THERAPEUTIC RELATIONSHIP: HOW IT IS INFLUENCED BY THERAPIST'S USE OF HER NON-NATIVE TONGUE

submitted by

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THESIS ABSTRACT

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Therapeutic Relationship: How it is Influenced by Therapist's Non-Native Tongue

The purpose of this study was to investigate how providing art therapy in one's non-native tongue affects the therapeutic relationship. The researcher used qualitative, reflective, action research to collect data and engaged in hermeneutic dialogue with the data for analysis. The researcher provided art therapy services to monolingual Spanish speaking clients who had differing forms of cognitive disabilities. Post session responsive artwork and session notes made by the researcher were used to collect data concerning the therapeutic relationship. The researcher also conducted semi-structured interviews with bilingual therapists. Data analysis showed a therapist's the use of an acquired, non-native language when providing therapy influenced the dynamics of the therapeutic relationship. Language use in therapy influenced the affective state of those involved. Due to different associations and emotional connections to language, it was especially important for a bilingual therapist to maintain self-awareness and self-regulation in order to more fully experience and understand the relationship with the client and their shared intersubjective space.

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Introduction

The purpose of this study was to understand how providing art therapy in my non-native tongue affects the therapeutic relationship, in order to better understand the benefits and obstacles to forming a therapeutic alliance as a bilingual therapist, because the therapeutic relationship directly affects the quality of services and client progress. I have noticed that while providing art therapy services, my affect and emotional distance or connection to a client is different depending on whether these services are in my native language, English, or in my second language, Spanish. I In the summer of 2015, I interned at a residential rehabilitation and nursing facility. As an art therapy intern I interacted with a wide variety of people who struggled with maladaptive behavior issues. I offered my services in both English and Spanish. At one point, while attempting to be aware of myself in order to be aware of the client, I had a moment of discovery. I realized there was a difference in my body's physiological and emotional state while working with a client in English versus Spanish.

Part of the facility was a memory care unit. Many of the residents struggled with different stages of Alzheimer's disease. Working in this unit, it was not uncommon for a resident to be cheery one minute, then confused, frustrated, and exacerbated the next. For example, one day, while working with one of the residents, she began to angrily yell at me. We had been peacefully chatting while on a break between group sessions. At one point in our time together, I think she believed I was her husband's mistress. She started hurling angry words at me that were filled with her pain and distress. In this instance, though my demeanor was calm, my physical and internal response to the situation was different. My body tensed up and my breathing became short and shallow. This name calling, in my mother tongue, felt raw and hit deeply. Though I was cognitively focused on alleviating her pain and helping her find a peaceful

state, my body was tense. My immediate, unprocessed, internal, emotional response to her words quickly left as I focused on helping to relieve her pain but, I acknowledged my instinctual reaction, the remnants of which were felt in my jawline and neck.

I had similar experiences at the facility while providing art therapy in Spanish, but my physical and emotional responses were different. I worked regularly with one Spanish speaking resident at the facility. She too had moments of extreme confusion, frustration, sadness, and anger; additionally, there were several times these feelings were directed toward me. In these experiences, I noticed that my body's reaction was less, if it reacted at all. When it happened in Spanish rather than in English, the impact was less severe. When one client began to yell at me and call me derogatory names in English, my reflexive, immediate, internal, physical reaction was stronger than when I was exposed to a similar behavior in Spanish. Processing this experience in my second language allowed me to not take it as personally, to be more patient, and to respond rather than react. Less energy for my self-control was needed because my internal response was not as intense.

In the situation I have just described, the affect change seemed like a good thing, keeping me emotionally distanced enough to internally respond rather than react. This difference in affect processing, dependant upon English or Spanish use, was particularly interesting. My emotional and physiological response was also apparent when a Spanish speaking client was crying, wishing she were dead because she was the only one in her family still alive and she felt so lonely. While dealing with this in Spanish, I again felt distanced, and the emotional experience of hearing someone's pain did not resonate with nearly as strong a personal connection. My empathy for this woman was real, but not as personal when hearing her sorrows in Spanish. Did this distancing hinder my connection and rapport with this woman, or did it

allow me to not be overwhelmed by her pain, so that I could focus on her needs? At this point I wondered if emotionally distancing was a benefit or a detriment to our session. Upon realizing the difference, I considered whether my change in affect influenced the quality of therapeutic services I provided and the therapeutic relationship.

In this thesis, I will begin with Chapter I, introducing a review of the literature that underlines the concepts of the therapeutic relationship and the bilingual therapist. For the presentation study, I define bilingual according to Aneta Pavlenko's (2012) chart the Bilingualism: Terms and definitions chart. Here, bilingual is defined as "Speakers who use two or more languages or dialects in everyday lives, regardless of their levels of proficiency in the respective languages" (Pavlenko, 2012, p. 407). Thus, the daily circumstances of their second language use, rather than fluency, contributes to whether one is bilingual or not. Within these issues, important elements will be addressed to include literature about intersubjective space, affect attunement, cultural frame switching, disability culture, and the cognitive and affective complexity of a bilingual therapist. It will then be followed by a description of my action research project in Chapter II. This will contain an explanation of my methods of research, and reasoning for using those methods. In Chapter III, Hugo: Creating our collaborative vessel, I will give an introduction to Hugo, a client who helped me gain the ability to see the intersubjective space we shared and taught me about the importance of self-regulation. In Chapter IV, Therapist Presence in the Intersubjective Space, I will introduce you to Óscar and Isabel. Óscar taught me that there is not a specific mold for making and holding a therapeutic relationship that is applicable to all clients. My interaction with Óscar led me to understand the value of changing one's perspective in order to more fully see the client and the therapeutic relationship. Isabel's story will illustrate how fragile therapeutic presence can be and how easily

it can dissolve and dissipate. Chapter V, The Bilingual Art Therapist, will focus on how bilingualism enters into my thinking and practice of the intersubjective space. In this chapter, I will give a history of my connection to languages and cultures and how this connection influences the dynamics brought into the therapeutic relationship. I will also introduce insights from a variety of bilingual therapists, and discuss challenges concerning bilingualism and the intersubjective space. The story of my research will end with a general summary of my experience and findings with thoughts about potential areas for future research and growth .

CHAPTER 1: LITERATURE REVIEW

In this chapter I will be reviewing literature about the therapeutic relationship and the bilingual therapist. This review of literature will start with a look at the importance of therapeutic relationship and its key elements. I will then introduce intersubjective space, the space between one person and another in which individual, subjective experiences are integrated and interpreted by each person. I will present literature that addresses its characteristics and conditions for the development of this intersubjective field. Next, I will present literature addressing how a therapist's presence in the therapeutic relationship plays a role in the dynamics of that relationship. In the section dedicated to addressing the therapist's presence, I will present literature about qualities of this presence including empathy, attunement, and affect regulation. Finally, I will introduce literature about the impact language has on a client and therapist's presence, emotional availability, attunement to the nonverbal, and cultural frame switching.

Therapeutic Relationship

A therapeutic relationship is a relationship between a clinician and a client that is therapeutic for the client. As John Burnham (2005) noted, just because one person holds the title of therapist does not make the relationship therapeutic. There are a number of elements involved in cultivating and maintaining a beneficial, curative, or salutary relationship. It is the role of the therapist to set the stage for its formation and to attend to the relationship once it has developed.

The therapeutic relationship has been a highly discussed topic since the beginning of the twentiety century (Horvath, 2005). This focus on the therapeutic relationship has been highlighted from several schools of thought and has led to studies showing the connection between the therapeutic relationship and a client's outcome (Howgego et al., 2003; Bachelor,

2013). As a therapist in training, I feel attuned to Carl Rogers' person-centered approach to therapy, which focuses on the value of the therapeutic relationship (Overholser, 2007). According to Carl Rogers' (2007) research published in the 1950s, the most effective therapist is one who is genuine, unconditionally accepts and supports the client, and has an empathic understanding of the client's experience and perceptions.

In the late twentieth century, there was a push for empirically supported treatments and methods (Kirschenbaum, 2005). In 1999, the American Psychological Association Psychotherapy Task Force did research that aimed to "identify, operationalize, and disseminate information on empirically supported therapy relationships" (Norcross, 2001, p. 347-348). Their findings showed a connection between the therapeutic relationship and client outcome. Additionally, it demonstrated evidence that molding the therapeutic relationship to meet the specific needs for each individual client warrants more effective therapeutic change (Kirschenbaum, 2005). Their report also backed up Rogers' earlier thoughts about the importance of therapist's unconditional positive regard, genuineness, and empathic understanding as elements that lead to a therapeutic relationship (Kirschenbaum, 2005).

Though it is the therapist's responsibility to set the stage for the development of a therapeutic relationship, this relationship is not one sided. Just as in any relationship, there are elements to which both the therapist and client contribute. Each comes into the relationship with idiosyncrasies, ideas, desires, emotions, abilities and individual histories. All of these factors, and how they are addressed, influence the dynamics of their relationship and the potential for positive outcomes in therapy (Arnd-Caddigan, 2011). Collaboratively engaging in this relationship consists of intersubjective attunement to each other's communication and intentions (Nolan, 2012).

As these elements are collaboratively addressed, an intersubjective field is created between client and therapist (Nolan, 2012). In order to hone in on the most empathetic understanding of the client, it is necessary to be aware of the therapist's subjective state, the client's subjective state, and the intersubjective field that is shared.

Intersubjective Space

Carl Rogers (2007) laid out six conditions necessary for therapeutic change to occur. The first condition was that two people must be in psychological contact. This is the minimum interaction needed for any relationship to develop. The second element was that, of these two people, the client, "is in a state of incongruence, being vulnerable or anxious" (Rogers, 2007, p.241). The remaining four elements had to do with the therapist's outlook and involvement in the relationship. He wrote that the therapist should be integrated into the relationship, should experience unconditional positive regard for the client, and have an empathetic understanding of the client's world and experiences. The therapist should also aim to communicate his or her empathetic understanding of this experience to the client, and this communication is, to a minimal degree, taken in and understood (Rogers, 2007). The events in the intersubjective space include having an empathic understanding of the client's experience, the therapist's clear communication regarding his or her reflection of the client's experience, and the client's realization that the therapist grasps the events which occurred within the intersubjective space.

All of these elements that Rogers (2007) noted, which are key to a therapeutic relationship, are in line with conditions for the creation of an intersubjective space shared by client and clinician. A therapist needs to be authentic and invested in the relationship, looking beyond any preconceived image of the client, in order to empathetically experience and

understand the whole being of the client. The intersubjective experience is cognitive, emotive, and corporal;within the experience there is a holistic awareness of the other.

Carlos Cornejo (2008) outlined the intersubjective experience through the lens of language learning. In order to create relationships with one another, humans need to communicate and, to a minimal degree, understand each other's communication. This understating requires "meaning- making." The experience of making meaning is an intersubjective experience. Cornejo (2008) argued that meaning- making is not solely based on an analytical, cognitive realm of interpretation and experience. Rather, meaning- making exists in the intersubjective space that is shared between individuals and the common object or idea about which they attempt to communicate. For example, language, both verbal and nonverbal, is a symbol, and has no value in and of itself (Cornejo, 2008). We give words and actions value as we use them with one another, and in our interhuman use of them, we associate physical, emotional, and cognitive states with the language and the experience, thus giving them meaning. Humans are able to understand the symbols we use to communicate as long as we have shared experiences associated with those symbols. We are able to understand one another's language when we have shared experiences using those tools. This is how we, as infants, learn verbal and nonverbal language. Through intersubjective phenomenon, we empathetically experience what another experiences, and thus relate the meaning of that experience with symbols, language. The meaning we associate with language is not objective. Words are not true in and of themselves, but rather require a holistic experience of the use of words in order to give them meaning so that we may collectively understand them.

Cornejo (2008) argued that language is not static, but, rather, it is a constantly evolving set of symbols that are part of a complex social system. This system changes, and our use and

meanings associated with words change as well. It takes a holistic, phenomenological experience to intersubjectively create and understand meaning. This can be seen in Cornejo's et al. (2007) study of irony comprehension, which showed that different cognitive and electrophysiological responses were generated dependent on the method used to interpret irony. Analytical and purely cognitive interpretation of words resulted in incoherent comprehension of irony. Holistic, intuitive interpretation, which is a more subjective interpretation and relates to personal experience and general knowledge of one's world, resulted in a more congruent understanding of irony (Cornejo et al., 2007).

This phenomenological, holistic experience of meaning- making between humans is an intersubjective experience. The potential for this experience to occur between individuals exists when both parties are fully engaged in an exchange and both individuals collaboratively create a common field in which they can relate to one another (Muth, 2009). One condition to creating an intersubjective exchange is that one individual must let go of generalized notions of the other (Muth, 2009). Muth (2009) noted that the speculated ideas one individual has of the other create a mental image. This mental image of the other is merely an illusion of the true person and is not an authentic representation of the essence of that person's being (Muth, 2009). Intersubjective space is created and exposed when individuals interact and relate together, then see each other beyond their own illusionary concept of who the other is (Muth, 2009). Muth (2009) noted that this intersubjective exchange can happen when one imagines the real, authentic and individually unique other individual, while acknowledging and accepting the differences between themselves.

Benjamin (2009) described the intersubjective experience as "a bi-directional dance between patient and analyst that each person registers differently – a co-created dance governed

by what we call the third" (p. 441). This *third* that Benjamin (2009) referenced is the shared existential reality co-created by therapist and client. Within this third, intersubjective space, both the therapist and client interact, move, and exchange. Each experiences this interchange individually, but the intersubjective space and experience is a result of both parties being attuned to themselves, as well as attuned to the state of the other (Benjamin, 2009). Each individual in the shared intersubjective field is their own being who decisively creates actions and reactions , but both individuals are simultaneously and empathetically aware of the experience and behaviors of the other as they interact within their shared space experience.

Being in the intersubjective space allows us to learn and understand another's meaning, intentions, feelings, and emotions (Gallese, 2009). This intersubjective experience between a client and a therapist is key as the therapist attempts to fully and empathetically understand the client, and the client attempts to trust and communicate with the therapist. It is these intersubjective experiences, when shared between client and therapist, which support the development and use of the import points of genuineness, unconditional positive regard, and empathetic understanding that Carl Rogers (2007) noted as important fundamentals for the therapeutic relationship.

Therapist Presence

When writing about client-centered therapy, Rogers (1946) noted that a therapist's skills should be focused on creating and maintaining a space in which a client can work. In creating this atmosphere, Rogers suggested that a therapist must fill the space with compassion, understanding and safety, so that a client is able to form trust, let go of natural defenses, and use the therapeutic atmosphere for growth (Rogers, 1946). An unconditional acceptance and understanding of the client requires attunement to the client and to the phenomenological

experience of the therapist and client relationship. When writing of attunement to a counselor's own self, Rogers (1946) noted the need for a therapist to be genuine, yet focused and orderly, and able to direct one's energy to empathetic, unconditional understanding of the client. This self-awareness and focused energy allows one to use the needed element of genuineness , while remaining locked into the intersubjective experience shared with the client.

Empathy: Mirror neurons and empathic care. According to Decety (2004), "Empathy denotes, at a phenomenological level of description, a sense of similarity between the feelings one experiences and those expressed by others" (p.71). Decety (2004), while writing about the structure of human empathy, made reference to the evolutionary basis of empathy and noted that within the animal kingdom we are genetically hardwired to care for others and read the affective cues of others within the group in order to maintain safety and enhance procreation. It is natural for us, as humans, to take in and neurologically mirror what we receive when communicating with another. That is part of empathy.

