and to be increasingly open and hospitable to others’ world views and belief systems. This has been challenging; it would have been so much easier to just stay within the comfort and familiarity of my personal biases and philosophical paradigms. Yet reflexivity is essential for personal growth and

practice, both as a researcher and an art therapist in spiritually-integrated art psychotherapy. I have learned tremendously from being immersed in the openness and inclusivity that instructors and administrators at St. Stephen's have regarding worldview. I appreciate how this college upholds an ecumenical learning community, and I have come to embrace this stance. This has led to significant shifts in my personal paradigm. In my studies in various courses, I have written about my worldview, reflecting on these shifts that have been formative in my art therapy training. This has been integral to informing my research for this thesis.

In my review of the literature on the transformative paradigm, I discovered another research paradigm, the spiritual paradigm, which has commonalities with the transformative and constructivist stance, yet it is distinctly different (Edwards, 2016). I was enthused to find a text on this paradigm. Paloutzian and Park (2005) write that there is a need for a spiritual paradigm. I have found its philosophical underpinnings resonate with my worldview. Furthermore, it is suitable to this study about a client's experience with spirituality and spiritual transformation. Edwards (2016) provides a concise diagram (p.259) adapted from Mertens (2015), comparing the spiritual paradigm with others. It explains the philosophical assumptions of post-positivist, constructivist, transformative, and spiritual paradigms that have similar and/or differing values. The spiritual research paradigm described by Edwards (2016) has philosophical assumptions which overlap with transformative and constructivist paradigms, yet it acknowledges a transcendent reality which I find applicable in this case study. Edwards' work led me to embrace the philosophical assumptions of this spiritual paradigm in my research, and the transformative and constructivist paradigms where they intersect with this perspective. I

have briefly delineated the ontology, epistemology and axiology of the spiritual paradigm as outlined by Edwards (2016) for greater clarity of my stance and transparency of this thesis.

Ontology. This is the study of the nature of reality. The spiritual paradigm assumes that “spiritual reality is unknowable; individuals have different assumptions about reality, influenced by their spiritual worldview and upbringing” (Edwards, 2016, p.259). This is similar to yet not the same as the constructivist stance, in which multiple realities are socially constructed. It is also similar to yet different from the transformative stance, in which these multiple realities are influenced by social identity and privilege (Mertens, 2015).

Epistemology. This philosophy focuses on the nature of knowledge; from the spiritual paradigm knowledge is co-created by the researcher and participants as it is in the constructivist paradigm (Edwards, 2016). It differs in that the researcher “actively engages in spiritual reflection as a means of constructing knowledge” (Edwards, 2016, p.259).

Axiology. This philosophy studies the nature of ethical behaviour (Edwards, 2016). The post-positivist, constructivist, and spiritual paradigm intersect with respect to privacy, informed consent, minimizing harm and providing equal opportunity (Mertens, 2016). The constructivist paradigm is like the spiritual in that it seeks to raise participants’ awareness and balance representation of views. The transformative shares with the spiritual paradigm the value of respecting culture, and promoting human rights and social justice (Edwards, 2016). The spiritual paradigm goes further in recognizing and incorporating participants’ spiritual ontologies and epistemologies. This includes

having “reflexivity of the researcher’s own spiritual truths/biases” knowing this has “impact on the research outcomes” (Edwards, 2016, p.259).

As Edwards posits:

Spiritual research often explores worldviews, emotions, and/or experiences that are so firmly intertwined with the core of our existence ... we, as researchers, may struggle to recognize the biases we bring to our scholarship. For that reason, it is incumbent upon us to actively and regularly engage in critical self-reflection during data collection, data analysis, and beyond (p.261).

I have taken these words to heart and as such during this research project I have been intentionally engaging in daily journaling, and meeting regularly with a spiritual director. It has been important to me to be transparent about the biases I have brought to my scholarship. Thus, I have chosen to share some of my self-reflections and my struggles with biases as a part of this thesis. I have gained clarity about this decision when reading Carr’s (2015) words that emphasized this transparency. As he writes, “one of the features of Indigenous research is that the researcher, in the gathering of data and in the introduction of that data in the research report, locates her/himself for the co-researcher and the report reader” (Carr, 2015, p. 235). These words of Carr (2015) are also relevant, “it seems to me that pastoral/spiritual care researchers working in most cultural contexts might very well find the emerging Indigenous research paradigm to be compatible with their worldview” (p. 235). I have found this paradigm to be compatible with my worldview, and with the spiritual paradigm described by Edwards (2016). Incidentally, I was thoroughly surprised and excited to discover in a table on “selected

relevant approaches to the spiritual paradigm” (Edwards, 2016, p. 263), that portraiture was one of the relevant research approaches.

Case Study Methodology

I return once more to my research question: How was art therapy spiritually transformative for my client? As mentioned in the introductory chapter, I considered the different approaches in qualitative methodology and other forms of inquiry, and I chose case study as the main methodology as it seemed to be the best fit to explore this research question. I was interested in studying all aspects of this case, for example, the client’s story, her background and presenting issues, her art, and the details of her art therapy process. This was a case study as defined by Stake (1995) in that it is specific, complex, and bounded in time and context.

As mentioned previously in the introductory chapter, this methodology was well suited to all the aspects pertinent to the case: the process, imagery, therapeutic relationship, context, and outcome. As it is a case study, it could also include any other intrinsic aspects that emerge. Creswell (2013), Kapitan (2010) and Mertens (2015), who each write on the different qualitative approaches, all refer to Stake (1995) and Yin (2009) as resources for case study methodology. I have found both these references useful in planning and outlining methods for studying this case. However, Stake’s (1995) approach in *The Art of Case Study* was more appealing to me. He says that research is not just the domain of the sciences, it is the domain of the arts as well (Stake, 1995), and this resonates with me. Stake (1995) writes that “the artist is the agent of our knowledge. It is our knowledge, but we can’t avoid the presentation and interpretation of the artist” (p.99). As an artist, I emphatically agree.

Historically, there is a large number of case studies involving research in psychotherapy. Freud and Jung were among the first to use case studies in their research in psychology (Willig & Stainton-Rogers, 2008). However, interest in psychological case study research declined in the later part of the 20th century (Ponterotto, Kuriakose & Granovskaya, 2008). Likely this was in part due to the various kinds of new qualitative approaches that had emerged, and to a steady increase in quantitative studies, as researchers were finding the need to provide clinical empirical data to validate new psychotherapeutic approaches and advance this profession within the greater field of mental health care (Ponterotto, Kuriakose & Granovskaya, 2008). Interestingly, in recent decades, case study methodology and other forms of qualitative research in psychotherapy have been on the increase, though they remain comparatively low. Therefore, educators in counselling and psychotherapy are being encouraged by researchers to include more instruction in qualitative research (Ponterotto, Kuriakose & Granovskaya, 2008).

When reviewing the literature, I became aware of a positive correlation between this recent increase in case study methodology in psychotherapy and increased interest in the integration of spirituality in psychotherapy. In my opinion, this points at least in part to the difficulty of quantifying and generalizing data and thus a greater interest in qualitative studies in this area of research.

As mentioned, this case study is retrospective. I am not setting up research to create a case. Rather, I will be investigating past evidence using the client's file, to attempt "to bring new insights to bear on its interpretation" (Kapitan, 2010, p. 104). It is an *intrinsic* case study; its purpose is to learn something important about this particular

case, namely the client's transformative experience (Creswell, 2013; Kapitan, 2010; Stake, 1995). "Ultimately, the researcher is interested in discovering what can be learned from a particular encounter...in the field that have bearing on the art therapy practice" (Kapitan, 2010, p.103).

Theological and Spiritual Reflection as Inquiry

I was introduced to theological and spiritual reflection as a method of inquiry by Clark (2015). As defined by Killen and De Beer (1994), theological reflection is "the discipline of exploring individual and corporate experience in conversation with the wisdom of a religious heritage" (p.51). Using this definition, my purpose for theological reflection as inquiry was to explore the client's experience of her spiritually transformative process in discourse with her faith tradition. A large part of her process involved reflecting on her religious heritage, spirituality and spiritual transformation. Once I decided on my research question it made sense to integrate theological and spiritual reflection as inquiry in my research design, for greater depth of understanding of my client, her experience, and of myself as her art therapist.

Clark (2015) uses a phrase for engaging in theological reflection which is "thick listening to thin moments." This means "multi-layered contemplative awareness that understands and relishes the deep touch points of suffering (and the broad range of other experiences) and imagination" to "times where separations brought about through differing world views, paradigms and filters become increasingly thin and/or transparent" (Clark and Pritchard, 2016, p. 1). Clark and Pritchard (2016) refer to an essay by Geertz (1973) and his development of "thick description" (p.1). Further discourse on this

concept is provided in a section below on integration of the case study, theological reflection, and portraiture research.

I have essentially used two models of theological reflection which Clark (2000a) recommends: a) Fitchett's (1993) model of spiritual assessment, for greater depth of understanding of individuals; b), and Killen and De Beer's (1994) method for greater depth of understanding of experience. In the following two sections I describe these methods and my reasons for choosing them.

Greater Understanding of Self and Others. Carr (2015) introduces Fitchett as one of the research leaders in North America's spiritual care, counselling, and education professions. I can understand why. I have found Fitchett's (1993) holistic approach to be thorough and insightful. As recommended by Clark (2000a), I have integrated Fitchett's (1993) "7 x 7 spiritual assessment model," a multidimensional spiritual assessment model, for a holistic understanding of Ann, the client in this case. There are seven dimensions in Fitchett's (1993) model with the seventh dimension being the spiritual dimension. This model sheds light on the depth and multi-dimensionality of the person's whole life. More description of this model of assessment and how I have integrated it with my original bio-psychosocial assessment of the client can be found in my literature review in Chapter 2, in the section called "Theoretical Perspectives Informing Assessment."

Boisen's (1962) historical development of "the living human document" as a case study method for pastoral care has stood out for me as particularly poignant. I appreciate how he has drawn on his own struggles and victories with mental health issues and spirituality in much of his writing (Boisen, 1960). I find his imperative to study a "living

human” as closely as any “document,” including sacred text, relevant for depth of understanding of a client’s case (Boisen, 1960; VanKatwyk, 2010). As Carr (2015) writes, this is an example of a “research-oriented” teaching/learning context. Further to this, I appreciate how Miller-Mclemore (as cited in Ramsay, 2004) reframed Boisen’s (1962) living human document as “the living human web,” which includes “cultural evidences of disorder, injustice, and oppression that directly impinge on the well-being of persons and their relationships” (p.32). There was evidence of oppression, injustice and abuse in my client’s assessment, which makes the living human web an important consideration in this study of her art therapy process. By incorporating Boisen’s (1962) “the living human document” and “portraiture research” (Lawrence-Lightfoot & Hoffman Davis, 1997)), I have conceptualized “a living human portrait,” for my research design.

The therapeutic relationship with the client in this case is significant in this or any client’s transformative process, hence my role as therapist is an important part of this study. I was convinced of this by Fitchett’s (1993) position that spiritual assessment demands continued personal self-awareness on behalf of the psychotherapist. Fitchett warns that using tools of spiritual assessment with clients, including his 7 x 7 model of assessment, could lead therapists to believe that we have an objective basis for care plans that remove the possibility of personal bias. He notes that we need to be aware of our personal and cultural biases or needs that may distort our spiritual assessments.

Regarding cultural self-awareness, Fitchett (1993) posits:

Our race, our class, and our gender are forceful factors shaping our self-understanding and the norms against which we judge others. We must guard against using spiritual assessment tools to impose those norms on others for

whom they are inappropriate. Our goal need not be to free ourselves of all our biases but rather through consciousness raising become aware of our biases (p. 131).

This reminded me of the position of Clark and Pritchard (2016), who wrote, “We do theological reflection from who we are” (p. 1). This seems obvious at first, but it becomes more complicated considering, as Clark and Pritchard (2016) emphasize, that who we are may include our experiences of and relationship with faith, spirituality, theology, and religion; which further include our world views, paradigms, and filters. In theological reflection “the first step in finding our way is to pay careful attention to where we are” (Killen and De Beer, 1994, p.16). Theological reflection emerged as most relevant in probing self-knowledge, for reflexivity in locating myself, not only as the researcher as previously discussed, but also as the art therapist in this case. I have considered both Fitchett’s (1993) model of spiritual assessment, and Pritchard’s (2014) model of self-assessment on contemplative spiritual care competencies. I have included my self-assessment as a part of the narrative of the case study in the section called “Situating Myself as Portraitist: A Reflection on Who I Am.”

Greater Understanding of Experience. This is another method of theological reflection that has emerged as essential for me, to explore the actual experience of the therapeutic process and the client’s reflections. Clark (2000a) recommends using a method for theological reflection by Killen and De Beer (1994) for greater understanding of depth of experience. I will walk the reader through this method as I present it. In an integrative paper for a recent course in theological reflection I took the opportunity to use Killen and De Beer (1994) method for theological reflection. I used this method to reflect

on a vignette of a segment of one session, and found the method effective and insightful. This reinforced my decision to use this tool to reflect on this client's case. Again, I have chosen this method because I found it lends itself to this case, which is largely theological and spiritual in content, particularly in the client's reflections on her dreams, images, and process. My intention in integrating this method developed by Killen and De Beer (1994) has been to reflect on the case study through re-entering the experience of therapeutic sessions with the client. I have done so through re-examining the data, case notes, correspondence, and video transcripts of sessions, along with photographs of the art.

Portraiture as Research.

Further to theological reflection, I have integrated another approach to inquiry, portraiture research (Lawrence-Lightfoot & Davis, 1997). I was first introduced to this in Kapitan's (2010) text, and her writing on case study in art therapy. Portraiture as created by an artist is used as the metaphor for this approach to qualitative research that intersects social science with art. I was drawn to Kapitan's (2010) suggestion that "a valuable strategy for art therapists in particular is to think about the case study as if it were a portrait" (p.108). This piqued my curiosity and I delved into research on this methodology. Upon doing so I found that it fit beautifully with the narrative emphasized in Stake's (1995) approach to case study and in Clark's (2015) approach to theological reflection as inquiry. However, I questioned the necessity of integrating another approach. I was inspired by Tracy's (2010) reference to requisite variety, "a concept borrowed from cybernetics" that "refers to the need for a tool or instrument to be at least as complex, flexible, and multifaceted as the phenomena being studied" (p. 841). In other words, "it takes a complicated sensing device to register a complicated set of events"

(Weick, as cited in Tracy, 2010). The spiritual transformation experienced by my client in her art therapy process is complicated, and therefore calls for an intricate multifaceted method. It is an interdisciplinary study that includes concepts from psychology, theology, spirituality, psychotherapy, and art therapy; can a research study be much more complex?

I was looking for an approach that would have “aesthetic merit,” again inspired by Tracy (2010). This is “a key path to resonance and impact,” as Tracy (2010) writes, “meaning that the text is presented in a beautiful, evocative, and artistic way” (p. 845). This, to me, describes portraiture. In reviewing the literature on portraiture as research (Lawrence-Lightfoot & Davis, 1997), I was delighted to discover that the approach is much more than I had thought; it is not simply an interesting use of the metaphor of an artist’s portrait. As in art therapy, the metaphor of portraiture has depth. It is a postmodern approach that embraces a transformative paradigm; it not only paints a realistic portrait of the subject through narrative, but gives voice to the researcher’s perspective of the subject (Kapitan, 2010). “As the artist searches for coherence in the creation of the portrait, the researcher seeks to construct a narrative that ‘truthfully and authentically portrays the central story of the case’” (Kapitan, 2010, p. 108). This became apparent not only in Lawrence-Lightfoot and Davis’s (1997) description of their methodology, but also in the themes, purposes, and questions of inquiry in their research and that of others who use this approach. An example that represents this is a study by Harding (2005).

As I mentioned, it was significant to discover that Edward (2016) listed portraiture in a table of relevant methodological approaches using a spiritual paradigm. Portraiture is characterized by the researcher creating “highly detailed and contextualized

narrative descriptions of a given situation or event in a way that illuminates larger universal phenomena” and it is relevant to the spiritual paradigm in that there is “emphasis on researcher reflexivity and inclusion of the researcher in descriptions of context [and the] potential to link individual spiritual experiences and/or knowledge to assumptions about larger ‘truths’” (Edwards. 2016, p. 263). Finding Edwards’ acknowledgement of portraiture research for a spiritual paradigm confirmed my decision to use it as a means to study my client's case.

Researchers Lawrence-Lightfoot and Davis (1997) who created portraiture did not originally refer to it as art-based research (ABR). This may be because portraiture emerged around the same time as ABR, in the late 1990's. However, recently some researchers have referred to portraiture as ABR (Copes, Jones, & Hendricks, 2015). Before I decided on my thesis purpose and question, I was drawn to ABR. In reading Leavy’s (2015) text, I was enthused about her ABR perspective. Some key points resonating in the text are from two parts of Leavy’s introduction, “Thinking Conceptually, Symbolically, Metaphorically and Thematically” (pp. 28-29) and “Thinking Like an Artist” (pp. 29-30). As an artist myself, it appeals to me that “thinking artistically applies to both the research process and the resulting work” (p.29). During the process, it is important to be open to being spontaneous and unafraid of ambiguity, and able to trust intuition. It is also important to “bear in mind the *artfulness* of the resulting work” (p.30).

