

Response art in art therapy practice and research with a focus on reflect piece imagery.

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Abstract

This ‘practice innovation’ paper provides an overview of the development of ‘response art’ which is growing as an integral part of routine clinical practice in art therapy. I provide a literature review which places a focus on the use of art therapist generated images made before, during and following clinical work. There is a particular focus on post-therapy ‘reflect piece’ imagery which is the subject of the research described in this paper.

The purpose of the research is to examine practitioners experience when using art immediately following a session, and how making art in this context, may facilitate the discharge and release of powerful or complex affects and part-processed feelings aroused during their clinical work. Secondly, how developing the themes, gestures and visual motifs systematically between sessions may deepen empathy and attunement, and thirdly, how both forms of visual expression may contribute to the supervisory process.

Key words

Response art; clinical art; empathic art; reflect piece imagery; self-care; vicarious trauma; affect; supervision; the squiggle game; working alongside; post-session.

Plain language summary

Response art refers to the visual, creative, art-based responses made by art therapists as part of clinical practice. The generic term is ‘clinical art-making’ and refers to art made in response to any client related experience, work-based dynamic material or experiences deriving from the clinical context.

The term ‘reflect piece imagery’ is used to describe the artworks therapists make immediately following an art therapy session and is the focus of this paper. The potency and clinical usefulness of this form of response art has led to an art-based research project which I have been leading over the past two years. The second part of this paper presents examples from the research and draws together the findings from this and previous research to form an evidence-base from which practice methods and further research in this area can be developed.

The literature review traces the emergence of the use of clinical art-making in art therapy practice in North America and Britain and refers to the definition, contexts and

application of therapist generated artworks. The current research design described is art-based and demonstrates the use of visual research methods (McNiff, 1998, 2013, 2018) which may also be of interest to the reader as well as contributing to the practitioner-researcher paradigm.

Introduction

The artworks that art therapists make as part of their daily clinical practice, either before, during or after seeing clients, is described as ‘clinical artwork’ or ‘response art’. I have witnessed how, when therapists have brought their response artwork into supervision, the focus of our verbal narratives are drawn toward the image and what it has to say about the therapist and their experience of the particular client or clinical situation being discussed. Encouraged by this process I began making images in response to my clinical work. The resulting visual exploration of clinical material has contributed to my thinking and practice as an art therapist over the past five years. My interest and curiosity about how images hold and contain something that has been seen, felt, sensed, or imagined and how therapist artworks show something of these internalised experiences, has led to the development of a practitioner-research project which is described in this paper.

Response art: A review of the literature

The literature review provides a historical timeline and describes the different clinical contexts in which response art has emerged over the past thirty years (Wadeson, 1980; Fish, 1989; Kielo, 1991). The various contexts, settings and client group specific variations include the therapist ‘working alongside’ individual clients (Wadeson, 1980, 2003; Marshall-Tierney, 2014), making art for the client (Kramer, 1986; Franklin, 2010; Carr, 2014), dyadic art therapy (parent and infant), making art in a group context (Satiel & Elliott, 2002) and use of the squiggle game when working with children. I will briefly describe each approach and focus on the ‘reflect piece’ image; response art which is made directly after individual or group art therapy sessions.

In the paper entitled ‘Response art: the art of the art therapist’ (2012) Barbara Fish provides a literature review and definition of the parameters within which response art had been developing in practice, particularly in North America:

‘Response art is artwork created by art therapists in response to material that arises in their therapy work. Art therapists use response art to contain difficult material, express and examine their experiences, and share their experiences with others’ (Fish, 2012; p.138).

In this paper the author describes several features that are unique to the response art made by art therapists as follows: the work can be created alongside the client, in the context of art-making in a group, privately after sessions have finished and the client has left the room, in clinical supervision and also as part of one’s training experience. Fish places an emphasis on how therapist made artworks can contain the therapist’s

experience of clinical material and also how the image and what it might contain, can then be viewed and examined further in supervision.

Reflect piece imagery: post-session art-making

The term 'reflect piece' imagery is used in this paper to distinguish post-session response art from other forms of clinical artwork. This term draws attention to the context in which the image is made, the symbolic material it contains and how it is viewed once made. These images, made at the end of the session, immediately after the client has left the room, become a visual expression of the therapist's internal responses activated by the complexity of visual, verbal, non-verbal and sensory communication experienced during the session. These images are made in private, unlike working alongside where one is responding directly to the client, and are therefore free of many inhibiting factors and relational dynamics. Post-session imagery can also be made consistently following sessions whereas response art in-session is dependent upon the needs of the client as it is a client-led collaboration.

Making response art immediately after therapy is described by Wadeson (2003) and Fish (2012). Wadeson differentiates two approaches, firstly there is spontaneous art-making using gestural mark-making to produce an immediate impression of the feelings or affects experienced in session: '*Spontaneous art making is used most frequently when strong feelings have been aroused*' (Wadeson, 2003: pp.209). Secondly, she describes using a systematic art-processing procedure where each client is considered and reflected upon and an image or artwork is produced. Wadeson sees response art used in this context as a way to integrate concepts of therapeutic empathy and identification as we imagine the client and articulate a visual response. The current research project is designed to evaluate both forms of reflect piece imagery.

