Private to Public:

Therapeutic impact and ethics of sharing artwork in trauma resolution

by

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A Culminating Project Contextual Essay

Presented to the Faculty of the Graduate School

Mount Mary University

in Partial Fulfillment of the Requirements for the Degree of

Doctor of Art Therapy

May, 2017

PRIVATE-PUBLIC: THERAPEUTIC IMPACT AND ETHICS OF SHARING ARTWORK IN TRAUMA RESOLUTION

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Abstract

Private To Public: Therapeutic Impact and Ethics of Sharing Artwork in Trauma Resolution

What happens to art therapy clients when they move from a private therapeutic setting to the public realm to further understand, explore and resolve their trauma? This doctoral dissertation project, in the form of an instructional video and contextual essay, explored the therapeutic value of sharing artwork in a public exhibition by individuals who experienced trauma through the death of a child, infertility, or miscarriage. Arts based research was used to produce a film *Bearing Witness*. The research explored the ethics of sharing artwork in trauma treatment and defined how intersubjectivity may influence practice as a means of communication. The research found that, while some participants chose not to share in order to protect others from their pain, there are various permutations of sharing artwork that support the process of reintegration along with other therapeutic benefits from participation in a supportive community show. Additionally, response art can be used as an integral nonverbal component of didactic attunement to support the therapeutic relationship.

Keywords: Art therapy, trauma, reintegration, public sharing, intersubjectivity, response art, ethics, artwork

Acknowledgements

Thanks to Martin Baumgartner for flying across the country, donating the use of your expert video equipment and working through the weekend despite having the flu to help document this film.

Thanks to Erik Law for donating countless hours editing and revising and editing the film some more. Your skills as a videographer are incredible. This project would not have been possible without your help.

Thanks to all of the people who were willing to be a part of this research. Your willingness to be vulnerable and share your story is an inspiration and will impact so many. Your losses are real and your pain does not go unnoticed.

Dedication

This research is dedicated to my mentor, Don Seiden. You have been and will always be an inspiration. You taught me how to be authentic, how to be in relationship, how art therapy works and how our friendship has shaped who I am today. I will always hold you close to my heart.

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CHAPTER 1: INTRODUCTION

This study explored the importance of empowering those art therapy clients who could act with agency by sharing their artwork with an audience that valued their story/work and affirmed their understanding of the trauma experience. The study examined whether moving a client's art and story out of the typically private realm of therapy and into the public realm can be helpful in making meaning, while acknowledging that not all clients may benefit from such sharing in their work to fully integrate an understanding of themselves in relationship to their trauma.

In this essay I will describe the conceptual terrain in which the study is situated, with attention to the following major concepts: what happens in therapy, trauma and art therapy treatment, attunement, attachment, intersubjectivity, embodied art making and viewing, reintegration, and ethics. These concepts are integral to the framework of my research. Then I will describe the research methodology of my study, followed by discussion of the findings from my inquiry, and the study limitations. I will conclude by describing my dissemination plan, the implications for the field, and proposed future research that may result from this study.

This essay accompanies the film *Bearing Witness*, with a focus on the process of reintegration in trauma treatment, noting how it is under-emphasized in art therapy trauma literature. Intersubjectivity (which I will define in Chapter 2 and further analyze in Chapter 3) was an important concept in understanding how it was possible for participants to transform meaning in trauma through the witness of others. The essay will examine where and how meaning making occurs, the lens of the intersubjective space in therapy and in public, and the ethics associated with the public display of client art. It will

explore how being a part of a group of people who experienced similar pain and witnessing one another's pain contributed to the participants' healing. In the context of this research I define public as an intentional group of individuals who are curiously engaged in the content, material, and story behind the artwork and its creator. This group of people could range from significant family members, a related group of people who have experienced similar challenges, domestic violence survivors group or local veterans of war, to a group of therapists in training.

Siegel (2017) proposed a new definition of the mind. He described mind as "an embodied and relational, self-organizing emergent process that regulates the flow of energy and information both within and between" (p. 37). I connect his definition of the mind to how I understand intersubjectivity theory. Siegel wrote, "our relationships with one another shape the direction and nature of energy and information flow—between and within us" (p. 70). He postulated that mind is not something that lives inside of our brain but is a process of engagement within the individual based on one's relationship with others. This idea is important to this research. Some people choose to make art on their own and it is therapeutic for them, but the experience remains, in a sense, inside them. By contrast, when an artist shares an artwork with a trusted individual who can reflect back what is seen in an empathic and affirmed way, that relational interaction changes the internal process, allowing the artist to integrate an understanding of self.

My aim was to produce research evidence that will allow art therapists, clients, and clinicians who treat trauma to consider the benefits of extending treatment beyond the creation and private discussion of art that is created for trauma resolution. Because the public sphere is a vehicle for witness and self-advocacy, as well as public perspective

changing, I see this research contributing to art therapy as social action by shifting the focus from confidential clinical settings to a broader application intended to reduce the stigma of treatment through its public embrace and affirmation.

As clients externalize their stories, they uncover more of their truth when they share it with a witness who is outside the intersubjective space between therapist and client. When this shift to others happens, the therapist is no longer perceived by the client to be the sole expert on the client's healing process. This transformation of the relationship between therapist and client supports the client's ability to claim her or his truth (Foucault & Rabinow, 1994). The outside witness—whether another person or the client looking back on an earlier self—can offer another perspective that sees the client as someone who has overcome atrocity, which allows the client to claim personal power related to self-actualization. The client no longer views the therapist as the only one who is influential in the treatment. The client can begin to see himself or herself in multiple new ways: as someone who has suffered an atrocity, as someone who is empowered to impact others by sharing the story/art publicly, and as someone whose pain can be helpful to others who are suffering. The client embraces his or her own power to impact others, is no longer solely dependent on the therapist to feel okay, and makes new meaning of the pain.

I hypothesize that when art therapists who treat trauma provide opportunities for clients to share their work publicly, the arc of treatment may shift toward client empowerment and meaning construction. The emphasis in my study is on the beneficial potential of public sharing of art as a part of the client's process of trauma reintegration. In addition I perceive the central problem as a failure of art therapists to fully consider the

value of public sharing of art as an additional part of trauma resolution. Galleries specifically created for survivors of abuse, violence, and trauma exist, and many have been created by individuals who are explicitly seeking to educate the public, to create awareness and to reduce stigma. See, for example: http://www.survivorsartfoundation.org/; http://project-unbreakable.org/; and http://www.verahouse.org. However, such spaces as these are rarely mentioned in relationship to art therapy.

The literature discusses the need for reintegration but there has been little to no documentation in the field regarding the value of sharing artwork publicly as a part of trauma resolution. This is the gap in the research that I attempted to address with this study.

CHAPTER 2: REVIEW OF THE LITERATURE

Background and Significance of the Problem

In therapy, the work within the therapeutic relationship moves through stages. For the client this involves forming a trusting connection, followed by revealing vulnerable aspects of self, exploring thoughts and patterns of coping, and gradually learning new behaviors or methods to deal with life. The therapist also is forming a trusting connection and looking inward to explore the impact of the client by examining reactions and feelings to both the client and the client's experience. As the client and therapist work through the course of treatment, the emotional needs of the client change and the treatment should adjust accordingly.

Individuals who have experienced trauma suffer from guilt and shame associated with the traumatic event(s), feel isolated in their pain, and struggle with finding appropriate people to talk to or spaces where they can express the totality of their experiences (Shapiro 2012; van der Kolk 2006a). When treating individuals with trauma histories, clinicians utilize either "bottom up" (also known as body-to-brain) methods or "top down" (also known as brain-to-body) methods (Perry, 2006). A bottom-up approach would first elicit somatic or felt sensations in the body, then encourage expression and release, and finally strive to facilitate creating a narrative or naming what was expressed. Some clients find that making expressive, abstract imagery is helpful to elicit a representation of the complex feelings associated with their trauma (Howie, 2016). Engaging in embodied art making—utilizing art materials in a manner which allows clients to release their internal feeling states by connecting their body and movement with the art materials—can be helpful in reducing the intensity of pain and in sublimating

trauma (Chilton & Scotti 2014; Fuchs & Koch 2011; Quilman 2012). But not everyone is able to work in this manner. A top-down approach may be better suited for those who tend to be more analytical (Naff, 2014). This approach would begin by examining the thoughts that are causing distress and working in a paced manner to identify and express feelings that are connected to those thoughts.

A common challenge experienced by people who have experienced trauma is being able to name and identify how they are feeling, or finding the words to explain what they experienced from the traumatic incident (van der Kolk, 2014). Broca’s area, the part of the brain that formulates words, can shut down when the brain is flooded with sensory information (Siegel, 2010a). This helps the body prepare to fight, flee, or freeze. In a traumatic moment the amygdala (i.e., sensory center of the brain) engages and the frontal cortex, where coherent thinking occurs, goes off line to focus its energy on survival (van der Kolk, 2014).

Two important concepts that are central to the therapeutic relationship are attunement and attachment (Bolby, 1988; Siegel 2010). To attune is to feel with another; that is, to align an understanding of empathizing with the experience and connecting with the other’s felt sense of pain. Attachment relates to the early connection between mother and child (Winnicott, 1971). When applied to the therapeutic relationship between client and therapist, this attachment becomes an important point where clients can feel safe and allow themselves to be vulnerable. They are seen by the therapist and affirmed, thus deepening a connection to their self-acceptance.

Therapy takes place in an intersubjective space (Gerber, 2016; Skaife, 2001). Intersubjectivity is a concept that encompasses attuned sharing of emotion, attention, and

intention between two or more subjects. Within the relationship, individuals enter a psychological space of mutual understanding. In art therapy, therapist and client together explore the client's understanding and construction of self in relationship to the artwork that is created. The client extracts an understanding of self in viewing their art with the art therapist, who serves as its witness.

The art therapist who creates artwork in response to the client communicates understanding of the client's experience through response art (Fish, 2017). This allows the client to see herself or himself through the eye of the therapist, who is affirming and attuning to the client, thus helping the client to be validated. An art therapist who attunes to or "feels with" the client actually views that client's artwork with an embodied sense of experiencing (Buk, 2009; Franklin, 2010). This deep connection can be translated back to the client when the art therapist creates art work in response that communicates understanding.

Similarly, in the field of psychodrama, the idea of seeing oneself through the eye of the other is an important component of healing (Moreno, 1987). This concept is also translated in the use of video in therapy (Cohen & Orr, 2015). Clients see their selves reflected back when watching themselves on video (Arauzo, Watson, & Hulgus, 1994). They also see their selves reflected back when their artwork is shared in a public space (Potash & Ho, 2011). The public serves as an important component in helping clients gain distance from their emotionally charged material by offering validation to their pain and in allowing them to see themselves from a different perspective.

Reintegration of the self in relation to the trauma is central to the work that is done in psychodrama and video therapy, as it effectively allows a space to see oneself

through a different lens, thus offering insights that can be incorporated into a new and evolving understanding of the self. If this is the case, why hasn't the field of art therapy adopted these tools for the reintegration phase in the resolution of trauma?

One possible answer to this question may come from examining the ethics of sharing artwork publicly. Art therapists are trained to protect the confidentiality of the work that is done in therapy. Subsequently, they generally don't encourage clients to share personal, private artwork that was created in therapy, out of concern for exploiting the client, re-traumatizing them, or breaking confidentiality. This research film and contextual essay is an attempt to explore the therapeutic value of sharing artwork publicly. Thus, one purpose of the research is to challenge some current practices that do not encourage clients to share their art publicly.

Conceptual/Theoretical Framework

There is a need for an art therapy framework that includes the public sharing of artwork as an explicit and beneficial part of the trauma treatment process for some clients. The following subsets of literature will be explored:

1. Components of therapy
2. Trauma treatment
    a. Art therapy trauma treatment
    b. Tools and approaches
    c. Attunement
    d. Attachment
3. Intersubjectivity
    a. Response art
    b. Embodied art making

    c. Embodied art viewing

4. Reintegration
    a. Video and psychodrama in therapy
    b. Art exhibition and making meaning for trauma survivors
    c. Ethical considerations of sharing

What Happens in Therapy?

Therapy is conducted between two individuals who enter the relationship with mutual intentions and who formulate shared goals in treatment. The relationship evolves over time, initially establishing trust and a foundation to work from. Then, as the client reveals vulnerable aspects of the self that are supported by the therapist's validation and different perspective, the client can see his or her own experiences with new understanding and insight. Similarly, in group therapy the clients move through stages of forming, storming, norming, performing, and adjourning (Yalom, 2005). In each stage, there are different emotional needs expressed and supported; clients move through these stages as they shift their perspective in how they see and understand themselves in relationship to others.

From a person-centered perspective, the relationship is at the center of the work between client and therapist (Bowlby, 1988). Developing rapport and building trust becomes the foundation from which the therapeutic work can be done. This relationship mirrors the early attachment between mother and child (Winnicott, 1971). Winnicott's theory, known as object relations, identified ego development as stemming from early attachment with the mother, who meets the baby's needs and is "good enough"—she allows for the infant to be frustrated appropriately at different stages of maturation. The

baby thus learns over time how to adapt to the changing role of the mother/environment, and it is in this relationship that a transitional space of growth and development evolves.

Trauma

Traumatized people live in a disordered reality; they see threat, fear, and paralysis where others do not. In their experience, something has happened that they have no control over and they feel helpless. They interpret the world almost entirely through their emotions (van der Kolk, 2014). Art therapy can induce a playful state via the manipulation of art media, which can be experienced as a reparative emotional experience in the presence of a supportive art therapist (King-West & Hass-Cohen, 2008).

Trauma can be categorized into different levels of intensity. There is simple trauma or a single incident, and developmental trauma occurring during the period of early childhood that impairs typical healthy development (Perry, 2009; van der Kolk, 2014). Complex trauma is multilayered and relates to multiple traumatic events that impair functioning (van der Kolk & Burbridge, 2002). Traumatic grief, the focus of this research, is defined as experiencing the death of a significant other, followed by yearning, searching, or longing, and later by marked and persistent depressive symptoms that cause significant impairment in areas of functioning and lasting at least or more than two months duration (Jacobs, Mazure & Prigerson, 2000). The psychological and psychosocial impact of miscarriage, which was the population for my research study, conforms to this definition of traumatic grief (DeFrain, Millspaugh & Xiaolin, 1996).

Shapiro (2012) originated Eye Movement Desensitization and Reprocessing (EMDR) as an effective method for resolving trauma. Facilitated by a trained EMDR clinician, the work is divided into three phases. Phase I is focused on establishing trust, safety, and grounding. Phase II is the working phase that involves treatment planning, followed by identifying the negative cognitions associated with the traumatic memory, and then using a structured approach toward the target memory to work from. According to Shapiro, the therapist directs the client to bring up the target memory, to identify the level in which it is disruptive on a scale, and then to focus on that memory while the therapist engages the brain in bi-lateral stimulation through eye movements, auditory sounds, or physical tapping. The client imagines the memory while having the brain activated in both hemispheres, becoming aware of his or her presence in the moment and of the safety and support of the therapist while retrieving the upsetting memory. As the client continues to bring up the memory, the therapist occasionally checks in to see if the level of disturbance has decreased. As the traumatic content is imagined, the client is able to identify a new cognition that is now associated with the traumatic memory. The EMDR process continues until the memory is no longer felt to be disturbing and the client has adapted a healthy positive cognition associated with the traumatic memory. Phase III is focused on reintegration of the experience into daily life, helping the client to adapt to a new engagement with reality and set goals for the future.

Another important trauma treatment is Perry's (2009) Neurosequential Model of Therapeutics, which he developed from an understanding of those brain areas that are impacted by maltreatment combined with a thorough explanation of how the brain develops in early childhood. His model looked at neural networks that form in utero and

develop into birth, highlighting this sensitive period when norepinephrine, dopamine, and serotonin help modulate the brain functioning. Perry explained the importance of developing healthy neural pathways within the brain from the “bottom up” (p. 242); that is, by stimulating the most basic areas and functions related to information processing (i.e., brainstem) to the most complex functions (i.e., cortical areas).

Perry (2009) highlighted the significance of early disruptors, such as exposure to drugs or alcohol while in utero, which may alter the pathways in the brain for healthy functioning to develop, noting that brain development will impact how a person is able to manage future stressors. For example, a child who was exposed to drugs or alcohol in utero may be dysregulated, or be unable to regulate his or her emotions, and thus might have trouble focusing. This child may not benefit from engaging in reading or writing exercises because of difficulty in modulating his or her affect for long periods of time in a focused manner. In contrast, Perry noted that working from the bottom up by engaging clients in somatic or body-based repetitive patterned sensory experiences, such as art making or music making, helps them decrease anxiety and calm their hyper-aroused nervous systems. He advocated for the value of creative arts therapies to support new neural activity, which may address self-regulation problems that aid in trauma resolution. This has important implications for art therapy.

In art therapy, through repetitive actions with art materials, clients can match their internal feelings with outward expression. Doing so can offer comfort to help, for example, with soothing anxious feelings or releasing anger. Creating an art object that represents the pain and externalizes what is felt inside offers clients objective distance from their feelings and/or experiences. This externalization of an understanding of the

self is important; it allows clients to pause and, with the therapist, see themselves with a new understanding. Art therapy is uniquely suited to support clients in adapting new methods to cope with feelings, to assist in building skills in regulation, and to facilitate the creation of imagery that narrates client stories. These different kinds of assistance all support clients in the resolution of trauma.