Portraiture shares these philosophical underpinnings of ABR. Leavy (2015) includes chapters on different genres of art-based approaches, such as music, visual art, and drama, with an example of each. One genre in Chapter 2 that I was not drawn to at

first, but have since fully embraced, is the art of creative writing and narrative (Leavy, 2015). Portraiture claims to be at the intersection of art and science, with the art being narrative, written metaphorically as an artist would paint a portrait. Hence it is, at least in part, ABR. As Davis (2003) explains:

Portraiture in art is a process of representation through which the artist recreates the subject of the image, interpreting nuances of physicality and personality through artistic elements ... This artistic process results in a tangible imprint of the artist's understanding of and relationship with the subject of the portrait.

Similarly, the research portrait, a written narrative, is imprinted with the researcher's understanding of and relationship with the individual. (p.199)

As an artist, I am familiar with the visual art of portraiture, and the attention to detail that is required to capture the essence and likeness of the human subjects. One of my favourite memories in portraiture as a visual artist was when I was commissioned to create a portrait of a young girl for her grandmother. This girl had passed away and the family only had small black and white pictures. I created a life-size full colour portrait, using my imagination and the description of colours her grandmother gave me. When I presented the portrait to the grandmother, her face lit up and she exclaimed, "You have captured her spirit!"

Incorporating portraiture to capture the nuances of my client's spiritual transformation resonates. I have used this methodology to create an artistic and scientifically researched narrative of all aspects of my client's experience in art therapy. I have methodically worked through the steps of this method, adapting its procedures to strive "to balance elements of context, thematic structure, relationship, and voice into an

aesthetic whole that is so carefully constructed that every part seems an essential ingredient in the clarity of cohesive interpretation” (Lawrence-Lightfoot & Davis, 1997, p.199).

Integrating Research Methods: Presenting A Living Human Portrait

How can a qualitative case study be integrated with theological and spiritual reflection as inquiry and portraiture research? Narrative, with “thick description,” is a common thread in these approaches. Stake (1995) refers to Geertz in his discussion of constructivism. He writes that “a constructivist view of knowledge encourages providing readers with good raw material for their own generalizing,” and refers to Geertz’s “thick description” as such (p.102). While their application is slightly different as “thick listening” in theological reflection, Clark and Pritchard (2016) also refer to Geertz’s (1973) “thick description” (p.1). Finally, Lawrence-Lightfoot and Davis (1997) also refer to Geertz:

The portraitist honors Geertz’s distinction between thin and thick description, seeking to include both vividly detailed, low-inference description (thin) and thoughtful, discerning interpretation (thick) in the text. Both forms – thin and thick description – are important to the texture and authenticity of the portrait.

(p. 91)

Noticing the significance of this reference to “thick description,” I reviewed the original text by Geertz. An anthropologist, Geertz (1973) developed the concept of “thick description” as essential for anthropologists in the field of ethnography. Geertz stresses the significance of detail. By way of explaining thick description, he refers to “the wink” an eye movement and its various meanings using different detailed descriptions. He

states, “the point is that ethnography is ‘thick description’” (p. 9) and “the aim is to draw large conclusions from small, but very densely textured facts; to support broad assertions about the role of culture in the collective life by engaging in them exactly with complex specifics” (Geertz, 1973, p. 28). Ponterotto (2006) posits that although this concept of thick description has become popular in qualitative research, its meaning has become a confusing term. “There is no unitary or singular form or definition of ‘thick description’” (Ponterotto, 2006, p.541). Thus, he integrates various authors’ meanings, (Ryle, Denzin, Geertz, Holloway & Schwandt, as cited in Ponterotto, 2006), and extracts the “essential components of thick description” in this working definition:

Thick description captures the thoughts and feelings of participants as well as the often complex web of relationships among them...[it] leads to thick interpretation, which in turns leads to thick meaning of the research findings for the researchers and participants themselves, and for the report’s intended readership. Thick meaning of findings leads readers to a sense of verisimilitude, wherein they can cognitively and emotively “place” themselves within the research context. (p. 543)

In the same article Ponterotto (2006) also provides an interesting example of how the concept of “thick description” would be manifested in a study in his field of psychotherapy. This definition helps to clarify that “thick description” is essential to provide an in-depth study of a person, place or situation, so that the reader experiences “verisimilitude” (Ponterotto, 2006).

I am reminded of these meaningful words, “Could we ever know each other in the slightest if it were not for the arts?” from a celebrated Canadian author, Gabrielle Roy (as

cited in Takach, 2016, p.3). In Takach's (2016) ABR study on the environment, he refers to ABR as "a hybrid methodology that transcends art and science" (Takach, 2016, p.3).

My "hybrid methodology," is an intersection of the three approaches described, qualitative case study methodology (Stake, 1995), theological reflection as inquiry (Clark, 2015), and portraiture as research (Davis & Lawrence-Lightfoot, 1997). This intersection of approaches echoes the interdisciplinary study of psychology, psychotherapy, theology, spirituality, and art therapy described in my literature review. "Thick description" (Geertz, 1973) is the common thread that weaves these research methods together. Synthesizing these approaches, I have created a conceptual model of research and termed it "a living human portrait." It is my aim that "thick description" (Geertz, 1973) in my portrayal will have "aesthetic merit" (Tracy, 2010) and through this, readers will experience "verisimilitude" (Ponterotto, 2006).

A Living Human Portrait: Research Methods

The methods I have incorporated in this research include the following: a) data collection, b) data organization and analysis, c) interpretations and synthesis of findings, d) reporting of the case, e) discussion of ethical issues involved, and f) validity and reliability.

Data Collection. As this is a retrospective case, gathering data has been a matter of retrieving it from the case file that already exists. All raw data has been gathered; this includes the case notes of 27 sessions, photographs of all art images, transcriptions of video recordings of five sessions from the client's art therapy including observations of the client's affect, her body language and her reflections on her art images and process. The recorded sessions were the last five sessions of the client's art therapy, when she was

reflecting on her transformative process and how it has affected her life. Caution was taken in gathering this data, so that the client's personal identification was protected, (see the following section, "Ethical Issues Involved.")

Data Organization and Analysis. The raw data has been organized in chronological order according to the themes of the art work and imagery, with corresponding case notes of each session, and five transcribed video recorded sessions. Themes from the data were highlighted and colour coded, to assist with analysis. As recommended by Kapitan (2010), everything was pulled together into a case record. In such a case record, major information is edited to remove redundancies, fitting the parts into chronological and/or topical order. "In studies where data are complex or voluminous, this case record is used to create a final case study narrative" (Kapitan, 2010, p. 108). I developed a thorough chronological description of the raw data, to prepare for a final case study narrative that illustrates the client's art therapy process and spiritual transformation. Attention to detail and the concept of "thick description" (Clark, 2015; Gertz, 1973; Hoffman Davis & Lawrence-Lightfoot, 1997; Pontorotto, 2006; Stake, 1995) has been used. By integrating data in a thorough case record, including the context, therapist self-assessments, client assessments, and vignettes of sessions, I created and presented a final narrative, "a living human portrait" of Ann's transformative process of art therapy.

Interpretation and Synthesis of Findings. In incorporating tools for interpretation as described by Stake (1995), Clark (2015), and Hoffman Davis and Lawrence-Lightfoot (1997), I have explored my research question. I have fleshed out key themes emerging from the narrative which I have interpreted as pertinent to the case,

which essentially explores the client's transformative process. I have synthesized findings with different perspectives in related literature. Through this I have plumbed the depth of an interdisciplinary study to understand how art therapy contributed to the spiritual transformation experienced by my client, through synthesis with literature. I appreciate the metaphor Ponterotto (2006) uses for cohesion of the organization, analysis, and interpretation of data:

“‘thick description’ constitute the roots of the tree...that nourish ‘thick interpretation,’ of the trunk of the tree, which in turn feeds the branches and leaves of the tree...the ‘thick meaning.’ It is the branches and leaves that most capture the viewers’ attention, as is the case with “thick meaning” (p. 543).

Discussion and Reporting of the Case.

Tracy (2010) emphasizes that “the way the qualitative report is written or presented is significantly intertwined with its content. And, constructing the text aesthetically affects its significance to each reader” (p. 845). I hope to have achieved an aesthetic affect significant to each reader, so that the study has impact and resonance. As recommended by Stake (1995), I provided a vignette as an introduction to the case at the start of the first chapter to draw the interest of the reader. I provided a literature review in the Chapter 2, describing theory that I have synthesized in analyzing portraiture. My research design and methods are explained in this Chapter 3. Next, in Chapter 4, I provide the “portrait underpainting,” a case description which includes a spiritual reflection on the self-assessment I conducted as an art therapist, the context of the art therapy, and the client's bio-psychosocial and spiritual assessment. Chapter 5 is a “a living human portrait,” a thorough description of the process in this case, written in a way

that allows the reader to envision a portrait of the client's transformative art therapy process. This chapter includes findings of my analysis and synthesis of pertinent theory from my literature review. Chapter 6 includes a summary of key findings.

Ethical Issues Involved

My ethics review application, approved by St. Stephen's College prior to my commencement of research in 2016, explains how I intend to comply with *Ethical Conduct for Research Involving Humans* (2013), and adhere to its obligations. Two main obligations were to conduct research as capably as my knowledge allows, and to conduct research in a such a way that respects the dignity of the human participants involved and that preserves their health and wellness. The following explains how I have strived to meet these obligations.

As this is a retrospective case study about a client from my practicum, ethical issues were taken care of ahead of time regarding informed consent, in a form that was provided by St. Stephen's College, for students' art therapy practicum work with clients. The form includes the following: "I give permission for pertinent case notes and/or artwork to be used in Practicum Student/Counsellor's graduate thesis and educational case study presentations. This permission is given with the understanding that identities will be protected to prevent public disclosure" (a sample copy can be viewed in Appendix C). Thus, I had the client's signed informed consent to use data from her art therapy case before she began therapy with me. Consent was granted under the condition that any identifying personal information will remain private and confidential, as required by St. Stephen's College, and the codes of ethics of professional associations, such as the

Canadian Art Therapy Association (CATA), The Canadian Association for Spiritual Care (CASC), and the Canadian Counselling and Psychotherapy Association (CCPA).

For confidentiality I used a pseudonym, Ann, for my client. No identifiable personal information is visible in any photographs of art, transcripts, or other documents used in the case study or thesis. All personal information is protected and stored in a locked case-file cabinet.

I have further insured confidentiality and privacy with “thick disguise” (Winship, 2007) that includes omitting identifying information of the client’s history. The research question focuses on the change process, and I found that many personal details were not relevant. Any that were relevant were also common and not identifiable to the individual. The client found my contact information on my webpage on the church’s website where my practicum was located, and initially contacted me through email. She could be anyone in the city in which this church is situated, rather than just a member of the church’s congregation or neighbourhood. This further protects the client’s anonymity.

Ethics as a researcher and therapist are parallel. As I considered the case study research about Ann’s healing experience, and throughout the research and writing of my thesis, I have been committed to self-awareness, with rigorous conscientiousness, and I have sought to be transparent with assumptions and biases. I feel honored to have had the privilege to witness and share the story of this life-transforming art therapy process. This is a study of a healing process of a living human being who I have come to know through a therapeutic relationship. It was about a change process that occurred through the trust of confidentiality and privacy of personal identity. There was disclosure which was intimate and personal. As a therapist and researcher, I place a high value on the ethical

issues involved surrounding confidentiality, and preserving the client's artwork, dignity, health and wellness. As stated in my ethics review application, it is my intention not only to meet standards of ethics to "do no harm" but rather, following the position of Corey, Schneider Corey, and Callahan (2011), to pursue the highest standard of "virtuous ethics," to give this privilege the integrity it deserves. I with Moon (2006), who writes that topics of ethics "is nothing outside of context and the discipline if love" (p. 216). As per the imperative I learned in my review of Kovach's text (2009), I have strived to have continuous self-reflexivity throughout the process of researching and writing this thesis.

Validity and Reliability in the Study

Researchers have "ethical obligations to minimize misrepresentations and misunderstandings" (Stake, 1995, p.109). A common way to build internal validity in the study is through *methodological triangulation*: using multiple approaches to study the focus of the construct, such as document review, interview and observation (Stake, 1995). In my research and thesis, triangulation has occurred in the reviewing and presenting of transcriptions of video-recorded sessions, case notes, photographs of imagery, and correspondence with the client to study the case. The client's transformational process is conveyed through her own words and her art (as per photos), her reflections on the art (in transcriptions of video-recorded sessions), and her correspondence with me.

External validity is also important to consider in the reliability of research. As the term suggests, this "deals with the problem of whether a study's findings are generalizable beyond the immediate case study" (Yin, 2009, p. 43). As Yin (2009) further explains, case studies rely on analytic generalization for external validity; where the researcher "generalizes the findings to some broader theory" (p. 43), often that led to the

case study to begin with. This is what I propose, as I synthesize my findings with pertinent literature.

I have strived to achieve naturalistic generalization, as defined by Stake (1995) as “conclusions arrived at through personal engagement in life’s affairs or by vicarious experience so well constructed that the person feels as though it happened to themselves” (p.85). Most significantly, naturalistic generalization “is important more because of its embeddedness in the experience of the reader, whether verbalized or not” (p.86). In other words, as Tracey (2010) explains, “through the process of naturalistic generalizations, readers make choices based on their own intuitive understanding of the scene, rather than feeling as though the research report is instructing them what to do” (p. 845).

Research Summary

I have found it exciting to investigate this case and explore all the various aspects that contributed to this spiritually transformative experience for my client. Working with her was a rich learning experience in my practicum. I feel privileged to have witnessed Ann’s life become a new one of wellness. I have learned how an integration of art-based, humanistic, spiritual, and narrative art therapy approaches has been effective in practice. As a student art therapist, I had the opportunity to explore liminality, transformation and wholeness with a client. As a researcher, I have found greater depth of meaning, as I continued to process what happened in the nine months of Ann’s art therapy with methods of case study, portraiture, and theological and spiritual reflection in this inquiry, “a living human portrait.” I conclude this methodology chapter with Stake’s (1995) words, which I find inspiring:

Finishing a case study is the consummation of a work of art. A few of us will find a case study, excepting of our family business, the finest work of our life time. Because it is an exercise of such depth, the study is an opportunity to see what others have not yet seen, to reflect the uniqueness of our own lives, to engage in the best of our interpretive powers, and to make, even by its integrity alone, an advocacy for those things we cherish. The case study ahead is a splendid palette (p. 136).

CHAPTER 4. Portrait Underpainting: Case Description

This chapter is a description of the historical context of the client's case; it places the portrait within the continuum of the individual's journey from past to future (Kapitan, 2010, p. 103). "The portrait under-painting," as I have termed it, paints the scene in which the portrait is situated. Keeping with the metaphor of "a living human portrait," it includes a) situating myself as portraitist, in a reflection on who I am; b) prepping the canvas, a description of the art therapy context; and c) rendering the background by detailing the client's life story and holistic assessment.

Situating Myself as Portraitist: A Reflection on Who I Am

It is necessary to locate myself in the research, as the researcher and in this case (Carr, 2015) Thus, I have provided this narrative about myself, who I am, and my transformative process in my life and in my studies at St. Stephen's College. This is necessary not only for reflexivity and transparency as researcher, but to provide insight into the therapeutic relationship, essential to healing (Miller & Baldwin, 1987). There are some parallels in my life and the life of my client, and this had a bearing on countertransference in the case, as the reader will see later in this thesis.

I identify as an artist, art teacher, aspiring spiritually informed art therapist, and a feminist Canadian Christian woman. I am divorced, and I am a single mother of one son who is now an adult who means the most to me. I have struggled with mental health issues, and I am thankful for healing, and for my faith. I love people. I am passionate about enjoying time with my family and friends, getting to know others, and offering support and encouragement as needed. I believe by sharing our experiences we can help each other get through life's challenges more easily, and celebrate life's joys more.

Throughout my life I have found self-expression in visual art to be meaningful, and I have been passionate about sharing the experience of art-making with others. Maintaining my identity as an artist is an integral part of my vision for my practice as an art therapist. I agree with Hyland Moon (2002) who claims that “the cultivation of an artist identity is a life-long pursuit” (p.66). For as far back as I can remember, I have loved art-making. This love for art has been about how I can lose myself in it, and express my soul, my feelings of joy. It has also been an outlet for painful emotions, and what is difficult to express in any other way. Thus, Hyland Moon’s (2008) words resonate: if there is a gift that contributes to an artist’s abilities, it is "more than anything else, the gift of a deep, abiding and insistent need to make art" (p.59). Hyland Moon’s whole discussion on the essentiality of cultivating of an artist’s identity as an art therapist speaks to me. Bloomgarden (1998) shares this view as she notes, “when we, as art therapists, stay tuned to our own creativity we can be uniquely available to assist others to utilize the healing and growth-enhancing aspects of the arts” (p.206).

Spirituality as I understand it has become meaningful; it is a part of who I am, and my way of experiencing being. More and more, it has been important to me to express my spirituality through my art. I have found that creativity and spirituality are intricately connected, and as we awaken ourselves to our creativity, we also awaken a connection to our spirituality. Hence I have found Allen’s (xxxx) *Art as a Spiritual Path* meaningful. Hyland Moon’s (2005) writing about integrating spiritual practices with art therapy has also resonated. I appreciate how she reflects on sacred themes and, particularly, how art making as prayer has been a strength for her personally and in her practice. I have taken this to heart. Since my training in fine art, I have always had sketchbooks. Journaling

prayer has also been important in my life's journey. I have noticed how my sketchbooks have been reflective, and my journaling has been creative. Integrating the two in art journaling, a concept that I was introduced to in art therapy courses, has been a meaningful synthesis.