Gallese (2003) showed how the neural ability to observe, record, process and internally mimic the action allows for the development of empathy and self-knowledge in relation to others. From his laboratory tests with Macaque monkeys and research, he proposed that mirror neurons create a path for allowing direct understanding of actions from another. Gallese (2003) stated that the brain makes an "internal copy" of actions observed that influences "goal related behavior" as well as an account of the behavior of others at a prelinguistic level (p. 174). He stated that when we observe the actions of others, our neural motor system becomes active as if we were doing the actions ourselves.

While Decety (2004) and Gallese (2003) pointed out the evolutionary, genetic basis of empathy, Koehn (2012) wrote about the act of providing empathic care. In her writing about

feminist ethics, specifically the ethics of care, Koehn (2012) noted that truly caring for another requires receiving the other and becoming in tune with the individual. This requires a person to subdue one's inner notions, doubt, or disapproval of the individual in order to be able to see and experience the other in their otherness (Koehn, 2012). This kind of caring warrants a type of presence and exchange filled with ambiguity (Koehn, 2012). Though ambiguity can mean uncertainty and doubt, when it comes from a base of care, it opens the door for possibilities, creative investigation, and dual empowerment

Affect attunement. Empathic interactions require an element of attuenemt. "Degree of attunement is a function of mindful presence characterized by paying attention in a particular way: on purpose, in the present-moment, and non-judgmentally" (Schomaker & Ricard, 2015, p. 491). Dan Siegel noted that attunement requires that a "counselor be wholly present with a client… focusing attention to perceive and embrace the client's phenomenological experience" (as cited in Schomaker & Ricard, 2015, p. 491). This, in itself is empathic. As a therapist aims to cognitively and affectively understand and share experiences with clients, that therapist must have an awareness of the client's verbal and nonverbal cues, the therapist's own subjective state, and the fluctuating nuances enveloped in the relationship. A therapist must be attuned to the client, his or her self, and the shared space in which they interact.

As infants, we rely on caregivers to be aware of and tend to our needs. Schore (2007) wrote that caregivers must be psychobiologically attuned to the fluctuating, somatically influenced internal states of the infant. Mutual gazing between infant and caregiver is an example of an affect laden interaction in which the caregiver assesses an infant's arousal, and tends to the infant's affective state (Schore, 2007). Schore (2007) wrote that within an array of attunement, misattunement, and reatunement on the part of the caregiver, an infant forms an

identity as it responds and interacts in these series of events. This affect synchronicity that happens between the developing infant and caregiver is similar to attunement to the therapeutic relationship and intersubjective space between client and counselor (Franklin, 2010).

Franklin (2010) wrote that like a good parent, a therapist must be attuned to the intersubjective exchanges between client and therapist. This requires an empathic attunement to the client's internal state and an awareness of one's own subjective experience, as the relationship goes through the endless flux of harmony, discord, and unity which are the building blocks of the structure of the therapeutic relationship. Schore (2003) argued that a therapist's empathic attunement to the intersubjective interplay warrants a deepened strength and duration of the affective states of both parties involved.

Awareness and affect regulation. As with any relationship, the therapeutic relationship is not one sided, but rather, is binary. Just as it is important that a therapist be attuned to a client's subjective state, it is also of importance for a therapist to be aware of his or her own as well. Schore and Schore (2007) noted that it is the therapist's responsibility to be conscience of the client's affective states. They went on and wrote that in order to be fully aware of the client's affective state, the therapist must "access her own bodily-based intuitive responses to the patient's communications." (Schore & Schore, 2007, p. 15). This means that a therapist should be aware of her own subjective, affective response. A therapist who aims to be integrated in the dynamics of the relationship must be aware of the elements she or he plays within the relationship.

I came about the discovery of my own affect differences, dependent on what language I spoke, while using a self-awareness method I learned in a trauma class (Michelle Harris, personal communication, October 12, 2015). What Michelle Harris called a body scan consists

of a series of reflective questions for a counselor to ask oneself while in a session in order to self-regulate. These questions include, "What is my heart rate (shallow, deep, fast, regular, slower)? What is my breathing quality (short, rapid, deep, slow)? How does my gut feel (tight, hungry, butterflies)? What are the qualities of my thoughts (random, fluid, focused, blank)? What are my emotions and their levels of intensity? Is any part of my body tense?...". The purpose of this body scan was to open the door for self-awareness and thus lead one to self-regulation.

Self-regulating one's affective state is the emotional processing an individual consciously or unconsciously does in response to stimulus. It is a method of adaptation, and it is the ability to readjust one's psychobiological emotional state (Schore & Schore, 2007). Because I am referring to subjective emotional states, affect regulation and self-regulation are synonymous in this text.

The body naturally wants to maintain homeostasis (Ward & Linden, 2013). When one's body, mind or emotions are out of a certain parameter of equilibrium, the body naturally acts to bring its whole being back to its natural, balanced resting state. Affect regulation is part of this process in regard to one's subjective emotional state (Gross, 2002). For example, if someone is nervous about a presentation, he or she may repeatedly tap their finger or foot. The anxiety this person has is searching for a release and finds the release in the tapping. A therapist whose unresolved issues are triggered by something happening with a client in session may become verbally or physically resistant to the client, have physical responses such as jaw clenching or hand clenching, become tearful, or express to the client what he or she is experiencing. These are all forms of affect regulation.

Not only should the therapist be attuned to his or her subjective state, the therapist should also self-regulate in a manner that encourages therapeutic exchange with the client. Because the

intersubjective space between the client and therapist is constantly morphing with and from the energy of both parties, it is necessary for the therapist to be aware of his or her moment- by-moment affect regulation and how he or she is attending to it related to the needs of the client (Wiederhorn, 2015).

The Bilingual Therapist

Culture and language are connected, and each individual's experiences with different cultures and languages shape that person's views and identity. Because various subjective experiences are linked with the use of different languages, a bilingual therapist's self-awareness and attunement to the therapeutic relationship are essential for establishing and maintaining that therapeutic relationship. A therapist's empathic attunement includes not only understanding what a client verbally communicates but also involves taking in and processing nonverbal communication . This may differ from culture to culture and language to language. This awareness of the therapeutic relationship also involves an awareness of the therapist's culture and the client's culture. Ethical care involves cultural competency and an ability to develop skills as well as the self-awareness needed to work with an array of different individuals from a variety of cultures (Barnett & Johnson, 2015; Moon, 2015).

Bilingualism and the therapeutic encounter. As each individual has slightly different experiences with language symbols, different emotional and subjective reference are given to these symbols. Thus, different individuals may have unique subjective experiences when using various languages. A therapist's and client's subjective state, individual view of self, and interpretation of an experience may change dependent on what language is used during their shared experience.

Studies have shown that bilingual speakers experience different cognitive, physical, and emotional reactions based upon which language is spoken. (Harris, 2004; Garrett, 2009; Clauss, 1998; Caldwell-Harris, 2009; Burck, 2004). This difference is especially pronounced when the second language was learned outside of the optimal language learning years, before puberty (Dewaele, 2008). Pavlenko (2012) offered a review of recent cognitive, psychophysiological, and neuroimaging studies about affective processing in bilingual speakers. In this overview of research, she suggested the data showed that the use of a person's native language had a faster and more automatic affective processing as evidenced by an increased electrodermal reaction to emotion-laden words in one's native language as compared to reactivity to emotion-laden words in his or her second-language (Pavlenko, 2012). She went on to note that this data suggested that there was a different affective processing in bilinguals for each language; in particular, for bilinguals who learned their second language after a critical period of language learning, typically adolescence to adulthood (Pavlenko, 2012, p. 405). These results show that there is an emotive difference in a bilingual speaker's processing of different languages, especially if the second language was not learned early in life.

This emotive difference between languages can serve as a distancing tool or an object of comfort for bilingual clients (Harris, 2004). A bilingual client may switch to his or her second language during an anxiety arousing activity, thus using the second language as a means to separate his or her self from a profound emotive experience (Harris, 2004). For a monolingual client, having therapy in his or her mother tongue can offer a sense of comfort and security (Kitron, 1992). David Kitron (1992) wrote, "Undergoing therapy in one's own language creates the opportunity to establish an alliance from the start, thereby diminishing feelings of alienation" (p. 5). There is a power differential within the therapeutic relationship (Laugharne, Priebe,

Mccabe, Garland & Clifford, 2011), and a client who comes into therapy and is not entirely familiar with the native language of the environment may feel an increase in the power differentiation. In the United States, working with clients for whom English may be a second language can add to the sense of a power separation, especially if that client does not feel he or she has a full grasp of the English language. As Rogers (2007) stated, it is the goal of the therapist to create an atmosphere of trust and empathy. Offering therapy in the client's native language may give a client more of a sense of equilibrium, as well as a higher sense of potential for communication, empathy, and intersubjective understanding (Kiltron, 1992).

Change in affect, dependent on language spoken, is something a bilingual therapist may also experience, and should be aware of, while speaking his or her second language during a session. After telling the story of her bilingual sessions with a French-English speaking client, Sarah Hill (2008) wrote about the difference in her subjective states dependent on which language was spoken. She noted that the interactions with her client while they spoke English seemed to hold a higher amount of countertransference and conflict. She felt she was more able to empathically experience the intersubjective space with her client when their interactions were in French, her second language. French was a language with which she was not as subjectively connected and the use of French served as a means to focus her awareness on the intersubjective experience she shared with her client (Hill, 2008).

Bilingualism: Anxiety. Though a therapist's use of second language may allow that therapist to create enough distance to be able to more fully take in and engage with a client, the use of the second language may also trigger anxiety and fear, especially for a novice clinician. Some of the affect changes a therapist may experience while speaking his or her second language may have to do with anxiety (Verdinelli & Biever, 2009). In a study done by Christie Sprowls

(2002), research suggested that participants who did their professional training in their mother tongue, English, felt less sure of themselves while providing services in Spanish. They worried about their vocabulary when they discussed psychological issues and interventions. Many times they fell back and used their mother tongue (Sprowls, 2002).

In a study about communication anxiety and foreign language anxiety, Dewaele, Petrides, and Furnham (2008) looked at how emotional intelligence and sociobiographical elements such as education level, number of languages known, age of language acquisition, etc. effected communication anxiety in one's first language as well as foreign language anxiety in participant's subsequently acquired languages. The study examined t the relationship between these factors (emotional intelligence and sociobiographical elements), communication anxiety, and foreign language anxiety in a variety of setting. These environments included amiable situations with friends, professional situations with colleagues, interactions with strangers, interactions over the phone and interactions in public. The results of the study suggested that age of language acquisition, context of acquisition, number of languages known, trait emotional intelligence, frequency of language use, socialization of language use, and self-perceived oral proficiency were all contributing factors to the participants' foreign language anxiety (Dewawle et al., 2008). Those who had perfectionist traits, who learned subsequent academically but not socially, and who acquired these languages later in life, showed higher levels of foreign language anxiety than counterpart individuals (Dewawle et al., 2008).

Lorena Georgiadou (2013), who aimed to look at challenges international, non-native language speaking counseling trainees had when learning and experiencing clinical practice in their second language, did four semi-structured interviews with applicable trainees and analyzed the interviews according to interpretative phenomenological analysis. Results showed that

international students had increased challenges and anxiety due to language barriers (Georgiadou, 2013). The study's findings propose that participants felt insecure and lacked confidence in their fluency, use of their second language, and doubted their ability to understand their client's vocabulary and cultural associations attached to the language (Georgiadou, 2013). The trainees interviewed also reported being anxious that the client would not deem them competent because of their struggles with, or the manner in which they used, their second language (Georgiadou, 2013). The trainees' anxiety was also caused by a fear of not living up to their own set of expectations, as well as not being about to attend to client's needs (Georgiadou, 2013).

Bilingualism: Attunement to the nonverbal. Communication in the therapeutic relationship is done both verbally and nonverbally. Nonverbal communication consists of physical actions both conscious and unconscious. Eye contact, facial expressions, body language, vocal intonation, posture, use of space, use of time, and physical appearance are different forms of nonverbal communication. Different from verbal communication, which has a distinct start and stop point, nonverbal communication is ongoing as long as those communicating are in each other's' presence (Grzybowski, Stewart & Weston, 1992). Verbal communication is limited to one mode of expression, vocal. Nonverbal communication can be transmitted via several forms simultaneously (Grzybowski, Stewart & Weston, 1992). Some exacmples are sounds, physical movements, spatial relations, and aspects of contact and time which can all happen simultaneously.

As a therapist aims at empathically understanding the phenomenological experience of the client, that therapist should maintain awareness to all forms of the client's communication, both verbal and nonverbal, so as to gain attunement to the client's presence. Bilingual

individuals are shown to have a greater ability to learn and read into nonverbal communication. Bialystok (2005) noted that bilinguals are shown to outperform their monolingual counterparts in nonverbal tasks such as selective attention and choosing between competing alternatives. The results of a study done by Anatoliy Kharkhurin (2010) showed bilingual individuals exhibited a better performance with tasks requiring nonverbal creativity. These results, that show a potential heightened ability for nonverbal creative performance, are relevant to a bilingual therapist's interactions in the therapeutic relationship. Holistic integration into the therapeutic relationship comes with an element of ambiguity, which requires an openness and ability to creatively interact and collaborate in the formation and maintenance of a therapeutic relationship. This is beneficial for the bilingual therapist because so much of what transpires in session, which molds the therapeutic dynamics, is expressed through nonverbal communication (Grzybowski, Stewart & Weston, 1992).

Cultural frame switching. "Language is not only a medium of a culture; it constitutes it as well. This makes language and cultural identity closely linked with one another" (Ali, 2004 p. 342). Bilingualism is linked with biculturalism, which can lead to a better ability for cultural frame switching (Boski, 2012). Cultural frame switching is moving between cultures while "being compelled to reason about their qualities, differences, and similarities…" (Kapitan, 2015, p. 5). It requires being aware of one's own cultural history while being attuned to the dynamics of the culture with which one is involved.

For bilinguals, this frame switching may unconsciously occur. A study done by Charlote Burck (2004) showed that bilingual participants had different responses, subjective experiences, and self-identifying views dependent on which language was spoken and in what context. These results show an ability to switch back and forth between languages and cultural views which are

relevant to a given situation. Being embodied in these dual perspectives, one's own narrative perspective and that of a different culture, can lead to a more genuine understanding of another and a heightened attunement to the therapeutic relationship. These elements are necessary for understanding the language of the intersubjective space.

To ethically engage in a therapeutic relationship there is a need for a therapist to have cultural competency. This means the ability to meet "the needs of a population diverse in gender, race, ethnicity, sexual orientation, age, religion, [dis]ability, language, national origin, immigration status and socioeconomic status" (Bassey & Melluish, 2013, p. 151). Aiming to build a therapeutic relationship with empathic understanding, trust, and attunement to the shared intersubjective space calls for more than just a surface knowledge of a client's culture. It demands the ability to switch one's frame of cultural reference by being attuned to the subjective experience of client, which is influenced by the client's culture, while remaining aware of one's own experience and culture. A therapist's good intention may actually be culturally inappropriate (Kapitan, 2015). Self-awareness concerning one's feelings, thoughts, intentions, desired results, and overall experience while working within different cultures is necessary for the continued development of ethical and beneficial practice (Kapitan, 2015).

Because culture and languages are intertwined, for bilingual therapists this ability to switch cultural framework is connected to the ability to switch languages. Just because a bilingual therapist speaks the same language as the client does not mean the therapist has an automatic understanding or connection to the culture associated with the client's language. Responsibility falls on the therapist for attunement to self, awareness of the therapist's own cultural biases, and subjective associations he or she has with the culture associated with the language used.

