



Mise en garde

La bibliothèque du Cégep de l'Abitibi-Témiscamingue et de l'Université du Québec en Abitibi-Témiscamingue (UQAT) a obtenu l'autorisation de l'auteur de ce document afin de diffuser, dans un but non lucratif, une copie de son œuvre dans [Depositum](#), site d'archives numériques, gratuit et accessible à tous. L'auteur conserve néanmoins ses droits de propriété intellectuelle, dont son droit d'auteur, sur cette œuvre.

Warning

The library of the Cégep de l'Abitibi-Témiscamingue and the Université du Québec en Abitibi-Témiscamingue (UQAT) obtained the permission of the author to use a copy of this document for nonprofit purposes in order to put it in the open archives [Depositum](#), which is free and accessible to all. The author retains ownership of the copyright on this document.

HOW CAN RESPONSE ART AND MEDIA CHOICES DEMYSTIFY FEELINGS OF
HELPLESSNESS THAT BURDEN ART THERAPISTS WHEN REACHING A STAGNANT
THERAPEUTIC PROCESS WITH MILITARY AND VETERAN POPULATIONS?

ALEXANDRA HARDY

A Research Paper in
The Department of
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements for the Degree of Master's in Art Therapy
Université du Québec en Abitibi-Témiscamingue, Canada

AUGUST 2021

© ALEXANDRA HARDY, 2021

UNIVERSITÉ DU QUÉBEC EN ABITIBI-TÉMISCAMINGUE

School of Graduate Studies

This research paper prepared

By: Alexandra Hardy

Entitled: How can *response art* and *media* choices demystify feelings of *helplessness* that burden art therapists when reaching a *stagnant therapeutic process* with the military and veteran populations?

and submitted in partial fulfilment of the requirements for the degree of

Master's in Art Therapy

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

Research Advisor:

Maria Riccardi, MA, MEd, ATPQ, ATR-BC

Department Chair:

Vera Heller, Ph.D., ATR, TS and Caroline Beauregard, Ph.D.

August 2021

ABSTRACT

How can *response art* and *media* choices demystify feelings of *helplessness* that burden art therapists when reaching a *stagnant therapeutic process* with the military and veteran populations?

Alexandra Hardy

This research paper aims to explore the feelings of *helplessness* that art therapists can experience when in the beginning of the therapeutic process leads to the gradual and steady accumulation of stagnation with military and veteran populations. As an art therapist-in-training, there was a profound inquisitiveness to fathom and grasp the true meaning behind this subjective and uncanny phenomenon through a heuristic arts-based enquiry. Delivering a discovery to how the feeling of being helpless could bring light to inner and unconscious process, and to find answers on why those feelings were so prominent in the context of this experience.

To make sense of the practitioner's *helplessness* that arose and to seriously attempt to deepen the understanding of what the impasses truly meant, a total collection of six re-created *response arts* were produced. They referenced themes or moments at which point those feelings ascendancy was at its highest, as they emerged from the apparent immobilization in the art therapeutic process. While assessing the *media* properties used for those creations and within the timeframe of three weeks, the arts-based research led to an ongoing contemplation procedure and inner dialogues with the six images.

This study resulted in facing the “self” head on, as many reflections on the shaping of the trainee's self-esteem, self-confidence, professional development and dual identities (professional – artist) had shepherded the researcher to take stock of the *self-care* strategies needed to maintain a healthier life and a more stable practice of the art therapy profession.

Keywords: military, veterans, trauma, addiction, stagnation, impasse, therapeutic process, art therapy, therapist, *helplessness*, *countertransference*, *burnout*, *response art*, *media*, professional development, and *self-care*.

ACKNOWLEDGEMENTS

I wish to acknowledge and to take a minute to express my deepest gratitude to all of my military clients during my final internship. As they have inspired my work for this research and in many ways have helped shape the emerging material that came from moments we shared. I am honoured to have witnessed your commitment, courage and resilience through the art-therapeutic process. Thank you for your service to our country.

I would like to thank my art therapy cohort who have a true understanding of the effort put into this training. These women have provided times of laughter, happiness and comfort.

To my dearest friends for allowing me to always have downtime from my schoolwork and sharing meaningful conversations.

I offer a special thanks to my significant other Vincent. Your presence, support and unconditional love, have made my experience as a postgraduate worthwhile. To my parents Marc and Anne, and my brother Jean-Marc, who have been my biggest cheerleaders. You have always believed in me by nourishing my passion, competence and perseverance of becoming a future art therapist.

And finally, I want to thank my research advisor Maria Riccardi, who has followed and encouraged me throughout the academic journey of obtaining my master's degree. You have been a great mentor to me regarding this clientele that is close to both of our hearts.

TABLE OF CONTENT

LIST OF FIGURES	vi
1. INTRODUCTION	1
2. LITERATURE REVIEW	2
2.1 Therapy and Stagnation	2
2.1.1 Militaristic Background	3
2.2 Art Making and Values	6
2.3 Art Materials and Meaning	8
2.3.1 Expression Scale	8
2.4 Feeling and Being Helpless	12
2.4.1 Unconscious Echo	13
2.4.2 Exhaustion	14
2.4.3 Self-Consideration	16
3. METHODOLOGY	19
3.1 Heuristic Art-Based Research Approach	20
3.2 Procedure.....	21
3.3 Data Collection and Analysis	26
3.4 Ethical Considerations, Biases and Limitations	34
4. FINDINGS	35
4.1 Fear to Value	36
4.2 Kinship Between Selves.....	37
4.3 Inner Breakthrough	39
4.4 Planning Aid to Self-Care	40
5. DISCUSSION	43
5.1 Self-Discovery and Sudden Comprehension of One's Experiences	44
5.2 Interpretation and Translation with the Use of Response Art and Media Choices	45
6. CONCLUSION	46
APPENDIX 1.....	48
APPENDIX 2.....	52
REFERENCES	54

LIST OF FIGURES

Figure 1.	<i>Media properties and experience</i>	10
Figure 2.	<i>The Expressive Therapies Continuum (ETC).....</i>	11
Figure 3.	<i>The Cycle of the Creative Energy.....</i>	23
Figure 4.	<i>The creative process – calendar.....</i>	25
Figure 5.	<i>Analysis – emotions, sensations and thoughts for each creative process</i>	28
Figure 6.	<i>Analysis – evolution of helplessness feelings and effectiveness of self-care</i>	29
Figure 7.	<i>Analysis – the Expressive Therapies Continuum (ETC) levels used</i>	30
Figure 8.	<i>Comparison between the Expressive Therapies Continuum (ETC) and the Life Enrichment Model (LEM).....</i>	32
Figure 9.	<i>The Life Enrichment Model Circle Assessment.....</i>	33
Figure 10.	<i>Evaluation – imbalance between both brain hemispheres activities.....</i>	34
Figure 11.	<i>First part to self-care inventory</i>	41
Figure 12.	<i>Second part to self-care inventory.....</i>	42

1. INTRODUCTION

Art therapy with the military and the veteran community has always interested me in a way that I could never consciously comprehend. To briefly describe it, I would put it as a sort of keen curiosity purposely driving me to their direction. And I was finally privileged to be able to accompany them during my training as an art therapist. Initially, the hope behind my research was to find art therapeutic intervention methods oriented for this population to help them overcome their hesitance to fully emerge themselves in an introspective art activity. However, what ultimately redefined the course of this study was the realization of a significant factor that played a vital part in my experience when facing different types of immobilizations that can surface in therapy: the importance of *self-care* as a practitioner. This presented an unexpected variable that fundamentally changed the subject of my research. Hence, shifted its focus entirely to the primary objective of developing *self-care* strategies that met my needs as an art therapist-in-training. With this in mind, my intent was to draw out a thoughtful reflection on the feelings that were suddenly manifesting themselves from therapeutic impasses, to address them through an artistic process and to seek a better understanding of their purpose while finding a way to soothe them.

On the basis of this research project, it is dedicated to frame the context of my arts-based enquiry directly influenced by the therapeutic process with veterans in a specialized treatment facility for addiction. I wanted to take a moment to pause and to reflect on my own experience as an art therapist-in-training. In so, the question asked, and the key focal point of this paper is: how can *response art* and *media* choices demystify feelings of *helplessness* that burden art therapists when reaching a *stagnant therapeutic process* with the military and veteran populations? I found that by directly involving myself in the enquiry, it was a way to engage my creativity in response to those feelings that arose. For this, ultimately, helped me understand the essence of my inner struggles influenced by the client's resistance and brought me a new perspective on these issues.

This paper will contextually view the literature surrounding therapists conjunctively to the veteran clientele from distinct concepts that are relevant to this research: *stagnant therapeutic process*, *response art*, *media* and *helplessness*. These topics are essential to grasp a sense of the unique but also common background and life experiences that transcends many military men in therapy setting. They will also put down a base line from the therapist's viewpoint and what has influenced the circumstances and the nature of the *response art* made in answer to the *art therapeutic process* of this population.

2. LITERATURE REVIEW

As of today, the use of art therapy has supported the well-being of the military/veteran community in various ways and its benefits have been contextualized in a large number of recent studies (Howie, 2017; Jones et al., 2017; Lobban, 2018; Leone, 2018; Lobban & Murphy, 2018; Davis, 2018; Lobban & Murphy, 2019). What primarily stands out is its effectiveness in engaging both the body and mind of veterans to remain focused on the present, *here and now* (Lobban, 2018). Thus, enabling their means to access implicitly stored psychological material (i.e., additional insight, intimate revelations, acute understandings, etc.) that is highly valued in their recovery from mental and physical health issues surfaced during their time of service or when returning home (Jones et al., 2017; Lobban, 2018). “The literature points to art therapy helping in the management of stress, physical symptoms, intrusive or avoidant symptoms, problematic behaviors and affect, as well as ultimately promoting the integration of a traumatic event into the patient’s life history” (Collie et al., 2006 as cited in Howie, 2017, p. 3). In other words, this sort of therapeutic discipline offers them the opportunity to reach new levels of meaningful expression, by transforming difficult to express cognitive and emotional struggles into art making safely, which is commonly associated with symptoms of post-traumatic stress disorder (PTSD) (Jones et al., 2017).

2.1 *Therapy and Stagnation*

Without neglecting these factors, this paper is directed at what is less spoken about in the current scientific literature: the therapist's experience when facing a *stagnant therapeutic process* with the military clientele (Adler, 1972). Before continuing to depict my thoughts, interests and enquiries about this concept, it will be put into context to have better understanding of its nature and attributed qualities in reference to this study. When thinking of *stagnant*, it suggests stagnation or an impasse, “the loss of free flow and movement towards a goal” (Leiper & Kent, 2001, p. 84). Thus, in a therapeutic setting it is “as a description of times when the process of therapy becomes stuck” (Flaskas et al., 2005, p. 113). That is to say, there is a common experience lived between therapists and clients when a sort of immobilization presents itself in the therapeutic journey (Leiper & Kent, 2001; Leiper & Maltby, 2004; Flaskas et al., 2005; Lorenzo-Luaces & DeRubeis, 2018; Cuijpers et al., 2019; McCormick, 2021).

McCormick (2021) specifies that the training for mental health practitioners is more focused on the evidence-based research supporting the effectiveness of therapy, while the encounter with *stagnation* or failing interventions, its effects on clinicians, and the practical steps for how to manage this situation are rarely explored. As a result, many are taken aback, they may experience vulnerability in this position or feel to such an extent that the eminence of their profession may be questioned, as we are not always properly equipped mentally. An unknown and unfamiliar reality sets in, personally it confronted my inner core, I felt dumbfounded and utterly dismayed towards the power it had over me.

Various states of immobility are the result of “opposing forces” that are unknown to the professional and the client consulting, rendering a plan of action difficult to put into place as a way to push through this barrier, to progress and seek growth (Leiper & Kent, 2001). It is interesting to think that the very nature of therapy is in fact an attempt to bring movement to the development of the person that is halted in search of a form of a particular personal satisfaction or a true sentiment of fulfilment (Leiper & Kent, 2001; Leiper & Maltby, 2004; Flaskas et al., 2005; Lorenzo-Luaces & DeRubeis, 2018; Cuijpers et al., 2019; McCormick, 2021). In a sense, the therapist is a crucial mediator and has the role of guiding clients in “breaking through life impasses” (Leiper & Maltby, 2004; Lorenzo-Luaces & DeRubeis, 2018; McCormick, 2021).

In effect, this study gave me an opportunity to view my role as a standpoint to make sense and to have a fuller comprehension of my own encounter with emotional responses surfaced from this problematic in the *art therapeutic process*, that is generally witnessed with the military clientele (Howie, 2017). This refers to one’s challenges or limitations in the ability to open up, to express emotions and the inhibition of making interconnections between their creations and their life experiences, and how that specifically acts on the practitioner (Howie, 2017; Lobban, 2018).

2.1.1 Militaristic Background

To fully understand the reasons why these forms of discomfort are so commonly recorded, it is important to view the military culture that often leaves a significant mark and everlasting effect on the lives of these men during their service and after their career as soldiers comes to an end. We can easily recognize that the influence is largely due to the training this population receives. Its sole purpose is “to promote the willing and systematic subordination of one’s own individual desires and interests to those of one’s unit and, ultimately, country” (Fox & Pease, 2012, p. 21). Thus, enabling them to disregard all of their inner thoughts, opinions, feelings, body sensations,

etc. Namely, the influence of military cultural practices has a higher value for the unit cohesion whereas the personal needs of each serviceman and servicewomen are put aside and abandoned for the benefit of the collective (Coll et al., 2011). An emotional restraint is called on to welcome the importance of adhering to the chain of command that becomes the guided belief systems for military personnel in a devotion to their duty and mission (Coll et al., 2011). To be drilled, disciplined and conformed is the military's way to enhance the conditioning needed to prepare each man and woman for combat and to prevent deployment trauma (Fox & Pease, 2012). But it also sharpens their detachment to themselves, separating their access to their emotional capacities and their means to be able to self-reflect and to be vulnerable (Lobban, 2018). As a result, their difficulty to identify and to express their feelings is completely disconnected (Lobban, 2018).

This emotional dissociation is heightened even more so when veterans suffer from a substance use disorder (SUD) because of the utilization of “avoidance” as a coping mechanism (McKee as cited in Howie, 2017). Tyler Boden et al. (2014) states a large number of studies that align the partake of this strategy and the elevated co-occurrence of PTSD and SUD as their primary aim is the alleviation of symptoms and related consequences. In summary, they revealed that those who suffer from PTSD are more prone to adopt avoidance strategies to reduce unpleasant experiences, thoughts, and emotions, such as using alcohol and drugs, yet the fact is that it paradoxically worsens their symptomatology (Tyler Boden et al., 2014). Thereby, substances are first seen as a remedy to help release the mental and physical suffering, but in truth it impairs them further or in another way.

For military personnel and veterans, the usage of substances is how they found to be able to cope with combat-related issues as their symptoms of trauma are numbed off (Tyler Boden et al., 2014). “It is not uncommon to hear service members talk about excessive use of drugs or alcohol as a way of ‘dealing with’ emotions” (McKee as cited in Howie, 2017, p. 139). Often, they perceive it as the quickest and most effective method of controlling adverse or undesired responses (McKee as cited in Howie, 2017). Examples of such circumstances include the use of opiates to escape flashbacks and lessen the intensity of the emotions associated with them, or consuming alcohol in order to experience and access difficult emotions, such as grief. This is what leads so many of this population to seek substance abuse treatment, because it involves re-establishing a healthy emotional connection through self-regulation and teaching them to identify, express, and manage their emotions without the use of harmful substances (McKee as cited in Howie, 2017).

“When a co-occurring diagnosis is present, building those skills is even more crucial to sustained recovery” (McKee as cited in Howie, 2017, p. 139).

Consequently, at the beginning of undergoing therapy, such “avoidance” strategies are already present and unconsciously executed in the pre-existing conditions (Lobban, 2018). They translate themselves into many forms of defence mechanisms and inner dissociation that are also referred to as “resistance,” and frequently result into inaction, impasse, and paralysis whenever a therapeutic process is initiated (Lobban, 2018). In some cases, the faintest hint of reluctance to even speak about their experiences is not only caused by their psychological distress, but also by a fear of influencing the therapeutic relationship (Newhouse and Albert as cited in Howie, 2017; Lobban, 2018). In other words, they do not want to share any knowledge that could have a detrimental effect on them or affect how they are perceived by the therapist (Newhouse and Albert as cited in Howie, 2017; Lobban, 2018). In my experience, there is also a moral restraint that they find commendable, they see it as shielding and protecting practitioners to avoid burdening their trauma on to them with the unpleasant, violent, horrific or shocking truths of their story (Lobban, 2018).

Furthermore, I found that in the therapeutic relationship there was concern for the fact that I am a young female civilian. That is to say that this had a sufficient magnitude to sway a proportion of my clients to see me as an outsider. There was disapproval and disregard in terms of social recognition in aiding them through their mental health journey because I did not experience military deployment, training or service, and what’s more so I never had any problems with addiction. Ergo, how could I possibly understand them with everything that they have lived through? This may be due to the presence of negative attitudes towards seeking help, stigmatization, conformity to masculine ideals and the significance of hierarchical structure of military subordination that are still highly abided by the armed force’s cultural (Fox & Pease, 2012; Botero et al., 2020; Stevenson, 2020). “A few of the most significant barriers for veterans are the negative stigma related to mental health treatment and concern about not being understood in treatment” (Botero et al., 2020, p. 832).