In 2007, five years prior to my studies at St. Stephen's College, I began facilitating an art program in an inner city social agency, to share my passion for art with people there. This agency provides many essential services to anyone in need, for example dinner is served nightly in the dining hall and open to all. The art program provides its own essential service, one that nourishes the soul. Like laughter, the spontaneity of art-making in this community has evoked a positive energy that is contagious, and it has had an impact on all of those involved. Knowing the difference this very simple art program has made for people, I have decided to continue to embrace this as a part of my work as an art therapist. What originally drew me there? Although I do not know what it is like to be homeless, I know what it is like to be faced with the difficulties of mental illness and the stigma that goes with it. For people who are in poverty, these problems are exacerbated, and the need for hope is amplified. According to the Canadian Mental Health Association (CMHA), "People with serious mental health issues are disproportionately affected by homelessness" (2012). As an artist, I have known how art, spirituality, and being part of a supportive church community have been healing for me. I began to search for a way to share what I have learned to help others. In 2007, I was inspired by the words, "[An art program] might appear irrelevant to the needs of people living on the edge of life, but...the rewards are often priceless: increased self-worth, healing, and attitude change" (Hankins, 2004, p. 135).

When I enrolled at St. Stephen's College in 2012, I was excited about the possibilities that would emerge. I was eager to deepen my understanding of the healing power of art and spirituality. I was inspired by a brief introductory presentation of the vocation of spiritually informed art therapy given at the college by expressive arts instructor and art psychotherapist Tatiana Peet (2011). After giving it some serious time and thought, I decided to apply to the college, to enroll in the Master of Psychotherapy and Spirituality program with an art therapy specialization, to study and prepare for the vocation, and cultivate my identity as an artist and art therapist.

However, I did not anticipate what a challenging and meaningful process this would be. There were many times during my studies when I questioned myself, my spirituality, my authenticity, and my identity. "Who am I really? What is my identity, and/or artistic identity? Do I have what it takes to be an art therapist? Is this really what I want to do? Why?" I felt increasing self-doubt and anxiety in this transitional time, especially as the beginning of my art therapy practicum approached. It felt like an enormous responsibility I was facing. Was I ready?

Along with this anxiety, there were also times of grief. My step-grandfather passed away from cancer in late October 2013, and there was a season when I was taking my grandmother daily to see him in hospice. Then, in the beginning of my third year of studies, I experienced another time of grief over a great loss, as my grandmother was diagnosed with terminal cancer, was in palliative care, and passed away. This was an emotional time for me, and I am grateful that my studies at St. Stephen's College coincided with this period of anxiety and grief, as the art studio became a refuge; it was a place to make art in community and work through my grief and fears. This time of

emotional turmoil put the practice of art therapy to the test for me. I discovered mandalas as a form of meditative art that helped me to become more grounded, centered, and whole. I learned how the many art-based practices introduced by instructors and colleagues in class were therapeutic. I found ways to develop my new artistic identity as an art therapist and grow in confidence. I was encouraged by sharing new insights with fellow students and being in an environment that nurtures intensive learning. I discovered how the meaning in personal imagery `emerges and metaphors deepen and develop over time, through my own process and in witnessing that of others. I learned how to reframe my thinking, overcome self-doubt, and become empowered. This resulted in tremendous growth in my personal and professional development. My understanding of the healing arts of psychotherapy, spirituality, and art therapy was affirmed through my experiences. In the following sections, greater detail of these experiences with therapeutic processes, art-making, and imagery that contributed to my personal development during my studies are described.

Embracing Symbolism

I remember the art therapy course where I discovered the significance of metaphor in expressive arts and art therapy (Levine, 2003; Moon, 2007). My understanding of symbolism deepened. I discovered how layers of meaning can emerge as the creative process unfolds. The metamorphosis of the butterfly is a conventional metaphor symbolizing transformation. Throughout history cultures and religions have used the butterfly as a symbol of life after death (Boieree, 1999). This metaphor has had much meaning in the story of my life. When I took a step in returning to my faith and was baptized as an adult, my mother shared the butterfly's symbolic meaning of spiritual

rebirth in our Christian faith. This meaning deepened and comforted me as I grieved her death. She passed on in the spring of 1997, 20 years ago. Since then, the meaning of metamorphosis and transformation has deepened further as I have experienced different transitions in my life journey: needing to let go and find forgiveness, finding a new identity, and again experiencing the grief of losing loved ones. I have learned that spiritual transformation is not only the awakening to a new spiritual life, it is an ongoing formative process. The butterfly image and its process of metamorphosis continued to emerge in my art, and the meaning of this metaphor has deepened.

Resisting and Awakening

In studying depth psychology (Corey, 2012;) along with other counselling theories, as previously mentioned in Chapter 2, I became aware of key concepts that led me to new awareness of a psychological issue from my past. At first, I noticed myself being hesitant and even avoiding learning about psychoanalysis or psychoanalytical art psychotherapy. As Corey (2012), Scheverien (1992) and originally Freud would explain, this was resistance. I was determined that everything I had been previously struggling with had been worked through, and I had no concern for any unfinished business from my past.

However, this changed after I learned more about ethical considerations surrounding countertransference (Corey, 2012; Corey, Schneider Corey, & Callanan, 2011). I became acutely aware of how issues of the past unconsciously cause problems in the present, and internalized unresolved past relational issues may cause transference in present relationships. This is particularly concerning for a therapist, as countertransference can be either problematic or beneficial in a therapeutic relationship

(Corey, 2012; Hogan, 2015; Jung, 1954/1993; Sedgwick, 2003; Rubin, 2001; Scheverien, 1992). As such, countertransference is a fundamental and essential responsibility to seriously consider. I found this perturbing, especially contemplating that countertransference could happen unconsciously, and this is how it can be problematic (Corey, 2012). I began pondering my past and wrestling with difficult experiences and how they may have been affecting my present life. Then one issue emerged that I realized needed immediate attention; it was no longer something I could ignore as insignificant simply because it had happened so long ago. It was time to face up to it, and work to resolve this issue, a traumatic experience in my childhood that I had kept secret.

A Butterfly Dance

On Monday, May 13, 2013 I created “A Butterfly Dance” (see Appendix A. Fig.1). This was in response to a video presentation on the same day by Rev. Emmanuel Gatera, about Yego, Rwanda. To say I was deeply touched by Gatera’s (2013) presentation would be an understatement. I was moved by how the youth in the video were celebrating and embracing dance so joyfully, these young people who had experienced and endured such unbearable trauma and pain of the genocide in their country of Rwanda. Their ability to transcend their suffering through dance, and the poignancy of this presentation, reminded me the art of children of Nazi concentration camps, as written about by Betensky (1995). I have always loved to dance. I had learned highland dance of my Celtic roots, and I enjoyed it immensely. I had recently been reminiscing about my love for dance, therefore I could empathize with these young dancers. However, I knew the empathy went deeper than that.

When I heard Gatera (2013) speak of the young people's pain of witnessing and experiencing sexual abuse, it triggered painful memories of my own childhood trauma. The sexual abuse I experienced as a young child was something I had kept buried as a secret, in part because I was threatened to do so. More than the threat, it was feelings of shame and guilt that made me afraid to tell anyone, even my parents. The perpetrator was an adult male, a stranger at a neighborhood friend's house, a relative of hers who was supposed to be taking care of us. (Note, details have been disguised to protect privacy.) We moved away from that neighborhood soon after, and I lost contact with this friend. This secret was hidden in the dark recesses of my memories until years later when I was an adult. I still have only fragmented memories of it. It first came back to the surface when there was a sexual abuse awareness program at my son's school. Children were taught about safety, boundaries in touching, and how not to keep secrets. I felt glad that there was such a program, and it did trigger memories. But it did not occur to me that my childhood trauma may be affecting me in any way, or that it might have been related to the mental health issues that I was struggling with.

When I painted "Butterfly Dance" (Appendix A, Fig. 1) in the art therapy studio that Monday, using my whole body, moving up high and down low, using a large brush in each hand, I experienced a rush of emotional release. With a bristled brush with red paint in my right hand, I rubbed the surface of the paper almost right through the center of the painting, with repetitious strokes, remembering the red scarves the girls held while they were dancing (detail, see Appendix A, Fig. 1- a). This act of painting stirred something deep in me; I was sensing the need to stay with what was stirring, as I began to understand the healing capacity of the creative process. What I found that I was seeing in

the painting was a butterfly emerging in the dance movements. I thought this was influenced by the significance of the symbolism in the butterfly metaphor that my mother had shared. As I had discussed in class, I did not know if I liked seeing this symbol emerging in my art again, I wanted to move away from this “conventional metaphor” (Carpendale, 2009). Yet as our instructor Ara Parker (2013) suggested that day, if this metaphor was emerging on its own, perhaps it was not time to move away from it.

I felt a transpersonal presence while painting, and this was comforting and spiritually nurturing. Then this presence was made known significantly in a numinous experience: the discovery of a live butterfly visiting the art studio that day! This to me was a strong confirmation to stay with the metaphor and search for greater meaning in it! It was right before the butterfly arrived that I had shared a little about my painting and the butterfly metaphor with the class. Hence this little visitor made an impact on my fellow students as well, particularly one colleague who photographed “the art studio visitor” for me (see Appendix A, fig. 3). The discovery of this visitor was profound for me, as I journaled and wrote about later in a paper. The butterfly was released out the window, but it was not able to fly; it was only crawling. It was wounded, its wings broken, almost as if it was empathetic. After further study of the photograph I could see it was actually a moth, not a butterfly. Still, this was significant to me; there was a message in this. What was it? It was mystical, it seemed to be a response to what I witnessed in Gatera’s presentation about the youth of Rwanda. It was definitely a catalyst for intense therapeutic work around the memories of trauma in my childhood, and profound healing of deep wounds.

I appreciate Carpendale's (2009) explanation of metaphor and its significance in art therapy; a predetermined conventional metaphor can dominate and distort perception, understating what is really going on. However, Carpendale explains that from social constructivist theory, "new perceptions can reorganize the meaning" and "we make meaning of lived experience through language and perception" (2009, p.22). I decided to do some research on the symbol of the butterfly. I found meaning which was powerful for me: the Greek word for butterfly is psyche, and the same word means soul, and as Boiree (1999) writes further:

There is no illustration of the immortality of the soul so striking and beautiful as the butterfly, bursting on brilliant wings from the tomb in which it has lain, after a dull, groveling, caterpillar existence, to flutter in the blaze of day and feed on the most fragrant and delicate productions of spring. Psyche, then, is the human soul, which is purified by sufferings and misfortunes, and is thus prepared for the enjoyment of true and pure happiness (p.1).

The Chrysalis. During my studies, the transformation that occurs in butterfly metamorphosis continued to be a metaphor for me, with many layers of meanings. The chrysalis is where the metamorphosis of the butterfly occurs. This was a theme I focused on with one piece of artwork throughout several art therapy studio training sessions before my practicum experience. I finally finished this piece in the last class studio time of one course. In the meantime, I had deepened my understanding of what I had studied about the efficacy of inter-modalities (Levine, 2003) through processes of art, journaling, poetry, and dance on this same theme (see Appendix A, figures 2 a, b, c, & d). As I stayed with the butterfly and chrysalis metaphors in my creative process, the chrysalis

became a symbol of the therapeutic relationship. It symbolized the *tenemos*, McNiff's (2004) term for the sacred containment of the transformation process. What was most insightful was learning to trust in the healing art process. More than any other technique or theory, it is the nurturing therapeutic relationship, that for me the chrysalis symbolizes, that allows the transformative process to occur (McNiff, 2004; Levine, 2003).

To express this concept of containment, I created representations of the chrysalis in two different stages: one that represented when the butterfly was transforming inside, and the other that represented the process of letting go as the butterfly abandons the chrysalis. The first took several months to complete and several layers of work went into the formation of it, including a combination of paper mache, collage, pen, and paint. I collaged many images of the butterfly into it and then painted over these images with white paint with gel medium added, so it was translucent, and so that the images still show through. I then added one more, of a butterfly with a flower. I wrote "the Creative Connection" inside it to remind me of Natalie Rogers's (2001) theory that had resonated. I treasure this piece and the process of discovery that went into it (see Appendix A, Fig. 4). The second piece came together quickly one night as I played around with a recycled container and formed it into what I imagined was a suitable shape and clear material to represent an abandoned chrysalis, the letting-go phase of life, of parenthood, and of the therapeutic relationship. I treasure its significance as well (see Appendix A, Fig. 5). Several layers of meaning again emerged while I was trusting the process of art-making.

Mother and Child. As I continued with art-making processes, another image stood out. It was a very abstract painting, but I could see an image of a mother and child in it (See Appendix A, Fig. 6). Seeing this was powerful in the context of my life; I had been working through the letting-go process of parenting, as my son and only child had become an adult, and I had developed a new relationship with him. “Letting go” has been a process for me as it is for all parents. Some stages are more difficult than others. Thus, Levine’s (2003) story of her letting-go process with her sons resonated. In my heart, the attachment remains that has been there since my son was born, and even before, and this was realized in this painting. The mother-child symbolism in my image became poignant as it also reminded me of how I had cared for my grandmother before she passed away. She had cared for me as an infant when my mother was teaching and supporting my father, who was studying in university. This mother-child image became meaningful, as I found what was of utmost meaning to me. I believe that these tender times of reflection on attachment, unconditional love, nurturing, and letting go have prepared me for my role as a spiritually informed art therapist.

This reflection has touched on some of my art, art-making processes and life experiences during my studies, all of which have been integral to deepening my learning, both personally and professionally. As a graduate student at St. Stephen’s College, I developed critical understandings in exploring the creative process with various forms of materials and media. I found language to express what I have learned through lived experience (Carpenter, 2009) about how art and spirituality are healing (Allen, 2005; Farelly-Hansen, 2005). I found meaning and purpose in the vocation of spiritually informed art therapy (Parker, 2014). I grew to have confidence in my understanding of art

therapy, and this was invaluable as I prepared for my practicum experience. Furthermore, this reflection helped me to gain reflexivity as the student art therapist in the case study in this thesis, and as the researcher.

Preparing the Canvas: Art Therapy Context

The setting in which the art therapy took place is the site where I chose to carry out most of practicum work. I was granted the opportunity to work in this placement for the entirety of my practicum because of the diverse population that I would potentially be able to work with there. This site, in the basement of a church, is centrally located in an inner city. When I first visited, I was taken by the profound visceral effect it had on me. The church is a beautiful century old architectural landmark; it has been well maintained and has all the classic features of a traditional church: stained glass, steeple, church bells, red brick and limestone. It has a sense of nostalgia, yet at the same time it has an innovative atmosphere with its updated electrical systems and technology. I have found this to be a welcoming community. The inclusivity of the congregation's mission statement, found in the many brochures found near the fellowship hall, especially resonated:

We open our hearts and our church family to all people in our community regardless of ethnicity, economic circumstances, sexual orientation, age, gender, or differing abilities. Many people's lives continue to be devastated by hatred, prejudice, and inequality, therefore we stand with those who are adversely affected by injustice, alienation and oppression.

When I began my practicum, I was the only person on site who was in a role solely as a counsellor and/or art therapist. The ministers have limited time for pastoral

care, so they were glad to give me referrals. They also encouraged me to reach out to their congregation and surrounding community and invited people to see me for art therapy. I am grateful that they entrusted me with this great privilege. My practicum proved to be an excellent experience. Essentially, I learned how to begin and build an art therapy practice. This included finding an offsite art therapy supervisor; promoting my art therapy practicum through brochures in church foyer, bulletins, newsletters, and online on the church website; and introducing myself and my art therapy practicum to the congregation periodically during worship services and other gatherings. It also included creating an art studio; establishing contact information and communications; scheduling appointments with clients; and maintaining client files. I enjoyed the opportunity to have a space that was creative, nurturing, private and confidential, and that was specially reserved for my art therapy practicum.

My client, Ann, first contacted me through email after seeing information about me on the church website. I started work with Ann towards the end of the first portion of required direct client contact hours of my practicum in August 2014. Then I continued to work with her for almost the entire second portion of my practicum hours, with the final session and termination in May 2015. There were some biweekly but mostly weekly sessions. As with all my clients, the first session was one and a half hours; after that, they were mostly one hour. This is a limit I set, with a half hour between one session and the next, allowing for case notes, clean up, photographing and confidentially storing art work, taking a break, and reviewing notes for my next client. I had 27 sessions with Ann over a period of nine months, including a three-week Christmas break.

Rendering the Background: The Client's Life Story and Holistic Assessment

Ann's case and her art therapy process stood out in my practicum. My work with her was particularly intriguing not only because of the transformation she experienced, but also because of the rich imagery in her dreams, her art, and her reflections. I wrote an integrative paper on her case for my practicum course, and it was through this process that I decided to write a thesis on her case, to further study her process in art therapy. With models described in Chapter 3, the following is a holistic assessment of Ann's life story and presenting issues at the commencement of her therapy.

When Ann emailed me after learning about my art therapy practicum on the church website, she asked several questions about art therapy in general and my practice specifically, and also explained a few things about herself. She noted that she was finding the transition into retirement difficult. She also shared some profound existential and spiritual questions and how she had been struggling with them. From this email, I learned much about Ann, particularly that she could be articulate in her writing and had a good cognitive awareness of herself and her circumstances.

From Bridges' (2004) perspective, her immediate concerns stemmed from her transition into retirement. She wrote that she had been considering art therapy for some time, yet was cautious about following through. I replied that I appreciated her candidness about herself and her questions. I also thanked her for taking time to inquire, and did my best to answer her questions about art therapy. As for her existential and spiritual questions, I replied, "*These are tremendous issues to struggle with alone, and it would be very good to work to resolve them and find peace and wholeness in art therapy.*" I wrote "*to work to*" resolve the issues because I did not want to promise that

they could be resolved. Wholeness was a term I used as I was studying psychodynamic theory (Jung, 2011/1961; Schevrien, 1992), and it seemed to fit with Ann's questions.