Making art alongside

Fish (2006; 2012; 2017) provides a definition that extends our understanding of response art to include how the therapist's art-making in session can contribute to building empathy. The basis of the use of an art-based empathic response to the therapeutic relationship is first raised by Robbins (1973) and defined by Ramseyer (1990) using the term 'visual empathy' and Franklin (1990, 1999) who introduces the term 'visual empathic response', describing how making art in session '*sets in motion the self-object relationships of the empathic cycle*' (Franklin, 1990, p.46). Franklin (2010) extends the connection to empathy and attunement when working alongside clients: '*Art therapists are in a unique position to build on intersubjective understanding by mindfully utilising empathic art to receive, consolidate, and offer back expressions of deflected affect for their clients. In doing so potentially disorganised emotions can be responded to with art and skilful verbal and visual listening*' (Franklin, 2010: p166). Moon (1999) also describes building empathy and developing visual dialogue when making art alongside adolescent client's in therapy and Rubin (2001) describes how making art in session can be used to create, deepen and

develop empathy as the artwork is made side by side and both images are discussed when finished. Another view is that making art alongside ‘helps to clarify feelings, explores levels of consciousness, and deepens relationships’ (Moon, 1999, p.79) or to ‘create compassion and empathy’ (Allen, 1995, p.163).

Much of the research into response art has tended to focus on the responses that art therapists have made in session either in individual or groupwork contexts (Moon, 1999; Franklin, 2010; Marshall-Tierney, 2014; Havsteen-Franklin, 2014). One of the earlier themes that emerged was in relation to how making art ‘alongside’ clients can be problematic. Wadeson (1980) defined problems around boundary roles when art therapists work on their own art work in session. She argued that art making will lead to exploration and disclosure, both of which will take up clinical time and compromise the treatment. She also noted that the skill and expertise of the therapist may inhibit or intimidate the client. Another problem highlighted by Wadeson is the level of absorption that art making can draw one into which can be experienced as a neglect of the client. Wadeson does however concede that there may be clinical situations when art making may be beneficial. She gives an example of a client becoming mute and although unable/unwilling to communicate verbally *‘we were able to communicate non-verbally by making several joint pictures together. In them I followed his lead, responding with colour, form or symbol to his graphic ideas as we took turns adding to the picture’* (Wadeson, 1980: pp.42). To counter-balance Wadeson’s caution Marshall-Tierney (2014) provides an extended case vignette *‘which demonstrates how his own art making has given him a deeper sense of his patients’* (Marshall-Tierney, 2014: p.99). He introduced themes of attunement and resonance when working alongside, placing an emphasis on creating a nurturing, responsive, positive parental transference. In the case vignette he demonstrates how to hold a responsive position that invites the client to approach and engage with the art therapist’s art objects. Initially allowing a creative thinking together that then extends towards an invitation for the client to paint the clay artwork made by the therapist.

Responding to the client in session is also described by Havsteen-Franklin (2014) and developed further by Havsteen-Franklin & Camarena Altamirano (2015). The description given shows how art can be made with or alongside the client in some cases contributing *‘an attuned visual response to the experience of being in the room with the patient, usually conducted while the patient is making a visual image’* (Havsteen-Franklin & Camarena Altamirano, 2015: p.54). The authors seek to show how relational change can be effected positively by the use of response art. Joint attention is described through the art therapist *‘presenting and talking carefully about the nature and characteristics of each material’* (Havsteen-Franklin & Camarena Altamirano, 2015: p.61). The shared experience of watching the therapist use the arts media appeared to create a reflection of the client’s affect and behaviours enabling a gradual engagement in the therapy.

The use of the therapist's artistic skill, knowledge and technique on behalf of the client has been documented and described in terms of the 'therapist's third hand' by Edith Kramer (1986) and Franklin (2010). This approach has been extended further with the use of portraiture described by Carr (2014). Carr describes her research in the area of palliative care. Here she uses her artistic skills to collaboratively co-design a series of portraits with her clients. The aim is to build empathy and self-identity through portraiture design, creation and ownership. Carr raises important questions regarding the art therapist's artistic skills and the healing potential when used to co-produce images that visualise the client's sense of self, self-identity and meaning when unable to independently make art due to their clinical condition or illness.

Similar processes of co-creative methods used by art therapists derive from the 'squiggle technique' developed by Winnicott and are used particularly in assessments with children. The description given by Winnicott himself is as follows:

"This game that I like playing has no rules. I just take my pencil and go like that..." and I probably screw up my eyes and do a squiggle blind. I go on with my explanation and say: "You show me if that looks like anything to you or if you can make it into anything, and afterwards you do the same for me and I will see if I can make something of yours." (Winnicott, 1968, p. 326)

In an article entitled 'from the "squiggle game" to "games of reciprocity": towards a creative co-construction of a space for working with adolescents' Stefana and Gamba (2018) describe the use of art materials as a method for *"entering into relations with patients who come into consultation" and at the same time "to assess their capacity for using it"* (Stefana and Gamba, 2018, p.360). The themes of co-construction, joint creation and collaborative art-making are developed in this paper as is the dynamic movement of words and thoughts which are shaped by the visual images that form between client and therapist.