As a result, I questioned my own position as an art therapist. I felt a professional vulnerability since I did not know how to help my clients overcome these barriers. At the same time, I did not want to upset or disrupt the therapeutic path already underway while continuing their progression. This allowed me to ponder over my own feelings when facing unique forms of

immobilization in art therapy sessions. What made me feel this type of way and why? How does the client's *art therapeutic process* affect the therapist to understand the therapeutic journey in action?

2.2 *Art Making and Values*

These unanswered questions initiated my desire to inquire into the framework of *response art* and how to exploit it to the practitioner's advantage. "*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 other words, it is a method, in which, making art can be used as a ritual to stimulate profound introspection, to find a deeper meaning, to illuminate aspects of the therapeutic process and to provide personal clarification (Wadeson, 2011; Fish, 2012; Fish, 2019). Typically, there are two settings where *response art* can be evoked: in-session and/or post-session (Fish, 2006; Miller, 2007; Moon, 2009; Wadeson, 2011; Fish, 2012; Fish, 2019). Thereby, allowing art therapists to have light on the work at hand with their clients or on their own feelings stemmed from the therapy sessions (Moon, 2009). Fish (2019) states: "Images generated by art therapists can uncover strengths, possibilities, and choices that are beyond our conscious knowing" (p. 130). In so, this form of art making has the potential to open up possibilities for practitioners by illustrating and leading them to directions they might not have previously considered (Fish, 2019).

Wadeson's (2011) research illustrates examples of situation where art therapists can be taken aback by surges of emotions in a variety of settings and with different populations (i.e., adolescents with sexual abuse issues, physically ill and dying children, racial prejudice toward African-Americans, etc.). She demonstrates how *response art* helped process difficult, disturbing, uneasy and/or painful information that was brought up during those therapy sessions. Feelings and sensibilities relating to these types of shared life experiences can often distort one's perspective and thus occasion inner confusion (Wadeson, 2011). Among Wadeson (2011) and several other studies, they have thereby shown different ways *response art* has brought clarity to practitioners and how significant its role can be, such as mirroring client's creative process, themes, symbols, and styles as a form of emphatic validation to help better relate to their experiences, feelings and behaviours; facilitating an in-depth exploration of the many unclear *countertransference* that can surface unconsciously; and using response imagery to catalyze a healthy distance from clients

nourishing therapists to make their own art freely outside any context relevant to therapy (Fish, 2006; Miller, 2007; Moon, 2009; Wadeson, 2011; Fish, 2012; Fish, 2019; Drapeau et al., 2021). Whether art therapists feel the need or not for *response art*, creating after every session has been effective in maximizing “its potential as a tool for learning and self-inquiry” (Miller, 2007). Esteemed as an immediate outlet for releasing emotions, frustrations or identifications, each spontaneous response awakened through this approach has a way of providing insight and recognition of unconscious processes that can then occur as a reflective and soothing process (Miller, 2007; Wadeson, 2011; Drapeau et al., 2021).

Nevertheless, it seems astonishing that making art in response to clients is not the typical skill shared in every art therapist's arsenal (Wadeson, 2011). When the clinical processing of *response art* is not learned, encouraged or practised during art therapy training, it can be hard to embed it sustainably as a familiar routine, like if it were a natural reflex (Wadeson, 2011). This is even more so once trainees become practitioners, after an eventful and full day, tiredness gets the better of us and art making is profoundly the last thing on our minds (Wadeson, 2011). I find myself lucky to have engaged in *response art* as a part of my supervision that contributed to helping me release certain emotions during my practicums. Fish (2006) states: “It is made to explore and communicate those feelings as well as to provide the art therapist an opportunity for self-care” (p. 15). My hope for those who are reading this study is that they may take heed of this artistic technic, find inspiration from it, and uncover the beneficial aspects of making their own art as an art therapist, whatever form it may be and that is unique to their needs. Creating our own professional self-processing through art that stimulates our imagination, mind, body, and spirit is my aspiration for others and for myself.

Fish (2019) also overviews the historical uses of *response art* and its story throughout time. Art therapists have expanded the use of *response art* beyond countertransference in order to enhance their practice in various areas (Fish, 2012; Fish, 2019). In fact, the author specifies its successful application in conducting art-based research “as a method for investigation” and that it could be harnessed “as data to inform research” (Fish, 2019). As she always felt that “traditional quantitative and qualitative methods to be cold and distancing,” that made her investigate diverse research methods to uncover which one would benefit her to dislodge the impediment that was interwoven as a result and to understanding her own work in a vital, influential, and engaging way

(Fish, 2019). *Response art* made that possible through the thorough observations of its effects over time (Fish, 2019).

Regardless, as I reviewed the latest studies investigating this method, very few have been made in annex with the military clientele. Thus far, only Gibson (2018) has done so by targeting *response art* in association with *visual journaling* as a way for art therapists to combat *vicarious trauma*. Surprised to discover the lack of research and as personally doing *response art* in the past, I questioned myself, furthermore, and specifically on the symbolic signification of choosing certain materials over others. Why were my artistic urges or desires gravitated to different varieties depending on the situations lived in the therapy sessions (e.g., watercolour paint versus collages)?

2.3 *Art Materials and Meaning*

Examining my own artistic tendencies, I became more and more curious about the overtone behind each *media* and for what purpose they were unconsciously chosen. To understand the same contextual terminology, the word *media* refers to the diverse materials used for two- or three-dimensional creations (e.g., drawings, collages, paintings and sculptures), it invokes mainly to pencils, pastels, gouache, watercolour, acrylic or oil paint, clay, wood, stone or even everyday objects for crafting (Moon, 2010). Needless to say, because this research was not about the art work of the military population, but rather about the practitioner's position and creations that were influenced by the ambient overtone of their *stagnant art therapeutic processes*, all mentions and references giving examples of creative approaches, styles or images connected with veterans were put aside and excluded from this paper to leave only an overview of the art therapist's bearings with the uses of *media*. Fully demonstrating how my personal and respective choices of art making as a professional was affected, moulded or touched by that stagnation. Here, this stance is what was mainly under scrutiny.

2.3.1 Expression Scale

Incidentally, this made me think of the *Expressive Therapies Continuum* (ETC) (Hinz, 2019). When we think of art therapy, its mere rudiment lies in the fact that art making and materials are the intermediates between thoughts, beliefs, feelings, attitudes and behaviours intertwined to everyday life (Moon, 2008; Hinz, 2015). To put it another way, every action taking to create an image within sessions, mirrors and parallels the complex processes of the mind and body (Moon, 2010). The *art therapeutic process* essentially composes the backbone of art therapy that

distinguishes it from other fields, and the interrelation between the clients, their preferences and manner of interactions with various *media* can be thoroughly understood through the ETC (Hinz, 2019). By extension, it is a helpful resource for art therapists whenever they are faced with a wide-range of decisions requiring careful execution in regards to their clients and the course of interventions needed. For instance, it serves and “provides a way to answer questions about what media to use, under what circumstances, and with which particular clients” (Hinz, 2019). The *Expressive Therapies Continuum* (ETC) is therefore a unique advantage and a valuable asset to utilize in therapeutic applications (Lusebrink, 2010).

These factors can also be said of the ETC as a penchant for art therapist in transversally harnessing it for more intimate reasons, like *response art* with the *Life Enrichment Model* (LEM) (Hinz, 2019). In fact, the LEM is an adaptation of the ETC upon which it takes into consideration how life experiences are assimilated and affect both the functions of the body and the brain (Hinz, 2018). “The LEM offers a way to conceptualize and practically create an enriched life, one that will help foster optimal health and allow therapists to cultivate resiliency, invest more deeply in their professional practice, and achieve a satisfying balance between their personal and professional life” (Hinz, 2019, p. 17). So, to speak, it is a structural view referring to the practice of *self-care* that is somewhat similar to one of the overall notions and functionalities of *response art* (Hinz, 2018). A light will be further put on this variation of the ETC within *Data Collection and Analysis*, a section of this paper in the *Methodology*. This is primarily due to its active role in my study as a form of assessment and measurement. For that matter, its intercorrelation will be fully explained and shown later.

As we revert to the initial idea of the ETC, it can be useful as a conceptual model to source a shared language while offering an accurate and coherent interpretation system among “art therapists having diverse theoretical backgrounds” (Hinz, 2019). That is by providing a means of understanding “how and why particular art interactions can be therapeutic,” facilitating our grasp of diverse methods and effects based on mutual experiences with *media* in art making (Hinz, 2015). This being said, the ETC can be an esteemed virtue when analyzing data for art-based research. As a transtheoretical organizing system, it correspondingly classifies the complexities of the human psyche and its individual differences whether they present in similar or different ways (Hinz, 2019). Hence, researchers can also have a common understanding of art making processes and the data that it would provide.

To illustrate a perspective view of the ETC in a relatively brief fashion, it is through this method that the *media* properties are grouped into two types of qualities in experiencing our creativity: “*fluid*” and “*resistive*” (Hinz, 2019). *Figure 1* reads their specific degree of affiliation to the “*affective*” and “*cognitive*” reach. And in that, the *media dimensions variables* (MDVs) can be distinguished from complexity (low or high) to structure (low – unstructured – or high), or preference and aversion, and through familiarity and novelty (Hinz et al., 2019). According to Kagin (1969), “MDV were those qualities or properties inherent in a given medium and process utilized in a therapeutic or educational context” (as cited in Graves-Alcorn & Green, 2013, p. 4). Their technical and characteristic semantics may be seen within the *Annex 2* of this paper (p. 53). Then, those experiences are distinctly categorized and associated via three hierarchical levels (*Kinesthetic/Sensory*, *Perceptual/Affective*, and *Cognitive/Symbolic*), here they act as a reflection of different functions and structures in the brain that process visual and affective information (Lusebrink, 2010). This is displayed in *Figure 2*.

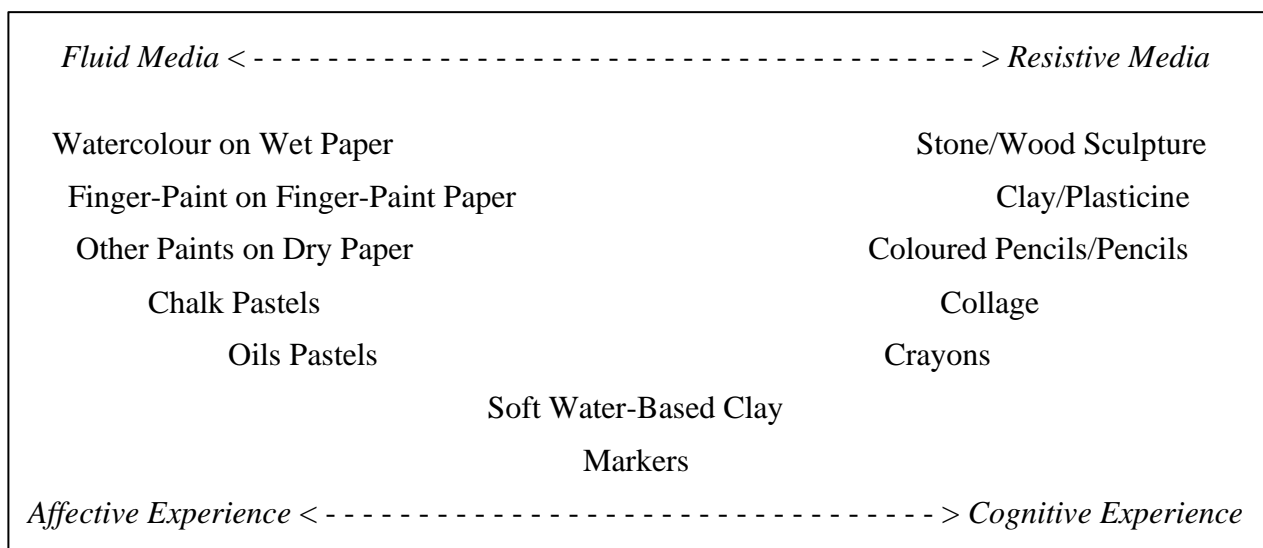


Figure 1. Media properties and experience (adapted from Hinz, 2019, p. 31).

The impact of this continuum has the advantage of revealing responses to boundaries, level of commitment, frustration tolerance, level of energy and coping skills (Lusebrink, 2010; Hinz, 2019). To my comprehension, the ETC grants for each creative process tangibility in evidence and assessment to valuably link the inner depths of oneself (thoughts, emotions, sensations, etc.) with the images created, while also determining which one of the levels needs more attention or how to counterbalance others that are overstimulated (Hinz, 2019). Facilitating and simplifying the

choices of art therapeutic interventions required or necessary in reaching a *global integration* of the creative *flow* and experience.

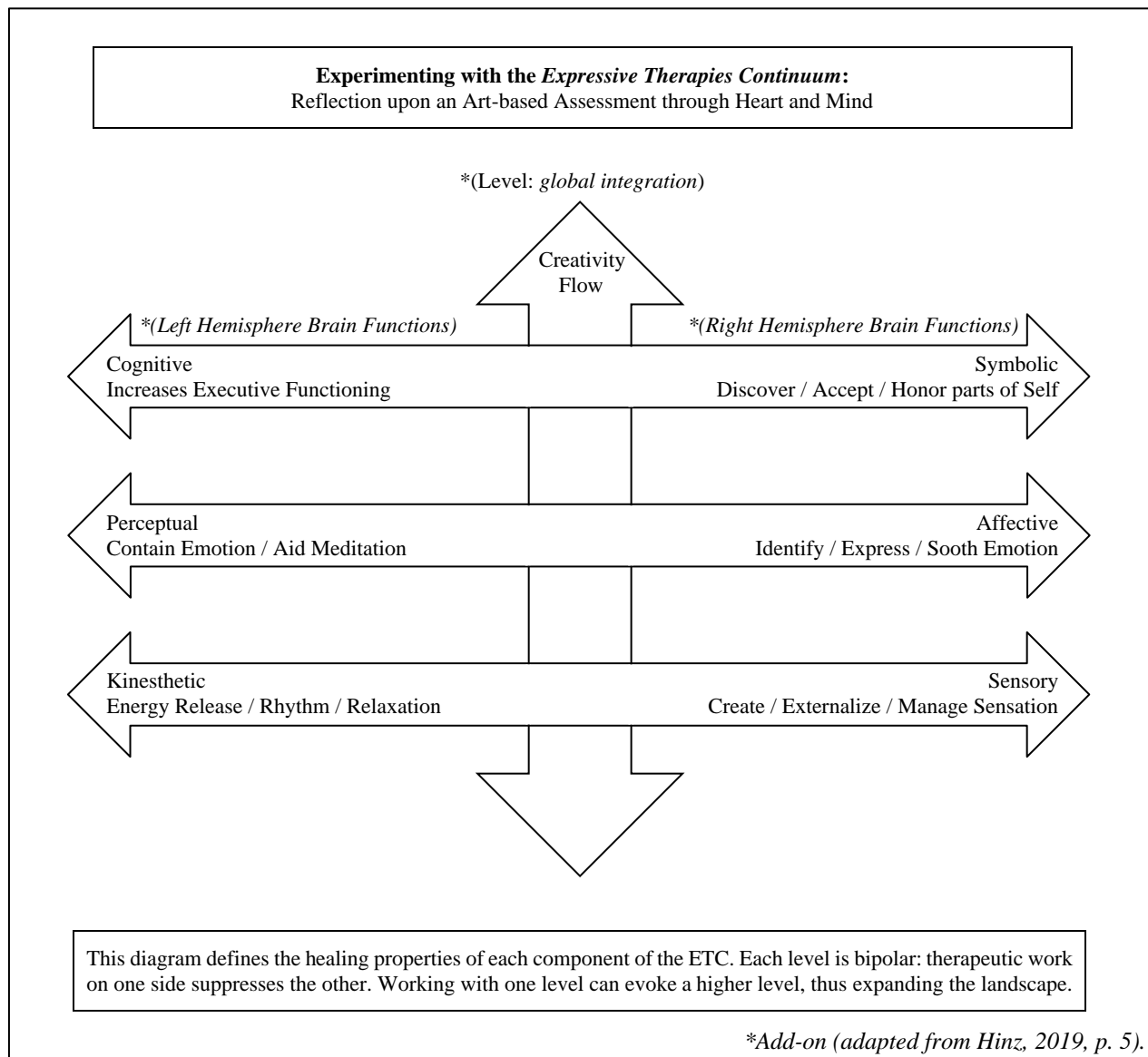


Figure 2. The Expressive Therapies Continuum (ETC) (adapted from Riccardi et al., 2017).

As I researched about this system of classification, few studies have been scientifically tested insofar of explicitly using the *Expressive Therapies Continuum* (ETC) in relation to the process of *response art* (Gingras, 2015). Upon that, it would be influential to conduct an initial scientific exploration accompanying both of these approaches. And bearing that in mind, I wanted to explore them through an arts-based enquiry in order to inspire others to pursue and contemplate *response art* in an innovative way. By partaking one's thoughts and feelings in the chosen *media's*

properties, extending our notion of their effects, taking under consideration their symbolic significance and offering another form of empirical data. As the target of this study was to give a new lead in regard to what professionals can commonly feel in providing, facilitating and witnessing military clients in a therapeutic process while harnessing it to better themselves as therapists.