In our first session, Ann created a collage. As she did so, she described her present "microsystem" (Bronfenbrenner, 2005), the innermost layer of her bio-ecological system, which includes immediate settings in which she is an active participant with face-to-face interactions. Ann said she lives alone, and she referred to herself as an introvert and a loner. She didn't feel good about herself, and found it hard to be in group settings, so she tended to isolate herself and avoid social activities. Ann presented as quiet and unassuming. Her affect was somewhat flat; with little intonation in her voice, limited facial expression, and her body was mostly still, with arms and ankles crossed. She was also well-mannered, gentle, kind, intelligent, and articulate. She had a well-kept but plain appearance, although I noticed her glasses were stylish and I complimented her on them. She was confident in her writing, management, and other abilities related to her work, but it was evident in how she talked about herself and her circumstances that she was critical of herself and had low self-esteem.

Through intake forms that Ann filled out and in discussions in subsequent sessions I learned more about her "bio-ecological development" (Bronfenbrenner, 2005). Ann is divorced, and in her mid 60's. She has been through many stages of development, and is now in the "early late adulthood stage" (Newman & Newman, as cited in Sugarman, 2004, p.104). Hence, the chronosystem (Bronfenbrenner, 2005) or historical context has had much impact on the other systems over the span of her life and present circumstances. Over time, many factors contributed to her development, particularly in her interaction with changing microsystems and mesosystems (Bronfenbrenner, 2005).

Ann retired two years prior to commencement of art therapy with a full pension after more than 40 years of full-time employment. She was in the “neutral zone” of a *transition* (Bridges, 2004) as she was adjusting to the change between working full time and retirement. It is important to distinguish that according to Bridges (2004) change is situational, however *transition* is psychological. This theory of personal development “views transition as the natural process of disorientation and reorientation marking the turning points in the path of growth” (Bridges, 2004, p.4). Ann had reached a major turning point and was in the disorientation /reorientation process.

Ann is a divorced mother with two adult children. Her marriage ended shortly after her second child was born. Shortly after Ann married, her father died suddenly. The sudden loss of her father was a non-normative life event (Baltes, Reese, & Lipsitt, as cited in Sugarman, 2004) at a time of transition (Bridges, 2004), during an important phase of adjusting to married life. The transition into marriage did not go well, due partly to the difficulties she had working through the stages of grief she was experiencing at that time over her father’s death (Kubler-Ross, as cited in Sugarman, 2004).

Her divorce a few years later was a highly stressful life event. According to the Social Readjustment Rating Scale (Holmes & Rahe, 1967), the stress of any divorce is second only to the death of a spouse. The transition that followed was also difficult (Bridges, 2004). Ann said that she resigned herself then to the idea that she may never fully recover from the divorce. She and her husband had joint custody. She struggled with financial instability for the first 10 years until her employment situation improved. The turbulence of unstable microsystems and mesosystems (Bronfenbrenner, 2005), comprised of stressful interconnections between work and home environment. Being

divorced, a single parent with shared custody, with full time employment for 40 years in high stress positions has taken its toll on her health.

Ann has been diagnosed with hypothyroidism and osteoporosis, and is taking medication for each of these chronic conditions. She also has type 2 diabetes and arthritis. Ann's general practitioner told her that her health problems are related to the stress she experienced earlier in her life. Ann reported that she has had problems with her weight for most of her life. She voluntarily acknowledged that this is due to an inactive lifestyle and poor eating habits, especially after her children left home. Although she said she rarely drinks alcohol and has never engaged in illicit drug use, Ann admitted to having an addiction to food. Ann was at the contemplative stage of the change-process regarding this food addiction, according to the "six-stage program for overcoming bad habits" (Prochaska, Norcross & DiClemente, 1994). She was aware of her habitual behaviour, desired to change it and has made attempts, but said she has been unable to move past this, she feels powerless over it. She has had ongoing chronic pain due to her weight issues and illnesses, a condition that worsened in cold weather; she has occasionally been immobilized by her lower back pain.

Ann said she was first diagnosed with major depression more than 30 years ago. This was when she was in her late thirties, approaching the beginning of the middle adulthood life stage (Newman & Newman, as cited in Sugarman, 2004) and she was off work for 14 months, during which time she was an outpatient in daily occupational therapy and weekly psychiatric appointments. Difficulties with the transition (Bridges, 2004) of divorce and single parenthood earlier in her life stages may have been contributing factors to her depression and problems with coping during this time. Part-

way through this time off work, another non-normative and difficult life event occurred (Baltes et al., as cited in Sugarman, 2004): a sibling passed away due to a terminal illness. She was close to this sibling, hence coping and moving through the stages of grief contributed to her depression (Kubler-Ross, as cited in Sugarman, 2004). After returning to work, Ann attended weekly evening group therapy sessions for about another year. After that she managed to continue working until her retirement. She said that a little more than 20 years ago she began about two years of weekly counselling sessions with a psychologist referred to by her general practitioner. I noted this therapy was during her middle adult life stage (Newman & Newman, as cited in Sugarman, 2004) and another transition (Bridges, 2004). Her children were fully grown, had moved out, thus having an empty nest was another difficult structure-changing and structure-building phase (Levinson, as cited in Sugarman, 2004) as she learned to navigate living alone. She is currently taking antidepressant medication for her clinical diagnosis of major depression.

Another of Ann's siblings, who she was also close to, died after struggling with cancer two years prior to her retirement, further complicated Ann's depression, as she once again worked through the stages of grief (Kubler-Ross, as cited in Sugarman, 2004). Leading up to our work together, she had experienced other stressful life events (Bentley, 2007). Her mother, and each of her children had been hospitalized at different times within a recent two-year period for different surgical procedures. With Ann the "sandwich generation" (Sugarman, 2004), she was the main caregiver for each of her children and her mother.

Some of Ann's health issues may have stemmed from bio-ecosystems (Bronfenbrenner, 2005) of her own childhood and adolescence (Bronfenbrenner, 2005).

Ann moved many times during childhood, as her father was in the military. He was not home much of the time, but when he was, he was at times a harsh disciplinarian. The influences of her father's stressful working conditions would be a part of Ann's exosystem (Bronfenbrenner, 2005; Brendtro, 2006), defined as "a setting that may exert indirect influence on a developing person, even though he/she is not physically embedded in it" (Wong, 2001, p. 370). Ann also disclosed that as a child she was bullied by peers, abused by her one of her siblings, and had experienced sexual abuse from a male adult authority figure. Her parents struggled financially, and in her adolescence Ann was expected to work to support the family. She was also expected to help care for her siblings, especially the youngest who was a toddler when she was in high school, and as a result, she did not graduate. This socio-economic context was a factor of Ann's bio-ecological development in her childhood and adolescence (Bronfenbrenner, 2005).

Ann said that she remembers feeling lonely as a child and that she had many nightmares. She also remembers feeling further isolated and suicidal in her teens. The instability of being uprooted many times and the bullying by her peers were detrimental to healthy emotional development in her childhood (Brendtro, 2006; Bronfenbrenner, 2005; Mikulincer & Shaver, 2007). Early disruptions in attachment (Bowlby, as cited in Moser & Johnson, 2008), and trauma of physical and sexual abuse contribute to ongoing maladaptive emotional and behavioral development (Brentro, 2006). More specifically, Ann's poor self-esteem, depression, and food addictions issues were rooted in unresolved issues from her childhood (Moser & Johnson, 2008). This extended into the structure and dynamics of attachment in her childhood, resulting in an insecure attachment style existed

in her adulthood (Mikulincer & Shaver, 2007; Moser & Johnson, 2008; Perry & Szalavitz, 2010).

Despite her many struggles, Ann was resourceful, determined, and resilient. She did not finish high school, which was heart-breaking for her, but she enjoyed learning and did well, so she took night courses when she could to upgrade, which led to stable employment. Ann has a congenial disposition; she is gentle and empathetic towards others, thus she got along well with coworkers. This contributed to her ability to adapt to change. Although she is estranged from the oldest of her younger siblings, she has had good relationships with other family members, including her mother, other siblings, step-father, and children. She also has a supportive best friend, whom she got to know through work and has been close to for 20 years. Her “support convoy” has been stable, providing her with important sources of interpersonal support (Antonucci, as cited in Sugarman, 2004).

The macrosystem is the most outer layer of a bioecological system other than the chronosystem (Bronfenbrenner, 2005) and it “operates at the level of a subculture or culture, and more specifically in the forms of social organization, belief systems and life styles” (Wong, 2001, p.370). Ann’s macrosystem (Bronfenbrenner, 2005) is as follows: Ann is an average middle-class Canadian and part of the dominant culture, religion, and race of North America. She is a member of the baby boomer generation (Curtis, 2010). Her life has been influenced by its culture and politics. She has not always been a part of the middle class; in her childhood, adolescence and early adult life she struggled financially. She grew up in the fifties when women in her mother’s generation, some who had worked during World War II, were expected to stay at home to raise their families

(Curtis, 2010). For many women, this was oppressive and they felt unfulfilled. Feminist liberation and sexual revolution movements of the sixties and seventies changed many lifestyles; women began working outside of the home again (Curtis, 2010). It was a confusing time for some like Ann. When she was first married, she was torn between social, cultural, and systemic family pressures. However, employment was necessary for financial reasons. Ann was brought up in a Christian home. In her heart, she has remained devoted to her Christian faith. Recently, she began attending church more regularly to assist her aging mother, and she began to see it how it was a source of strength for her mother.

From a holistic perspective, it was important to assess the spiritual dimension of Ann's health (Fitchett, 1993). From this lens, I see Ann's belief system as a strength for her. She had expressed in her initial email that she *believed* that God loved her, but she did not *feel* God's Love. Nevertheless, Ann held on to her beliefs and this was a strength that helped her through times of grief. My assessment is that Ann was between stages 3 and 4 of spiritual development (Fowler, 1996). The authority of her faith tradition was primarily outside of herself, however this was beginning to change, and her spiritual development was moving to a new stage. She was self-reflective, and she was beginning to ask meaningful existential and spiritual questions. She was thinking more critically about her beliefs, faith, spirituality, and theology.

CHAPTER 5: A Living Human Portrait

This is “a living human portrait” of Ann’s [pseudonym] transformative process in art therapy. It is a chronological narrative that describes the important themes that emerged in her art therapy process in 27 sessions over nine months. Yet the narrative is also in a circular relational order. Each theme relates to the others in Ann’s reflections throughout the process, and as each is related to the overall theme of Ann’s transformative experience. This “living human portrait,” is an integration of Stake’s (1995) approach to qualitative case study research, Boisen’s (1960) “living human document” as a case study method in pastoral and spiritual care, Lawrence-Lightfoot’s (2005) “portraiture” as research, and Clark’s (2015) theological reflection as inquiry. It has been created through a synthesis and analysis of the data: my case notes on file of Ann’s case, including photos of Ann’s art images, email communications, and transcriptions of five video-recorded sessions all on file.

The transcriptions are from sessions after most of Ann’s significant transformative process occurred. As such, they are primarily her reflections as she considered how her dreams, images, and the art therapy process contributed to her spiritual transformation. Direct quotes from email, case notes, and transcriptions are *italicized* for emphasis.² More about my research methodology and specific methods in presenting this narrative, “a living human portrait” can be found in Chapter 3. In this narrative, I have referenced authors’ literature on the theoretical and theological underpinnings I leaned on in my approach with Ann. However, more detailed

² *Italics* are used to indicate the direct use of raw data in the narrative, such as transcripts of recorded sessions. This is to convey validity in the research. More about the reliability and validity in this study can be found in Chapter 3.

explanations can be found in the literature in Chapter 2. The following themes emerged that were integral to the transformative process, beginning with therapeutic goals

Becoming Acquainted with the Subject: The Therapeutic Goals

After Ann signed a consent form in the first session, I gave her an intake form and suggested she take it with her and fill it out and return it to me for the next session. This approach was something I had discussed with my supervisor and used with other clients. It allowed more time for the client to become acquainted with me during our first session, and to become familiar with the art materials and process. As Ann created a collage, I was able to observe her affect, to focus on her presenting issues, and to empathize with her immediate concerns. Ann explained she had had much psychotherapy for her depression and was grateful for it, and though she still struggled with depression, it had helped. Ann explained that she felt detached from her body; she said, *“it was just a means to transport myself around, a way to get from point ‘A’ to point ‘B’”* and *“may be protection from pain.”* I sensed that this was a signal about some form of abuse, yet I hesitated to make assumptions. Noticing this and other ways she was quite critical and talked negatively about herself, I asked her if she had heard about having an inner critic. She said that she had and that she knew that she constantly beat herself up using her inner critic’s voice. Using Allen’s (1995) directive, I asked her if she could imagine what her inner critic looked like. This was interesting for her. Since she said she liked writing, I suggested she do some journaling about her inner critic before the next session. She was interested in doing this homework assignment and agreed to return the following week.

In the intake form that she brought back to the next session, Ann noted her goals very explicitly: *“Eradicate my self-hatred. To be able to ‘feel’ and experience joy. Clear*

the 'block' in my head' so I can write again. Writing is the closest I have to feeling passionate about something." These were strong words, and I was moved with compassion upon reading them. Seeing this and the homework Ann had done in this first week, it became evident to me that my first goal fit her first goal: to help her find self-compassion and acceptance. I noted that this might have to be the only goal, knowing it would take time, and not knowing how much time she would need or want. I felt inadequate in the face of this responsibility, I was not experienced. I questioned: how could I help someone eradicate self-hatred? This was a deep-seated spiritual issue. I prayed for Ann, as I had before with other clients, as I leaned on Hyland Moon's (2001) words of wisdom.

Composing the Portrait: Emerging Themes in Client's Imagery

The Millstone / Gemstone

In an important part of the dialogue towards the end of the first session, Ann said she had always felt like she was a millstone around her parent's neck, explaining she was the first born, her birth was not planned, and her parents struggled financially. However, she said she recently had had a "*groundbreaking*" discussion about this with her mother (as she found the word *groundbreaking* in a magazine, cut it out, and added it to the collage she was creating). Ann said her mother told her that she was not a millstone around anyone's neck, and assured Ann that she always loved her. Ann said her mother told her that she was named after royalty because she was special and loved, and she talked about what a revelation this was for her. Following the perspective of narrative art therapy theory (Carpendale, 2009), I was looking for a way to tease out and emphasize a positive reframe of a false belief she had "*always*" had. I said, "*it sounds like you are a*

gemstone, not a millstone.” This word gemstone was only briefly mentioned in this session, but it emerged in Ann’s imagery later in other sessions. Although this didn’t seem significant at the time, in retrospect I can see that as subtle as this was, reframing and reinforcing the positive had a great impact.

Introducing this gemstone provided an opening to a change of perspective. This became apparent in as Ann later reflected that *“the millstone got up cycled, or transformed, it became refined like a stone becomes refined into a gem, and they say the more a gem goes through the better it is...[pause]... Like for example a pearl, it’s the amount of grit and sand that it comes in contact with, and the pearl is my birthstone.”* This epiphany was the result of the emergence of the gemstone, from the discussion around the word *“groundbreaking”* she found for her collage.

The Inner Critic

As mentioned, I had suggested that Ann do some journaling about her inner critic. I had not used a directive like this with other clients. It was not a preconceived idea; it only occurred to me when I noticed how critical Ann was about herself. The inner critic with nagging negative thoughts is an aspect of the conscience that I have struggled with, and working with an image of the inner critic (Allen, 1995), was powerful for me in my personal growth.

Ann was familiar with the inner critic and had already had a name for her, which was her middle name, Margaret [pseudonym], but she said she had never considered what Margaret looked like. When Ann returned in the second session, she had a drawing of Margaret to show me. She claimed that drawing the image and writing about her inner critic had been an *“enlightening process.”* She had drawn her inner critic at home (see

Appendix B, Fig. 1) even though I had not specifically asked her to do that (my plan was to have her do that in this second session). She was shy about making art at first, and she was critical about her abilities, so I gathered that she felt more comfortable trying out art-making in the privacy of her home. She liked the results. She said she “*had always thought in words*” and “*liked the difference in creating art.*” I saw that Ann had come a long way in just one week. She had worked hard on this homework. Part of this may have been her perfectionism; the eldest child typically has such a personality trait, eager to please and gain approval (Adler, as cited in Corey, 2012). I could understand this, as I am also an eldest child. Yet I also sensed she was genuinely seeking to reach her personal goals.

I noticed how the figure in the image was militant looking, standing straight like a soldier, with a stern expression, and I remembered what she had said about her father being in the military. However, I did not make any interpretation.

I knew how artwork of my inner critic was an important area of growth in my experience, and I could see it was already important for Ann. I gave her suggestions to dialogue with her inner critic, to see if she could find compassion for Margaret, to perhaps even befriend this part of herself, and I suggested doing more journaling about this. Her eyes widened at the suggestion of making friends with this negative side of herself, and I was not surprised; it goes against the instinct to defend against this adversarial voice. But she did all that I suggested, as was evident in her imagery later. This initial image of her inner critic and her reflections of this were key in her greater depth of understanding of herself. Seen through Jung’s (1961/ 2011) theory, this was a turning point in Ann’s individuation process. Margaret appeared in other images, and

Ann continued to reflect on her relationship with her shadow in her ongoing art therapy process. After a few weeks, Ann shared a poem she had written about the inner critic:

You and I and Me and You; Gosh the things that we've been through! Separately, or faced head on; no wonder we're so woebegone. Sometimes your voice has grounded me; mostly it has pounded me; preventing progress in my life; Slicing my self-worth like a knife; Why won't you let me go alone; Would it be out of your comfort zone?