CHAPTER 2: METHODOLOGY

For this research I aimed to discover how providing art therapy in my nonnative tongue affected the dynamics of the therapeutic relationship. I aimed to better understand the advantages and difficulties involved in forming a therapeutic alliance as a bilingual therapist because I believe the therapeutic relationship directly affects the quality of services and client progress. Because this study focused on how my own use of my non-dominant tongue influenced the therapeutic relationship, I used a qualitative method that involved self-reflection. I desired a method that allowed for visual as well as written data and analysis. Incorporating both of these qualities would allow me to more fully document my subjective experience both cognitively and somatically. I also wanted to get the perspective of bilingual therapists' experience outside of my own, in order to get a third perspective. In order to gain this third perspective I interviewed bilingual therapists.

Participants

Because this research focused on the bilingual therapist's role in the therapeutic relationship, I, the therapist in training, was the primary participant. For this research I did art therapy sessions with 3 Spanish speaking clients, Hugo, Óscar, and Isabel, who were diagnosed with different cognitive disabilities. For this thesis, all individuals named have been given pseudonyms in order to protect their confidentiality. I interned as a therapist in training at community clinics in the Midwest. I was encouraged to work with these clients because of their availability, previously witnessed enjoyment of creative activities, their fairly workable temperaments, and their being monolingual Spanish speakers. I spoke with supervisors and

managerial staff about my desired research and asked if I could continue my work with these clients and incorporate my research.

I desired a third person perspective so that I might expand my knowledge outside of my own experience. I used triangulation, a method of data collection that grants "a convergence of at least two pieces of data" (Kapitan, 2010, p. 111). I was interested in the possiblity of finding recurrent themes within a variety of individuals who provided therapy in their second languages. Interviews with bilingual professionals gave me the opportunity to re-examine my experiences and findings from an outside perspective.Other participants in this study included 4 bilingual art therapists and psychotherapists. Telephone and face-to-face qualitative semi-structured interviews were conducted with bilingual therapists. These interviews consisted of questions related to different dynamics in therapy based on the use of therapists' second language (see Appendix A for list of questions).

Study Design

This study was designed as an action research project. The purpose of action research is to take a transformational approach to the pursuit of and acquisition of knowledge (Bradbury-Huang, 2010). As Hilary Bradbury-Huang (2010) stated

> Action research is an orientation to knowledge creation that
>
> arises in a context of practice and requires researchers to work *with* practitioners. Unlike conventional social science, its purpose is not primarily or solely to understand social arrangements, but also to effect desired change as a path to generating knowledge and empowering stakeholders. (p. 93)

Action research is a systematic, iterative process of formulating a question or hypothesis, planning and taking action, observing the results from actions taken, reflexively critiquing the

actions and results and, on the basis of the insights obtained, formulating a new action plan to test out new hypotheses. It involves an initial question and hypothesis, followed by a period of implementing the hypothesis, followed by reflection and analysis of the results. After the results are examined, another hypothesis is generated and the system of implementation and reflection starts again. For this study, action research was an appropriate choice because it allowed for me to make continual reviews and revisions to my practice while I provided services to my clients. I was able to continue to work with clients, better myself as a clinician in training, and simultaneously do research.

Procedures

The original design of the action research plan laid out for six weeks of data collection, reflective critique, and "strategic change" implementation, broken into three iterations (Kapitan, 2010, p. 98). The intention was to start my art therapy sessions with a hypothesis, use that hypothesis for two weeks, reflect on the results, and generate another hypothesis to be applied for the next two weeks. Because my allotted time for interaction with clients was six weeks, this would have resulted in three cycles of action research.

Client participation was inconsistent. Because of her health issues, the research cycle involving my interaction with Isabel involved only one session. Also, because of health issues, my research cycle with Óscar involved four sessions, totally two cycles. My research cycle with Hugo involved six sessions, totaling three rounds of cycles. After my series of sessions with clients ended, my action research continued as I analyzed and processed data, generated additional theories, and continued to process data. The final exercise design consisted of six cycles of action research.

With two of the participants, Hugo and Isabel, my first hypothesis was that a focus on self-awareness would be beneficial. I had previously noticed that my affective state was different while conducting art therapy in my second language. I believed that awareness of my own affective state while speaking Spanish in the first round of research would support my ability to generate hypothesizes concerning how the use of my second language influences the dynamics of the therapeutic relationship. With the third participant, Óscar, I hypothesized that I should, focus on nonverbal communication. As a nonverbal client, I knew that his expressive methods would not be verbal. Focusing my awareness on his nonverbal communication while I spoke my second language would have assisted my awareness of his experience of receiving art therapy in Spanish.

After each session, I reflected on the impacts of my actions taken and collected evidence of the results. This evidence was in the form of responsive art and reflective session notes. They focused on my view of the dynamics of the therapeutic relationship. After two weeks of responsive note taking and art making, I analyzed the data collected for evidence of change. This yielded a new hypothesis regarding possible changes that could edify the therapeutic relationship. I then formulated a new action plan with the goal of optimizing the therapeutic relationship.

With one client, Hugo, the second action plan was to focus on my own self-regulation during our art therapy sessions because my reflection and analysis of evidence from our first two sessions showed my own high level of angst as deterring my continued awareness of our therapeutic relationship. My second action plan with Óscar called my attention to physical contact while using materials in our art therapy sessions. Analysis of evidence from our first two sessions showed that I was more attuned to Óscar and his experience in the sessions when I

was physically engaged with him. At this point, due to health issues I was no longer able to work with Isabel for the remainder of intended research sessions.

This second action plan was implemented over the following two weeks. I continued making reflective notes and response artwork after each session. After two weeks passed, again, I analyzed the data collected and formulated a plan for change. The third plan for change with Hugo was attunement to the physical and affective space between us, the intersubjective space. Evidence from session notes and responsive artwork had shown that my self-regulation allowed me to be more attuned to our subjective states. This in turn resulted in my awareness of the intersubjective space we inhabited together. I believed that continued attunement to this space would allow me to more fully understand the dynamics of our therapeutic relationship and the manner in which my second language use effected it. At this point I was no longer able to continue working with Óscar due to his health issues.

To triangulate my action research focus on the bilingual therapeutic relationship, I conducted semi-structured interviews with four bilingual art therapists and clinicians. The pseudonyms for two clinicians presented in this thesis are Mae and Gail. These individuals were accessed through referral sampling, in which one person whom I interviewed directed me toward another person to interview. The initial individual I interviewed was referred to me by a faculty member at my university.

Use of the hermeneutic dialogue for reflexive critique. The responsive artwork and session notes I did after sessions conducted in Spanish were based on the introspective thought of how I saw the dynamics of the therapeutic relationship during the session. Bi-weekly this data was analyzed for themes so that I could make focused changes in my role as a bilingual therapist in order to enhance the therapeutic relationship. At the end of the data collection period, I looked

at each responsive artwork I had made and engaged in a hermeneutic dialogue with the piece. Hermeneutics is a theory focused on the concept of interpretation (Linesch, 1994). Linesch (1994) stated "Central to the theory is the idea that the meanings we attribute to events and experiences are created by individuals in conversations and action with one another and with oneself and are always open to a variety of interpretations" (p. 186).

I chose to interact with the responsive artwork with a Gestalt method. I spoke to the piece as a living entity. I told it, and wrote down what I saw and what I believed it was trying to say to me. While looking at each piece I started the dialogue by stating "Hello drawing. What are you saying to me? What do I see and hear?". Approaching the interaction with the responsive artwork in this way allowed me to be open to what I saw, rather than just seeing what I knew I had intended to make.

Once my interactions with clients and interviewees were completed, my fourth plan of action was to collectively look at all of the evidence that had accumulated in order to better understand themes. I believed this would aid me in learning about the most crucial aspects of my discoveries and would thus benefit my understanding and application of these discoveries to the betterment of the therapeutic relationship. I looked at the writing from my dialogues with the art pieces and noted themes found in each piece. Next, I looked at all of the notes for themes for each client and documented recurrent themes. The recurrent themes from all of the clients were looked at together so as to find shared recurrent themes. Interviews with bilingual professionals were transcribed and analyzed for themes. Then, all of the themes from each interview were analyzed together in order to find recurrent themes. The recurrent themes collected from the responsive artwork, session notes and interviews were compiled and looked at in order to find dominant themes that were recurrent throughout all forms of data collection.

After this fourth plan of action, data collection, and analysis, I found many themes concerning attunement, boundaries, intersubjective space, frame switching, communicative issues when dialoguing in one's second language, and different manners of coping with these issues. Still, I felt overwhelmed by the amount of data I had and did not feel that I properly understood the evidence I found. This led to the fifth plan of action that consisted of imaginal dialogue with interviewees and the previously created session response art. Similar to the Gestalt method I had previously used, I spoke with the pieces as living entities, except this time I imagined the image to be the client and the client's response. The aim in this action plan was to interactively embody the experience of the data in order to gain a more clear understanding of important elements. This imaginal dialogue was recorded, transcribed, then analyzed. The fifth plan of action evidence showed the importance of awareness of the intersubjective space in understanding the dynamics of the therapeutic relationship.

This finding warranted the last cycle of action research. The plan for the sixth cycle of action research consisted of creating images that expressed my experience of the intersubjective space with each client, followed by an imaginative verbal interaction with the piece. This was an exploratory technique used by James Hillman that encouraged an expressive response to an image that was "imaginative, descriptive, and benefitting the dignity of the image" (McNiff, 1987, p. 290). With this technique I described aloud the image, its qualities, what I saw it doing, and my moment-by-moment subjective response to the image. The purpose of this plan of action was to gain a deeper understanding of the intersubjective space I shared with each client so as to better be able to relate that to how the use of my second language influenced that space. These verbal, imaginative interactions were recorded, transcribed, and analyzed.

CHAPTER 3: HUGO: CREATING OUR COLLABORATIVE VESSEL

In this chapter, I will introduce Hugo. He was a Spanish speaking client through whom I learned many things important to the therapeutic relationship. Through our interactions I realized the importance of therapists' attunement to themselves, their clients, and their shared intersubjective space. I also became aware of the importance of a therapist's self-regulation as well as awareness of how boundaries and role affect the therapeutic relationship.

Who is Hugo

I first met and started working with Hugo while interning at a community day program for adults with developmental disabilities. When I spoke to the director about working with Spanish speaking clients, she led me to Hugo, a man who was diagnosed as having a developmental disability and schizophrenia. All that I knew was that he was in his early forties, was of Puerto Rican descent, and came from a Spanish speaking family. He was tall and had a certain intensity about him. When he smiled, it was large and bright, but it was not frequent and could come unannounced for no known reason.

Throughout my interactions with Hugo, I saw him as a solid yet subdued man, willing to try new things, yet firmly focused on his interests in the moment. He had a focused gait and gaze. His walk, stance, and posture looked decisive. Every time we walked into the art room together, I felt I was walking into an event with someone who genuinely wanted to participate in our joint experience. Though we made art together, he generally preferred talk and verbal communication. It was typical, while making art, for him to stop and make a statement or ask me a question.

Throughout the course of our sessions, we collaborated on an art piece that involved a visual storyboard. As we sat and worked together, he would draw or look for collage images, his eyes focused on the art and the marks he was making. This typically lasted for a minute or two. Then, his focus would quickly divert to a question or a statement as he fixed his gaze on my response and me. I believe at times this made both of us anxious. I believe he became anxious about being understood, and I know I was anxious about my ability to understand him.

In our first session, as we sat together and collaborated, he drew, directing all of his attention to the marks he was making . After a couple of minutes he put down his drawing tool and looked at me, saying nothing. It suddenly seemed that he was no longer interested in working on the art we were making. It felt to me as if the initial glimmer and sheen of his work had faded and he realized it was no longer as new and exciting as he thought it would be. When I asked him about whether or not he wanted to continue drawing, he firmly said, "No." I got the impression that he was disengaged despite wanting to continue interacting with me in some way. He was willing to talk about the drawing and have me continue to work on it as we talked. So, we continued by talking about the image and we created a story behind it. At this point in our relationship, he did not openly express his ideas or thoughts about the story we were creating, but rather repeated words I said, or responded to statements with a yes or no.

As our sessions continued, and we became more comfortable with one another, Hugo began to more openly express his thoughts and desires. In the beginning, I noticed that he steadfastly searched for images of devils, demons, and angels. He sat, hovered above books and magazines, ardently searching for just the right picture. From time to time, he repeatedly put his index fingers to his forehead as if making horns, and would softly say, "the devil". When I asked him about the devil he simply continued to repeat these actions and words.

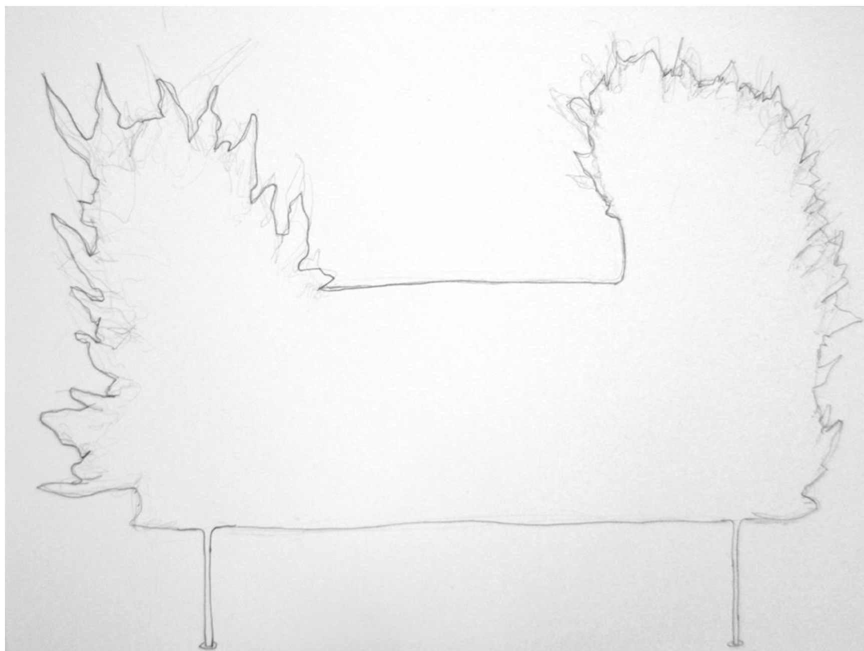
Initially, this communication was both fascinating and anxiety provoking for me. My anxiety related to knowing that the treatment team preferred Hugo not to mention or reference *the devil* because of a violent episode in which he was involved many years before However, when I suggested, instead, an image that was not associated with angels or demons, Hugo would quickly turn it down. Slowly, however, our therapeutic relationship continued to develop and he became more open to incorporating other images such as dragons, frogs, houses, as well as intertwining those with fantastical images. I began to more empathically understand him. It appeared this understanding made him feel more secure and safe. At points I was attuned to his subjective experiences and this attunement led to unconditional positive regard and empathy. I began to let go of my initial fixed thoughts of who Hugo was. I began to see and accept him as he was. He felt more free to creatively interact He continued to insert references to the devil into our conversations, but these references began to take the form of statements, questions, and conversations. His vocabulary with me expanded beyond the words *the devil* or with simple repetitions of words I had said (known as "echolalia") and he no longer answered me with merely *yes* and *no*. He began to make statements and openly ask questions free of any motivating encouragement from me. I began to see a man who was captivated by and apprehensive about the demons he believed were all around us.