2.4 *Feeling and Being Helpless*

There are many forms of resistance unconsciously experienced by this clientele in an art therapy setting as mentioned previously in this paper. In effect, they can sometimes paralyze the therapeutic process at a certain stage without knowing how to get out of it (Delieutraz, 2012). As an art therapist, a sense of powerlessness, guilt or professional frustration may occur because there is no immediate solution (Delieutraz, 2012). Thereby causing a heavy weight on the professional trying to see through the mist of carefully building the therapeutic relationship (Alder, 1972).

Here and for this study, we are referring to the concept of *helplessness*. It can be described as a reaction of feeling lost, uncertain, insecure, self-doubt or blame as our inability to foster movement in the therapeutic process grows (Alder, 1972; Strømme, 2012; Goldberg & Grusky, 2013; Hoffer & Buie, 2016; Drapeau et al., 2021). In my experience, I felt among other things a certain disappointment and irritation regarding myself and my art therapeutic abilities. I had no control over the situation regarding the therapeutic process of my clients and this became so overwhelming that I began to behave in a helpless manner. For instance, I questioned if there was something that I was missing in understanding my client. What did I not see? Was there something I missed in the visual graphic clues? Was my inexperience with this clientele having a bigger impact than I anticipated? Was I inadequate and did I not meet the needs of my client? At this moment of time, I got caught up in an indigestible thinking process that led me to overlook opportunities for relief or change. Meaning obstructed or inhibited my creative qualities towards the therapeutic process (Goldberg & Grusky, 2013). My power to act was amputated by becoming a form of inaction in itself (Kemp, 2010; De Becker & Lescalier-Grosjean, 2018).

Many studies have talked about this emotional phenomenon experienced by professionals with what is considered “difficult” clients (Shea & Hurley, 1964; Alder, 1972; Strømme, 2012; Delieutraz, 2012; Goldberg & Grusky, 2013; Hoffer & Buie, 2016). But none were found connected to the military clientele and the *art therapeutic process*. In so, this picked my interest even more.

2.4.2 Unconscious Echo

Facing therapeutic impasses will often awaken such reactions and derived from feeling like we failed as practitioners (Cantin, 2010). That is no different for art therapists (Moon, 2015). Hence, when observing inwards and being intimately in contact with oneself, we can easily foresee what is called *countertransference* (Rheault, 2008; Wiener, 2009; Moon, 2015; Aleksandrowicz, 2016). The complex nuances of this phenomenon occur in every lifespan of an art therapist's professional career and can manifest in a variety of ways (Moon, 2015). It may be understood as the following. According to Rheault (2008) there are two clusters of *countertransference* that practitioners experience in the therapeutic setting: the *restricted* and *broad sense*. In a *restricted sense*, it implies a reaction provoked by a *transference*, formally known as the projection of the client (Rheault, 2008). This can be as simple as being impatient to the client's passivity (Rheault, 2008). In a *broader sense*, it is any emotional experience manifesting within the therapeutic relationship, whether or not there is a *transference* on the part of the client (Rheault, 2008). In other words, this type of *countertransference* is said to be independent and does not need to be activated by the client's *transference* (e.g., avoiding a specific subject in order to prevent direct contact with their pain and suffering) (Rheault, 2008). Aleksandrowicz (2016) states that "these issues may or may not involve the therapist's unresolved personal conflicts, and, therefore, may not have surfaced in his or her training analysis or therapy" (p. 37). Consequently, this category of *countertransference* relates to the phenomenon of **resonance**, where whatever the client manifests or reveals in the therapy sessions may trigger or cause the practitioner to see material of the same order that is not completely resolved in their own personal journey.

As such, some unresolved emotional issues have been stirred up from my internal conflicts, which were not dealt with nor was I aware of their presence until my training (Moon, 2015). Facing a *stagnant therapeutic process* with a military/veteran clientele, arose a response of feeling helpless, impotent and a sense of loss of control in enduring times of "not knowing" what to do or how to take action (West, 2017). My own expectations regarding the therapeutic process were unconsciously triggered by the repetition of occasions where clients were living these impasses (Cantin, 2010). Failure as a professional is the most distressing perception that reminds us of the impossibility to act and to access the understanding of the elements that led to the *stagnant therapeutic process* itself (De Becker & Lescalier-Grosjean, 2018). Sandler (1976) suggests that "very often the irrational response of the analyst, which his professional conscience leads him to

see entirely as a blind spot of his own, may sometimes be usefully regarded as a compromise-formation between his own tendencies and his reflexive acceptance of the role which the patients is forcing on him” (as cited in Aleksandrowicz, 2018, p. 44). This meaning that these reactions can be used as extra tools to the therapeutic process when properly addressed and understood. By extension, bring into play my countertransference as an asset to give me more information about the therapeutic process at work, to utilize it and to progress as a practitioner.

Moon (2015) also emphasizes the importance of ethics to be vigilantly practice as a professional’s responsibility when experiencing *countertransference*: “Art therapists who avoid examining their own fears, anxieties, resistance, conflicts, and needs are in danger of behaving in an unethical manner toward their clients. Harm can come to clients from an art therapist’s lack of self-awareness. This is a serious ethical concern” (p. 120). Having an in-depth understanding of who you are and knowing every corner of yourself (i.e., strengths and weaknesses) are essential components to offering clients an exceptional service (Moon, 2015).

Finding a way to uncover and discern these so-called psychological phenomena is not always an easy task. But it has been found to be effective through the help of supervision or through a personal therapeutic process in therapy (Moon, 2015). Another approach to detect them and that is oddly enough still an uncustomary practice among art therapists and trainees, resides in *response art* through an embodied representation (Fish, 2012). Art making has been shown to facilitate and illustrate some and/or many truths behind *countertransference* to explore emotional, somatic and cognitive reaction post-session (Fish as cited in Wadeson et al., 1989; Moon, 2009; Wadeson, 2011; Fish, 2012; Fish, 2019). *Response art* has therefore a way of helping art therapists by utilizing their own images as a vehicle to directly address and clarify issues related to any responses of interpersonal dynamics, even when countertransference is apparent or not to the practitioner (Fish, as cited in Wadeson et al., 1989). This being as Crawford et al. (2014) states: “Art therapy is a way of bringing the unconscious to the conscious” (p. 19).

2.4.1 Exhaustion

However, there can come a time when the complexities of *countertransference* become overbearing to the peak of haunting the art therapist’s vitality. In covering the core subjects of *helplessness*, I find that it is fundamental to include that whenever those feelings are maintained and increase over long periods of time, they can easily evolve into: *burnout* (Figley, 1995). The notion of a *burnout* is described as “a state of physical, emotional and mental exhaustion caused

by long-term involvement in emotionally demanding situations” (Pines and Aronson, 1988, as cited in Figley, 1995). In the context of this study, the extent of feeling defeated by a *stagnant therapeutic process* and intuitively recognizing the client’s cries for help, therapists can gradually experience exposures to professional strain, an erosion of idealism and a void of achievement regarding their work (Figley, 1995; Sprang et al., 2007; Pimble, 2016). This implies that therapist can be susceptible to more inputs of stress based on the entailments of their profession. Either from their necessary duties, to their devotion of selfless commitment, to acts of altruism, as they are responsible for the fruition of the well-being of their clients.

Generally speaking, if the fulfillment of providing guidance, support, encouragement and care to those who suffer from mental health issues is not met or satisfied, practitioners may find themselves wrestling with their own sense of self-purpose (Figley, 1995). “Uncertainty and doubt over one’s capabilities and skills in therapy” can become brutally depleting to their own esteem, as it challenges the position of their professional role and reciprocates motions of stressful factors (Pimble, 2016). This can reach a culmination of struggles leaving traces of an emotional momentum and having a loss of meaning in terms of their work (or even in the event of becoming nonexistent) as an aftereffect, at which point they have a higher risk of experiencing symptoms of *burnout* (i.e., continuously feeling unsatisfied with the therapeutic process, taking notice of being unable to help those in need and bearing evidence of a lack of motivation from the clients in therapy) (Figley, 1995; Sprang et al., 2007; Pimble, 2016). Pimble (2016) describes this ripple effect as one of many stressors faced by therapists in regards to the relationship between their perception of therapeutic effectiveness or outcome, their perceived stress, and *burnout* experienced. Her study demonstrates the encompasses of additional “emotional exhaustion, depersonalization, and a poor view of one’s self-competence, particularly in relation to one’s job abilities” when working with mentally ill clients (Pimble, 2016).

Imminently, this phenomenon is common among helping professions (Sprang et al., 2007; Parry, 2017). El-Ghoroury et al. (2012) state that approximately one third of psychologists are affected by it (as cited in Pimble, 2016). If not diligently managed and monitored by the practitioner, the onset of symptomatology of this condition will supply and enhance the negative impact already underway, taking its toll to build up to each of these manifestations: physical, emotional, behavioural, interpersonal and work-related (i.e., fatigue, sleep difficulties, anxiety, sense of *helplessness*, defensiveness, pessimism, inability to concentrate, withdrawal from

clients/coworkers, poor work performance, tardiness, etc.) (Figley, 1995; Sprang et al., 2007; Pimble, 2016). It is noted that the collection of these indicators emerges progressively, and to be considered as a *burnout* they are always associated with emotional exhaustion as a result (e.g., feeling depressed, hopeless) (Figley, 1995).

2.4.3 Self-Consideration

This is why *self-care* is so important for therapists and must be put into practice before symptoms of a *burnout* lurk up. Which is the reason for its reference in some of the previous sections of this paper and its significance as a finding through this study. There is also an ethical concern and value to the practice of *self-care* for art therapist. The *Quebec Art Therapy Association* (AATQ) refers to our duties and obligations towards clients by stating in the *Ethical Standards and Code of Ethics*:

3.5 The art therapist shall refrain from practising his profession while in a physical or mental state that could impair the quality of his services. [...]

3.6 The art therapist must recognize that any kind of problems and conflicts he may have, may interfere with professional effectiveness. Accordingly, he should refrain from undertaking any professional activity which may lead to inadequate performance or cause harm to a client, a colleague, a student or a research participant. If already engaged in such activities, the art therapist has a duty to determine whether to suspend, stop or limit his professional services, or to resort to professional services if necessary. (2019, p. 6).

Meaning that we are ethically bound and admonish not to allow personal problems to interfere with our work. “Many professional ethical codes stress the need for counselors and therapists to take certain actions if their psychological well-being degrades to a point that it is having a negative affect on their clients” (Malinowski, 2014, p. 12). As such, being emotionally and physically impaired by symptoms from a *burnout* for example, it can compromise the practitioner’s capabilities in giving a satisfactory service. Reasons being based on the principal standards that cognitive and psychological functions are contiguously tainted from the effects of mental health, hence there are concerns of being uncaring, insensitive, or even dangerous when it comes to causing clients symptoms to worsen in terms of making certain actions or inaction (Malinowski, 2014). “Wise et al. (2012) note that a clinician who does not care for his/her psychological needs will eventually become impaired and this impairment will over time degrade the counselor–client’s relationship and produce a poor treatment outcome” (as cited in Malinowski, 2014, p. 12). By definition, this would be against the best interests of the client and unprofessional to maintain

fruitless endeavours when the therapist is not in the right set of mind to offer the quality of services that is required (Malinowski, 2014).

The *American Psychological Association's* (APA, 2002) *Ethical Principles of Psychologists and Code of Conduct* is in agreement by stating that “Psychologists strive to benefit those with whom they work and take care to do no harm” (as cited in Malinowski, 2014, p. 12). As professional in the mental health care industry, we have a level of public and personal accountability to oversee that no harm is done to clients, as our responsibility is to alleviate their suffering, not cause them more. Malinowski (2014) includes references to the *American Counseling Association* (ACA, 2005) and the *American Mental Health Counselor Association* (AMHCA, 2010), by citing that they are in conjunction with the fact that it is mandatory for their members to terminate any work-related activities that could be threatened by personal problems. They are also called upon to make appropriate referrals to their clients when their feelings, attitudes, behaviours and/or well-being are in question (i.e., symptoms related to anxiety, substance abuse, depression, and/or *burnout*) (Malinowski, 2014). Taking these statements to a formal account, they can be viewed as positive ethical approaches to encourage physical, mental, and spiritual health to support optimal professional functioning (Hinz, 2011).

As art therapists, we have an additional responsibility to ourselves when it comes to the uniqueness of choosing this line of work: our own artistic practices. This is an additional factor that has to be acknowledged and taken into account with relevance to our professional development (Orkibi, 2013). Being touched by the essence of art making has time after time marked us so deeply, it founded our interest in helping others in the same way. Crawford et al. (2014) cite Allen (1992) to reference that despite our understanding of the many ranges of benefits that we have also experienced while actively creating, it has been seen more often than not that art therapy graduate students and art therapist cease their own artistic expression once they start exercising their profession. Allen (1992) gives merit of this dilemma to the ramifications of *clinification syndrome* (Moon, 2008; Brown, 2008; Orkibi, 2013; Crawford et al., 2014). According to her research, it is described as a process that presents an impediment granting clinical skills to become the primary career focus, and gradually art making in itself is discontinued as a downfall (Allen, 1992). She suggests that this syndrome is frequently triggered when feelings of professional inferiority arise or when there is a de-emphasis of the arts during training, putting in

motion “a gradual avoidance of art making and assimilation into a more verbally oriented mental health profession” (Allen, 1992, as cited in Orkibi, 2013).

Historically, art therapy is considered as a marginalized field, and in all likelihood, we may suffer from a “professional culture of shame” (Johnson, 2009, as cited in Orkibi, 2013). Under these circumstances there is a subconscious and detrimental impact that costs art therapy programs and practitioners to become instinctively aware of the need to claim a degree of legitimacy and recognition from other professional branches by the means of alignment with those who “are better established and have more political clout” (Orkibi, 2013). Conveying more focus on “scientific” approaches and de-emphasizing the arts (Brown, 2008; Orkibi, 2013; Crawford et al., 2014). Brown (2008) recommends future research to further explore the issues that impede art therapists from their creative expression with the arts, “as well as the impact on themselves, their clients and the art therapy field (as cited in Crawford et al., 2014).

According to Brown (2008), art therapists are susceptible to “depletion, anger, apathy, disconnection from ourselves, our work and patients” when they do not nurture their creative energies, abilities and skills. Aliaga (2003) and Allen (1992) theorized that for us, there exist serious latent possibilities in regards to the absence of engaging in regular art making: career drift, stress, *burnout*, and *clinification* (as cited in Brown, 2008). “Regarding burnout, Ganim and Fox’s (1999) research claims that creating art work that represents stress-producing emotions could help reverse the body’s stress response, which would then reduce tension in the body, help ease pain, and enhance the immune system” (Crawford et al., 2014, p. 18). Hence, the particular importance for art therapists to continue and increase their own artistic practices outside of their professional life due to its *self-care* attributes.

The term *self-care* can be defined as “cultivating self-reflective awareness” (Rappaport, 2013). It is considered as a regime that would “[...] allow you to process what is going on and deal with it in a way that helps keep residual emotions from building up” (Mikel, 2013, p. 105). In other words, in nurturing and caring for our own needs, our sense of self improves and blossoms as it engages a practice of *mindfulness* (Rappaport, 2013; Crawford et al., 2014; Pollak et al., 2014; West, 2017). “The mindfulness approach can be of excellent value to [...] develop greater inner stability, resilience and more management of their thoughts and emotions” (Rezek, 2015, p. 11). This skill presents itself as being able to “be” in the present moment, while calmly witnessing, acknowledging, accepting and evenly distributing our attention to one’s inner feelings, thoughts,

and bodily sensations that have been blocked by previous life experiences (Rappaport, 2013; Pollack et al., 2014). Overall, giving light to moods that would soften self-judgment and increase tolerance for ambiguity (Rappaport, 2013).

Hinz (2019) stated that “the ingredients essentials for being a good caretaker are the products of living an enriched life: a deep well for psychological resources, physical vitality, and spiritual inspiration, wide margins for self-reflection, and firm boundaries to ensure time for effective personal self-care” (p. 5). She specifies that *self-care* should be seen as “not self-indulgent” and “not selfish.” It is often as therapists, we tend to ignore, overlook and neglect ourselves when it comes to taking care of our personal needs, seeing as there is a constant attention drawn to the client and their distress (Figley, 2002). But we forget that by taking care of ourselves, it is a way to provide growth as our own person and as practitioners (Crawford et al., 2014; West, 2017; Hinz, 2019).

Thus, feeling *helplessness* with my military/veteran clients is an unmet need in my own narrative, but why? This is one of the main reasons for my enquiry, for self-realization, to be more efficient as an art therapist and hope that it can inspire others to do the same.