Another example of extending the use of art-making between therapist, parent and child is described in 'dyadic art therapy' which has been documented over several decades (Proulx, 2003; Gavron, 2013; Yakovson, 2014). *"In dyadic art therapy, the therapist invites parent and child to participate in a visual creative experience that encourages the use of the imagination and non-verbal symbolic expression while engaging in an artistic activity"* (Rieger & Patishi, 2017: p.162). Although not based on the therapist's response the joint drawing technique is considered as a helpful intervention where *"two or more participants share a joint workspace in which their relationship is expressed and reflected on"* (Rieger & Patishi, 2017: p.163).

Response art in groups

Saltiel & Elliott (2002) describe painting in group art therapy with psychotic and borderline clients when co-facilitating. They found it particularly helpful in reducing

paranoid, delusional and persecutory fears and experiences when the therapists are seen to be a part of the group process rather than sitting as an observer: *'The art therapist's painting also offered them containment: they could identify with the images and themes in her work, and experience her as someone who could possibly know about and understand their internal world'* (Satiel & Elliott, 2002; p.147). Another effect was a reduction in tension or heightened suspicion of the therapist, one which may be helpful with some client population groups. They describe how the therapist makes an image during group art-making where there was no theme or preconceived set of ideas: *'the picture develops through a free associative process with the art materials'* (Satiel & Elliott, 2002; p.151). The authors introduce the idea of the image incorporating the therapist's counter-transferences experienced within the group process which is then drawn out of the imagery during the group discussion. When group members comment on the paintings in relation to their own feelings, the therapist develops the associative narrative: *'Rather than push this back onto them we own the painting and describe the thoughts and feelings we had while painting, and give voice to our associations to the finished product in a deliberately contained and containing form'* (Satiel & Elliott, 2002; p.151). The experience of the group co-facilitators both painting in the group is described as *'having access to concrete information about the transference and countertransference processes active in a dynamic group'* (Satiel & Elliott, 2002: p.151).

What is clear from the literature review is that there is no absolute position regarding making or not making art during sessions, just particular circumstances led by the needs of the individual client, clinical context and therapeutic style of the therapist.

A broader definition: gaps in the review

An area of response art which has not been referenced in any detail is pre-session art-making. In her Masters dissertation Gartland (2012) examines the use of pre-session art-making in a trainee context and found that making art before seeing a client engages the trainee therapist in a process of preparing a space, creating in that space and through creative acts *'we find that we experience clearing a space within one's self'* (Gartland, 2012: p.60). Gartland describes how something is discharged into the artmaking and that there is a sense of 'release' and making 'space' for the work, for the therapist to be more fully open, and for the client to fully enter into the relational work together. A dynamic effect of making a response image is that the art-making process allows a release of feelings held within the body of the therapist. This is clearly identified in the research findings to date (Fish, 2006, 2017; Gartland, 2012). Fish (2012) also provides examples of art made as part of one's training experience and I would add to this art made by practitioners as a part of continuous professional development workshops, and artmaking used during professional meetings or conferences as a means of furthering visual communication of clinical and professional concerns to the wider art therapy community.

Research rationale

My interest in examining the rationale for making response art described by Fish (2012) and Gartland (2012), as well as verifying the claims made in their research, has led to the development of a research project run through the London Art Therapy Centre. In both previous research findings and the literature in general, there are reported benefits in the area of developing attunement and empathy through art-making, with additional positive outcomes for therapist self-care. The current research places the focus of enquiry in relation to post-session response art or 'reflect piece' imagery and seeks to gather further evidence of the value and benefits for the practitioner when making clinical art at the end of a session. The aim of the research is to build an evidence-base in this area of practice innovation. The research project is now two years into a three year process.

Research design: Using an art-based methodology

The research is a combined quantitative-qualitative study using a reflective practitioner questionnaire and an 'art-based research' methodology (McNiff, 1998; 2013; 2018). The methods of inquiry involve collated therapist questionnaire, both therapists and supervisor's reflections, recorded observations, and documented experiences of making and sharing reflect piece imagery. A defining feature of art-based research is that we use the art made by the researcher to study the research subject. In this instance we seek to evidence the contribution that the artworks may bring to increasing our understanding of the connections, visual associations and formative impressions experienced in relation to the clinical work. This approach is positioned within a practitioner-researcher paradigm which requires a systematic study of the artwork including a fully documented account of its feeling or affect content, metaphoric associations and source of new learning for the therapist (Prior, 2018).

The initial phase involved the use of a standardised practitioner questionnaire which asks respondents to identify whether they make reflect piece imagery, what they find beneficial in doing so and whether these images are then used in supervision, and if so how do they contribute to the developing supervisory dialogue. The dyadic work is then triangulated with three-way discussions with an independent researcher/observer and further substantiated through a final evaluative research questionnaire. The first phase involved a study cohort of 20 art therapists who work across a range of clinical settings including educational, mental health services, child and family services and the voluntary sector. The client group range is child, adolescent, adult and elder.

