How Are We Able To Be Here?

A creative & narrative inquiry into ANZATA-registered art therapy practitioner personal histories.

Annetta H. Mallon

A PhD Thesis in Social Science
Western Sydney University

2015
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Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text.

I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

Annetta Mallon

...................................................

(Signature of Candidate)
Acknowledgments

This thesis is, in great part, a reflection of the following contributors.

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- The Participants ~ no research process or researcher is an island, it all takes place in relationship.

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# Glossary of Abbreviations

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<tr>
<th>Abbreviation</th>
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<tr>
<td>AATA</td>
<td>American Art Therapy Association</td>
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<td>ACATA</td>
<td>Australian Creative Arts Therapies Association</td>
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<td>ANZATA</td>
<td>Australia and New Zealand Arts Therapy Association</td>
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<tr>
<td>AThR</td>
<td>Art Therapist Registered (ANZATA nominal)</td>
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<td>ATOL</td>
<td>Art Therapy OnLine</td>
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<td>BAAT</td>
<td>British Art Therapy Association</td>
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<tr>
<td>BoaF</td>
<td>Birds of a Feather</td>
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<tr>
<td>CDP</td>
<td>Continuing Professional Development</td>
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<td>CoP</td>
<td>Communities of Practice</td>
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<tr>
<td>HCPC</td>
<td>Health Care and Professionals Council</td>
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<tr>
<td>MAT / MATh</td>
<td>Master of Art Therapy</td>
</tr>
<tr>
<td>MIECAT</td>
<td>The Melbourne Institute for Experiential and Creative Arts Therapy</td>
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<td>MMH</td>
<td>Master of Mental Health</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>NZ</td>
<td>New Zealand</td>
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<tr>
<td>PACFA</td>
<td>Psychotherapy and Counselling Federation of Australia</td>
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<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
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<td>QLD</td>
<td>Queensland</td>
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<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>UWS</td>
<td>The University of Western Sydney</td>
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<tr>
<td>VIC</td>
<td>Victoria</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
</tbody>
</table>
This page is left intentionally blank.
# Table of Contents

Statement of Authentication................................................................. iii  
Acknowledgments ................................................................................ v  
Glossary of Abbreviations ..................................................................... vii  
Table of Contents .................................................................................. ix  
Table of Figures .................................................................................... xv  
Thesis Summary .................................................................................... xvi  

## Chapter 1 ~ Introduction: belonging as beginning ................................... 1  
- How it all began: going back to the beginning ..................................... 3  
- Participant information and overview ................................................. 8  
  - Transcription mores ........................................................................ 9  
- What are art/s therapies? .................................................................. 10  
- Formative concepts of the research .................................................... 11  
  - Moments of pivotal illumination ...................................................... 13  
  - A regional perspective .................................................................... 14  
- Belonging and Identity ..................................................................... 16  
  - Identity ........................................................................................... 17  
  - Identity in training .......................................................................... 21  
  - Identity within the art therapy profession ....................................... 24  
- Problematical definings: how terminology influences belonging and identity .................................................. 26  
  - Art .................................................................................................. 26  
  - Therapy .......................................................................................... 27  
  - Profession ....................................................................................... 28  
- What belongs where in the thesis ....................................................... 30  

## Chapter 2 ~ Theory ............................................................................... 32  
- Thinking about stories and how they tell what they tell ...................... 34  
- Medical dominance of the health spectrum ........................................ 35  
- Bourdieu’s theories ......................................................................... 36  
  - Habitus ............................................................................................ 37  
- Field .................................................................................................. 39
Cultural Capital ............................................................................................... 40
Symbolic Capital ............................................................................................ 41
Gender and gender capital ........................................................................... 43
Feminist sociology ........................................................................................ 45
Agency and structure .................................................................................... 45
Patriarchy ......................................................................................................... 46
Hegemonic masculinity ................................................................................. 47
Neoliberalism .................................................................................................. 48
Female Standpoint theory ............................................................................. 50
The power of text ........................................................................................... 51
Cultural theory ............................................................................................... 51
Articulation ....................................................................................................... 52
Representation .................................................................................................. 53
The professional canon ................................................................................... 54
An identity-focused artist’s perspective ......................................................... 56
An “incomplete habitus” .................................................................................. 57
The theories within the thesis .......................................................................... 60
Chapter 3 ~ Method: belonging in process ............................................... 62
Qualitative research ....................................................................................... 64
Recruiting participants .................................................................................. 67
Ethics clearance ............................................................................................... 67
Peak body members ....................................................................................... 68
Study pathways – material links ..................................................................... 68
The power of reciprocity ................................................................................ 69
Organising participants and interviews ......................................................... 71
By any other name: the pseudonyms and their careful selection ................ 72
The artworks ..................................................................................................... 73
The interviews .................................................................................................. 75
Transcription and data analysis ..................................................................... 77
<table>
<thead>
<tr>
<th>Chapter 4 ~ Themes and moments</th>
<th>89</th>
</tr>
</thead>
<tbody>
<tr>
<td>My personal themes – how I think about belonging</td>
<td>90</td>
</tr>
<tr>
<td>Themes</td>
<td>91</td>
</tr>
<tr>
<td>Art-making</td>
<td>91</td>
</tr>
<tr>
<td>Art as solace</td>
<td>95</td>
</tr>
<tr>
<td>Choice</td>
<td>97</td>
</tr>
<tr>
<td>Education</td>
<td>99</td>
</tr>
<tr>
<td>Gender</td>
<td>103</td>
</tr>
<tr>
<td>Identity</td>
<td>104</td>
</tr>
<tr>
<td>Memory</td>
<td>106</td>
</tr>
<tr>
<td>Mental illness</td>
<td>108</td>
</tr>
<tr>
<td>Moments of pivotal illumination</td>
<td>109</td>
</tr>
<tr>
<td>Time</td>
<td>113</td>
</tr>
<tr>
<td>Chapter 5 ~ Artworks</td>
<td>117</td>
</tr>
<tr>
<td>The role of artworks in art therapy</td>
<td>118</td>
</tr>
<tr>
<td>A look at artworks in the profession</td>
<td>119</td>
</tr>
<tr>
<td>Triangular relationships as a structure</td>
<td>121</td>
</tr>
<tr>
<td>Beyond triangular considerations</td>
<td>122</td>
</tr>
<tr>
<td>Inclusive considerations</td>
<td>123</td>
</tr>
<tr>
<td>For the reader/viewer</td>
<td>123</td>
</tr>
<tr>
<td>Theorising images in the thesis</td>
<td>124</td>
</tr>
<tr>
<td>Why include artworks?</td>
<td>125</td>
</tr>
<tr>
<td>The participant’s artworks</td>
<td>127</td>
</tr>
<tr>
<td>Susie</td>
<td>127</td>
</tr>
<tr>
<td>Stacey</td>
<td>130</td>
</tr>
<tr>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Framing myself, myself in the frame</td>
<td>154</td>
</tr>
<tr>
<td>Framing the PhD</td>
<td>156</td>
</tr>
<tr>
<td>Chapter 6 ~ The role of education in professional identity</td>
<td>158</td>
</tr>
<tr>
<td>Neoliberal structures and Australian universities</td>
<td>161</td>
</tr>
<tr>
<td>Framing the PhD</td>
<td>156</td>
</tr>
<tr>
<td>Chapter 7 ~ Identity and belonging in praxis</td>
<td>185</td>
</tr>
<tr>
<td>Identity in absentia</td>
<td>186</td>
</tr>
<tr>
<td>An “incomplete habitus” and identity</td>
<td>190</td>
</tr>
<tr>
<td>A shift in position but not in praxis</td>
<td>191</td>
</tr>
<tr>
<td>The invisible art therapist</td>
<td>192</td>
</tr>
<tr>
<td>Identity from peak body perspectives</td>
<td>194</td>
</tr>
<tr>
<td>Vanilla Brown</td>
<td>134</td>
</tr>
<tr>
<td>Sandy</td>
<td>137</td>
</tr>
<tr>
<td>Frida</td>
<td>141</td>
</tr>
<tr>
<td>Myfanwy</td>
<td>144</td>
</tr>
<tr>
<td>Sacha</td>
<td>147</td>
</tr>
<tr>
<td>Annetta</td>
<td>150</td>
</tr>
<tr>
<td>Chapter 6 ~ The role of education in professional identity</td>
<td>158</td>
</tr>
<tr>
<td>Neoliberal structures and Australian universities</td>
<td>161</td>
</tr>
<tr>
<td>Education as product: belonging in a neoliberal reality</td>
<td>162</td>
</tr>
<tr>
<td>The USA and the UK: their influence on regional training</td>
<td>166</td>
</tr>
<tr>
<td>The USA</td>
<td>166</td>
</tr>
<tr>
<td>Cathy Malchiodi PhD</td>
<td>168</td>
</tr>
<tr>
<td>Dr Shaun McNiff</td>
<td>169</td>
</tr>
<tr>
<td>A potential USA art therapy niche</td>
<td>170</td>
</tr>
<tr>
<td>The UK</td>
<td>171</td>
</tr>
<tr>
<td>Some comparisons and considerations – positioning practitioner and client</td>
<td>172</td>
</tr>
<tr>
<td>The ANZATA region and training opportunities</td>
<td>174</td>
</tr>
<tr>
<td>The cost of training in Australia</td>
<td>175</td>
</tr>
<tr>
<td>Participants on training</td>
<td>178</td>
</tr>
<tr>
<td>The importance of self-understanding</td>
<td>180</td>
</tr>
<tr>
<td>Education and self-understanding</td>
<td>181</td>
</tr>
<tr>
<td>Chapter 7 ~ Identity and belonging in praxis</td>
<td>185</td>
</tr>
<tr>
<td>Identity in absentia</td>
<td>186</td>
</tr>
<tr>
<td>An “incomplete habitus” and identity</td>
<td>190</td>
</tr>
<tr>
<td>A shift in position but not in praxis</td>
<td>191</td>
</tr>
<tr>
<td>The invisible art therapist</td>
<td>192</td>
</tr>
<tr>
<td>Identity from peak body perspectives</td>
<td>194</td>
</tr>
</tbody>
</table>
The Australia and New Zealand Arts Therapy Association ........................................ 195
The British Art Therapy Association ......................................................................... 195
The American Art Therapy Association ..................................................................... 196
Internet associations .................................................................................................. 196
Professional debate on identity .................................................................................. 198
Belonging with other professions ............................................................................. 199
How does professional identity develop? ................................................................. 204
Finding employment – practitioner experiences ....................................................... 205
Practitioner numbers .................................................................................................. 209
The studio space ......................................................................................................... 210
Belonging and branding .............................................................................................. 214
Professional branding and belonging ......................................................................... 215
Practitioner retention and visible membership numbers ........................................... 216
Branding and pedagogical delivery ............................................................................. 217
How could an art therapy brand facilitate professional identity and belonging? ...... 218
The role of a mission statement .................................................................................. 219
The global search for a brand .................................................................................... 220

Chapter 8 ~ Professional identity: participant perspectives ...................................... 223
Art therapy by art therapists ....................................................................................... 224
Myfanwy ...................................................................................................................... 225
Vanilla Brown ............................................................................................................. 226
Jo .................................................................................................................................. 227
Susie ............................................................................................................................. 228
Frida .............................................................................................................................. 229
Sacha ............................................................................................................................. 230
Sandy ............................................................................................................................. 231
Stacey ............................................................................................................................. 231
Elements contributing to art therapist identity formation ......................................... 232
Art-making ................................................................................................................... 232
Community ........................................................................................................................................234
Supervision .....................................................................................................................................237
  Supervision in training ..................................................................................................................238
  Supervision in ongoing practice ......................................................................................................240
The participants on supervision ........................................................................................................241
Self-supervision ...............................................................................................................................244
Response Art .....................................................................................................................................245
  ANZATA and peer-to-peer supervision ..........................................................................................246
Chapter 9 ~ Conclusion ..................................................................................................................249
  Identity .......................................................................................................................................252
  Implications for professional practice ..........................................................................................255
  Implications for educational delivery in the region .....................................................................256
References .........................................................................................................................................259
Appendix ........................................................................................................................................277
  i. Overview of contact with potential participants .................................................................277
  ii. Overview of participant backgrounds ...............................................................................278
  iii. Introductory email to ANZATA members ...........................................................................279
  iv. Detailed email for practitioners expressing interest ..........................................................280
  v. Interview questions ...............................................................................................................282
Table of Figures

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<table>
<thead>
<tr>
<th>No.</th>
<th>Reference</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Gary Greenberg 1, <em>A Grain of Sand</em>, 2008, Minneapolis, Voyageur Press p. 20</td>
<td>3</td>
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<td>4</td>
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<td>Susie 1, personal collection</td>
<td>127</td>
</tr>
<tr>
<td>6</td>
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<td>128</td>
</tr>
<tr>
<td>7</td>
<td>Susie 3, personal collection</td>
<td>128</td>
</tr>
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<td>130</td>
</tr>
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<td>132</td>
</tr>
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<td>134</td>
</tr>
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<td>134</td>
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<td>138</td>
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<td>138</td>
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<td>141</td>
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<td>Frida 1, personal collection</td>
<td>142</td>
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<td>22</td>
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<td>152</td>
</tr>
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Thesis Summary

This thesis considers the absence of an art therapy professional identity in the Australia and New Zealand region, and strives to critically discuss aspects of pedagogical delivery, peak body mechanisms, and practitioners in the field themselves which impede the development of a congruent professional identity. The purpose of this thesis is to highlight and foreground the role of the art therapist and to consider avenues of cultural change in the field to facilitate the development, growth, and dissemination of a unifying, coherent professional identity for regional art therapists and the peak body the Australia and New Zealand Arts Therapy Association (ANZATA).

This thesis contributes to knowledge in the field by transferring the locus of importance from the process of art therapy and concentrating instead on the role of the art therapist. A move which privileges the therapist to prominence within research considerations will allow new constructs of fostering successful professional community outcomes to arise, and provide a space to consider options for the development and promotion of a cogent brand of art therapy.

The aims of the research are to foreground the voices, stories, and ideas of art therapy practitioners, with the intention of generating an awareness of practitioner lived experiences as the focus of art therapy praxis. Heretofore the professional canon, and much of the profession’s research, has been concentrated towards the clients, methods, and workplace dynamics of art therapists at the expense of the practitioner herself.

Qualitative methods have been employed for the purposes of the research. Eight members of the region’s peak body contributed artworks and personal narratives collected during one-hour, semi-structured, audio-recorded interviews. Thematic analysis and multiple lenses of theoretical consideration were employed to contextualise their personal reflections on the field, perceptions of profession identity, and insight into aspects of practice. Autoethnographic reflections and observations augment the perspectives and experiences of the participants.

Creative questions inspired by the research design asked the participants to explore the choices that led them to art therapy, how they describe themselves as professionals, the elements of praxis they consider important, and whether their
personal moments of pivotal illumination are still informing their choices and approach to practice today.

From the beginning of the research a practitioner-focused approach determined that the participants shared their stories from a position of authority. New approaches to constructing professional identity, re-framing pedagogical systems, an assertion of the importance of the individual within the field, and what regional art therapy might look like for future practitioners are examined from the perspective of best practice outcomes for practitioners and field identity. For a profession which privileges process, and client or workplace needs before those of the practitioner herself, this thesis allows dialogues of belonging, identity, relationship, the personal in practice, purview, and difficulty, to be discussed in a manner that is ground-breaking. Verbatim transcript excerpts highlight the voices of passionate, dedicated, hard-working professionals articulating inner and outer realities as insiders to a frequently sidelined and relatively obscure section of the allied health sector.

The findings highlight the incomplete and liminal nature of regional art therapist professional identity. There are also inconsistencies found between workplace and professional community realities for regional practitioners compared to the expected lived realities promoted by pedagogical delivery systems and professional literature content. Cultural changes to the structure and style of pedagogical delivery, and the role the peak body plays in cultivating a professional community, are required for a move to position the art therapist as a prominent and essential component in the art therapy process. Without changes which privilege the art therapist herself and promote a congruent sense of professional identity for practitioners, the field risks losing yet more ground to more strongly-positioned allied health therapies or even being subsumed by another, better-established, health category here in the region.
Chapter 1 ~ Introduction: belonging as beginning

“The point is, there’s always something before. It’s always a case of Now Read On.” Pratchett (1996, p. 1).

My entire PhD research journey was inspired by this quote, which comes from a Sir Terry Pratchett Discworld novel.

Lords and Ladies is a story about stories & memory of stories ~ & the effect of these memories/stories upon people, & their choices, attitudes, & lives. This quote may also be seen as foundational to my worldview, because the attitude encapsulates the way I go about my life both privately & professionally. Going right back to the start of things is the best way for me to arrive at questions, solutions, answers, ideas, or understandings.

‘How did I/you/we/us come to be here?’ are fundamental questions for me.

Annetta, p. 1
This thesis reports on the investigation into moments of ‘pivotal illumination’, and subsequent choices that led art therapy professionals to work in a career which has a poor level of public and health professional recognition and a very low rate of employment opportunity in comparison to many other allied health and therapeutic fields. By pivotal illumination, I intend moments of strong clarity when a major decision is undertaken. I myself experience moments of pivotal illumination as slow-time, extraordinarily detailed, points in time which subsequently inform my future choices and decisions. In a deliberate and direct contrast to the backgrounding of themselves that art therapy practitioners usually experience in professional literature and writings, a central aim of both the research design and this thesis is to instead privilege individual practitioners’ voices, experiences, and stories.

This thesis is concerned with practitioners who completed a Masters level of training, or equivalent, enabling membership to the peak body the Australia and New Zealand Arts Therapy Association (ANZATA). Regional art therapists come from diverse employment and undergraduate training paths which then lead to their subsequent tertiary-level studies. This diversity of background ensures that a professional identity is already established in at least one other area prior to commencing art therapy studies, and the role of pedagogy as well as the peak body will be considered from the perspective of professional identity and belonging. In addition to underlying professional identities, the process of art therapy has been the primary focus of professional writings and research in the field to date. However the position and role of the art therapist herself in art therapy, and what she considers important and vital to the creation and maintenance of professional identity, are not well understood.