Looking back, she reflected, *"I think the first big breakthrough in art therapy was when I told you about Margaret, who has been with me my entire life and I always thought she was my arch enemy, just a mortal enemy, and I argued with her my whole life, my entire life."* Then she added, *"it helped to identify her. This helped understand her, and over a few sessions I think it helped me embrace her and realize she was always doing everything in my best interest. She was very elusive, but she was protecting me."*

The Landfill and Compost

In the second session Ann told me about a vivid dream in which she found herself walking in a landfill, where all her difficult life experiences had been dumped out and disposed. She also referred to the landfill as a dump. She gave me a small quick sketch she had made of this dream, in ink on lined paper. I had an idea of the difficult life experiences Ann was referring to that were in this dream, as she had given an indication of them on her art therapy intake form. She had disclosed that she had experienced abuse in her childhood though she provided no specifics. As she talked about the abuse, she said that her memories were vague, she was thinking that maybe it was okay to leave

them that way, she was not sure she wanted to remember everything. I appreciated and admired her for being courageous enough to share this much with me, and I told her so.

I knew that for Ann to remember, sketch a picture of the dream, and share it with me meant that it was significant. Looking at her sketch, I suggested doing more art on the image of the landfill. She only sighed, unsure at first. I gently encouraged her again, imagining that this could be the catalyst to an important healing process. Not knowing but enthused with the idea of having Ann make art out of a dream, I was “trusting the process” (McNiff, 1998), remembering “art creates the form in which intensity of feeling can be contained” (Levine, 1992, p.57). I said art could be a way for the abuse to be resolved, without necessarily verbalizing details (Scheverien, 1992). I suggested that creating a collage of the landfill in her dream could be helpful; pieces of images could symbolize these vague and partial memories, just as she remembered them in the dream, without necessarily showing detail. Then I imagined a further suggestion, continuing with the metaphor of a landfill, and using narrative art therapy theory (Carpendale, 2009; Hogan, 2015; Riley, 1997). In a collaborative approach, I gently suggested that after creating it, perhaps it would feel good to destroy and symbolically decompose the image of these vague and partial memories, as what typically happens to garbage disposed in a landfill or dump. I said that maybe she would also find things she wanted to keep, things from her past that represented her strength and resilience, that could remain intact for her to keep and use as part of a new narrative. She looked at me and her face brightened a bit, and she agreed that maybe this would be “*a way to deal with it,*” and she decided she would try my suggestion.

This was a process that took a few sessions, first to create the image of the dump and all the pieces collaged and drawn on it, and then to destroy it. During this time, I continued to encourage Ann, reflecting her strength and courage. I did not know nor could I imagine the painful memories she was facing, but I felt empathy: I knew that confronting past trauma had to be difficult. I sensed that the more I praised her for her courage, the more courageous she became in working with these difficult and fragmented memories. But still, it was hard work going through this process, creating this dark image. She pasted images from the internet in the dump. She had been collecting the images keeping them safe in an envelope to bring to each session. She took time to reflect on the image and add to it before it was complete (see Appendix B, Fig. 2). As she recalled more of her pain in her past, she would take black marker and add symbols, words, and phrases that were mostly abusive and derogatory. She said, *“it felt good to be letting out all this stuff that I’ve been dragging around all my life like a kick bag.”* Then she used black and brown chalk and smudged it in, covering over much of the detail.

In a following session, she took her time cutting and destroying the image of the dump. I noted her visceral response: quiet but deep guttural sounds, big breaths, and heavy sighs. The act of destroying this image by taking scissors to it was visibly cathartic; it was evident in her facial expressions and posture. When she finished, she said that the experience had energized her. She said the process felt freeing, and she was surprised that she felt lighter somehow and less burdened. She left two pieces from the dump intact, images that were important to her. One was an image about hope, and the other was about her success in raising children as a single mom. We decided collaboratively to also keep the cut-up unidentifiable pieces as they represented pieces of

her past that would always be there, that weren't going to disappear from her memory, but that were now diminished in power.

Although I did not identify as an analytical art psychotherapist, I was drawn to this approach and had been studying Schevieren's (1992) text on it. As I wrote in my literature review, the destruction of art work can be a powerful therapeutic process. I understood that Ann's dream was significant, and externalizing it in her art by creating an image of it would be effective. I imagined that "decomposing" the landfill image by destroying it could be a powerful resolution. This was a method of active imagination, using a nonverbal creative approach to express the content of dreams (Jung, 1961/2011; Wallace, 2001). Through this I hypothesized that Ann would be able to find a way to consciously resolve issues from her past, and shameful memories would not continue to hold power over her in her unconscious.

Ann described the process in a recorded session later. *"Then I did that drawing of the land fill which was the contents of the kick bag I have been lugging around, a huge dump of negativity, abuse, horror, fear, and everything that happened. It helped to put it down on paper, I felt almost like I vomited it all out onto the drawing. I expelled it onto the paper, to get it out. I knew that I would not forget it, I knew it would always be there. This just lightened my load. And...oh, the physical act of cutting all that up also made me feel tons lighter."* (see Appendix B, Fig. 3). *"Like it was a cathartic process?"* I asked. *"Ya, getting rid of all the stuff in the dump, just pounding it down there, cutting it up into shreds, like maybe it could do something useful for the atmosphere, but it didn't have to be binding me down anymore."* Reflecting on this later, I was reminded of part of Carpenter's (2009) metaphor of gardening as it applies to art therapy; "a garden needs

good soil, nourished by manure or compost (our past experiences both positive and negative)” (p.19).

The Emergence of a Figure: The Mastodon

The mastodon was an important metaphor that brought layers of symbolism into Ann’s therapeutic process. It emerged spontaneously at first, through what was just a casual conversation about words. I noticed and commented about the crossword puzzles Ann was engrossed in when I met her in the foyer one day before a session. She said she enjoyed crossword puzzles; this was connected to her enjoyment of writing. She said she found the word mastodon interesting. In this session, I was thinking that Ann enjoyed writing poetry, so we had some fun playing with the word “mastodon,” making as many other words as we could from the letters in this one, and creating a poem. I was not familiar with the word, so I asked her about its meaning. She explained that it was a prehistoric elephant, and that mastodons live in matriarchal tribes. It occurred to me that the mastodon could be a significant metaphor for Ann. We talked about the significance of this, and the beauty of the role of the matriarch. I asked Ann how she might be a matriarch in her life. We didn’t get to the landfill that day. For homework, I suggested that Ann do research about mastodons. I suggested she search for literature and images, see what she might discover, and have fun journaling about whatever turned up. This conversation happened to be during the process of creating the landfill, and she seemed enthused about this new direction.

The image Ann brought to our next session was profound. She had created a detailed portrait of herself and her inner critic. This was cheerful and childlike rendering in pencil and painted meticulously with much detail. Ann was sitting beside her inner

critic Margaret, on a mastodon (see Appendix B, Fig. 4). On her tee-shirt was the letter “T” which she said stood for trust. She explained that she was beginning to trust Margaret, and that is why they were holding hands. They were on a journey together. The mastodon had a “K” on it which represented another important word, “kindred.” The mastodon was decorated with colourful ceremonial dress, reminiscent of Eastern cultures.

Ann had done her homework, research about the mastodon and elephants in general. She said the females, and particularly the grandmothers, were the leaders of the tribes. The others would trust and follow them to the watering holes and vegetation they needed for survival. This seemed to be significant. We discussed how this was a metaphor in her own life history, how she was the matriarch of her family, and she raised her children as a single mother. We discussed the worthiness and beauty of that role in her family. I suggested Ann also research matriarchs in human history. I was intuitively modelling instructors’ methods from art therapy classes.

A few weeks later Ann created another image of the mastodon, one in which she was sitting on the mastodon alone. She and her inner critic were integrated as one, she said, protected “*from storms of the past and present with the umbrellas*” and bright raincoat (see Appendix B, Fig. 5). She explained she had dreamed about this, that she could sense Margaret’s presence, but Margaret was not there visibly. As we reflected on these images and the details in each, I noticed there was so much symbolism.

I did not make interpretations for Ann. I believed it was important for her to find her own meaning in her images. That said, I knew that the mastodon symbolized Ann’s body, or what she called her transportation. This prehistoric elephant symbolized what she had said to me in the first session, that she felt she was her mind and her body was

just what transported her. Sitting on the mastodon was her psyche, which at first was split between opposites: the dominant, inner critic and the vulnerable, subordinate self. In the next image the split in the psyche had been integrated. I allowed Ann to find and articulate her own meaning, as I guided and witnessed her process. In a later session, she explained this to me in her own words as she reflected on the images. From an analytical perspective (Jung, 1961/2011; Wallace, 2001), in becoming aware of her inner critic and making peace with opposing aspects of herself, Ann was integrating these opposites, owning her shadow, and beginning her process of individuation (Jung, 1961/2011; Ulanov, 1971).

In a later session, Ann reflected on each of these two mastodon portraits. She explained that she was inspired to create the first image because as she explained *“the word mastodon stuck with me and I wrote it over the top of my crossword puzzle, and it resonated in my head for a few days and when I saw you next I mentioned it to you. I had done some research about them, and you suggested maybe I could draw one, and I could only imagine what my mastodon would look like, but I went home and took it on as a challenge and drew my mastodon, and then it ended up that it was a series of mastodons. But anyway, my first mastodon became my mastodon at the beginning of my journey.”*

Then referring to the gem she said, *“I had to decide whether to take the millstone along, although it wasn’t on my neck anymore. I decided the Mastodon would wear it, so she had it here on her head piece, because it wasn’t a millstone anymore. It was a kind of gem.”*

Then she explained how Margaret fit into the picture: *“I had to decide whether Margaret was coming or not, and...[pause]...by that time I understood her more, that her*

purpose was never to annihilate me; it was to keep me safe. So, I took Margaret along, so we hopped up on the mastodon, and I even took her hand, and I put on my green tee-shirt and (she laughs) for some reason I was thinking tee-shirts have a message on them usually... so I drew a capital 'T' and then the word trust just came into my head, 'T' for trust, so I think there was a lot of trust involved as I began the journey. So, we hopped up there and I thought, you know, she's my mastodon, and she doesn't have to be ugly, she doesn't have to look like she came from the arch ages! So, I was going to try to make her a little pretty, which I did [she chuckled] and so I had quite fun actually doing that drawing, and even putting some jewels on my mastodon, and her tail, and I wanted her to have a really pretty mastodon blanket, and I just knew that I wanted it to be vivid colours, and it just seemed that it should have a 'K' for kin, family, a part of who I am."

The second image was inspired because, she explained, *"I had a dream that there was a huge violent storm and I am on the mastodon but Margaret wasn't there but certain elements of her were there ... [she pause]...like in the dream I was in a brilliant orange raincoat, with an umbrella that protected me from the elements, and that raincoat had a suspicious military design to it, [she chuckled], so it was almost like Margaret and I were in that raincoat."*

"So, it was like integration?" I asked.

Ann replied, *"Yah, like she was becoming a part of me like I was accepting her as part of me, and I was also becoming much happier - like I was really depressed when I started art therapy, and I was becoming much happier by this point and the red scarf just appeared, very rakish looking, and even my mastodon had an orange umbrella so we were protected, even though it was going to be an arduous journey ... [she paused] ..."*

'Someone' was protecting us. I had been reading the Bible all that year because I promised myself I would, and it seemed like certain passages would just jump out at me, and so I found that the three circles which I thought was the Holy Trinity appeared in my drawing, and I was very happy about my mastodon."

I wasn't sure where she was going on this arduous journey, but it was sacred, and again I did not try to interpret it. In further reflection Ann explained that *"even the mastodon seemed happier in this picture, and the rings weren't there anymore and I moved them up to the head dress, thinking that they were the Trinity still, and that maybe they had been protectors of my female parts"*.

I quietly replied, *"You're allowing yourself to be more vulnerable, it seems."*

Ann agreed, *"Yah, and the blanket evolved, it was like focusing, it was like there was a strong urge to focus or to reach the target, weathering the storm, and finding the answers that I've looked for my entire life."*

The mastodon emerged as a central image in Ann's art therapy, and based on psychodynamic theory (Shinoda Bolen, 2001), this metaphor was archetypal and it contributed to her transformation. It was an embodiment, symbolizing her own body, and through it she could begin to love her body, and later integrate it as a part of who she was. She was embracing the feminine in the mastodon matriarch, the wise leader of the tribe, the mentor. Additionally, through the personification of her shadow Margaret and her ego self, astride the mastodon, Ann could begin to understand and integrate her psyche, her conscious and unconscious aspects. Instead of being split internally, with "masculine" authoritative, "feminine" subordinate aspects, and hidden shame around her

body image and sexuality, she was finding reconciliation through the symbolism of this journey with the mastodon.

The Breakthrough Dream

At the start of the seventh session, Ann came into the studio explaining that she had had two dreams early that morning. This session was before she had created the second mastodon, and before destroying the landfill image. The first dream was about being at work, and having an important task, reaching the ceiling, messing up, and wrecking things. She woke up feeling guilty, embarrassed, and ashamed. She thought it was too early to get up and she drifted back to sleep, and then she had what she called an “*amazing*” dream, a “*breakthrough experience*.” In this dream, there was an “*aura*” surrounding her in light and colour, and she was filled with overwhelming joy that she did not ever remember feeling. I asked her if she would like to create an image of the dream. Her immediate reaction was that she did not think that she could do it justice. Then she decided to give it a try. (I think she was prepared that I would likely suggest this.) To be sensitive to her feelings of inadequacy, and to allow for less intellectualizing and more imagining (Carpendale, 2009; Rogers, 2001; Van der Kolk, 2014), I suggested she use her non-dominant hand. I explained that this way there was less pressure and more room for creative expression, and this appealed to her. I gave her a large sheet of pastel paper, and suggested using soft pastel chalk.

She began with large marks and gestures, and became very engrossed in the creative process. She created a rhythm, and was moving the coloured chalk pastels from one hand to the other, making large marks with full arm movements, bending and putting her full body into the rhythm as well, and the image flowed out onto the paper in a very

soulful way (see Appendix B, Fig. 6). She was not sure what was in the center of the drawing. We decided to save reflecting on that for another time. She said she was quite surprised and pleased with the outcome; the drawing had some of the aura in the dream that she was wanting to express, and she liked that it was feminine looking.

Looking back on this “*breakthrough*” artwork later, Ann enthusiastically exclaimed, “*That’s when I had the dream with the beautiful, beautiful, breakthrough aura surrounding me and it was so joyful, and I woke up feeling joyful and saying to myself, so this is what joy feels like.*” Reflecting further about the drawing she explained, “*I didn’t have a clue how to do it, and I was also critical of myself, like it’s going to look stupid, amateurish, because it was something I was not familiar with, but it did help to use the left hand, although you don’t have as much control, and I think the chalk really helped too because it has an ethereal quality to it. Now that I look at it, it’s not just solid lines; they just have an ethereal, dreamy, out-of-this-world quality, so I was really happy with how it depicted the aura of the breakthrough. But you know I couldn’t finish the inside of it; this was done later.*”

The Mastodon’s Journey with the Inner Critic

Ann brought in one more image she had created of the mastodon. Ann was seated on the bejeweled mastodon, looking victorious with the aura all around her. The colours and mark-making of the aura resembled the breakthrough image. (see Appendix B, fig. 7). I noticed it looked like she was a part of the aura, identifying with the mystical, and the mastodon looked almost like the soul being.

Glancing at the three images of the mastodon, I suggested putting this series of mastodons together in one image, showing the story of her journey, and using the pieces

of the landfill as stepping stones along the path. She loved this idea and created this image in the studio in the next session (see Appendix B, fig. 8).

Later in another session, looking at the third mastodon, Ann was reflecting theologically, as she said, about the patchwork blanket. *“I remember thinking as I was painting it, that each section had to be different; they didn’t have to be beautiful colours or anything, because God accepts us no matter what - you know, with all our flaws - and that was the sort of realization that I was coming to at the time. God loves us unconditionally and no matter what we look like, no matter what we’ve done, no matter what, it’s unconditional love.”*

The Map of the Journey

During this transitional time, Ann created another drawing at home, which showed her journey in art therapy. It was a diagrammatic drawing (Scheverien, 1992) that helped her to map out and intellectually understand her process thus far, and tell her story of her journey (see Appendix B, fig. 9). In retrospect, this drawing continued to help her throughout the rest of the art therapy process. Looking back on it helped her recall the journey of *“transition”* and *“transformation”* (words she had written right on the drawing), and what had happened step-by-step in the first third of her sessions.

Looking at the map, first she mentioned Margaret. *“I embraced her and started to accept her. I realized more and more that everything she did was in my own best interest. She was protecting me, rather than just barking orders and being hateful and so on, and so we boarded the mastodon beginning the journey and I was looking at Margaret more compassionately as she was my protector, and I forgave her. We are holding hands, and I remember thinking after all, Margaret was a part of me, she carried the load of hateful*

comments for years.” Then about the mastodon she reflected, “The oldest female of the family was called the matriarch and she was wise; she had the knowledge of all her years, she could lead them to a water hole that no one else knew. She was a pretty strong Mastodon.”