Both forms of reflect piece imagery; immediate and systematic, are included in the study (Wadson, 2003). In relation to the first, immediate response art, we are examining how making spontaneous imagery following a session can help with the discharge of intense feelings and the implications this may have for self-care. The second method is to make imagery immediately after a session and then to systematically develop these images between sessions along with other visual or art-

based associations. The resulting series of images is used to examine, explore and deepen the practitioner's perspective or view of the clinical work. As a series of images they may be developed in a sketch book or on a larger scale. The sketch book format is encouraged as a contained method for developing an empathic visual narrative which maintains the sequential development of visual themes and processes, which is helpful as an art-based research method (McNiff, 2018).

Reflect piece imagery: 4 examples:

I will provide four examples from the research material gathered to date in order to demonstrate how reflect piece images are made, the context in which they are made and how they contribute to the self-reflective and supervisory narratives. The examples chosen will also illustrate how disturbing or painful clinical experiences can be externalised and discharged through making art. Examples are given of both immediate and systematically made artworks, all made post-session.

Immediate post-session art

The first image was made at the end of a session and in direct response to a build-up of intense affect, a presence of unprocessed material which was experienced quite acutely in the body. Figure 1 was made with charcoal and eraser. The initial physical movements were to draw a horizon line across the top of the page and then to mark five vertical axis that were then shaded with a scraping force which is dense at the top of the page and tapering towards the bottom: *"The movement on the paper involved a combination of pulling the charcoal towards my body, in particular my stomach, and then cutting across the page from left to right. This movement is added to by the use of an eraser to mark vertical highlights from top to bottom. The image expresses the tension held within my body, a sensation that grew towards the end of a session and which led to an imagined sense of unspoken aggression, hostility or threat of violence. My immediate feeling was that I was experiencing a persecutory attack and simultaneously a feeling of overwhelming fear, but whether this belonged to me or the client was unclear and became the focus of supervision. Although not communicated directly, the material was there, in the space, palpable, hovering between client and therapist, absorbed and held in my body,"* (transcript from research interview).

Two further images were made between sessions and just before supervision allowing the themes and the feelings to be returned to and developed. The image made just before supervision brought the intense affect more fully into the present and into the supervision session: *"The art work allowed me to reflect on the initial responses in my body as remembered and represented through the images. These feelings included a tension across the chest, a tightening of the diaphragm, a rush of adrenalin and a cluster of sensations in the solar plexus area. These sensations are familiar in that they represent the fright fight/flight response of anxious alarm experienced in the body. In the context of therapy this reaction had been triggered by an unconscious intensity in*

the relationship through an arousal of affect which was identified and elaborated on in supervision.” (transcript from research interview).



Figure 1. Response to overwhelming client defences evoking fear in the counter-transference, charcoal on paper

Supervision was used to unpick what was held by the image and what was resonating somatically for the therapist. The connections between these two phenomena were accessed and articulated and the feeling responses were reflected back onto the clinical material being described. The theme of fear and terror in the countertransference was explored and linked to a paper by Helen Greenwood (2000) who experienced a quality of being ‘held captive and thus restricted; feeling pinned to the spot, or having a sense of being on the edge, alert to some unknown danger’ (Greenwood, 2000, p.53). The overall effect is of being in constant suspense and feeling unable to think or to function as a containing therapist.

This example indicates how the making of response art can contain part-processed or intense feelings and enable some of the affect to be released into the artwork. In this way the art-making can act as a container for highly charged feelings that flow from the body of the therapist and into the medium of art. In the context of supervision the imagery can add to the verbal narrative enabling the supervisee to show the feelings that had been activated in the body of the therapist.

Systematic reflect piece imagery

Image 2-4 is a series of images made between sessions providing a pause or review whereby the therapist returned to the memory of feeling responses towards the client whilst working intentionally on an image. The making of systematic imagery in this

way allows an imaginative processing of the clinical work through artwork which is developed alongside supervision: *'I found that my frustration and struggle with what seemed like the client's resistance in the therapy could be visualised as a jagged and fierce and highly guarded defence. During one supervision session the defence seemed to melt as my empathy and compassion connected to the vulnerable inner child whom the client had located and had fearfully dismissed,'* (Transcript from research interview).

This particular image demonstrates an awakening of hope in the therapy relationship as supervision enabled the therapist to glance the vulnerability exposed for an instance through the client's highly effective defences.