I assert that a deeper understanding of practitioner stories and perceptions will contribute to the ongoing development of the profession in the region and foster a heightened understanding of the needs and motivations of individual practitioners within the field. Having a more coherent sense of identity as professionals – how practitioners construct their approach to ‘defining’ identity, and how professional purpose is understood or interpreted by practitioners – may allow for more effective promotion and lobbying for the industry, whilst simultaneously promoting more effectively a heightened level of understanding of art therapy as a profession within the community at large. For Australia at this point in time too, more effective
avenues of communication and comprehension between the disparate tertiary styles of training available for potential practitioners may be built, perhaps allowing for future pathways of convergence to arise. I also hope to personally gain a better understanding of what my own place within the profession had been, both for and within myself. It is my undertaking with this thesis to contribute a better understanding of what it is that drives, motivates, and (hopefully) delights regional art therapists in their practice and how establishing a congruent professional identity may serve the profession as a whole.

HOW IT ALL BEGAN: GOING BACK TO THE BEGINNING
At the start of my research journey, I thought about what shaped my own choices to enter the art therapy profession. To do this effectively, I had to think back a long way. In the spirit of beginnings, I disclose that I am from an island in the North Atlantic, so individual and group behaviours – the relationship frameworks and categories that constitute the essence of my research – were related in my head to snowflakes, sand grains, and water drops, as these individual and group concepts I understand implicitly.

Greenberg figure 1 –
Shell fragments & quartz sand grains from Geriba Beach, Brazil (magnification 300x)
The individual components of dunes, oceans and drifts are highly distinctive when viewed up close, but these distinctions often become secondary – blurred or lost – when seen from the perspective of distance. The details of individual members, aspects, or components is all-engrossing when examined and considered from the up close and the personal.

I now live in a different coastal environment on the much bigger island of Australia, in a regional town on the New South Wales Central Coast. As my initial thinking was in terms of how people in groups come together to interact collectively, yet retaining individuality, much early research thinking took place on a nearby beach, supported by my dedicated fieldwork assistant Cully:

Cully figure 1 –
Water droplet and ocean ripple behaviour observations, Ocean Beach NSW

Cully was invaluable with research relating to sand and water; tireless in pursuit of validated information, his practical testing methods were rigorous:

Cully figure 2 –
Cully immersed in dune research, Ocean Beach, NSW
As a young person I considered that if an individual understood themselves clearly, especially their life circumstances within a context of family, society, and personal choice, that they would navigate challenging life circumstances more effectively. In other words – comparing humans to snowflakes or sand grains for a moment – my perspective was that we might retain our unique capacities more effectively by bringing them to the foreground of our awareness, rather than losing ourselves completely in the drift. By way of affecting this philosophy into a career, I undertook private accredited college studies in counselling and bodywork, and for almost two decades I worked in the private and public sectors as a therapist, bodyworker, and counsellor. I specialised in injury and trauma recovery, personal growth and development, and grief and loss, helping individuals to process life choices and events so that they were stronger individuals within their own groups. I then chose to return to study at university level, beginning with a Bachelor of fine art; I wanted a more ‘legitimate’ academic qualification for myself, but didn’t want to lose a creative element in my study options. I first heard the term ‘art therapy’ mentioned by one of my lecturers in the second year of my undergraduate degree, along with the acronym “ANZATA”. My lecturer suggested I consider art therapy for a post-graduate study option, as it married my previous career skill set and my undergraduate degree.

The ANZATA website (2012c) led me to the University of Western Sydney Master of Art Therapy programme, the only ANZATA-accredited course offered in the state of New South Wales (UWS, 2015). I entered this course immediately after my undergraduate degree, and towards the end of my two years of study reflected on the period of my life that led to my latest academic achievement. I examined my choices, and acknowledged that I easily could have taken a different accredited training path to the same basic career end. The alternative would have cost me far less financially, and resulted in a different title – conferring minor advantages or disadvantages, depending where I wished to position myself in the workplace. As the arts/expressive therapies field in the ANZATA region is an unregulated one with few employment opportunities, I began to wonder why I didn’t investigate other study paths. I also felt that the tertiary post-graduate training course I had undertaken left me somehow incomplete, although I was not then readily able to articulate exactly what was missing for me.
I come from tertiary-educated parents, so perhaps it was natural not to question my educational path before my studies were concluded – it hadn’t occurred to me that I could take a different, equally legitimate, educational pathway\(^1\). Towards the end of the course, several of my fellow students and I were actively questioning aspects of the training relating to outcomes and content in terms of questioning our choices after the fact. In an interesting inversion of my story, participant Susie tells how she deliberately shied away from university training after her studies had begun:

…I thought, well, I’m gonna be a psychologist…I’m coming from a quite an educated family…I was in my first year of psychology, & I thought: ‘this is just theory. This is just not alive enough for me.’ …my school never pursued it, because they thought I’m from a highly-educated family, of course it’s gonna be psychology… the valued profession...

Susie, pp. 2-3

During my university clinical placement, and afterwards when employed in art therapy roles, I struggled to explain to people outside of the course or industry what it was that an art therapist did. I could speak at length about the literature I’d read, what happened in art therapy sessions, and the structure of art therapy training and what I felt its drawbacks and strengths were. I explained art therapy as a practice has existed as long as psychology (70 years or so) but is not well-known in many countries, including Australia (Junge and Asawa, 1994, Wood, 1997b, Gilroy and Hanna, 1998, Hogan, 2001). For all my information about the process of art therapy though, I didn’t have a sense of professional identity – and when people asked me about Transpersonal art therapy training, I could not relate it to “art therapy” as I understood it. The difficult realisation I came to was that I had had a very small understanding of art therapy when I began my post-graduate studies, and post-training I was not well-informed either.

The acknowledgment and exploration of Vocational Education Training (VET)\(^2\) art therapy courses led to conversations with fellow university graduates and Transpersonal trained practitioners about art therapy and professional identity. I

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\(^1\) Caveat emptor, Annetta!

\(^2\) VET training confers the honorific “Transpersonal Art Therapist” on graduates, and is a style of art therapy training offered in several Australian states. Courses are government-accredited, but not recognised by international peak body standards.
realised that during my Masters degree when discussing other, non-university approaches to teaching and learning in the field, alternative courses were subtly (and sometimes not so subtly) denigrated by staff – and sometimes students – as being less worthy, and/or incomplete, in comparison to the expensive, internationally-recognised course I was enrolled in. I found myself curious (and also embarrassed) to realise that I had absorbed and replicated this behaviour without any rational foundation. I felt personal dissatisfaction with the scope and style of the studies I had chosen, particularly in the lack of clarity in terms of professional identity, and thus began my search for answers as to why I elected to attend and complete university studies in art therapy.

Rather than investigate my own situation in isolation, I designed a Doctoral research study that included other regional, ANZATA-registered art therapy practitioners. A strong check to my early-researcher sense of importance came early in the thesis process when I sent out the first participant request emails and a very small number of ANZATA members expressed an interest in the project, or had questions about the research topic or structure itself (appendix iii.). Perhaps the focus on the personal stories and lived experiences of art therapists in the region rather than the traditional process of art therapy was a barrier for some, but others embraced the opportunity to participate in the research.

A research structure featuring in-depth interviews with art therapists is a more systemised approach to biography and practice than has been generally undertaken in the field in the past – with perhaps the exception of Gilroy’s unpublished thesis (1992)3. Barnett (2007) examined the unconscious motivations of people wishing to enter counselling or psychotherapeutic careers, but this thesis asked participants to be articulate and authoritative about their own accounts of choosing an arts therapy career. Art therapists frequently engage in professional assessments, discussions, and explorations about aspects of practice around them – colleagues, workplaces, or clients for example (Case, 1998, Killick, 2000, Pifalo, 2006, Allen, 2007, Lyshak-Stelzer, 2007) – while their own voices, stories, histories, perspectives, and

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3 I did attempt to read the thesis, and contacted Dr. Gilroy by email enquiring if a copy would be possible. Dr. Gilroy was prepared to scan the document to make it available to me electronically only if un-binding were possible. This proved not to be the case, and as I am in Australia and the extant hard copies of the thesis are in London, England, I was unable to include the contents in detail for the purposes of this thesis.
narratives that underpin their work, and which, indeed, may have led them to their work, are not necessarily given the same attention to detail or the same weight of consideration. Foregrounding and centring of the practitioner may be considered an unusual approach for research in the field too, in that the domain of personal disclosure shifts from that of personal therapy into personal research (Case and Dalley, 2006a, Edwards, 2007).

During the interviews participants discussed personal insights and thoughts freely, offering observations and reflections as well as difficult moments from early life. The stories are memories (rather than a concrete version of an unchangeable ‘truth’), related at a particular time and in a particular place, and are shaped by a number of considerations including our professional culture and the dialogical nature of the interviewing process itself (Horsfall and Titchen, 2007, Rubin and Rubin, 2012). With this in mind, the stories are explored and unpacked as rich, specific accounts, meaningful on the day and for the people who tell them. The participants were very generous in sharing their time, energy, and stories, and I hope that I have honoured their stories, voices, and perspectives while opening up some further questions about the way we belong to and identify with ourselves, our chosen associations, and the profession and praxes of art therapy. The following section will introduce the participants by pseudonym, provide a snapshot of their areas of specialty in practice, and explain the transcription excerpt layout for readers of this thesis.

PARTICIPANT INFORMATION AND OVERVIEW
All participants, including myself, are female. All participants in the research agreed to the creation of at least one artwork for the purposes of the research, to create a pseudonym for themselves to ensure anonymity, and to give me an hour of their time for the purposes of a semi-structured interview. To streamline visits and stay within my research budget, I undertook four separate long-distance trips for seven of the interviews and one short trip for an interview with an art therapist in my local region. To attempt to represent participant’s voices as completely as possible, extracts from the verbatim interview transcripts are incorporated throughout this thesis.

The participants are introduced here in alphabetical pseudonym order:
Frida has a background in community and youth work, and is dedicated not only to doing the best possible job for and with her clients, but for the community overall in which she lives and works.

Jo has worked in two countries as an art therapist, with an emphasis on populations living with mental illnesses.

Myfanwy has a long-standing practice focused around those living in the community with mental illness, with an aim to improving their quality of life through better self-understanding.

Sacha has a thriving practice based on family, sports, and community practice, and is interested in designing an art therapy app.

Sandy works with clients in private practice, with a particular focus on self-acceptance, and personal growth and development.

Stacey works in mental health with young people and adolescents, and hopes to build a stronger art therapy presence in her region.

Susie has worked in two countries as an art therapist, and is very involved with community-based and family-focused approaches to therapy.

Vanilla Brown has a practice involving young people and adolescents in the secondary education system, and is interested in exploring clinical interactions and art therapy.

Transcription mores

The following is to clarify the presentation of transcript excerpts which are ubiquitous throughout the thesis:

All transcript quotes appear as indented, centre-justified and single-spaced on the page. In an effort to visually represent my ambition to foreground the words and experiences of the participants in this thesis I have placed their words – literally – at the centre of the page. It is also my hope that the visual pause this change in text layout allows will assist the participant’s contributions to resonate more deeply with the reader. To further this aim, transcription quotes are presented in Book Antiqua font. All other written content within this thesis, including direct, right-justified indented quotes from relevant theorists and texts, is in Times New Roman font.
Any italicised words within an otherwise ordinary font sentence are the original emphasis from the speaker, as transcribed by myself and approved by the individual participant. For example: “Well, it looks like that…”

Any quoted content which appears in rounded closed brackets ( ) indicates a break in the speaker’s rhythm. For example: (cough), (sigh), or (pause).

Square brackets [ ] represent a longer section that has been précised by myself. For example: [with clients]

Italicised sentences or interjections within a quote prefixed with “A:” are my words, included for context and to demonstrate either a personal interaction, or how further information on a topic was elicited.

WHAT ARE ART/S THERAPIES?
Before reaching deeper into the questions of the thesis, an overview of what constitutes ‘arts’ or ‘expressive’ therapies is in order, providing context and background for those unfamiliar with the field. Broadly speaking, an arts or expressive therapist integrates non-verbal approaches into their therapeutic practice to support clients in reaching greater insight and understanding of themselves and their life circumstances. In this respect, arts therapists vary from strictly verbal – aka ‘talking’ – therapies including psychology, psychiatry, or counselling. Any creative outcome – image, sculpture, dance, piece of music, etc. – is not the end goal of the session, but the creative process helps clients discover their own answers (Moon, 2002, McNiff, 2004, Case and Dalley, 2006b).

Art therapy emerged in both the UK and the USA at roughly the same time, but with differing underpinning interpretations of theory and praxis (Waller, 1991, Junge and Asawa, 1994, Hogan, 2001, Vick, 2003). Many historical accounts from one nation or another ignores or downplays the rise of arts therapy in the other, or any significant contributions in the field, although some contemporary writings have begun to address the profession’s divergent roots and discuss how differing approaches from the UK and USA inform and shape arts therapy in other countries and regions today (Westwood, 2010b). The differing approaches of the founding nations do inform contemporary regional training and practice and will be discussed in depth in chapter 6. The professional literature included in my training course included writers and theorists from both countries: including Malchiodi (2003a) and Rubin (2001) from the USA, as well as Case and Dalley (2006a), Edwards (2007),
(Gilroy, 2006), and (Waller and Gilroy, 1992) from the UK. The training I received relied to a greater extent on the experiential, UK-based approach to practice, however much content also emphasised Humanistic and Person-Centred approaches (Campbell et al., 1999, Gilroy and McNeilly, 2000, Moon, 2002, Hogan, 2003).

In 2011, by way of being more inclusive and visible in the region, ANZATA voted to change the then-singular ‘Art’ in the body title to the plural ‘Arts’ in order to reflect the five distinct categories of arts therapy practice recognised by ANZATA: art, movement, music, drama, and play (2012a). I myself trained as a visual art therapist, and engaged with the professional literature specific to this discipline. In regional ANZATA-accredited training courses, all styles of arts therapists are trained in a single cohort, with individual students incorporating additional readings and research for assignments from their own preferred specialty. There are distinct canons of literature informing each arts therapeutic discipline, and each canon is highly specialised. Knowing that it would not be feasible for me to undertake a full reading and comprehension of other arts/creative therapy canons, let alone deconstruct them vis-à-vis the perspectives of my participants within the scope of this thesis, I restricted my participants to the visual art section of the spectrum. At the time of beginning the research in 2011, between 70-80% of the 300 then-registered ANZATA members identified as visual art therapists in the directory (ANZATA, 2011).

Art therapists may therefore be considered as individual practitioners working under a somewhat nebulous group title. The following section examines how I came to formulate the interview questions and research design, based on my own informing concepts of what individuals and groups do when they interact, and including considerations of professional identity for the field.

**FORMATIVE CONCEPTS OF THE RESEARCH**

As mentioned in an earlier section, metaphors of dunes and drifts composed of reasonably similar individual components forming a reasonably similar mass, made sense to me as my geographical and physical grasp of the world was shaped by the climatic conditions of the part of the world I grew up in. As a result, at the beginning of the research process I expected there would be a lot of ‘singing sand’ found in participant’s responses and stories. Singing sand is a sometimes contested
phenomenon (Welland, 2009) but under the right humidity and environmental conditions, sand will squeak or ‘sing’ when walked on. According to some researchers this entails the grains being very uniform in size and shape (Edwards, 2009b) – although as Greenberg’s (2008) images reveal, ‘uniform’ is a relative term, and art therapists may be seen to currently have more differences than uniformity in regional terms.

As the research progressed, my initial premise of being able to compare participants, patterns, and behaviours to groups appearing homologous at a distance and with marked differences for individuals did not hold up well under the theoretical frameworks of Bourdieu (1993a) and cultural theory (Hall and Grossberg, 1986, Hall, 1997a) employed throughout this thesis. Under feminist lenses, however, there is an argument for a blurring group effect as women ‘disappear’ and become essentially invisible under male-dominated, patriarchal structures (Smith, 1987, Smith, 1995). Women and visibility will be examined in several chapters, but suffice to state here that many of my initial ideas did not parallel the interview content and subsequent data and findings. However I did create some wonderful first-year presentations around the ideas of individuals and groups. I also maintain that each of the stories and narratives of the participants are worthy of preservation in polyvinyl acetal resin, like arctic snowflakes (Cendrowski, 2009), for their unique beauty.

The shift from individual/group comparisons then led me to a single word: ‘Belonging’, linking to the original premise insofar as group phenomena may be
considered to belong together when en masse. However the concept of ‘belonging’ also carries a variety of differing subtleties. Belonging is an aspect of both field and habitus in a way; it is dependent upon cultural and symbolic capitals, and there is an element of agreed negotiation at several levels between the individual and their own choices, as well as the individual and the group (Bourdieu, 1989, 1993a). Following upon these foundations, it may also be argued that any group is then in a position to re-negotiate their state of belonging with other groups (Wenger, 1998, 2000), and this lead me to the concept of identity. The ways in which belonging and identity for individual art therapists under the notional group heading “art therapy” are navigated by the participants will form much of the discussion content of subsequent chapters in the thesis.

**Moments of pivotal illumination**

I have always been fascinated with people’s personal interpretations and stories of themselves, their histories, actions, and lives. For me, where we are from, and what we prize as influential ‘moments’, contribute to constituting what we hold dear in life, and help determine and inform our future choices and movements. Our ‘here’ and ‘now’ – at any given moment – is a crystallisation and distillation of our influences, conscious and unconscious, as well as our awareness of the context and the ramifications of choices made and paths selected. Unsurprisingly, therefore, this thesis considers stories of choice, perspective, identity, memory and belonging. The strongest and most informing points in time, ones which determine subsequent patterns of choice and behaviour throughout life, I term “moments of pivotal illumination”. It is with these moments of *pivotal illumination* in mind that I asked participants to create artworks for the interview, echoing the structure of an art therapy session, and providing a creative entry point into the interview itself.

A particular ambition of this thesis is to highlight and make visible the lived experiences, ideas, perspectives, and words of regional art therapists. Art therapists are creative thinkers, so artworks and stories as vehicles for relating personal experience are appropriate for the participants, and – as Game and Metcalfe observe – “Stories are fundamental to the processes of identity- and meaning-creation” (1996, p. 76). By consciously foregrounding the voices and narratives of the
participants within this thesis I hope to offer a beginning dialogue and some future avenues for a stronger and more cohesive professional identity.