In a poignant moment Ann shared, *“at the same time I was going through this thing that I was not worthy of God’s love because I was imperfect, I read that God loves us all unconditionally and there was this scripture passage, and I forget, it was from Matthew - I wrote it here, it was Matthew 10: 30 - ‘and even the hairs on your head are numbered.’ It just blew me away. Of course, God would [love me] because God created me, but that was really significant to me. Later that day I was going out to my job and listening to a Christian radio station and the announcer was really very uplifting in some of the things she said, something about how God knows the number of hairs on our head, and that God loves us, God knows us inside out, that just seemed SO NOT coincidental really, so I got the message GOD LOVES ME!!!”*

A Whole New Person

Right before breaking for Christmas, Ann created another picture of herself (figure 10). My suggestion was to create one more portrait of her newly transformed self, who she was now that her old story no longer fit, using narrative art therapy theory (Carpendale, 2009). It was interesting where the Mastodon appeared in this next portrait. Ann had fully integrated herself into this artwork. She was solely there by herself, holding brushes and a paint palette, no longer sitting on the mastodon (see Appendix B, Fig. 10). This was in part diagrammatic (Scheverien, 1992), with sections explaining parts of her journey, and more importantly, aspects of herself that she had come to accept,

and she reflected in detail about this. Ann felt that she had gone through a transformational experience and she was finding ways to integrate this and understand it on a spiritual, emotional and intellectual level. This was Ann, a whole new person, with a new life story. Her new narrative was created, and Ann could visualize a new reality for herself.

As she told me, *“I was trying to draw what I’d come through to get to this point.”* *“I love it with your fancy glasses,”* I said in response, *“and your beautiful gem, and your paint palette, and brushes, so cute. There you are with wisdom.”* *“I was appreciating myself,”* she explained, *“I have learned a lot in life. You know, I don’t think I appreciated how much I have learned. I guess I learned to accept Margaret, and her masculine qualities. I don’t think I ever used to think of women as strong, I mean like you shouldn’t be strong, you should be meek and subservient.”*

Fearful Feelings

When Ann returned after the Christmas break, she excitedly exclaimed she could not imagine feeling better, and that she had had the best Christmas with her family, *“the first Christmas that I did not feel depressed.”* Contemplating this after the session, I felt awed to have heard Ann say this, amazed and a bit stunned at how art therapy had been this meaningful for her. I felt honoured to have witnessed her powerful healing process.

However, there was a negative turning point when things got tough for her. Ann discovered feelings that she did not like, mostly anxiety. She began feeling unsure about herself and uneasy, not knowing how to deal with these feelings. She said she was not sure if she wanted to continue in therapy. She was afraid of where things might go, afraid of the confusing feelings. She did not like being so out of control. I reminded Ann of the

mindfulness techniques (Kabut-Zin, 1994; Van der Kolk, 2014) and simple breathing exercises that I had given to her before to help her self-regulate and manage depression. I explained that these could be helpful for anxiety as well.

I also reminded her that we discussed how she had been protecting herself by numbing herself from emotions, as opposed to feeling them. I shared that I had been reading recently that when painful emotions are numbed through various ways of coping, so are positive feelings, such as joy (Brown, 2013). I explained that as Ann was allowing herself to feel joy, it was understandable that she would also begin to feel other emotions. This helped her to normalize her emotions and be more comfortable experiencing them. Also, I introduced her to “zentangles,” a form of mindfulness art (Malchiodi, 2014) that can help with anxiety. Ann was really drawn to this idea, and she did many “zentangles” of her own original design (see Appendix B, Fig. 11) as homework. These tools helped her to self-regulate outside of therapy.

Ann was in an ambiguous period of confusion and stress, in the “neutral zone” of transition, between an ending and a new beginning, “negotiating the perilous passage across the ‘nowhere’” (Bridges, 2004, p.13). In Bridges’ developmental theory explained in more detail in Chapter 2, this is recognized as he eloquently writes, it is “out of the formlessness of the neutral zone that new form emerges and out of the barrenness of the fallow time that new life springs” (Bridges, 2004, p.169). As also mentioned in Chapter 2, Levine (1992) uses the term liminality for this transitional time.

Crossroads

The next artwork was about what Ann described as “being at the crossroads,” knowing the direction she needed to take to make changes in her daily life (see Appendix B, Fig. 12). This was about Ann’s reason for her anxiety, being in this transition, at these crossroads, knowing where she felt she needed to go, but not knowing if she could follow through with it. It was another drawing Ann had created at home to bring in and discuss. Ann had found a routine: she did art and journaling at home and brought both in to reflect on with me.

Ann knew that she had had a breakthrough that was transformative, but she still had patterns of behaviour she wanted to change. She created a detailed sketch of different paths to take. One was familiar: habits that she had owned up to that she knew were not good for her, such as eating the wrong foods, binging, and not exercising. A way that led to “DEATH BY FORK.” We chuckled about this, it was showing a bit of a morbid sense of humour, but at the same time she said she was “*dead serious*.” Written on the middle path was “*verboden*” (as she explained, this was a German word meaning forbidden) and she did not explain anything about this one immediately. The third path was steps in healthy living: eating a healthy diet, and exercising, a path that led to a life she dreamed of, including travel. As we sat and looked at the drawing together, Ann resolved to go in the direction she knew she wanted, and created a purple arrow towards that path.

Ann explained this later in another session: *“I can’t recall if I had a dream of this, or if I just came to an awareness that I was at a crossroads and I had to decide where I was going from here, and it seems mostly then I started doing this drawing, that it started focusing on the weight problem, and even though I intellectually knew this stuff I was still*

standing here not doing anything. It helped me make the decision, like I don't even know where the inspiration [came from], but as I drew and painted it organically flowed onto the page and um you see it there, whether it's in black and white or colour, it becomes quite clear, really, what you need to do. When I almost finished this drawing, I went away from it for a few minutes, and I came back [and] I saw that it's like a phoenix [she is laughing nervously, reaching arms way out] right there in front of me, rising from the ashes, like I didn't know what it was. Maybe, uh, maybe it's God showing me...[pause]...that maybe all things are possible” [she is reaching her arms way out again].

Scribbling

Ann came into the studio one day still feeling very anxious and frustrated. I suggested that she get into some art right away. With a large sheet of paper and some oil pastels, I suggested that she scribble. Then I suggested filling in the scribbles randomly with coloured chalk. Then we reflected on it. I was following Naimi's (2012) approach. “What do you see?” I asked. She pondered this for a while. “*Four figures,*” she expressed, “*one is pregnant and holding a baby, the other was masculine. The unborn child was safe, the infant was in a whole new world*” (see Appendix B, Fig. 13). Then Ann had an “aha moment.” She said that she felt like the small child exploring a new world, excited and hopeful, but anxious. I pondered afterward that this abstract figurative drawing symbolized spiritual rebirth.

Blooming and Flourishing.

This session was another one of mostly art-making. Ann was feeling very different. She created a colourful flower with metallic gel sticks (see Appendix B, Fig.14), and she was quite pleased with it. Then, referring to the zentangling (Malchiodi, 2014) in her journal, she said she felt that “*the layers around the womb are like my body fat protecting me.*” She said she was realizing that she no longer needed those layers, and she was getting in touch with her sexuality and femininity. She had ordered new clothes, was planning to buy makeup, and was signing up for aquacise classes.

In the following session, she was ready to end therapy. She was feeling that things were good. She said she thought that she had reached her goals, and we talked about termination within a few weeks. She was wearing bright new clothing. We reflected on the flower, and she said it symbolized her sexuality. It was what was missing in the center of the breakthrough dream picture. Then she cut this flower out and glued it to the center of the auras and added a feminine figure that she had saved that also represented feminine sexuality (see Appendix B, Fig.15). Ann said she never believed she would ever be in touch with her femininity. She had found the missing pieces of her puzzle. She has always had belief and faith, but had never been able to receive God’s unconditional grace and feel as she did at that moment in the studio. I told her that I was so glad that she had experienced such healing and that I admired *the effort she had put into the process.* I thanked her for her trust in art therapy and in me.

New Goals

At this point, we were about two-thirds of the way through Ann's process of art therapy. The following week she said there was something that she thought she still needed to work through. Ann shared that these were unresolved issues surrounding her relationships with men. I was taken aback, and I did my best to contain myself. There was something I had known intuitively about this area needing further attention; it was the "*verboden*" area in her "*crossroads*" drawing, which she had deliberately avoided. These were very sensitive, intimate issues and I had new concerns about my inadequacies and lack of experience as a therapist. Was it time for me to give Ann a referral? I talked it over with my supervisor, did some of my own work with my psychologist, and continued with Ann.

This was a courageous step for Ann. She knew better than I that these issues were very personal, difficult to even bring up, and she was ready to tackle them. Much of Ann's shame that was related to her self-hatred (which had remained hidden in the landfill) had already been exposed. She knew how the shame of her childhood trauma as a victim of sexual abuse had affected her, and she had found healing from this in her interior life. Now she wanted to confront the residual effects the abuse had had on interpersonal relationships throughout her life. This showed me how much Ann could trust me, to confide in me about these most intimate details of her life. Ann was an introvert, and not someone who could share about herself easily. I felt awed by her courage. I also felt nervous and vulnerable with this level of intimacy, and again questioned my competency to handle it. Ann's courage inspired me to have courage too. I noticed that although I had anxiety about this initially as I was over-thinking it, I soon

forgot about me and my self-consciousness, as I prayerfully focused on my client and her needs. We spent a few more sessions exploring her issues with more art and reflection. These were some of the most important sessions, as she began to integrate her transformed self into her life, and make changes she desired in all areas of her health.

For the first quarter of a session after the flower and flourishing art-making sessions, Ann had been sharing about some exciting things in her life. She had committed to following through and going in the direction she had chosen at her crossroads. She had joined an aquacise class and Weight Watchers™. This was a turning point, a new beginning, and I mirrored her enthusiasm and congratulated her. It was apparent how much Ann's affect had changed. Her voice, facial expression, and body language were so different— positive and energetic, rather than neutral or flat. Yet not inappropriately so, this was congruent with the claims she was making about how differently she felt compared to how she had felt at the beginning of therapy. She remained calm and realistic. Using feminist theory (Hogan, 2012) to help further her empowerment, my goal was to distill how these new positives reflected the change in her sense of self-worth, and convey how she had underestimated herself in the past.

We discussed how Ann had changed her mind about ending her therapy. A significant discussion transpired around one of the issues she felt she still needed to work on, her relationships with men. She said she had troubles with being real and authentic with men, she felt intimidated. Hence, my intention was to explore the different relationships with men in her life and the power differentials in them. I reflected meaning for her, reminding her of the progress she had made in being empowered through the feminine symbolism in her art (See fig's. 14 & 15). This seemed helpful to her. At the

end of the session she concluded that this was a growing process, and she was on her way. We planned to explore this further in the next session. Then Ann made an important intentional statement: “*I’m realizing that maybe I do have some important qualities.* [long pause] *I do have something to contribute*”.

In the session that followed, my intention was to begin to look back at all of Ann’s artwork, so that she had more time to reflect on it with me and further integrate the process she had experienced. Through this time, I strived to reflect feelings and meaning, yet I wanted to be careful to not interrupt her process, which was essentially a dialogue with the art. Through her reflections Ann distilled deeper meaning, seeking and finding what was essential to take from the art she created to make a new story to live by. There were some pivotal moments.

Spiritual Experience

Half way through this recorded session, Ann acknowledged, *I am finding the answers I have been looking for all my life and God accepts us no matter what.* Toward the end there was a very moving moment for Ann when she emoted and her eyes welled up with tears, remembering a tender moment in her life: *I knew about God’s love on an intellectual level, but I couldn’t feel it, you know, I knew things on an intellectual level but I couldn’t feel them. I couldn’t express feelings because I couldn’t feel feelings, and I knew it was absolutely wrong, for example, to hold my newborn and feel nothing.* [then there were tears] *I knew that was not right. So, to be able to feel was another breakthrough and that’s when I had the dream with the beautiful, beautiful, breakthrough aura surrounding me and it was so joyful.* She realized that she was finally *feeling* God’s Love. I felt moved and I was open about this. Tears had welled up in my eyes too. I

realized that Ann had reached and maybe even surpassed her most important goal in therapy, her goal to *eradicate self-hatred*. She now had self-compassion, through the experience of Divine Love.

Actualization. In the following session, we continued our discussion, reviewing Ann's art and reflecting on her process, beginning with a discussion referring to Ann's image of the crossroads (see Appendix B, Fig.16). She recalled that she created it after working through feelings of anxiety around therapy and where it was taking her. As we reviewed this drawing Ann said this is where she realized she wanted to take action, to decide where she needed to go, and to commit to it. She knew she had to address her weight problem, to live the life she dreamed of, and not continue on the path to "DEATH BY FORK." Then we talked about the ways that she took action. She was attending Weight Watchers™ regularly, and she proudly announced that she had lost 17 pounds. She talked about how this time it was different. She did not have the same behaviour patterns or cravings. She did not have an inner voice taunting her; the conflict was no longer there. She also talked about how she was enjoying an aquacise class three times a week. Referring to her crossroads drawing, she said creating this drawing and seeing it in "black and white" made it very clear what needed to be done, and what path she needed to take.

The last part of the discussion was about the top part of the drawing, the "*forbidden zone*." This was about her fears surrounding sexuality, men, and getting involved in a romantic relationship. I suggested that maybe it was time to revisit this, as she had taken time since then to develop more awareness around her sexuality and femininity, and felt stronger in her identity. I was referring to art and her reflections on

these issues (see Appendix B, Fig. 14, 15). Then still reflecting on the “*forbidden zone*” she described how in this drawing (see Appendix B, Fig. 12) she could see a figurative shape that encompassed it, a phoenix rising from the ashes. This was a powerful metaphor. She reflected on how God was showing her that maybe all things were possible. After stating this, Ann shared more realizations about her femininity. She talked openly about how her weight issue was a way of protecting herself from men. She resolved that she was ready to take off this protection; she felt she no longer needed it.

It was empowering for her to commit to this resolution, as she reflected on her art and what it meant to her. Ann had found her voice, and she was owning it. She was no longer ashamed of who she was. Having these statements recorded on video has increased the profundity and power of these resolutions for her. My goal, using feminist theory, to gently encourage Ann’s self-empowerment was being realized. With reverence for her trust in me, I continued to seek to give her power to empower herself. Satir’s (1987) discussion on the use of self and power in the therapeutic relationship and how to work with it had influenced me. I was aware and respectful of Ann’s vulnerability in the therapeutic relationship.

Heaven. In the next session, I planned to work with Ann on the goal of understanding and integrating her process. We were nearing termination, which was planned for the next session at the end of the month. There was great depth in the imagery and the process over several months, and I felt it was important for her to comprehend the depth of it for herself. When she came in, she was wearing a colourful top and lipstick, and she had had her hair done. I noticed that she had not only accepted herself internally, she was also beginning to love and care for her whole self—her mind,

soul, and body and she was flourishing. We talked about that. I told her that she was an inspiration to me, as she truly was.

I referred to a metaphor of floating in water that I had read about (Benner, 2003; Hyland Moon, 2005). I thought it would help Ann to feel the physical embodiment of the healing that had transpired mentally and spiritually, and help her to connect more deeply with her body. Referring to her aquacise class, I said, “To float it was necessary to let go, and trust in being held by the water, and surrendering to God’s love was letting go in the same way. I thought, wow, since I read about that I have been wanting to jump in the pool!” At first Ann said she couldn’t do that, she had never floated on her back. Then she changed her mind and said, *thinking how fun it would be, maybe that’s my next goal*. We had deep communication mutually reflecting meaning and feeling. She told me, *I really enjoy it [aquacise], I feel so calm and at peace afterwards*. This led to more spiritual reflection.

Then we discussed being open to the possibility of romance. To my surprise, she talked about a conversation she had had with a man in her aquacise class. I gently suggested making art around the idea of love and romance. I knew this was nudging Ann into her “forbidden” zone, yet I also sensed that this was something she wanted to explore. *As usual I don’t have a clue, and I am supposed to depict love and romance?* I answered, “Not supposed to, just explore. What colours come to mind?” After some time drawing she said, *for some reason that looks like a dove to me. I hadn’t, really, thought about [romance] in any depth yet, but trust would have to be cultivated and built, over time* (see Appendix B, Fig. 16). Ann made a key statement towards the end of the session,

maybe I'm trusting myself a bit, and my own judgment, because only I know what's right for me.

Embodied experience of wholeness. It was our last session. I sensed that Ann had mixed emotions and so did I. This session was about saying goodbye to each other, and to this chapter of Ann's life, which was a transition into a new life. Ann referred to her life before art therapy as her old life. She shared how things were so different now; she was pursuing an active lifestyle and she was enjoying it. She had lost 25 pounds. Halfway through the session, I reminded Ann about how she had decided to extend her time in therapy to work on one remaining issue that concerned her, her relationships with men. I asked her how she felt about that now. She referred to a metaphor I had shared earlier in the session, about a bird in a cage who did not know it could fly out. She said she had been peeking out of the cage, talking to other birds, and now she was joining them in the bird bath in the yard! We laughed together at the spontaneity of this comment and how well it fit.