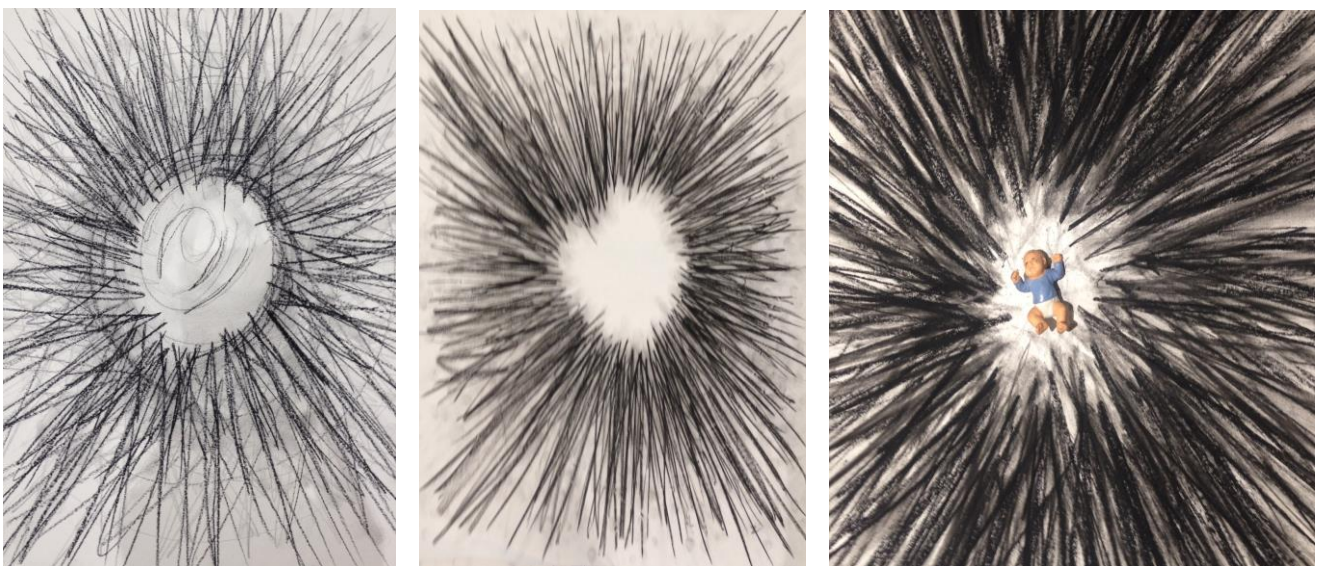


Figure 2-4. Working towards the core vulnerability, charcoal on paper.

The reported experience of making a series of images systematically over time tend to derive from the initial and immediate reflect-piece image made post-session. As the therapist works and re-works the image, re-shaping and elaborating the central motif or metaphor, so the initial affects are re-experienced through an aesthetically charged cycle of creativity. The initial feeling can produce a visual metaphor which can then be worked and re-worked alongside supervision enabling the process to resonate in parallel. We are finding that the verbal reasoning of supervision and the visual exploration of response art form complementary processes that continue to deepen and increase awareness, which is reflected in the image as it changes over time.

Therapist self-care and vicarious trauma: how response art holds and contains the unbearable

The experience of vicarious or secondary trauma discussed by Skovholt & Trotter-Mathison (2016) is common for therapists when there are unspoken feelings that the therapist remains holding. In Barbara Fish's chapter on 'harm's touch' (2017) she

provides the following description of how witnessing the lived experiences of others will affect us: *'Harm's touch is unavoidable and cumulative for those who experience their work deeply. It occurs as we listen to clients and co-workers, and as we provide supervision'* (Fish, 2017, p. 105). She encourages the use of response art to help us consider how we are affected by what we witness and for *'understanding the impact and value of our experiences with others'* (Fish, 2017: p.105). Response art, she shows, can be used to describe the literal internal imagery evoked in session, the visceral sensations held within the body following a session or the symbolic representation of part-formed expressions of intangible affects. This area is of particular interest to current research due to its potential contribution to therapist's self-care and resilience. The themes and experiences in this area have therefore been developed as one of the key focal points in the questionnaire and interview stages.

Vicarious trauma can be triggered in the therapist when fear or alarm is aroused in sessions where disclosure occurs. Disclosure may include increased risk factors, working with histories of abuse or the reporting of self-harming behaviours. Powerful feelings evoked by a client's history, suffering or trauma can be experienced by the therapist as bodily affect as one uses one's imagination and empathic attunement to connect and feel compassion towards the client. In order to illustrate this experience I use two reflect piece images from the research as examples of a visual response to deeply arousing material, these images were made immediately following the session.