**A regional perspective**

As noted earlier, ANZATA membership is not mandatory for regional employment as the industry is unregulated – I was curious to see whether other professionals who qualified for peak body membership and association felt as disconnected and adrift in their sense of professional identity as I did, or if I was anomalous. I elected to work with ANZATA-registered practitioners as art therapists engage such varied approaches to practice that having an internationally-recognised standard of training meant that there would be some commonality of theoretical and philosophical approach. I also wanted to push past cartographical limits for this research rather than consider the profession by a country-specific basis, which has often been the case (Campanelli and Kaplan, 1996, Gilroy and Hanna, 1998, Woodcock, 2011). I specifically structured the research parameters to bypass cartographic boundaries, which are often employed to delineate research purview – thereby introducing a new, regional, approach to framing professional ‘community’ identity, which reflects the purview of ANZATA itself. ANZATA as a peak body covers a region comprised of Australia, New Zealand, and Singapore, so I considered this regional perspective a useful one. However, much of the thesis content concerns itself primarily with Australia and New Zealand, as there were no practitioners from Singapore who expressed any interest in the research, and the writing in the thesis reflects the participating nations most strongly.

ANZATA recognises differing styles of tertiary training programmes. At the time of writing these are:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
</tr>
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<tbody>
<tr>
<td>The University of Western Sydney</td>
<td>Australia (NSW)</td>
</tr>
<tr>
<td>The University of Queensland</td>
<td>Australia (QLD)</td>
</tr>
<tr>
<td>La Trobe University</td>
<td>Australia (VIC)</td>
</tr>
<tr>
<td>The MIECAT Institute Inc.</td>
<td>Australia (VIC)</td>
</tr>
</tbody>
</table>
Reciprocal agreements for membership exist with active members of the British Association of Art Therapists (BAAT), the Canadian Art Therapy Association (CATA), and the American Art Therapy Association (AATA). Graduates from courses approved by these associations, which also meet the ANZATA training standard, are also eligible to join (2012c).

When I began my research the following questions informed the final design:

- **What is the answer to the question of professional identity for the field?**
  Where, and how, do art therapists belong? To frame this question in business terms, what constitutes the art therapy ‘brand’? I myself – and many of the students and practitioners I encountered during and after my training – have a tenuous definition of what art therapy actually is. Given that art therapy may be considered still emergent in the health profession overall, and runs a very real risk of being subsumed within other and better-established professions, isn’t it important that practitioners themselves are very clear about what it is that they do?

- **Why go to the effort and expense of undergraduate university training, followed by postgraduate study, if VET Transpersonal training suffices due to a lack of regional regulation?**

- **Art therapy programmes are overwhelmingly taught by and to females, and globally the profession is comprised of mostly female practitioners. As tertiary educational systems and health industries are historically designed to privilege males and male interests, what are the effects of gender dynamics upon students and practitioners in the region?**

- **What is it about university training that draws potential students to a comparatively costly programme for a profession that by its current nature will require them to engage in the vagaries of private practice, or to either compete for a small – albeit arguably slowly expanding – pool of job opportunities, most of which are fiercely contested, or settle for adjunct positions which may be in another profession altogether?**
Why do some choose to undertake the demands and rigors of university-level postgraduate study, with the added weight to student debt levels, when the employment prospects are uncertain and the general population is unaware of what it is that art therapists actually do?

Is this about educational snobbery? Or is it that a genuine desire to be the ‘best’ possible practitioner equates to a certain kind of educational experience for an individual (arguably in my case)?

The research design was also formulated around the idea of discovering which moments of pivotal illumination and choice led the participants to art therapy as a profession, and to this end one-to-one, semi-structured interviews were scheduled with the participants at their place of work where possible, or homes when it was not. We discussed original artworks, stories, memories, anecdotes, and personal observations which related to moments of pivotal illumination. An arts-based approach to considering the data allows for not only any commonalities of experience or reflection to be brought forward for examination, but also any unique perspectives or interpretations (McNiff, 2013).

The resulting information was then analysed via the approaches of cultural theory, particularly the work of Stuart Hall (Hall and Grossberg, 1986, Hall, 1997a, 1980) – art therapists create and consume their own literature and representations of the profession, so it’s an appropriate lens of consideration – as well as Bourdieu’s interpretations of habitus, field, and cultural capital (Bourdieu, 1984, 1993a, Huppatz, 2012), and Smith’s feminist sociology and female standpoint theories (Smith, 1987, 1995). I have attempted to view the profession both as a product of itself, as well as from within as a former art therapist. To paraphrase Gerbner: I have looked at messages about art therapy, not art therapy itself (1970; cited in Hall, 1980, p. 131). Via these lenses the regional art practitioner lived experience may be usefully considered and compared to the proffered outcomes of both pedagogical systems and workplace realities within the professional literature.

BELONGING AND IDENTITY

The journey I have taken to research and write this thesis has led to a series of self-reflections and considerations, all of which have led me to a fairly simple and elemental question: Where Do I Belong? Being a simple question does not, however,
infer that this is not a deep, important question, with far-reaching implications. On the contrary, the scope of this question ripples out to touch every aspect of my personal being – and this is something that participants explore throughout the interviews. ‘Belonging’ may be seen to narrow the locus of questioning and exploration from a linguistic position, but philosophically it opens up a much broader field of inclusion. For the purposes of this thesis, coming to an understanding of belonging – in terms of professional identity and the role of the art therapist in art therapy – may perhaps be possible by going deeply into the personal lived experience of practitioners. Bachalard explores this concept with an example of delving into the miniature in order to magnify and discover the large and the great; he describes the inversion as allowing one to see afresh the familiar from a new standpoint. “From the interior he discovers interior beauty. Here we have an inversion of perspective” (1994, p. 149). The interviews permitted the participants to consider their own experiences and stories closely, and sometimes from fresh perspectives, and allowed me to consider the field of art therapy in a broader manner via the very intimacy and personal scale of the participants’ narrative positions.

Identity
Social identity theory was formulated by Goffman (1959), introducing the concept of individuals ‘acting’ various roles within society and their identity shifting depending on the group and context at a given time. The work of Goffman has continued to be of importance to researchers in both psychology and sociology where identity formation and fluidity are topics of ongoing research (Tajfel, 1982b, Wenger, 1998, Bauman, 2000, Stryker and Burke, 2000, Connolly, 2002). Identity within this thesis is considered from a position of dynamic creation within a discrete profession (here art therapy), wherein the individuals and the group work may work bi-directionally together to inform and shape professional identity (Wenger, 1998). Identity at the professional level does not preclude or exclude other identities an individual adopts at home or in other professional capacities. This research is concerned with the professional identity, or lack thereof, of participants who identify themselves as art therapists, regarding the field of art therapy in the region.

It is germane to note that professional identity is not a construct that is deliverable via a single pathway or a realisation that happens in a single instant. Rather, the
repetition over time of professional praxes, mores, and collegial networks underpin and strengthen a professional identity.

Practice encompasses the doing, knowing, being and becoming of professional practitioners’ roles and activities (Higgs, 1999; Higgs & Titchen, 2001)… They shape how we reflect upon ourselves and grow in practice…which includes developing a practice model and identity. Doing, knowing, being and becoming in practice are, simply, not solo and self-focused pursuits (Higgs and Patton, 2014, p. 1).

As Higgs and Patton note, professional identity is not attainable by individuals creating in isolation. Art therapists as a group would arguably benefit from a more overt and consistent structure to help nurture and strengthen a more congruent and cohesive sense of professional identity in order to retain practitioners and raise the status of the field. There are models of professional identity establishment and maintenance within well-recognised professions that are adaptable and appropriate. For example, clinical psychologists and chartered accountants have patterns of mentoring, and periods of supervised employment that constitute stepping-stones to full professional recognition of membership (APS, 2015, CA, 2015). In this, an echo of the guild structure of apprenticeship, journeyman, and master (Krause, 1996) may be observed to survive in areas where a strong sense of professional identity is tied to ethics, mentoring, policy and appropriate knowledge in order to be a professional. Inherent within this approach to building, inculcating, and maintaining identity within a profession are a network of colleagues, continuing professional development (CDP) programmes, and a congruent, linked structure between pedagogy and the workplace.

Art therapy lacks the defined links between educational delivery and the workplace, and although components including CDP and supervision during training are in place for ANZATA members, there is no continuous streamlined structure from undergraduate to the workplace for art therapy students. Nor is there a consistent and congruent message or statement of professional identity promulgated by either pedagogical channels or peak bodies either in the region or overseas. As a result, some difficulties in establishing the identity of art therapy within the allied health field may lie in a recognised pattern of art therapists rejecting ‘outsiders’ and cultivating insularity by way of maintaining a sense of power and status within the
art therapy group (Tajfel, 1982b, Bourdieu, 1993a). This will be discussed in later chapters through the words of the participants. Although turning away from non-members is a recognised pattern for low-status groups, it does not facilitate growth or a positive change in status, but may act to impede growth. Susie describes an unfortunate interaction she witnessed at a recent art therapy conference in the region:

…I introduced a dear friend of mine to a group of Arts Therapists at a conference & as soon as they found out that she was not an Art Therapist they turned away from the conversation. I was very surprised, as I believe we really do need people outside of our field to understand us better & not think so insular.

Susie, p. 7

Since art therapists do employ specifically creative methods, art practices and recognised knowledge involving creative interventions – which contribute to professional identity establishment (Wenger, 1998, Higgs and Patton, 2014) – it is germane to consider identity from the perspective of a creative mind. In order to explore how the profession might interact more effectively with ‘outsiders’ by developing and engaging with a consistent professional identity Turner Prize-winning UK artist Grayson Perry CBE (2015) is useful as he specialises in researching identity creation and formation, and creating artworks from his investigations. In a documentary of his National Portrait Gallery exhibition in London (Gallery, 2015), Perry observes that “co-creation” is important to any identity-formation process, asserting: “Identity is a process, it’s not a fixed thing that we’re given at birth, it’s something that is constantly evolving” (2014). Professional identity, whether from a business or a creative perspective therefore, may be seen to develop via interactions, relationships and community.

For regional art therapists, identity has perhaps not so much evolved as become caught up in a cycle of absence and struggle, one in which a congruent and cohesive, unifying statement or message about what the professional identity of art therapists is remains tantalisingly out of reach. It is not that identity is not looked for, but there is arguably an absence of a generally-accepted or -agreed definition of what an art therapist is and does; and therefore by extension, where the profession sits within the health or therapeutic spectrums.
Identity – what it means for individuals within a group as both group members and discrete entities within the overarching whole – is something that I had considered from the beginning of the research journey, and I expected to hear a thread of wording or notion of identity that was present within the participant narratives. However, the longer I pondered the research topic, and reviewed the interview transcripts themes that I had chosen to focus on, the more identity as an absence – an ‘invisibility’ of the therapist – emerged as a silent property of the art therapy profession. Once I had identified this absence of the therapist, which seemed to relate to the lack of an articulated and congruent professional identity, it became a central focus of the research and findings. The invisible art therapist was everywhere I looked. By way of illustrating way I mean by ‘invisibility’, here is Stacey’s response to my asking her what her sense of professional identity entailed:

Um…my sense of professional identity?...you mean my own sort of goals, therapeutic goals? Or…

Stacey, p. 11

The notion of professional identity was at such a remove from her lived experience that Stacey struggled to apply the concept to herself. I myself had talked about the mechanics and process of art therapy, rather than the value-add of my own training as being essential to a good therapeutic outcome, and many participants describe art therapy along broadly similar, process-oriented lines. Within this thesis there is a consistent representation of my own perspective and experiences via an autoethnographic component; I am present not only as researcher, but as a subject within the research process. My own experiences and voice provide a springboard for the project overall, and sit among those of the participants in relation to the pedagogical delivery of art therapy, and attendant institutional dynamics upon a female student/practitioner. Autoethnography allows me to contribute another type of data, as my experience is included with, and compared alongside, that of the participants. I, too, have experiences to recount and explore pertaining to being a highly-trained graduate who has been positioned in a minor identity role in comparison to the process of art therapy.

The defining of the purview and praxis of art therapy as process-centric, as opposed to practitioner-centric, will be considered in detail in Chapters 5 and 7, and identity
Identity in training

A reasonable presumption on the part of the student undertaking a post-graduate degree, in order to attain an internationally-recognised educational outcome, is that there would be a baseline foundation of identity to build a practice on. As outlined above, this is not so in the case of art therapy. During the art therapy Masters course I had contact with some art therapy professionals, as well as other students in the Masters programme. During talks with both students and working practitioners, the reality that the profession was truly struggling in Australia was consistently raised. Many students, including myself, did not have a supervised placement with an art therapist for a field supervisor, essentially leading us to figure out practice method and coping strategies for ourselves. The professional literature was a help in some circumstances, but not in all.

Over the time of my training I learned to consider and explain art therapists not in terms of what we were but what we were not. As art therapists we didn’t belong in medicine as we weren’t doctors, but we could probably expect to work in the allied health field. Art therapists were ‘more’ than artists, but ‘less’ than psychologists. We were separate from counselling, although we shared a few units with counselling students and learned the hard way that our philosophy of therapy sometimes ran counter to what other therapeutic streams were taught. Art therapists are not art teachers (Waller, 1984) – however my sessions were persistently referred to as ‘art lessons’ by co-workers at my work placements. And finally, although we were supposed to maintain a personal art practice, many practitioners were honest about the fact that they did not (Gilroy, 1992). There is an argument to be made that a lack of definition within regional training courses is a direct contributor to practitioners continuing to define art therapy by negation:

I’m different to other (sigh/exhale) professions…I’m still an artist, myself, & I look for the artist in children. I’m not…a medical-model person, I’m someone who deals in (inhale) creativity…I don’t work like verbal therapists…sometimes we don’t talk, sometimes we just create, sometimes we play. …sometimes we make a mess. Sometimes we… felt or build things or break things, or… destroy things & fix them up again,
sometimes we bandage stuff…(pause)… but it’s a space that is…very healing, & I don’t fully understand it…there’s still a mystery, for me.

_Frida, p. 8_

University programmes do offer definitive statements about training outcomes in their propaganda for art therapy courses, so perhaps professional identity formation may be interpreted as implicit in the training programmes. However, as Frida’s reflection above demonstrates, identity is not articulated or firmly established within art therapists themselves who are regionally-trained. Here are some regional university and college website statements on the outcomes graduates will expect from art therapy training:

This program prepares students for clinical practice in art therapy to a high standard. Students will develop the knowledge and skills to provide art therapy interventions in a wide range of settings and with diverse clinical groups (University of Queensland, 2015a).

Students who complete this program successfully receive training, skills and practical experience to enable them to practice as art therapists in clinical settings including hospitals, community health programs, rehabilitation services, in education and psychiatric settings, in aged care, palliative and forensic centres, with people experiencing substance abuse, eating disorders, rehabilitation, and numerous other health care needs (La Trobe University, 2015b).

Creative therapists can enjoy rewarding careers in a variety of therapeutic settings in mental health environments, treatment agencies and in the community (Whitecliffe College of Arts & Design, 2015b).

Our graduates hit the ground running, because they have done so much skills based and work based training backed by strong theoretical learning and they’ve already worked with clients in much the way they’ll be expected to work with clients when they’re employed (University of Western Sydney, 2015).

Expectations of a good employment arena post-studies are visibly included in pedagogical propaganda and advertisings. However, none of the content confirms professional identity or offers a strong statement of regional realities for practitioners. As a result of the conflicting information and lack of a unifying message regarding what it is that an art therapist does exactly, I did not ‘know’ the identity of the profession I had graduated in. Thus, by extension, I had no
professional identity of my own as an art therapist, and for the length of my art therapy career, from education, to employment, and my ultimate exit from the profession, the issue of ‘belonging’ has been a frangible and fluid one.

Interestingly enough, given the absence of defined professional identity, during the university course I attended there was an openly acknowledged term for ‘fitting in’ art therapy in the workplace. The final lecture of my Masters degree saw a well-established art therapy professional – a former supervisor and occasional lecturer – recommend “stealth art therapy” whilst addressing the cohort on work strategies (Perry, 2009). In no uncertain terms we were directed emphatically to take this route rather than wait for a dedicated art therapy job. It was disconcerting to be instructed at the end of two years of expensive study and training to be told to conceal my hard-won expertise, skill-set and knowledge and to slide them in when no one was looking.

I am not a terrifically subtle person, so the concept of training at post-graduate level in order to pretend I hadn’t didn’t sit well with me. I was perplexed and somewhat frustrated at the amount of money and time travelling – a four hour round-trip by car to the university campus – that I had spent to become an art therapist who could register with ANZATA, although my curiosity was aroused as well. It wasn’t until I had begun the PhD in earnest that I actually looked at the content and training approach of regional VET providers, beginning with a provider in the greater Sydney area (Institute, 2014), and then moving onto other interstate options (Institute, 2015a, Institute, 2015b). I realised that the VET courses are as valid and well-crafted in their approach as a university-based course in their theoretical underpinning, as Westwood (2010b) observed.