She said in her "*old life*" if she had even gone to the pool, she would have kept to herself. Now she was finding it easier to socialize with people, particularly with men. Ann shared that she had floated on her back, and she had made an important realization: the mastodon had symbolized her physical body. She felt that now she was in her body; her body was integral to who she was. She was no longer just a head being transported around on a body. Ann had fully integrated herself, and found what it means to find wholeness in health. In closing, Ann and I talked about how this had been a spiritual experience. As mentioned in the beginning vignette in Chapter 1, towards the end of this closing session Ann reflected, "*where the word mastodon came from will remain a*

*mystery for me for the rest of my life...[pause]...I just knew it was significant
...[pause]...I have to believe it was Divine intervention.”*

Capturing the Essence: Reflections as Ann’s Art Therapist

Integrating a spiritual and existential approach and helping Ann to explore meaning in life and make meaning through art were integral to my work with her from the beginning. I have been pondering whether it was the art studio being in the context of Ann’s faith tradition, a church, that lent itself to exploring spirituality openly and creatively. Parker (2014) posits, “spirituality is an integral aspect of the development of the whole person and should be considered in the practice of the art therapy as it relates to both the therapist and to the client” (p. 79). As such, it concerns me that some of my clients have said they would not feel comfortable expressing spirituality in a secular environment. Regardless, spirituality is important to overall health and needs to be addressed in therapy (Allen, 2005; Farrelly-Hansen, 2005; Pargament, 2007). Corey (2012) writes, “Whatever one’s particular view of spirituality, it is a force that can help the individual to find a purpose (or purposes) for living” (p. 470). Furthermore, Corey (2012) contends that this is an ethical issue, spirituality should not be ignored in psychotherapy. As Parker (2014) further contends, “a spiritual crisis often accompanies and even underlies many diagnoses of psychiatric disorders and mental illness” (p. 83). In 1994, the Diagnostic and Statistical Manual (DSM-IV) created a new category for spiritual and religious issues (as cited in Parker, 2014).

Key learning for me in this practicum experience was to understand that to provide answers to difficult existential questions was not what Ann needed or wanted. I remember when I realized this in a session. When Ann was struggling with one of her

most difficult existential issues and I did not know what to say, I prayed for something to say and nothing came to me. But as I just sat with her, and companioned her through these moments, I found that this was sufficient for her. Simply listening, being her “anam cara” (O’Donahue, 2004) and fellow traveler (Yalom, 2009) holding space for Ann as she grappled with life’s meaning, and silently praying for her, was what was perhaps best. In Ann’s process in her art therapy, spirituality was significant. Ann had an old story that had haunted her, as she kept it hidden and secret, and it kept her isolated in self-hatred and despair. Through art therapy, and expressing memories and dreams through active imagination (Jung, 1961/2011; Wallace, 2001), Ann could decompose this old story, and in her words “*like a phoenix rising from the ashes*” she found new life, through experience of Divine Love.

I did not want to influence Ann’s worldview with my own, yet at the same time I wanted to be authentic, knowing my worldview and beliefs would be conveyed regardless of whether I was being congruent, and knowing congruency was important. As Ann’s therapist, I knew I needed to convey emotional honesty and authenticity so that Ann felt safe to be the same way (Rogers, 2001). Ann’s case conveyed how trust in the relationship was crucial and this was realized through empathy, authenticity, and unconditional acceptance. Regarding countertransference and the wounded healer archetype (Groesbeck, 1975; Merchant, 2012; Miller & Baldwin, 1987), I hesitate to guess how things may have been had I not done my own work with trauma from my past. Being conscious of my own wounds that were like my client’s, I was also aware of how I needed to be vigilant.

In Ann's art therapy, spirituality was significant throughout her process. The despair and self-hatred Ann began with were spiritual issues. Confronting these spiritual issues led to spiritual transformation and wholeness. By confronting the past and the shame associated with it, and befriending her shadow aspects of herself, Ann experienced an individuation process. Then she experienced Divine Grace, in a numinous dream she called a "*breakthrough*," and an "*awakening*," a spiritual experience. This was spiritual transformation, and it was holistic transformation; it affected every aspect of Ann's life.

Studying Ann's case helped me significantly with my spiritual development. Looking closely at what transpired in her transformative process, reviewing literature and studying psychological theory and theology to understand it in greater depth has been a powerful process. It has helped me to further understand my own wounds, healing, and individuation process. As I have reflected on Ann's case, I have come to understand what was essential and meaningful in her process. I was moved in reviewing this case. During this process, I found a poem that I had written as part of my own work in personal growth, and I revised it in response to Ann's (see Appendix B, Fig. 17).

As I grew in my faith in Divine Grace in my own spiritual development in my personal and professional life, I felt better equipped to guide Ann in her spiritual development. The transformative process Ann experienced was contagious. I learned so much from Ann and her art therapy process. In her presence, as I witnessed her spiritual transformation, I too was transformed. As I have reentered the experience through theological and spiritual reflection, and synthesized it with the literature review, I have continued to be transformed. In art therapy, Ann set out on a spiritual journey, which became a pilgrimage of faith, she experienced Divine Grace and Love. Her faith has

made her whole, as she reached out and acted in faith (Stanford, 1977). She found self-compassion, healing, and joy, and I could not help but share in her experience. As fellow travelers, we both found wholeness through the experience of Divine, the Wounded Healer within each of us.

CHAPTER 6. Drawing Conclusions.

Finishing Touches: Revisiting the Research Question

This thesis is the final requirement and the culmination of my studies at St. Stephen's college, in the Master of Psychotherapy and Spirituality (MPS) program with the art therapy specialization. It has presented qualitative research of a retrospective case exploring a therapeutic process that unfolded over nine months in a series of sessions with a client in my art therapy practicum placement. The purpose was to distill greater understanding of the spiritual transformation that Ann experienced. As such, the method of inquiry was in part theological and spiritual reflection. Because the practicum site where this art therapy sessions took place was a church, theological reflection in this case was in conversation with Christian heritage, the religious heritage of this faith community. Using a method of Killen and De Beer (1994), my approach to theological reflection has been to re-enter the experience, and move towards insight through an exploration of feelings and images, and to connect this experience with "the collective process of faith tradition" (Clark, 2000b, p.101).

To summarize, art therapy was significant for Ann; she claimed it to be a spiritually transformational experience. Inspired by this, I chose to write a paper on her case as a final requirement of my practicum work. As I wrote that paper, I became fascinated as I realized how the case was rich with imagery, meaning, and insight. After that I became intent on gaining a greater depth of understanding of Ann's experience and decided to study her case in my thesis. My researchable question for this thesis was: How was art therapy *spiritually* transformative for my client? At first, I was not going to use the word *spiritually* in the question, because in the end it was a holistic transformation;

every dimension of Ann’s life her mental, emotional, spiritual, physical, and social health had been affected in a positive way. However, the underlying issue was a spiritual one, as indicated by Ann’s goal on her intake form, she wanted to eradicate *self-hatred*. This spiritual issue affected every aspect of her life, and it was the root of her pain. Thus, it was a *spiritual* transformation that then transformed every other aspect of Ann’s life and brought her wholeness. Hence, I formed my exploration around how art therapy was *spiritually* transformative for Ann.

Kaplan (2010) refers to Stake’s (1995) discourse on writing a case report with maximum effectiveness, and offers seven items to consider, the last of which is to “close with a realistic scenario that reminds the reader about the richness or complexity of the case just encountered” (p.110). Therefore, I have chosen to write the following vignette as a part of this concluding chapter. As in Chapter 5, I have again kept in mind Clark’s (2015) terminology, “thick listening to thin moments,” that evokes depth of meaning for engaging in theological and spiritual reflection. Additionally, I have integrated Kinast’s (1999) and Killen and De Beer’s (1994) methods of theological reflection on experience in conversation with a faith tradition. The following is a narrative (*italicized*)³ of a significant part of the closing session in Ann’s case. It is based primarily on a transcription of a lengthy dialogue with details added for context. It is a glimpse into what I view as a particularly “thin moment.”

As this was our last session, my plan was to focus on closure, saying goodbye to each other and to this chapter of Ann’s life, her nine months of art therapy interwoven with her transition into retirement. I had mixed emotions and I sensed that Ann did too. I

³As in the introductory chapter, this vignette is *italicized*. This one includes dialogue from a segment of a transcript of the closing session.

felt some sadness in saying goodbye. At the same time, I felt so glad for Ann that her experience had been so positive and that she had reached and even surpassed her goals. I hoped and prayed that there would be meaningful closure. I also felt a sense of awe pondering the spiritual transformation that had occurred for Ann. I was mystified, amazed at how this had transpired. The change in Ann was evident in this last session.

I remembered how she had been when I had met her nine months earlier; she had had a somewhat flat affect, she said she had suffered with depression and weight problems all her life, and she had always tried to avoid social situations. She wrote on her intake form that her goal was to “eradicate self-hatred.” These were strong words, and I remembered how I was moved with compassion upon reading them. I also remembered how concerned I was about my lack of experience in the beginning. I was challenged with feelings of inadequacy, feeling burdened with the gravity of the presenting issue, “self-hatred.”

In this last session Ann’s affect was completely different from when we first met. I could see it first in her smile: she was beaming. There was inflection in her voice; she laughed easily, her eyes were bright, and her body language and posture conveyed new energy. She had told me how her family and close friends had noticed these changes. Ann referred to her life before art therapy as her “old life.” She shared how things were so different now; she was happy to share that she was actively pursuing a healthy lifestyle, enjoying aquacise, Weight Watchers™ and getting out more. We talked about how much things had changed. We were looking at her final art image together (see appendix B, fig. 16). It was about “love and romance,” she reminded me.

Me: ...and what visions come to mind? [To stay with imagery, rather than move to more cognitive thoughts.]

Ann: ...I am actually surprised it turned into a picture [she laughed] ...visions I guess of a very fragile concept of the relationship of love and romance [pause] I am amazed that dove showed up in there [pause] but when I think about it [pause] well, first of all I've always thought there are a lot of doves in heaven, and I just have a concept of a dove being so vulnerable and delicate and if you could hold one in the palm of your hand and feel its heart beating, you'd feel your soul reacting [pause] and so I'm surprised it showed up in this love and romance picture.

Me: [nodding, pausing] It's a beautiful metaphor. Just as you've described to me...with the adjectives vulnerable and fragile, [pause] it requires gentleness [pause]...

Ann: ...and that you can also be so easily hurt when a relationship ends. Well, I guess that can be the result of being too vulnerable maybe, or trusting too much, or maybe it's just my fear [pause] So, when I went to aquacise this week I waited till the class ended and everyone was clearing out of the pool and I floated on my back and it felt like such a feeling of freedom, even just to trust my body not to drown itself.

Me: Wow [pause] it's interesting how this has come up, in this discussion of this [pointing to the art] going to that [aquacise], and I'm thinking you know what's really essential in your life right now.

Ann [emphatic in her response]: Balance, trust, and being open to new experiences is what it means to me.

Me: ...And how you found happiness in self-acceptance and trust in yourself. This can be helpful when we don't really know for certain what's ahead, but isn't it

wonderful that in a sense it maybe will be the fruit of what you have right now, acceptance of self, that is important for anybody in life.

Ann: [nodding]and trusting myself.

We went into a lengthy discussion about the many ways she is doing this in her life right now. Then the discussion went back to the image and about heaven.

Ann: I have been working on another image at home right now, another one about heaven.

She continued to explain how she was also reading scripture, and how heaven is described in scripture, and she referred to some verses.

Ann: It's just reassuring or reaffirming that there is a heaven [pause] to read what was written about it, hundreds of years ago, the descriptions of it.

Me: Um-hmm. [nodding] And it seems it's become really important to you to visualize.

Ann: Yah, and this art therapy has enabled me to conceptualize it rather than just think of it literally I guess [pause] that it is there...

Me: Rather than more intellectually?

Ann: Yah, now I feel it is there [speaking very quietly, placing her hands on her heart], it is definitely there. [She waves her hands and arms around.] It's everywhere actually.

Me: Um-hmm, wow. [Nodding again...I felt I was on sacred ground, and I was treading gently, reverently, almost afraid to breathe.]

Ann: And it's more beautiful then you could ever imagine. [long pause]

Me: [pointing to the art] right within your heart is a dove and you mentioned there are so many doves in heaven. I wonder if there is some connection there between your drawings of heaven and your drawing of a heart with a dove in it.

Ann: I don't know if I know how to put it in words [another long pause]

Me: [I was doing my best to be patient and wait, but then I responded, thinking she was waiting for me to speak.] And that's okay.

Ann: I just feel the reality of heaven.

I have chosen to end this narrative of the session here, where this theme of heaven concludes, as this is the focus of the following theological reflection.

As I contemplated on this narrative, I followed the method of theological reflection by Killen and De Beer (1994) "beginning with a life situation" (p.88-89) and journaled about the experience. Through this process, I found greater depth of understanding of my client's experience, and my relationship to this experience. I gained clarity, as though a veil lifted. The culmination of my reflective process was realizing that as I became close to the experience again, new meaning about spiritual transformation, individuation, and wholeness emerged. Instead of focusing on what spiritual transformation meant on a cognitive level, I turned back to the experience. I began to recognize how "the difference between *being* and *experience of being* undergirds the distinction between faith and spirituality" (Clark, 2000a, p.21). I realized that what was going to be crucial in understanding Ann's transformational spiritual experience was to remain close to it, integrating various theoretical perspectives of psychology, psychotherapy, theology, and art therapy.

Thus, my process with a method of theological reflection by Killen and De Beer (1994) was an enlightening experience that gave me a practical tool to gain new insight by reflecting on the richness and complexity of Ann's case. When I intentionally entered in a nonjudgmental stance as suggested (Killen & De Beer, 1994), the experience was saturated with feeling, as the authors explained it might be. Killen and De Beer's (1994) prose about feelings are poignant. For example, "feelings are the gift of embodied but unarticulated wisdom" (p.32-33). As I contemplated Ann's reflections on heaven this time, I felt as mystified and awed as I did in the moment. I also felt a sense of calm washing over me, and all tension leaving me. In this sense, it was tranquil yet it was also exhilarating, paradoxically both peaceful and exciting.

Killen and De Beer's (1994) way of articulating the connection between feeling and imagery is powerful. Feelings accompanying our experience are "the carriers of the unspoken, unrecognized question" and "if we attend to those feelings as a gift, they help us to articulate our question by leading us to an image" (p.33). This idea has nuances of Jung's active imagination (Chodorow, 1997; Jung, 1961/2011). I was curious to explore this and see what images I would be led to. What emerged, and what I felt most captured my feelings of vibrancy and calm, was an image of a meadow full of colourful flowers, basking in the radiance of the sun. At first, I wasn't sure about this flowery image of nature. Yet here it was, as I was reflecting on my feelings on this narrative, and on Ann's expressions of heaven. I decided to explore this. Why did this image emerge? What was the connection? Perhaps it was Ann's imagery of "A Flower" and "Flourishing" (see appendix B, figures 13 & 14).

I contemplated the energy and strength of the flowers, how they seemed to defy gravity as they reached towards the light, and at the same time were rooted in the soil. I also noticed the vulnerability and fragility, and how easily the flowers could be uprooted or trampled on. There was a sense of sorrow in this, yet there was also a sense of joy in the blossoming and fullness of the flowers. Tension existed between this sense of sorrow and joy, between the flower's energy and its fragility, its strength and vulnerability, its roots in the darkness of the soil and its blossoming in the brightness of the light, and its potential of being either nurtured or destroyed by the elements of its environment.

In keeping with Killen and De Beer's (1994) method of theological reflection, I pondered how the Sacred could be present and calling from this image. Hence the image became potent with meaning. I thought of the transformational process of flowers, of the seedlings pushing through the soil, finding their way to the light, free to become what they are, with the providence of their environment, all the elements of nature. What meaning was this image symbolizing? Being brought to this question amazed me. As I continued to sit with it, the thoughts that came to me about transformation and wholeness mystified me. There was a richness in this that stirred me. Was there something sacred in this image? I was awed with the feeling of a Sacred Presence. I wondered, were answers to my questions about spiritual transformation and wholeness being revealed to me?

I continued to sit with the image, seeing where it would take me in faith tradition, and what sacred texts, words of scripture from the Holy Bible would emerge; still following Killen and De Beer's (1994) method of theological reflection beginning with experience. I recalled passages in scripture that I am familiar with that are related to this image of flowers. What emerged as most meaningful was a quote of scripture from the

Old Testament. I had learned of it years ago, seeing it first in a gift shop. This verse of scripture was, “the grass withers and the flowers fall, but the word of our God endures forever” (Isaiah 40:8 NIV). I noticed the paradox and tension in this verse: both sorrow in contemplating “the grass withers and the flowers fall” and the comfort in knowing “but the word of our God endures forever.” The thought of grass withering and flowers falling was sad, but the hope offered in this message brought me peace.

I began to pull together threads of the conversation between the insights emerging in contemplation of the image of the flowers and of the sacred text. Then I began to weave them together. I noticed how both the image of the flower and the verse from scripture contain paradoxes about flowers that we can relate to as human beings. Like flowers in their blossoming fullness, we have strength, energy, and vitality in our wholeness of health, but like flowers, we are also vulnerable and fragile, we wither and fall. Faith in God’s enduring word gives us a way to stand in this dichotomy, to know the sorrows of our vulnerable existence, and to transcend them and find hope. As Ann expressed so beautifully, I too could “*feel the reality of heaven.*”

I thought more about the phrase, “the word of our God endures forever,” and thought of other verses of scripture about “the word of our God” in the New Testament. “In the beginning was the Word, and the Word was with God, and the Word was God” (John 1:1-3, NIV), and “the Word became flesh and made his dwelling among us” (John 1:14a, NIV). I find that I am mystified and filled with wonder, as I contemplate this beautiful story that Christian faith is founded upon. Our Creator God, desiring to be in a relationship with creation, “became flesh” and “dwelled among us.” This is a beautiful love story, of a Divine Redeeming Love. It is a story that does not end, it “endures

forever.” To experience this mystery in an embodied way, to imagine and to feel this as reality, is spiritually transformative.