3. METHODOLOGY

Through and within the creative process, often the creator experiences (even against one’s conscious intent) deep and meaningful insights by surprise or unexpectedly (McNiff as cited in Knowles & Cole, 2008). Art-based methodology brings that to light by means of systematically calling into play the actual process of artistic expressions and imagery as a primary way of understanding and examining that-said uncanny gift under the scientific pretense of a qualitative approach to research (McNiff as cited in Knowles & Cole, 2008). Putting to use the arts “as objects of inquiry as well as modes of investigation” (McNiff, 1998). The introduction of creative materials to the experimental process has therefore given expansion to heuristic research, and touched grounds on their therapeutic effects and versatility, “how ‘they’ affect us” (McNiff, 1998). Alongside participating and attesting to that spectrum, this paper features methods originating from an arts-based perspective to enquire into how therapist’s feelings of *helplessness* can be demystified through *response art* and *media* choices when reaching a *stagnant therapeutic process* with certain clients.

3.1 *Heuristic Art-Based Research Approach*

As mentioned in the beginning of this paper, the intention that stemmed the course of choosing this problematic was to draw out a thoughtful reflection on the feelings that were suddenly manifesting themselves from therapeutic impasses, to address them through an artistic process and to seek a better understanding of their purpose while finding a way to soothe them. Thus, an opportunity to have clearer insights relating to my experience through an arts-based study. I found that by directly involving myself in the enquiry, it was a way to engage my creativity in response to the feelings arose from the context of my sessions during my training. For this, ultimately, helped me understand the essence of my inner struggles influenced by the stagnation and the resistance of the military/veteran population in an art therapeutic setting and brought me a new perspective on these issues. The abrupt halt of movement of any kind can have a major impact on practitioners and I wanted to have a clearer insight of my own challenges with this situation.

When the fundamental subjective nature of a study places an accent on the inner-direct and personal involvement of the researcher, a heuristic arts-based approach is frequently the preferred method chosen to conduct it for qualitative outcomes (Moustakas, 1990; McNiff, 1998; Djuraskovic & Arthur, 2010; Kapitan, 2018). “From the beginning and throughout an investigation, heuristic research involves self-search, self-dialogue, and self-discovery; the research question and the methodology flow out of inner awareness, meaning, and inspiration” (Moustakas, 1990, p. 11). A well-known fact is that it would also include and privilege aesthetics, as our artistic “preferences change so do our repertoires,” giving us continual opportunities to rediscover new images in themselves and the “symbols that speak to us” (Brown, 2008). These were the basis of my own scientific exploration and was carefully considered to pursue and achieve the following attributed objectives: to show links between the *media* properties and the experience at hand that is the *response art* put into practice; to deepen my understanding of the subtlety and nuances of that encounter by exploring it creatively; to uncover a wider interpretation or significance of my feelings of *helplessness* that resonated from a *stagnant therapeutic process* with military clients; and to develop *self-care* strategies for my own needs as a practitioner.

“Heuristic research studies have a tendency to appear more ‘self-involved’ than art-based research when the emphasis is on a partnership between the materials of expression and the researcher” (McNiff, 1998, p. 54). Within this approach, the images and materials are investigated as independent entities that can speak for themselves and that can also express the major participant

in the study, the inner essence of the researcher (McNiff, 1998). Giving way to a process of being informed and of knowing, to which the combination of “*shared*” reflections surrounding personal and cumulative happenings can prompt us to create new discoveries and surpass one’s comprehensions (Moustakas, 1990; Kapitan, 2018). “As such, it encourages a researcher to explore openly and pursue the creative path that originates inside of one’s being and that discovers its direction and meaning within oneself” (Djuraskovic & Arthur, 2010, p. 1572). In other words, guided by an internal frame of reference, its distinction is where self-enquiry posits in-depth enlightenment that can only take place within, through the reach of a person’s intuition, sensations, perceptions, beliefs, judgments, and sense of being (Moustakas, 1990; Kapitan, 2018). Casting a light on what is there, enabling it to come forward to be known more fully for what it is and signifies, and extending knowledge to enhance its transparency to illuminate the inner self of the researcher, as what appears shows itself as itself (Moustakas, 1990).

3.2 Procedure

To do so, the methodological method selected for contemplating my interest between the phenomenon of *helplessness* and therapeutic stagnation derived from three of Hervey & McNiff’s (2000) steps to arts-based research and the six segments of Moustakas’s (1990) heuristic inquiry. Kapitan (2018) reflects that the primary components of research can closely follow the phases of the creative process as art making may be used for each one: to collect, analyze, and present the data gathered. To that end, I combined the phases of both authors to compress them into a four-stage exploration for my own study. The *first stage* was the “*initial awareness*”, by referring myself to my *response art* originally made after each session during my internship (over 55 images), they were the starting point for feeding my curiosity to what was not yet conscious, it addressed the inceptive development of my research question (Hervey & McNiff, 2000). This led me to compile the preliminary data ensuring a literature review that conveys a summary of relevant concepts to the appropriate contextualization of my position as a trainee with the military and veteran populations fighting addiction problems, and to a deeper integration of my groundings on the basis of my study (Hervey & McNiff, 2000). With the platform of certain databases such as Sofia, Taylor and Francis, and Google Scholar, pertinent information was acquired through searching among the following keywords: military, veterans, trauma, addiction, stagnation, impasse, therapeutic process, art therapy, therapist, *helplessness*, *countertransference*, *burnout*, *response art*, *media*, professional development and *self-care*.

It is important to specify that from here, the next three stages were repeated at intervals each time a creative process was commenced. My first set of creations previously mentioned above provided and allowed me to target a total collection of six samples that referenced themes or moments at which point my feeling of *helplessness* was at its peak as it emerged from clients' apparent impasses. Then, each of those moments was brought about in another art making process of *response art*, namely with a provisional intention to be re-created as a pertinent illustration of the subject in question, whereas the previous images were just the precursor to conceiving the idea and scientific topic of this study (Hervey & McNiff, 2000). Fulfilling the ***second stage*** of my research that involved a process of "*decontextualization and intentional re-creation*" (Hervey & McNiff, 2000). As such, the series of re-creations had the unlimited potential to be envisaged in the same manner as the originals, or in a completely new way with entirely other materials and mannerisms. This implies that depending on my artistic needs, instincts, and impulses in the midst of the creative process, my choices of utilizing *media* had the freedom to be consistently alike in their properties or not (in reference to the *Expressive Therapy Continuum*, ETC) (Hinz, 2019).

In essence, one artistic expression was granted once daily for the duration of six days. This proceeding of "*decontextualization and intentional re-creation*" acted as a means to remove the original images from their initial temporal and spatial occurrence when they were made tangible, and therefore they were detached from their pre-existing function (Hervey & McNiff, 2000). This gave me a systematic entryway in establishing and reaching factual findings necessary to my research with a concrete sequence of steps.

A brief interval was privileged as the ***third stage*** for this scientific endeavour, leaving a single day of "*incubation*" between each of the six periods of art making (Moustakas, 1990; Kapitan, 2018). Extending the creative component of my research to a sum and full length of twelve days. "The period of incubation allows the inner workings of the tacit dimension and intuition to continue to clarify and extend understanding on levels outside the immediate awareness" (Moustakas, 1990, as cited in Djuraskovic & Arthur, 2010, p. 1578). For these reasons, this phase tended to an essential period of dormancy to retrieve useful information that transcends before, during and after each creation was produced to facilitate and achieve an integration process of what had manifested in the art work itself and the events of its proceedings. Correspondingly, ensuring an emotional and physical detachment from each image so I could be completely available for the next one. In this time of saturation, Kapitan (2018) concurs in stating that "the

tacit dimension is actually pushing the question into ever-deeper levels of the mind outside of conscious awareness” (p. 194).

It also permitted for the “*natural cycle of the creative energy*” and the “*creative process*” not to be disrupted in its inherent channel or outlet, as it always has its own flow of organic movement that can trace or alter its trajectory (Pinkola Estés, 2005; Jobin, 2013). In other words, although the *creative energy* is in a way infinite, since it comes from what is immeasurable and profoundly vast, it follows a rhythm in which its progression depends on the constant changes in time and space as it is embodied in matter in the physical world (Pinkola Estés, 2005; Jobin, 2013). Ascending and descending curves, before resting in order to refill itself so that it can blossom again, the *creative energy* ignites, is born, rises, stagnates, falls, dies, and incubates before awakening once more, as seen in *Figure 3* (Jobin, 2013). Accordingly, I wanted to work alongside this rhythm, as it involves patiently listening to its natural flow rather than pushing it (Jobin, 2013). In succession under those circumstances, I could respectfully and totally engage myself in the production of every *response art* apart from one another while each of them represented a distinct moment of *helplessness* during my training. To the same extent as the phase of “*immersion*” of Moustakas (1990). Where it is characterized by the term “*indwelling*,” “a heuristic process in which participants turn inward with unwavering attention and immerse themselves in some facet of experience to attain deeper, more extended comprehension” (Kapitan, 2018, p. 194).

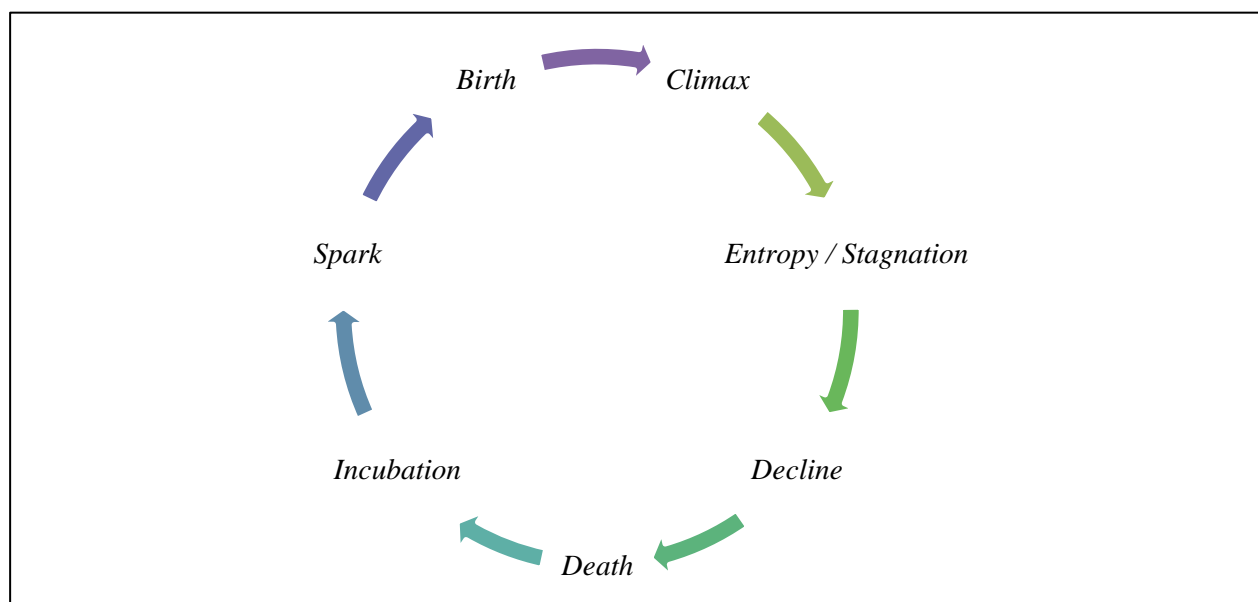


Figure 3. **The Cycle of the Creative Energy** (adapted and translated from Jobin, 2013, p. 38).

The *fourth stage* was divided into *three parts* that combined Hervey & McNiff's (2000) third phase – “*appreciation and discrimination*” and Moustakas's (1990) fourth – “*illumination*,” fifth – “*explication*” and sixth phase – “*creative synthesis*”. The *first part* consisted of taking an overview of the full creative collection which included the six re-created images of *response art* in their finality, one week after the last day of the series of *incubations*. Granting me a precious moment to assimilate my entire experience and bring out or catalyze any other information pertinent to the totality of the study. This last timeframe was reserved after the art works were put aside, so I might observe them with a new eye and have an objective overlook to make connection or links between the hints in the artistic graphics, symbols, *media* properties, etc. This gave me the chance to highlight which of the *Expressive Therapies Continuum* (ETC) levels were most used accordingly to my needs as a therapist-in-training during the analysis (i.e., within the spectrum of *cognitive/symbolic*, *perceptual/affective* and *kinesthetic/sensory*) (Hinz, 2019). Hence, the process of “*appreciation and discrimination*,” where the re-creations were assessed based on their value or the effectiveness of their expression (Hervey & McNiff, 2000). Helping me distinguish internal cognitive/emotional process from the material choices made. A calendar demonstrating all of the processes mentioned previously (from re-creations, to *incubation*, one week of inactivity, to the last review day) are featured in *Figure 4*.

The *second part* of the *fourth stage* was a mixture of the “*illumination*” and the “*explication*” phases (Moustakas, 1990, as cited in Djuraskovic & Arthur, 2010; Kapitan, 2018). “*Illumination*” unfolds freely when the researcher has reached a receptive state of mind without any aware strain to the implicit messages from within (Moustakas, 1990, as cited in Djuraskovic & Arthur, 2010; Kapitan, 2018). Having this intermission after the *second* and *third stages*, it enabled me to the manifestations of sudden cathartic breakthroughs that erupted into consciousness, in the same way as “aha!” moments, unrevealed or hidden meanings were then apprehended and seen (Kapitan, 2018). While still requiring a certain level of reflection, the “*illumination*” phase allowed for intriguing and mysterious processes that evoked tacit knowledge “and in that fosters the new awareness, modification of the existing understanding, and a new discovery of an experience” which the researcher was not fully percipient of beforehand (Moustakas, 1990, as cited in Djuraskovic & Arthur, 2010).

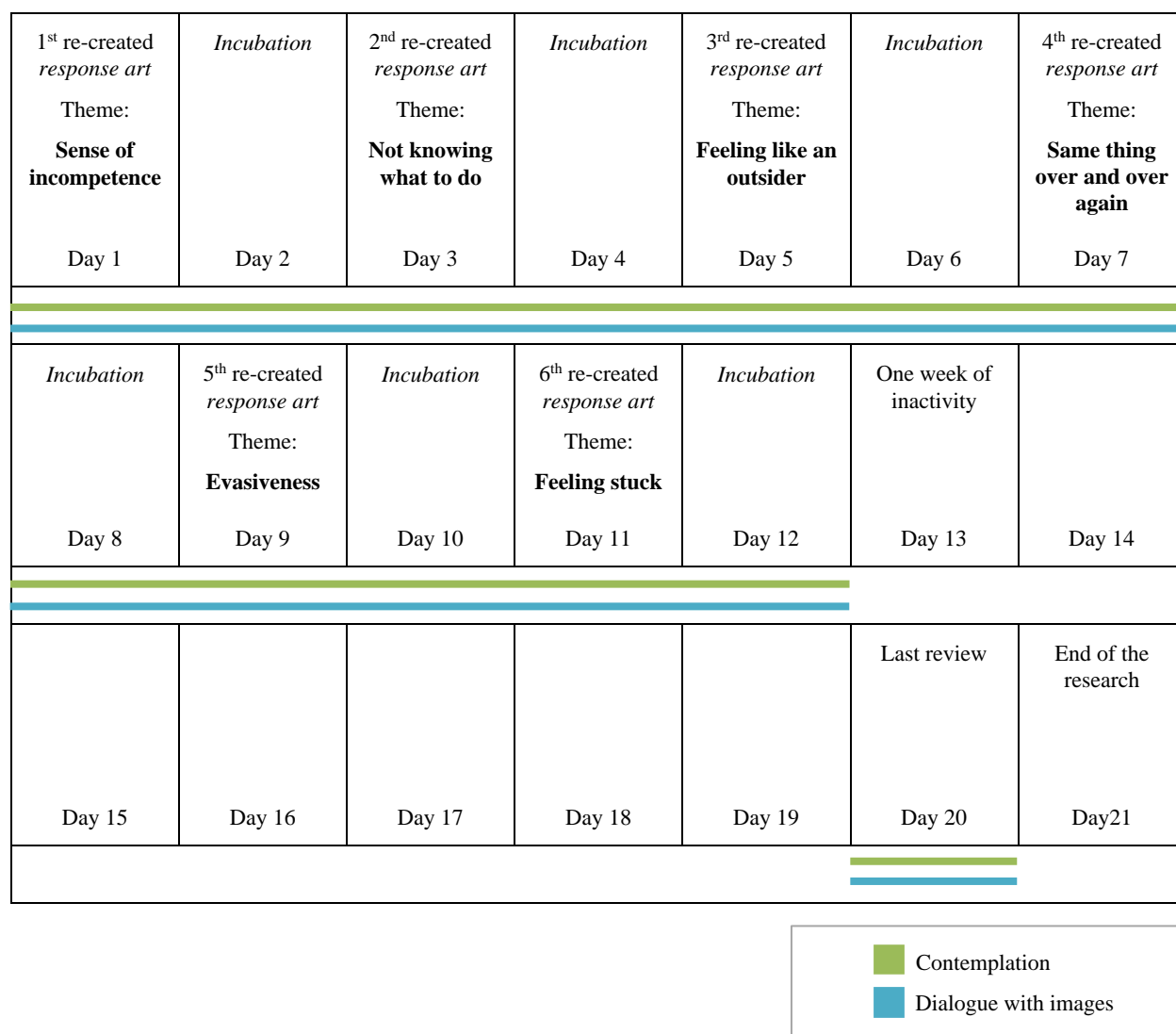


Figure 4. The creative process – calendar

Once the core elements of the enquiry were illuminated, I was then able to explain or “work through” what was brought up, as the “*explication*” phase refers to the ways and means of deep examination in reference to themes and qualities that have surfaced during the previous period of “*illumination*” (as cited in Djuraskovic & Arthur, 2010; Kapitan, 2018). It is said that concentrated attention in this position has had the convention of creating “a more complete knowing of the key discoveries, bringing logic to bear on the inquiry in order to discern general patterns in the data that emerge from intensive analysis” (Gilroy, 2006, as cited in Kapitan, 2018). Which in turn allowed for recognition of what was unique to my experience. A core theme and a composite of in-depth meanings were developed from the wholeness of that journey, as I was engaged in a focused self-exploration and an indwelled self-disclosure (Moustakas, 1990, as cited in

Djuraskovic & Arthur, 2010; Kapitan, 2018). Through this *part* of the **fourth stage**, a complete picture of the scientific phenomenon began to form, to such an extent that new views and patterns could be identified to offer alternative explanations in regards to the ventures undertook (Djuraskovic & Arthur, 2010). Thereupon, I was able to put it all together into context to be clearly communicated to others from my findings (Kapitan, 2018).