I do concur with Westwood’s observation that the main deficiency with VET training is the number of practicum supervision hours – a very low 50 during the time of my training, which increased to 100 at the time of writing. This is in comparison to a minimum of 750 hours provided by Universities for international association standards. The supervised hours may prove a future talking point between providers – perhaps an adjunct year overseen by an ANZATA-approved programme might be one way forward, but this will be explored in greater depth in chapter 9.
Identity within the art therapy profession

A deconstruction around some aspects of professional identity is beginning to surface in peer-reviewed art therapy publications in the last year or two, including works from the UK (Cornish, 2013, ATOL, 2014) and Australia (Kelly, 2013). Susie pinpoints a key issue for identity within the profession regionally based on her own European training, which includes a dedicated and specific undergraduate art therapy pathway, specifically directed towards post-graduate art therapy studies. Unlike some countries in the Northern hemisphere (Sciences, 2013, AATA, 2015b) there is no direct regional undergraduate path to prepare for post-graduate arts therapy studies, not even electives within a broader course framework. Art therapy training comes only at post-graduate level when another profession’s mores and philosophies are already in place. Susie comes from a professional perspective more in line with professions such as that of psychologists and chartered accountants, as discussed above. She explains:

I’m just thinking from the template of where I came from, because I just know it really worked for me, to get a solid identity... I don’t know if that template would work here, you know? …But it is something that I would like to explore, to see what is possible & how that could be linked. Because I strongly believe that the confusion in the professional identity has to do with the way it’s [taught] ~ because you can only do the Masters if you already have a degree. So, if you already have a professional identity elsewhere…

Susie, p. 5

Commonly-encountered areas of undergraduate study for art therapy students include: health, education, fine art, psychology, social work, graphic design, and early childhood care/education. As will be explored within this thesis, an extant professional identity from previous training may remain the visible professional identity for art therapy graduates, as the professional identity of regional art therapists is not congruent. A further impediment to establishing a strong sense of professional identity for art therapy students is that many undergraduate programmes also include supervised work placement training, and workplace interactions for art therapy students may be at odds with these previous trainings and procedures.
The lack of a congruent and cohesive professional identity means that art therapists are not only struggling with a low profile in the workplace, this is often compounded when they are employed under job titles that differ from their specific skill-set. “Stealth art therapy” may be negotiated into a working contract or job agreement from the outset, as Frida describes. During her job interview for the position she currently holds, the low-profile and -status reality of art therapy in the workplace is encapsulated:

When I went for the interview I said: ‘I wanna work as an art therapist, I don’t want to be a children’s counsellor. I want to be an art therapist with children … they describe me as a children’s counsellor, but I describe myself as an art therapist. Frida, p. 8

The practitioners I spoke with during training, and at subsequent professional gatherings, seem to feel that this has not been squarely addressed in their experience. There is not much that has been published about how art therapy practitioners can or do define themselves, so literary forums as springboards for reference and discussion are in the formative stages. It became clear to me as I analysed the data from the interviews that I was not alone in feeling that I belonged to a professional group that is very blurred in its self-definition and awareness – not only to outsiders, but often to members of the group itself. What happens during art therapy sessions and the outcomes clients can achieve are not well understood by other areas of the health spectrum, let alone the general public, and this may be a contributing factor to the low number of art therapy positions available on the job market.

After graduating from the Masters I couldn’t find employment, so I began a small private practice in the area where I live. When I opened my own business I was hoping to work in the general area of my former profession. However, due to the political climate at the time focusing strongly on mental health, I ran regular groups at a drop-in centre for people living in the community with mental illnesses, as well as occasional sessions with community care organisations. Concurrently I also worked one-to-one with private clients in sessions in my own workspace/studio. I did, as those before me had reported, find myself constantly explaining – or, at least, trying to explain – what constitutes art therapy and how it works, and defending the legitimacy of the profession to both medical workers and the general public alike. I
began to wonder to what extent my own sense of powerlessness and frustration with the reality of having to create my own job and carve out a niche was simply due to geography – I live in an urbanised region between two major cities – or if this was something experienced generally by other colleagues. Remembering many conversations when I described what art therapy is in terms of what it isn’t led me to dig deeper into the narrative of the hidden and the unknown. The following section discusses the unknown inherent in the title “art therapy profession”, and the effect this has had on the research.

PROBLEMATIC DEFININGS: HOW TERMINOLOGY INFLUENCES BELONGING AND IDENTITY

Given that the approach to research questioning employed within this thesis considers what has come before, I feel it is fair to consider that the name and concept of the ‘art therapy profession’ itself may be – at least in part – to blame for the indistinct sense of belonging and identity that many practitioners experience. I confess that my research came hard up against a lack of coherent and generally-accepted definitions and boundaries for titles and concepts; this section examines the main areas impacted by this uncertainty, and suggests some broad outlines of delineation in the areas of Art, Therapy, and Profession for the purposes of this thesis.

Art

Art-making is something intrinsic to human communities and civilisations, it is found throughout time and around the world. So it is not unreasonable to assert that art exists and informs cultural, social, and symbolic capitals. However, it is not reasonable to assert that art consists of universally-agreed component aspects – different cultures and times have seen a myriad of different elements, styles, and schools privileged above others within an artistic standard, for example, and this shifts with fashion and time (Bourdieu, 1993a, Herd, 2013).

Several standards for considering what constitutes art may also exist simultaneously within a particular culture or its subsets, and these standards may contradict each other partially or completely. Various individuals, classes, or community sectors may acknowledge one or some standards or elements as constituting “real” art, but discard, reject, or dispute others. For example, Impressionism is now considered a
mainstream movement which inspired many modernist genres, but when it first emerged in late 19th Century France, it was considered scandalous (Boime, 1970). To offer a contemporary example of a divide in the perception of art today, consider the London-based spray-can street artist and social commentator known as Banksy (2010). Art galleries, critics, and buyers around the Western world generally agree that a work of art by Banksy is a legitimate, and legitimated, item of cultural and financial value (Moore, 2008, Worth-Jones, 2013). However, an image created by an unknown Sydney artist – on a public wall with spray-paint, as Banksy’s work is – is not considered to have an equivalent status, and may be removed as a nuisance piece of graffiti – despite the support of some contemporary art critics who assert that this style of art-making is as socially and culturally valid as the Impressionist movement was in its time (Edwards, 2009a).

**Therapy**

Like the term ‘art’, the very term ‘therapy’ means many things to different people and cultures. There is an inherent component of healing attached to the word, but approaches to achieve this vary considerably: to employ two broadly-linked approaches for the sake of example, shamanic and religious practices encompass a spectrum ranging from acceptance to physical tests, and interventions which involve the spirit world (Wiseman, 1999, Mayes, 2005, Espinoza, 2014), while Western-based, predominantly secular, practices include talking, doing, making, re-experiencing, imagining and analysing (Rose, 1990, Dudley, 2004, Bateman et al., 2007). One fairly consistent element between these examples, however, is that of a ‘leader’ – one who is experienced and (usually) trained – and a ‘follower’, one who seeks to be a better version of themselves at the physical, emotional, psychological or spiritual levels. In Western Anglophone traditions, it is common to find therapist/client or practitioner/patient as labels for these two categories. In shamanic or religious practices terms may include priest or doctor for the leader, and supplicant, patient, and seeker/novice for the follower. The label “Art Therapy”, from this perspective, becomes a more amorphous concept, a deeply subjective title – and one that does not lend itself as readily to definition as the simplicity of its construction may seem at first glance.
Of course it is important to be explicit that the status of women as artists and therapists may be seen to follow hegemonic masculinity hierarchical models, as outlined by Connell and Messerschmidt (2005). Greer (2001) has been thorough in examining why women in the arts have been successfully backgrounded over time, and her approach to deconstructing art world privilege may be employed as a template for explaining why the profession of art therapy, populated with an overwhelming percentage of female practitioners, is successfully backgrounded in allied health in the region today (McKenna, 2009). In therapeutic professions, while it may be contended that female high-status practitioners are not rare, males still hold a higher status and command higher pay rates (Athanasou, 2011). From a gender or feminist perspective, it is difficult to consider how art therapy practitioners in the region have survived at all; art therapy professionals occupy an ill-defined and ambiguous field in a masculine-dominated set of spaces (Smith, 1987, Bourdieu, 2001). Both art and therapy as discrete career categories are considered to be more valuable when engaged with by males, and the art therapy profession does not have a discernible, visible, high-profile ‘brand’ or identity.

I do not strive here to engage at length with a debate about what constitutes art or therapy per se, as these topics have been enraged, engaging, and intriguing people for centuries, but I do believe that it is important to acknowledge the personal-ness and cultural-ness of both fields. Both are rich and well-coined terms within Western society and both are deeply contextual. The personal, cultural, and contextual in turn then problematise anything which attempts a boundaried notion of either art or therapy as fixed and generally-defined concepts or arenas. In this thesis data analysis of the artworks as well as the transcripts, along with autoethnographic responses and observations, bring forward individual personal experiences and ideas. In this manner the emphasis remains on the participants and the lived experience rather than the contested areas of art and therapy.

**Profession**

There is also the concept and question of what is understood to constitute a ‘profession’, although there are some agreements surrounding the term and its usage in the English language today. Higgs and Patton describe the rise of the term ‘profession’ over centuries, and note that public declarations are embedded in the
origins. Perhaps this is one aspect of cultural shift that may occur when a more congruent identity is established for art therapy, and practitioners can explain what art therapy is, rather than isn’t, and make visible the role of the art therapist herself.

…the word profession refers to the idea of professing or declaring publicly, which was linked to taking solemn vows on entering a religious order (c.1200, Middle English) and went on to be associated with an occupation one professes to be skilled in, and a body of people engaged in an occupation. The word is derived from Latin professio from profitēri (declare publicly) (2014, p. 9).

While concurring with the rise of the term and its attendant importance, Krause (1996) considers a different set of historical pressures as the key to the forming and formalising of professions. For Higgs and Patton (2014), the need to define social and community practices privileged the rise of professions, which were closely allied to societal status. Alternatively, Krause (1996) contends that capitalism and the pressures to influence and drive matters of state (and, by extension, status and power) determined the rise of professionalism and the monopoly of information each profession held was held in increasingly higher regard over time.

So there are accepted historical trends and events leading to the formation of the concept profession and what we expect to be implied by the use of the term, and there are general definitions of what constitutes a profession in the Western world. According to Higgs & Patton, a profession additionally requires the following components:

Most definitions of professions refer to the following characteristics: a specific knowledge base, a service orientation, formal education and a code of ethics. More complex definitions also include advanced features such as culture, professional evolution and professional status being a social contract with society (2014, p.12).

In contrast to the global and generally accepted components determined above, Kelly (2013) has demonstrated there is no definition of the word or concept ‘profession’ in practical or legal terms of the word here in Australia. The elements inherent to a profession asserted by Higgs and Patton are rooted in sound constructions relating to historical and contemporary notions of professionalism. However, they serve as guidelines for contemporary community practice and philosophy, rather than as
express bounds for professional accountability and determinations across the board. An assertion of a general standard of ‘profession’ without any underpinning regional substance echoes the art therapy professional reality in Australia and the region. International standards and ideals may be said to be co-opted by the art therapy pedagogy and peak body literature in Australia, however the lived experiences of practitioners, their sense of absent professional identity and status, and their low workplace profile do not bear out the promised reality. General understanding and expectation are not gelling with day-to-day interactions and practices within the regional art therapy profession.

Although a long-esteemed term in our language, upon closer inspection the word ‘profession’ is revealed as one that may be as problematic as either art or therapy in terms of specific and definite usage. The bounds of what constitutes professional learning, and by extension practice, have also been reviewed in the light of changing cultures of pedagogy and business under neoliberal structures which emphasise external standards and auditing, as discussed by Fenwick et al. (2012). Throughout the thesis I use the words art, therapy, and profession singly and in concert. Within each section I have strived to provide a context and a framework so that there is the minimal elision possible between usages and applications of these terms.

WHAT BELONGS WHERE IN THE THESIS
This section outlines the content of each chapter, providing an overview of the thesis structure.

Chapter one has provided an overview of participant backgrounds, as well as the context for the research from the beginning concepts forward. Chapter two outlines the three theoretical approaches employed by this thesis, and how they dovetail and interact when considering the data and findings. Chapter three describes the method and methodology utilised to recruit participants, conduct the interviews and analyse the data. Chapter four is a close look at the outcomes from the thematic analysis of the interview transcripts and the participants’ moments of pivotal illumination. Chapter five places the role of artworks in art therapy in context and discusses the artworks the participants included in the interviews in detail. Chapter six considers regional pedagogical delivery in the context of legacies from the founding art therapy nations of the UK and the USA, and the role that educational content and
focus plays in professional identity formation. Chapter seven discusses professional identity and belonging in the workplace including the role of peak bodies, a potential strategy for developing a more consistent practitioner identity, and a new finding of the research: the “incomplete habitus”. Chapter eight examines professional identity from the perspective of the participants, with an exploration of what they consider to be important elements of professional identity constitution. Chapter nine draws together the findings of the research and presents implications for professional practice and educational delivery in the region.

An object of this thesis is to look past the opacity of the field name and examine how art therapists are able to be here despite a low profile and lack of professional identity; one of the main drivers in this aim has been to listen closely and look deeply at what practitioners themselves think of the art therapy profession. By foregrounding their words, stories, reflections, thoughts, ideas, and artworks, I hope to magnify the internal experience and reality of art therapy practice, making visible the heretofore invisible role of the art therapist herself; or, at least, the not-very-well-seen role. A discussion of the theories engaged with throughout the thesis, and some contextual considerations for the theoretical underpinnings used to examine the narratives, stories, and lived experiences of the participants will be the subject of the next chapter.
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…if we can’t tell people what we want, what use are we to our clients? Really! And, how do we expect buying-in from other people if we can’t articulate really clearly & deliver a message that says what we want to say to them. … So, if you’re not kind of like, really putting it out there for someone, how do they know that what you do is worth anything...

*Sacha, p. 8*
This chapter will outline and discuss the main theories utilised in this thesis, and introduce relevant theorists and academics who provide perspectives that enrich and enhance certain areas of theoretical consideration. The ways that the differing theories have been applied to consider the data will be elucidated, detailing how the layering of diverse theoretical positions helps to offer a more complete analysis of the data, and laying the ground for both the research findings and potential areas for future research more firmly in the lived regional reality. The core of the data involves intensely personal stories and reflections, and I have employed purely qualitative methods with which to consider the participant’s opinions, experiences, and feelings, for both the data analysis and perspective. Aspects of Bourdieu’s theory regarding capital and habitus, Smith’s feminist sociology and female standpoint theory, and Hall’s interpretations of cultural theory are all employed when discussing the data and considering the stories and experiences of the participants.

THINKING ABOUT STORIES AND HOW THEY TELL WHAT THEY TELL
This research is concerned with stories of memory, moments of pivotal illumination, and choices made by the participants. The thrust of the questions asked in the semi-structured interviews were aimed at eliciting reflections, opinion, and experiences of the individuals, regarding their sense of professional identity, descriptions of the circumstances surrounding their choices which led them to art therapy as a career, and how they describe their profession (appendix v.). The primary theoretical approaches discussed bring forward the stories and perspectives of the participants in I believe the most faithful way I could, and consider them from as rich and comprehensive a perspective as possible. These stories include personal experiences, but are not limited to considerations of experience alone; as a result, the research data are both rich and multi-layered, and at times multiple theoretical positions have been engaged to examine and consider the data in as appropriate and complete a fashion possible. In the following section the impact of medical authority in the health spectrum will be considered for the purposes of positioning the research within the allied health context. In a later section a new interpretation of Bourdieu’s habitus will be introduced within the context of the research – viz., an “incomplete habitus”.

34
MEDICAL DOMINANCE OF THE HEALTH SPECTRUM
One of the primary arenas witnessing the struggle for art therapist professional identity in the region is the field of health. This thesis will not outline the history of medical authority as the dominating factor in the contemporary health spectrum, as this has been achieved already particularly by Willis (1989, 2006) from the Australian perspective. However, for the purposes of context within this thesis it is important to note that allied health professions sitting outside of the Medicare system (Government, 2015) will remain unregulated, and thereby arguably subordinate, to better-known and government-recognised professions. A low-profile, low-status position, which is where art therapy as an unregulated field is situated, does not then lend itself readily to the formation and maintenance of professional identity. As Wenger (1998) argues, identity is supported when the individuals in a practice are supported and visibly capable of inputting and sharing knowledge to their professional community. With isolation and low recognition levels experienced by many art therapists in the workplace, identity formation and coherence is arguably thwarted.

Art therapy, as with all expressive therapies and unregulated allied health professions, faces a tough struggle for the consumer dollar and industry status simultaneously, and the reality of allied health in relation to Western medicine as a health authority has been discussed from numerous perspectives (Krause, 1996, Feen-Calligan, 2012, Kelly, 2013). As acknowledged extensively within the art therapy canon, this is not a new arena of difficulty either (Waller, 1991, Junge and Asawa, 1994, Wood, 1997b, Hogan, 2001). Although Willis (1989) has demonstrated that Western medical authority as the dominant power in the health field is waning in global health systems, this diminution is slow. Well-established, regulated sectors are not openly recognising a shift in status, power, or position to a discernible degree (Willis, 2006).

An interesting modern health perspective twist to the dominance discussion has been raised by Tousijn (2006; citing Friedson 1985, 1986), in that there is commonly now an established division of power within medical fields, wherein administrative workloads are often determinants of success in medical power hierarchies. Doctors are diverting time formerly dedicated solely to patients into administrative duties and committee-based roles; this has proved an effective method for retaining visibility
and decision-making power within organisations and communities alike (Long et al., 2006). Regional art therapists are therefore doubly hampered by a health system in which they are neither empowered in the workplace, nor in the offices which direct and drive the workplace.

This thesis does not propose a quick or simple solution to the identity struggle for the field within the medical model overall, but does acknowledge that part of any attempt to establish an industry-based identity must recognise the impact of a systemic, historically lessened status for practitioners within the allied health sector.

**BOURDIEU’S THEORIES**

The first of theoretical constructs used in this thesis are from Bourdieu, specifically the concepts of habitus, cultural capital, symbolic capital, and the way these may be negotiated in terms of gender and the structure of professions (Bourdieu, 1977, Bourdieu, 1993a, Bourdieu, 2001). Bourdieu’s work considers interactions of social structures and agency, and how both individuals and groups who are informed by social forces are affected and respond. One of the most important of these for the purposes of this thesis is habitus, which may be described as a physical embodiment of learning, cultural values, societal mores, and capitals (Bourdieu, 1993a).