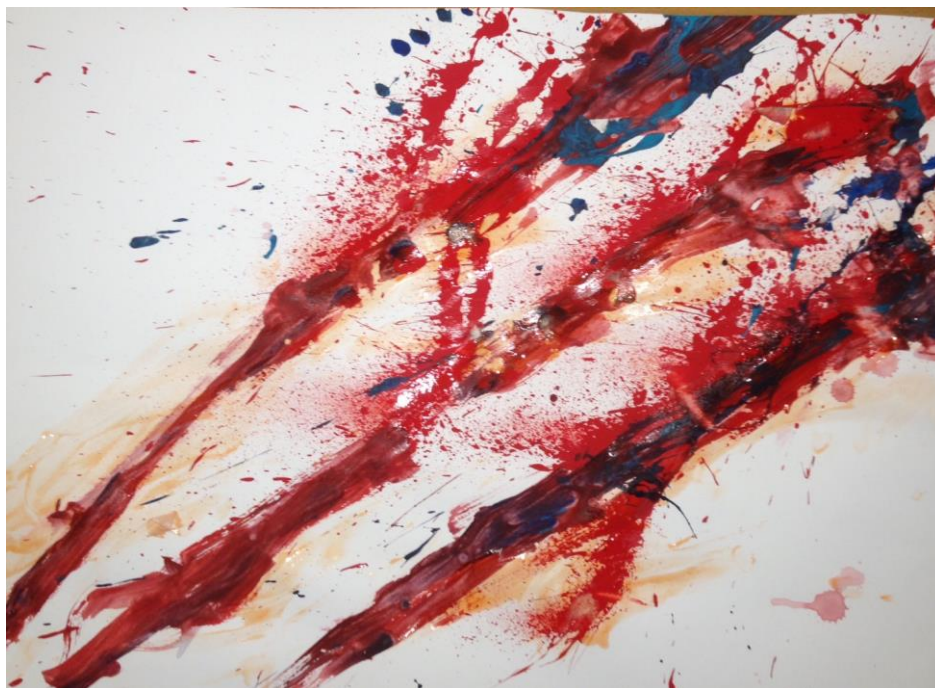


Figure 5 Response to disclosure of self-harming Behaviour, acrylic on paper

Figure 5 is an example of the effect of the disclosure of self-harming behaviours: *“This response image enabled me to look at, and externalise, the deep and bloody incisions that I had imagined during the client’s graphic disclosure of cutting themselves. Making this image had the effect of projecting the imagined vision onto the page and clearing this disturbing image from my mind. The artwork was hastily made, removed from view and placed in the drying rack, shelved for reflection later in supervision,”* (transcript from research interview).

Figure 6 was made following a session in which experiences of grief had been worked with sensitively, gradually working into a painful knot of conflicting feeling. This session touched the heart of the therapist as the specific loss being worked through in therapy connected with the therapist’s own experiences of loss. Holding and working with grief can be a gentle process and this image is a response to the compassion felt whilst hearing the helplessness of the client’s situation: *“The grinding of the pastel into the paper produced an experience of sadness and stubbornness representing the on-going sense of holding the futility experienced when living through loss. Response art seems to help to hold the unbearable experiences disclosed by clients during my working day,”* (transcript from research interview).



Figure 6. Holding the pain and sadness, Loss and grieving, oil pastel on paper.

Reflect piece imagery research findings

Immediate response art findings

The first stage of the current research indicates that response art made immediately following a session provides a direct, visual and gestural statement, in many instances there is a corresponding release of affect which enables the clearing of bodily feelings which have been picked up or hooked into during the session. The reported outcome is that making a spontaneous image clears an internal, emotional and somatic space in the body of the therapist, which concurs with Gartland’s findings (2012).

The space created enables the practitioner to re-balance in preparation to see the next client. It is also possible that, when made as part of routine practice, the physiological transfer of toxic affect directly into the artwork may have self-care potential. The dynamic process described by several practitioners indicate a reciprocal flow of unsettling, aggressive or disturbing affect which transfers through the body and into the artmaking, acting as a restorative process, assisting the therapist's self-regulation by regaining an internal balance following intensely affective sessions. This rebalancing through artmaking could contribute greatly to the area of self-care and practitioner resilience and may be particularly helpful when we consider the accumulation of disturbing or traumatic affect, both unconsciously and through the clinical imagery witnessed, and experienced over a clinical lifetime.

Systematic response art

The research has found that returning to and re-working artworks enables a responsiveness and adaptation to the difficulties in the work as well as continuing to reflect on part-processed material which had been activated in session. Working with and reflecting through the imagery systematically between sessions deepens understanding, encourages curiosity and builds empathy, which confirms Fish's findings (2012). A further finding is that making an image or a repeat reflect-piece just before supervision can enable the therapist to remember the embodied feeling and affect that had been experienced at the end of the session. When this happens the image gives visual form to the feeling, which is reactivated in the therapist and made available to the supervision process, both visually and somatically. This visual dynamic provides a new finding and contributes to significant shifts of perspective in supervision, opening up new areas of clinical thinking and questioning as shown in the case examples (see fig. 2 - 4).

The questionnaire feedback shows that the systematic art-making phase encourages the practitioner to gain a clinical distance and allows a wider perspective of the work to emerge. The art response supports the therapist to visually reflect upon how she feels about and towards her client, their distress or trauma, and the life being lived and expressed in the therapy. Reflecting on the artwork in supervision helps to build empathy and understanding as one works through feelings of impasse, resistance or feeling stuck within the work.

The use of reflect piece imagery in supervision

The part that imagery can play in facilitating a reflective supervisory dialogue is of particular interest to this research. When sharing 'reflect piece' imagery in supervision therapists reported gaining a deeper understanding as they internalise what had been catheted through the artwork, with supervision facilitating a digestion process provided through reflective dialogue. The questionnaire responses show that working with response art gives both therapist and supervisor a distance from which to view subjective experiences through the visual language provided by the artwork. As both

supervisor and supervisee gain increased awareness and insight into physiological responses and the ways in which one has been triggered, so we can explore how to hold these internal experiences and skilfully use our responses creatively and therapeutically in future work.