Van der Kolk (2002, 2006a, 2006b, 2014) has published prolifically on the topic of trauma. His most recent book, *The Body Keeps the Score* (2014), offers excerpts from his research over the course of his career. In my review of the book (Andrus, 2016), I summarized his key contributions to neuroscience, his examination of the body-mind connection, and the various methods he suggests that support a body-to-brain ("bottom up") or brain-to-body ("top down") approach to resolving trauma. Important to my research, van der Kolk (2014) explained that there is no one method that works for everyone. What he has found is that various methods or approaches that are closely related to art therapy can be useful, including EMDR, yoga, biofeedback, and psychodrama.

Although van der Kolk doesn't discuss art therapy as a specific approach that is effective in trauma resolution, some of his key ideas (van der Kolk, 2014) do translate to our work as art therapists. Art can introduce new media or creative ways to approach problems; as art stimulates activity in the brain, the art therapist's function is to help the client open new possibilities. Art reflects who we are as human beings; we create community, we help clients connect with others, and we bring people back into their lives. Art helps the client envision a place and stay calm; as we provide tools to create safety, we help them go deep inside, stay calm, and find a safe place. Art can help people

feel competent and good at something; as we take effective action and cultivate imagination, we create self-ownership, which is the key to survival. Art provides a container for what people experience and is an extension of how they feel; as we help clients describe and know how they feel, they remember the trauma as a sensation, not as a narrative. Art becomes a reflection of their story; as we create a sense of belonging, we help them find a deep sense of who they are as beings. Art helps them make meaning.

Art Therapy Trauma Treatment

Within the last decade much has been documented on the treatment of trauma in art therapy. However, the process of resolution in art therapy trauma treatment, which I posit happens in the reintegration stage, has not been given much consideration in the literature.

Art therapists have described the importance of brain functioning in their work with trauma. In the treatment of trauma it is understood that there are three main phases: phase I includes grounding and resourcing, phase II focuses on working through the traumatic material, and phase III is specific to reintegrating the experience into life. Several authors (Gantt & Tinnin, 2007; Hass-Cohen, 2008; McNamee, 2004; Naff, 2014; Tripp, 2007) discussed transformation of the traumatic memory into narrative memory via shifts of processing from implicit to explicit, from right hemisphere to left, from sensation to narration, and from image to understanding and synthesis. Spring (2004), Talwar (2007), and Tripp (2007) proposed that art making can link trauma and symptoms through bilateral stimulation of brain hemispheres. These authors emphasize phase II protocols that involve bilateral engagement (i.e., when the therapist facilitates focused eye movement, art making, and tapping or listening to sounds while moving back and

forth across both the left and right sides of the body) while working through traumatic material. Carr (2008) concluded that art therapy engaged the complex regulatory centers in the prefrontal cortex, utilizing explicit and implicit memory to create novel ways to diminish expressed conflicts.

Some of the literature identifies top-down or trauma-focused cognitive behavioral (TF-CBT) methods for treating trauma. Naff (2014), for example, described a TF-CBT approach that relies on the client being able to identify what negative cognitions are associated with the trauma and examine the narrative associated with the event. For some clients this is difficult to do, as many clients do not have words to describe their traumatic experience. The TF-CBT framework is more of a top-down or brain-to-body approach, as compared to the bottom-up or body-to-brain approach emphasized in Perry's (2009) NMT model.

What is missing in the literature is a specific understanding of what it means to have resolved the trauma, as well as an in-depth understanding of what occurs in the reintegration phase of treatment that offers such an important period of insight and therapeutic growth. For example, Chapman, Morabito, Ladakakos, Schreier, and Knudson (2001) examined the efficacy of art therapy treatment interventions in their study of posttraumatic stress disorder (PTSD). Their study engaged the client after treatment had been terminated, but only mentioned "reintegration strategies" as part of a list of issues addressed without defining that term.

Pifalo (2002) has shown that processing artwork in a supportive group is effective in reducing trauma symptoms. King (2016a, 2016b) posited that empathy (i.e., learning how to feel and understand another's experience), both intimately and within a group, is

important. King discussed the therapeutic relationship, as well as the importance of relating to another person and reflecting what is understood in the client's experience. After reading both King and Pifalo, I infer that the therapeutic relationship is what helps disarm the defensive structure of the client and allows the letting go of shame and guilt associated with the trauma.

Rankin and Taucher (2003) laid out a task-oriented approach to treating trauma. The authors discussed different types of trauma survivors, juxtaposing those who struggle with connecting to others and those who fear being alone. They clarified that there is no one fixed or right way to resolve trauma. This is important to contemplate, as I am aware that some clients may not find relief and resolve the shame associated with their trauma by sharing their work publicly. However, for others being a part of a group and seeing others' art that relates to their experiences may be affirming and can support their healing process.

Attunement

Identifying and expressing emotions with clear feeling words is difficult for many people who have experienced trauma. As an art therapist, I support clients by having them express feelings by using a color or line to describe their internal experiences. We then can reflect on what they have created and study it to elicit meaning, understanding, and the feelings that they experienced related to the depiction of that part of themselves or their lives. As I work, I am consciously aware of my role in connecting with their internal feeling states or attuning to their experiences.

Hass-Cohen (2008) has written extensively on art therapy, trauma, and neuroscience. She explored the concepts of an attuned art therapist who is engaging with

the client, balancing the relational self while facilitating the expression of emotions in the artwork, and simultaneously building trust and moments of realization and reflection. "While talking about trauma may be re-stimulating for people with PTSD, creating a sense of action and the ability to control that action may engender increased energy, a felt sense of accomplishment and personal creative agency" (p. 286). I extrapolate that through sharing publicly, clients can act and present themselves and their art as something that holds their pain or their story. In doing so, they can reintegrate by making meaning of their experience, possibly impacting someone who had a similar experience and who could be helped by hearing their story. They can reintegrate a new self-concept as someone who has survived atrocity, someone who can use their pain to transform the self and help others.

Buk (2009) wrote that "what is required from the viewer is keen aesthetic sensitivity and a strong affinity and empathy for visual images to perceive and experience the aesthetic dynamics inherent in each image" (p. 62). She values the comprehension and understanding of the visual language in art therapy when viewing artwork with trauma survivors. She illustrated a case study in which she empathically attuned to the artwork and the client's story. In the third session Buk assisted in drawing a picture that depicted the client as punishing the perpetrator, and then had the client finish the image. The client and therapist could empathically attune to the client's therapeutic experience without needing to shift into cognitive analysis of that experience.

As the art enters this equation, it serves as a transitional object (Winnicott, 1971) whereby clients can see themselves and the therapist as connected while also separate and apart as a witness. "Immersion in the creative act of story weaving involves an

unearthing, a getting the story out of the body. This allows certain truths to be faced. Voice is given to the previously unspeakable" (Meekums, 2005, p. 103). Clients externalize an understanding of themselves, their feelings and experiences, which are then projected into the art. Consequently, the artwork becomes the holder of their experiences.

When reflecting on their own work, clients engage in the process of reflective distancing (Kagin & Lusebrink, 1998). They move from a state of flow in which they are absorbed in the process of artmaking to a state of reflection, stepping back to view what they have created. In doing so they may name or identify components of the artwork, moving it from a kinesthetic or sensory engagement into an affective perceptual level of understanding. Hass-Cohen and Findlay (2015) wrote, "it is in the space between the nonverbal art making and the verbalization of its meaning that the interpersonal self emerges" (p. 24).

As a therapist, I reflect what I see without naming it or giving it value judgments or analyzing. I use the client's words to reflect things that I notice. I describe the composition, the energy in the work, or the lack of energy (Seiden & Davis, 2013). I think it is important to establish a level of congruence, or shared understanding, when looking at the client's artwork. Through looking, giving the image a voice or sound, moving to the image, and sharing dialogue, therapists help to develop a contextual meaning, clarify feelings, and understand the client's artwork. They model ways for clients to step back and look at themselves with compassion. I am attuning to their image and in turn attuning to them (Franklin, 2010; Hass-Cohen, 2008).

These and related actions provide important support to clients for their feelings and experiences; clients in turn are validated and honored. Often with trauma shame is associated with the event or the inaction that occurred in response to the event. When offered compassion and understanding, clients can begin to let go of the shame and allow healing to begin. As they allow themselves to be vulnerable and loosen their defenses, they can connect with the therapist. They can be compassionate toward themselves and accept their art as their truth, thus accepting themselves. Upon reflecting on the art product that holds their truth, they have the power to share that truth with others who in turn validate and accept them, which helps them adopt a more integrated self. As Cozolino (2010) wrote, "the return from a state of shame to attunement results in a rebalancing of autonomic functioning, supports affect regulation, and contributes to the gradual development of self-regulation" (p. 193).

Attachment

Therapeutic alliance is important in resolving trauma. Kravits (2008) reflected on the importance of the early childhood experience, where the child is dependent on the primary caretaker to attend and attune to its needs so that the child can grow, develop, and thrive. Many adults treated by art therapists were not provided with adequate opportunities to attach as children, due to growing up in hyper-aroused home environments identified in the Adverse Childhood Events (ACE) study (Felitti et al., 1998). When the art therapist facilitates sessions in which clients can loosen defenses, allow themselves to be vulnerable, and develop methods for self-soothing, they may as a result be able to form a healthy attachment with the art therapist.

A key element of attachment is to tune into the internal world of another person, or to feel with them (Siegel, 2010). Doing so stimulates growth of integrative and regulation fibers in the brain. The act of dyadic attunement, where the therapist is attuning to the client experience and thus clients learn how to connect with themselves, creates resonance. As the client becomes more attuned, capacity for resonance can develop the middle prefrontal cortex, which is a place that is crucial for self-awareness and empathy. Self-awareness in turn builds a capacity for self-regulation, teaching the client how to track the sixth sense: what the heart is doing, what is felt in the throat, arms, and legs, and the sensation of the breath (Siegel, 2010b). Building these skills integrates the brain, helps the client feel better, and strengthens the ability to connect with the therapist, the art object and others (Siegel 2010a). In another example, Hass-Cohen (2008) wrote about the communication between the client and art therapist, noting that if the focus through eye contact becomes overwhelming the client can shift to looking at the art object, which builds self-regulation. The client finds comfort in the consistent support of the art therapist and the media, which contributes to strong attachment. As the client looks at the artwork, it becomes a kind of mirror, reflecting back a representation of the self. When this representation is validated by the art therapist, the client's ego strengthens. The client begins to be able to see himself or herself more objectively, thus allowing for greater self-awareness.

Winnicott (1971) theorized that the relationship between mother and child is critical for the ego to develop. He postulated that the ego is not simply a discrete "body-ego" but develops out of experiences in our early relationships (p. 101). He clarified that this relationship does not necessarily have to be with the infant's own mother but can be

with any primary caregiver who is able to adapt to the infant's needs. Early attachment style plays out in interpersonal relationships of an intimate nature in the client's life. The client relates to the therapist as a representation of the primary caregiver or mother.

As described earlier, a mother who is "good enough" begins the relationship by completely tending to and adapting to the infant's needs (Winnicott, 1971). Over time, the mother gradually provides opportunities for the infant to deal with failure. The infant initially has the illusion that he/she is one with the mother. As the infant matures over time and can see the mother as "good enough" or as the mother introduces failures to the infant, the infant adapts and sees the mother as real or a separate entity. Winnicott coined the term transitional object to explain the infant's search for an object to stand in for the mother as the infant adapts to separation and uses the object as a soothing replacement to help it tolerate frustration. Over time, the infant lessens its dependence on the object as he or she is able to tolerate frustration without it.

As a function of attachment, a transitional object is an illusion of perception (Winnicott, 1971). Infants perceive that they can both create their needs and then satiate themselves with their chosen object in the gradual transition from attachment to seeing oneself as separate from the mother. In this space, the mother and child initially are merged as one, then the mother introduces failure or the infant experiences frustration, and then the infant can see itself as separate from the mother. Also in this space is where the identity of the infant matures and develops as a "subject." The baby's concept of self, formulated through play, is transitional as well. In this space infant imagines, creates, and then discovers a self that is experienced as real.

It is in the subjective space in our relationships, when looking at artwork and seeing it as symbolic and outside of ourselves, that we can step into the metaphor of the artist and connect it with our own personal narrative. Lacan theorized that when looking at art, the subject and object oscillate repetitiously. A French psychoanalyst and psychiatrist, Lacan (1901–1981) defined the “imagined” self as when the infant identifies its existence by seeing its image in a mirror. The “symbolic” self emerges when the infant can communicate its existence through words with another, and the “real” self emerges when the infant realizes a part of self that cannot be imagined or symbolic (McSherrry, 2013). From his study of Lacan’s theories, Gen Doy (2005) concluded that the space where the imagined, the symbolic, and the real self overlaps is where we find the meaning of ourselves and each other.

Bowlby (1988) examined the attachment styles of infants, noting found types of attachment (i.e., secure, avoidant, resistant, and disorganized) that infants use to relate to the care of their primary caregiver. His theory highlights the importance of the mother as being available and responsive to the child’s needs, which establishes a sense of security. The child then has a secure base to venture away from the mother and out into the world. Once children mature into adults, they tend to continue to repeat this pattern of attachment in relationships throughout their lives. Kravits (2008) explained that an avoidant, resistant, or disorganized attachment can be repaired with the consistency of a therapeutic presence in one’s life. For example, if a client had an insecure-avoidant attachment in childhood, with a healthy therapeutic attachment developed with the therapist, the client can learn how to relate and engage, repairing the unhealthy attachment.

Schore (2009), who published extensively on relational trauma, examined the unconscious brain processes that are related to attachment and early development. Schore emphasized the crucial period in infancy where mother/child attachment frames relational problems related to ego development. The relationship between the "self" and the mother or "empathic other" in response to events in the environment shapes the defensive structures with which the client learns to cope with events, based on what is mirrored back to the self. When the child (and in later life the client) becomes overwhelmed and the mother is nonresponsive, the self has no other escape or way to cope. Therefore, the self detaches for the moment and dissociates when faced with danger. The child is unable to develop effective coping methods to self-regulate, which shapes its inability to cope later in life.

Because trauma is a subjective experience, a person-centered orientation in trauma treatment is especially beneficial to clients. In this framework building a trusting relationship and attachment to the therapist is the foundation from which the work is done. In this space the therapist-client dyad serves as a representation of the mother-child dyad. Through art making, traumatized individuals can express their emotional needs, strengthen their ego through feeling good about what they created, and learn how to attune to the art object with the support of the art therapist (Hass-Cohen, 2008). This process can teach them how to attune to themselves and to others; in turn, they develop interpersonal and intrapersonal connections that are reparative.

Intersubjectivity

Intersubjectivity, whether implicit or explicit, is an important aspect of art therapy. Therapist and client are impacted by one another throughout the relationship;

with attuned awareness, they can use the artwork as a mirror or lens to communicate the permutations of shared understanding. Gerber (2016) emphasized how an intersubjective relationship changes both parties at an unconscious preverbal level, where the client and therapist create meaning from one another's world.

For example, Eisenstein and Rebillot (2002) co-authored a journal article about Rebillot's journey as a client in therapy with Eisenstein, her therapist. Treatment focused on Rebillot's PTSD symptoms resulting from her brother's suicide. The voices of the two authors alternate throughout the article, tracing the client's progress as it unfolds and examining its impact on both Rebillot and Eisenstein. In a critique of the article, Doctors (2002) analyzed the supportive nature of therapeutic relationship in supporting the client to accept her truth. Doctors proposed that the trauma narrative had been co-constructed, which replaced the original event "affectively and effectively" (p. 325). The inner experience or understanding of the client's self evidently shifts and changes in different intersubjective environments. Robbins (2000) wrote:

> Therapists tap the artists within in the ongoing process of maintaining the individual holding environments that will provide the space, energy, and impetus for patients to change. Together, patient and therapist create a matrix in which verbal and nonverbal communications come alive as both parties are touched by common experience. (p. 21)

Intersubjectivity can be challenged when power remains implicit and unexamined. Kapitan (2010) and Talwar (2010) both studied inequality as it relates to the power dynamics between client and therapist, noting the need for practitioners and researchers to employ a reflexive look at how they hold and use power. These authors cited 20th century philosopher Foucault, who challenged psychoanalysis, psychiatry, and the therapeutic relationship itself by postulating that in treatment clients experience

oppression when they lack knowledge about their illness and are dependent on the specialist for treatment (Foucault, 1969). Foucault's writing on subjectivity and power examined the inseparability of knowledge and truth. White and Epston (1990), narrative therapists, examined the ideas of Foucault through the lens of the therapeutic relationship. They wrote, "if we are exercising power over others, then we are unable to take a benign view of our own practices" (p. 29).

In my research, what is of interest in Eisenstein and Rebillot's (2002) example of intersubjectivity is that the power differential between client and therapist shifted when they became co-authors. The therapist had to be transparent in analyzing her own process and self-understanding, which blurred the boundary of the client-therapist relationship. The therapist had to reveal aspects of her own personal experiences that typically are kept private. It begs the question: What is the therapeutic value for the client when the therapist shares vulnerability, and does such disclosure aid in healing?