Bourdieu’s approaches to sociological thinking and constructs can be effectively applied to the profession of art therapy and art therapy practitioners, as there are ostensible areas corresponding to the apppellations discussed in this section. Regional standards of education for practitioners may be argued to affect the parameters for the art therapy ‘field’ and some ‘symbolic capital’ as well. Membership to a peak body may be construed as further contributing to ‘symbolic capital’, and ‘cultural capital’ may be seen within not only the international peak body standards, but the canon of professional literature. ‘Habitus’ may be considered as constituted of experiential training practices and the supervised training of students, in conjunction with personal art practices. Effectively, all the contributing elements for Bourdieu’s concepts are present, but the extent to which an individual may mobilise these elements to their fullest potential – thus allowing for a ‘complete’ habitus and full expression of professional identity – form the basis of much of the data analysis and consideration of the participant’s experiences.
Bourdieu’s key analytical concepts, therefore, may be seen to provide starting frameworks for considering the way professional identity sits, or is noticeable by its absence, within regional perceptions, as well as how the profession as an entity negotiates with educational philosophies, praxes, and other health fields. This may be observed, for example, in participants describing their job titles, which may or may not include “art therapist”, or in the melding of art therapy training modules into practice or theory components due to low cohort numbers (Inc., Queensland, 2015a, Queensland, 2015c, UWS, 2015).

As several of Bourdieu’s concepts are foundational to the analysis approaches used herewith, they are considered individually in this section for context. An overview of how these concepts are then further applied within the thesis to include gender and class will follow, including perspectives from contemporary feminist thinkers including Huppatz (2012) and McCall (1992). Bourdieu’s work is useful for considering how individuals and fields move, shift, and affect interactions at cultural as well as metaphorical levels.

**Habitus**

Bourdieu’s work considers interactions of social structures and agency, and how both individuals and groups who are informed by social forces are affected and respond. Bourdieu encapsulated an embodied cumulative self in the term he coined *habitus* (1977), which may be described as a physical embodiment of learning, cultural values, societal mores, and capitals (Bourdieu, 1993a). Bourdieu further asserts that habitus, as an embodiment of learned behaviours and strictures, is inherently gendered to the detriment of females and female agency:

> The continuous, silent, invisible injunctions that the sexually hierarchized world into which they are thrown addresses to them prepare women, at least as much as explicit calls to order, to accept as self-evident, natural and ‘going without saying’ arbitrary prescriptions and proscriptions which, inscribed in the order of things, insensibly imprint themselves in the order of bodies (Bourdieu, 2001, p. 56).

Habitus may therefore be understood as an ever-evolving, ongoing manifestation of learned knowledge, an unconscious physical catalogue and rhythm of repeated practice and/or regular behaviours which is unique to each person, although patterns relating to class, background, and occupation might be categorised, recognised, and
discussed. This embodiment transcends the merely physical and becomes a blend of daily work and recreational routine, coloured by habit and preference of an individual.

For its formation, habitus begins with domestic, familial and immediate class, and cultural models then grows to encompass wider community and educational models. Habitus is reinforced by replication, routine, and unconscious behaviours:

In this sense, habitus operates at a level below practical consciousness figuring as the embodied sense of one’s objective position within a field of relations (Borlagdan, 2015, pp. 2-3).

Habitus as a concept is foundational when considering how well-integrated a complete and functional set of capitals relating to art therapy are expressed as being present in an individual’s sense of professional identity. A lack of cohesion and consistency within the individual participants speaks to a corresponding lack in professional identity, and may serve as a marker for future professional development pathways. Bourdieu’s approach to habitus is useful when considering agency and structure for the individual, however the thinking behind this construct has been critiqued by academics and scholars as being strongly patriarchal in focus. Although Bourdieu did attempt to reconcile feminist thinking and positionings in his later work *Masculine Domination* (2001), there is an inherent rigidity as to how far gender may be encompassed within the habitus construct using Bourdieu alone as a theorist, for as Huppatz (2012) points out:

The female habitus is constructed in cultural opposition to the male habitus and the male habitus is constructed in cultural opposition to the female habitus. … The habitus therefore assures relative consistency in what is considered masculine and what is considered feminine (p. 18).

Habitus within the bounds of this thesis is therefore a construct and concept that is accepted as a starting point for considering how participants engage within the field of art therapy, as well as within their own communities and selves. It is also open to being reconsidered and demonstrated as a flexible notion in the ways that we might theorise and position its bounds. This will be considered throughout the thesis in sections referring to an “incomplete habitus”. From this perspective of plasticity the
agency of art therapy practitioners in the region at the time of writing, therefore, may be re-envisioned as something that is functioning in a truncated manner within the current industry-accepted set of pedagogical structures, workplace systems, and peak body mores.

Field

The field is a certain structure of the distribution of a certain kind of capital (Bourdieu, 1993b, p.91).

The sense of capital distribution referenced in this quote encompasses accumulated knowledge, accepted terms of practice with clients, the canon of literature pertaining to the profession, the status in which it is held by other health, allied, or medical practitioners, and the status and class that society would ascribe to practitioners holding post-graduate university degrees in order to qualify for ANZATA. The thesis refers to the field of art therapy itself as a discrete profession, then also as to how the profession is situated within the allied health field, which is in turn a part of the general health field. The term ‘field’ is useful as it may be seen to incorporate the entire scope of art therapy practice: from pedagogical positions and training, private practice, paid employment, advocacy for, purview of, and ethics of practice advocated by professional associations.

Field becomes a problematised term when taken into the broader context of Bourdieu’s theorising concerning power and status in professions, and the struggles which women and marginalised sectors experience in attempting to establish and/or maintain a position or status within a field. As Bourdieu states here:

On the one hand, whatever their position…women have in common the fact that they are separated from men by a negative symbolic coefficient which, like … any other sign of membership of a stigmatized group, negatively affects everything that they are and do, and which is the source of a systematic set of homologous differences… [original italics] (Bourdieu, 2001, p. 93).

Bourdieu’s statement above highlights the importance of delineating what encompasses ‘accumulated knowledge’, which may be seen to constitute symbolic, cultural, and educational capitals. Such accumulated knowledge may enhance the power of the individual within the field, however it may also mark a boundary of
difference in identity or praxis which leads to a diminution of status and power in relation to other fields within the health spectrum. Further discussion of the importance of unifying both content of, and messages about, a defined accumulated knowledge will be discussed throughout the thesis, particularly in Chapters 6, 7, and 8.

Smith’s work goes deeply into the structures which underpin this dynamic of stigmatism and ensure a continuation of difference, and will be explored more fully within the next section. The salient aspect of field which the thesis will focus on is that the appellation of ‘field’ itself may be seen as an ostensible working reality for regional art therapy practitioners; there are accredited trainings available, professional membership associations, and a salary category with the New South Wales government (Service, 2008). However the art therapy field itself is poorly understood or recognised by the general public and regulated health professions, and therefore marginalised in status. This last may be considered a contributing aspect to what I refer to as an “incomplete habitus” for art therapy practitioners, as the field is diminished and conflicted in both perception and position in comparison to many other health industry fields, and therefore is of uncertain position from both practitioner and client perspectives alike.

Cultural Capital

As with field, cultural capital is intensely subjective at the personal, professional, and societal levels, and dependent upon conferred status, or recognition, from surrounding, better-identified groups and their members’ status. Bourdieu’s encompassing of an individual or group’s education, upbringing, knowledge, experience, and acquired understanding of the world is summed up in the concept of ‘cultural capital’.

Whether implicit and diffuse, as domestic cultural training generally is, or explicit and specific, as in scholastic training (Bourdieu, 1984, p. 54).

Cultural capital is subjective, as seen in Bourdieu’s observation above. Each individual has their own set of domestic learnings as well as academic/scholastic learnings. The subjective nature of cultural capital is exemplified here in the thesis when participants discuss the divergent educational backgrounds that regional art
therapists bring to the field. The variety of backgrounds may at times be interpreted as a positive aspect of cultural capital, for example in understanding power hierarchies in the workplace, or where students may share information during lectures. However, a negative aspect may be noted in other circumstances, such as developing a coherent professional identity; a variety of undergraduate specialisations may be interpreted as a negative aspect, as differing foundational pedagogies may be seen to weaken a congruent interpretation to praxis.

Further subjectivity and problematical associations relating to cultural capital may be seen within Bourdieu’s later writings:

Possession of strong cultural capital is not enough in itself to give a woman access to the conditions of real economic and cultural autonomy in respect to men (Bourdieu, 2001, p. 107).

Here, too, the truncated nature of the regional art therapists’ habitus is seen as something other than ‘complete’. The arguably “strong cultural capital” that ANZATA practitioners may claim as their own is inverted to a lower position of power relative to that of male or masculine/legitimised regulated fields within allied health – this inversion may be viewed as a directly contributing mechanism to the “incomplete habitus” experienced by regional practitioners.

In addition, for the purposes of data analysis within this thesis, Smith (1995) extends upon Bourdieu’s thinking, and goes further by explicitly identifying the underlying causes for this inversion and subsequent inequities in the regional art therapy field. A discussion of Smith’s theory will be addressed in the feminist sociology section below.

**Symbolic Capital**

According to Bourdieu, symbolic capital is constituted by relationships and interactions, and is a form of social power. It is also dependent upon a platform of elitism and/or exclusion:

For such professions, whose symbolic capital and, consequently, economic capital cannot tolerate a great influx and a great dispersion, the threat comes from numbers (Bourdieu, 1993a, p. 251).
Symbolic capital is not dependent necessarily upon physical shows of force, but is visible in interactions and modes of deference in relation to status and authority.

Symbolic capital as a concept is useful as it allows for discussion of positions held within fields, as well as between fields and between structures. For example, art therapy students are post-graduate students and may lay claim to a ‘complete’ undergraduate knowledge base. However, in terms of a unified or coherent professional identity, this ‘complete’ knowledge, which should represent irrefutable symbolic capital, undermines a solid position of identity, as conflicting ‘complete’ knowledges jostle for supremacy. A student cohort may ask themselves, for example, whether a counselling background or a nursing background makes for a better art therapist than a social work or education background. The cohort I was in did ask questions like this one, and to my personal knowledge we did not arrive at a set of satisfactory answers. I myself did not find answers in the workplace, and the differing responses to a request to articulate professional identity in Chapter 7 reveals that most practitioners in the region haven’t either.

A lack of questioning the deeper structures underpinning the lack of identity experienced by students and practitioners may be interpreted as an enactment of the inverting effect of exclusion (upon art therapists) by a stronger field (allied and mainstream health fields) according to symbolic capital, which is described by Bourdieu:

> The stigmatized area symbolically degrades its inhabitants, who, in return, symbolically degrade it (Bourdieu, 1999, p. 129).

As previously discussed art therapy students learn to described themselves in negative terms. For example: one student gave a presentation at her placement workplace wherein she averred that art therapists are not play therapists, occupational therapists, or distraction therapists. She was not able to articulate what art therapists are as the symbolic capital of the profession in relation to other allied health fields was not strong enough to permit it.

After graduating from their post-graduate studies, art therapists may ostensibly claim to have the symbolic capital accorded to ‘professionals’ after graduation (UWS, 2015). However any claim to symbolic capital may be a cypher in terms of general
acceptance by other, better-established therapeutic professions, and the interactions with colleagues many participants describe in interviews. Several participants work as something other than art therapists in their workplace, as a job description that sits outside of the profession is all they could find for paid employment. Others incorporate a mixed-methods approach to therapeutic interventions, as the title ‘Family Therapist’ or ‘Counsellor’, for example, has a higher and better-recognised profile within the allied health field. The symbolic capital held by mainstream, regulated medical professions may also be seen to be zealously guarded; in particular the position of superior symbolic capital via Medicare status, which works to hold unregulated allied therapeutic professions in a lower status, from which position it is very hard to move (Boyce, 2006).

**Gender and gender capital**

Art therapy in the ANZATA region is a field that is overwhelmingly populated by female practitioners, and all of the participants are female. There is a great deal of research, both national and international, which examines the pay gaps and status of male-dominated professions vs. female-dominated professions (Blau and Kahn, 2007, KPMG, 2009, Toohey et al., 2009, ABS, 2013, Hausmann et al., 2013). Overwhelmingly, the evidence points to women being under-paid in comparison to men, and that they participate in lower-status jobs, despite decades of awareness concerning improved national economic outcomes and attempts to move past the glass ceiling. Although class and gender were not explicitly discussed during the interviews, given the very gendered nature of the current regional participation rates, it is one of the perspectives I include in the analysis of the data. Feminist including McCall (1992) and Huppatz (2012) have reframed Bourdieu’s notions of gender and social capital to more effectively consider gender as it impacts social and professional status. I engage with this approach when examining content from the transcripts, and how identity itself is shaped according to training standards, expectations, and opportunities – all of which may be considered as inherently gendered categories – and how this effectively shapes the identity crisis that the profession is currently facing in this part of the world.

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4 Only one male practitioner contacted me. He was focused on the verbiage in the request for participants rather than on the proposed research and interview questions, and wished to communicate to me that he didn’t feel he had anything to offer. I attempted to convince him to participate, but we could not come to an agreement and have had no contact since.
Gender as class plays a part here (Connell and Messerschmidt, 2005), and it is interesting to observe the reduction or dissolution of a ‘higher’ and ‘branded’ university education-based intellectual status within the fields at play in the workspaces art therapy practitioners occupy (Huppatz, 2012). There is also the exclusion of women from the language and system structures relating to tertiary education delivery, which is further underpinned by the differences between arts-based methods of considering and expressing personal experience, and those expected by post-graduate university courses (Smith, 1995).

As outlined in a previous section, feminist thinkers have critiqued an inherently patriarchal positioning within the writings of Bourdieu, addressing directly the gender imbalance. McCall identifies clearly the primacy of this aspect, particularly as it pertains to capital:

> The initial capital appears to be gender-neutral and shaped in the reconversion process by "dispositions associated with gender" resulting in a gendered form of cultural capital but still essentially defined by the associated field of occupation. The neutrality of the initial capital implies that gender, unlike race, acts as a distributing mechanism within the social group (McCall, 1992, p. 842).

Feminist scholar Huppatz (2012) developed gender capital as a new category within her work. The work of Huppatz extends upon McCall’s thinking, acknowledging the influence of patriarchy and the masculine when using Bourdieusian frameworks, and investigating the form of “Gender Capital” (2012). Huppatz employed this extension of Bourdieu’s work to demonstrate that gender in and of itself forms a type of cultural or social capital which must be taken into account when discussing fields. Much of the consideration given to gender capital within the context of this thesis will be from a position of inversion with regards to power, as noted in a preceding section. This may be viewed from the perspective of the gendered nature of the practitioner population, in combination with a feminised status conferred during training and maintained within the field of health overall. The combination of these feminised elements, in patriarchal structures such as universities and the health system, contrive to perpetuate a weakened, poorly-recognised, and -organised
profession which presents no visible unifying sense of identity. Patriarchy will be explored in greater detail in the following sections.

For the purposes of this thesis, the fields of workplace interactions, hierarchies, and dynamics will be examined from a gender capital perspective. Gender capital as a concept allows the individual practitioners within the field of art therapy to be considered as both subjects and objects negotiating the allied health spaces and fields, but also accommodates the field of art therapy itself as a negotiated space. Gender is explored in greater depth in chapters 4 and 8.

**FEMINIST SOCIOLOGY**
The second theory used in the thesis is feminism. Feminist theories, for there are many styles, flavours, and schools of thought in the feminist canon, address and explore gender, marginalisation, visibility, place, and identity, all important aspects of the research undertaken for this PhD. There are two distinct but interleaving feminist approaches engaged herewith expounded by sociologist Dorothy Smith: feminist sociology and female standpoint theory. The feminist theories explored by Smith (1987, 1995) which pertain to the visibility and status (or absence thereof) of women in professional fields and spaces are utilised to demonstrate the struggle art therapy practitioners experience within the medicalised health system as unregulated, female ‘professionals’. In addition to this, privilege and power hierarchies are considered from feminist standpoint theory, wherein women are positioned as both a lesser class, and lesser, less visible members of the art and therapy worlds.

**Agency and structure**
In order to discuss feminist theories in full context, a two-fold focus is used to differentiate and discuss perspectives and relative powers of “agency” and “structure”. An internal and personal concept, agency describes the capacity of individuals (in this case women) to make choices, enact decisions, and attempt to determine outcomes within their own lives. Structure, however, is external to participants and may impede, inform, or facilitate an individual’s agency as it is beyond personal control. Some examples of structures discussed in this thesis include governance, cultural and social mores and/or expectations, and accepted concepts of authority such as Biomedical model dominance of the Western health arena, and the increasing role of corporatisation within the health field and its
structures over the last few decades. It is useful to view agency and structure within the medical spectrum in particular (Willis, 1989, 2006) where Smith’s work is arguably further contextualised: art therapists are positioned with low status in health system structures, and may be argued to have an extremely limited agency as a consequence.

Combining Smith’s theories allows both the lived experiences of the participants in the workplace, as well as those of training days, to be understood in the context of the speaker herself; the participant’s stories reflect struggles with both agency and structure. In addition to this, privilege and power hierarchies are considered from feminist standpoint theory, wherein women are positioned as both a lesser class, and less visible members of the art and therapy worlds (Smith, 1987).

Smith’s positioning of women as outside of, or alienated by, structures of thinking, speaking, and categorising the world builds and extends the work of Bourdieu. Smith’s work critically examines structures of power within cultures and systems, how these structures are formed and reinforced, and how they inform power relations between genders – particularly in light of the reduced agency available to art therapists within the allied health system.

For the purposes of the thesis, Smith extends concepts and boundaries begun by Bourdieu. Bourdieu enables consideration of agency and structure, i.e.: the way individuals interact and respond within fields or systems, however the system itself forms the boundary of consideration. Smith extends Bourdieu’s thinking, especially his position on the embodiment of culture and knowledge. By articulating the constituent elements of societal systems and structures themselves, and examining and discussing the informing power behind them an extension and deepening of the area under consideration allows for a fuller, more complete consideration of the effect of the system itself on individuals, their responses, and their agency or lack thereof (Smith, 1995).

**Patriarchy**

Smith describes patriarchy as follows:
The forms of thought, the means of expression, that we had available to us to formulate our experience were made or controlled by men. From that center women appeared as objects. … Women’s experience did not appear as the source of an authoritative general expression of the world (Smith, 1987, p. 51).