Months later, in an attempt to more fully understand the qualities our of therapeutic relationship, I returned to reflect on the energy and experience of our sessions. I made a series of three drawings that expressed my memory of our interpersonal space. The first drawing was reflective of our energies, distance and boundaries within the interpersonal space over our first couple of sessions. The second drawing expressed the momentum, vigor, and angst that cultivated within our shared space during the mid-stage of our series of sessions. The final

drawing conveyed the feelings of connection, unity, and vitality that I saw in our interpersonal space within our last few sessions.

Outline for Energy

The art piece I made in response to my interpretation of the intersubjective space that existed between Hugo and me during the first couple of sessions, *Energy,* is a drawing on watercolor paper (Figure 1, below). The image consists of a flat outline of an irregular form. It is rectangular and somewhat jagged on the left and right sides, but flat on the top and bottom. At the bottom of the form there are two tubular shapes that appear like stilts or pegs. They appear to function as a support for the somewhat hefty object above them.



Interestingly, these pegs are connected to the rectangle as its extensions, rather than as separate units. On the left side there are large flowing spikes protruding. The right side of the form has more protrusions than the left side, but these are smaller and more jagged. The right side and the left side of the form seem to be moving or vibrating. And yet the whole shape is made out of one firm, solid, continuous line. Underneath this outline, this boundary between the inside and the outside, are light impressions of similar pointed marks on both sides. These light impressions,

underneath the dark, strong outline of the form, are what gives the two sides a vibration and movement.

When my eyes leave the vibrating left and right sides, I see the flat, silent center that lies between them. At the center of it all, is a space that does not move or breathe; it has no memory of previous marks. It does not spike, shoot upward, or swoop down as the sides of the rectangular form do. It's top and bottom are bounded with a straight, dark line. Nothing else. It seems as though, in this space, there is a gap wedged between the two vibrating energies on either side. The silent, dark, firm line creates this wide and deep space, which I felt characteristic of our relationship. Paradoxically, the firm boundary creates both a gap and a connection. The dark heavy line flows from erratic, almost explosive bursts of movement toward the silent, flat motionlessness at the center of it all and then back to the sparking, ridging flares of energy. All the while it never loses contact but continues on its path until it meets itself where it began.

Although the figure seems to be comprised of three forms, it is really only one. What is left but flaring energy? What is right but finer spiking energy? Both are out distanced by a flat middle ground between them. They are all one, united in their connection to the outline.

Energies. Similar to this image, I felt that the shared space between Hugo and myself consisted of many different, powerful energies with a large gap between those energies. That gap could be vacant yet weigh us down. As I entered our first couple of sessions I brought with me excitement, hope, anticipation, anxiety, fear, and doubts. At times, these energies seemed to burst out of me. Figure 1 depicts these energetic qualities of our intersubjective relationship. The image refers to me, as the therapist, making multiple, exaggerated movements that seemed to fly in every direction. These were in response to Hugo. I felt like I was all over the place,

both mentally and physically, running from one idea, feeling, and energy to the next in a self-conscious attempt to do good therapeutic work with Hugo

Of course I was not the only one with energy, as Figure 1 also suggests. Hugo came into our first few sessions with his own excitement, expectations, and feelings. Although he did not verbally share these ideas and feelings, I noticed and picked up on them in his body language, how he interacted with me, and the artwork. I felt like I could feel his energy in the space. This energy felt like it was a continuous series of sparklers and hand held fireworks constantly exploding within the shape of this large man. A consistent, quiet, yet strong spark and vibration could be felt in our shared space along the edges. However, they did not permeate or flood our center. Although I felt this energy, it was as though I was only noticing it from a distance. Consumed by my own flames, I observed Hugo's sparklers from "across the river." Although I had my energy, and Hugo his, our intersubjective space, the space between us (that was neither only his nor only mine) consisted of a deep and thick area full of possibilities that felt both invigorating and ominous.

Boundaries. After I created Figure 1, I engaged in hermeneutic dialogue as a form of data processing. I gazed upon the artwork while allowing words to emerge from my study of it that engaged me further. The image told me of these two energies and the existence of the gap. It also repeatedly drew my attention to the dark outline that formed it all. What *was* this outline? What was this image telling me about our intersubjective space? As I struggled to understand, I began to repeat the word *outline* to slow down my contemplation and chant it like a mantra. I sought to let my stream of consciousness allow me to make meaning and connection with this word. "Outline. Border. Boundary. Outline. Connector. Container. Outline. This. That. Outline. Border. Boundary. Connector. Shaper. Outline. Border. Boundary." Then,

awareness suddenly dawned in me. The outline was formed by the boundaries that both Hugo and I set as we got to know each other in the therapeutic relationship. These boundaries influenced the dynamics of the energies both of us released and the shared space these energies created.

In my own personal life I see boundaries as protective, suffocating, a shield, a barrier. I see them as rules about what can and cannot be, as separator and container. Visually, I see boundaries in my personal relationships as a strong but flexible transparent orb that shimmers and vibrates around my body. Within therapeutic relationship boundary include the professional rules of the relationship that differentiate it from other relationships (Knapp, 2004). These rules concern issues about role, time, place, space, money, clothing, language, physical contact and inappropriate relations. They exist in order to establish structure and prevent harm (Knapp, 2004; Moon, 2015). Also, boundaries within the therapeautic relationship represent "a 'psychological space' or distance between individuals" (Scopelliti et al., 2004, p. 955). This distance serves as a reminder of each individual's autonomy (Scopelliti et al., 2004). Bruce Moon (2015) defined professional boundaries as " the limits of the therapy relationship defined and maintained by the art therapist" (p. 146).

Art material boundaries. Hugo, though eager to be involved in our sessions, was not willing to engage in just any art making process or material. In these first sessions, Hugo would not become active in art making unless prompted, and often he sat waiting for me to prompt him. In our first session, when I asked if we could draw together, he was willing to but only participated for a couple of minutes, making a few marks before putting down his drawing tool. In our second session, when we drew and collaged, I became more aware of the boundaries he was setting concerning art materials. Instead of being disengaged with drawing, he was

completely absorbed with *image finding* for his collage work. He was showing me his limits, his preferences. He was showing me what tools he was willing to work with and what directions he was willing to take as we traversed into our shared space, filled with potential interactions and creativity.

Art dialogue boundaries. He also communicated his boundaries concerning our verbal interactions. For our first couple of sessions, with my energy so enhanced by hopes, goals, expectations, anxiety, and fears, I was very active in the verbal and physical aspects of the art making process. I felt clumsy and uncoordinated as I searched for the fine balance between motivating his participation and over stimulating him.

Once I realized that he was more inclined to face-to-face talking than free form creative drawing, I asked him if he would like to make some images with me. As we made them we could tell a story about them. He was receptive to this idea and when I asked what kind of image he'd like to start with, he said *boy*. I started to draw an outline of a boy and began to ask Hugo about the boy. "Lets figure out what this boy looks like. What color is his hair?" Hugo responded "brown." I asked him if he would like to add the hair and he voluntarily reached for a brown marker, and started to add hair to the image. We maintained this kind of rhythm and flow for a couple of minutes as I asked questions and we added hair clothing and accessories to the image. I felt excited about how well we were working together, how he seemed to understand my questions, how I seemed to understand his responses, how we seemed to understand each other's words, all in my second language. I prompted, he freely responded, and we both would collaboratively add to the image. This shared attunement to each other and the activity helped set the stage for the intersubjective space as we co-created our own meaning of the image and of our shared psychological space.

Thinking back on this from the perspective of my research I understand that in my excitement about our interactions, I had increased the rhythm, momentum, and stimulus input I gave to Hugo without realizing it. I began to speak faster and ask more questions. There was an image of a basketball in our collaborative drawing and I asked about the boy, "Where is he? Is he with anyone? Is he inside or outside?" Hugo responded, "outside". I went on, "Is he with someone or alone? Is he alone?" Hugo said, "alone". This went on for a couple of statements before I realized he was no longer adding to the drawing or looking at the image. He was just repeating the last word I said. At this point his eyes were hooked on me when he spoke and when he was not speaking, they were darting around the room. His legs were animated and his toes were tight as he quickly bounced his foot up and down. He was just repeating my last word and not freely expressing his thoughts. With my increasing bombardment of questions, Hugo reacted by repeating exactly what I said. This echolalic reaction may have been a self-soothing method (Prizant & Duchan, 1981) for Hugo in response to the anxiety my onslaught of questions caused. It was then that I knew I had met some sort of boundary. It could have been the boundary of time. How much time Hugo was willing and able to spend engrossed in our work. Or, it could have been a boundary of verbal stimulation. Among many other things, it could have been the boundary of what Hugo was accustomed to, and therefore thought was acceptable, concerning his input and control of the decision making. I also could interpret this dynamic as part of the "dance" of our energies in the intersubjective space.

Uninvited guest. In our first session I was also introduced to a third presence that shared the space with us, which Hugo indicated was the devil. I recall a point, when I was adding to the collaborative image work we were creating, Hugo suddenly leaned forward, quite close to me, put his index fingers on his forehead, locked his eyes with mine, and simply but emphatically

stated "[*the*] *devil*." As he made hand gestures in the shape of horns and said the words *the devil,* I became aware that Hugo had something he wanted to say or communicate concerning subject matter and what we were talking about. His reference to the devil was potent, so much so that it felt like a "third presence" in the psychological space forming between us.

Whenever I would make reference to an idea or image that was not associated with angels or demons, Hugo would quickly turn down my suggestion. This third presence seemed affixed to Hugo's own, which initially was engaging and anxiety provoking for me. I was not sure how to approach these associations with the devil. My own personal concept of the devil implied thoughts and feelings of danger. The idea of the devil was also associated with a spiritual and religious context about which, even as an adult I did not feel comfortable. It was anxiety provoking for me because I related the devil with religion and spirituality, topics that were difficult for me to process and discuss in my personal life, let alone in my professional life.

When Hugo made the physical gestures of horns and spoke about the devil, he did not do so casually. In these instances his whole being seemed to resonate with strong, focused, intense vibrations. No longer barely audible, as they had been before like drums deep in a cave, now they were like large drums giving solid and strong, but low vibrations right in front of me. It was intense. Consequently I felt anxious. His physical proximity and the intensity of his gaze made me feel like my own personal space and boundaries were threatened. This, coupled with my angst about the devil, resulted in my feeling of anxiety. I wanted to give him quality care, but in the moment, I did not know what that required of me as an art therapy intern, and was overwhelmed by uneasiness, doubt, and confusion about how best to interact with Hugo and *the devil*.

Despite these doubts, I knew that our art making was an important tool for engaging with Hugo and for serving as a container for his (and my) feelings and expressions of anxiety. Thus, I began to set the boundaries for how we might interact safely with this third figure in the room, the devil. Honestly, I did not want this image there with Hugo and me because I doubted my ability to deal with the strength of this devil's presence. Moreover, I had no idea how Hugo himself wanted to interact with him. So I responded by acknowledging to Hugo that I knew he saw him as real. I asked, "You see the devil?". Hugo answered by making the sign of the horns again and saying, *the devil*. Overwhelmed by his confirmation of my suspicion, I chose in that moment to flee from the presence of this malevolent image of Hugo's. I tried to redirect Hugo to our artwork. He returned with me, turning from the shared space with the devil toward our shared space with the art. But as he turned, something stayed and did not come with him: his energy. The deep, powerful, focused beat of the large low drum stayed in the space with the devil. In our shared space with the artwork I could still hear it beating, but it had returned to the depths of the cave, and was now hard for me to hear.

This interaction is one example of the two of our energies trying to attune and figure out how to be together, despite our different emotional and psychological states. For a moment there, when he was trying to tell me about the devil in the room, both of our energies flared closer together while simultaneously, we both responded by communicating our needs, limits, and boundaries. Hugo expressed his need of awareness of his devil in the room. I expressed my limits and boundaries, influenced by my fear and by redirecting my and Hugo's energy by turning away from the devil in the room.

Hugo and I entered our therapeutic relationship and shared space with our own energies influenced by our personal histories, assumptions, fears, desires, and expectations. This

intersubjective experience was filled with powerful, contained energy as we oscillated back and forth, getting to know each other through a series of attempts at emotionally attuned interactions and responses. Hugo and I, as we interacted, expressed our own values and limits, creating our boundaries. The act of expressing these values and limits, setting these boundaries, contributed to the energy we both invested in our shared psychological space. All of these actions, feelings, verbal and nonverbal communications exuded into the space, mixed, mingled, and created an outline of Hugo and my boundaries.

Growing Pains

I created the image *Growing Pains* (Figure 2) as a visualization of how I saw the psychological space Hugo and I shared during our third and fourth sessions. These sessions were tense, filled with my apprehension and Hugo's eagerness to grow and connect with me. His eagerness and my self-doubt combined in such a way that I felt threatened by what felt like a massive and powerful force that filled our intersubjective field. When I engaged in a hermeneutic dialogue with the image I attempted to listen closely to what it was saying to me in its presentation on the page. What I found was that it was saying two things: it wanted to move, spread, grow, and no matter how it grew, its base gave it stability.

Growing Pains (Figure 2, below) is another graphite drawing on watercolor paper. I see a fleshy, bulbous form supported by one large, solid base. The whole form feels soft, yet forcible and powerful as it pushes and stretches. This form takes up almost the entire page. It is full, jutting, and somewhat rotund. Sections of it look like they are trying to push their way out, like vegetation pushing through soil, or body parts pushing out of tight constrictive coverings. As it pushes and moves, parts of it layer on top of itself while others stretch down and out toward

open space. The art image gives me an overall feeling of something wanting to break out of a constricted space in order to grow and expand.

The form outlined on the paper is somewhat round and takes up almost the entire page. It appears to be solid, soft and thick. In one area of the image the outline of the rotund form curves in and out, up and down, creating narrow crevices of negative space between itself. The open space it creates looks like it will soon be gone as the edges close in on it and merge together. It is like two doors closing, and it also reminds me of preparing and wedging clay. Before working with clay, it must be wedged in order to get any air bubbles out. Doing so makes the material denser and more solid, more able to endure the heat of the kiln. In the image, the form surrounds the negative space and looks like it is going to squeeze together and push out the negative space just like a ceramicist's clay pushes together to squeeze out all of the air.

With all of this squeezing, pushing movement, the only thing that seems not to budge is the large tubular base at the bottom of the image. It is solid, dark, has no history of movement and, I imagine, shows no intention to move. When I speak to the image about the possibility of it

filling up the page, it assures me that no matter how much it expands or whatever shape it takes, the base will still be as I see it now.

Next to the base is a thin, tubular structure that looks like it may have been a support once, but no longer is. As I look at it I am not even sure it still touches the ground. It has some of its original shape and form, but it looks limp. Though not yet defeated, something looks like it is about to break or dangle from the hefty, bulging figure it is attached to, like an ornament or a hangnail.