As seen in this study, a vulnerable client who enters trauma treatment often relates to and sees the therapist as the expert, allowing the therapist to hold the power. This expectation can become oppressive if the therapist maintains the stance of expert throughout treatment and does not allow space for the client to self-actualize. In contrast, as clients uncover their own story, they can see themselves more objectively and begin to construct new aspects of self. Thus, moving their story into the public realm may enable them to further step away from their initially self-defining story and see it through the eyes of the public witness. This idea is affirmed in the narrative therapy literature, which describes how clients are encouraged to re-story their experience or take their story outside of the private space, so that an outsider witness can offer a different perspective

and de-center the therapist as the objective expert (Payne, 2006). To clarify, I define the public as someone outside of the client-therapist relationship who can offer meaningful reflection of the client artwork back to the client.

Dalley, Rifkind, and Terry (1993) explored the intersubjective space between image, client, and therapist. They analyzed the theoretical understanding of the relationship between client and therapist as a parallel to the mother-child relationship. They examined not only what happens between the client and the therapist, but also how the relationship becomes more complex as the artwork emerges. The client is universally longing "for recognition, to be heard, to be taken seriously, to identify with someone, to differentiate ourselves, to idealize and to merge" (p. 16). I see this series of transitions occurring intersubjectively in the therapeutic relationship, and then unfolding again when the artwork is moved out in the public sphere. Several authors (e.g., Dalley et al., 1993; Gentile, 2008; Leclerc, 2011; Marxen, 2011; Pifalo, 2002; Skaife, 2001; Yaniv, 2012) described the space between therapist and client as representative of the transitional space between mother and child (Winnicott, 1971).

Hass-Cohen and Findlay (2015) discussed making meaning through creating a balance of affect regulation, expression through art media, and the therapeutic relationship in therapy. They wrote that "such transformation is facilitated through consciously directed learning that includes perceiving, receiving, analyzing, and understanding the symbolic content of one's art. It also has the potential to challenge and change the person's worldview of self and other" (p. 44). Through looking at and identifying with the metaphor, symbolic content, and meaning in the artwork, the observer can see himself or herself in the work that is viewed objectively. The viewer

examines the subjective understanding of self in relationship to the artwork and derives understanding of self and of the artist who made the work.

Gentile (2008) explored the therapeutic space and subjectivity in therapy, examining the evolution of the space between subjectivity and materiality, and between the private and the public. Gentile clarified:

> Intersubjectivity is not a relationship between two *real* subjects but rather between two *transitional* subjects who each exist in tension between the *created* subject and the *discovered* subject, the *imagined* subject and the *real* subjects—simultaneously of and beyond the other's omnipotent control. (p. 964)

Reflecting on the ideas proposed by Lacan (1978) and Winnicott (1971) described earlier, I view the intersubjective space between therapist and client as evolving, shifting, and transforming through these developmental shifts. Both work within the transitional space (Winnicott, 1971) and move into different roles of imagined, symbolic and real (Lacan, 1978).

As I understand it, initially the therapist holds power and influence, but as the client begins to trust the therapist and vice versa, they move to a more blended, mutual, and psychological space of understanding. Then, as the artwork enters the dynamic, the focus shifts. Each of them—the artwork, the client and the therapist—holds an important role as an evolving subject and the artwork becomes a transitional object.

As the therapist reflects on the work with the client, a new understanding enters the equation. As the client works through an understanding of self as reflected with the therapist through the artwork, the image moves through the same trajectory of transitional, created, discovered, imagined, and real subject. The artwork, externalized by the client, can be seen and viewed from a perspective apart from the client. Through processing the meaning with the art therapist, the client can more accurately see herself

or himself or reveal aspects of self that were not articulated previously. The intersubjective understanding or mutual understanding between the therapist and client becomes explicit. I would agree with Skaife (2001), who postulated that when examined through an intersubjective lens, art in art therapy is more visible than language; it draws attention to the body through engagement and it leaves a tangible object to reflect upon. In art we can make meaning and see.

Winnicott (1971) coined the term transitional space but Gentille (2008) elaborated on the transitional subjects of client and therapist. I apply Gentille's formulation to art therapy in this way: the *created subject* is the therapeutic relationship and the *discovered subject* is the art that is created because of the therapeutic work within that relationship. The *imagined subject* is the idealization that the client projects onto the therapist and the artwork in the hope of resolving wounds from the past. The therapist also enters into this relationship with a set of ideas, a personal history, and a unique way of relating as a healer to the client's experience. The *real subject* in turn becomes the truth, or the actual ways in which therapist and client are relating to one another and to the created artwork. Consequently, the artwork serves as the holder of the client's experiences.

This situation has a parallel when the artwork exists in a public space. The viewer enters that space with an inquisitive curiosity, a basic intention to understand the experience of the creator. The viewer attempts to connect with the story or artwork, relating to it from the imagined perspective of the creator. In doing so, the viewer sees the images, empathizes with the experience, and attunes to the image or story. The transitional subject becomes the client's perception of self and the artwork. The created subject is the client's understanding of self as it relates to the artwork. This evolves when

the work is shared in a public sphere and the work becomes the discovered subject. The client may imagine or project ideas of self-concept in relationship to the artwork, which may shift or change to be integrated into the real subject after being reflected by the public eye and affirmed by a supportive audience.

Stepping out of the therapeutic space and into a new intersubjective space that includes both the public and the artwork, and seeing the self through the eye of the public, gives the client an opportunity to be viewed as a person who has overcome atrocity. In the intersubjective space between therapist and client, the art, which is situated in the center, is a lens in which the client can understand his or her own story. In this space, the client looks to the therapist as an expert who can professionally help the client heal the trauma. When encouraged by the therapist to step out of that space into a new intersubjective space that includes client, art, and public witness, the client may be able to claim personal power by seeing herself or himself as someone who has overcome trauma and who can impact others. When witnesses reflect back an understanding of the art/story, the client may be better able to make meaning of suffering, self-actualize, and reintegrate a new truth into her or his current life.

Such truths are duplicated and further developed as the client steps out of the private into the public and the intersubjective space shifts. As the client shares the art, the public witness sees and feels with the client, attuning to the art and reflecting to the client a mutual understanding. The client is affirmed and seen, and ego further strengthens.

Embodied Art Making

The art therapist who facilitates an environment in which the client can create embodied artwork, or work that connects with the internal somatic feelings and releases

matching feelings through the art material, is able to tap into flow. The state of flow is defined by Csíkszentmihályi (1990) as a process in which the client loses a sense of time while creating, and can find relief by releasing painful or difficult emotions into the work. If the work holds significant meaning and release, it can serve as an externalization of the client's pain. The client and therapist then view the art with attunement and empathy, looking for understanding.

Fuchs and Koch (2011) connected the arts in therapy with embodiment, wherein the mind and body are in unity of "postures and gestures on perception, action, emotion and cognition" (p. 277). When the client and therapist look at the artwork they develop a shared perspective or understanding of the client and her or his experiences. Together, the therapist and the client externalize the emotionally charged material and develop an attuned understanding through viewing or witnessing the artwork (Freedberg & Gallese, 2007). The act of attunement helps the client to feel understood, affirmed, and seen.

Kramer (2000), a pioneer in art therapy, introduced the term sublimation and discussed the value of making meaning by sharing the work publicly, or outside of the self, with another person. She wrote:

> Artistic sublimation begins as the artist replaces the impulse to act out his fantasies with the act of creating equivalents for his fantasies through visual images. Those creations become true works of art only as the artist succeeds in making them meaningful to others. The complete act of sublimation, then, consists in the creation of visual images for communication to a group very complex material which would not be available for communication in any other form. (p. 44)

Kramer's writing did not explicitly articulate that the public sharing of artwork was a part of sublimation. She asserted that when the creator can make the work meaningful to others through the representation in the art image, sublimation is achieved.

Gallese (2007), a neuroscientist with an interest in social cognition, examined how non-verbal cues or gestures are processed and translated into action in monkeys. He surmised that observing someone engaging in an action stimulates the centers in the brain of another, as if the observer were performing that same action. Buk (2009) suggested that after a client completes a piece of art and reflects on it with the therapist, the following can occur: "in a form of joint attention the emotional support manifested by the gestures and facial expressions of the therapist, and the gestural acts of the patient, may activate the patient's left hemisphere, thereby facilitating verbal expression" (p. 64). This is important to understand, because often a traumatized client may lack the ability to formulate words around traumatic experiences (Harber, 2011; Harris, 2009; van der Kolk, 2015). The artwork imagery relates to sensory experience and the image comes first; second, words can be formed around an understanding of the work.

Response Art

When the therapist creates artwork in response to the content of the client work created, such an action provides a non-verbal means of conveying understanding, empathy, and attunement. The artwork also can be a private reflection and can be utilized as a tool for processing transference and countertransference in the therapeutic relationship as it is discussed in supervision (Fish, 2011, 2017; Robbins, 2000). Additionally a therapist's artwork can be utilized as a means of communicating to the client a shared understanding of the imagery and an alternate perspective on the client's story (Beers Miller, 2011; Franklin, 2010; Moon, 1999). Franklin (2010) provided an example of creating art in session to empathically attune to the experience of boys in a residential treatment center, whereas Moon (1999) is known for his work in which he

uses artwork to translate metaphorically an understanding of his clients' experiences. Fish (2017) used response art in supervision to support her supervisees and to reflect on the stories she is impacted by in her practice. These practitioners connect with the use of response art as a tool for embodied simulation and empathy building.

Not everyone uses response art in their work as art therapists. Some believe that the artwork of the art therapist should be kept private, as sharing it may reveal personal aspects of the therapist that may be detrimental for clients to know or that might constitute "oversharing" in an unhelpful way that shifts the focus to the therapist. Some therapists make the response art to process an understanding of transference and countertransference, and may feel that sharing the artwork would interfere with the progress of the clients' therapy. Therapists who consider integrating response art into practice should be mindful of their intentions and guiding principles for communicating personal information through the art image. Therapists who do not currently use this tool might consider its benefits for communicating concepts, finding shared meaning, and conveying understanding through their artistic work.

Embodied Art Viewing

Buk's (2009) writing about the role of empathy in viewing artwork made by trauma survivors is similar to the approach of Franklin's (2010) use of response art to attune to the clients in his group and empathize with their feelings. Freedberg and Gallese (2007) and Gallese (2007) defined embodied simulation as the foundation of empathic attunement, or the manner in which we empathize with others. Embodied simulation is the human ability to "make sense of the actions, emotions, and sensations of others" as if we were engaged in a similar action or experiencing the same emotion or action (p. 198).

For example, witnessing someone in pain activates the same receptors in our brain that would be activated if we were encountering that same sensation of pain in our own bodies.

Learning how to empathize with another is something that can be developed through intentional viewing and perceiving. Potash and Ho (2011) conducted a study examining how viewing artwork by individuals with mental illness, followed by engaging in making response artwork after looking at the work, shifted attitudes and developed empathy in the viewers. Their results are significant to my study as they indicate that purposeful intentional viewing of artwork to examine meaning can reduce stigma and impact social change.

Chilton and Scotti (2014) explored the use of embodied art making as arts-based research and found that in this process, clients engaged in utilizing their cognitive, sensory, and physical aspects of self. The therapist's ability to attune to the client's experience and empathize was healing, as the client felt understood and validated. This concept can be further reinforced within a community of people who confirm this sense of validation and affirmation, allowing the client to see the self through the eyes of the public witness.

The community's role, or the experience of connecting with a larger group of people, is an important aspect of healing. Building on the above ideas, when hearing people tell their stories we can imagine ourselves in the shoes of another and have an embodied experience of the story we hear. Papadopoulous (2000) introduced the concept of a "storied community" and explained further that someone telling his or her story provides a space where others are drawn in and can relate to it. Papadopolous discussed

the struggle in South Africa during apartheid experienced by Nelson Mandela, as well as the trauma of war victims in Kosovo, where shared meaning and purpose using art and creative expressions helped unify and restore a sense of belonging.

According to Freedberg and Gallese (2007), the therapist and the client together externalize the emotionally charged material and develop an attuned understanding through viewing or witnessing the artwork. These authors referenced a painting created by Jackson Pollock placed next to a canvas sliced open in the center by artist Lucio Fontana. They discussed embodied simulation and postulated that the marks or gestures that appear on the artwork are “corporeally felt by their spectators” (p. 199). When looking at these two pieces of artwork, I would have very different somatic responses to each image, as they provide different sensory information to my eyes. Consequently, I am able to connect each image to a felt sense in my body.

Reintegration

In my search for literature, there appears to be little documentation of how the client achieves reintegration into daily life after working through the traumatic content in therapy. The emphasis appears to be on the working phase of treatment but not the reintegration phase of treatment. I did not find art therapy literature that examined reintegration specifically or comprehensively. This leaves the field with an absence of clarity regarding what it means to have resolved trauma.

Siegel (2010) defined integration as a process in which the mind can create a coherent experience of the self. He further discussed the importance of the group witness in helping the client to make meaning or make sense through storytelling. I define the group witness as two or more people who can hear/see what is being shared and reflect to

the client a coherent understanding of the client's story/art. This is important as the group witness becomes a mirror reflection, helping the client to see herself or himself.

Accordingly, as the client tells the story, both client and witness form mental images or representations of the story in the right hemisphere of the brain, while interpretation occurs in the left hemisphere, stimulating the reception of information (Siegel, 2010a). Therefore, communicating the story to the group helps the client to integrate a personal understanding of it. The client is moving the story from a place of image recollection to creating words around it, which helps him or her to accept it as real and supports the process of making meaning. This transition relates to Lacan's theory (McSherry, 2013) whereby the infant moves from an imaginary self as reflected in the mirror, to a symbolic self when words are formed, and finally to a real self when the space between self and other is acknowledged.

Likewise, when viewing client art, the group witness reflects on their mental image evoked and states their understanding of it back to the client, which stimulates reception of that information in the client, further supporting the integration of self. Siegel (2010) stated that integration is a process, an action in which the act of attempting to make sense "may in part be seen as a way the brain achieves a more stable (complex) connection among its various representational processes" (p. 331). He affirmed that the client who can formulate a narrative around her or his own story is blending the left and right domain processes of brain function, thus "integrating a coherent life story" (p. 331). Furthermore, he acknowledged the importance of the connection between two or more people who hear the story, which creates resonance between them. In these relationships healing occurs and "an overwhelming sense of immediacy, clarity, and authenticity" (p.

337) exists. Siegel (2017) defined healing as integration. He wrote: “Integration happens wherever mind happens, within us—in our bodies—and between us—in our relationships” (p. 82). As a result, clients are hearing themselves tell the story and becoming the group witness to themselves.

Art Exhibition and Making Meaning for Trauma Survivors

A limited number of art therapy publications have explored the value and importance of art exhibition for trauma survivors (Leclerc, 2011; Marxen, 2011; Mohr, 2015). Of these three authors only one, Mohr (2015), discussed the therapeutic value of art exhibition as a part of treatment. Leclerc (2011) examined the therapeutic value for Holocaust survivors of looking at drawings created by people who were in the concentration camps. Through seeing the image, the viewer can see the creator as distinctly separate but also identify with an aspect of self in the image. In reflecting on the drawings, the author observed:

> …the power of transformation that awakens when such art is given the benefit of another human’s conscious regard. Not simply seeing these images, but also watching and looking at and for them, while recognizing the impossibility of being able to witness in their place, is critical. To see through them, and not simply see them, is to realize the constitutive truth of our human condition. Doing so is to fully enact what it means to be a witness to the witness. (p. 88)

This quote speaks so clearly to the importance of taking the risk to step into the intersubjective space that occurs when looking at artwork, to connect with the human experience. In this example, *the public* is an intentional group of individuals who are curiously engaged in the content, material, and story behind the artwork and its creator. Viewers enter the space of looking with an intention to try to understand and connect with what they see. They explore the art/story to connect it with their own experience, to

empathize and put themselves in the shoes of the creator. In doing so they may be able to process the depth, breadth, and experience of the creator.

Counter-Indications

It is important to approach the display of artmaking by therapy clients with caution, especially artwork that has evocative content. There must be clear and informed consent from the artist, and the artist needs to be competent and able to give that consent. The art therapist needs to weigh the risks and benefits of sharing—not only how it might benefit the profession but also how it might be a risk or benefit to the individual client.

I can see how the public display of artwork by survivors could be exploitative. The experience of sharing their artwork should be discussed and supported in therapy as a part of the treatment to help clients make meaning of their story (Mohr, 2014). The "public" could range from significant family members to a related group of people who have also experienced similar challenges. Mohr (2014) proposed that self-advocacy through the arts may contribute posttraumatic growth. Participants reported that they had more capacity to help others and build community while increasing their investment in art, which created a sense of belonging after devastating traumatic experience.

Meaning is an important contributing factor to post-traumatic growth (Hass-Cohen & Findlay, 2015; Lieberman, 2007; Mohr, 2014). Hass-Cohen and Findlay (2015) concluded that to effectively make meaning of trauma, a client must learn ways to modulate emotions, which allows for increased capacity for reasoning. A client who can express, reflect, and regulate emotion is more motivated to engage in social connections with others. Robbins (2000) wrote, "when symbolic form includes multiple levels of communication and transcends its individual parts to communicate a larger meaning, it

approaches the level of aesthetic communication" (p. 23). Marxen (2011) explored the act of viewing, in which the art asks the viewer to contemplate the content. This connects with Lieberman (2007), who conducted research that examined the impact of engaging in a social world where individuals could make an impact on one another.