Patriarchy then may be understood as the mechanism which enabled the rise to authority and dominance of text-based, societal structures dedicated to the concept of male superiority over females. Classical patriarchy features an emphasis on fathers and father-figures featured as the authority and authorising powers at the domestic, commercial, national and international levels (Connell, 2005).

For pedagogical as well as medical structures, attempts to neutralise gender may be seen to ostensibly occur within hiring practices and workplace interactions. However, patriarchal values and underlying systems are still informing these structures, so any attempt to shift apportioned power in terms of gender or professional status is stymied from within. As Connell observes:

This [gender] integration, however, is not on equal terms. It occurs in a context of patriarchal institutions where the ‘male is norm’ or the masculine is authoritative (Connell, 2005, p. 231).

Although patriarchy as a concept may be considered less intrinsically complex in comparison to hegemonic masculinity, which allows for more fluid contextual levels of masculinity and femininity as described below, patriarchy is a powerful force for governance throughout many historical and contemporary societal systems. Medicine, health, and tertiary education are large and complex systems functioning within patriarchal norms as applied in this body of work, and are two of the most important arenas for considering the field of art therapy within the bounds of this thesis.

**Hegemonic masculinity**

Connell (2005) introduced and refined a hierarchy concept of the male gender dominating over the female gender, and consisting of “hegemonic masculinity” at the apex, with subsequent layers or levels of perceived maleness and femaleness all subordinate to the apogee of the idealised male.
Hegemonic masculinity can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordinate position of women (Connell, 2005, p. 77).

Hegemonic masculinity may be understood as a hierarchal conceptual social structure which privileges visibly strong and capable white, able-bodied, heterosexual males over other males, and positioning all males over females. Gay males are the lowest ranking of male subjects recognised by this hierarchy. This system is a positional and positioning one, based on relationships of power made explicit by gender in the context of Western mores i.e.: males of a ‘lesser’ race are still valued higher than all females collectively.

As a concept, hegemonic masculinity is useful for its intrinsic contextual and perceptual fluidity; the contextual nature of considering categories of status and gender is useful when considering how students and professionals alike may occupy conflicting spaces within the art therapy field, dependent on relative positions of power. It may be argued from a hegemonic masculinity position that as males in the art therapy profession are feminised (lessened) subjects when considered in comparison to other males in the health field, and art therapy graduates are lessened subjects in comparison to other post-graduates overall, a structure that allows for movement within itself helps to highlight the ways in which apparent status does not equate to the lived reality status. Hegemonic masculinity does allow for greater and lesser states of status or being, dependent on context; there is an inherent fluidity to the construct. The notion of a fluidity of application to conferred ‘gender/power’ status, as described here, will be further apparent within the following section which considers universities, and to a certain extent the health system, as patriarchal entities contributing to neoliberal mechanisms.

**Neoliberalism**

In brief, neoliberalism is the economic system of corporatising and privatising institutions, and in turn creating ‘responsible’ citizens who will contribute to the structure of the corporate mores (Vander Kloet and Aspenlieder, 2013). This global, and globalising, trend has seen sectors which were previously government-managed areas of social concern – including health and education – becoming commodities on
the open market. Pressures to perform to financial benchmarks under this system have seen drastic changes in workplace expectations and structures (Davies and Bansel, 2007, Patrick, 2013, Thornton, 2013). However, gender power has remained largely untouched within a neoliberal structure and hierarchy because as Connell asserts it is in neoliberalism’s best interest to maintain a gender status quo, if not to reinforce it more strongly:

Neoliberalism can function as a form of masculinity politics largely because of the powerful role of the state in the gender order (Connell, 2011, p. 20).

Neoliberalism within university systems is also acknowledged to be utilising a long-extant bastion of male information-sharing and networking:

It [university] provides a milieu in which men sharing a common concern with the untramelled pursuit of knowledge can communicate with one another and thus sharpen their minds in continuous interchange (Kennedy, 2015, citing Coser 1965: 78).

Within tertiary neoliberal environments, there are proportionally fewer women occupying high-status positions in comparison to men (van Gellecum et al., 2008), underlining the lack of visibility and importance of the (predominantly) female art therapy student cohorts. A regional exception here is New Zealand’s Whitecliffe College of Arts & Design, where the president is female, and many senior positions are held by females (2015). However, it must be noted that Whitecliffe bears the appellation of ‘college’ rather than ‘university’. As such there is arguably a lessening of perceived status within the tertiary education hierarchy overall, effectively offsetting the ‘higher’ status of visible females of power in the Whitecliffe faculty and executive management group, and yielding privilege to institutions designated as universities.

Regionally the field is at a distinct status disadvantage at training levels as art therapy cohorts are small, populated almost exclusively by female students, and are therefore of low status and position in neoliberal universities. Simultaneously male art therapy students are lowered in status due to the small, less powerful position that an arts-based – and therefore feminised – course occupies. Fluidity, as discussed in
the previous section, comes into play to support a feminising of all art therapy students, rendering invisible the status of students regardless of post-graduate or gender-based claims to the contrary.

This pattern of diminished status and visibility is repeated and replicated in the workplace, as health-care systems and workplaces follow neoliberal structures. According to Boyce (2006) there is a stronger allied health presence and ‘voice’ in Australian health structures, however this may be seen as extending solely to regulated allied health professions. Unregulated fields, including arts therapies and their practitioners, remain in low-status and –profile positions, with an ongoing struggle for recognition. This dynamic may be considered as another mechanism that contributes to an “incomplete habitus”.

It may therefore be acknowledged that art therapy students and practitioners alike are adversely affected by the neoliberal environment ubiquitous in both universities and health-based work environments because, as noted, hegemonic masculinity and patriarchal mores are valued and rewarded by Neoliberalism as noted by van Gellecum et al. (2008).

Female Standpoint theory

Female standpoint theory is important for this thesis as it particularly and specifically acknowledges the lack of inclusion of female experience in the lived world and within constructed systems of categorisation and thinking, which heavily impact females. Women are systematically excluded from power hierarchies which are constructed and maintained by patriarchy, and positioned as outside of informing discourses. Female standpoint theory is therefore useful in this thesis as it allows for the inclusion of non-authorised (here female lived experiences and perspectives) narratives and analyses of social, political, and economic realities from the position outside of dominant discourses.

It [female standpoint theory] is rather a method that, at the outset of inquiry, creates the space for an absent subject, and an absent experience that is to be filled with the presence and spoken experience of actual women speaking of and in the actualities of their everyday worlds (Smith, 1987, p. 107).
Female standpoint theory helps highlight in particular the way alienating and outsidng effects manifest in the daily life of individuals, in this case the participants interviewed during the data collection.

Smith provides a framework for considering women’s lived experiences outside of (or separate to) patriarchal governing and informing systems, and how women may or may not succeed in overcoming these systems. Participants in this thesis are considered as individual members of a profession but the profession itself, when considered through the lens of Smith’s theory, reflects the norm wherein women are traditionally and consistently sidelined and made ‘outside’ to the structures and systems that constitute our society, in both historic and contemporary settings (1995). Smith’s position dovetails with Bourdieu’s work, which considers individuals and groups responding, acting, and adapting from within enduring structures and systems. In this thesis moments of pivotal illumination, as well as shared experiences or ideas are brought to the centre of the argument using feminist standpoint and sociological perspectives. For comparative purposes, in Bourdieu’s terms an authorised perspective may be female (1991), however, in Smith’s terms an authentic perspective may be male or female, however the authorised perspective is only male.

The power of text
For Smith, situated structures and systems of interactions are constructed and governed by accepted and unspoken rules determined by written codes of practice, legal tomes enshrining precedent, academic texts, legislation, and policies (1995). These are all written for and by males, to privilege males, under patriarchal modes of thinking; women and their experiences are absent, alien, invisible. All individuals are subject to this structure of underlying pre-eminence of the text (Smith, 1995) and, as a result of this structure and the systems underpinning it, there are sound arguments to be made that arts therapy education could be most effectively delivered by providers able to support smaller, experiential programmes. Implications for pedagogical and professional practice will be discussed at greater length in chapter 8.

CULTURAL THEORY
The third theoretical perspective is Cultural theory, which contextualises the role of viewer/receiver of messages, and creator/dissemninator of images and imagery.
Cultural theory, in particular the work of Stuart Hall (1997a, 1980, 2003) examines culture from a position of analysis of both images and implied messages contained in professional literature relating to subjects, but also deconstructing the messages about subjects contained within those images and writings. Cultural theory examines the messages and intersections of cultures, including but not limited to, countries, media, brands, advertising, and the individual (Hall, 1997a, 1993). For the purpose of this thesis, cultural theory is useful for encompassing historicity and understanding sometimes hidden pathways to negotiating space and status within the field of art therapy.

This thesis argues that by examining the industry- and pedagogical-based canon which informs, directs, and inculcates ‘identity’ within art therapy practitioners, the professional and educational cultures, expectations, and mores of both Northern and Southern hemisphere practices are able to be examined and compared in tandem. The tensions between Northern hemisphere training and workplace lived realities, as opposed to those of the much smaller and less visible ANZATA region realities are readily visible with a cultural theory perspective. Expectations in images presented via published works, as well as internet sources, representing Northern hemisphere (predominantly Anglophone) experiences may be examined effectively and create a space to consider what might constitute a stronger regional representation for practitioners.

Articulation

One of the aims of this thesis is to provide ways of bringing forth the expectations and the experiences of art therapy practitioners, and to find pathways to bridging divides between these two. A specific term will be engaged to this end: Hall’s use of the word ‘articulation’ to describe not only the process of being verbally present and expressive, but of bringing together concepts and people through the act of joining-together is a useful one.

Articulation is thus the form of the connection that can make a unity of two different elements, under certain conditions. …the theory of articulation asks how an ideology discovers its subject rather than how the subject thinks the necessary and inevitable thoughts which belong to it; it enables us to think how an ideology empowers people, enabling them to make sense of their historical situation (Hall and Grossberg, 1986, pp. 141-142).
This is a powerful concept for discussing the gaps in participant’s stories, especially those relating to identity and the professional field itself, where connections and/or notions of support are missing for the participants. Another element within the thesis that benefits from engaging with articulation is that of the position of the art therapist herself in comparison to the process of art therapy as forming the essence of art therapy. This is touched on within some of the participant’s narratives, and the thesis acknowledges an inherent, but often unacknowledged status gap between practitioner and process. The positioning of therapists and the subsequent impact on professional identity will be critically examined in later chapters.

**Representation**

The lens of cultural theory employed within this thesis is useful to consider images about a subject, herein the field of art therapy and its publications, and to critically discuss what is being represented within the images and, indeed, within or by the publications themselves. By ‘publications’ I refer to several items which may enter the professional canon such as journal articles, books, poems, and visual materials. Cultural theory is useful for the purposes of this thesis as it functions as a specific framework for considering images created by practitioners and disseminated for the consumption of trainees/practitioners, as well as for images by theorists, pedagogues, and/or practitioners for the consumption of clients. The information around images may then be compared or contrasted to the frameworks offered by the other two theoretical positions.

[Representation] is the link between concepts and language which enables us to refer to either the ‘real’ world of objects, people or events, or indeed to imaginary worlds of fictional objects, people and events (Hall, 1997c, p.17).

Taking a lens of representation, it becomes possible to critically consider an image, a journal article, or a conference event as both an element that stands alone, and/or simultaneously to position the element within the context of regional art therapy praxis as symbolising an aspect of practice or pedagogy. The following section will consider how professional publications in general, and some journal articles in the
prestigious, peer-reviewed *International Journal of Art Therapy* in particular, may be considered from this perspective.

**The professional canon**

Of particular interest within the data are the differences between the lived and projected realities of Northern hemisphere (UK- and USA-centric in particular) in contrast to those experienced by practitioners in the region (Kapitan, 2014). This contrast was described by Gilroy and Hanna (1998), acknowledging that one of the challenges for Australian art therapists was being so distant from other, larger nations with established art therapy fields. However, almost two decades have passed since this book chapter was written, and there have been fresh developments in both regional training pathways, and the allied health spectrum overall. This thesis contends therefore, that a re-consideration of regional practitioners and how they see themselves within day-to-day, lived workplace realities in comparison to the rest of the world is a timely element to research in the area of professional identity.

There is still a strong cultural difference between larger nations with larger, longer-established art therapy association and training programmes. For example, as previously noted in the thesis, Australian public health regulator Medicare will not encompass art therapy – therefore writings from the UK which assume a particular style of integration of art therapy into medical practice and professional organisational frameworks are at a strong disconnect to regional health frameworks. There is no place for comparative experience, and expectations are ‘missed’ by regional readers, as there is no pathway to realising these expectations. Whether overt or subtle, many assertions regarding professional success, status, and esteem of cultural capital described and/or contained in writings emanating from Northern hemisphere cultures may be seen as adding complexity to the formation of professional identity development in the region, as the differences are at times insurmountable.

To place some of the message complexity in context, consider the foregrounding of art therapy practitioner stories and lived experiences within articles and case studies; an aspect of praxis that is conversely largely invisible within global and regional contexts when discussing and analysing the profession. Participants told stories of personal success, but there was not a reported commensurate rise in status or
centrality of practitioner prominence within the workplace despite these successes. As a student I read many articles and book chapters from Northern hemisphere including Chebaro (2005), Gilroy and McNeilly (2000), Leclerc (2006), Masterton (2008), Westrich (1994). All to my eye promoted a strong practitioner identity and provided information about working with different types of client populations using a variety of theoretical models. I found it difficult in the workplace to engage with the theories or identity constructs from the literature as my lived reality was disconnected from much of the informing literature I had been directed to during training. The enthusiasm for art therapy from work colleagues and employers described in the writings was not what I experienced myself in the Australian workplace. My training had not provided me with insight (as the participants’ had not) to be able to accurately articulate where the lack of belonging and the incongruity or ‘mismatch’ was occurring between the perceived and lived realities (Hall, 1997c).

Professional, peer-reviewed literature is not advertising, but there is a strong argument for a mis-representation in the positive outcome and supportive environment implicit in much professional writing. Of course some literature directly addresses shortcomings for practitioners such as critical mass of numbers for effecting policy shifts (Edwards, 2007) and loss of dedicated studio space (Brown, 2014). Moon described a lack of workspace and support consistency in Studio Art Therapy (2002), and I employed her techniques for maintaining boundaries for clients in improvised spaces. Gilroy recounts her struggle with maintaining an art practice as an art therapist (1992, 2004), and was candid about cultural ambivalence when coming to Australia to help set up the University of Western Sydney art therapy training programme (1998).

To further address the ‘complexity’ of imagery in the professional canon, and what messages they may represent to practitioners, consider the following: messages within images may be interpreted as moving bi- or multi-directionally. For example, images have been created by practitioners for specific use within this thesis, however during interviews the images were critically considered and discussed by both myself and the participant in light of other avenues of thinking and relationship. Participants themselves then responded in new ways to the images via the interview question process. Similarly, case studies published in books or peer-reviewed
An initial article, with images, published by Maclagan (2005) was responded to by Mann (2006), then prompted a response to both by Skaife (2008). Each of these articles on interpretation to practice and theory within the profession in the UK may be read individually or as a group, compared, contrasted, debated or reviewed (Luspinner, 2010b). Needless to say, the perceptions the reader takes away from the images and their interpretation from the authors may radically differ from one person/perspective to another. As an Australian art therapy student when I encountered this series of articles for the first time, I could not find a link between myself and the theoretical positions, or between praxis as I was being taught and the arguments within the articles. I could not see myself within the frame of the writer’s perspectives, and could not find the words to describe why. My lived cultural reality, a Southern hemisphere experience, was adrift in the perceived superiority of UK-based art therapy practice.

An identity-focused artist’s perspective

Cultural theory allows a space for discussion of content or intent/agency without direct reference to the specific bounds of the image or image/text juxtaposition as presented for practitioners. Rather, discourses and content may be analysed and considered within alternative or larger frameworks. Identity, for example, may be considered first through the images facilitated by cultural theory, then expanded to a female standpoint perspective. Belonging might be further processed in thinking beyond cultural theory and into Bourdieusian or feminist standpoint theory. As Bourdieu stated:

This is one of those cases where the visible, that which is immediately given, hides the invisible which determines it (1989, p.16).

Cultural theory is useful also for determining whether messages are intended to be seen res ipsa loquitur, or if there are latent meanings referring to subject matters
outside of the image content itself. An exploration of the projected vs. the real in this manner may also be considered a visual echo of Hall’s reasoning that identity as a decentered concept concerns agency:

…not an abandonment or abolition of ‘the subject’ but a reconceptualization – thinking it in its new, displaced or decentred position within the paradigm (1996, p. 2).

There is not a universal positivity to all the literature, nor does this thesis rely upon the professional canon of literature as the sole contributor to the struggle with professional identity within the region. However, the role that professional canons play in laying a foundation for expected outcomes is important to note, as it is ascertained to be one of the contributing factors to the concept of the “incomplete habitus”. Messages of status, performance, belonging, and expectation in both images and writings may be seen to contribute in a powerful, yet often subtle fashion, to the undermining of confidence in self-identity that professionals disclosed in interviews, and that I myself experienced. The “incomplete habitus” of art therapy practitioners in the region, discussed in the next section, may be attributed in part to this disconnect between the expected outcomes from articles and writings in the professional canon, and the practical experiences of students and graduates alike in the Australian and regional workplace. The disconnect may be at least partly attributable to the radical difference in field cultures from the Northern hemisphere where art therapy is well-integrated into health systems in the UK and Western Europe, and growing steadily in the USA, and the Southern hemisphere where the profession is still struggling to establish a foothold in allied health in general.

AN “INCOMPLETE HABITUS”
As introduced earlier in this chapter the thesis will demonstrate that it is possible to employ the concept of habitus, but to consider it as an incomplete state of being due to conflicting realities within an individual as pedagogy, identity, and status are proffered by expectation. This is particularly useful when considering the training and peak body membership of regional art therapists, consistently stunted by inconsistent messages about professional identity, workplace position, employment opportunities, and low public awareness.
According to Bourdieu, an individual may occupy or demonstrate differing aspects of their habitus, dependent on context (Bourdieu, 1993a). Habitus has to date been considered as an absolute state for an individual, with an inherent ‘complete’ nature attributed to the way habitus is referred to within the literature, although the bounds of the concept have been extended into new areas of engagement by academics. Reay (2004) explored the ubiquitous nature of habitus within sociological writings, and while I acknowledge the pervasiveness of the concept of habitus, I would argue that it is a useful way to consider the individual and the way that interactions are informed by personal history and experience. Given that the position of art therapists, as demonstrated by the theories discussed above, is one of a liminal existence within an uncertain field, I became particularly interested in the possibility of shifting the practice of constructing and engaging with Bourdieu’s concept of habitus as an absolute or ‘complete’ one.