Figure 2 is an accurate visual expression of how I saw our intersubjective space during this session. The energy that existed in our shared psychological space was no longer disjointed or divided. This space became filled with our individual selves and our co-created reality. I tried to understand Hugo. He tried to understand me. Through attunement and empathic experiences, little by little, we began to understand each other. This led to a desire for more understanding, but was also filled with an element of fear. My fear was of not understanding, was of the unknown. I had a fear of failure. Through The image was wanting to move, merge, and reform upon itself, just as Hugo and I both were wanting to develop, connect, and grow within our therapeutic relationship

Fear of (and desire for) connection. These third and fourth sessions were especially difficult for me. As we got to know each other, Hugo began to more openly seek out contact and connection. But his connection seeking, far from being welcomed as might be expected, produced instead intense anxiety for me. I was overwhelmed by a combination of fears. At the time, all of these fears were hidden beneath my concern that I would not be able to understand him verbally, using my second language. Insecurity about our communication was a valid concern, but upon reflection via artwork I realized my fear of language was the understandable

and acceptable fear I could deal with at the time. His connection tools were physical and linguistic, and I struggled to understand him. I grew apprehensive about my communication abilities using my second language. Now I felt completely clueless about how to address the other being in the room with us (*the devil*). The devil appeared in concert with my feeling unsure as to how to address the physical contact for which Hugo obviously was searching. These issues combined, grew, and layered upon themselves within our shared space, just as the skin in Figure 2 seems to bulge and overlap onto itself. Amid all of this apprehension, however, I remained connected to my desire to understand this man and give him good, quality care. This desire was a steady and sure safe ground whenever I felt overwhelmed. Although I did not completely understand it at the time, I now see how I was growing in my own capacity to incorporate Hugo's externalized psychotic image into our space, to acknowledge its presence in order to lessen its power, and to move with these bulging, overlapping energies by remaining grounded and therefore safe to Hugo and to myself.

Devil. By our fourth session, Hugo and I had started a storyboard. He had picked out images from a design catalogue that he wanted to collage, and we had arranged the images. The focal image of the storyboard was of a man sitting and writing at a desk in a dark room. His desk was next to an open door. Light from the other side of the door shone on the man, casting a large shadow onto the wall behind him. The shadow, though similar to the form of the man, was that of the devil or a demon. It was a tight, close, grainy image that gave a sense of impending doom unbeknownst to the man at the desk. The demonic shadow seemed to covertly loom over him, while the man remained unaware, focused on his writing.

During the first half of this session Hugo and I continued looking for images to incorporate. We sat next to each other, both of us diligently focused on the design catalogues

and magazines in front of us. Occasionally, he would lean closely toward me, scratching his head, and asking me to do the same, or pointing to his cheek and asking for kisses. "No Hugo, I can't do that," I said. "Why?" he asked. I responded by telling him I was not allowed to give anyone kisses there. "Why?" he asked again. "Kisses and head touching make many people feel uncomfortable. I try to give people a handshake or a high five," I responded and demonstrated to him.

A couple of minutes later, Hugo quickly turned in his chair, swiveling toward me, and stopped, just inches away from my face. Nearly nose-to-nose, he locked his eyes onto mine, put his index fingers to his forehead, said *the devil*, and pointed to a spot in the room. I asked, "Is he here?" and got no response, just Hugo's continued stare into my eyes. "Are you alright Hugo? Do you feel safe?" I asked and again, I received no verbal response, and no shift in body language, just the continued focused visual connection nearly nose-to-nose.

Strangely, despite my own anxieties in this moment, I did not see Hugo as anxious or fearful. His movements were not jumpy or restless. He also did not seem cheery or at ease. Rather, he only seemed focused with his unwavering posture and fixed eye gaze. I now understand that he was externalizing his feelings in the form of this image, perhaps as a split-off part of himself that he felt was bad and that arose when his need for connection with me became intense. But at the time I had no idea what to do. I did not know how Hugo wanted to engage with this other presence in the room, and I doubted my own ability to engage with him about this. My stomach fluttered and my anxiety grew.

So, I tried to divert his attention by steering it toward the art we were making. We returned to our images and I began to ask him about arranging them and thinking about the kind of story he wanted to tell with them. After working for a couple of minuets in silence, Hugo

spoke up, and I did not understand him. This was the first time he had expressed himself without my verbal stimulation or cue, and without saying the words *the devil*, and I did not understand him. I was so excited he was voluntarily talking to me, and at the same time I was crestfallen and ashamed that I did not understand him. I asked him to repeat himself. He did, and yet again, I did not understand him. I continued to ask if it had something to do with this or that and he responded with the first couple of words he initially said. Again, I did not understand him. I felt inept as I bungled through trying to recognize what he was attempting to communicate. His was patient as he sat back and calmly repeated himself again and again each time I asked, but eventually I saw him get frustrated as well. Ultimately, he said the words one last time, shook his head, started bouncing his leg and looking around the room. I was so anxious. He was finally trying to communicate with me outside of his norm and I had no idea what he was saying.

Disheartened by my inability to understand his words, and, unsure of what to do, I tried to bring us back to the art. I asked Hugo about the man in the image who sat at his desk with the shadow of the devil behind him. "Does he know about the shadow of the devil behind him?" I asked. "Yes" Hugo responded. "Is he okay with this? Is he okay with the shadow being there?" I continued. Hugo did not respond and just kept looking at me steadfastly. I went on and asked a couple more questions, both positive and negative. Again, Hugo did not respond to any of them, but continued to look at me. "Does the man feel nervous or anxious with the shadow there Hugo?" I asked. "Anxious" Hugo said as he looked at me, then back at the image. It was then I realized the devil in the room could not be ignored.

In these sessions, both of us were still trying to figure out how to interact with each other. As Hugo strove for more communication and contact, both of us aiming for understanding, I struggled with doubts about my methods, boundaries, and role. Similar to the "Growing Pains"

drawing, I felt overwhelmed by the unknown possibilities that could emerge as our therapeutic relationship developed. Like the negative space that was barely there in the drawing, and the limp, bent peg that had been a support to the large form, I felt my preconceived notions of my role and how to offer art therapy to Hugo were being snuffed out. I wanted to continue to develop our therapeutic relationship through unconditional acceptance and empathic attunement to Hugo. That would have meant letting go of the preconceived notions I had of him as client, of and how to best provide art therapy so that I could see him as individual and interact with his whole being and not just my superficial impression of who he was. I had felt safe in what I thought I knew, but threatened by taking that preconceived truth out of the equation. That would mean I didn't know and thus felt less secure. them.

Throughout all of this struggle, the one steady constant that both Hugo and I went to was a mutual desire to communicate and connect. Through his physical, verbal, and artistic methods, he continued to reach out and express himself. Though I felt frustrated and at times ineffective, I kept returning to language and art in an attempt to enhance our communication, understanding, and connection. Like the steady base in the *Growing Pains* (Figure 2) drawing, our mutual desire to communicate and served as a the groundwork that gave our growing therapeutic space foundation.

Role. In these sessions, we were both continuing to create, form, define, become familiar with our boundaries, our own and each other's. As we interacted, my preconceived notions of what our experiences and dynamics would become started to break up and shift. Similar to the weak peg that used to be a support in the *Growing Pains* drawing (Figure 2), these notions remained as we grew, but no longer served as my foundation for practice. Rather, my preconceptions were like a left over item that would eventually have to be discarded.

The boundaries I came in with, with regard to Hugo, were connected with the preconceived role I saw myself playing. This role was my interpretation of what I thought the facility expected from me. The facility and organization of my internship followed a behavior therapy centered model, which valued behavior management, and vocational and social skills training. I attempted to adjust my thinking about the methods of therapy to become more aligned with the facility's goals whenever possible. Eventually, I found that I needed to adjust my methods and role to the needs of the individual client, Hugo.

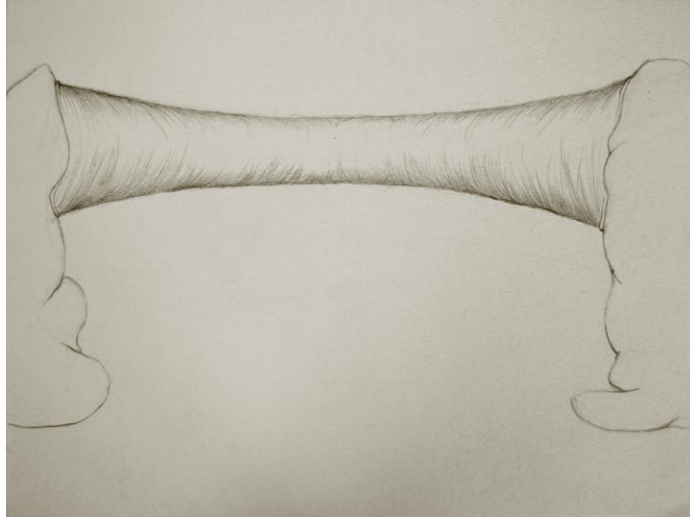
I had been encouraged to redirect Hugo to something else whenever he referenced *the devil*, but by our third and fourth sessions, I knew it was an important part of his communication system. As an art therapist who was oriented to his imagery, I could not ignore or overlook. Thus, I felt conflicted and unsure of how to adjust my role and boundaries.

Hugo's ideas of boundaries, his physical closeness, and discussion of the devil, all challenged my preconceived notions of what our therapeutic sessions and relationship should be. I felt threatened as we tried to come to terms with each other's needs and limits. Letting go of what I knew or expected and willingly going into the unknown concerning how to interact with this man was threatening to the safety and security I felt with my previous thoughts about what this should be, who I should be, and who Hugo should be. These sessions were very hard for me when I realized our respective roles were not effective and continued to be a barrier as Hugo and I formulated a more solid therapeutic relationship and working together.

Container

The *Final Set* (Figure 3, below) is an expression of my view of the intersubjective space in the therapeutic relationship Hugo and I shared. It is the last in a series of graphite drawings on

watercolor paper. The image consists of two blobby, biomorphic forms placed on either side of a rectangular piece of paper.



Both forms appear to be stable. Between the forms is a tubular section that seems to be connecting them. This cylindrical form connects to one biomorphic form on one side of the page. Here, the cylinder is wide, but begins to shrink in circumference as it moves to the center of the page, and again widens as it reaches the other side of the page where the second form is. Both biomorphic forms are made up of nothing but a solid graphite outline. The connecting cylinder is made up of many marks that give it shape and movement. It appears full but light, and seems to vibrate as it floats between the two forms. As I dialogued with the image and attended to what it was telling me, I discovered an insight about the vibrating movement of its vessel like form. Energy not only moved within the vessel, but the vessel itself also moved. It undulated and pulsated, seemingly able to shift and flow with the possible movements of the surrounding forms.

Physical and emotional attunement. The fifth session with Hugo led to a moment of awareness and change. This awareness and change came about by my attempt to self-regulate by focusing on deep breathing. After the seemingly endless accumulation of anxiety during the fourth session with Hugo, I knew I needed to manage my own sense of competence and balance. As a therapist in training I realized the importance of a therapist's own self-awareness and self-regulation in order to be grounded and more affectively attuned to the client and the therapeutic

space. Therefore, I aimed for self-regulation of my affective state for this session. Once again, I experienced a wave of anxiety and doubt flood over me. In fact, my experience of self-regulation and embodied attunement was so intense that what led up to it flees my memory. I do not have a clear-cut memory of what exact moments or events spurred my anxiety and self-doubt to such an extent that I had to work for self-regulation. The absence of memory suggests that, in my efforts to understand and communicate with Hugo, I had merged my emotional state with his. This only increased my anxiety resulting from the loss of the protective boundary surrounding his psychotic energy.

At the apex of this anxiety, I did a body scan (Michelle Harris, personal communication, October 12, 2015). All the way from the top of my head to the bottom of my feet I mentally scanned my body for areas of tension and physical needs, and at the same time I tuned into my own mindset and psychological state. It was then that I realized my jaw was clenched, the back of my neck was tight, and my stomach was churning. I was not focused and I felt overwhelmed. Although Hugo was only a few feet away from me, I perceived him to be out of sight and out of reach, as though miles and miles away from me.

In an attempt to self-regulate, reduce my anxiety, and bring myself into the here-and-now, I decided to focus my attention on my breath. I visualized it flowing through the caverns of my nasal cavities, through the thin and echoic tunnels of my vocal cords, and swirling into my puffy lungs. My belly expanded with the deepness of the inhalation and I visualized its journey again as it left my body. Then, as soon as I returned my focus to Hugo, I noticed that the space had remarkably changed. While the room seemed more open and clear, the physical space between Hugo and me now seemed to vibrate within a tunnel of energy. This energy was not disjointed or sporadic. It was not overwhelming, heavy, or dense. Rather, it was strong,

charged, malleable and focused. It seemed to live on its own. It felt like a magnetic field or suction tube that connected the two of us. However, it was not attached via a harsh inhalation or heavy grip. Rather, it seemed to float between us. The energetic space surrounded and moved with us while tightly connected us, as though through electricity or magnets.

This vivid experience gave me one of my first clear insights into what a transitional or intersubjective space actually felt like and how it was different from merger. Before this experience, I only understood this concept abstractly, and in my intense desire to relate to Hugo I had joined my anxious energy with his own, which only amplified our emotional states. After this experience, I felt Hugo and I both understood each other better and more clearly. I had wanted to create and maintain a safe space for Hugo's reality but also courageously explore other realities with him. This could not be accomplished if my reality was merged with him, which actually prevented safe space from forming between us. Once I learned to regulate my boundaries, I learned thart there were still verbal, physical, and artistic expressions we both had difficulty communicating, but these did not overwhelm or deter from what was actually being said.

The impact on Hugo also was significant. After this moment, Hugo was able to speak more freely, and more clearly to me. I presented less of a threat, less of an intrusion that he had to try to contain or push away. He still asked for physical touch occasionally, but was warmly willing to accept from me a pat on the shoulder or a high five. His legs were no longer jumpy, which had communicated intense anxiety toward me in my presence, and now he became more focused on the artwork on which we collaborated. The "devil" became a mere conversation piece rather than a boisterous uninvited guest that intruded on our relationship. I was able to have a fuller, embodied understanding of my relationship with Hugo and therefore able to focus

treatment on his therapeutic goals. This resulted in a genuinely empathetic relationship, which finally led us to the connections we both strove for in our therapeutic relationship.

Conclusion

Through my time spent with Hugo I learned more about creating a therapeutic relationship that establishes an intersubjective space. In these experiences, both the art and the relationship served as a container for our emotional and psychological states. I became increasingly aware that aspects of therapeutic presence, such as attunement and affect-regulation, were necessary in order to reach a holistic involvement in our therapeutic relationship. Eventually I become aware of our fluctuating subjective states, intersubjective space and was able to empathically understand Hugo.

With Hugo, I discovered the importance of self-awareness and self-regulation on the part of the therapist. These elements of therapeutic presence are important in order to understand the intersubjective space shared by client and therapist. Developing self-awareness in therapists in training is an important building block for their development as therapists (Melton, Nofzinger-Collins, Wynne & Susman, 2005). My handling of my own anxiety about potential failure and entrance into the unknown limited my ability to clearly see Hugo. Not only did I discover the value of self-awareness, I also discovered the value of self-regulation. Though I was self-aware of my anxiety, I stayed in the realm of cognitive awareness. I initially did nothing to regulate this anxiety. Staying in the cognitive realm hindered me from fully understanding Hugo and our intersubjective space. Once I self-regulated with deep breathing, I had a more holistic awareness.

This holistic awareness led me to realize the use of my second language may have allowed me to have a beneficial level of emotional distance between myself and Hugo. Though

at times I was overwhelmed by Hugo's presence, and my own anxiety, I believe I was more able to process the situation because of the affective distance related to the use of my second language. This realization led me to a fuller understanding of myself as a therapist in training as well as a deeper understanding of our therapeutic relationship.

As Franklin (2010) wrote, "Mindfulness cultivates present-focused, moment-to-moment, nonjudgmental awareness" (p. 162). A therapist's holistic awareness of self leads to awareness of client's affective state (Franklin, 2010). This embodied awareness of self and client allows one to be more attuned to the dynamics of the intersubjective space as one is more able to be aware of the subjective states of self, client and the shared intersubjective experiences.