Frankl (2006), a neurologist and a psychiatrist, wrote about making meaning after surviving the Holocaust. His work shaped existential ideas around making meaning out of life's most difficult circumstances, which was influential in helping people move past trauma and find new purpose. Siegel (2010) wrote about how making sense of experiences helps people look at relationships through the lens of cause and effect. People reframe their understanding of events by considering how to protect themselves, and how to prevent similar encounters in their own lives, for their own survival. Siegel (2017) wrote, "One of the ways we experience self-organization is in the stories that arise within and between, narratives that help us make sense of our lives" (pp. 72–73). Siegel focused on narratives, but I would add that the story can be extracted from the art image as well as the narrative. He further stated that "making sense arises from the fundamental push of the mind to integrate within and between, and to integrate our sense of past, present and future" (p. 83). This can also be accomplished through sharing artwork and sharing our stories with one another.

There are various ways in which people attempt to make meaning from their trauma: through narrating their story, through visual means, or through public viewing. However, not all people are able to make meaning from traumatic events (Davis, Wohl, & Verberg, 2007; Steger & Park, 2012).

Steger and Park (2012) framed their understanding of making meaning through global and situational aspects of meaning in their “meaning making model” (p. 172). Global meaning is comprised of feelings, goals; and beliefs. Situational meaning is determined from the client’s ability to feel in control, to believe that life is predictable, and to comprehend the world in relationship to her or his global meaning. These authors classified the ability to make meaning into four categories: chronic, recovered, delayed, and resilient. In the chronic category are people who tend to ruminate and have negative cognitions that inhibit their ability to shift their global meaning. Davis et al. (2007) examined 52 family survivors of a mine tragedy in Canada in which 26 miners perished, 8 years following the loss. They explored the posttraumatic growth model, in which someone who experiences an extremely difficult life experience can harness a positive change through struggle. This “requires a precipitating ‘seismic’ disruption to one’s assumptive world or sense of self” (p. 695). In their study the researchers found that some participants could make meaning, whereas others saw the event as senseless and had negative worldviews in response to the event. The individuals who were not able to experience posttraumatic growth seemed to have an understanding that did “not emphasize order and purpose in life” (p. 708).

To be ready to make meaning of trauma, the client must exhibit some sense of self-determination toward making meaning of the experience (Ryan & Deci, 2000). When the client and therapist look at the artwork, they develop a shared perspective or understanding of the client and his or her experiences. Together the therapist and the client externalize the emotionally charged material and develop an attuned understanding through viewing or witnessing the artwork (Freedberg & Gallese, 2007).

Pifalo (2002) identified uncovering the metaphor and making meaning as parts of reintegration when treating childhood trauma. Arauzo, Watson, and Hulgus (1994) used video to help a child client who had experienced trauma process the experience, as well as empathize with herself and address challenges in treatment. They found that it is difficult to alter the cognitive distortions that are associated with trauma from abuse. From examination of the child's cognitive distortions related to the trauma, the authors concluded that the use of video therapy could be effective in "recontextualizing" the understanding of self (p. 40). I see this recontextualization or the shifting of understanding the self from a different perspective: as the client works to reframe his or her understanding of the experience, to make meaning and move past the identification as victim to identification as survivor, recontextualization may be beneficial.

Video and Psychodrama in Therapy

Cohen and Orr (2015) stated that making a video creates a space for the therapist and the client to look objectively at all aspects of the trauma experience. They noted that, through the process of editing the film, the client can process understanding of the experience, create meaning, and develop a new narrative. The client and therapist collaboratively and objectively examine and dissect the client's story/art with perspective. The editing process involves repetition and reevaluation of the content. Through the process of viewing, deciphering edits, and amending the footage, the client can re-author the story with a new or different perspective.

Video can be a uniquely effective method or tool in therapy for providing a format in which clients can gain perspective and distance from artwork or emotionally charged material. This reflective distance within the intersubjective space is important to

developmental growth from the trauma story. Through watching a video of themselves, clients can see themselves through a different lens. When watching the video, clients can step outside of themselves and into the role of the witness. I believe that the public functions in a similar role when the artwork is shared in a public exhibition. The public offers that reflective distance, allowing the client to be someone who has overcome a trauma, rather than a victim of a traumatic event.

When the client and therapist reflect together on the artwork and its meaning, the client may see herself or himself as “the public” in the session. The art therapist needs to create further permutations for the client to step outside of the self. This happens in the session when image is externalized and can be supported in more and more spaces for therapeutic growth. For example, in art therapy, when the client externalizes the imagery in trauma, she or he can see it and can stand in a different place to view the self. Why don’t we expand that same notion to include another viewer and another perspective on the self in the form of a public audience?

Arauzo et al. (1994) wrote that the goal of therapy is for clients to step out of how they see themselves; through video they can “see themselves through their own eyes" (p. 45). The authors used video in therapy to develop self-empathy, to examine distortions, and to resolve suppressed feelings. Through video, the therapist and client create distance from self and from the therapeutic relationship, and reflect on the artwork and the space between. Braucht (1970) found that the use of video helped clients shift their self-esteem and create a more accurate self-concept. Emunah (1990) found that the final art form of reflection on video helped clients alter how they perceived themselves, shaping their behavior and their outlook.

Framing the work done in therapy through video allows the client to have reflective distance from the content, view the self differently, and develop a new internal narrative or cognition associated with the trauma. I believe that an art exhibition accomplishes the same effect. The artwork in the show serves clients to step into a transitional space and see the self with reflective distance and perspective. They can see themselves as a part of a community of people who have experienced similar things. They can identify what was expressed in others' art that is like themselves and see themselves objectively.

Psychodrama

Moreno (1987) was the originator of psychodrama, and his work was based on the idea that because problems are based on interactions between people, treatment needs to move beyond the individual alone. In psychodrama the client chooses individuals to play or role model the client's parts of the self. A phenomenon that occurs in this process is that the actor who is chosen may have transference related to the story that is acted out, and thus client and actor experience a parallel process of healing. Similarly, when the artwork created in art therapy is displayed, individuals who are drawn to view artwork may be seeking their own personal healing.

The "work" in psychodrama involves moving the story from private to public. The symbolic self is shared with the public. Private elements of the self are represented in the symbolic self, which is shared with the public. This is different from art therapy, where the private elements of the self are generally encouraged as something that is kept private and not shared with the public (Art Therapy Credentials Board, 2016).

Some of these same principles of reflective distancing, or looking at oneself with perspective and from another point of view, are achieved in psychodrama. Yaniv (2012) wrote about role reversal in psychodrama, and defined it as "creative empathy" (p. 73), which is the act of embodying another person's perspective and developing a deeper understanding. Role reversal helps by extracting the cognitive distortion or inaccurate perception, breaking rigid or negative thought patterns related to self and others. Johnson (2009) noted the importance of cognitive restructuring, or realigning how the client understands the self and the concept of self, combined with role play, as an effective way to "rewire" how a person sees the self and understands trauma experiences. He emphasized the importance of imaginal exposure, a concept used in cognitive behavioral therapy, where the client represents the trauma scene constructively and physically, which helps to work through avoidance triggers.

Ethical Considerations

The dominant narrative that I heard when I was trained, and still hear often from colleagues, is that art therapists should use caution in public sharing of client artwork in order "to prevent retraumatization." The idea is that doing so would destabilize the client and increase their symptoms, leading to decompensation. Johnson (2009) asserted that "the trend among professionals appears to be toward more caution about *expression* and greater embrace of *containment,* despite the research that shows that exposure therapies are the most effective treatments for PTSD" (p. 115). I would agree. If art therapists are overly cautious, they may inadvertently prevent their clients from tapping into their own personal power to make their voices heard, to allow themselves to be seen, and to share their art beyond the private therapy space. On the other end of the spectrum, art therapists

who are reckless and share the work of clients without considering the potential harm would be practicing unethically and risk malpractice.

Clearly, a therapist who is not trained in treating trauma may not be skilled in how to conceptualize treatment and may rush through processing traumatic material without working on stabilization. In their review of trauma-focused treatment in psychosis Van den Berg et al. (2016) concluded that offering specific training on trauma-focused treatment decreased the therapists' beliefs associated with burden and harm, and increased credibility. Herbert and Sageman (2004) wrote guidelines for treating post traumatic stress disorder wherein they stated, "exposure should be carefully titrated to confront the individual with previously avoided material, while simultaneously encouraging specific activities consistent with healthy functioning" (p. 226). If the art therapist adequately works through the traumatic material with the client, is building self-regulation skills to the point where the image and content are no longer distressing and the cognition associated with the trauma is healthy, I would suggest that sharing the artwork likely would be in support of the growth of the client.

From a teleological perspective (Moon, 2006), the art therapist would weigh these factors and move toward having a positive outcome for the client in sharing artwork. As an example, Vick (2011) posed ethical questions and considerations that arose when publicly exhibiting artwork created by an artist with a history of mental illness. He stated that if handled with sensitivity, exhibiting artwork from art therapy may have clinical value.

When art is presented in a public place, specific ethical considerations need to be addressed. Artwork containing evocative content can trigger traumatic reactions in a

viewer and therefore be harmful. Viewers and audiences should be alerted to the need for approaching the image with curiosity rather than imposing their own projections of what the image means. The public audience viewing the artwork must be prepared in some way to view the image, hold the metaphor of the image, and be sensitive to the creator without misinterpreting the content and damaging the ego of the creator.

From a deontological perspective (Moon, 2006), art therapists might resolve the ethical concern by strictly abiding by the profession's ethical guidelines, and thus take action based on what such guidelines state. Hammond and Gantt (1998) and Wadeson (2010) asserted that when art is made for a private setting, it should stay in the private sphere. I agree with this principle as it applies to earlier stages of treatment, but I would argue that it may not apply to later stages of treatment including reintegration. During the formation of the initial relationship between client and therapist, it is the therapist's responsibility to protect the client's art and keep it private and confidential as a matter of ensuring rapport building and trust. The client might still be uncovering shame, guilt, and fear associated with the pain of the trauma. At times the client may be dysregulated; evocative content in the artwork may greatly disturb. Appleton (2001) mentioned in her reflection on trauma resolution that "not all patients are at a level of development or personal resolution in their recovery to be generative" (p. 13). Sharing the artwork at this phase could damage the therapeutic alliance. However, the problem with the assertion shared by Hammond and Gantt (1998) and Wadeson (2010) is that always keeping the art in the private sphere may inhibit the client's therapeutic growth in later stages of treatment.

In the working phase of treatment, the client is still uncovering meaning and is attempting to decipher what the artwork is about. She or he may begin to consider an audience with whom to begin to share the work: a trusted friend or family member, to show the work being done in therapy. The working phase of therapy may blur the lines of which work should remain private and which work could contribute to therapeutic growth if shared in public.

The ethics document created by ATCB (2016) discusses the ethical duty of the art therapist to clearly identify the risk and benefits of sharing artwork. Section 2.2.1 states that art therapists should provide “clear warnings about the art therapist’s inability to protect against the use, misuse, and republication of the art product and/or session by others once it is displayed or posted.” During the working phase of treatment, the artwork holds power and may be attractive to the art therapist. If the art therapist is unaware of such power over the client, he or she may be motivated to convince the client to share the artwork, perhaps to market the practice or the agency. The client may agree only to appease the art therapist. As a result, the therapist may receive accolades for artwork created by or with the client, yet the client may not benefit unless included in the process.

The ethics document implies that it is at the discretion of the art therapist to determine when public sharing of artwork is clinically appropriate, and when efforts have been made to disguise the identity of the artist. What is not explicit is a framework for understanding how to determine when and if it is clinically appropriate to share the artwork. What if revealing the identity of the artist contributes to therapeutic growth? One result of showing artwork in a public show and identifying the client’s name could

be as a point of acceptance, acknowledgement, and shift of perspective from seeing self as a victim into embracing the view of self as a survivor.

Art therapy straddles the worlds of art creation and therapy. Hammond and Gantt (1998) suggested disguising the client's identity, which in some cases may be warranted. For example, if the artwork contained information about a client whose abuser saw the work, it could cause further harm to the client. Moreover, in some situations clients fear stigma that is associated with being in treatment for mental health problems. However, Spaniol (1994) posed the idea that for a client who chooses to be identified, a shift can occur from the identified title of client to the identified title of artist.

Vick (2011) stated that when considering whether to exhibit artwork, the art therapist must examine the benefits over the "unintended problems for clients" (p. 153). He identified problems ranging from exploitation and sensationalism to abuse. The ATCB (2016) Code of Ethics outlined considerations regarding reproducing, showing, and sharing artwork created by clients (2.2). In my opinion this document errs on the side of caution, however, in that it simply encourages the art therapist to disguise the client's identity rather than consider any circumstance where it a client could choose to have it revealed.

Alternatively, in the reintegration phase of treatment when the client willingly engages in sharing the artwork with an audience with the intent of celebrating what was created, she or he can honor the art object as a representation of self. In deciding to do so the client/artist examines the pros and cons of sharing the work as a part of treatment and thoroughly examines the informed consent related to the risks of sharing the work in the

public. It is in this phase that the client can be more objective in looking at the self and the art, and more able to embrace self-knowing through the externalized art product.

Humans are entering a period where the lines between private and public are becoming blurred. The progression of the Internet, the fascination of reality television, and cultural engagement with Facebook™ and other social media have shifted how we perceive ourselves and one another. Adlers, Beck, Allen, and Mosinski (2011) concluded that art therapists need to adapt to and acknowledge how technology is changing society. In art therapy we are concerned with the ethical challenges of exhibiting client artwork, while psychodramatists, videographers, and performance artists seem much less hesitant about this issue. Why is it that others—psychodramatists, videographers, fine artists and curators—do not share these concerns? Or do they?

I would argue that art therapists do not give enough consideration to the intersubjective space in trauma treatment, whereas these others are working in such a space in ways that would be useful in art therapy. Arguments about protecting clients from retraumatization, ensuring confidentiality, and preventing exploitation are important but they may have kept the field of art therapy from more fully exploring the intersubjective space in ways that would be beneficial to our clients.

Given this research, it is my hope that we can examine sharing artwork that is not defined in black or white. I propose that we reexamine the ethical considerations in sharing artwork in treatment, exploring how different ethical considerations may apply to different phases of treatment. Ethically, it should be up to the client to decide whether to share their own work publicly, after a certain point in treatment when the therapist determines that the client can now make this decision safely.

Public Sharing of Artwork Created in Treatment

Artwork that is not made in art therapy is created with the intention of being shared with the public. There are galleries and exhibition spaces specifically created outside of art therapy for survivors of abuse, violence, and trauma. For example, Window Between Worlds, a program in Venice, California, offers domestic violence survivors art making and exhibition opportunities to transform their trauma. This program provides art workshops and leadership trainings that are focused on helping individuals “express feelings, reclaim their power and self-worth” (http://awbw.org). What is interesting about this organization is that art making and exhibition are folded into treatment by clinicians to help educate the public about domestic violence, build support, and create outreach to those in need. This program suggests the explicit intention of the program is to work with individuals for sharing art that is created in treatment.

Chicago art therapy programs such as Project Onward, Arts for Life, and Artworks provide art therapy with a community focus. Artwork is created in a studio where the participants engage as community members and are not identified as clients. By contrast, in most clinical settings, the work in art therapy is private and is made without the intention of bringing it into the public realm, due to the protections of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (https://www.hhs.gov/hippa). This federal law prevents clinicians from sharing identifiers such as date of birth, name, or social security number with the public in connection to the clients they see in treatment. The artwork that is created in session could be considered an identifier, which in some agencies is protected by HIPAA. This is discussed in the ATCB

ethics document, which specifically states that the artistic expression created within the therapeutic relationship should be kept confidential.

In Chicago, the Awakenings Foundation has a large gallery dedicated to artwork created by survivors of sexual assault or rape, and a second small gallery specific to art that tells a story of trauma and healing (http://www.awakeningsfoundation.net). Most of the work on display is by individuals who have processed their story and experiences in therapy, and the art is a representation of their journey to healing. When I spoke with the gallery founder, she shared that many of the women felt transformed by creating their work and putting it into a space where others could connect with their experience or learn more about their unique stories (Jean Cozier, personal communication, September 20, 2013). The work is intense and many of the images are difficult to look at. Having this specific gallery space available to display and hold survivors' pain connects with the organization's mission of "making visible the artistic expression of survivors of sexual violence."

Reflecting on deeply provocative artwork that is made public, Marstine (2016) examined the powerful artwork of Jane Orleman, who made a body of imagery processing her child sexual abuse and traumatic memories in therapy and made the conscious choice to share them publicly. In the art world she is considered a feminist artist. Marstine suggested that Orleman's work sheds light on how we view trauma and the fine line between art and art therapy. "She is a rare example of an artist who suffered childhood sexual and physical abuse and who, guided by psychotherapy, depicts those experiences in painstaking detail" (p. 634).

This example sits on the periphery of art therapy and is not documented as a part of treatment. What is missing in the art therapy literature is a body of examples where art therapists encouraged clients to share their artwork in ways that supported the client in the healing process, that created social change, or that helped the client to make meaning, to integrate, and to self-actualize in treatment.

Creed and Zutshi (2012) explored the blended space of the public and private in social media. They created a “Continuum of Transparency” exploring when it is of benefit to be transparent and when such transparency may be detrimental (Figure 1). I see their continuum, which illustrates positive and negative transparency, as a helpful lens through which we can consider moving the artwork from the private into the public. They defined *negative transparency* as “a relationship exchange that fosters politicization, power imbalance, information overload, discrimination, rudeness, misunderstanding, reactivity and distraction” (p. 134). Alternatively, *positive transparency* is defined as “a relationship exchange that fosters genuine democracy, justice informed decisions, currency of data, connection, communication, timely feedback, equality and balance” (p. 134). What I surmise from this diagram is that if and when disclosing or sharing the artwork brings about a mutual benefit to all parties, it is beneficial to provide an opportunity for the client to share the work publicly.