Barbara Fish carried out a formative evaluation of trainee art therapist use of response art during their training (Fish, 2008). The findings show that although making response art in supervision was a valued contribution, a focus on the art process does need to be balanced with discussion, guidance and '*verbal instruction disseminating practice, didactic information in supervision*' (Fish, 2017: p.42). Our research agrees with Fish's findings in this area, confirming that the visual and verbal narratives of supervision work together and complement the purposes of the supervisory process. In addition we have found that the imagery can also support and contribute to the verbal dialogue through using the visual, metaphoric language of art to describe feeling experiences that are difficult to clearly explain with words alone. We have also found that working on imagery between sessions enables the therapist to continue processing the affects, difficulties or challenges of a particular piece of work. We have also confirmed and extended her findings and demonstrated some of the visual dynamic energy that response art can contain through the examples given.

Limitations of this study

The focus of this study is upon the artworks that therapists make as part of their clinical practice. The difficulties inherent in this form of art-based research are related to the methodologies used to record, interact and understand the reported experiences of artmaking in response to the clinical work. Art-based processes require art-based methods of inquiry. Artworks are the starting point when using an art-based research design and so we are developing methods that digitally record the artmaking in order to capture art processes as well as recording the relational dimension when witnessing and reflecting with the artwork together in supervision. Stage two of the research will use art-based methods to track movements, trace impressions of gesture and the affects held, contained and expressed when making a reflect piece, in order to begin to generate evidence of the nature of the connection between the bodily experiences of the therapist and their art-making process.

The second area of difficulty is the translation of visual research material into a robust academic language that fully represents the qualitative experiences reported and recorded by research participants. This is problematic as the need to provide written clarity tends to encourage the researcher to move towards social/scientific methods of reportage and feedback/presentation formats. This paper represents phase one of a research process and uses practitioner-questionnaires and self-reflective accounts, as well as interview transcripts to describe the effects of art-processes, their usefulness and effects. The second phase of the research project will involve a closer study of the artworks to see how the making of reflect piece imagery interacts with body gesture and

the expression of affective states to examine how artmaking may contribute to the reduction of heightened affect, and the regulation of trigger reactions. The recording and collation of this material will conclude the project towards the end of next year.

Conclusion

The literature review shows that therapists make art in response to the setting, the context and their on-going clinical work. These visual and gestural responses derive from internal experiences occurring both affectively and imaginatively within the therapist. They are externalised through art and given visual form in the imagery. A common theme found in the literature review is the capacity of response art to hold and contain complex, confusing or unsettling feelings aroused in the work. Also that creating artworks make internal phenomenon available for further work through the viewing and sharing with others, particularly one's supervisor, to work with partially processed material, to understand the therapist's counter-transference reactions and experiences, and to build empathy.

The research described in this paper has sought to examine the benefits described in the literature review and verify previous research findings in the following areas:

1. The making of an image, art-piece or visual gesture post-session externalises physical and imaginative responses which may provide containment for partially processed experiences
2. The externalising process through art medium may provide a release of feeling and affect which can contribute to therapist self-care
3. Reflection and working on post-session artwork over time can deepen empathy and attunement with the client
4. Reflecting on these artworks in supervision can contribute to clinical formulation, understanding and deepening of self-awareness and relational empathy.

The evidence gathered to date indicate that when making a reflect piece image there is an immediate release of bodily tension which can channel built up levels of affect in the body of the therapist. The combination of emotion and affect is mobilised into a physical movement when an artwork is made, which supports the therapist to release the affect and clear a space within the body. As a visual record of an internal process, the image offers both supervisor and supervisee access to an unconscious interaction with the material that the client brings to the therapeutic relationship and the therapist's responses. Looking together at these images along with the client's art works, their history and the record of the session, brings a closer, more intimate connection between therapist and client. These are, after all, images that express deeply personal, internal, and emotional responses to the therapeutic relationship. In considering this process further in supervision we extend and amplify what the image re-presents. Viewing them in supervision completes what is described as an 'empathic cycle' (Franklin, 1990, p. 49) as we open and deepen attunement and understanding through artmaking and a reflective verbal dialogue.

The current research shows how response art, as an art-based practice, is in accord with the processes that art therapists facilitate and witness in others in their clinical work. One of the theoretical foundations underpinning art therapy practice is the understanding that the artworks that our clients make give visual form to internal experiences, and that externalising those experiences through art make them available to view and share with others. Making response art uses this same principle that, i.e. that something of the therapist's internal experience is externalised through making an image. Externalising affect through art then provides a visual expression of the therapists feeling experience which can be shared with others, particularly the clinical supervisor.

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All images used in this article are taken from the research process and belong to the author.