Franklin noted that interactions with art are intersubjective empathic experiences as one takes in and emotionally, physically, and cognitively processes the image. As Hugo and I co-created artwork, the artwork became an object of shared understanding. Through our interactions we outlined the format, shape, and texture of the therapeutic relationship as we expressed our values and limits. Within these boundaries we felt more able to safely communicate and interact. The object of our collaboration, the artwork, and the relationship that formed through our collaboration became spaces in which we could explore and express emotions and psychological states.

Hugo and I created an intersubjective field in which he felt safe and I came to understand him. My own self-awareness and self-regulation were necessary tools that led to this shared space and understanding. We were able to continue to develop and express emotional and psychological experiences within the space of our artwork and relationship.

CHAPTER 4: THERAPEUTIC PRESENCE IN THE INTERSUBJECTIVE SPACE

In this chapter I will introduce Óscar and Isabel. With Óscar it was difficult for me to grasp our intersubjective space. My experience with him led to my realization of the need to be fully present with a client in order to be attuned to the client and our intersubjective space. Isabel is a client from whom I learned how language can serve as a connector as well as a divider. From my experience with her I was reminded of the importance of therapeutic presence and the fragility of a therapeutic connection.

Oscar

As an intern, I worked with a group of children who had high medical needs. One of these children, Óscar, came from a Spanish speaking family. Knowing that I was interested in working with Spanish speaking clients, the educator I worked with directed me to him for individual art therapy. Although Óscar was nonverbal, she believed he would benefit from social interaction and was excited about Óscar receiving attention he needed in the same language he experienced at home.

As I started working with Óscar I felt excited. Having only had experience only working with adults, I was eager to gain experience working with children, and especially in using my second language. For some reason, I felt less apprehensive about my second language abilities with a child. Perhaps this was because I supposed a child would be more forgiving and less judgmental of any potential linguistic mistakes I might make in my second language than an adult would be.

Initially, from having learned that Óscar had profound disabilities, I did not question or doubt my capacity for working with him. I knew that he had limited physical abilities and could not speak, but I did not know the extent to which this would limit my own feeling of adequacy

and ability. Having worked with adults with highly limited abilities before, I did not feel hindered at the thought of working with Óscar. Before our first session began, I had a mental checklist of adaptive materials and methods for therapeutic art making. In actuality, throughout our time together I found that my work with Óscar was much more daunting than I had expected. Not only was Óscar not verbally able to express himself, but physically he was also almost entirely immobile. Óscar's abilities were so limited that I perceived it would be nearly impossible for me to understand his communication or to know of his desires and experiences.

Each time I met with Óscar, I walked into a busy room, filled with children, nurses, nurses' aids, different therapists and teachers. I felt a brisk and nimble rhythm in the room as children played, cried, and expressed their needs, and as staff darted around tending to them. In this busy space there was one area that was typically more quiet. This is where the children who needed the most intense and constant medical attention were placed, where one would find children endlessly hooked up to machines yet in need of human relationship. Here is where I found Óscar.

When I met with him, I would stand next to his bed, and greet him with smiles and cheerful words as I wrapped his hand around one of my fingers, hoping to show him a caring touch. I would then tell him what activity I was hoping we could do. This almost always involved me telling him a story in Spanish followed by a hand-over-hand art activity related to the story. Because he was essentially immobile, I placed my hand over his and guided our art activities. I chose to do this so that he could have both an auditory and kinetic experience with our story. As I told him a story, he would rhythmically squeeze my finger. However, I did not know if he was squeezing my finger in response to what we were doing or if it was simply an

uncontrollable bodily reaction. It was so rhythmic that it felt distant, like the slightly muted sound of a ticking clock.

Óscar never made facial expressions or any other physical movement when we were together except for occasionally blinking. He did not move his head, his shoulders, torso, legs or arms. Instead, he lay with his medical bed slightly tilted, and gazed off in front of himself. He would not look at me unless I positioned myself directly in his line of sight. Even when I did this, his gaze felt glossed over and not connected with mine, as though he did not perceive me to be present in his world. This made me wonder, at times, what he was thinking or whether he was daydreaming. If so, what was he dreaming about? Other times I wondered if he was bothered by what we were doing together yet unable to say anything. It could be that he was using his gaze as an escape to go away from me and off into another world. Sometimes I wondered if he enjoyed our time together or found it to be a gratifying experience. At other times I wondered if he even knew I was there. I openly asked him these questions and expressed my desire in wanting to show him care and to facilitate an enjoyable interaction. However, any responses he might have given to my expression of goals, doubts, or anticipation were unbeknownst to me.

Initially, I went into our sessions feeling optimistic, confident, and capable. Little by little, my feeling of assuredness decreased. It was tough for me to see such a bright boy hooked up to machines, and poked and prodded by equipment and people all day long, unable to move, to free himself and to play. I wanted to offer him an alternative to this restricted reality by inviting him to escape with me into the stories of cats, birds, elephants and travel that I told him each week. My own daydreaming had me aiming to offer him a release, as if we could squeeze, brush, squiggle, and splatter our art materials far beyond it. I intended for our work together to be yet another avenue for him to experience safety, caring, and exploration.

These were the good intentions of an art therapist in training who genuinely believed in the power of art making to heal, connect, and transform difficulties. However they were not attuned to the presence of the actual child lying before me. Eventually, I grew to become overwhelmed by a sense of uselessness and futility. Seeing no evident verbal nor recognizable physical responses, I had no idea how he was experiencing our interactions. I felt that I could not understand any meaning or reason for Óscar's physical actions that were limited to hand squeezing and blinking. Thus, I felt that I could not understand Óscar, his needs or his desires. Even now, months later, it is difficult for me to describe the energy and spirit of this boy. I believe that I never did understand Óscar while working with him and that by the time I realized the possible reasons for this lack of understanding, my time with him was over.

Learning Moment. By my last week of my research I was very frustrated. After weeks of working with Óscar, I felt stymied in that I did not truly see him. I did not know his needs or how best to attend to them whatever they might be. My knowledge of who he was felt so shallow. Most of the time, when I went to see him for our last few sessions, he was sleeping. When he was awake he continued to squeeze my finger, but I was never able to directly relate this action to any kind of understandable response or intent.

Surprisingly, my critical moment of realization and awareness did not occur in Óscar's presence. It came from an interaction with my husband. The morning of my last session with Óscar, when I was about to leave, my husband stopped me. He saw that I was upset and he asked me what was wrong. I told him I wasn't able to reveal any identifiable information because of client confidentiality, but I did tell him that I was working with a client who was nonverbal and had very limited physical communication abilities. I told him that I felt futile and I doubted whether or not my time spent with him was beneficial to him. I told my husband I felt

like I was "giving therapy to an idea," to my own creation of who I thought Óscar was that was removed from the actuality of this child. I felt all of my efforts to truly understand him ended with empty results.

That was when my husband told me something that I'd been hearing throughout my education, in one form or another but I had not thought of in regards to my work with Óscar. He said, "Babe, you're focused on the product. Maybe you should focus on the act of doing art therapy with him." When he told me this I felt like a lightbulb just went off and I was reminded of articles and books I had read, and the countless times at university that had highlighted the importance of being in the moment with the client (e.g., Moon, 2002; Allen, 2008). Unfortunately, this clarity and realization came only as I was about to have my last visit with Óscar.

See Me. The art piece I made in response to the intersubjective space Óscar and I shared, *See Me* (Figure 4, below) was a painting on watercolor paper. It is a wet-on-wet watercolor done with a pale, beige- pink pigment. The image is wispy and almost cloud like, floating in the middle of the page. The form is barely visible as it floats out of the white page. The marks made with watercolor are so faint, they are barely visible. There is no clear outline that allows the viewer to clearly differentiate the form of the image from the paper on which it lays.

If this image were to be publicly displayed, it would be easy to think someone had hung up a blank piece of paper. It takes more and closer study to see that there is color and shape on the paper. Even then, the form is hard to see. It takes effort. When I look at it I get lost as I search for the outline between the image and the paper. The image bleeds and fades into the paper so subtly that I am led to believe there is no clear definition between figure and the ground it rests upon.

When I tilt the paper up or down or move my head so that I am looking at it at a sharp angle, I can see marks the water has left. The water on the surface is no longer visible from this angle, but the puckering of the paper as it responded to the wet brush is visible. The outline of the image's form is clearer when viewed or studied at an angle, yet it fades so seamlessly into the paper is still remains undefined. I must force myself to focus on what I actually do see before me. Otherwise my scanning eye will fail to stop me and I will get lost, impassively staring at the paper's seemingly empty space.

As I try to understand from the image what it wants to tell me, I, too, feel vacant and dazed. I feel myself playing with the idea that "it might be saying this" or "it might be saying that." I am never truly sure about what it is trying to tell me. Although I am unsure of what it is trying to communicate, I am certain of what I am "hearing," whether it is what my art image intended for me to understand or not. I am hearing that it *exists*, though its existence is wispy and seemingly invisible. It is asking me to take up the challenge of looking at it differently, to not brush it off. It calls me into presence; it seems to want me to make the effort to find out what I actually can see and to acknowledge that. If I can't see it all right now, today, I could try again a different day under a different light, from a different perspective.

What the art says. The difficulty seeing the form in the art work is related to my difficulty seeing and being aware of the intersubjective space in my relationship with Óscar. Because present awareness of the intersubjective space can enhance a therapist's empathetic

relations with a client (Churchill, 2006), it is important to note that my lack of presence hindered my ability to fully see Óscar. His presence and the formation of our combined energy were so subtle as to be nearly imperceptible to me. In my mind, though likely not his own, he was an invisible boy. At moments I thought I felt something did exist within our therapeutic relationship; however, but like Figure 4, that something was faint, hardly recognizable, easily lost, and not understood. What I did see and feel occurring between us felt distant, untouchable, and I doubted its actual existence just as I doubt what I see as I look at this faint art work.

My knowledge and understanding of our relationship and the creative space we co-created was distant and shallow. This unawareness resulted in a lack of empathetic presence that would have allowed me to relate to and understand Óscar more fully and in a more embodied manner. My focus instead was on the end product of giving him an enjoyable experience and an escape from what I saw as the uncomfortable and limited experience he had in his environment. Not only was this unrealistic, but it presented a competing image in my mind of who and what I could attend to; I replaced the actual boy with a fantasy version that was easier to relate to and to whom I could dedicate my therapeutic effort. Although this suggests an absence of therapeutic presence, it is also possible that the dream-like space surrounding Oscar was our point of connection. My dreams for Oscar, in other words, were not random but emerged from the subtle energies of the space between us.

At the time I recall being hindered in my capacity for presence by Óscar's limited ability to communicate in ways for which I was accustomed. I saw no hope in understanding this boy because he did not speak my languages—not only linguistically but also socially, creatively, and through the languages of verbal and physical expression in which I felt I was fluent. So focused was I on my own goals of our mutual understanding and provision of quality care, I was unaware

that our space likely was already loaded with communicative information he was sending me. Rather than experiencing Óscar wholly, on an emotional, mental and corporal level, I kept him at a mental distance. I did art therapy with an "idea" of him rather than with Óscar himself. As depicted in Figure 4, this boy required a different type of holding in order to hear and understand him. Rather than quickly scanning for an understanding of him, he asked for a more patient and embodied interaction from me. This required stepping out of a preconceived or unrealistic viewpoint and be willing as a therapist to tilt the canvas and look at him from a different perspective.

Cultural frame switching. Through hermeneutic analysis, I also became aware that I had approached my experience with Óscar from a one-sided cultural perspective that was distinct from both his family's culture and the culture of the care facility. Had I been more aware of these cultures, I would have noticed that they were more process oriented in their values. Attuning my care to this cultural dynamic that was focused on the here-and-now could have taken me a step closer in understanding Óscar and our intersubjective space.

Cultural frame switching refers to shifting cultural perspectives in response to being intensely "compelled to reason about their qualities, differences, and similarities…" (Kapitan, 2015, p. 5). The therapist not only needs to be aware of her own cultural history but must simultaneously become attuned to the dynamics of the culture with which she is involved. Becoming embodied in these dual perspectives (i.e., one's own narrative perspective and that of a different culture) can lead to a more accurate understanding of another and a more empathetic therapeutic relationship. These elements, cultural frame switching and empathic attunement, are necessary for understanding the language of the intersubjective space.

I felt that I was fairly aware of my competence with Hispanic clients but I was not cognizant at the time of my ability for frame switching within the disability culture that was part of the facility where I worked with Oscar. As a result, I engaged in default thinking (Kapitan, 2015) and I looked at our interactions from the more general viewpoint of a traditional Western and medically based psychology culture that is action oriented but highlights the final product of therapeutic success. process. In contrast, the culture among those with severe developmental disabilities is so much of the time focused on what happens in the moment, rather than the end product. My methods and goals with Óscar were future focused, whereas the culture of the day program facility was necessarily focused on in-the-moment activities and interactions.

Awareness and respect of the cultural dynamics, such as what is valued, how value is expressed, communication patterns, and normative responses to a variety of situations would have made me more present to the subjective dynamics within the space (Sieck, Smith, & Rasmussen, 2013). In this cultural awareness, I would have noted that treatment was focused on moment-by-moment experiences, and that any acts of communication on the part of the client, no matter how minute, were to be acknowledged and valued, and that any type of positive, caring interaction with the clients was seen as beneficial. Switching my lens from a product-focused perspective to the process-focused perspective used within the culture of this group may have allowed me to become more fully aware of Óscar's communication, the dynamics within our relationship, and the value of our interactions.

Isabel

The second example of how therapeutic presence can challenge and enhance the formation of intersubjective space can be illustrated with the case of Isabel, whom I met while interning in the memory care unit of a residential facility. She was an elderly woman, originally

from Mexico, and a monolingual Spanish speaker. She was ninety-nine years old with moderate Alzheimer's disease, and though she did not have any obvious physical disabilities, her physical state required that she was almost always in a wheelchair. She enjoyed art making and loved flowers.

I worked with Isabel both in groups and in individual art therapy. Although they were not always easy (as I will describe below), I looked forward to our sessions together. I certainly felt invigorated while working with Isabel. I was continually challenged and always learning about her needs, but I also felt capable. There was a regular rhythm to our sessions that typically included elements of rejection, cohesion, frustration, and bonding.

Typically, I would approach her and ask her if she would like to make some art with me. In response, she would grimace, curl her lip, knit her eyebrows and say, "I can't. I don't know how". Accustomed to her reaction, I would smile and say, "That's okay. We can work on something together. You don't have to be a fancy artist to make art with me. We can help each other". Typically, she responded well to these statements, and by the time I finished saying them, she was already picking out images and art tools. As we started making art together, I would talk to her about her work. Because she preferred floral images, much of the time our talk would make its way to the topic of flowers and gardening. Other times, our conversation would lead to thoughts of her family, and if she began to immerse herself in sorrow, we would alter our images to address her pain. Whether we were talking and bantering back and forth about enjoyable or sorrowful topics, there was always a characteristic rhythm to our interactions. That is, as one of us contributed, the other received, processed, and responded with a cadence that felt similar to casually walking a dog with a friend. Never did I feel that we were running or leisurely strolling. No matter what we were talking about, eventually the rhythm of our

interactions would lull into a comfortable silence as Isabel became fully invested in her art. Focused on her intended design and her mark making, she would hover over her image, her eyes focused on each mark she made. I would sit next to her, working on my own image while simultaneously being cognizant of Isabel and open to our interpersonal environment. At times, while picking the next color to add to her image, Isabel would forget where she had left off or where she was going when she returned to the image. Frustrated, she would furrow her brows, double check the color she chose, move the paper around, and forge a new path of mark making with the image.