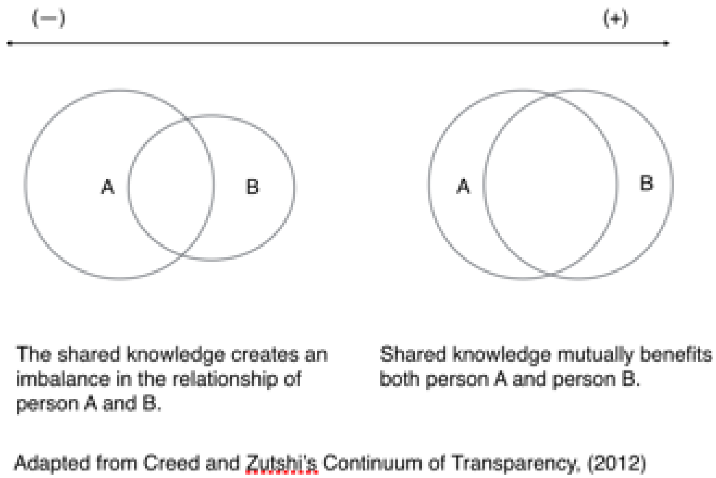

Figure 1. Continuum of Transparency

CHAPTER 3: DESCRIPTION OF THE RESEARCH PROJECT

Research Methodology

This art-based research study examined the experiences of individuals who chose to share their original artwork in a public exhibition called “Bearing Witness: The Art of Pregnancy Loss and Infertility.” Individuals publicly presented their artwork about pregnancy loss, infertility, or the death of a child in an art exhibit on display at Portland’s Peace House during Oregon Mother’s Day weekend in May 2012, and for the month of July 2012 at Marylhurst University. The Peace House is a community space where grief groups are conducted for families who have experienced the traumatic loss of a child due to miscarriage, infertility, or death.

The research project was conceived as art-based research. Art based research is designed to magnify understanding of human experience and to “create an expressive form that will enable an individual to secure an empathic participation in the lives of others and in the situations studied” (Barone & Eisner, 2012, p.9). This creative project fit into such a purpose as it illuminated through aesthetic means a portrayal of an understanding of the participants’ experience of the participants. Kapitan (2010), summarized the key elements that define arts-based research. Some of these are: reflexivity to allow for connecting to self and providing distance from the self to see a new perspective; creation of art intended to impact others and foster social change; *canonical generalization* from work that resonates in the lives of others; visual information as a means of allowing data to be more accessible than traditional research

models; and visibility for issues, topics, or problems of clients as a means of advocacy (p. 164-165).

A major component of my research project was the creation of a short film about the experiences of a select group of artists who participated in the exhibit. The intent of the film was to extrapolate from interview with participants an understanding of the ethics, therapeutic considerations, and limitations of shifting art viewing from a private setting to a public space as part of trauma treatment. This research offered the participants validation of their experiences, which creates an impact on the viewer of the film who may gain insight into the often overlooked experience of pregnancy loss. The imagery, narratives, and stories shared in the film provoke somatic responses from the viewer and allowed the participants to see themselves and each other with new perspectives. The project was approved by Mount Mary University's institutional review board.

Participants

All individuals who participated in the "Bearing Witness" show were sent an email from the exhibition curator Kristen Larsen who invited them to participate in the research study. Kristen shared with me the link to the Flicker™ site (https://www.flickr.com/photos/karijean/albums/72157629700999556/with/7892138338/) and contact information for the photographer who created the site. I spoke with the photographer and obtained consent to use the images from the flicker site. Separately, I started an online crowd sourcing campaign to raise money to cover the cost of the creation of the film.

From a total of 30 individuals who had exhibited, initially nine participants expressed interest in participating in study. Kristen then sent me a short synapsis about each person along with their contact information. I conducted a brief phone call with each of the nine artists, explaining the project and provided an overview of the research study. All artists in the video agreed to be identified by name except for the one who had chosen not to participate in the show but agreed to be audio interviewed for the study.

I obtained signed consent forms from each participant (Appendix A) before gathering the artwork and narrative documentation from the show. I then selected six individuals to be interviewed based on the work gathered and the participants' willingness to be interviewed (Appendix B). Of those six people, three were selected to be paired with three art therapists as a means of further processing meaning from their artwork (Appendix C). The other three participants, including Kristen, were selected to be interviewed as a group and consented to reflect on their experience of exhibiting in the show (Appendix E).

The three art therapists who agreed to participate in the research were initially contacted through email followed by my phone call to explain the project. Once signed consent forms were received from the art therapists, I paired the art therapists with three of the artist participants after, removing identifying data from the artwork and artist statements, and forwarded these to the art therapist. Each art therapist was asked to make an art image in response to the artist participant's artwork to be shared on camera in a mock session with the artist. All three art therapists agreed to be identified by name.

Seven additional people submitted artwork and music along with the written text that accompanied their work to be included as additional materials for the film. These participants completed the "all participants" consent form (Appendix A).

Procedures

Data collection was organized into three main data points: (a) a group interview with three participants; (b) individual interviews with three other participants whose artwork and narrative were paired with three art therapists recruited to create an artistic response that would be shared in a single mock art therapy session; (c) and an audio interview with one participant who had decided not to put work in the show (Appendix D).

The research began with a group interview of three people—identified in the film as Kristen, Liska, and Christy (Figure 10)—about the experience of being in the show, what it was like for them, and what happened as a result. As the primary researcher, I sat off camera and directed the interview, prompting for more information as needed. Each artist described her artwork and shared its meaning and significance in her life.

Sample questions that were asked during the group interview were:

- What was it like for you being in the show?
- What was it like for you to make your art and then share it publicly?
- Did you see yourself differently after having your work in the show?
- Did you see yourself differently having it reflected back by others at the show?
- Can you describe your artwork for us?

Next, I conducted a video interview with each pair of individual artist and corresponding art therapist for a total of three, one-time mock sessions. These pairs are identified in the film as artist Megan with art therapist Annie (Figure 11); artist Gayla with art therapist Erin (Figure 12); and artist Molly with art therapist Heather (Figure 13). The pairs had not met prior to their interview. The artwork that the art therapist created in response to the original artwork was shared on camera in the session. The goals of these interviews were: (a) to process the artwork created, (b) to understand the impact of the art show, (c) to explore the impact of seeing oneself through the perspective of the art therapist, and (d) to explore how the art therapist was impacted by working with the artist.

Questions that were a part of the mock sessions were directed by the researcher off camera. Some of the questions included:

- What was it like for you to make your art and then share it publicly?
- Did you see yourself differently after having your work in the show?
- Did you see yourself differently having it reflected back by others at the show?
- (Art therapist process original art with artist) Artist, what insights do you have after hearing the art therapists' response?
- (Art therapist share response art with artist) Artist, what insights do you have after hearing this understanding from the art therapist reflected back to you?

Included in the data collection was one audio interview with an individual, Jennifer (pseudonym), who had chosen not to publicly share her work in the exhibition. This interview explored the context and reasons for Jennifer's decision. She was asked

why she was not ready to share her story publicly and what ,if any, therapeutic benefit she gained by being an observer at the show. As the researcher, I made my own response art to her story and wove it into the film.

Sample questions asked during this interview were;

- Can you please share your story?
- What factors led you to consider being in the show?
- Why did you decide not to put work in the show?

In total, I collected 4 hours of raw video footage and 26 minutes from the audio interview. A final 5-minute web interview was conducted with one art therapist and artist pair. A data collection of imagery, narratives, poetry, and the music created for the show was compiled to be used in the film. This consisted of imagery from 16 artists who exhibited in the show, four response art works from the art therapists, and four response art works from the researcher. The six artists and one audio interview participant were each compensated with a $50 gift card for their participation in the research project.

Data analysis consisted of the researcher watching the raw footage multiple times and extracting sections that related to the questions asked. Clips were organized into five categories: (a) pregnancy and infertility, (b) sharing, (c) artwork, (d) intersubjectivity, and (e) findings. I transcribed the audio interview and created a response video to this interview. Additionally, I worked with a video editor and created a spreadsheet outlining each edit and clip with specific start and end points, defining and reorganizing the different sections of the footage into a single, cohesive film.

Once a rough draft of the film was ready, I shared it with the participants who viewed the film and offered insights and feedback via email. An outside art therapist and

an ethics expert examined an initial edit of the film, to provide an objective view of the themes, benefits, and ethical considerations of this study prior to participant viewing. Approximately one month after the film was shown to the participants, a follow up video interview over the Internet was conducted between Gayla, Erin, and I, and then edited as excerpts woven into the final version of the film (Figure 14).

Portions of the interviews that are pertinent to this research study were transcribed and incorporated into Chapter 5, which examines the themes, benefits, and counter-indications of sharing work publicly.

Validity and Ethical Considerations

One ethical consideration encountered in this research project was the possibility that its design might bring up thoughts or feelings related to a past trauma for participants. Because 4 years had passed since the show, and all of the participants had already voluntarily presented their artwork publicly in 2012, this concern of exposing their trauma was minimal. All of the participants had signed consents to have their artwork on view after the show on a webpage prior to engaging in this research film. Therefore, this research project could be replicated to examine other group shows in the past where participants might be willing to be interviewed about their decision-making and subsequent engagement.

One study limitation that raises a validity concern is the choice to not include a larger sample of people who had chosen not to participate in the exhibition and their reasons why. I was unable to locate others who did not participate in the show. I also would have liked to interview more people who had attended the show to hear how their experience of the show impacted them. However, because the show happened in the past,

it would have been difficult to accurately reproduce or capture this aspect of the show and its impact on others.

Overall the research has limitations and I foresee future opportunities to gather feedback from those who attended the show or were a part of the show as supportive family or friends. A public viewing of the film accompanied with a survey that attendees could complete might be useful to this research in attempting to gather a broader understanding of the impact of the show and or to capture any negative impact of the show. This may also be useful to help address the design limitations noted above.

CHAPTER 4: THE CREATIVE PORTFOLIO

(*BEARING WITNESS FILM*)

This section includes a sampling of the artwork and screen shots of scenes that were in the film. To access the film, readers may contact the researcher at mandrus@marylhurst.edu

Figure 2. “Second to a Thousand Arrows” by Molly Hayden

Figure 3. “Olivia Grace” by Gayla Jeppesen

Figure 4. Christy Crosby, Artwork

Figure 5. Heather Jeffries, Response Art

Figure 6. Erin Headley, Response Art

Figure 7. Mary Andrus, Ethics Response Art 1

Figure 8. Mary Andrus, Ethics Response Art 2

Figure 9. Mary Andrus, Ethics Response Art 3

Figure 10. Liska, Kristen, and Christy (Group Interview)

Figure 11. Megan artist, Annie art therapist (Mock session 1)

Figure 12. Gayla artist, Erin art therapist (Mock session 2)

Figure 13. Molly artist, Heather art therapist (Mock session 3)

Figure 14. Erin art therapist, Gayla artist (Follow-up Web Interview)

CHAPTER FIVE: REFLECTIONS AND IMPLICATIONS OF THE PROJECT; CONCLUSIONS/ARTWORK

In this chapter I will be referencing the video that accompanies this conceptual essay, which together comprise the dissertation. Each specific quote excerpted from the film that is cited here can be found by locating the time indicated in the parentheses following the quote.

When making art about difficult experiences such as pregnancy loss, death of a child, or infertility, a majority of participants felt guilt and shame, as well as fear that their disclosure might overwhelm any viewer or listener. The participants described the art show as a container for their experiences where they felt honored, where the “invisible was made visible” (Andrus, M., October 22, 2016, 04:40). The artwork contained a wide range of expression, from sadness and loneliness to anger and fear. Witnessing the artwork and “just being there was incredibly cathartic” (01:28), stated Molly. Liska described the “audience as participants” (01:40) and shared that there were people who attended the show who did not have work in it but who had been impacted by miscarriage or had experienced loss.

Dealing with trauma can be isolating. As art therapist Annie stated in the film:

> From my experience of working with trauma and with kids, that it is, no matter what it is, it’s a very isolating experience, and there can be a way where it can be a really deep hole that can take you on a lot of different paths, but I think that the isolation piece can be harder than the actual trauma that has happened. (05:38)

This common feeling of isolation due to trauma was expressed by many of the participants. Several expressed that prior to participation in the art exhibition hey had felt alone in their traumatic grief. Theirs was an invisible wound that was difficult to

communicate; before being in the show, several of them struggled with finding others who had had similar experiences.

Megan, Molly, Gayla, Liska, and Jennifer all mentioned at different points that acknowledging the loss was significant to them. Megan was motivated to take pictures of other women to honor their experience as an attempt to offer validation that it "really did happen" (12:58) to others, which was an acknowledgement that was not available to her when she was processing her three miscarriages.

Christy, Molly, Jennifer, Gayla, Liska, Megan, and Kristen all shared that they had struggled with getting support from family and friends. Liska mentioned that she felt like she had exhausted her circle of friends from being able to continue to support her in her traumatic grief. Gayla was frustrated with the kinds of responses she was receiving. Christy did not want to burden others with the pain she was holding. Jennifer expressed that she was most triggered by the comments people would make to her about their opinions related to her infertility. The community of support that was created by the shared experience of witnessing and being in the show, and the resonance of acknowledging the artists' pain in the artwork, was healing.

Christy had a living baby after nine miscarriages. She said, "People said to me, 'Oh you should be happy' and you were kind of like, yes, but I miss all the other ones" (08:39). Her artwork was created when she was home after the birth, with space and time to reflect on all the previous losses, while taking time to care for her new daughter. She described her art as a "huge outlet for me, especially during that time, especially to share this with other people" (09:07).

Molly’s second piece *Second to a Thousand Arrows* (Figure 2) was made to reflect on all the comments being directed at her by other people in response to her experiences. Comments such as “why don’t you just . . .” struck a chord with Molly. This art image spoke to other artists, too, who said to her, “Oh, you did that one?” (07:04). She described the piece as angry, reflecting on “being attacked by others’ expectations” (07:22).

Jennifer specifically reflected on fellow artist Molly’s image, stating that it spoke to the angry side of dealing with others’ comments and resonated with how she felt, too. Seeing it was validating for her. She described it in the audio interview and stated:

> … it was in the oval frames, and there was like one with a woman with a bazillion arrows coming in at a woman’s body… the emotion in her art felt a lot like how I had felt. Just, cause it was a lot of the sort of like anger and bitter sides of things. When I was going through this and anybody who reacted with ‘why don’t you just’.. oh yeah! Tell me to adopt, just adopt! I am **not** the only one going through this, it **is** wide spread, other people feel the same way I do! As sort of helpless like Did you **really** just say that? Is that really what you **mean**? (14:04)

Liska, Kristen, Molly, and Christy described sharing as helping them embrace their truth. Liska and Kristen said that they are not afraid of looking at the “icky stuff about life” (54:42). Molly and Christy found that this was “life changing” (56:30). Christy spoke of “having the courage to talk about something that people don’t want to talk about, and how it can help other people” (56:50), which I see as her way of making meaning and embracing her personal truth. The ability to sit with the pain and acknowledge the discomfort, to allow the artwork to hold that pain while the artist reflected on it as a thing outside of the self, was healing for the participants.

Being in the show and then in the film provided further reflection on the experience of the participants. Many found that observing the film allowed them the

opportunity to hear from other voices that validated their own experiences. After viewing a rough cut of the film, Gayla wrote:

> I was struck, even after all this time, by how much I was able to relate to the comments the other participants made. Some of the things they said were not things I had discussed with other loss parents before, and I had not worked with a therapist before. Yet those things are things that I am struggling with even today: an aversion to positive mental attitude sayings; the hurtful things people say; guilt and shame and body hatred; the impact of taboo; multiple losses (I've lost four pregnancies, three of them early and one third trimester stillbirth); the need for, and general lack in our culture of, support. (Gayla, email communication, January 9, 2017)

Similarly, Jennifer expressed that she connected with the artwork in the show that spoke to different feelings she had but was unable to articulate in her blog. Both seeing the work and watching the film were affirming for her.

Table 1 identifies commonalities that were experienced by the participants, captured in their answers to questions about sharing in the film. The table articulates how sharing in the show helped challenge some of their difficulties and identifies some conclusions participants experienced related to the process of their resolving traumas. The next section will discuss these reflections and consider the implications in the field of art therapy. The conclusions column relates to specific findings connected to participating in this study.

Commonalities	Implications of sharing	Conclusions
<u>Expressed fears:</u> Making work public Receiving negative perception from others Worrying that the work was not good enough	Sharing artwork countered the negative thoughts or fears	Each time the work was shared and acknowledged, it allowed for further acceptance and willingness to share in other spaces.
Hurtful or unsupportive responses from people	Courage to share was strengthened by the support of others.	Many found that their circles of support had to shift or change as they

		were unable to receive the support they needed from friends and family.
Many received messages that the loss wasn't real.	Sharing the loss allowed an opportunity for the loss to be acknowledged.	A shared concluding statement was, "This really did happen."
A shared message was that the pain of their loss was too burdensome for others to hear.	Participants learned to protect others from their pain, which further isolated them from support.	Once able to fully share the pain of their loss, some struggled with the unfamiliar feeling of relief.