The last step in Killen and De Beer’s (1984) method of theological reflection I used, beginning with entry into the experience in the above narrative, asks us how we can bring the learning of the experience into daily life. I took time ponder this. How can I take the insights from my experience of theological reflection on this narrative, part of Ann’s closing session, into my daily living? Inspired by my client, my intention is to make a conscious daily practice of living in this heightened awareness of experiencing the “reality of heaven” in daily life. I seek to be more fully present in each moment of life, to feel the vitality of conscious living and walking with the Spirit. I seek this and the wholeness it offers, to know both the vitality and fragility of life, both the joy and despair that life can bring, with the tranquility of feeling the enduring presence of Divine Love.

Through the process of theological reflection as described, beginning with the narrative of this closing session with my client, I found greater depth of understanding of my client’s experience, and my relationship with this experience. Thus, my process with a method of theological reflection by Killen and De Beer (1994) was an enlightening experience.

As mentioned previously, I appreciate the distinction Clark (2000a) makes between characteristics of faith communities; namely faith, spirituality, theology, and religion (p.29). This helped me have a clearer understanding of Ann’s experience, as well as my own, particularly in distinguishing between faith and spirituality. When Ann began art therapy she clearly stated that she was a Christian. She had faith, or a belief in a relationship with God, but she did not have spirituality, or an experience of her belief in

a relationship with God. As she had said herself, she believed God loved her, but she “*did not feel loved by God.*” Hence there was this underlying spiritual issue that may have been the major contribution to her depression. Art therapy gave her the opportunity to have the depth of experience of being in relationship with (Clark, 2000a), and to “*feel loved by God.*” For Ann, this was spiritually transformative. She used this word, transformation, and wrote it on one of her art images. She was no longer isolated in despair and self-hatred. She experienced God’s love, and through this she was able to find self-acceptance. How did this happen?

From the literature review in Chapter 2, I am reminded of the Buddhist parable, also known as a Zen koan, “the whole world is the medicine, what is the illness?” (as cited in Shoshanna, 2008, p. 247). Also, as previously mentioned, “Boisen theologially defined the heart of darkness in his crisis, and in general for psychiatric disorders, as one of ‘estrangement and isolation’” (as cited in VanKatwyk, 2010, p.5) “due to the presence of instinctual claims which can neither be controlled or acknowledged for fear of condemnation” (Boisen, 1960, p, 197). As Boisen further postulates, those who struggle with various mental health issues, “accepting the inherited loyalties and the associated standards of ideals, feel themselves *isolated* from those whose love is necessary to them” [emphasis mine] (1962, p.144).

Ann’s presenting issue when she first came to art therapy was major depression. She was divorced, her children were grown, she was living alone. Feelings of loneliness and isolation may have exacerbated her experience of depression. However, a significant amount of the emotional pain that contributed to the depression that Ann had experienced throughout her life stemmed from her childhood. Ann had been isolated not just socially

but psychologically. She had internalized the shame of childhood experiences of physical and sexual abuse. I am grieved when I think of the suffering she has endured. Shame contributed to her embedded core belief that she was undeserving of love, and ultimately unworthy of Divine Love, and this core belief had kept her separated from love, and led to self-hatred. Perhaps this was what was most problematic in Ann's experience of depression; her shame had isolated her from the love of others, self and God. This was her illness, for which the community of the whole world is medicine.

In art therapy, Ann had found it safe to reveal her secret; she found she could, as Boisen (1962) says, "socialize" her hidden core belief of unworthiness. Thus, she then moved out of isolation and into community. I am reminded of words from scripture, "For where two or three are gathered in my name, I am there with them" (Matthew 18:20, NIV). These are words that have been meaningful to me in my practicum experience including sessions with Ann. In her exploration process in art therapy, Ann believed that we were not alone, that the Divine was present with us, and the Spirit guided her healing process. As she proclaimed towards the end of this last session, *I don't know where the word mastodon came from, I just have to believe it was Divine Intervention.*

Art therapy gave Ann the opportunity, through the process of active imagination, to get in touch with her feelings in relationship with the Divine Other, herself, and others. Through reflections on her dreams and imagery related to spirituality, Ann became open to experiencing Divine Love, and to finding self-compassion and joy. She truly found the ability to *eradicate self-hatred*, her goal for art therapy. By the end of the process, Ann was able say, *I just feel the reality of heaven.* As the student art therapist in this study, which I have called "a living human portrait," I am grateful for the healing Ann

experienced, and how she entrusted me with the privilege of journeying with her through this process. It was an experience that I hold sacred.

Framing the Portrait: Implications for Practice and Further Research

As mentioned in Chapter 3, “ultimately, the researcher is interested in discovering what can be learned from a particular encounter, or encounters, in the field that have bearing on the art therapy practice” (Kapitan, 2010, p.103). As the researcher, I was interested in discovering what can be learned from exploring this encounter, the client’s spiritually transformative art therapy process. What was learned? How does it add to the literature? What are the implications for the professional practice of art therapy and further research?

The intention of this exploration was to give readers the opportunity to get up close and personal with one person’s story of psychopathology and healing. Perhaps the most valuable learning from this is that human experience is complex and not easily generalizable. There are no “one size fits all” easy solutions, which conveys the paradox that we all share in the human condition (Nouwen, 1972). The deeper we go the more we find we have in common (Sarton, 1986), yet each of us needs to feel understood and accepted unconditionally as the unique human beings we are. The client’s life story in this case portrays what depth psychologists have theorized; if spiritual issues such as the effects of childhood trauma are hidden from conscious awareness and are not confronted, psychopathology can continue for a lifetime, keeping a person isolated in feelings of shame, worthlessness, and powerlessness (Jung, 1961/2011). Other forms of psychotherapy, such as cognitive behavioral therapy and biomedical interventions are not going to be fully sufficient if underlying issues exist and are not addressed. This case

study also portrays how positive outcomes can be achieved through addressing underlying issues in art therapy.

Spiritually integrated, art-based, person-centered, expressive arts, and narrative therapy theory that informed my practice in this case, helped my client achieve her goals. Confronting spiritual issues through a process of active imagination, and creating art in the safety of a confidential nurturing therapeutic environment allowed her to find healing, individuation, self-compassion, and personal empowerment. Art therapy was particularly effective in that through her art Ann expressed what was too difficult to express verbally.

Though it is disturbing that Ann was not able to express anything about this childhood trauma for years before, and this had kept her isolated in self-hatred, powerlessness, and fear of sexual intimacy over the span of her life since, it is equally as tragic that statistically this is a common issue for women. Furthermore, many cases like this client's go unreported and do not contribute to these statistics. I have learned through this study that as an art therapist, I need to be sensitive and attentive in listening and observing closely, so I do not miss any signs of trauma. Furthermore, I have learned that as a postmodern art therapist I need to advocate for human rights and social justice issues. I have been inspired the message Anthony Boisen (1960), received during prayer: "Something seemed to say almost in words '*Don't be afraid to tell,*'" which empowered him to tell his story of emotional and spiritual suffering (p.47). Therefore, I stand in solidarity with my client in her courage to have her story told.

A Last Glance at the Portrait: Final Words

In this thesis, I have attempted to fashion a new approach to case study “a living human portrait.” I have sought to create this as a work of art, as a portraitist, an artist, “a weaver of a fine piece of cloth” (Stone and Duke, 1996, p.37). At the same time respecting and knowing my limitations as this “takes skill, practiced and honed over time, to make a useful and adequate theology” (Stone and Duke, 1996, p.37). Using an integrated method of qualitative research, I have explored a client’s spiritually transformative experience in art therapy. This was a challenging research project that at times brought frustration. Yet it also brought joy and celebration. It was truly liberating to carry forth an interdisciplinary reflection of this lived experience, as an art therapy student working with a client in my practicum, and witnessing her life-changing experience. I acknowledge Killen and De Beer’s (1994) admonition, “through theological reflection we embody the courage to wait joyfully for the gift of meaning, a gift that cannot be claimed as a personal accomplishment” (p.143). This “living human portrait” of a client’s experience of spiritual transformation in art therapy has not just informed this thesis and my practice, it is a gift of meaning I am grateful for. It has enriched my life.

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Appendix A

The following is a collection of art by the author, which is referenced by a section in Chapter 4, "Situating Myself as Portraitist and art therapist: A Reflection on who I am" (pp. 80 - 91).

Figure 1. The Butterfly Dance I
36 x 48" Tempura on Paper, May 2013.

Figure 1-a. (detail of above).

Figure 2-a, b, c & d. More Butterfly Images.
(other expressive arts modalities).

Figure 3. A Studio Visitor.
(photograph courtesy of colleague, used with permission.)

Figure 4-a & b. Chrysalis I
8" sculpture, Mixed Media, February 2014.

Figure 5. Chrysalis II,
8" Sculpture, Recycled Plastic

Figure 6. Mother and Child,
36 x 48" Oil touch painting on Paper, November 2013



The Butterfly Dance I - 36 x 48" Tempura on Paper, May 2013



Figure 1-a: (Detail). The Butterfly Dance I, 36 x 48" Tempura on Paper, May 2013

The Gratitude of a Butterfly

You have turned my mourning into dancing!
You have taken off my chrysalis!

You have set me free
and clothed me with wings;
wings of joy, knowing this freedom;
wings of gratitude, knowing this joy.

There are times that are stormy.
When there is rain that weighs me down,
and I am not able to move my wings.

But I have learned that these times pass,
and soon I am free again to fly,
to dance among the flowers,
and enjoy the light and the warmth of the sun.

You gave me new life!
With my wings, I will praise you and not be silent, O God,
I will give thanks to You forever!

Paraphrase of a Psalm, Laura David Foster



Figure 2-a, b, & c. More Butterfly Images. (other expressive arts modalities).



Figure 5: Another Butterfly Image: “La-Di-Da” 9” doll, mixed media, January, 2014.



Figure 3. A Studio Visitor. (photograph courtesy of colleague, used with permission.)



Figure 4-a & b. Chrysalis I (exterior & interior)
8" sculpture, Mixed Media, February 2014.



Figure 5. Chrysalis II, 8" Sculpture, Recycled
Plastic



Figure 6. Mother and Child, 36 x 48" Oil touch painting on Paper, November 2013

Appendix B

The following is a collection of art by the client, which is referenced in Chapter 5, “Painting a living human portrait” (pp. 109-139).

Figure 1. The Inner Critic, Margaret

Figure 2. The Landfill

Figure 3. The Landfill Decomposed

Figure 4. Margaret and Ann [pseudonyms] on the Mastodon

Figure 5. Ann Margaret on the Mastodon in the Storm

Figure 6. The Breakthrough Dream

Figure 7. Ann Margaret and the Mastodon in the Breakthrough

Figure 8. Ann Margaret and The Mastodon’s Journey

Figure 9. The Map of the Journey

Figure 10. A Whole New Person

Figure 11. One of Ann’s “Zentangles”

Figure 12. Crossroads

Figure 13. Scribbling, A Whole New World

Figure 14. Flower

Figure 15. Flourishing

Figure 16. Heaven

Figure 17. Poem in Response: A Message to a child, by Laura Foster, March 2017.

Note: Precautions have been made to maintain client confidentiality. Any names or other identifiable information have been covered in images and/or cropped from photos



Figure 1: The Inner Critic, Margaret



Figure 2. The Landfill



Figure 3. The Landfill Decomposed.



Figure 4. Margaret and Ann on the Mastodon



Figure 5. Ann Margaret and the Mastodon in the Storm



Figure 6. The Breakthrough



Figure 7. Ann Margaret and the Mastodon in the Breakthrough



Figure 8. Ann Margaret and The Mastodon's Journey



Figure 9. The Map of the Journey



Figure 11. One of Ann's "Zentangling" pieces.



Figure 12. Crossroads (and Details)



Figure 13. Scribbling, A Whole New World



Figure 14. Flower



Figure 15. Flourishing



Figure 16. Heaven

A message For a Child:

Oh, dear child, you really
needed to draw
this drawing
for such a long time.

I am so sorry you didn't know
you needed to draw your story.
It must have been hard to carry it
inside for so so-o-o long.

I am glad you have had a chance now
to draw and paint your story, and
to express the pain you lived,
and get it out.

It wasn't your fault, you know.
You have felt shame
for far too long,
and suffered far too, too, much.

But now your art has become
the holder of this story,
and you no longer need to bear
containing it and holding it in.

**You can let it go now,
yes, let it all go and breathe,
paint and play, it's all okay now,
you're okay now, dear child.**

Figure 17. Poem by Laura Foster, March 2017.
(My artistic response, dedicated to Ann.)

Appendix C

A sample copy of the consent form that was used with the client in this study, from my practicum experience in psychotherapy and spirituality with an art therapy specialization through St. Stephen's College, are on the following pages. They are pdf copies from St. Stephen's College Practicum Manual (2016), that can also be accessed online (<http://ststephenscollege.ca/wp-content/uploads/Practicum-Manual-2016-Mar.pdf>).


ST STEPHEN'S COLLEGE

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 St Stephen's
 College

**DEPARTMENT OF PSYCHOTHERAPY AND SPIRITUALITY
 PRACTICUM
 CONSENT TO COUNSELLING/
 ART THERAPY SERVICES
 INFORMATION FOR NEW CLIENTS (ADULT)**

Name of Agency	
Practicum Student Name	

What is confidentiality?

Confidentiality is an essential aspect of counseling services. It is important for a client to be able to feel open and comfortable during counselling and/or art therapy sessions. This means that information about a client will only be accessed by those who have authorization. All case notes and/or art work collected will be kept confidential.

What are the exceptions to confidentiality?

There are important exceptions to confidentiality regardless of the counselling setting. A client's information may be used and disclosed as authorized or required by law. Some examples when a counsellor is required to share confidential information are if there are:

1. Concerns about client's harm to him/herself, including suicidal ideation and behaviours
2. Concerns about client's harm to others, including threats of violence
3. Concerns of child abuse, elder abuse, dependent adult abuse
4. Orders by the court of law

Consent

	<i>Initial</i>	<i>Date</i>
I agree to participate in and receive counselling and/or art therapy services from a Practicum Student/Counsellor enrolled in a graduate program in the Department of Psychotherapy and Spirituality at St Stephen's College. This Practicum Student/Counsellor is training as a psychotherapy counsellor and/or art therapist. I understand that the Practicum Student/Counsellor is being supervised by a Registered Mental Health Professional, which means my case will be discussed with the clinical supervisor, and that case notes may be read and co-signed by the clinical and site supervisor(s) in the educational setting.		
I grant permission for my case notes and/or art to be shown to professionals for supervision and educational purposes. I understand that such materials may be shared confidentially via email and/or shown in-person.		
I grant permission for my case notes and/or art to be shown to students for educational purposes. I understand that such materials will be shared confidentially and that in doing so will not contain any identifying personal information.		
I grant permission for the use and verbal description of my case notes and/or photos of artwork to be used by the Practicum Student/Counsellor for academic assignments and research purposes, including a case study.		
I understand that the case notes and/or art work collected will be securely stored at the practicum site and that my counselling file is required to be securely kept for 7 years following the completion of counselling.		
I give permission for pertinent case notes and/or artwork to be included in the Practicum Student/Counsellor's graduate thesis and educational case study presentations. This permission is given with the understanding that identities will be protected to prevent public disclosure.		

	Initial	Date
<p><i>Permission for Digital Recording:</i> I give permission to the Practicum Student/Counsellor to digitally or video-record any counselling/art therapy session in which I am involved. I have been informed and understand that all digital recording will be done with my full knowledge and will be used solely for counsellor training, supervision, and/or consultation purposes. [Students in the MPS and PMATC programs at St Stephen's College are required to complete a process and integrative paper as part of their practicum assignments, both of which require recording a counselling session. The focus of these papers is to reflect on the student's work.] Any other use of this material is unauthorized unless I give informed written consent. I understand that the material is kept strictly confidential and that the record will be deleted or otherwise destroyed at the completion of the Practicum Student/Counsellor's practicum. I understand that I may withdraw this permission to record my sessions without penalty by informing the Practicum Student/Counsellor or the Agency/Organization supervisor orally or in writing, at which point any recordings that have been created of my sessions will be immediately destroyed.</p>		
<p><i>Optional:</i> I give permission for pertinent case notes and/or artwork to be included in the Practicum Student/Counsellor's publications outside of the classroom. This could include conferences, courses, articles and books. This permission is given with the understanding that identities will be protected to prevent public disclosure.</p>		
<p><i>Optional Consent for Obtaining Confidential Information:</i> I authorize the Practicum Student/Counsellor to request and receive information concerning me from _____, (ie. my doctor) which by law or otherwise, would be considered confidential or privileged. This information will be used for _____.</p>		
<p><i>Optional Consent for Releasing Confidential Information:</i> I authorize the Practicum Student/Counsellor to release information concerning me from _____, (ie. my doctor) which by law or otherwise, would be considered confidential or privileged. This information will be used for _____.</p>		
<p>I understand my right to withdraw my participation in counselling at any time.</p>		

Signatures

Client Name: _____ Signature: _____

Practicum Student/Counsellor Name: _____ Signature: _____

Site Supervisor Name: _____ Signature: _____

Clinical Supervisor Name: _____ Signature: _____

Date: _____

The co-signature of the Practicum Student/Counsellor on this form acknowledges responsibility for the professional use and appropriate security of my personal information, protection of and disposal of recorded material. The Site and Clinical Supervisors' signatures are verification that this consent form has been reviewed and accepted by the Agency and Clinical Supervisor. **ORIGINAL:** kept in Client file at Practicum Site. **PRACTICUM STUDENT TO PROVIDE COPIES TO:** (1) Supervisor(s), (2) Client or their Guardian