As mentioned before in this paper, what ultimately stood out while conducting my research, was the realization of the most vital factor of my experience when facing a *stagnant therapeutic process: self-care*. For that, the *third part* of this **stage** was dedicated to Moustakas's (1990) "*creative synthesis*," where the elements featuring *self-care* factors were integrated into strategies for my own uses as an art therapist-in-training. This last *part* of my heuristic art-based research represented the final assimilation of the supportive data, the affiliate qualities, and collective themes uncovered in the "*explication*" phase (Moustakas, 1990, as cited in Djuraskovic & Arthur, 2010). It has been found that the "*creative synthesis*" can be presented in any kind of imaginative form (i.e., narrative, poem, painting, story, etc.) because it "is not a mere summary of what went on in the study", it shows a thorough depiction and expression of the experience in its wholeness (Djuraskovic & Arthur, 2010; Kapitan, 2018). By those means, in wanting to externalize and express my holistic understanding, I created an emphatic index that shares an inventory of tactics to *self-care*, where practitioners can find inspiration to meet their own needs. In thus, the results of the exploration that originated from the six themes provided a sample of exemplars to exhibit and illustrate a visual memory of how these resources came about.

3.3 *Data Collection and Analysis*

The influential role of each **stage** in the methodology was to gather evidence in completing the analysis of my research as they fed scientific data to be examined, presented and disseminated. As such, the upcoming two tables (*Figures 5 and 6*) summarize, compile and register all of my impressions, thoughts, sensations and emotions that came through contemplation and/or dialogues with every re-created image. *Figure 5* specifically displays the assessment of: **before**, **during** and **after** each creative process of re-creations, while also illustrating what emanated within the **incubation** periods the following day.

	Emotions / Sensations / Thoughts			
Re-Creations of <i>response art</i>	Before	During	After	<i>Incubation</i> (the following day)
1 st theme: Sense of incompetence	<ul style="list-style-type: none"> • Sensation: pit in stomach. 	<ul style="list-style-type: none"> • Sensations: tightening in heart area, headache. 	<ul style="list-style-type: none"> • Emotion: conflicted between what I know of myself (competence) and what I am feeling (<i>helplessness</i>). • Thoughts: Why am I feeling this way? • Sensation: eyes watering. • Emotion: sadness. 	<ul style="list-style-type: none"> • Thoughts: this interior battle will give me strength, staying true to myself will help me find balance in my life. • Emotion: feeling emotional and proud.
2 nd theme: Not knowing what to do	<ul style="list-style-type: none"> • Sensation: pit in stomach. 	<ul style="list-style-type: none"> • Thoughts: frozen, immobilized. • Emotion: stress. • Sensations: upper back ache. 	<ul style="list-style-type: none"> • Emotion / sensation: utter fatigue. • Thoughts: fear of showing my inner struggles (hiding myself), rigidity, need to reconnect with my instincts (raw materials). 	<ul style="list-style-type: none"> • Thoughts: my fears are in the past; symbolism of the wise sage is my future. • Emotion: feeling peacefulness.
3 rd theme: Feeling like an outsider (not being from the military nor having addiction problems)	<ul style="list-style-type: none"> • Thoughts: need to prove myself. • Sensation: right side sciatic nerve pain. • Emotion: feeling worried, uneasy. 	<ul style="list-style-type: none"> • Sensation: numbness in the right leg, tingling. • Thoughts: prove myself to what or to whom? I don't need to! • Emotion: assertiveness. 	<ul style="list-style-type: none"> • Thoughts: have confidence in yourself. • Emotions: feeling content, grateful to myself. 	<ul style="list-style-type: none"> • Thoughts: establish my limits and convey my boundaries, so I won't hurt myself by trying to do everything for others. Don't let others dictate how I must be, only I can do that. • Emotion: feeling more myself.
4 th theme: Same thing over and over again	<ul style="list-style-type: none"> • Thought: turning in circles. • Sensation: stillness. 	<ul style="list-style-type: none"> • Thoughts: I don't know how to get out of it (the spiral). • Emotions: feeling consumed, frustrated, disappointed. 	<ul style="list-style-type: none"> • Thought: I feel like there is no way out. • Sensations: dizziness, nausea, pinching to the heart, headache. • Emotion: sadness. 	<ul style="list-style-type: none"> • Emotion: acceptance, understanding and recognition. • Thoughts: the importance of the detachment I need to develop my professional identity and I am good enough.

<p>5th theme: Evasiveness</p>	<ul style="list-style-type: none"> • Thought: nothing is happening, try to find a way of reaching clients without pushing them. 	<ul style="list-style-type: none"> • Thought: polarity (feelings inside – movement, versus what is happening in session – nothing). • Sensation: hiccups. 	<ul style="list-style-type: none"> • Thoughts: utilize the evasiveness in session, naming it. Using countertransference not fully integrated yet. • Sensation: sore throat. 	<ul style="list-style-type: none"> • Thoughts: felt as though I was completing an integration phase of my polarities (evasiveness / boldness), importance of grounding myself and staying true to who I am in every way, as a person and an art therapist. • Emotion: sense of calmness. • Sensation: space to breathe and to be in the present moment.
<p>6th theme: Feeling stuck</p>	<ul style="list-style-type: none"> • Thought: feeling as though there is no way out, no solution. • Sensation: headache. 	<ul style="list-style-type: none"> • Thought: I have many resourceful people in my life to help me if needed, I am not alone. • Emotion: feel supported by my ancestors, giving me strength (spirituality). • Sensation: irritation of the eyes. • Thought: just scratching the surface of what I am hiding: feeling ashamed of necessitating help from others – no trace. 	<ul style="list-style-type: none"> • Emotion / sensation: feeling tired of being ashamed, demands energy. • Thought: having kindness towards myself, being gentler and more caring. 	<ul style="list-style-type: none"> • Thought: coming out of a rut, reaching my goals to a unified self. • Emotion / sensation: feel more in tuned with myself.

Figure 5. Analysis – emotions, sensations and thoughts for each creative process.

Figure 6 exhibits the final outcome behind the re-created *response arts*. Here was the evaluation of what was detected. Had the feelings triggered by *helplessness* progressed or not, and during which a statement was made if the re-creations were effective in delivering a sentiment of any kind that reflected or reciprocate a form *self-care*, whether they subsided those initial feelings or not. In addition, it is important to mention that there were over 70 pages of written documentation in reference to the creative and introspective experience of this research, as they testify for its scientific integrity.

Re-Creations of <i>Response art</i>	Did the feeling of <i>helplessness</i> evolve in any type of way? (Yes, how so? / No)	Was it effective to my sentiment of <i>self-care</i> ? (Yes, how so? / No)
<p>1st theme: Sense of incompetence</p>	Yes, my feeling of <i>helplessness</i> evolved into confliction. I felt something changing, but I didn't what it was yet.	Yes, I felt lighter.

<p>2nd theme:</p> <p>Not knowing what to do</p>	<p>Yes, my feeling of <i>helplessness</i> evolved into a revelation. I discovered that I have a fear of showing my inner struggles. I hide myself from others even though I need to express my feelings.</p>	<p>More or less, I felt extremely tired and physically drained afterwards.</p> <p>But, the following day of <i>incubation</i>, after having dialogued with my image, I sensed a need to add one last touch (shades of orange). Then, I did have a sentiment of <i>self-care</i>, a sense of peace.</p>
<p>3rd theme:</p> <p>Feeling like an outsider</p> <p>(not being from the military nor having addiction problems)</p>	<p>Yes, my feeling of <i>helplessness</i> evolved into self-esteem. This experience gave me an opportunity to truly and fully believe in myself to the point that I don't need the approval of others to know that I am a good art therapist.</p>	<p>Yes, I felt more confident.</p>
<p>4th theme:</p> <p>Same thing over and over again</p>	<p>Yes, my feeling of <i>helplessness</i> evolved into feeling physically ill, nauseated. This indicated to me that there was something that I needed to let out (throw up).</p> <p>Nausea in French is "<i>mal au cœur</i>," translated word for word, it means "heartache." As such, I felt heartbroken when in a stagnant situation presents itself. This explained my exhaustion during my internship, as I was trying to do too much for my clients. I was overcompensating, because I never felt good enough.</p>	<p>Yes, because this experience showed me that by connecting with my body and its sensations, I was able to demystify what is underneath.</p>
<p>5th theme:</p> <p>Evasiveness</p>	<p>Yes, my feelings of <i>helplessness</i> evolved into boldness and understanding. I now know that as my clients were avoiding expressing certain feelings or subject, I would promptly comply. As a result, my client's avoidance reinforced my own tendencies of evasiveness.</p>	<p>Yes, I felt as though my self-assurance in trusting my gut feeling had increased ever so that it strengthened my faith in my intervention capabilities linked to my <i>countertransference</i>.</p>
<p>6th theme:</p> <p>Feeling stuck</p>	<p>Yes, my feelings of <i>helplessness</i> evolved into respect and warmth towards myself, as I was more self-compassionate.</p>	<p>Yes, I felt as though a heavy weight was lifted. Afterwards, I noticed my need to reconnect with my spirituality and to resource myself with nature.</p>

Figure 6. Analysis – Evolution of Helplessness Feelings and Effectiveness of Self-Care.

As my *media* choices were a major factor in the questioning subject of my study, a chart represented in *Figure 7* shows the usage of the *Expressive Therapy Continuum* (ETC) qualities in establishing the amount out of the six re-created *response arts*, how many presented one of these levels: *cognitive*, *symbolic*, *perceptual*, *affective*, *kinesthetic*, and *sensory* (Hinz, 2019). To the same degree, I find of great value to give an overall assessment of the *media dimension variables* (MDVs) in annex with the results of the ETC analysis to provide fair data and establish an in-depth examination of the creative process in its wholeness.

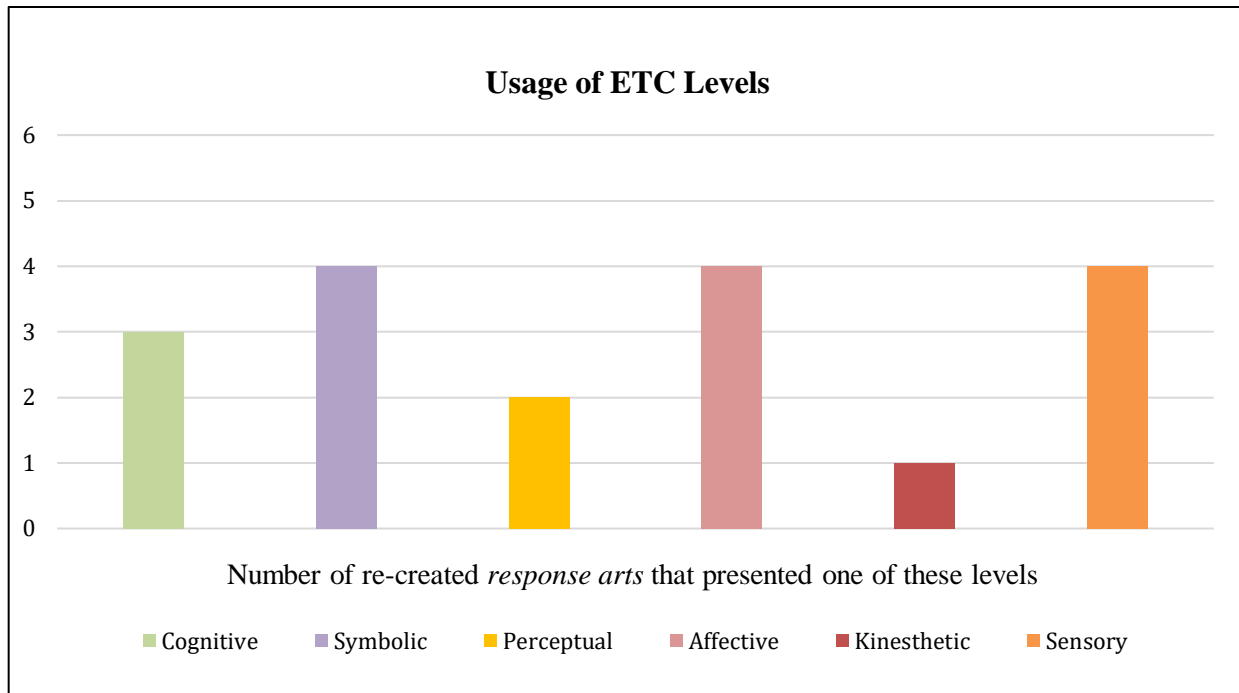


Figure 7. Analysis – the *Expressive Therapies Continuum* (ETC) levels used.

The *Expressive Therapies Continuum* (ETC) was therefore used in honour of its nature as a tool for critically observing, classifying, and describing interactions with the *media*, defining their features and level of expression to process the visual cues pulled from the images created (Hinz, 2019; Lusebrink, 2010). As displayed in *Figure 7*, the *symbolic*, *affective* and *sensory* levels were equally the most frequently brought into play during my research. Giving a prominent place to intuitive, implicit and unconscious processes (emotional, spiritual, holistic) of the *media dimension variables* (MDVs), as these levels elicited a more emotional response from the “fluid” *media* chosen: acrylic paint, watercolour and oil pastels (Hinz et al., 2019). This allocated for the classification of the *Intuitive Processes*, where the presence of a more unstructured gesticulation favoured a freedom-oriented expression of choice to support greater creativity. They were also low in complexity, that was met by the few steps or motions (less than 2) to complete the image, granting for personal investment (Hinz et al., 2019). From that we can gather that novelty materials were chosen, in which they evoked stimulation without mediators to reduce the reflective distance while increasing emotional appeal or prompting regression. The MDVs dictate this process as a way to encourage excitement, investment and allow for development of personal meaning (Hinz et al., 2019).

As for the *cognitive level*, it was closely in the running by one under the previous scale of 4. *Perceptual* and *kinesthetic* were noticeably and arguably lacking in comparison to the others. According to the *media dimension variables* (MDVs), the *cognitive* and *perceptual* levels are of rational decent where linear, logical and language-oriented schemes were determined by explicit and conscious processes originate from the resistive/dry *media* uses, as they require effort to be manipulated: sharpie pen, white marker and collage (Hinz et al., 2019). This prompted more of a cognitive response and would mainly promote feelings of being in control, as the structure of the images were pushed toward a greater uniform product. Therefore, limiting creativity and providing a sense of safety, as the category of the *Rational Processes* is of high complexity in manoeuvres to complete creations (3 or more steps), since it engages the cognition in a momentum which most are comfortable with (Hinz et al., 2019). The familiarity with the materials also brings out a quality of safeness, as the mediators allow for a reflective distance and encourage the person to think about the creative process, in contrast to the *Intuitive Processes* where it is mostly about generating an emotion (Hinz et al., 2019). Hence, this class of MDVs can promote feelings of safety, self-confidence, thinking, and control (Hinz et al., 2019).

I find it fascinating to note that even though the *kinesthetic* level is classified as an *Intuitive Process* (MDVs), here through my arts-based research, it was considerably deficient compared to the *symbolic*, *affective* and *sensory* levels (1 against 4). Being the base of the hierarchical structure of the ETC, the *kinesthetic* level is dedicated to the simplest kind of expression in which the body is engaged in action to access information from different types of inputs, granting for understanding of emotions and the development of memory (Hinz, 2019). Congruently, this result indicated to me that my physical self and its functions were not fully striving nor expressed. But in all, the experiment of my creative experiences established how the ETC levels were nearly within reach of obtaining or gaining the ultimate *creative* level, that is a *global integration*, if they were all uniformly at the same range of 4.

With the compilation of these facts and after the final *review day* of the series of re-created *response arts*, I then made a comparison between both the *Expressive Therapy Continuum* (ETC) and Hinz's (2019b) *Life Enrichment Model* (LEM), demonstrated in *Figure 8*. "Moving beyond art to the larger realm of activities and life experiences, the LEM provides a structure for conceptualizing and objectively creating an enriched life" (Hinz, 2018, p. 24). Being an adaptation of the ETC, the LEM is similar in the same way that it can be seen essentially as a schematic

diagram of the brain and its functions in the manner of how we engage, connect and interact with the world that has an external influence on our mind and body, just as materials can be for the ETC (Hinz, 2018).