Table 1. Summary of Findings

Reflections and Implications

Reframing Ethics of Sharing in Trauma Resolution

The dominant narrative of sharing artwork in art therapy treatment, for various reasons, does not encourage public sharing of what was created in processing the trauma. I understand that if the client has not fully reached a place of resolution, such sharing may be counterproductive. But what I am suggesting is that the ethics around sharing are not so black and white. After completing this research, I think there is room to reexamine the discourse to locate some subtleties and nuances of sharing that need to be considered. We need to examine ethics as practices of integrity, and therapists need to consider all moral contexts in which the art therapist operates. I conclude that there are ways to continue to support reintegration through various permutations of public sharing of artwork.

Participant Responses

Sharing was powerful for many of the participants in the show, which was reinforced after watching the initial draft of the film in this research project. Molly described her experience of being in the show as being cathartic. Jennifer expressed that

seeing the art in the show helped her feel validated. Many participants found that they felt connected to and validated by confirming feelings that they had felt but not acknowledged. They could find and connect to parts of their experience in the artwork of others in the show. Sharing in a community of others who had experienced similar feelings helped them feel connected. After both participating in the show and viewing the film, some found that there were certain feelings they had not expressed in their artwork. Nevertheless, witnessing and looking at the artwork of other artists helped them realize things that they also felt but were unable to access in their own art.

A theme that resonated among many of the participants was the fear of overwhelming a listener or viewer with the intensity of their loss or experiences. The show provided a container where it was safe for them to share this content and not have to hold back out of fear of it being too much for people to witness. It allowed them to build community, honor the pain of one another, and to offer unspoken support.

Prior to the exhibit, Jennifer wrote a blog about her experiences with infertility and pregnancy loss. She liked that she had control over how much she shared and she could monitor how many people had read her blog, liked it, or responded to it. She had control over whether she made it visible to the public. She described her process:

> I… um, would sort of update with, you know, sarcastic intent. I did not feel like I had written anything that was … I don't know, **artistic**, particularly. Mostly, mostly what I had been writing was umm, hmmm, like ahem, letting off steam. A way to say the angry, and sarcastic and sort of dark humored things that were going on in my head that in real-life people didn't react well to… and a way for me to sort of get that out so I wasn't repeating them over and over in my head. I get to choose when you see me and how you see me, rather than you get to choose when to look (20:55)

I attribute the fear of sharing art, pain, or story to a connection with shame and guilt. As the participants in this research took small risks in sharing their story or art, they could let

go of that shame and allow themselves to be seen by others. As others affirmed their experiences, they could find more courage to continue to share their art, pain, or story. As they continued to share, they could distance themselves more from the pain, the shame, and the guilt, and accept the truth within themselves. I postulate that the fear of sharing art could be an indication to the clinician that there is more work to do to help the client process the trauma.

Kristen followed up with conversations after being in the film with the researcher, noting that she had not looked at her artwork since the shows and doing so brought up a lot of emotion. She regretted mentioning that she was depressed in dealing with her losses, fearing that a future student intern viewing the film in training might see her saying this. Therefore I edited out much of what she shared, but I thought this was an important disclosure. I see feeling depressed as a normal reaction to three miscarriages and I perceive her fear of disclosing her depression as shame. After I shared the rough cut of the film with the participants, Kristen and I talked again. She reflected that she realized that she had not fully processed her trauma and even though her work was in the show, she had not fully allowed herself to let go of the pain from her losses. Because she was the coordinator of the show, she had not allowed herself to fully experience the show in the same way that others did. She described it as like being the host at a party and not being able to fully appreciate it in the way that others who attended could. Watching the film helped her acknowledge and further work on her own healing process.

Jennifer, the participant who had chosen not to exhibit in the show, shared that she did not see her work as being worthy of exhibition. After meeting with me and discussing her story, she realized that if she had thought she could have impacted others

by telling her story, she would have been more likely to share it. She had not processed any of her losses with a therapist and realized that doing so would probably have been beneficial and may have expedited her healing. After seeing the film, she realized how much she could identify with the other voices in the film and acknowledged that her story was a valuable one.

Gayla approached participating in the art show and the film with hesitation. She was motivated to share her art in the hopes that it would acknowledge and support others. After meeting with the therapist in the film she realized that she had not fully worked through all the difficulties of her loss and that hearing other voices was healing for her. Through the process of reflecting on herself through the research, she acknowledged that she is still healing. This reflection helped her see that sharing was helpful to her and that her fears related to sharing were connected to things she had not fully processed.

Kristen thought about the first post she was going to make to her community of friends about the show. She explained, “I remember feeling very nervous, I was doing a lot of behind the scenes work… I remember that first post, about it. I was like terrified to hit send” (10:32). She described her feeling of shame and elaborated, “this story isn’t valid enough to share, and nobody wants to hear this story, and people think I am weird for sharing this story, and I think that’s really what it was … but as soon as I did, feeling all of that lift away as I started to connect and reconnect with people” (10:57).

Prior to the shows, Megan created a Flickr™ site showing her artwork, which contained photographs she took of people who had experienced miscarriage and pregnancy loss. She explained that “it was scary, and empowering” (11:25) and said she would monitor to see how many people looked at her artwork. At one point, there were

1,500 views and "it meant something to me that people were looking at it" (12:00). As a result, friends and family who had experienced miscarriages reached out to her, and they could connect and support one another.

Gayla shared that after having a full-term stillborn baby she had a compulsion to draw that she had never had before. She described that she had to draw as a "need to do it to deal with the feelings" (08:04) she had then. She does not consider herself an artist and she taught herself to draw. At first, she was intimidated by the thought of being in the show and having her work with other "real artists" (16:48). She initially made her art so she could share an image of her daughter privately in her home with family and friends (Figure 3).

Gayla experienced that many of her friends told her to pretend to be happy and smile, even though she didn't feel that way on the inside.

> My circle of friends and things, um, they weren't interested in the difficulties of life. They were more about 'you can control the universe by being happy, and focus on being happy and present yourself as being happy if you don't feel happy', and I couldn't do that. (13:33)

Her motivation in seeking a wider acceptance of her loss and offering that to others was important. She reflected on the support she was getting from family and friends:

> I wish someone would kinda have slapped them aside the head, and said 'hey now, there is nothing wrong with her, this is a normal response.' Maybe someone did, but I didn't get the memo, in the way they behaved with me… and say yeah, you're okay. (15:45)

Liska mentioned that she had friends in her community of support who would ask the question, "why are you trying again…. you know, or why don't you just adopt… or why are you continuing to explore this subject matter so deeply?" (05:28)

Christy stated, “When I have shame and guilt I just want to hide it. So, the not hiding, making something visual, making something to show people helped me come out of the shame of what I was feeling” (07:32). Christy attended the first exhibit but did not show her work in it. Seeing that show helped her find the courage to show her work in the second exhibit. She said, “I felt stronger by knowing that I would be sharing with other people with similar experiences; it gave me the courage or strength to actually do it” (16:16). She concurred with Kristen, affirming that she was “definitely strengthened by being with others who have had similar experiences” (16:44). She elaborated, “I felt closed before the show” (17:24). She had nine pregnancy losses over 8 years. She said that “having a picture of it and being able to show it all at once” (17:42) helped her (Figure 4). She said it was “too heavy to unload on anyone, so then to have, um, a visual representation all in one place, that I could show people, you know, and kind of, let that burden, or share that burden… the show opened me up somewhat” (17:58). She was unable to tell everyone about the show, but after having her work in the second show she was invited to be a panelist in front of a couple hundred people at a conference for nurses. She noted that “to have that many people understand what some women go through… I felt safe on the loss panel” and “felt more open to share my art” (18:22).

Permutations of Sharing

These examples support my assertion that these women had to slowly share their stories, artwork and experiences in a paced manner. Each sharing of the artwork allowed the client an opportunity for further integration and acceptance of her loss. Each time the work was shared, it built on the previous sharing, helping them to move into a new space

of integration as they saw that others could learn from and be impacted by hearing their story and seeing their art. I understand this process as a sublimation of their pain.

Molly stated:

> I think that the final part of making art is having other people see it, because that way it is useful outside in the world… you do it for yourself and that releases something, but when someone else sees it and acknowledges it, then that's kinda the final, you know, release of energy that all goes back…that was the final step we didn't know we had to take, and after it was taken, that was when the, the kinda the magic of the catharsis finally sank in. (19:10)

This comment confirmed the hypothesis put forth by Siegel (2010, 2017) that integration occurs in relationship with others and that this is where the healing takes place.

Kristen wanted people to connect with her. Some friends did not want to hear about her pain. After telling friends that she had gotten pregnant and then lost the pregnancy, she was aware that it made some people uncomfortable. She got to a point where she thought about the show in this way: "it's my story to share and you won't come to see if it makes you uncomfortable" (06:48). She emphasized the importance of "feeling the strength in sharing your voice and not being worried about what others think." Later Kristen stated, "I needed the strength of others to get out there and show this work and share this story" (13:27).

Despite not putting work in the show, Jennifer did end up attending both shows and documenting them by photographing the artwork, artists, and venues. She had not considered such activity as her contribution to the show, nor did she think that she had something to offer. When processing the show for this project, she realized that her documenting of the show was indeed therapeutic to her and a way for her to thank Kristen and honor what she had done for this community. After the exhibitions, she

acquired releases and put together a Flickr™ site showing the work from the participants. In reflecting on this process in an email, she wrote:

> I had never thought of my pictures as being my own artistic processing, really, until your project. Going back and revisiting the pictures for the first time since the show, pretty much, it was the first time that it occurred to me that this could have possibly been my therapy art, and talking with you was my first time vocalizing anything about the show, and the pictures and processing what I saw and how I felt and forcing it into words. Hearing myself in the background of your film was startling! I had forgotten some of the things I had said. And seeing the pictures of the two shows used feels kind of cool too, like an honor. A few of them are really good. It makes me think of something one of the women said about how making the art helps you, but putting it out there may help other people. Kristen made a meta-art in that way with a show. Putting on the show helped her, and helped the artists, AND helped the people who came to see the show. I like to think maybe my taking the pictures is a little like that too. It helped me to get close to the art, it helped me to be part of preserving the show, and maybe those pictures helped the artists too. It is strangely moving and powerful to think of myself as part of that. (Jennifer, email communication, January 9, 2017)

When artwork that examines personal truth is affirmed by others in community, this sharing helps to normalize and disarm shame and guilt. Sharing the work helps people make meaning, impact social change in others, and see themselves as able to help others. The research showed how sharing created community, brought people together, and helped the artists accept the experience within themselves. After viewing a rough cut of the film, Gayla wrote:

> Sharing my piece in the art shows was a new level of vulnerable with such an intimate piece, but I am glad I did so. I feel like it was a statement, too—a statement of my child's existence and my enduring love for her, as well as a statement about our society which does not acknowledge her existence as it should. (Gayla, email communication, January 9, 2017)

Intersubjectivity

In the therapeutic space, it is not only the client who changes and evolves; the therapist is also impacted by the work. The self-perception of the therapist shifts in relationship to the material that is being explored by the client. As demonstrated in the

film, all three art therapists—Annie, Erin, and Heather—had life experiences that they pondered with a new perspective after having spoken with the respective artists. I encouraged each of them to share their reflections. I'd like to preface their remarks by noting that they disclosed personal information they would not typically share in a therapeutic relationship, and that the sharing of that information shifted the intersubjective understanding in each person, allowing a deeper level of connection to emerge in the interviews.

Annie acknowledged that her mother had a miscarriage before she was born, realizing how hard it must have been for her to process that loss when Annie was born. Erin shared that she was the sole living child of twins and did not find this out until she was much older, acknowledging the impact it must have had on her mother to live with this unspoken pain. Hearing art therapist Erin's disclosure made participant Gayla think differently about how she has interacted with her living daughter, who was born after the loss of her daughter Olivia. In a follow-up interview, Gayla reflected on this disclosure of Erin's. She stated that she was:

> Grateful for her disclosure. It's hard for people to understand the level of pain that is involved when they haven't experienced something horrible themselves. She had her experience of shame and guilt, and I had mine, that was a place where we were able to connect. Her disclosure made her response more valid to me, not just going through the motions (Gayla, personal communication, January 29, 2017).

Heather shared that she had experienced a miscarriage at home when her daughter was there and had needed to figure out how to talk about it to her daughter in a way that was appropriate. Her participant partner Molly empathized with her, acknowledging the loss. This exchange brings up the question of self-disclosure in our work as art therapists. There are times when self-disclosure on the part of the therapist could potentially build

rapport and could clinically shift the client into seeing the self and the situation from a new perspective. It appears that after the art therapist's personal disclosure, each pair deepened their connection with one another. Did disclosing personal information in this non-therapeutic relationship allow more flexibility and or willingness to be transparent? There are times when in a therapeutic relationship when it is not appropriate to disclose. If the therapist is working with someone who has poor boundaries or has trouble focusing on their own work, the client may be burdened by a personal disclosure from the therapist and may not be able to separate their own self from the problems of the therapist.

Art therapist Erin had the following reflection after viewing the rough cut of the film:

> The film is very well done, very moving, and so many wonderful themes emerged. What I am struck by is the power of people (particularly women) sharing their stories and how that builds so much community, empathy and empowerment. Seeing myself (and the film) illuminates the power of art in building rapport and validation of one's experiences. As a therapist, I am starting to question the role of self-disclosure. In graduate school this seems to be discouraged although is understood to be a gray area. With additional experience (and seeing this film) I'm now questioning if I should increase self-disclosure in sessions? If so, how and when? What are my guiding forces to determine appropriateness of self-disclosure? I'd always erred more on the side of not disclosing and being mindful to only disclose if it is in the best interest of the therapeutic relationship but I'm now thinking about the various ways in which this could be impactful (and how to use response art to facilitate this disclosure/deepen the therapeutic relationship). (Erin, email communication, December 22, 2016)

Erin's point about self-disclosure is an important one, although a neophyte therapist may have more difficulty deciding when and how much to share than a seasoned therapist would. An experienced therapist determines when to share based on what the clinical intention is behind the disclosure. Yalom (2002) provided a framework for considering disclosure when it has therapeutic intent and is not over-burdening the client.

The therapist needs to consider if the client is better served by focusing on their own needs instead of putting their attention on taking care of the therapist. Creating response art is a skill that we develop and strengthen as we become more comfortable with our role, identity, style, and approach in our work as therapists. With practice in using response art in supervision, art therapists can develop their ability to decipher when it may be appropriate to share their artwork they make in response to their clients and when it is better to remain private.

An effective therapeutic relationship is essential in providing clients with a window of reflection, affirmation, and validation of their experience. What may then occur is a deeper understanding of the self through the eye of the therapist. Something similar occurred in the interplay between Gayla and Erin. Moving the work out of the therapeutic space into another relationship allows the client to integrate another understanding of self, as reflected back to the client by the witness. It is in this self-reflection through the eye of the witness that reintegration and self-actualization may occur.

Gayla responded in an email with thoughts about working one-on-one with the art therapist in the mock session. She wrote:

> Even after 10.5 years, I have work to do and can still make progress. Just the short time I spent with the therapist (and the longer time I have been able to spend with her response piece at home) showed me there is hope of additional healing. I had begun to lose hope, frankly, that I would ever really move much beyond where I am now. It meant so much to me to be listened to, and the response art and the things the therapist said assured me I had been heard, understood, and that my pain had been taken seriously. It was also helpful to learn some things about my experience from someone who is educated about loss and trauma. I went into my loss with absolutely no tools for dealing with it. I've had to develop them by trial and error. Speaking with a professional was valuable. (Gayla, email communication, January 9, 2017)

Gayla acknowledged that her participation with Erin was transformative. For the first time, she felt like she was truly heard, seen, and understood. The artwork that was created by Erin served as a transitional object for Gayla to reflect on that affirmation of self. Gayla further found meaning in being able to share the artwork that Erin made with her husband, which prompted more healing for her.

Art Therapist Responses

As art therapists, we have a unique ability to offer our clients: we speak and understand the language of artwork. The artwork can translate metaphor, meaning, and meta-verbal understanding of complex concepts. We can empathically attune to a client's art image and translate our understanding of the image into an understanding of the client, offering a different perspective on the art image that we can reflect back. This creates an opportunity for the client to be seen and understood, and to further connect with the therapist.

Before they met the artists, I asked each of the three art therapists to read the narrative that the artist she was paired with had written about her traumatic grief experiences and to create original artwork in response to the narrative and the artwork. The three respective sessions captured on film were an opportunity for the artist to hear and see through the eye of the art therapist how her story was interpreted and translated through the response art it inspired.

Each art therapist was trained in a different art therapy master's degree program: Annie at the School of the Art Institute of Chicago (IL), Erin at Mount Mary University (Milwaukee, WI), and Heather at Marylhurst University (Portland, OR). Both Annie and Erin have used response art with clients and were trained to incorporate it into their

sessions and practice, whereas Heather used response art in her personal work but made a point never to share it with her clients until participating in this film. In the film she acknowledged the value of sharing the work that was created.

Sharing response art is not something that a neophyte therapist can do with proficiency, as many therapists who are newly entering the field are still developing their own understanding of their artistic language. They also are developing their capacity for presence and their role as a therapist who can focus on the client without being distracted by their own desire to create art. In my experience of teaching graduate art therapists and supervising new therapists I have observed that creating response art is a skill that they develop over time. Some find that when making response art they struggle with countertransference, the processing of their own imagery and experience in the art, and difficulty in differentiating what belongs to them personally from what belongs to the client.