Interruption. As part of my action research, I consciously aimed to cultivate this exchange by paying particular attention to the dynamics of our therapeutic relationship while we spoke in Spanish, my second language. When I came to visit her for the research session, I expected that our interaction would more than likely follow a similar pattern to our previous work together. As I drove to the facility, entered, and prepared myself for our session, I looked forward to our encounter and also felt a sense of anticipation as I considered how I would focus on the dynamics of our relationship.

On this day, when I went to see Isabel for our session, she was in the common room in the memory care unit. It was about an hour and a half before dinner, and many of the residents were casually roaming, mingling, or at different tables relaxing and watching the news. I saw Isabel at the entrance of the room, half in and half out, moving the wheels of her wheelchair back and forth, as though she wasn't sure whether to stay or to go. I approached her, and with a smile, reintroduced myself to her. She told me she did not know who I was, but she grinned back at me. I then asked her if she would like to do some art with me. Her response was as I expected it would be. "I can't. I don't know how", she said, as she burrowed her brows, curled her lip and

gave me a surprised and disgusted look. She rolled away from me, toward a table, and I followed, not feeling discouraged. "May I sit here with you?" I asked. She nodded and kept her eyes on my hands as they quietly set out markers, pencils, and sheets of paper on which I had printed outlines of flowers. Even though she had rejected my initial effort to involve her in art making with me, I did not feel daunted and I set out the materials in hopes that she would eventually work with me.

As I began drawing and coloring in a page of flowers, I started chatting with Isabel. I asked her about plants and her favorite flowers, and if she enjoyed gardening. Although this was a conversation we had had many times before, her answers always revealed something new and added an additional flavor to my knowledge of Isabel. As we talked of gardening, I asked for her own opinions and suggestions about the floral image I was working on. Little by little she became involved in the art and eventually she was working on her own piece. As she added to and developed her floral image, she would look over at my piece and tease me, about missing petals or leaves I had filled with outrageous colors. She repeatedly showed me her progress and talked about what colors would be best and what sections she was proud of. The energy between us felt gracious and somewhat playful with a rhythm that was not too fast, nor too slow, like the back and forth movement of a rocking chair or a swing.

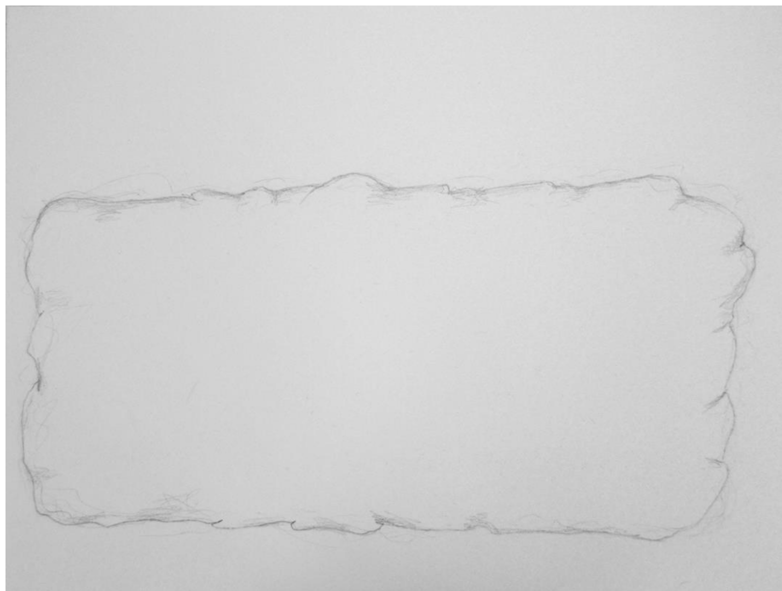
Later in our session, while Isabel and I continued to work on our art pieces, a team member with whom I used to work while I interned at the facility came in. She greeted me with a gracious "Hi, how are you? It's good to see you", but after this courteous and standard exchange, she lingered and became quite chatty. The staff member knew I was going to be there and that I would be doing an art therapy session with Isabel for my research project. As she continued to talk, I began to feel conflicted. I was bothered that she lingered and chatted about

personal, unprofessional topics when I was in the middle of a therapy session for my thesis research, However, she had a higher status as a professional level than I did, which complicated my ability to know how to deal with this intrusion on the therapeutic experience Isabel and I shared. I was frustrated but, because of her involvement in the professional arena in which I was aiming to succeed, I did not know how to ask her to stop talking and leave.

While this was going on there was no verbal communication between Isabel and me. Although I was sharing a physical space with Isabel, I felt I was being pulled away by my professional colleague. I tried to stay connected via body language by looking at Isabel and positioning my physical presence closer to her. While I tried to physically maintain a presence and connection, I felt strained as my former colleague aimed to capture my verbal and cognitive attention. Although Isabel was still working on her flower image, I felt her closing off and drifting away. Before this intrusion, she had been physically alert, with her head up and body leaned forward over her drawing. She had actively sought out desired colors and forms in the art materials and had had her eyes focused on each mark she made. We had had a lighthearted, but secure and flowing connection as we worked individually on our art pieces, and together on our collective interactions. While my colleague remained in space chatting with me, slowly and gradually Isabel's marks became less animated, her posture less energized as she began to slump, and her eyes less captivated by her image as she began to steal glances off of her page, eventually gazing off into the room. When my colleague left, I attempted to reengage Isabel. She was again resistant, giving me the look of annoyance she had started with. I saw her as confused and irritated as I showed her the work we had done. Her eyes squinted and her facial expression exclaimed, "That's not mine! I don't know what you're talking about!". She rolled her eyes, looked away, and quickly faded off, not finishing her piece. No coaxing or chatting I

attempted brought her back to the space we had shared and she sat there distant and irritable. The shared energy we started with seemed to have a playful but firm elasticity, but ended with what felt like a rocky cavern between us. This is an example of the ethereal nature of a therapeutic connection and the need for a therapist to maintain therapeutic presence.

Connecting through language. To express and interpret the qualities of our intersubjective space, I created *Float/Shimmer* (Figure 5, below) and *The Great Divide* (Figure 6). Although we only had one session together during my research, I created two drawings because I felt a palpable difference in the energy between us at two distinct moments in our session. Figure 5 is a graphite drawing on watercolor paper. It consists of an outline of a rectangular form with soft edges. The outline of this form slightly billows in and out at places, giving it a somewhat soft, pliable, fluffy, squishy texture. The form looks solid but not heavy. It is malleable, but strong, and buoyant, yet still. This is reflective of how I felt our shared intersubjective space was during the first half of our session. Although Isabel initially rejected

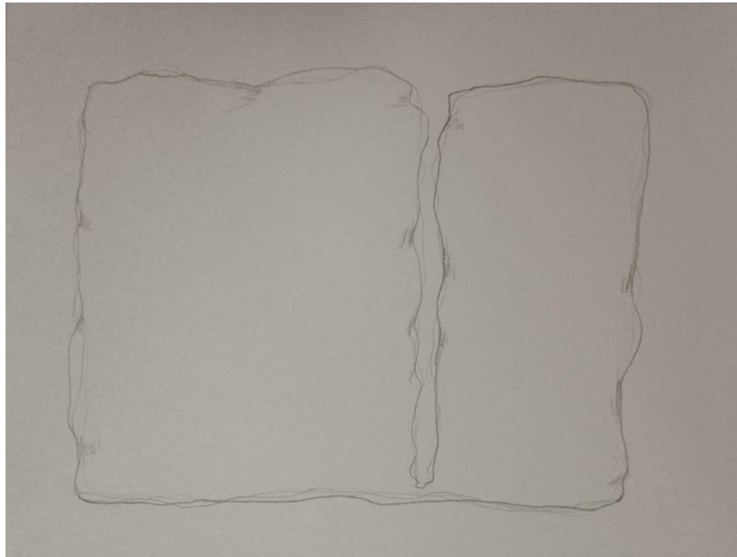


our working together, there was a respectful, yet playful energy between us as we collaborated and worked individually. Our intersubjective space felt approachable, malleable, and slightly quirky, like a firm yet flexible object that floated

between us. Similar to the floating rectangular form of the image, I felt our interactions were neither cumbersome nor fixed. Rather, our mutual presence allowed a rhythmic arrangement of form as we interacted, responded, and digested each other's actions and presence.

After reflecting on my interactions with Isabel, the responsive artwork I made, and Figure 5, I began to ask myself why our interpersonal exchanges seemed to have these respectful yet playful qualities. I then began to connect my experiences with Isabel to my previous experiences with elderly Hispanic women. Unbeknownst to me at the time, while working with Isabel, I brought in my memories and emotions garnered from my personal history and let them influence my affect and the flavor of our interactions. Without being aware of it while doing so, I became more present to the feelings and forms of culture that connected me emotionally to Isabel as an elderly Hispanic woman with whom I could relate.

Linguistic divider. *The Great Divide* drawing (Figure 6, below) is graphite drawing on watercolor paper that shows an outline of a rectangular form similar to that of *Float/Shimmer* (Figure 5). The difference in the two drawings is the graphite line that makes this form sweeps down low, diving into the belly of the rectangle, and rises back to the top as it continues making the rectangular form. It sweeps so low it almost touches the bottom line of the rectangle. This deep crevice gives the impression that the form is two split rectangles side by side. This is reflective of how I felt the energy changed between Isabel and me when I shifted my attention to my colleague and from Isabel's language to English, a language Isabel did not understand. This firm yet flexible object that had floated between us gradually slumped so much that I felt we were divided by a huge cavern. Though I could see her, Isabel felt unreachable.



In my hermeneutic dialogue with Figure 6, I became present to the artwork as though it were Isabel. I told her about the distance I felt during the second half of the session and I asked the image as Isabel to tell me what might have been her experience and thoughts. I learned how she alone she could have felt while my former colleague and I spoke in English. I imagined her saying,, "I was confused. I wasn't sure what was going on". Although I was still physically there with her, she felt my body told her one thing, while my words told her something different. My physical presence and interactions told her I wanted to be there, but my speaking to someone else, and in a language she did not understand communicated that I did not care. She indicated that this was confusing and it was difficult staying engaged in both the artwork and me, in our shared intersubjective space that held and contained her, while she was processing all of this distracting confusion

To continue the hermeneutic analysis, I extended the dialogue to the texts I'd recorded from the clinicians I had interviewed earlier. I recalled the challenges Mae expressed about conducting therapy in her second language via a telephone crisis line. I could imagine Mae saying, "I am empathetic to the kind of disconnect Isabel had when you were interacting with your colleague and no longer shared the linguistic connection with Isabel in your session". In our interview Mae had mentioned how she had a much more difficult time understanding clients when they were on the phone and not present in the same physical space. When speaking in a

second language, the lack of access to be able to read the body language of the person one is talking to can make communication and the therapeutic relationship more challenging. In the interview Mae said, "it's very easy to just gloss over and totally not understand a word. You lose [presence]" to what is real.

A similar situation occurred with Isabel. Although we were in the same physical space, my switch from Spanish to English when speaking with my colleague created a distance between Isabel and me that reflected the loss of presence in the intersubjective space. Drawing from my study of Mae's interview in which we discussed the challenges and limitations of providing therapy in a second language, I imagined Mae commenting on this session by saying,,

> "especially because of her cognitive issues, as soon as you diverted your attention to someone else and spoke a language she did not know, it was too difficult to stay connected. If she had had full cognitive capacity, she may or may not have been able to stay consciously aware of interactions and aware of when you returned to your shared linguistic therapeutic space, but with her Alzheimer's Disease, that kind of cognitive task may have been beyond her abilities.

As I continued to reflect on these insights, I concluded that the use of my second language with Isabel was an important, and perhaps overlooked, tool that Isabel and I both used in holding each other in mutual presence supporting our intersubjective space. Language was both a connector; without it, that connection was lost. I now understood that's my use of Spanish was not simply communication but was also an entry point for my relationship with Isabel and vice versa. While we both were speaking together, language carried more than words: it was the interpersonal vehicle that allowed us to maintain a connection. When unused, our flexible but strong connection became limp and sagged so low it felt impossible to revive.

Conclusion

My experiences with Óscar and Isabel made me aware of the importance of therapeutic presence and the fragility of the therapeutic connection. I came into a therapeutic relationship with Óscar wondering how I could give him a caring therapeutic escape from what I saw as a confining and unpleasant situation. With Óscar I learned more about the importance of an embodied, in-the-moment therapeutic presence. With Isabel I learned about the power of language in relation to therapeutic connection. I became aware of the importance of therapeutic attunement and realized the delicate nature of the therapeutic space.

I entered my relationship with Óscar with excitement, hope, and confidence. I carried with me ideas and preconceptions of who he was, what we would do and what the experience would be like based off my previous experiences with high medical needs clients who had limited abilities. My focus on my preconceptions and on the end product of making his situation better hindered my ability to be fully present with him in-the-moment. If I had been holistically with him, and let go of my preconceived notions, I would have seen him as a whole person, seen his whole being. I interacted with Óscar cognitively as I focused on the end objective of giving him an enjoyable escape. What was missing was my holistic involvement in our experience. As Robbins (1998) noted, an effective therapist moves back and forth between cognitive and holistic states as that therapist lets "the full force of the patient enter my inside" yet remains separate and clear so as to not be fused with the client's subjective state (p. 21). If I had been holistically engaged, and self-aware, reflecting on my own embodied experience, I would have become more aware of our intersubjective space, and more aware of Óscar. If I had been fully engaged with Óscar, mentally, physically, and emotionally, I may have been more aware of whatever communication he sent my way.

My transition from a goal oriented cognitive state to an embodied, moment-by-moment perspective would have been more achievable if I had readjusted my cultural perspective to that of the facility. Therapeutic presence requires attunement to the client. Attunement to the client includes awareness of the client's culture and shifting one's therapeutic lens to aligned with the client's culture. My therapeutic presence and attunement to Óscar would have been enhanced if I had adjusted my lens to the culture care of the facility, which valued moment-by-moment care.

Spanish was my entrance point for my relations with Isabel. Attunement was an integral part of our therapeutic relationship. Attunement, to Isabel was what held us together within the therapeutic space. While working on our images, our interactions within the therapeutic space were unstrained. In these interactions with Isabel, I was able to maintain attunement, the cognitive and holistic flow about which Robbins (1998) wrote.

Language was our connector. Though Isabel initially rejected me, our involvement came about because I continued to speak to her in her mother tongue. When my language changed to one she did not understand, our connection began to fade. She more than likely felt rejected, abandoned. My use of Spanish had offered her trust, safety, comfort, and security, essential elements a therapist creates with therapeutic presence. When her native language was lost, so were these elements. We became disconnected, and I found it impossible to reconnect the remainder of our session. It was then I realized and experienced for the first time, the fragility of the therapeutic connection. I tried to coax her back into artmaking, a point where we had previously been together, but were no longer. She was far off in a different place and repeatedly rejected me. Instead, I should have attempted to meet her where she was currently. This would have validated her subjective state and reaffirmed my empathic care, thus rebuilding an element of trust, a necessary part of therapeutic presence (Rogers, 2005).

These two clients were very different, a young boy and an elderly lady. They taught me different things, but all of these things fell under the umbrella of therapeutic presence. I was challenged with both clients. These challenges taught me the importance of different elements of therapeutic presence, such as embodied in-the-moment presence, attunement, cultural frame switching, and the power of language.

CHAPTER 5: THE BILINGUAL ART THERAPIST

In this chapter I will focus on second language as a vehicle for therapeutic connection and communication. I will introduce my own history concerning learning and use of multiple languages. This history is directly relevant to the linguistic and affective experiences I have had with clients while providing services in my non-native tongue. I will show how language learning and a therapist's integration into the therapeutic relationship both require maintaining an in-the-moment presence. Also, I will address the connection between boundaries, the different roles one has within one's culture, and how these roles and boundaries are expressed through language. Finally, I will note cultural frame switching and how a therapist's affect may change dependent on the language used in session.