Figure 8. Comparison between the *Expressive Therapies Continuum* (ETC) (adapted from Hinz, 2019, p. 5) and the *Life Enrichment Model* (LEM) (adapted from Hinz, 2018, p. 18).

Taking what data came out of my ETC assessment, I could formerly catalogue those experiences to later associate them to their alike match of the LEM levels. Meaning that the ETC's *cognitive* component would be the equivalent of the LEM level of *intellect*, and so forth, *symbolic* to *symbolism*, *perceptual* to *pattern/routine*, *affective* to *emotion*, *kinesthetic* to *movement*, and *sensory* to *sensation*. Factoring this in, I affiliated data from the analysis of the *Expressive*

Therapies Continuum (ETC) levels used during my research (*Figure 7*) to make my own *Life Enrichment Model Circle Assessment* with the same colours and subtotal from each of the ETC levels. This is shown in *Figure 9*, as it helped me interconnect and take stock of my life experiences, so I may intentionally enhance the areas that were ignored or somewhat neglected (Hinz, 2018).

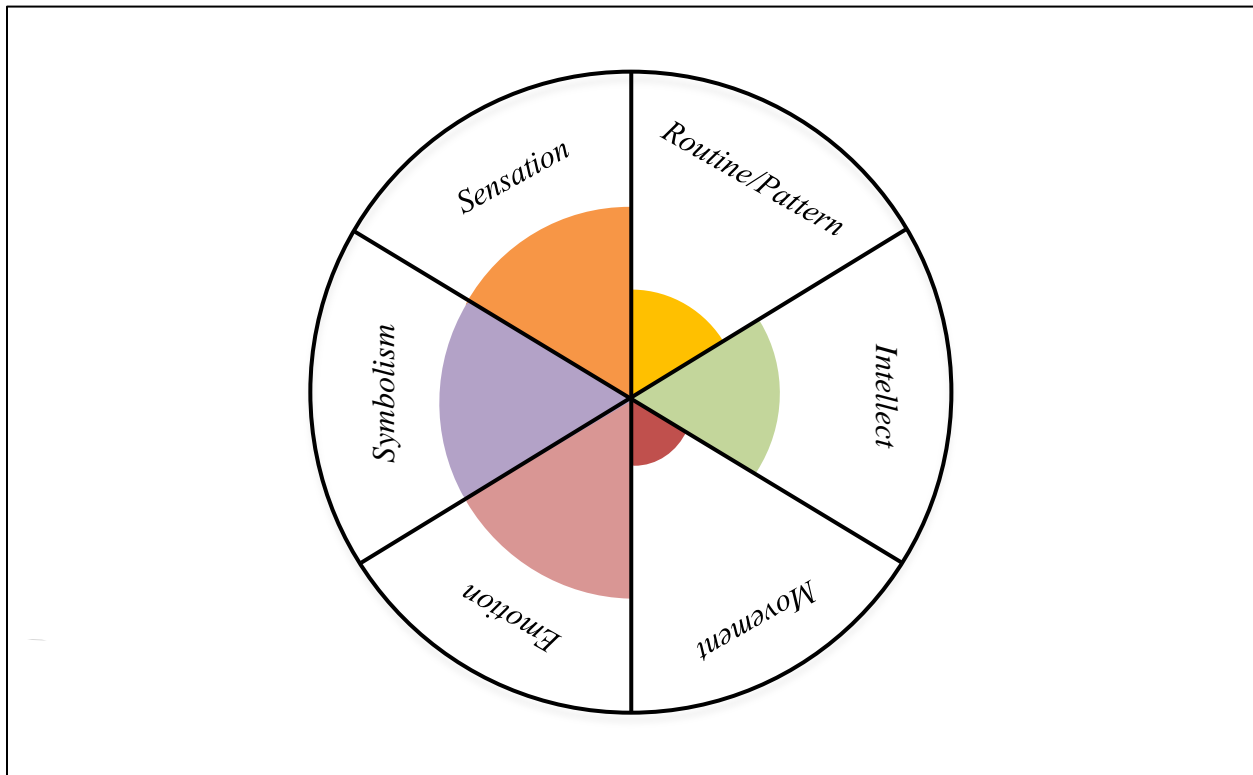


Figure 9. The *Life Enrichment Model Circle Assessment* (adapted from Hinz, 2018, p. 23).

In seeing my *Life Enrichment Model Circle Assessment*, I suddenly noticed that there was an interesting disequilibrium between my left and right hemisphere brain functions, meaning that during my research I predominantly used materials that activated my right side. *Figure 10* demonstrates the total of times when each category of the component levels was stimulated throughout the creative process of the six re-created *response arts*. As such, the zones from my left side were obstructed or lacking, giving me a clear sign to the sorts of activities that would be beneficial to reach a *global integration* – identifying and targeting certain *self-care* strategies that might address the imbalance and stabilize it, for then restoring a more balanced life for both brain hemispheres.

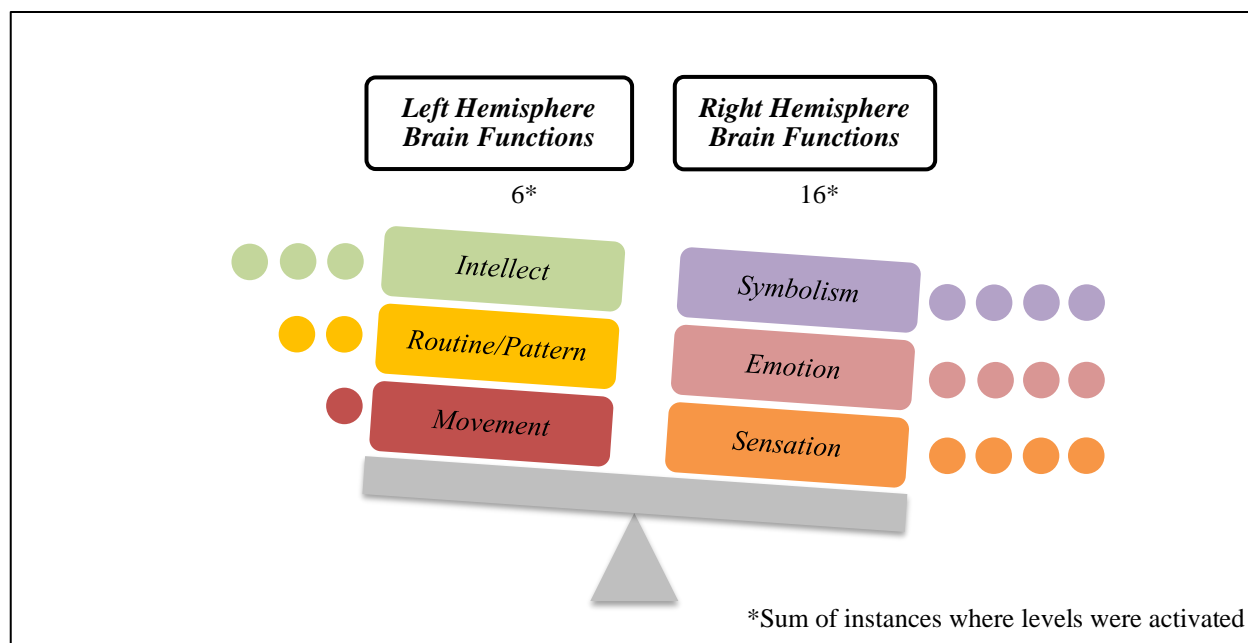


Figure 10. Evaluation – imbalance between both brain hemispheres activities.

Hinz (2018) specifies that “The LEM offers a way to conceptualize and practically create an enriched life, one that will help foster optimal health and allow therapists to cultivate resiliency, invest more deeply in their professional practice, and achieve a satisfying balance between their personal and professional life” (p. 17). In essence, the purpose of *Life Enrichment Model* (LEM) is to specifically help take inventory of your *self-care* practices, bring together and add information about potential activities that would serve you in the most favourable and advantageous way (Hinz, 2018). This was what ultimately helped me conceive my own index of *self-care* recommendations that met my own needs stemming from the results of these qualitative and insightful analysis.

3.4 Ethical Considerations, Biases and Limitations

By being the sole participant for this research, my position enables acquisitions to connect with the wholeness and depth within, through a process of self-discovery. Transcending my own boundaries, as art making has shown to go beyond the consciousness (McNiff, as cited in Knowles & Cole, 2008). I want to remind that this study might testify for others who have, in many ways, experienced a *stagnant therapeutic process* with clients that suffer from difficult issues like trauma and addiction, providing therapists a resource to support one subjective interpretation of the unconscious thread behind feeling helpless and to offer suggestive *self-care* strategies. Yet, it

cannot be exclusively relied on for all, meaning it cannot be generalized towards standardization since it was not conducted with a large percentage of people.

Foremost and given the nature of the heuristic art-based enquiry and the culturally specific context of the military/veteran population, there are ethical considerations to be made before drawing conclusions from personal experiences. Under those circumstances, there is need of mentioning ethical concerns in regards to the autobiographical information shared. In which, it may impact the study by drifting away from the primary objectives, reaching different conclusions, underlining a lack of consistency and reliability, and making a broad generalization of the large amount of data from the creative process and images (Kapitan, 2018). It is also important to discuss the importance of knowing oneself in terms of social locators, acculturation levels, as well as preferences and aversions in relation to art *media*. For that matter, there are some limitations to do with the replication of this study and reproducing it may be difficult due to its subjective qualities. I respectfully urge caution that there are biases to be pondered over as this study is purely subjective to one person, and also the insufficiency of my professional experience needs to be considered, as I was an art therapist-in-training at the time of my research. In so, the findings may not correspond or coincide with everyone reading this paper.

4. FINDINGS

I can honestly say that this arts-based enquiry has revealed and firmly pointed to many of my own hidden *countertransference*. To present what exactly emerged from the *response arts* made in reaction to my feelings of *helplessness* when reaching a *stagnant therapeutic process* with the military/veteran clientele and how the *media* choices helped me demystify those inner emotions and experiences they provoked, three global themes of those distinct learning will be disclosed while putting alongside the display of the images that preceded it. Thereafter, the introduction of the index of *self-care* strategies tailored to my own needs will be welcomed, as it was brought to life by the wholeness of my research. This would faithfully account from the materials that I instinctively chose to use, the moments that in turn permitted deep contemplation throughout my creative journey, the ongoing direct dialogue engaged with the re-created images, and the data that emerged from the various processes of my analysis.

4.1 Fear to Value

The all-encompassing wisdom that came from the immersion of my arts-based study was my inherent lack of *self-esteem*. Most of the creations brought me, just to name a few, a sentiment of relief, gratitude, worth, comfort, familiarity, presence, confidence, strength and/or *self-care* **after** each creative process. I regained and fortified a better sense of self and self-perception mainly during the accumulation of each *incubation* phase.

The great fear of failure was one of my biggest *countertransference* when it came to stagnation. I thought that the progression of my clients through their therapeutic process was a reflection of my own work and that my superiors would judge me on it. But in hindsight, what I considered as social criticism was in fact a projection of self-criticism. Hewitt & Flett (1991) stated the direct link between perfectionism and a fear of failure: “Self-oriented perfectionism involves the tendency to set unrealistic standards for oneself and to harshly evaluate and criticize one’s behavior as a result of a drive to attain perfection and avoid failure” (cited by Conroy et al., 2007, p. 239). For myself, by auto-criticizing to such an extent, I would take on the stagnation of my clients as my own.

Therefore, from my own conclusions, there was an underestimated importance to detach myself from the therapeutic process of my clients (emanated from *Figure 4*). Although the concept of detachment is considered negatively as a maladaptive schema or hostility towards the client (Ehrenberg, 1996; Pimble, 2016; Simpson et al., 2019; Rauvola et al., 2019). Whereas for the principal of this paper, I think that it otherwise means a *healthy professional detachment*, as you would still simultaneously empathize with the experiences expressed in therapy. For myself, this was mainly to be able to regain a beneficial *reflective distance*, as you would with an image (Hinz, 2009, as cited in Lavoie, 2018). In art therapy, our feelings, thoughts and sensation can be put into a creative process, an external imagery from ourselves, that lets us transition, take a step back and have some perspective on what is present without being overwhelmed by it. In so, I wanted to, rather, promote distancing in a healthy way, as a state of wellness for self-preservation, where practitioners are an *empathic detached observer* (Delisle, as cited in Brillon et al.,



Figure 4. Fourth re-created response art, theme: *Same thing over and over again*.

2011). This implies that there would be a form of safety in a *healthy detachment*, for the underlying reason is not too suddenly and mistakenly assume what is not yours to bear. As “therapist’s assets, such as empathy, which is a vital tool for the therapy, may go too far and can come at a cost to the therapist” (Parry, 2017, p. 114). As a result, promoting that sort of self-awareness can indistinguishably improve the relational dynamics within the therapeutic relationship by contributing to our reflexivity and well-being (Drapeau et al., 2020).

Additionally, with perfectionism and the fear of failure there is also some urgency for *self-compassion*. It is conceptualized through three core components: self-kindness opposed to self-judgment, humanity against isolation, and mindfulness instead of overidentification (Germer & Neff, 2013). “Self-kindness entails being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than flagellating ourselves with self-criticism” (Germer & Neff, 2013, p. 856). I especially learned this through the creative process of *Figure 6*. That is to say that without *self-compassion*, there was no way I could grow and flourish my confidence, faith, courage, pride and love towards myself. To be in synch with everything that defines you as a person that always goes hand in hand. This was one of my greatest self-discoveries, as it provided me to have a better and more positive outlook on my life in complete gratitude towards my body, mind, ego and spirit, as they came together to nourish my *self-respect* and *self-worth*.



Figure 6. Sixth re-created response art, theme: *Feeling stuck*.

4.2 Kinship Between Selves

My feelings of *helplessness* were likewise due to the fact that I was stagnant in my own life, that there was an inner battle already underway without my knowledge. Once I truly commenced this study through art making, I distinguished some sort of imbalance and recognized a duality that was not yet fully conscious between my professional and artistic identities. This may be seen through the image of *Figure 1*. Everything only became clear when I did my last review of the series of six re-created creations. From the notion of *incompetence*, and that is to say that it is frequently felt by many art therapist-in-training, this *countertransference* of helplessness exuded inner conflict from how I view myself as a practitioner and as an artist. I noticed that I progressively ceased my own artistic expression during my art therapy education, because I placed

all of my attention on perfecting my clinical skills and exercising my profession. My primary focus was towards my career and that alone. I was slowly losing a part of myself: my creativity. As I went through the motions of this art-based research, I realized how vital it is for art therapists to do their own art without the influences of their workplace or clients. Having a haven that is ours and ours alone. “Professional insecurities are normal in most disciplines. Some art therapists suggest that one way to inoculate against these insecurities is to establish a solid foundation in art making” (Moon, 2015, p. 120). In all, this introspective process put an inward light on the principles I wanted to portray as an art therapist and to live by. This also resulted in strengthening my artistic identity since art making practices have become an essential breakthrough in relation to my *self-care* strategies.



Figure 1. First re-created response art, theme: *Sense of incompetence*.

As I found myself putting forward and defining my two identities, I grew to know myself better, recognized my limits and established my boundaries (expressed through Figure 3). “They reason that making art is good for people, and the processes and the products of art therapy can provide art therapists with an emotional anchor in the midst of the tumultuous seas of professional life” (Moon, 2015, p. 120). This personal and professional development was important for my own process, as it helped me discover the deepest source of my *countertransference*, and the insecurities created by it. Framing, conveying and satisfying my basic and subjective necessities of *self-care* in my daily life (creativity, spirituality, exercise, connectivity to nature, etc.), this fortified my ability not to be easily influenced by the negative remarks, attitudes and/or behaviours of others, to be and to stay true to who I am in every way possible. In doing so, I felt no need to justify myself regarding my professional credentials or my art therapeutic capabilities and skills in the workplace. Therefore, this research project favourably solidified both of my identities for my own development and growth as an individual.



Figure 3. Third re-created response art, theme: *Feeling like an outsider*.

4.3 Inner Breakthrough

Last but not least, I discerned unresolved issues that sourced my *countertransference* in regards to feeling helpless in stagnancy. Through my research and creativity, it revealed two underlying polarities that were induced by the immobilization of clients in their therapeutic process, but they rightfully belonged and clearly stemmed from other experiences. *Figure 2* demonstrates my inclination to hide my inner struggles and not to show them to love ones nor to seek help from others when I was knowingly aware that it had to be expressed. Just as the military and veteran populations, there is a sense of shame that comes forward when feeling vulnerable, it restrains you to go forth and to move onward. Isolation becomes more convenient because you do not want to feel like a burden to others.



Figure 2. First image of second re-created *response art*, theme: ***Not knowing what to do.***

This was connectedly linked to what *Figure 5* bares, as it confessed a theme that closely relates: evasiveness and boldness. I discovered from this creation that as a result of my client's avoidance, it would reinforce my own tendencies of evasiveness. Notably, this form of *countertransference* showed me the significance of being circumventing, as it was a way to bypass the movement of emotion that I felt inside during sessions by doing nothing and trying to ignore the sentimentalism. Fulfilling a custom to escape commitment to what was presently felt and to the ends of what I thought was self-preservation. Stopping myself from naming or confirming the existence of my *countertransference*, out of fear of offending clients or of not being liked by them. By virtue of this process, I felt more daring in utilizing, harnessing and directly identifying my *countertransference* with clients, since my job is not to be liked, it is to help them grow and evolve in their therapeutic process.