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References

- Carr, S. (2014). Revisioning self-identity: the role of portraits, neuroscience and the art therapist's 'third hand'. *International Journal of Art Therapy*, Vol. 19(2), pp. 54-70.
- Fish, B. (2006). *Image-based narrative inquiry of response art in art therapy*. (Doctoral dissertation) Retrieved from dissertations and theses database. (UMI no. AAT3228081).
- Fish, B (2012). Response Art: The Art of the Art Therapists, *Journal of the American Art Therapy Association*; Vol 29 (3) pp.138-143.
- Fish, B. (2013). Painting research: Challenges and opportunities of intimacy and depth. In McNiff, S (Ed.), *Art as research: opportunities and challenges* (pp.209-219). Chicago: Bristol: Intellect Ltd.
- Fish, B. (2017) *Art-based supervision: Cultivating therapeutic insight through imagery*. New York: Oxon: Routledge.
- Franklin, M. (1990). The aesthetic attitude and empathy: A point of convergence. *The American Journal of Art Therapy*, 29 (2) pp.42-47.
- Franklin, M. (1999). Becoming a student of oneself: Activating the witness in meditation, art and super-vision. *American Journal of Art Therapy*. 38 (1), pp.2-13 .
- Franklin, M. (2010). Affect regulation, mirror neurons, and the third hand: Formulating mindful empathic art interventions. *Art Therapy: Journal of the American Art Therapy Association*, 27 (4), pp. 160-167.

- Gartland, L. (2012). Creating space: An exploration into the use of pre-session art-making to process clinical content. MSc Dissertation: University of East London.
- Gavron, T. (2013). Meeting on common ground: Assessing parent-child relationships through the joint painting procedure. *Art Therapy: Journal of the American Art Therapy Association*, 30 (1), pp.12-19.
- Greenwood, H. (2000). Captivity and terror in the therapeutic relationship. *Inscape*, Vol. 5 (2), pp. 53-61.
- Havsteen-Franklin, D. (2014). Consensus for using arts-based response in art therapy. *International Journal of Art Therapy*, Vol. 19(3), 107-113.
- Havsteen-Franklin, D., and Camarena Altamirano, J. (2015). Containing the uncontainable: Responsive art making in art therapy as a method to facilitate mentalisation. *International Journal of Art Therapy*, 20 (2), 54-65.
- Kielo, J. (1991). Art therapist's counter-transference and post-session therapy imagery. *Art Therapy: Journal of the American Art Therapy Association*, 8 (2) pp. 14-19.
- Kramer, E. (1986) The art therapist's third hand: Reflections on art, art therapy and society at large. *The American Journal of Art Therapy*, 24, pp.71-86.
- Marshall-Tierney, A. (2014). Making art with and without patients in acute settings. *International Journal of Art Therapy*, Vol. 19(3), 96-106.
- McNiff, S. (1993). The authority of experience. *The arts in psychotherapy*, Vol. 20, pp. 3-9.
- McNiff, S. (1998). *Art-Based Research*. London: Jessica Kingsley.
- McNiff, S. (2013) *Art as research: Opportunities and challenges*. Intellect: Bristol.
- McNiff, S. (2018). Doing art-based research: An advising scenario in Prior, W. (Ed.), *Art as research in learning and teaching: Multidisciplinary approaches across the arts*. pp. 79-89. Intellect: Bristol: Chicago.
- Moon, B. (1999). The tears make me paint: the role of responsive art-making in adolescent art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 16 (2) pp. 78-82.
- Prior, W. (Ed.), (2018) *Art as research in learning and teaching: Multidisciplinary approaches across the arts*. pp. 79-89. Intellect: Bristol: Chicago.
- Rieger, D., and Patishi, R. (2017). Mothers perceptions of their relationships with their children and their responses to joint drawing. *International Journal of Art Therapy*, 22 (4), pp.162-168.
- Robbins, A. (1973). The art therapist's imagery as a response to a therapeutic dialogue. *Art Psychotherapy*. 1 (3/4), 181-184.
- Satiel, J., and Elliott, L. (2002). State of the art. In *Beyond Madness*, Berke, J. (Ed.), chapter 10. pp.147-156.
- Skovholt, T.M., and Trotter-Mathison, M. (2016). *The resilient practitioner: Burnout and compassion fatigue prevention and self-care strategies for the helping professions*, (third edition). London, New York: Routledge.
- Stefana, A. and Gamba, A. (2018). From the "squiggle game" to "games of reciprocity": towards a creative co-construction of a space for working with adolescents, *The International Journal of Psychoanalysis*, 99:2, 355-379.
- Wadson, H. (1980). *Art Psychotherapy*. J. Wiley & Sons: New York: Toronto.
- Wadson, H. (2003). Making art for professional processing. *Journal of American Art Therapy Association*, 20 (4), pp. 208-218.
- Winnicott, D. W. 1968b. *The Squiggle Game*. In *Psycho-analytic Explorations* (1989, pp. 299–317). Cambridge, MA: Harvard University Press.
- Winnicott, D. W. 1969. The use of an Object. *International Journal of Psychoanalysis* 50: 711–716.