Heather explained in the film that she was trained to make art to self-process her clients and their experiences, in order to help her cope with and understand the complex trauma work she was doing. She did not share her own response artwork with clients. Heather admitted that in her training she was taught to keep her response art private because revealing it would be “over-sharing” (51:57). Heather then acknowledged that sharing the art actually would be a way to offer insight, support, and confrontation, and that communicating through the image using the visual language could be more effective than what can be accomplished with words. Her participant partner Molly responded “well and I would think that if I was having an art therapy session and didn’t know you were doing this art, then I found out that you did art in response,… I feel like people

could maybe opt in … you have a storehouse of these treasures that no one is seeing… this is a big deal for me” (52:00).

In the session with Molly, there were things that Heather had not noticed in her own art image (Figure 5) that spoke in a meta-verbal manner to Molly, which was validating and affirming. Molly pointed out that the branches in the tree in Heather’s response art resembled the arrows in the second piece. Heather had not realized this connection until she processed the artwork for the film. Talking and reflecting together uncovered additional insight and meaning for both Molly and Heather.

After watching the film, Gayla shared the following about the response art (Figure 6):

> I felt privileged to experience the sharing back of the therapists' response pieces, especially knowing this is not normally done with clients. I thought it was incredibly valuable to see my therapist's piece and hear her talk about it. It was incredible to connect through art, instead of trying to use always-inadequate words. It was the first movement I have had in my grief in years. If I had not seen the piece and realized the care with which it was created, I would never have believed I had been heard. I would not have felt the connection necessary for my defenses to come down. (Gayla, email communication, January 9, 2017)

After sharing the film with the participants Gayla introduced through email a new issue that arose in this process when she explained:

> I also felt bad that my experience had an impact on the therapist and that she had obviously spent so much time and thought on the response piece. It felt like I had overstepped. I have learned to try to protect others from my pain, and even though the point of this was to share it at a deep level, it still felt very selfish on the one hand, while on the other hand it felt like water to my parched and weary self. It was a truly humbling experience. (Gayla, email communication, January 9, 2017)

I followed up and spoke with Gayla to clarify this comment, and she explained that she was so used to protecting others from the intensity of her pain. She had lost the support of her faith community, lost the support of her mother, lost connections with friends, and

received many messages that her pain was too much for others to handle. She said that exposing others to her pain isn't something that has been allowed in her life. She was not used to being validated and stated, "I felt bad because I felt relieved and it felt like an improper way to deal with it." Gayla further elaborated on the huge relief she has found since sharing her work with Erin. She said she:

> Did not think that after 10 years I could make any more progress.. . I was floored, I did not think it would be like that… it emboldened me when I am with other people. I'm now less afraid when I am with other people. (Gayla, personal communication, January 29, 2017)

I find this to be interesting; perhaps one finding of this research is that Gayla obviously had traumatic grief that she had not allowed herself to process. She did find some consolation and healing from participating, but if this were not a research project and she were in treatment I would suggest she explore this concern of burdening others with her pain in more depth. Her comments bring me back to the question: How do survivors of trauma reconcile the unfamiliar feeling of relief?

Gayla has since put the response artwork that Erin made above the mirror where she gets ready for work in the morning. I followed up with Erin and Gayla and arranged for another video interview over the Internet. In this interview Gayla expressed to art therapist Erin that her response art

> continues to heal, because you know, I feel that you heard me, and you are one of the few people who has truly heard and understood where I was coming from…. My husband sees it there, and you know our loss was over ten years ago and we don't talk any more about it, but when I put your piece up we had a lot of conversation… and it was also helpful for him. (55:30)

As the researcher I also created response art as I was working on this research. The first image I included in Chapter 4, (Figure 7) was from reflecting on the complexity

of the ethics that I was attempting to understand when sharing client artwork. I am still unpacking and attempting to understand the complexity of sharing artwork and had to turn to my own art making to attempt to make sense of it.

The second image (Figure 8), I created when attempting to understand as a therapist when to move the art image out of the private and into the public. The left side of the image relates to the initial phase of treatment when artwork needs to remain private. The center of the image is the blurry area when the artist can be exposed by sharing too soon. The right side of the paper is connected to when the sharing with the public is informed and clear and helpful.

The final image I included (Figure 9) is an image I created in a studio with the intention “to explore the complexity of the ethics of sharing artwork.” In my witness or stream of consciousness writing I wrote the following when reflecting on the work:

> The bird sites comfortably in her next. Her eyes are closed. The sun is setting. The tree cradles her nest. She is sitting on a large blue egg. Soon the egg will hatch. She is protecting it, keeping it safe. She has to allow the egg to emerge out of its shell. She has to feed it, nurture it and teach it how to fly. She has to teach the little chick how to deal with suffering and pain and cope with the yucky stuff about life. In therapy we offer that space for our clients to self-actualize and grow. Providing a safe space in which the client can see, hear and experience herself with the support of others is when she is fully able to embrace her truth and be free.

Conclusions

I initially began this research project with the notion that seeing oneself through the eyes of the witness was the pivotal point where the healing from trauma occurred, having identified the witness in this case as attendees from outside the loss community. Instead, I found that the witnesses were the other artists in the show, and that being a part of a larger community was even more significant for the artists than being witnessed.

Community allowed the participants to no longer feel isolated in their grief. For example, by seeing others exhibit, Christy gained the courage to share her own art. Through sharing in the second exhibit, she was motivated to share her work with other audiences.

Seeing the range of artwork expressed allowed the participants to look further at themselves and acknowledge feelings and experiences that they related to but were unaware of or unable to express in their own artwork. The importance of the group experience was significant for both the participants and the attendees at the show.

In the video interview with the art therapist, each participant could deepen her understanding of her artwork by reflecting on it within what appeared to be an intersubjective space. The response art made by the art therapists was an integral component in creating this space and for empathic resonance, which supported the participants in their insight and healing.

In reviewing the ethics of sharing artwork, I am aware that I have many more questions than I have answers. The work is still unfolding and continuing to evolve each time I share it with a new person and am impacted by their perspective. Is public and private black and white or is there a continuum? What kind of framework can we create to support reintegration and when to share artwork for clinicians?

Limitations

There may have been people who attended the show and were triggered by the artwork. Since the work was evocative and the first show was displayed in a space where support groups for the pain of loss and miscarriage are facilitated, some people may have been negatively impacted by seeing the artwork. This study was not designed to examine those voices nor capture the experiences of people who were negatively impacted.

I am aware that in order to have a positive experience in sharing artwork, the client needs to anticipate that not everyone will have a positive response. Working with the therapist to consider who might be a good person or audience to start with, in sharing the artwork outside of the therapeutic space as a part of the treatment, should be considered.

Due to the timeline of the creation of this project, I realize that I did not speak with people who may have been negatively impacted by the show. I know that there were people who struggled with hearing the performance of the birth song at the opening reception, according to the show coordinator, Kristen Larsen. If I had more time I would have worked to seek out people who were either triggered by the artwork or the performances to capture the negative impact of the show.

Implications for the Field

It is my hope that the primary implication of this work for future practicing art therapists is that they consider the therapeutic value of sharing artwork publicly. I also hope that they consider the hesitation on the part of the client as an indication that more work needs to be done in processing the shame and guilt associated with the trauma.

I hope that clinicians can re-consider the ethics of protecting the artwork and incorporate the therapeutic value of seeing the artwork as an opportunity for clients to embrace their personal power when and where conditions warrant. My hope is that art therapists create opportunities for clients to be affirmed by others who have experienced similar problems and develop groups or structured meetings for reflection from a community of supportive witnesses.

Future Research

I would like to see others explore this topic, further examining four main questions that resulted from this research:

1. What framework exists to help therapists decide if or when sharing artwork will contribute to the therapeutic growth of the client?
2. What framework exists to help therapists decide when it is therapeutic for them to self-disclose?
3. Does therapist self-disclosure aid in healing the client?
4. How do survivors of trauma reconcile the unfamiliar feeling of relief?

Dissemination Plan

Upon completion of my doctoral study, I plan to present the film in formal presentations to faculty and students at universities and to art therapists who attend such conferences as the American Art Therapy Association. I also plan to privately host screenings for the pregnancy loss communities. I expect that I will continue to build parts of this research into lectures and professional presentations in order to educate others on intersubjectivity in art therapy, the value of response art, and further reframing of certain ethical principles in art therapy. I hope to develop my writing to a peer reviewed journal for publication sharing this research. I also seek to affirm the experience of many parents who have experienced the tragedy of traumatic loss in their lives and provide them healing and hope.

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Consent Form for Research (All Artists)

PROTOCOL TITLE: Private to public: Is sharing therapeutic?

PRINCIPAL RESEARCHER: Mary Andrus ATR-BC, LPC, LCPC

SUPPORTED BY: Mount Mary University

Background:

This study will examine the experience of individuals who have shared artwork in a public exhibition called Bearing Witness: The Art of Pregnancy Loss and Infertility, which was on display May 2012 at Peace House and in July 2012 at Marylhurst University.

Participants will be selected with the support of Kristen Larsen, who coordinated the exhibit. All 30 individuals who participated in the show will be asked to participate.

Your participation in this study will help art therapists and future art therapists to gain new knowledge about their practice, their approaches, and the value or contraindications of sharing artwork that is made about sensitive content. It is understood that you may have not seen or worked with an art therapist when originally creating your art, but the experience of making and sharing publicly may have been therapeutic. Participating in this study does not imply that your work was art therapy.

In art therapy trauma treatment, feelings such as grief, shame and guilt are commonly associated with traumatic events. Individuals who have experienced pregnancy loss, infertility and the loss of a child sometimes have similar feelings. This study hopefully will provide a lens to translate this important topic into the treatment of trauma and the resolution of problems addressed in art therapy treatment.

What is the Purpose of this Study?

You are being asked to take part in a research study. This form has important information about the reason for the study, what you will do, and the way we would like to use information about you if you choose to be in the study.

The purpose of this study is to examine therapeutic value and ethical considerations when publicly sharing artwork/story related to pregnancy loss, infertility, or death of a child. You have been asked to participate because you have been identified as someone who has shared art/story outside of art therapy. The study will result in the creation of a short film and contextual essay about this topic.

What will I Do if I Choose to be in this Study?

You will be asked to submit the artwork you shared in the exhibit “Bearing Witness” as well as a written narrative to accompany your art. Please email them to Mary Andrus at [email]/No identifying information will be revealed in sharing your artwork and

narrative. Your artwork and accompanying narrative may be integrated into an educational film about this topic.

What are the Possible Risks or Discomforts?

Your participation will involve reflecting on the factors that led to and the experience of sharing your art and story publicly.

What are the Possible Benefits for Me or for Others?

The possible benefits to you from this study include deepening your understanding of yourself and your experience. You also may be able to further make meaning of your experience and offer support and strength to the community of individuals of who have experienced pregnancy loss, death of a child or infertility. This study intends help educate professionals on ethical considerations and therapeutic value of being heard/seen in art therapy treatment. You also help others understand your experience and how it can be helpful to other people.

This study will add to the body of literature around trauma treatment and practices in helping clients work through trauma. The intent of the study is to educate students and clinicians about the benefits and ethics around sharing work in a public venue. It could benefit students in training to learn about important considerations when practicing art therapy. It also intends to disarm stigma and shame associated with trauma, and to educate the public about the value of art therapy.

The final video may include the following:

- Imagery of artwork created and excerpts of written narrative read aloud while viewing imagery.
- Images of individuals at the art exhibit(s) who have provided consent to use their imagery.
- Footage of Kristen and two others talking about their experience of being a part of the group show.
- Footage of individual artists talking about their experience of being in the show.
- Footage of the art therapist and artist talking about their respective art pieces and explaining how they understand one another's art.
- Interview with the art therapist(s) talking about how they are impacted by seeing the artwork and meeting with the artist or hearing the audio from those who contemplated being in the show.
- Skype or follow up interviews with participants, reflecting on any further insights they had after watching the video.

Dissemination

Once the film is complete, it will be viewed by a trauma expert and an ethics expert. The researcher will write a contextual essay summarizing the findings from this research. The researcher intends to present the film to audiences which may consist of art therapists, students in training and professionals at conferences, trainings and symposia. The

audience could range from individuals who have experienced pregnancy loss to students learning how to practice art therapy to individuals who are looking to learn about art therapy.

Financial Information

Participation in this study will involve no cost to you.

What are my Rights as a Research Participant?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to stop being in the study at any time.

If you have any questions about this study, please feel free to contact me at [phone number] or [email address] If I am not immediately available, I will return your call as soon as possible. If you wish to speak with my supervisor Dr. Lynn Kapitan, she can be reached at [phone number]. If you have concerns regarding your privacy and rights, you may contact Maureen Leonard, [email address] at Mount Mary University, [phone number].

What about my Confidentiality and Privacy Rights?

All electronically stored information including photographs of artwork and narratives will be kept in a locked box in the researcher's home in addition to another copy will be placed on a hard drive for the video editor. Results of this study may be used for teaching, research, publications, presentations at professional meetings and education about trauma resolution and art therapy.

Consent

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

_____ (initial) I agree to have my artwork and narrative in this study.

Subject's Name (printed) and Signature Date

Name (printed) and Signature of Person Obtaining Consent
Date

Witness (Print) Witness (Sign)
Date

Consent Form for Research (Art Therapists)

PROTOCOL TITLE: Private to public: Is sharing therapeutic?

PRINCIPAL RESEARCHER: Mary Andrus ATR-BC, LPC, LCPC

SUPPORTED BY: Mount Mary University

Background:
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Participation in this study will help art therapists and future art therapists reflect on important implications of their practice, their approaches, and the value or contraindications of publicly sharing artwork that is made about sensitive content. In art therapy trauma treatment, feelings such as grief, shame and guilt are commonly associated with traumatic events. Individuals who have experienced pregnancy loss, infertility and the loss of a child sometimes have similar feelings. This study hopefully will provide a lens to translate this important topic into the treatment of trauma and the resolution of problems addressed in art therapy treatment.

What is the Purpose of this Study?
You are being asked to take part in a research study. This form has important information about the reason for the study, what you will do, and the way I would like to use information about you if you choose to be in the study.

The purpose of this study is to examine therapeutic value and ethical considerations of publicly sharing artwork/story related to pregnancy loss, infertility, or death of a child. You have been asked to participate because you are an art therapist who practices in this community. The study will include the creation of a short film and accompanying contextual essay.

What will I Do if I Choose to be in this Study?
You will be paired with a person who either exhibited or considered exhibition artwork in this public art exhibition. Of the 30 artists who participated in the show, the researcher and curator Kristen Larsen will identify three participants participated in the show along and submitted a written narrative about their art and story in the first stage of this study. You will be asked to create an art piece in response to one of the participant's art images and narrative.

You will then be asked to meet at Marylhurst University for an in-person video interview. For this interview, your will meet with me and the artist to reflect on each other's art images as well as the impact of understanding one another through the artworks.

The purpose of these procedures is to collect data that will be used to educate others about the impact of the story of the individual on the art therapist, and to capture your understanding of how you and the artist are affected by sharing with one another, a phenomenon that occurs in the therapeutic relationship and when sharing work publicly. The resulting video intends to educate students in training important factors related to relationship building and how the artist sees him or herself differently when viewed through eyes of the public witness.

In this study two individuals who considered exhibiting in the show but chose not to will also be included in the sample. In lieu of a video, an audio recording of their experience will be created. It is possible that you will be paired with one of these individuals instead and asked to make response art to their audio recorded narrative. The art therapist response imagery and any narrative about the images and their understanding of it may be integrated into the film.

What are the Possible Risks or Discomforts?

Your participation will involve examining the impact of others' artwork or stories on your understanding of yourself as a professional art therapist and of the therapeutic relationship. This may become uncomfortable or bring up feelings or thoughts you may not be aware of.

What are the Possible Benefits for Me or Others?

The possible benefits to you from this study include deepening your understanding of yourself and your knowledge and experience. You also may be able to further make meaning of your work as an art therapist. This study intends help educate professionals on ethical considerations and therapeutic value of being heard/seen in art therapy treatment. You also may help others understand how art therapy works and how it can be helpful to other people.

This study will add to the body of literature around trauma treatment and practices in helping clients work through trauma. The intent of the study is to educate students and clinicians about the benefits and ethics around sharing work in a public venue. It could benefit students in training to learn about important considerations when practicing art therapy. It also intends to disarm stigma and shame associated with trauma, and to educate the public about the value of art therapy.

The final video may include the following:

- Imagery of artwork created and excerpts of written narrative read aloud while viewing imagery.
- Images of individuals at the art exhibit(s) who have provided consent to use their imagery.
- Footage of Kristen and two others talking about their experience of being a part of the group show.
- Footage of individual artists talking about their experience of being in the show.

- Footage of the art therapist and artist talking about their respective art pieces and explaining how they understand one another's art.
- Interview with the art therapist(s) talking about how they are impacted by seeing the artwork and meeting with the artist or hearing the audio from those who contemplated being in the show.
- Skype or follow up interviews with participants, reflecting on any further insights they had after watching the video.

Dissemination

Once the film is complete, it will be viewed by a trauma expert and an ethics expert. The researcher will write a contextual essay summarizing the findings from this research. The researcher intends to present the film to audiences which may consist of art therapists, students in training and professionals at conferences, trainings and symposia. The audience could range from individuals who have experienced pregnancy loss to students learning how to practice art therapy to individuals who are looking to learn about art therapy.