This thesis will introduce a new approach to considering and engaging with the habitus construct: an “incomplete habitus”. An “incomplete habitus” may be demonstrated to be the contemporary regional art therapist identity state, one arising from the lacuna between professional canon- and pedagogical-proffered outcomes and actual, lived experience outcomes. The articulated high-status, well-rewarded, and integrated ideal of an art therapist in the workplace, as presented and promoted by training programmes and educational literature/readings does not translate to the articulated workplace conditions and status expressed by the participants. In the case of regional art therapists the thesis considers the workplace, as promulgated by much of the art therapy professional literature (Rubin, 2001, Malchiodi, 2003a, Case and Dalley, 2006a) and pedagogical advertisings (University, 2015b, Queensland, 2015b, UWS, 2015), in contrast to the reality of the workplace as it is for practitioners. Cultural capital, symbolic capital, and gender capitals all struggle for recognition within systems that deny practitioners status, visibility, or legitimacy.

Training within the region is found to be an especially strong contributory factor in the “incomplete habitus”, as self-awareness and understanding for the trainee art therapist is lacking. This lack of attention to self-understanding, commensurately emphasising external structures, responses and expectations, contributes to the professional experience of low visibility and esteem in the workplace found in the data. This is, in turn, compounded by the very structure and functionality of
universities themselves, which serve patriarchal ends and are designed to exclude females and female lived experiences (Smith, 1995).

As mentioned above, art therapy practitioners are proffered particular outcome scenarios from both pedagogical channels (Chapter 6), and much of the professional, peer-reviewed literature (Chapter 8) – and according to Bourdieu’s description of the mechanism of a ‘complete’ habitus this should suffice:

The homogeneity of habitus is what – within the limits of the group of agents possessing the schemes (of production and interpretation) implied in their production – causes practices and works to be immediately intelligible and foreseeable, and hence taken for granted (Bourdieu, 1977, p. 80).

However, the lived experiences of the participants do not bear out assumptions of either completion or prominence. Instead, art therapists in the region are inarticulate about expressing a professional identity, and do not define themselves as part of a coherent professional community. The ‘taken for granted’ aspect may be arguably seen in action when art therapists are misrepresenting their own therapeutic role when describing the profession to others, or taking employment under unrelated job titles; but implied high status wherein a professional may ‘take for granted’ that their expertise is an automatic entrée to general acceptance is not the outcome for art therapists. Instead their habitus – whilst perhaps expressing fully or well in certain aspects of professional praxis – is essentially and continually truncated and frustrated.

According to traditional approaches to discussing habitus, the construct implies a replication of behaviours, mores, and capitals. However, the regional art therapist is constantly struggling to express professional capitals, mores, and appropriate behaviours based on experiential training, readings, and supervision, only to come hard up against systems that devalue, demote, and deny her learnings and experience. In this push-pull between expectation and lived reality, a full or ‘complete’ habitus is never achieved. Instead the practitioner is caught in a cycle of repeatedly explaining the process of art therapy, whilst denying her own centrality to, and role within, the process. Her post-graduate training is rendered invisible within a health system that privileges medical training and regulated allied health
professions. The peak body she belongs to does not have an identifiable or recognisable ‘brand’ or mission statement which acts as a unifying description of art therapy – the region isn’t alone here, as the international art therapy world is fragmented about professional descriptions and purview. And, therefore by extension, there is a global fragmentation and struggle concerning and around professional identity for the field. This thesis contends that there is a wide gap between what the canon of literature and professional training outlets are promising – as both the training and the professional workplace reality – and that which is the lived reality of regional practitioners.

This recognition of a break in the expectation/outcome aspect of the habitus construct has led me to consider an alternative approach to utilising habitus: as an “incomplete habitus”, one in which the practitioner herself never fully achieves recognition and completion of her projected professional ideals. An “incomplete habitus” may be considered a state indeterminate identity, due to conflicting realities within an individual as pedagogy, identity, and status are proffered by expectation – in this case the training, professional canon content, and peak body membership of regional art therapists – but consistently stunted by inconsistent messages about professional identity, workplace position, employment opportunities, and low public awareness. A deeper examination of the “incomplete habitus” from differing contexts within the profession takes place in Chapters 4 and 7.

THEORIES WITHIN THE THESIS
The status of art therapy practitioners, as perceived by professionals themselves as well as by myself as a researcher and observer of the field, is a complex subject for discussion. I do not consider a single theory or position alone is enough to do justice to the multiple perspectives required to consider this subject in depth, as I have strived to do with this thesis. The theoretical underpinnings of the thesis are sometimes employed individually and at other times in concert with one another. By critically considering the data and contexts of the regional art therapy practitioner through the three lenses of Bourdieu’s theory, Smith’s feminist sociology and feminist standpoint theories, and Hall’s cultural theory – particularly articulation and representation – the lived experiences of the participants is considered from multiple perspectives.
Multiple lenses allow for a deeper, richer investigation of context relating to identity, belonging, and perspective within the data, facilitating attempts to foreground the less visible or invisible. I hope to open fresh avenues of enquiry for the field of art therapy and research within its bounds, and to encourage new ways of considering the future of the profession. Additionally, with any research undertaken, the theoretical underpinnings work in tandem with the method and methodological approaches of the researcher. The following chapter will describe in detail the method and methodology used in the thesis, and how they integrate with the theories to produce knowledge specific to the field.
Chapter 3 ~ Method: belonging in process

I’ve stuck them all together like a puzzle, but in the same way it’s a puzzle with left-out pieces, & it’s also weaved like a mat, so…just putting those bits of paper together was about me at the time piecing things together & making a connection…

_Stacey_, p. 2
This chapter discusses the methods engaged with to recruit participants, gather data, and analyse the resulting information. The data are varied and rich, and to consider them as comprehensively as possible I employed four differing, but allied and dovetailing, qualitative approaches to the research; these are comprised of thematic enquiry, narrative enquiry, arts-based research, and autoethnography. The methods utilised in this thesis, and how they integrate with the conceptual frameworks discussed in the previous chapter to bring forth findings from the research and new knowledge, will be examined. Data gathering methods included in thesis findings encompass: a thorough reading of professional canon literature and field-related materials; research and comparison of industry codes of practice; reading of university and other educational delivery provider propaganda and literature; discussion and examination of artworks included by participants; and analysis of authorised verbatim transcriptions of audio-recorded, semi-structured, one-to-one interviews.

The first sections of this chapter will outline what constitutes qualitative research and outline the recruitment of participants and the interview process. The later sections examine the four methods utilised within the research and discuss how they elicit research findings when placed within the theoretical frameworks defined within the previous chapter.

QUALITATIVE RESEARCH
Qualitative methods were employed for this research as they encompass in-depth, rich, complex approaches to exploring and considering the thesis questions and produce knowledge from small and personal data sets, drawing from the work of Alvesson and Sköldberg (2009) and Minichiello and Kottler (2010a).

Qualitative research originally emerged as a strong reaction against the prevailing view during the early part of the twentieth century in both Europe and North America that people could – and should – be studied in the same way as physical objects (Minichiello and Kottler, 2010a, p. 16).

Qualitative methods allow for an intimacy with the participant/s that a quantitative stance does not, as discussed in Denzin and Lincoln (2008b), Loftus et al. (2011), and Titchen and Horsfall (2011). Rather than consider large quantities of
information, this thesis examines personal stories and memories, going deep into intimate narratives and reflections on both the intimate, individual scale as well as the overarching whole of an entire professional field. Lived realities of participants are compared and contrasted to outcomes proffered by pedagogical channels and peak bodies, but within a perspective focused upon cultural and social ramifications for the individual within the group, not just the group itself (Darlington and Scott, 2002, Rubin and Rubin, 2012). A qualitative approach used from a variety of perspectives enabled me to take into consideration the individual experiences and voices of the participants themselves within their larger group reality, as outlined in Higgs and Armstrong (2007).

I consider a variety of qualitative methods to be fundamental to representing the ideas, positions and words of the participants in as authentic a manner as possible, and to utilise the theoretical underpinnings as completely as possible, following the work of Denzin and Lincoln (2008a). A multiple method and methodology approach to the research allows me to move fluidly from one theoretical position to another, depending upon the needs of an individual narrative, or the issue being addressed or considered at any time in the research:

There are times when it is more useful and creative to cross, blur and even ignore the way things have been done before, especially if one is concerned with an emancipatory research agenda Higgs and Horsfall (2007a, p. 69).

A specific example here would be the reconsidering of Bourdieu’s (1993a) habitus as a liminal or incomplete state – made possible by bringing together the theoretical frameworks outlined in the preceding chapter with the qualitative methods examined in this chapter to bring forth a new understanding of regional practitioner lived reality. This finding, the “incomplete habitus” will be discussed at greater length in Chapter 7. I did not set out to conduct “emancipatory research” as such when establishing the parameters of the thesis, however the fluid and deep research that qualitative approaches allow for have enabled me to produce something close to this outcome as far as practitioner prominence in the field is concerned. Furthermore, as many of the findings from the research were emergent, a qualitative approach was the best fit when interpreting and comparing differing kinds of data and findings:
If the researcher needs to invent, or piece together, new tools or techniques, he or she will do so. Choices regarding which interpretive practices to employ are not necessarily made in advance (Denzin and Lincoln, 2008a, p. 5).

One of the potential pitfalls of qualitative research concerns an assertion of ‘truth’ in findings (as noted in Chapter 1), and I hope that within this thesis there is an acknowledgement of multiple ‘truths’ alongside considerations of multiple, complex, possible pathways of perspectives and ideas for future inquiry (Grenier, 2015, Richardson, 2000a). Lather (1995) discusses validity in qualitative research that moves away from the absolute objective as a position of knowing or asserting, towards a more inclusive perspective. Inclusion in a qualitative writing sense allows a researcher to engage with, and bring together, layers of context and perspective, comparing and enriching these layers with lived experience in order to develop new ways to talk about known and acknowledged realities (Lather, 2003). When utilising Lather’s approach, space is made for the researcher herself to be an integral part of the research process and participant data, as is the case in this thesis.

Alongside Lather’s inclusive approaches are innovative ways to for a reader to consider evaluating qualitative data and findings, as well as for writing, and constructing writing, that allow for evaluation of ‘quality’. Richardson observes:

> What something means to individuals is dependent on the discourses available to them (2000b, p. 4).

> When using creative analytical practices, ethnographers learn about the topic and about themselves that which was unknowable and unimaginable using conventional analytical procedures, metaphors, and writing formats (2000b, p. 6)

I hope that I have achieved a broadening of the discourses available to the field of art therapy and art therapy practitioners in the region, and invite the reader to consider this position when gauging the quality of the findings presented in this thesis. Further, within the scope of qualitative approaches I have engaged with in this research, I have aspired to meet the categories and elements of research writing identified by Richardson as being essential to a quality piece of original, creative, qualitative research. These elements consist of: “Substantive contribution…

Because so many differing types of data are included within the scope of the thesis, qualitative methods allow for a bringing together of seemingly un-connected findings and creating fresh knowledge. “Data can function generatively as a springboard for interpretations” (Alvesson and Sköldberg, 2009, p. 105). The multiple theoretical underpinnings discussed in the previous chapter, in combination with multiple qualitative methods, have facilitated outcomes which include unexpected findings and realisations about the field and art therapy practitioners in the region.

RECRUITING PARTICIPANTS
This section will provide an overview of the considerations for recruiting participants for the research.

Ethics clearance
No research involving human participants may be conducted in Australia without first attaining National Ethics Application Form (NEAF) clearance. The NEAF approval process helps to ensure that all research – both university-based and private industry alike – is conducted in safe and appropriate ways, with all potential harm to participants and researcher alike minimised. I applied for, and received, NEAF approval early in my candidature. Without NEAF approval, no further action on this thesis would have been possible – clearance protocols involve a national oversight centre in Canberra, working in concert with a university-based committee which meets once a calendar month to review applications. When NEAF approval is granted, contact with potential participants may begin, however any changes to the research structure or style requires another round of approval requests. This research process did not change, and therefore did not require further approvals.

One of the requirements I included for the protection of participants was that supervision of some kind must be in place, so that if any topic or memory discussed in the interview triggered a response for a participant, there would be a guarantee of appropriate and informed support for them via the supervisory relationship (appendix iv.). At the time of the interviews I was a practicing therapist, however for the purposes of the data collection I identified myself, and interacted with the participants, as a researcher. Participants could contact me or my supervisors at any
time to request further information or to withdraw from the research however I was not available in a therapeutic capacity for any of the participants. The supervision requirement is discussed in further detail in a later section.

**Peak body members**

In order to try to minimise differences inherent in the variety of undergraduate areas of study, which has shifted and changed over time as universities closed programmes or modified courses, I selected ANZATA members as participants in this research as a way of ensuring that some familiarity with professional literature and philosophies of practice were present and consistent. The variety of backgrounds, even in a modest sample of participants as this research engages with, allows for different participant’s perspectives, as well as professional areas of specialisation, to come forth in detail (Denzin and Lincoln, 2008c).

**Study pathways - material links**

As one of the main areas of enquiry for the research is why individuals choose to enter the art therapy profession at all, a consistency of educational standard, such as that demanded by ANZATA, serves to eliminate some of the particulars pertaining to undergraduate study backgrounds – while raising some others.

In general, an observed fragmented sense of professional identity in the region may be – in part – attributed to a variety of undergraduate degrees which are acceptable and recognised pathways leading into an art therapy Masters degree or equivalent (Feen-Calligan, 2012). This variety and inconsistency is often confusing for students and graduates alike, who must then negotiate mores and priorities of art therapy praxis which may be at odds with their undergraduate training. One strong area of consistency between courses that tries to link undergraduate and workplace experiences prior to art therapy training is the range of texts and printed material used in the professional training programmes of the region (Sydney, 2008b, Edwards, 2010, Menahemi, 2010). Study and work backgrounds prior to a Masters-level arts therapy programme are numerous, but the professional canon within postgraduate courses recognised by ANZATA is arguably consistent.

Art therapy students and practitioners are familiar with a similar range of articles, texts, and handbooks (Luspinner, 2010b) as well as theoretical approaches (Westwood, 2010b) that are explored within the courses overall. Some texts,
extracts, and articles are used by all universities at the time of writing: Rubin (2001), Wadeson (2000), Case and Dalley (2006a), and Gilroy (2004, 2006) to name a few. Texts such as these represent the underpinning methods and philosophies for both the UK and USA approaches, and represent methodological templates for students to learn from. As art therapy training is experiential, having descriptions of applications and processes as well as discussions concerning what the workspace might look and feel like, help students gain some sense of what the mechanisms of art therapy in practice may be prior to entering their supervised placements later in the training.

Within differing courses there are areas of particular focus, depending upon course position and philosophy, as well as the individual course coordinators’ areas of interest (Westwood, 2010b). Therefore some programmes will lean more towards either the UK or the USA style, lending a particular perspective to the way an individual student will interpret art therapy practice, even though students will be given written materials that reflect both of the founding countries’ approaches to practice. A deeper exploration of the impact of pedagogical structures and educational mores on professional identity will be undertaken in chapter 6.

The power of reciprocity
A further point in favour of recruiting ANZATA members is the international standard and reciprocity agreements. Two participants trained overseas i.e.: in non-ANZATA countries (appendix ii.), experiencing differing approaches to the integration of art therapy within tertiary education structures and the medical/therapeutic spectrum than those currently experienced here in the region, while conforming to international association standards. These two participants also trained in countries where the profile of art and creative/expressive therapies is much more mainstream and generally understood at the social and community levels (Gilroy, 2007). This is in stark contrast to the ANZATA countries where the profession is still working very hard to be recognised (Coulter, 2006, Westwood, 2010b). To illustrate some of these differences, participant Jo described the culture shock she experienced when first working here in a medical team environment where no one understood or initially respected the depth of her training, experience, and potential contribution to the team’s overall understanding of clients. This was in stark contrast to the esteem that she had been held in in her native country:
...there were some colleagues at the place that I worked at …
they were against art therapy, they were against art & art
therapists coming into the workplace. …Basically, there was
quite a few older practitioners that had been at the workplace
for a very long time … I carried on workin’, because my work
with the patients was really high-quality work, & I was pleased
with the work I was doing. There was a spate of young boys
trying to suicide at that time, & I was having a lot of success, &
the psychiatrists were …referring a lot of clients to me, & that
also annoyed some of the longer-standing practitioners there...
But eventually I couldn’t stay in the job, because the staff …
weren’t even speaking to me, they weren’t including in, on
meetings, they weren’t letting me know what was going on.

Jo, p. 8

The other foreign-trained participant, Susie, also expressed deep frustration with the
lack of understanding that many mental health workers hold with regard to her own
experience and training, shaking her head over the assumptions surrounding art
therapy practitioners within the health sector here in Australia. This response, too,
was in comparison to her country of origin and training, where art therapists are
often one of the first ports of call in communicating with, and assessing, mental
health patients:

I think it makes a big difference, because the identity of arts
therapists where I’m from is much stronger. It’s a
more…recognised profession, maybe because there are more of
us where I’m from & if you have a conference in my country of
origin it actually turns out to be quite a big conference …You
know what I mean? Numbers do matter in that regard & I
believe that because it’s recognised by the government in the
country where I am from & its official place in psychiatry, or in
many different institutions there’s actual positions out there,
advertised in the newspapers, like with every other
profession…

Susie, p. 3

Susie and Jo cast light onto aspects of lived practice reality that many art therapists
in the region can only dream of in terms of status, respect, and workplace integration
models. However, the experiences described in their excerpts may serve to point the
way forward for new models, well-suited to regional contemporary health and pedagogical systems.