Figure 5. Fifth re-created *response art*, theme: ***Evasiveness.***

On another note, I came to doubt everything I felt as a result of past negative exposures in my personal life, thusly emphasizing my own inner evasiveness towards myself. In certain

situations, people had convinced me that my feelings were irrational, absurd and invalid. To that effect, I disconnected from my emotions and my body to cope, to be normal (whatever that was to *them – men*) and to adjust myself in whichever manner *they* needed me to be, so *they* may feel comfortable. As women, we tend to do that. Working with male soldiers who clearly had a sense of discomfort with their own emotional vulnerability, turmoil and intimacy accentuated those experiences I had with men where my heartfelt emotional outpourings would overwhelm them. They did not know how to respond to a civilian, other than by placing emotional barriers. Once I became aware of this, I was finally able to recognize that that evasiveness belonged to them and not myself, it was their own struggles and powerlessness to communicate their emotions.

Through the benefit and enrichment of having done a sequence of re-created *response arts*, it facilitated and addressed “the inherent dilemmas at the core of [my] female selfhood” (Adams & Duncan, 2003). Therefore, art making let me regain and restored my sense of trust that led to a process of individuation through transparency and authenticity towards my true inner self (Jung, as cited in Adams & Duncan, 2003, p. 150). Redirecting what did not rightfully belong to me and had no place within. As I did this introspection, I had more faith in my abilities, gut, intuition and art therapeutic interventions. An unforeseen transition occurred where a reconnection with my instincts completed an inner process of unification of my polarities. Effectively, that was proficient in getting me to be more present in the moment with myself, *in my body*.

4.4 *Planning Aid to Self-Care*

After going through this thoughtful and reflective process, I found myself progressively giving up bad habits at the same time as acquiring more endearing ones. An alteration in my behavioural patterns (demeanour, habits, gestures, attitudes and/or beliefs) was beautifully observed. I unconsciously developed a deeper regard for myself with kinder, wholesome and more affectionate ways of thinking or acting. Without even realizing it, I felt as though my self-criticism had been put aside and silenced. The aftermath accompanied by the retrospection of every creation granted me new perceptions that had keen insights about the negative thoughts or opinions I had towards myself. By doing so, I was more conscientious. Little by little, a remarkably grand selection of changes and modifications were established to dedicate themselves to my *self-care* in regulating and soothing emotional struggles and/or my physical tensions. Frankly, I was thereby more loving towards myself.

Taking into consideration what was brought to my attention through my *Expressive Therapy Continuum* (ETC) and *Life Enrichment Model* (LEM) analysis, I made a first inventory allocated to the choices of activities in terms of their functions relating to the left side brain hemisphere that were inactive, unexcited and/or insufficiently stimulated (*kinesthetic – movement, perceptual – routine/pattern* and *cognitive – intellect*). Therefore, here are examples of activities, tactics or exercises that have been efficient to my *self-care*, each of them were assorted in the corresponding category, and they can be added to anyone’s library of strategies if wanted (as displayed in *Figure 11*).

<i>Kinesthetic – Movement</i>	<i>Perceptual – Routine/Pattern</i>	<i>Cognitive – Intellect</i>
<input type="checkbox"/> Go for a run / exercise (20 minutes) in the morning; Plan breaks throughout the day to move your body (e.g., shaking meditation where you shake your entire body to release tension and promote blood circulation); <input type="checkbox"/> Take walks in nature once a day; <input type="checkbox"/> Stretch / do yoga poses before bed;	<input type="checkbox"/> Try to keep a regular routine that values time off to recuperate; <input type="checkbox"/> Meditate 15 minutes a day; <input type="checkbox"/> Instill habits to tap into one’s creativity; <input type="checkbox"/> Find something to be grateful for once a day;	<input type="checkbox"/> Read 20 minutes a day anything that peaks your interest (fantasy, romance, imaginary, etc.); <input type="checkbox"/> Throughout the day, write your thoughts with illustrative images in a creative journal; <input type="checkbox"/> Discover a new hobby to take pleasure in that intellectually engages you (e.g., learning a new language); <input type="checkbox"/> Have deep and meaningful conversations with others that stimulates you;

Figure 11. First part to *self-care* inventory.

More so, I wanted to also include other recommendations or suggestions that I found important for *self-care* in regards to the levels of *sensory – sensation, affective – emotion* and *symbolic – symbolism* (shown in *Figure 12*). Some of these were initiatives that I was already familiar with and applied daily before conducting my arts-based research. But in addition to those, I inserted extra essential components to each list with reference to what I have learned during this study, as they had a major impact on my overall health. They are to be complementary in an aspiration to achieve and fulfill the *global integration* level: *creative – creativity*. You may take note of them as ideas to complete your own collection.

<i>Sensory – Sensation</i>	<i>Affective – Emotion</i>	<i>Symbolic – Symbolism</i>
<input type="checkbox"/> Enjoy and appreciate the simplest of happenings through your five senses: sight, touch, hearing, smell and taste (e.g., feel the sunshine or wind on your skin, eat a good cooked meal, listen to the sounds of nature, etc.);	<input type="checkbox"/> Give yourself a minimum of one complement a day (e.g., my hair looks great today);	<input type="checkbox"/> Orchastrate some alonetime;
<input type="checkbox"/> Take a bath or shower with the intent to wash away your doubts, worries, anxieties and/or negative energie;	<input type="checkbox"/> Look in the mirror and say: "I love you" while hugging yourself;	<input type="checkbox"/> Revive your spiritual practices;
<input type="checkbox"/> Have an electronic and social media free day;	<input type="checkbox"/> Recite multiple times a day: "I am beautiful, strong, kind, smart, capable and a bad ass";	<input type="checkbox"/> Offer yourself a window to pause and self-reflect (i.e., instrospection);
<input type="checkbox"/> Provide yourself moments to consciously breathe in and observe the physical sensations that present themselves in your body, as they may have a message to deliever to you;	<input type="checkbox"/> Connect with love ones;	<input type="checkbox"/> Say nice words to plants, animals, or even inanimate objects;

Figure 12. Second part to *self-care* inventory.

It goes without saying that some of these strategies can be easily inserted into everyday life, as a familiar routine. However, frequently they are not prioritized and that was no exception for my own process. I found it very difficult from the moment of the inception, because I was creating new habits and getting rid of the old ones. Yet, what eventually worked for me in making an effortless transition or acquisition to *self-care*, I would recommend to naturally select the activities that are most accessible according to your immediate and specific needs in order to regulate what is highly imperative for your well-being.

Remember, not all of these activities, tactics or exercises are required to be used on a daily basis. They are purely examples that can be drawn from their respective aside reserve. Hence, depending on unforeseen occurrences and weekly events, this inventory permitted me to have a legitimate chance to pick which one of these strategies that was most suitable for my current state of mind, feeling and physicality.

5. DISCUSSION

Following the trajectory of recent occurrences from the *Findings*, I wanted to take a moment to introduce the recapitulation regarding the main developments and conclusions attributed to this research paper. While the reflections previously indulged were, what I esteemed, the guise of the groundwork and circumspection predetermining the upcoming answers. To that end, this arts-based study ultimately led to the embodiment of multiple sources of *countertransference* that were, in fact, present and their materialization came about essentially as tangible, empirical and conclusive evidence. Within this framework, it would be relevant to recall the questioning statement and its issues, given that it served and structured the foundation of this enquiry.

How can *response art* and *media* choices demystify feelings of *helplessness* that burden art therapists when reaching a *stagnant therapeutic process* with the military and veteran populations?

The aspirational goal of this creative exploration was to utilize the best qualities of *response art* and *media* choices in a methodical manner to help me thoroughly and properly understand the essence of my inner experiences swayed by this clientele's resistance, and to deepen the introspective process that brought me new perspectives on these issues as an art therapist-in-training. That being said and as mentioned in the beginning of this paper, my intent was to draw out a thoughtful reflection on the feelings that were suddenly manifesting themselves from therapeutic impasses, to address them through an artistic process and to seek a better understanding of their purpose while finding a way to soothe them.

In search of answers to the resonance I felt, my objective was to allow myself to be completely immersed in a full self-examination with the uses of art, and to that end to find inner coherence. Taking a moment to pause and reflect on my own experience as an art therapist-in-training was my utmost priority, diligence and dedication to the journey I was about to embark on. I found that by directly involving myself in the enquiry, it was a way to engage my creativity in response to the feelings of *helplessness* that arose during my last internship. I found personal validation, and to that effect, my scientific objectives were achieved successively in waves, as each of them were influenced, shaped or affected by the others. Hereinafter, their outcome will be defined, outlined and grouped into two distinct paths of enlightenment.

5.1 *Self-Discovery and Sudden Comprehension of One's Experiences*

The main takeaway from this paper was its assiduity to the practitioner's experience in regards to the therapeutic process's stagnancy. It revealed the importance of *countertransference*, as the feeling of *helplessness* was a mere cover for other harboured inner conflicts, tensions or crises that had nothing to do with the clients themselves. I can, from this experience, attest that *response art* and *media* choices were effective in demystifying, processing and alleviating those unconscious phenomena that every art therapist undergoes and faces in the lifetime of their profession. The *creative space* and the *role of witnessing* my re-created *response art* had, indeed, deepened my understanding of the subtlety and nuances derived from feeling helpless (Rappaport, 2013). As I encountered it creatively in exploration, my arts-based research in truth confirmed hidden obstacles of my psyche that were the *countertransference* of a *broader sense* originated from personal past endeavours, as they were triggered by the immobilization of the therapeutic process and not from any apparent parties of *transference* by my clients (Rheault, 2008). I was completely oblivious to the unresolved personal conflicts I still had on my own journey, this may be due to the fact that they did not surface or have a chance to, beforehand. Therefore, the *response art* and *media* choice showed the sense and meaning to the experiences I had. By that, the objective of uncovering a wider interpretation or significance of my feelings of *helplessness* that echoed from the stagnation of the military and veteran populations was obtained.

Without a deep enquiry to the self, art therapists will never truly know or acknowledge the mysteries behind their *countertransference*. The creative process is certainly a visual way to mirror them; consequently, practitioners may take heed of their underlying lessons (Hinz, 2018). In so many ways, we are dependent on our own development, only from our own potentialities and latent resources can we truly continue to grow and become better versions of ourselves (Maslow, 1981; Crawford et al., 2014). Through self-discovery therein lies key truths and a chance to mend ongoing issues that need to be addressed and confronted in order for the past to *stay* in the past, and to not internally or externally influence the practice of our profession. This study was an opportunity to self-actualize, as I achieved a process of professional development that improved my personal life in exploring, forging, assuming, asserting and/or reclaiming my identities (revealing my therapeutic profile as an art therapist – artist).

5.2 Interpretation and Translation with the Use of Response Art and Media Choices

Above all, following the flow of my creativity in using re-created *response art* and assessing the *media* properties were effective means to objectively observe what was literally in the art work beyond my preconceived notions and/or judgment of what was expressed, represented or symbolized. “Without mentioning representational objects, and simply by looking at the colors, shapes, and physical characteristics of the painting, one gets a sense of what may be important later in the process of relating to this artwork” (Moon, 2009, p. 121). By staying true to the approach of my heuristic methodology and trusting the creative process, I was able to pay attention to the images produced and open myself to their unique expressions rather than attempting to rationalize and downplay the complex issues they conveyed as irrelevant when they actually were. Not to try “to fix the problem we think they represent” (McNiff, 2004). In doing so, it created a distance between myself and the images themselves, thusly helping me convert and expand the intermediate links among both, the *response art* and the *media*, into *self-care* strategies for my own needs as a practitioner. That is to say that the correlation between the *Expressive Therapies Continuum* (ETC) levels and the *Life Enrichment Model* (LEM) components had an amazing outcome of reflecting and canalizing the orientation of the elements necessary to feature specific and coherent strategies.

To say briefly, the most important translation and interpretation of my experience within conducting this study were a reborn recognition and acceptance of taking time for oneself. Being an arts-based research, my creativity was unleashed, exploited and nourished, and in doing so I also drew a new breath creatively to the degree of carving a unique niche to my temperament. I found it to be an essential form of *self-care* as an art therapist. It helped me foster and ensure an inviting environment to be able to stimulate my artistic skills and imagination. In other words, it gave me moments of introspection to soul search with the benefit of calming my psyche. Letting me choose myself over others, made me come back to my roots and aware of my personal and professional needs. I am thankful and have a deeper trust of the artistic process. As a result, I find that that is the most vital thing for an art therapist is to be connected with themselves in every single way, so others may not influence them otherwise.

On account of this, art and its role in my life have a much bigger meaning to me now, I see that I gradually lost the fundamental value and significance attributed to my own artistic practices. I dismissed the one thing that had the potential to promote inner healing and understanding. Being

constant and faithful in continuing to carefully plant art making as an everyday ritual or routine will be the immediate task in my immediate *self-care*. Often, different factors of life can have an impact on implementing a foreign behaviour to the habits already in place. Staying committed to maintain my creativity alive in a regular manner may take a series of attempts and may drift off from time to time. But I am hoping that it will one day become instinctual as a catharsis.

6. CONCLUSION

Without the therapeutic impasses of the military and veteran clients, in which I had the privileged to encounter in my practicum, I would have never made the final and core learning that came from this research study. I am truly grateful to the impact their stagnancy had on me in feeling helpless. For that reason, I would like to conclude my paper on the significance of *self-love*.

This arts-based research has therefore opened my eyes to loving oneself unconditionally. As I connected to this innate concept that was misplaced by the touch of certain life experiences, I since discovered that it was conspicuously absent and sorely missing in my livingness. Giving one of the most likely inner origins and/or cradles for the feelings of *helplessness* that burden other art therapists when facing prolonged periods of immobilization with their clients in the therapy sessions. I find that it would be the greatest gift to receive as practitioners in foregoing the advantages of a positive self-actualization, individuation, and growth, being able to put more intimacy in their relationship with the “self”, and more specifically with their body, to honour and worship it. Here, what truly stood out to me was letting “her” – my body ground me instead of my mind. I felt more in tune with myself, as I reverted in leaning back to the primary function of *kinesthetic* (CTE) and *movement* (LEM). Somehow, once I learned to reassociate both parts (mind and body – together) through the pulse of my somatic sensations and listening to what they had to say without judgment, criticism or over thinking, I was in a better position to put aside the intellectual process of rationalizing that have always been the voice of reason. In doing so, other art therapists can look upon this study as a basic template, and from that, they can expand their own introspective process in reaching the blessings of a true sense of *self-love*.

“In truth, available science exploring the actual quantum and biological power of self-love is limited. Unfortunately, most research is still articulated around a paradigm of separation between body and soul without really looking into our own inherent restorative potential” (Piché, as cited

in Hamel, 2021, p. 73). Hence, the need to pursue more scientific research on the subject of what Piché (as cited in Hamel, 2021) has discovered, developed and studied with her experiential method – *somatic heart coherence* that has allowed for *self-love*, the usage of *response art* and the *media* properties of the *Expressive Therapies Continuum* (ETC), and how the combination of each one could possibly benefit art therapists personally and in the professional practice of their profession.

To close this final chapter of my paper, I would like to mention that across this scientific journey accompanied by the last practicum of my art therapy education, I became aware of how hard I was on myself and that was something that I never truly admitted or recognized before. Therefore, this paper is a concrete example for others in what may have not yet been demystified in themselves. Though through this process, I came to know that my perfectionism was widely dispersed in different spheres of my life: professionally and creatively. With a great empathic ability like many in health care, I tended to want to please others from my inherent agreeableness. It was thematically linked to an inner and unconscious desire of seeking their approval and acceptance. I used to think that my clients had to come first to act ethically as a professional. Now, I know that that is not the case. In this field, as a practitioner it is essential to care for oneself. If you are not emotionally or physically thriving, neither will your clientele. Our well-being has the potential to actually and substantially affect their therapeutic process. Consequently, to be ethical, we have the professional duty to proudly and openly assert our needs with transparency, honesty, integrity and assertiveness. We are all human and this comes back to *self-care* and to *self-love*, putting ourselves as first priority. For that, I am deeply indebted to this heuristic arts-based experience to research.

APPENDIX 1

Images of the re-created *response art*.



Figure 1. First theme: *Sense of incompetence*. Watercolour, collage and oil pastels on canvas, 10 x 10 inches.



Figure 2. First and second image of the second theme: *Not knowing what to do*. Acrylic paint, collage, sharpie pen, white marker, canvas and leather on wood, 10 x 10 inches.



Figure 3. Third theme: ***Feeling like an outsider.*** Acrylic paint, collage and oil pastels on canvas, 10 x 10 inches.



Figure 4. Fourth theme: ***Same thing over and over again.*** Oils pastels on canvas, 10 x 10 inches.



Figure 5. Fifth theme: ***Evasiveness***. Kraft paper, acrylic paint and soft pastels on wood, 10 x 10 inches.