Financial Information

Participation in this study will involve no cost to you.

What are my Rights as a Research Participant?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to stop being in the study at any time.

If you have any questions about this study, please feel free to contact me at [phone number] or [email address] If I am not immediately available, I will return your call as soon as possible. If you wish to speak with my supervisor Dr. Lynn Kapitan, she can be reached at [phone number]. If you have concerns regarding your privacy and rights, you may contact Maureen Leonard, [email address] at Mount Mary University, [phone number]

What about my Confidentiality and Privacy Rights?

Participation in this research study may result in some loss of privacy, since persons other than the researcher might view your study records, which may include a camera person, video editor, and outside reviewer(s) ethics and trauma expert. Results of this study may be used for teaching, research, publications, presentations at professional meetings and education about trauma resolution and art therapy.

All electronically stored information including photographs of artwork and narratives will be kept in a locked box in the researcher's home in addition to another copy will be placed on a hard drive for the video editor.

Consent

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

_____ (initial) I agree to be audio recorded and video recorded for this study.
_____ (initial) I agree to have my artwork in this study.
_____ (initial) I agree to have my full name used in research publications.

Subject's Name (printed) and Signature Date

Name (printed) and Signature of Person Obtaining Consent Date

Witness (Print) Witness (Sign)
Date

Consent Form for Research (Artist) Paired Interviews

PROTOCOL TITLE: Private to public: Is sharing therapeutic?

PRINCIPAL RESEARCHER: Mary Andrus ATR-BC, LPC, LCPC

SUPPORTED BY: Mount Mary University

What is involved in this study?

You have submitted artwork and narrative to this research study. Based on your submission I am inviting your participation in a video project.

After a brief interview by phone, you will be asked to meet at Marylhurst University for an in-person video interview. For this interview, you will be paired with an art therapist study participant who has created an original art piece in response to the artwork and narrative you submitted. This meeting will be video recorded. As the researcher, I will prompt a discussion and reflection on the artwork created by both parties. I ask questions related to any changes or shifts in understanding that occur through this process of talking.

The purpose of the response art and meeting with the art therapist is to produce results that can educate others about the impact of public sharing of artworks and narrative on sensitive subject matter. Sharing your story and art work with a participating art therapist will provide information on how artists and art therapists are affected by one another, a phenomenon that occurs in the therapeutic relationship and when sharing work publicly. The study intends to educate students in training on important factors related to relationship building, and how the artist may see herself or himself differently when viewed through eyes of the public witness.

I intend to select five individuals in addition to yourself to participate in the study. After the film has been edited, it will be sent to the participants for review. You will be interviewed one last time to see if any further insights were understood after reviewing the film. This information will be edited into the final version of the film.

What are the Possible Risks or Discomforts?

Your participation will involve reflecting on the factors that led to and the experience of sharing your art and story publicly. One possible risk is that you may become uncomfortable with some of the questions and topics we will ask about. If this occurs, you are free to not answer or to skip to the next question. You may withdraw from the study at any time.

What are the Possible Benefits for Me or for Others?

The possible benefits to you from this study include deepening your understanding of yourself and your experience, and your contribution to others' understanding. You also may be able to further make meaning of your experience and offer support and strength

to the community of individuals of who have experienced pregnancy loss, death of a child or infertility. This study intends to help educate professionals on ethical considerations and therapeutic value of being heard/seen in art therapy treatment. You will help others understand your experience and how it can be helpful to other people.

This study will add to the body of literature around trauma treatment and practices in helping clients work through trauma. The resulting film from the data collected will educate students and clinicians about the benefits and ethics around sharing work in a public venue. It could benefit students in training to learn about important considerations when practicing art therapy. It also intends to disarm stigma and shame associated with trauma, and to educate the public about the value of art therapy.

The final video may include the following:

- Imagery of artwork created and excerpts of written narrative read aloud while viewing imagery.
- Images of individuals at the art exhibit(s) who have provided consent to use their imagery.
- Footage of Kristen and two others talking about their experience of being a part of the group show.
- Footage of individual artists talking about their experience of being in the show.
- Footage of the art therapist and artist talking about their respective art pieces and explaining how they understand one another's art.
- Interview with the art therapist(s) talking about how they are impacted by seeing the artwork and meeting with the artist or hearing the audio from those who contemplated being in the show.
- Skype or follow up interviews with participants, reflecting on any further insights they had after watching the video.

Dissemination

Once the film is complete, it will be viewed by a trauma expert and an ethics expert. The researcher will write a contextual essay summarizing the findings from this research. The researcher intends to present the film to audiences which may consist of art therapists, students in training and professionals at conferences, trainings and symposia. The audience could range from individuals who have experienced pregnancy loss to students learning how to practice art therapy to individuals who are looking to learn about art therapy.

What about my Confidentiality and Privacy Rights?

Participation in this research study may result in a loss of privacy, since persons other than the researcher might view your study records, which may include a camera person, video editor, and outside reviewer(s) ethics and trauma expert. Results of this study may be used for teaching, research, publications, presentations at professional meetings and education about trauma resolution and art therapy.

Financial Information

Participation in this study will involve no cost to you.
In appreciation for your participation in the study, you will receive $50 amazon gift card.

What are my Rights as a Research Participant?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to stop being in the study at any time.

If you have any questions about this study, please feel free to contact me at [phone number] or [email address] If I am not immediately available, I will return your call as soon as possible. If you wish to speak with my supervisor Dr. Lynn Kapitan, she can be reached at [phone number]. If you have concerns regarding your privacy and rights, you may contact Maureen Leonard, [email address] at Mount Mary University, [phone number].

Consent

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

Additional Study Elements

Initial the following to indicate your choice:
_____ (initial) I agree to be videotaped and interviewed for this study.
_____ (initial) I agree to be interviewed but want my voice and image to be disguised for confidentiality.
_____ (initial) I agree to have my voice in the interview but want my image to be disguised for confidentiality.
_____ (initial) I agree to have my full name in research publications.
_____ (initial) I prefer to use the following pseudonym______________ in this study.

Subject's Name (printed) and Signature
Date
Name (printed) and Signature of Person Obtaining Consent
Date

Consent Form for Research (Audio interview)

PROTOCOL TITLE: Private to public: Is sharing therapeutic?

PRINCIPAL RESEARCHER: Mary Andrus ATR-BC, LPC, LCPC

SUPPORTED BY: Mount Mary University

Background:
This study will examine the experience of individuals who have shared artwork in a public exhibition called Bearing Witness: The Art of Pregnancy Loss and Infertility, which was on display May 2012 at Peace House and in July 2012 at Marylhurst University.

Participation in this study will help art therapists and future art therapists reflect on important implications of their practice, their approaches, and the value or contraindications of publicly sharing artwork that is made about sensitive content. In art therapy trauma treatment, feelings such as grief, shame and guilt are commonly associated with traumatic events. Individuals who have experienced pregnancy loss, infertility and the loss of a child sometimes have similar feelings. This study hopefully will provide a lens to translate this important topic into the treatment of trauma and the resolution of problems addressed in art therapy treatment.

What is the Purpose of this Study?
You are being asked to take part in a research study. This form has important information about the reason for the study, what you will do, and the way I would like to use information about you if you choose to be in the study.

The purpose of this study is to examine therapeutic value and ethical considerations of publicly sharing artwork/story related to pregnancy loss, infertility, or death of a child. You have been asked to participate because you are an art therapist who practices in this community. The study will include the creation of a short film and accompanying contextual essay.

What will I Do if I Choose to be in this Study?

You will be paired with a person who either exhibited or considered exhibition artwork in this public art exhibition. Of the 30 artists who participated in the show, the researcher and curator Kristen Larsen will identify three participants participated in the show along and submitted a written narrative about their art and story in the first stage of this study. You will be asked to create an art piece in response to one of the participant's art images and narrative.

You will then be asked to meet at Marylhurst University for an in-person video interview. For this interview, your will meet with me and the artist to reflect on each other's art images as well as the impact of understanding one another through the artworks.

The purpose of these procedures is to collect data that will be used to educate others about the impact of the story of the individual on the art therapist, and to capture your understanding of how you and the artist are affected by sharing with one another, a phenomenon that occurs in the therapeutic relationship and when sharing work publicly. The resulting video intends to educate students in training important factors related to relationship building and how the artist sees him or herself differently when viewed through eyes of the public witness.

In this study two individuals who considered exhibiting in the show but chose not to will also be included in the sample. In lieu of a video, an audio recording of their experience will be created. It is possible that you will be paired with one of these individuals instead and asked to make response art to their audio recorded narrative. The art therapist response imagery and any narrative about the images and their understanding of it may be integrated into the film.

What are the Possible Risks or Discomforts?

Your participation will involve examining the impact of others' artwork or stories on your understanding of yourself as a professional art therapist and of the therapeutic relationship. This may become uncomfortable or bring up feelings or thoughts you may not be aware of.

What are the Possible Benefits for Me or Others?

The possible benefits to you from this study include deepening your understanding of yourself and your knowledge and experience. You also may be able to further make meaning of your work as an art therapist. This study intends help educate professionals on ethical considerations and therapeutic value of being heard/seen in art therapy treatment. You also may help others understand how art therapy works and how it can be helpful to other people.

This study will add to the body of literature around trauma treatment and practices in helping clients work through trauma. The intent of the study is to educate students and clinicians about the benefits and ethics around sharing work in a public venue. It could benefit students in training to learn about important considerations when practicing art therapy. It also intends to disarm stigma and shame associated with trauma, and to educate the public about the value of art therapy.

The final video may include the following:

- Imagery of artwork created and excerpts of written narrative read aloud while viewing imagery.
- Images of individuals at the art exhibit(s) who have provided consent to use their imagery.
- Footage of Kristen and two others talking about their experience of being a part of the group show.
- Footage of individual artists talking about their experience of being in the show.

- Footage of the art therapist and artist talking about their respective art pieces and explaining how they understand one another's art.
- Interview with the art therapist(s) talking about how they are impacted by seeing the artwork and meeting with the artist or hearing the audio from those who contemplated being in the show.
- Skype or follow up interviews with participants, reflecting on any further insights they had after watching the video.

Dissemination

Once the film is complete, it will be viewed by a trauma expert and an ethics expert. The researcher will write a contextual essay summarizing the findings from this research. The researcher intends to present the film to audiences which may consist of art therapists, students in training and professionals at conferences, trainings and symposia. The audience could range from individuals who have experienced pregnancy loss to students learning how to practice art therapy to individuals who are looking to learn about art therapy.

Financial Information

Participation in this study will involve no cost to you.

What are my Rights as a Research Participant?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to stop being in the study at any time.

If you have any questions about this study, please feel free to contact me at [phone number] or [email address] If I am not immediately available, I will return your call as soon as possible. If you wish to speak with my supervisor Dr. Lynn Kapitan, she can be reached at [phone number]. If you have concerns regarding your privacy and rights, you may contact Maureen Leonard, [email address] at Mount Mary University, [phone number]

What about my Confidentiality and Privacy Rights?

Participation in this research study may result in some loss of privacy, since persons other than the researcher might view your study records, which may include a camera person, video editor, and outside reviewer(s) ethics and trauma expert. Results of this study may be used for teaching, research, publications, presentations at professional meetings and education about trauma resolution and art therapy.

All electronically stored information including photographs of artwork and narratives will be kept in a locked box in the researcher's home in addition to another copy will be placed on a hard drive for the video editor.

Consent

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

_____ (initial) I agree to be audio recorded and video recorded for this study.
_____ (initial) I agree to have my artwork in this study.
_____ (initial) I agree to have my full name used in research publications.

Subject's Name (printed) and Signature
Date

Name (printed) and Signature of Person Obtaining Consent
Date

Witness (Print) Witness (Sign)
Date

Consent Form for Research (Group Interviews)

PROTOCOL TITLE: Private to public: Is sharing therapeutic?

PRINCIPAL RESEARCHER: Mary Andrus ATR-BC, LPC, LCPC

SUPPORTED BY: Mount Mary University

Background:
This study will examine the experience of individuals who have shared artwork and individuals who opted not to share work in a public exhibition called Bearing Witness: The Art of Pregnancy Loss and Infertility, which was on display May 2012 at Peace House and in July 2012 at Marylhurst University.

Participants will be selected with the support of Kristen Larsen, who coordinated the exhibit.

Participation in this study will help art therapists and future art therapists to think more about their practice, their approaches and the value or contraindications of sharing artwork that is made about sensitive content.

In art therapy trauma treatment, feelings such as grief, shame and guilt are commonly associated with traumatic events. Individuals who have experienced pregnancy loss, infertility and the loss of a child sometimes have similar feelings. This study hopefully will provide a lens to translate this important topic into the treatment of trauma and the resolution of problems addressed in art therapy treatment.

What is the Purpose of this Study?
You are being asked to take part in a research study. This form has important information about the reason for the study, what you will do, and the way we would like to use information about you if you choose to be in the study.

The purpose of this study is to examine therapeutic value and ethical considerations when sharing artwork/story related to pregnancy loss, infertility, or death of a child in public. You have been asked to participate because you have been identified as someone who has considered sharing your art/story outside of therapy.

What will I Do if I Choose to be in this Study?

The researcher will audio record an interview with you with the goal of understanding what factors contributed to your choice not to participate in the art exhibition. Your participation will help provide information to clinicians about when it isn't appropriate to share ones' art/story in public. No judgments will be made about the information you share and no identifying information will be used from your interview. An art therapist who volunteers to participate in this study will listen to your audio recording and will make and artistic response to it. This content may be integrated into a short film and essay about the study topic.

After the film has been edited, you will have an opportunity to screen it for review. You will then be interviewed one last time as an opportunity for you to share any further insights about your experience after reviewing the film. This information may be edited into the final version of the film.

Your participation in this study will last for 30 minutes to 1 hour and may require up to 2 meetings with the researcher. The meetings will occur in October and November 2016. Audio recording is required for participation. If you do not wish to be recorded, you cannot participate in this study. At any time in the study, you may decide to withdraw from the study. If you withdraw no more information will be collected from you. When you indicate you wish to withdraw the researcher will ask if the information already collected from you can be included in the study.

What are the Possible Risks or Discomforts?

Your participation will involve reflecting on the factors that led to your choice not to share your art and story publicly in an exhibition. You may be uncomfortable with some of the questions and topics I will ask about. If you are uncomfortable, you are free to not answer or to skip to the next question. You may withdraw from the study at any time.

What are the Possible Benefits for Me or Others?

The possible benefits to you from this study include deepening an understanding of yourself and your experience and your contribution to others' understanding. You also may be able to further make meaning of your experience and offer support and strength to the community of individuals of who have experienced pregnancy loss, death of a child or infertility. This study intends to help educate professionals on ethical considerations and therapeutic value of being heard/seen in art therapy treatment. You will help others understand your experience and how it can be helpful to other people.

This study will add to the body of literature around trauma treatment and practices in helping clients work through trauma. The film will educate students and clinicians about the benefits and ethics around sharing work in a public venue. It could benefit students in training to learn about important considerations when practicing art therapy. It also intends to disarm stigma and shame associated with trauma, and to educate the public about the value of art therapy.

The final video may include the following:

- Imagery of artwork created and excerpts of written narrative read aloud while viewing imagery.
- Images of individuals at the art exhibit(s) who have provided consent to use their imagery.
- Footage of Kristen and two others talking about their experience of being a part of the group show.
- Footage of individual artists talking about their experience of being in the show.

- Footage of the art therapist and artist talking about their respective art pieces and explaining how they understand one another's art.

- Interview with the art therapist(s) talking about how they are impacted by seeing the artwork and meeting with the artist or hearing the audio from those who contemplated being in the show.
- Skype or follow up interviews with participants, reflecting on any further insights they had after watching the video.

Dissemination:

Once the film is complete, it will be viewed by a trauma expert and an ethics expert. The researcher will write a contextual essay summarizing the findings from this research. The researcher intends to present the film to audiences which may consist of art therapists, students in training and professionals at conferences, trainings and symposia. The audience could range from individuals who have experienced pregnancy loss to students learning how to practice art therapy to individuals who are looking to learn about art therapy.

Financial Information

Participation in this study will involve no cost to you.
In appreciation for your participation in the study, you will receive $50 amazon gift card.

What are my Rights as a Research Participant?

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to stop being in the study at any time.

If you have any questions about this study, please feel free to contact me at [phone number]or [email address] If I am not immediately available, I will return your call as soon as possible. If you wish to speak with my supervisor Dr. Lynn Kapitan, she can be reached at [phone number]. If you have concerns regarding your privacy and rights, you may contact Maureen Leonard, [email address] at Mount Mary University, [phone number]

What about my Confidentiality and Privacy Rights?

Results of this study may be used for teaching, research, publications, presentations at professional meetings and education about trauma resolution and art therapy.

All electronically stored information including narratives will be kept in a locked box in the researcher's home in addition to another copy will be placed on a hard drive for the video editor.

Consent

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

Additional Study Elements

Initial the following to indicate your choice:
_____ (initial) I agree to be audio recorded and interviewed for this study.
_____ (initial) I agree to be interviewed but want my voice to be disguised for confidentiality.

Subject's Name (printed) and Signature Date

Name (printed) and Signature of Person Obtaining Consent Date

Witness (Print) Witness (Sign)
Date