I am originally from south Texas. I grew up in a traditional middle class home, both sides of my family are from a European descent. Although mye family only spoke English diversity and involvement with different cultures was encouraged. I grew up surrounded by a Spanish speaking community as part of my family's business, my school, and my friends. My parents owned a small independent dry cleaning business. Throughout the life of their business, my parents' employees were predominantly Spanish speaking women. As I think back on it now I can hear the norteño (northern México) music playing in the laundry production area, and can smell the frijoles, fresh tortillas and bits of cilantro wafting through the vents from the restaurant next door.

I attended a high school that focused on communications and required four years of Spanish courses. I believe it was there that I became devotedly interested in learning different modes of expression and communication. I went on to study fine art and continued studying

Spanish throughout college. In graduate school for art therapy I have studied nonverbal communication. Eventually, I met, fell in love with, and married a Chinese man who had immigrated to the United States. For the last two years I have been studying Mandarin Chinese.

All of these personal and academic experiences have influenced my thoughts about and use of language. My history of language learning allows me to learn new languages more easily and with more focused flexibility. It has also made me more consciously aware of the power of language to influence our perception of and interaction with others and ourselves.

Learning the Language

The process of learning a new language is similar to learning the intersubjective language between clients and oneself. For both situations, mindfulness and being ever present in the moment is necessary for any kind of learning, progress or fluency. When studying my Mandarin flashcards, there are times when I disassociate and drift off, just as Isabel did in our session. I may go through five or six cards before realizing I haven't paid attention to, understood, or remembered a single one. It is then that I have to go back over them and be fully present in order for me to be able to learn the new words. While working with Óscar, I drifted off to the future, allowing my doubt about what was happening in the moment to lead me to a blank, shallow, uncertain place that overwhelmed and disillusioned me. This disconnect from the moment left me unable to receive or understand any potential language exchange in our shared therapeutic space. A therapist should be actively attuned to the intersubjective exchange in order to understand the language and the meaning making that exists within the intersubjective space. Similarly, a student must have an embodied presence when learning a new language so as to fully experience the new language and associate meaning to it.

This need to stay present is also necessary in my conversational Chinese practice. Because the language is so new to me, and I am by no means fluent, I must be fully present while I am speaking and listening to it. While at home my husband and I speak Mandarin as much as possible. Expressing myself in this language requires full attention. I am still at the point in which I must be consciously aware and focused on my tones and sentence structure. If I am not, a sentence in which I am trying to ask a question about food may come across as a statement about missing someone. When realizing my mistake, I must not dwell on that mistake, but rather remain present, correct the mistake, and aim to maintain the communicative dialogue shared by myself and the other person. Part of language learning consists of making mistakes. Another part of language learning is awareness of and growth from those mistakes. This routine is similar to the continual ebb and flow of unity and disunity within a therapeutic relationship as client and therapist learn together and grow. As therapeutic connection is achieved and eventually lost, a therapist must be consciously aware of this, and work at maintaining therapeutic presence in order to re-establish the connection and therapeutic dialogue.

Spoken language, just as with physical movement, visual arts, and any auditory expression is not static. The multitude of methods in which one can transmit expression is vast, with each expression having a different flavor and meaning. Communicating in the intersubjective space is similar, in that the space adn the language of the space is not static. These are ever changing. Having a certain vocabulary or fluency in that shared intersubjective space will not allow me to remove myself from the moment and still understand the language of that space. It is a language whose vocabulary, structure, and methods of expression are constantly in flux. Any action, including dissociation, within that shared therapeutic space

influences and changes the language of the space. As a clinician, whose responsibility is to hold the therapeutic environment, I must be continually attuned to the language of the space.

Boundaries and Roles

My history with languages has also made me more aware of the use of language as a tool to establish boundaries and roles. Linguistically, interpersonal boundaries are formed through the use of different types of grammar, as well as sentence structure, tone, and associated body language. These grammatical boundaries inform us of our cultural role in the verbal exchange. For example, when speaking English within the current culture of the United States, it would be inappropriate for me, in meeting the President, to call him or her "Buddy" instead of Mr or Ms President. Knowing my role allows me to know what is expected, what is allowed, and what is within my power. Depending on my desired goal in the linguistic exchange, my knowledge of these boundaries and roles is essential for my attempt to reach that goal. This knowledge influences my awareness of expected behaviors, potential challenges, and consequences. This knowledge also informs me of limitations and available methods to reach that goal.

For example, let us say I have a professional relationship with an individual and I would like to make that relationship more personal and intimate. My end goal is to change my role from professional to personal. Because of our linguistic boundaries, I know my role, my abilities, and limits within the boundaries assigned to my role within my culture. Linguistically I may push the boundaries, and thus challenge my current role. If inviting this other professional out to dinner in a professional manner I may say, "We are all going out to dinner. Would you like to come with us?". If I am inviting this person out to dinner and would like to change my role from professional to personal, I may change my linguistic expression to, "We're all gonna grab a bite.

Wanna come?". This is an example of code switching (Clauss, 1998) in which a change in language initiates a potential change in culturally assigned roles.

In one's native language, many times one is not consciously aware of this linguistic change roles and boundaries. In my second and third languages, it is something I am very aware of. Being aware of this outside of my mother tongue has made me more aware when returning to my native language. It has also made me more aware when I communicate within other systems such as visual arts and the nonverbal intersubjective space.

Within the therapeutic relationship, the act of forming boundaries sets up a place from which the intersubjective space can begin to form and shape. As individuals learn what each other's limits and values are, those individuals are able to work within those limits and values in order to form an intersubjective space. Intersubjective experiences require an element of empathy and trust. As individuals become aware of boundaries, a safe, shared, common plain, is set within which they can knowingly interact. Merely the act of forming these boundaries sparks an energy exchange that defines the shared therapeutic space. It was within these boundaries that Hugo was able to more be grounded while expressing himself. These boundaries, which also connect with one's role and identity, enhanced my ability to interact with Isabel in a culturally appropriate way.

Cultural Frame Switching

I addressed Isabel differently than her American, English speaking co-residents. I approached her with respect, honor, a mild amount of fear, and playfulness, as though she was an all knowing grandmother of all, who could quickly put you in your place or be playfully sassy. Though I know this grandmother archetype is not relevant to all elderly women from Spanish speaking countries, it was relevant to the elderly Mexican women I grew up around. This

difference in how I addressed and interacted with her, versus how I would interact with elderly American women, is an element of cultural frame switching.

Cultural frame switching is moving between cultures while "being compelled to reason about their qualities, differences, and similarities…" (Kapitan, 2015, p. 5). It requires being aware of one's own cultural history while being attuned to the dynamics of the culture with which one is involved. Cultural frame switching is important because it may lead to the possibility to see the world through the client's perspective. This leads to a more empathetic therapeutic relationship. These elements are necessary for understanding the language of the intersubjective space.

Personal experience. Bilingualism is linked with biculturalism, which can lead to a better ability for cultural frame switching (Boski, 2012). This cultural frame switching that is influenced by language usage has been evident in my life. Though I was not conscious of it at the time, reflecting upon it now I realize I flipped back and forth between cultural narratives constantly as I was working with both monolingual Spanish and English speaking coworkers at my parents' dry cleaning business. The cultural dynamics of lunch breaks, the topics of conversation, the linguistic methods of how we approached those topics was different in both languages.

Though my English and Spanish speaking colleagues had many similarities, such as being mothers, wives, having serious religious affiliations, and enjoying more traditional female roles such as cooking, baking and gardening, the conversations and their dynamics were very different dependent on the language used. Over lunchtime, conversations in English were more direct and linear. Religious and spiritual topics were more personal and reflective of individual beliefs and convictions. Meals were individual, but recipes and cooking stories were gladly

shared often. Lunchtime in Spanish consisted of more circular conversation in which an individual may be speaking of one topic, several other topics are integrated, and are eventually the conversation is brought back to the original topic. Religious topics, rather than being expressive of personal beliefs, were much more centered on religious community activities and issues. Many times lunches were communal.

In Chinese, I also experience this linguistically influenced cultural frame switching, though it is not as fluid as my Spanish cultural frame switching and many times feels disjointing. This is more than likely because the language and the culture are new to me, and are far from with my connections to my dominant culture. Unlike Spanish, the phonetic sounds of Mandarin are drastically different than those in English. Also, social norms are far apart, with China being a traditional, communal culture and America being a more progressive, individualistic culture.

Examples of this challenging cultural frame switching are seen in my multilingual, multicultural marriage. Say for instance we are sitting down for a family meal in China. We all share food within a "family style" eating, rather than individually prepared servings. As conversation flows, there is much talk, with many opinions and topics expressed by everyone. Certain topics come up and words are said that I know my husband and I strongly disagree with. I watch as he carefully contemplates his words before he lets them out, and I am surprised that he does not more fully express himself. After dinner I ask him about his method of response. He replies that he was consciously aware of how that would affect the others at the table, especially his parents and grandparents. He believed group cohesion more important than his expression of his personal beliefs.

Similar situations have happened while having meals with my family in the United States, where individualistic expression is valued and encouraged. I openly express thoughts and

counter thoughts. When my husband hesitates to be involved in expressing his agreements or disagreements, and my mother encourages him to participate, I realize he feels just as uncomfortable as I did in China.

In**terviews.** This bilingual, bicultural frame switching was also talked about with my interviewees. Almost all of the interviewees mentioned a sort of personality change or method of presentation when they provided therapy in one language or another. These changes in demeanor were not self-reflective, but rather were noticed by others. In her interview, Gail mentioned,

> Because I can see my friends that are, that speak Spanish as a second language, they have different personalities and even a different tone of voice when they are speaking Spanish. So yeah, I can see that. It's almost like you have a different personality for the other language, but I don't hear that in myself.

Those that noted the change in behavior of the therapists said the therapists laughed more while speaking Spanish, and their conversations were more multidimensional than when they provided therapy in English. This is reflective of a cultural frame switching. These clinicians linguistically changed the dynamics of the therapy based off of the cultural norms associated with the language used. This pairs with studies that have shown that bilinguals respond to situations according to the cultural context of the spoken language (Ramírez-Esparza, Gosling, Benet-Martínez, Potter, & Pennebaker, 2006).).

Second Language Tool

With all of my Spanish speaking clients, the use of my second language was the gateway into our therapeutic relationship. Ultimately, it was also a tool that served as a container as well as a shaper of the intersubjective space. With Hugo, language served as an entrance into and constant connecting point within our therapeutic relationship. As we both felt overwhelmed and

anxious at different times, the use of Spanish seemed to be a common ground within which we could cultivate intersubjective experiences. The use of my second language also served as an manageable fear, almost a scapegoat, as I felt inundated with anxiety about boundaries, roles, therapeutic bonding and the ambiguity of the unknown. With Óscar, the use of my second language, Spanish, served as a point of hope for myself as I attempted to engage with a boy I did not understand. I trusted that the sound of the language he heard at home, when he was with his loving family, would offer some kind of comfort and security. The use of Spanish was a grounding point that I clung onto as I felt hopeless in my ability to connect with or understand this boy. With Isabel, my use or nonuse of Spanish acted as an entrance point, a communication vessel, and eventually, a barrier. I believe she let me into her interactive space only because I spoke her language. Once I no longer used her mother tongue, our connection was lost.

CONCLUSION

The purpose of this study was to understand how providing art therapy in my nonnative tongue affects the therapeutic relationship. I learned more about important elements of therapeutic presence and the fragility of the therapeutic relationship. Embodied attunement, unconditional positive regard, empathic understanding all play important roles in therapeutic presence and developing intersubjective space shared with a client. Also, I learned providing therapy in a therapist's second language, which is the client's native tongue can influence the dynamics of the therapeutic relationship.

"Therapists should provide safety, comfort, encouragement, and unconditional positive regard", while they aim to create a safe environment, free of distress, which allows a client to explore and develop within the therapeutic relationship (Mikulincer, 2013, p. 607). Through this research I learned about the importance of embodied attunement in relation to therapeutic presence. Embodied attunement is a holistic integration into the therapeutic experience with a client. It requires a therapist be cognitively, physically, and emotionally present. Hugo and Oscar both afforded me the opportunity to realize the importance of embodied attunement. Once I self-regulated while working with Hugo, and stepped out of my cognitive confines of anxiety and analysis, I was able to fully experience and understand the intersubjective space I shared with Hugo. After working with Óscar, I realized I was stuck in my cognitive zone. I realized my focus on the end product, a pleasant escape for Óscar, and cognitive analysis of our time together held me back from fully experiencing and seeing this boy. An embodied, holistic, in-the-moment perspective would have led me to a more full understanding of Óscar.

With both Hugo and Óscar I entered our relationships with preconceived notions of who they were, and what therapy should be like. I attempted to empathically understand these clients but first had to let go of the generalized illusions that I placed in front of them and used to represent them. A holistic, embodied experience of the therapeutic encounters led me to release these generalized ideas.

Intersubjective space is the shared reality of therapist and client, co-created by not only their attunement, but also their interactions within a field of mutual understanding. My experience with all of these clients led me to a fuller understanding of our shared reality, our co-created field, our intersubjective space. A holistic attunement to myself, the client, and our interactions led to an unconditional positive regard and full acceptance of the client. When I exchanged my merely cognitive mindset for a holistic, embodied experience, I was able to have a deeper empathetic understanding of the client. These elements allowed me to not only be aware of myself, but to fully see the client, and the nature of the therapeutic space we shared.

Therapeutic connection is not indefinite. Just as language is ever changing, so are the dynamics of every relationship. A therapist must maintain attunement to the ever shifting textures of the therapeutic relationship in order to attend to therapeutic connection, disconnection, and reconnection. My experience with Isabel reminded me of the fragility of the therapeutic relationship as we became disconnected as I shifted languages.

With all of the clients the use of my second language, their native tongue, was an entrance point into our therapeutic relationship. I was the only bilingual therapist at the facilities. These clients sought me and I sought them for an opportunity to have a therapeutic exchange in our shared language. One's first experiences of the world, of existence, are connected with one's mother tongue. Thus, participating in art therapy in their mother tongue

offered an element of comfort and security. Though the client's mother tongue was my second language, I also had my own associations with that language. These associations influenced my interactions with Isabel. I interacted with her differently than I did English-speaking elderly American women because of my personal history and cultural associations connected with this language, Spanish. With Hugo, the use of my second language offered an element of safe distance that allowed me to better work with the overwhelming emotions and psychological states that were within our space. My use of Spanish with Óscar allowed me to maintain an element of hope. As I struggled to understand and connect with him, and grappled with feelings of futility, I clung to the hope that my use of his family language offered a sense of comfort and security.

This research has shown me that the use of an acquired, non-native language when providing therapy influences the texture of the therapy. Language in therapy is an important tool that influences the affective state of those involved. Both therapist and client may have different associations with the language used in therapy. As therapist and client enter a relationship, the language used carries a history for both of them. Due to these different associations and emotional connections with language, it is especially important for a bilingual therapist to maintain self-awareness and self-regulation in order to more fully experience and understand the relationship with the client and their shared intersubjective space.

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APPENDIX A

1. When did you learn your second language?
2. Explain challenges you many experience while in working in your second language.
3. What helps resolve these challenges?
4. Do you provide different therapy services depending on what language you are using?
5. Do you notice any change in affect in yourself when providing services in one language or another?