Figure 6. Sixth theme: ***Feeling stuck***. Collage materials and watercolour on canvas, 10 x 10 inches.

APPENDIX 2

Charts used for analysis of the *Expressive Therapies Continuum* (ETC).

Expressive Therapies Continuum Assessment (ETCA) ETC Component Assessment Form				
Cx (-) <-----	C (+)	CRc-sy	(+) Sy	(-) ----> Syx
Spatial disintegration. Obscure abstractions. Loss of conceptual meaning. Extreme poverty of images. Rigid structures. Exclusive use of words.	Cognitive/spatial integration. Abstractions. Categorization. Pictographs. Word inclusion. Problem solving Objective meaning. Storytelling.	Intuitive problem solving. Self-discovery. Spiritual search.	Integrative symbolism. Metaphorical or multilayered meaning. Subjective abstractions. Symbolic use of color. Intuitive concept formation. Elements of mystery or ambiguity. Symbol self-representation.	Over identification with symbols. Idiosyncratic or obscure symbolism. Symbolic perception of reality. Symbols that disguise unacceptable feelings.
Px (-) <-----	P (+)	CRp-a	(+) A	(-) ----> Ax
Geometrization of forms. Incomplete forms. Stereotypical images. Copying or tracing Predominance of outlines. Overemphasis on details. Lack of details or color. Decreased or minimal use of space (<25%).	Perceptual integration. Form predominance. Line/shape mixture. Outline/shape/ size variations. Differentiation of details. Adequate use of space.	Good or complex gestalts. Formal order of forms. Aesthetical order of forms. Dynamic forms. Creative color use Creative color blending. Involvement in expression.	Color use predominant. Expressive use of color. Dynamic outlines. Incomplete outlines. Open forms. Descriptive color. Affectively expressive forms.	Disintegration of form. Agitated forms. Overtly clashing colors. Affective images as hallucinations. Overly large or looming forms. Most space used (>75%).
Kx (-) <-----	K (+)	CRk-s	(+) S	(-) ----> Sx
Agitated scribbles Poor line quality Dots and Dashes Throwing material Destruction of materials Disregard for limits of the paper or studio.	Pressing Stabbing Daubing Pinching Tearing Standing to enhance K functioning.	Dynamic kinesthetic expression with concurrent sensory feedback.	Sensory explorations of surfaces, materials, and textures Closing eyes to enhance Sensory involvement.	Two Extremes: 1) Absorption in sensory experience. Stillness or very slow movements. 2) Avoidance of sensory experience. Lack of sensory integration.
The "x" cells refer to extreme variations in the use of the ETC component processes. The CR areas (middle) refer to the Creative Transition Areas on each ETC level.				

Figure 1. *Expressive Therapies Continuum* assessment (ETCA) and ETC component assessment form (adapted from Hinz et al., 2019, p. 9).

Media Dimension Variables (MDVs): Definitions	
Rational Processes (Linear, logical, language-oriented) Explicit/Conscious processes	Intuitive Processes (Emotional, spiritual, holistic) Implicit/Unconscious processes
Resistive/Dry Media (Require effort to manipulate) Wood/Stone Sculpture Dry Clay/Plasticine Pencil/Colored Pencils <i>Elicit a Cognitive Response and feelings of being in control</i>	Fluid Media (Flow Freely) Watercolor/Wet Paper Chalk Pastels Oil Pastels <i>Elicit an Emotional Response and anxiety/excitement over lack of control</i>
Structured Tasks (Instructions push toward a more uniform product) Can limit creativity <i>Provide a sense of safety</i>	Unstructured Tasks (Instructions allow more freedom of choice) Supports greater creativity <i>Evokes anxiety/excitement</i>
High Complexity Tasks (3 or more steps to complete) Engages cognition	Low Complexity Tasks (2 or fewer steps to complete) Allows for personal investment
Familiar Tasks/Materials <i>A sense of safety</i>	Novel Tasks/Materials <i>Evoke anxiety/excitement</i>
Mediators Allow reflective distance <i>Encourage thinking about the process</i>	No Mediators Reduce reflective distance <i>Increase emotional investment or prompt regression</i>
Use early in the relationship Promote feelings of safety, self-confidence, thinking, and control	Use later in the relationship Encourage excitement and investment and allow for development of personal meaning

Figure 2. Media Dimension Variables (MDVs): definitions (adapted from Hinz et al., 2019, p. 11).

REFERENCES

- Adams, T., & Duncan, A. (2003). *The feminine case: Jung, aesthetics and creative process*. London, United Kingdoms: Routledge.
- Adler, G. (1972). Helplessness in the helpers. *British Journal of Medical Psychology*, 45.
- Allen, P. (1992). Artist-in-residence: An alternative to “clinification” for art therapists. *Art Therapy: Journal of the American Art Therapy Association*, 9(1), 22-29.
- Brillon, M., Dionne, F., Côté, D., Gros-Louis, Y., & Richer, L. (2011). L’alliance thérapeutique : construire, maintenir et réparer le lien. *Psychologie Québec, Le magazine de l’Ordre des psychologues du Québec*, 28(2), 1-52.
- Brown, C. (2008). The importance of making art for the creative arts therapist: An artistic inquiry. *Arts in Psychotherapy*, 35(3), 201-208.
- Botero, G., Rivera, N. I., Calloway, S. C., Ortiz, P. L., Edwards, E., Chae, J., & Geraci, J. C. (2020). A lifeline in the dark: Breaking through the stigma of veteran mental health and treating America’s combat veterans. *Journal of Clinical Psychology*, 76(5), 831-840.
- Cantin, L. (2010). Questions préalables à une réflexion sur les impasses cliniques. *Santé mentale au Québec*, 35(2), 31 46.
- Coll, J. E., Weiss, E., & Metal, M. (2011). The influence of military culture and veteran worldviews on mental health treatment: Practice implications for combat veteran help-seeking and wellness. *The International Journal of Health, Wellness, and Society*, 1(2), 75-86.
- Conroy, D. E., Kaye, M. P., & Fifer, A. M. (2007). Cognitive links between fear of failure and perfectionism. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 25(4), 237 253.
- Crawford, S., Solis, G., & Pfister, E. A. (2014). *Art making for the art therapist: A study on clinical insight, therapist identity, self-care, and countertransference* (master’s thesis). Los Angeles, CA: Loyola Marymount University and Loyola Law School.
- Cuijpers, P., Reijnders M, & Huibers, M. J. H. (2019). The Role of Common Factors in Psychotherapy Outcomes. *Annual Review of Clinical Psychology*, 15(1), 207-231.

- Davis, H. (2018). *Art therapy with veterans: A comprehensive review of the literature with recommendations* (master's thesis). IN: Herron School of Art and Design, Indiana University.
- De Becker, E., et Lescalier-Grosjean, I. (2018). Quand l'échec thérapeutique confronte les cliniciens.... *Psychothérapies : Médecine & Hygiène*, 38(4), 261-270.
- Delieutraz, S. (2012). Le vécu d'impuissance chez le soignant : entre pertes et élan retrouvé. *Cliniques*, 4(2), 146-162.
- Djuraskovic, I., & Arthur, N. (2010). Heuristic inquiry: A personal journey of acculturation and identity reconstruction. *The Qualitative Report*, 15(6), 1569-1593.
- Drapeau, C. E., Drouin, M-S., & Plante, P. (2021). Vicarious trauma and response art: A professional development workshop for psychotherapists working with survivors of trauma. *The Art in Psychotherapy*, 72, 101744.
- Ehrenberg, D. B. (1996). On the analyst's emotional availability and vulnerability. *Contemporary Psycholoanalysis*, 32, 275-285.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner/Mazel.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58(11), 1433-1441.
- Fish, B. J. (2006). *Image-based narrative inquiry of response art in art therapy* (doctorate thesis). Cincinnati, OH: Union Institute and University.
- Fish, B. J. (2012). Response art: The art of the art therapist. *Art Therapy: Journal of the American Art Therapy Association*, 12(3), 138-143.
- Fish, B. J. (2019). Response art in art therapy: Historical and contemporary overview. *Art Therapy: Journal of the American Art Therapy Association*, 36(3), 122-132.
- Flaskas, C., Mason, B., & Perlesz, A. (2005). *The space between: Experience, context, and process in the therapeutic relationship*. London, United Kingdom: Routledge.
- Fox, J., & Pease, B. (2012). Military deployment, masculinity and trauma: Reviewing the connections. *The Journal of Men's Studies*, 20(1), 16-31.
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856-867.

- Gibson, D. (2018). A visual conversation with trauma: Visual journaling in art therapy to combat vicarious trauma. *Art Therapy*, 35(2), 99-103.
- Gingras, G. (2015). *Exploration of self-care through the intentional witness process and the expressive therapies continuum (ETC)* [Graduate Projects (Non-thesis)]. Montreal, Canada: Concordia University.
- Goldberg, S. H., & Grusky, Z. (2013). Chemistry and containing: The analyst's use of unavoidable failures. *The Psychoanalytic Quarterly*, 82(1), 145-178.
- Graves-Alcorn, S. L., & Green, E. J. (2013). The expressive arts therapy continuum: History and theory. In E. Green & A. Drewes (Eds.), *Integrating expressive arts and play therapy with children and adolescents* (pp. 1-16). Hoboken, NJ: John Wiley & Sons.
- Hervey, L. W. & McNiff, S. (2000). *Artistic inquiry in dance/movement therapy: Creative research alternatives*. Springfield, IL: Charles C Thomas.
- Hinz, L. D. (2011). Embracing excellence: A positive approach to ethical decision making. *Art Therapy: Journal of the American Art Therapy Association*, 28(4), 185-188.
- Hinz, L. D. (2015). Expressive therapies continuum: Use and value demonstrated with case study. *Canadian Art Therapy Association Journal*, 28(1-2), 43-50.
- Hinz, L. D. (2018). *Beyond self-care for helping professionals: The expressive therapies continuum and the life enrichment model*. New York, NY: Routledge.
- Hinz, L. D. (2019). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.
- Hinz, L. D., Riccardi, M., & Van Meter, M. (2019, October). *The expressive therapies continuum (ETC): A flexible and creative art-based assessment*. Pre-conference workshop presented at the 50th annual conference of the American Art Therapy Association, Kansas City, MO.
- Hoffer, A., & Buie, D. (2016). Helplessness and the analyst's war against feeling it. *The American Journal of Psychoanalysis*, 76, 1-17.
- Howie, P. (2017). *Art therapy with military populations: History, innovation, and applications*. New York, NY: Routledge.
- Jobin, A-M. (2013). *Créez la vie qui vous ressemble*. Montréal, Canada : Le jour.

- Jones, J. P., Walker, M. S., Drass, J. M. et Kaimal, G. (2018). Art therapy interventions for active-duty military service members with post-traumatic stress disorder and traumatic brain injury. *International Journal of Art Therapy*, 23(2), 70-85.
- Kapitan, L. (2018). *Introduction to art therapy research*. New York, NY: Routledge.
- Kemp, P. (2010). Pouvoir et impuissance dans la relation thérapeutique. *Revue d'histoire et de philosophie religieuses*, 90(2), 219-229.
- Knowles, J. G., & Cole, A. L. (2008). *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues*. Los Angeles, CA: Sage.
- Lavoie, M-H. (2018). *Apprivoiser l'imaginaire en art-thérapie : recherche heuristique sur l'utilisation du journal à l'aquarelle en tant qu'outil thérapeutique par l'exploration du flow créatif* (thèse de maîtrise). Montréal, Canada: Université de Concordia.
- Leiper, R., & Kent, R. (2001). *Working through setbacks in psychotherapy: Crisis, impasse and relapse*. London, United Kingdom: Sage.
- Leiper, R., & Maltby, M. (2004). *The psychodynamic approach to therapeutic change*. London, United Kingdom: Sage.
- Leone, J. M. (2018). Drawing Invisible Wounds: War Comics and the Treatment of Trauma. *Journal of Medical Humanities*, 39(3), 243-261.
- Lobban, J. (2018). *Art therapy with military veterans: Trauma and the image*. New York, NY: Routledge.
- Lobban, J., & Murphy, D. (2018). Using art therapy to overcome avoidance in veterans with chronic post-traumatic stress disorder. *International Journal of Art Therapy*, 23(3), 99-114.
- Lobban, J., & Murphy, D. (2019). Understanding the role art therapy can take in treating veterans with chronic post-traumatic stress disorder. *The Arts in Psychotherapy*, 62, 34-44.
- Lorenzo-Luaces, L., & DeRubeis, R. (2018). Miles to go before we sleep: Advancing the understanding of psychotherapy by modeling complex processes. *Cognitive Therapy and Research*, 42(2), 212-217.
- Lusebrink, V. B. (2010). Assessment and therapeutic application of the expressive therapies continuum: Implications for brain structures and functions. *Art Therapy, Journal of the American Art Therapy Association*, 27(4), 168-177.

- Malinowski, A. J. (2014). *Self-care for the mental health practitioner: the theory, research, and practice of preventing and addressing the occupational hazards of the profession*. London, United Kingdom: Jessica Kingsley.
- Maslow, A. H. (1981). *Motivation and personality*. New Delhi, India: Prabhat Books.
- McCormick, K. (2021). *Stagnation in psychotherapy: A transtheoretical approach* (Doctoral thesis). CO: University of Denver.
- McNiff, S. (1998). *Art-based research*. London, United Kingdom: Jessica Kingsley.
- McNiff, S. (2004). *Art heals*. Boston, Massachusetts: Shambala.
- Mikel, E. H. (2013). *The art of business: A guide for creative arts therapists starting on a path to self-employment*. London, United Kingdom: Jessica Kingsley.
- Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy, Journal of the American Art Therapy Association*, 24(4), 184-190.
- Moon, B. L. (2008). *Introduction to art therapy: Faith in the product* (2nd ed.). Springfield, IL: Charles C Thomas.
- Moon, B. L. (2009). *Existential art therapy: The canvas mirror* (3rd ed.). Springfield, IL: Charles C Thomas Books.
- Moon, B. L. (2015). *Ethical Issues in Art Therapy* (3rd ed.). Springfield, IL: Charles C Thomas.
- Moon, C. H. (2010). *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies*. New York, NY: Routledge.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.
- Orkibi, H. (2013). The applicability of a seminal professional development theory to creative arts therapies students: Student professional development. *Clinical Psychology & Psychotherapy*, 21, 508-518.
- Pinkola Estés, C. (2005). *The creative fire: Myths and stories on the cycles of creativity* (CD). Louisville, CO: Sounds True.
- Pollak, S. M., Pedulla, T., & Siegel, R. D. (2014). *Sitting together: Essential skills for mindfulness-based psychotherapy*. New York, NY: Guilford.

- Parry, S. (2017). *Effective self-care and resilience in clinical practice: Dealing with stress, compassion fatigue and burnout*. London, United Kingdom: Jessica Kingsley.
- Pimble, C. (2016). *Therapeutic effectiveness, stress, and burnout in mental health professionals* (Doctorate thesis). PA: Philadelphia College of Osteopathic Medicine.
- Quebec Art Therapy Association Inc. (2019). *Ethical standards and code of ethics*. Montreal, Canada: Author.
- Rappaport, L. (2013). *Mindfulness and the arts therapies: Theory and practice*. London, United Kingdom: Jessica Kingsley.
- Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science*, 3(3), 297-336.
- Rheault, M. (2008). *La dimension affective de la relation : transfert et contre-transfert* (11^e tome). Sherbrooke, Canada : Centre Québécois de psychosynthèse.
- Riccardi, M., Hinz, L., Gotshall, K., & Nan, J. (2017, November). *Experimenting with the expressive therapies continuum: Reflection upon an arts-based assessment through heart and mind*. Workshop presented at the 48th annual conference of the American Art Therapy Association, Albuquerque, NM.
- Shea, F., & Hurley, E. (1964). Hopelessness and helplessness. *Perspectives in Psychiatric Care*, 2(1), 32-38.
- Sprang, G., Clark, J., & Whitt-Woosley, A. (2007). Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting a Professional's Quality of Life. *Journal of Loss & Trauma*, 12(3), 259-280.
- Stevenson, B. J. (2020). Psychotherapy for veterans navigating the military-to-civilian transition: A case study. *Journal of Clinical Psychology*, 76(5), 896-904.
- Strømme, H. (2012). Confronting helplessness: A study of the acquisition of dynamic psychotherapeutic competence by psychology students. *Nordic Psychology*, 64(3), 203-217.
- Tyler Boden, M., Kimerling, R., Kulkarni, M., Bonn-Miller, M. O., Weaver, C., & Trafton, J. (2014). Coping among military veterans with PTSD in substance use disorder treatment. *Journal of Substance Abuse Treatment*, 47(2), 160-167.

Wadeson, H. (2011). Making art for professional processing. *Art Therapy: Journal of the American Art Therapy Association*, 20(4), 208-218.

Wadeson, H., Durkin, J., & Perach, D. (1989). *Advances in art therapy*. New York, NY: Wiley.

West, J. D. (2017). *Art therapy in private practice: Theory, practice and research in changing contexts*. London, United Kingdom: Jessica Kingsley.

Wiener, J. (2009). *The therapeutic relationship: Transference, countertransference, and the making of meaning*. Texas, TX: A & M University Press.