**ORGANISING PARTICIPANTS AND INTERVIEWS**

An email to the then ANZATA administrator with a request to forward a general introductory message on my behalf via ANZATA, introducing myself and my research request to all members, was sent on 13/04/2012. I was informed by return email (2012) that the policy in place did not allow for non-ANZATA related communications to be sent from the administrator⁵, but that I could go through the therapist directory and contact members myself via email. On the evening of the 13th of April 2012 I sent out the standardised email myself (appendix iii.), and in some ways this was a more effective strategy, as I was able to screen for non-visual art therapists from the beginning according to their ANZATA directory profile and thus more accurately target potential participants.

Upon receiving a reply from anyone who expressed an interest in participating (18 people), I sent out a standardised, more detailed, email outlining in-depth the aspects of participation actions required (appendix iv.). This included the making of an artwork, the selection of a pseudonym, and an audio-recorded face-to-face interview. The verbatim transcript would then be emailed to the individual participant, and their returned transcript with changes would then become the final, working transcript.

By giving potential participants the full details up front, I hoped to avoid too many later drop-outs due to time considerations. This proved useful (appendix i.), as the only late-stage drop-out prior to commencing interviews was due to family health issues. One other confirmed participant had a scheduling misunderstanding, and so was out of town when I arrived to conduct the interview. I offered to return, but she declined to continue with the study. This left me with a total of eight participants: seven in Australia and one in New Zealand. From the 20 ANZATA members in Singapore that were contacted, no replies of any kind at all were received.

Contrary to my expectations, few participants work in a major city. I had assumed that the lion’s share of the participants would be based around, and work in, a major

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⁵ Within a short time of being rebuffed, the policy seems to have been altered – I subsequently received several ANZATA-based requests for participation from research students around the world. I emailed the ANZATA administrator in October 2012 enquiring why this was so, and was informed only that the policy had changed. Irritating, but there it is…
city, as there are central clusters of art therapy practitioners and practices correlating to metropolitan areas. There is no great mystery attached to this. Metropolitan centres contain job opportunities, as this is where health services are most frequently centred and themselves clustered. The largest concentrations of ANZATA members according to the therapist directory at that time (2011), were in and around the cities of Sydney and Melbourne, but no replies were received at all from the Sydney metropolitan area. Most of the participants, as it turned out, live in small towns or rural areas. Of the four participants overall who work in a major urban area, only one lives in an urban setting, with the other three commuting to a city for work purposes.

I don’t know what to make of this absence of response from urban practitioners. I did wonder if this relates to time constraints or perhaps a suspicion of research projects in general. It could be that the tone of the email was not inviting enough, or that because it came from a ‘private’ contact rather than through the committee’s aegis my invitation may have appeared suspect. Whatever the motivation, I feel it appropriate to acknowledge the silence from urban practitioners. One factor that may potentially be explanatory was the requirement that the participants be in regular supervision (appendix iii.) and the costs of supervision (financial and/or time) may have been too much.

At the beginning of the recruiting process I did have regular email contacts from one person who was interested in participating, but who also insisted on continuous explanations as to why supervision was important. I did explain in a few different ways over several emails in a conversational thread that supervision was an ethical requirement and therefore non-negotiable, as the potential for needing support after discussing personal choices and histories, although small, was still present. The supervision component was one that I built-in to safeguard the participants – no matter that the risk, on paper at least, seemed slight. This potential participant withdrew from the selection process when the supervision component was finally acknowledged to be essential. I am unsure whether this practitioner was urban or rurally located.

**By any other name: the pseudonyms and their careful selection**

To ensure anonymity for all participants, one of the conditions for participants was the selection of a pseudonym. I could have arbitrarily dictated what each person
would be called, or I could have numbered them. However, in an attempt to provide more autonomy and more ownership of the interview and participation process for the women who were providing me with their stories and artworks, I chose to give them the freedom of ‘belonging’ to whichever moniker took their fancy. As a researcher, the anonymity of participants was of paramount importance to me – the field of art therapy is a small one in the region – and I neglected to consider that the anonymity aspect might be far less interesting to people on the other side of the audio recorder. Interestingly, and weirdly, half of the participants selected pseudonyms commencing with ‘S’ – in fact at one point I had to ask someone to choose a different pseudonym, as the first name she decided on was already in use. I have no idea as to why this particular trend occurred, but it did cross my mind to write the initial chapter with a symphony of sibilant, swooning “S” words… and then realised that that was a bridge too far, even with my writing style and aforementioned fancies.

However one of the participants did choose to go down the extravagant name path, announcing at the beginning of the interview that she would use her ‘Porn Name’6, if that was alright with me. I certainly had no objections – Vanilla Brown as a pseudonym made me laugh, and it contains not a single ‘s’, which was novelty enough in and of itself at that stage. One or two participants selected a name she’d wanted for her own since childhood, and others were spur of the moment selections, as they had forgotten to pick a name before I arrived for the interview. One participant forgot both the artwork creation and the pseudonym, but we successfully worked around that.

The artworks
I had built-in the creation of an artwork in the research design – prior to being interviewed and based on a moment/s of pivotal illumination – as part of the participation process, in an echo of what art therapists usually do with clients (appendices iii. and iv.). My intention was to engage the participants emotionally

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6 For the uninitiated, a Porn Name is created by taking the name of your first pet as the first name, and the name of the first street you lived in as your second. For example, I the author’s Porn Name would be Goliath Princess: first pet = Goliath, first street = Princess Highway. Sadly, I strongly suspect this appellation would be best suited to role-playing sci-fi gaming weekends, or cage-fighting wannabes, but the theory – I am assured by those it works beautifully for – is sound.
before meeting with them, and to create a common point of discussion upfront, as the interviews were to be no more than an hour’s time in total.

Not only is the creation of an artwork an echo of the practice and praxis of art therapists, but it may be considered a doorway into the habitus of a practitioner. Just as a creative process helps unlock answers from within clients, so the physical processes and acts of creating an artwork helps reveal some of the embodied understanding and expression of art therapy for those who are the trained facilitators and witnesses to client journeys (Schaverien, 1992, Luspinner, 2011a, Fish, 2012). In a succinct illustration of this, Jo articulated how the art-making process is a vital link between art and the verbal for herself:

I would immediately think: ‘well, I won’t know the answer, but my artwork will know the answer.’

Jo, p. 3

Two participants forgot that the creation of an artwork based on their moment/s of pivotal illumination, to be used as a focal point for some of the interview questions, was a requirement of participation, and created a work post-interview. This turned out to balance nicely the three participants who elected to use extant artworks to speak to in the interviews. The remaining three did create art works prior to the interview. One of the useful aspects of the qualitative spectrum of approach to the artworks used by this thesis is that inspiration was at the heart of all images, but shown to function in very different fashions.

The participants who provided images created prior to the interviews, have integrated the works in their workspaces and lives to assist greater understanding with clients as well as themselves. Myfanwy and Jo use them for reflection at the personal level, which then feeds back into their professional practice and perspectives. Sandy has an interesting mix of pieces: one is a fixture in her workspace, and others are held in reserve for personal reflection and reminding. The three art works created in anticipation of the interview by Vanilla Brown, Stacey, and Frida led to lively discussions between myself and the participants; primarily about what the creation of these specific artworks had led them to discover about themselves and their work. The two works created post-interview by Susie and
Sacha were both explorations which took inspiration from what we had touched on in the talk between us.

I had initially considered that the artworks would form a springboard for interview questions, and act as an icebreaker for the process of interviewing itself. This was what happened, but later on as data analysis absorbed the majority of my time and attention, the artworks assumed an increasingly important position in the way that I considered the data and writing of the thesis overall. Much of the interview content relates to, or emanates from, the art, works and much of the thesis reflects this repositioning. As with art therapy sessions, the unspoken or unarticulated was able to be brought forth for consideration during the interviews. Arts-based research (Greenwood, 2012, McNiff, 2013) and cultural theory (Hall, 1997a) were useful for this aspect of analysis. The artworks will be explored more comprehensively in Chapter 5.

The interviews

I interviewed participants for up to 60 minutes each, audio recording the interviews, and photographing artworks – as permitted – and typed out the interviews to provide an initial verbatim transcript for the participants to approve. All the participants were emailed a copy of their own verbatim interview transcript, and they had the opportunity to edit or remove anything that they felt could potentially identify them to a reader. The revised transcript was returned to me via email and became the authorised working copy, as ethical research considerations feature strongly for me (Armstrong and Horsfall, 2007).

I wanted to extend to the participants every opportunity to talk about themselves and their realities from within their own environments. The physical surroundings sometimes lent themselves to extra information being proffered, and I was able to better enter into the spirit of a story, because there were physical mementos in the room that were pointed out to me by participants. For some interviews it was possible for me to sit in a participant’s workplace or studio to conduct the interviews, so we were able to speak about styles and mores of practice with tangible aspects of their personal praxis to refer to and draw upon.

Excerpts from the authorised transcripts are integral to the written structure of the thesis – the excerpts, along with my own observations and reflections – ensure that
the presence, voice, and experience of each participant is represented as authentically as possible (Rubin and Rubin, 2012). My own responses are included, but a primary aim of the research was that I not speak for the participants – I was explicit on this point to each participant at the time of the interview, and this is advocated as best practice within the literature (Heilbrun, 1988, Horsfall and Titchen, 2007). As a result this thesis contains some transcript excerpts that are lengthy and others that are brief, as I also wished to retain the overall context surrounding an excerpt. As Percy succinctly put it “Stories have to make sense to be credible” (2007, p. 97). The longer sections are present as I did not wish to edit out the voice or story of the participants; where I was concerned that a larger story context or the essence of a participant’s point might be lost via my own editing choices I have erred on the side of a longer excerpt.

Transcript sections included in the thesis conclude with the participant’s pseudonym and corresponding page number/s, in order to provide the reader with some understanding of where in the interview arc a topic, idea, theme, or issue was addressed by the participant. The interview questions (appendix v.) asked people to reflect on, and explore, their personal life histories, their moments of pivotal illumination and choices, and their sense of professional identity. Oftentimes this entailed exploring their sense of personal identity, or their path to identity development, and the research design allowed them to do this in verbal and creative ways.

The first interview took place in the participant’s home studio space. This place of interview proved common, as for half of the participants it is unsafe or inappropriate to have an outsider come in and interview them in their workplace, as was the original research intention. Many art therapists work in the field of mental health, with children and adolescents, or both. Their workplaces and/or offices are often in secure spaces such as hospital mental health wards, rehabilitation units, or a building with security of various kinds in place. This may entail secure building protocols including swipe card and/or pin number entry and background checks for workers. Access may also depend upon the atmosphere generally in the workspace being calm enough for an outsider to safely enter, even when an appointment has been arranged. Therefore, as an alternative to the workspace, several participants invited me into
their homes, allowing for an intimacy and openness of communication that I had not expected when first devising the research parameters.

**TRANSCRIPTION AND DATA ANALYSIS**
The eight interviews were recorded on two portable recording devices, then both recordings were uploaded onto my personal computer. One file was the working recording for transcription and labeled as such, and the other file was labelled and stored as backup in case of accidental deletion or play-back problems with the first audio recording. The interviews were transcribed verbatim from the working audio file via the ExpressScribe computer programme which translated the MP3 audio recording into a working sound file on my desktop computer. I used a plug-and-play foot-control pedal to move the sound cursor forward and back over the recording while typing, and I was able to complete a verbatim transcript with roughly seven to ten hours of transcription required per interview. The finished transcript was returned to the participant concerned for any editing or clarification. The edited, participant-approved and -authorised transcript returned to me then replaced the verbatim version, and became the content and data used for analysis.

The interviews were then examined individually for short answers, anecdotes, or reflections, as these intimate and personal sections often centred around aspects of professional identity and belonging for the participant. I was especially interested in the personal and lived experiences of the participants, and these came through most strongly in the more personal sections of the interview content. The transcripts were also examined for themes (Braun and Clarke, 2006, Braun et al., 2015), which included art as solace, memory, gender, identity, choice, art-making, and moments of pivotal illumination. These themes, occurring across the arc of transcripts, were selected and highlighted, then compared to the more personal or individual sections already identified. Thematic comparison between interviews was also undertaken, not only to highlight similarities, but to point to areas of individual difference and personal importance. My own responses and reflections to the interviews and their contents are included both in discrete areas, as well as within the context of general discussion (Higgs and Armstrong, 2007). I did choose to focus on a variety of topics at this point, as certain trends of response occurred across many interviews, but tried not to exclude content that did not conform.
The individual experiences that differ from most – or all – other participant’s recountings are often invaluable in highlighting areas for further study and questioning when exploring professional identity. There were many moments of humour, laughter, and lighter reflections of personal working realities, however the tone of the interviews overall was a considered one, with even the most frustrated or challenged perspective discussed with measure and grace. Perhaps the act of the interview itself conferred a novel reflective quality to the stories and responses offered by the participants, as the questions magnified personal experience:

This frail, ephemeral thing, a voice, can bear witness to the most forceful realities (Bachelard, 1994, p. 180).

Sometimes a story or narrative brings to light a “forceful reality” that had not been recognised fully before. Many participants mentioned that they hadn’t before considered the profession, and their place in it, in the way that I had asked them to. As Susie observed:

No, I must say that it’s nice to actually have such clear, guided questions to get me thinking about, because I do think on automatic pilot a bit sometimes. I really enjoyed your questions ~ (laugh)... all interlinked, what I’m doing really links. (Laugh)... It’s interesting...I’ve never had anyone asking me before, you know? (Laugh)

Susie, p.11

Several participants patently struggled to articulate a sense of ‘belonging’ to or within the field of art therapy; perhaps this is reflective and indicative of a lack of professional identity or ‘brand’ within the field overall (Laforet, 2014). By this I refer not just to a regional context, but a global one. An in-depth examination at some of the considerations and implications of a brand in the facilitation and maintenance of professional identity will be considered in greater depth in Chapters 7 and 9.

**Thematic analysis**

Since transcripts contain individual stories, thematic analysis as presented by Braun and Clarke (2006) is very effective in working with stories and one-to-one interviews, as it allows for the themes selected by the interviewer to be considered in
a systemised fashion. I read each transcript numerous times, and was able to identify themes that appeared in all interviews – these were: art-making, art as solace, choice, education, gender, identity, memory, mental illness, moments of pivotal illumination, and time (Braun et al., 2015). I determined that to constitute a theme a subject or idea must inform the content of at least two question responses by the participant, or to feature strongly within the discussion of their artwork (Braun and Clarke, 2006, Thyme et al., 2013). I began this process by giving labels to overarching concepts explored in sentences, paragraphs, and full sections of transcripts in which participants explored their own responses, memories, and ideas. Recurring patterns of words or events, specific to individual participants, were also flagged on the transcript as indicators of areas that might inform the experiences of other participants, but with a differing emphasis. These patterns were then used when structuring some of the thesis sections, acting as springboards for my own responses or for theoretical examination. For many themes the work of Bourdieu (1993a) and Smith (1987, 1995) integrated well with the thematic analysis process, and when considering themes relating to artwork the work of Hall was particularly useful (1997a, Hall, 1997b, Hall and Grossberg, 1986).

In order to track a theme’s presence in individual transcripts I employed colour-coding of transcript sections, and at times several themes were present within a single section (Braun et al., 2015). A theme, therefore, might be displayed on the physical transcript as a few highlighted words, a marked section of a page, or lines running down entire pages. I then considered the importance of each theme within the context of the individual’s life experience, which was indicated by the number of times the colour appeared, as well as within the context of the research overall. I counted the times each theme appeared on individual transcripts, as well as combining this into overall numbers for the interviews as a whole. Themes that were introduced by participants early in the interview and referred to in subsequent sections of the interview I deemed to be of higher importance for an individual than a thematic area which was only mentioned once or not explored in depth by a participant. Ideas and areas of focus for individual participants which were not prominent for other participants were separately noted for each transcript and considered for inclusion based on my subjective choices of which areas seemed most important for each participant.
The stories which emerged during the interviews are unique to each person, so although the same framework of questions was employed for each interview, every participant had their own reasons for entering the art therapy profession and their own sets of choices and circumstances. The areas of strongest importance for each individual, therefore, tended to show up early in the interview, and other layers of choice, moments, story, and considerations were explored subsequent to this. Whilst attempting to represent the words and experiences of all the participants as fully as possible, I do acknowledge that my own eye and interpretation determined the sections and themes present in this thesis (Ely et al., 1997). By including complete sections of interviews and page numbers in the thesis for context, I strive to minimise the impact of my own choices on the participants’ stories, as well as to support the thematic analysis process (Braun and Clarke, 2006, Braun et al., 2015). In this fashion, too, the reader may get a sense of where in the overall arc of the interview particular themes and topics arose for each participant.

**Arts-based research**

Arts-based research is an approach to creative enquiry which involves ways of looking at data that do not necessarily fit onto a spreadsheet, and are not governed by statistics (Titchen and Horsfall, 2011, McNiff, 2013). As discussed in Greenwood (2012) this approach allows for the act of creation and interacting with art and art-making to be considered as data and input for research, in much the same way that the process of art-making in art therapy may be considered integral to the therapeutic relationship and discoveries by the client which assist in recovery or personal growth.

It is also fair to say that every approach to art therapy is to a large extent ‘phenomenological’ in that the goal of sound clinical practice always involves a commitment to showing visual data and describing therapeutic experiences with the intent of allowing them to speak for themselves as much as possible (McNiff, 2013, p. 91).

Taking McNiff’s position a step further, art-making as part of data collection and analysis in this thesis allows the art therapy practitioners to speak for themselves in both verbal and visual ways. As art making is an intrinsic component of the art therapy process, and as all participants are artists in their own right, incorporating a
qualitative methodology which centres art and art-making is a natural choice from my perspective as a researcher.

No single angle on research can address every aspect of our work. However, it is interesting to observe how every conceivable way of practising and researching art therapy ultimately reflects upon the physical phenomena of the art experience which include art objects, the experience of creating them, and relationships between therapists and clients (McNiff, 2013, p. 91).

Arts-based research as an investigative approach also allows me to incorporate the visual artworks of the participants seamlessly into the thesis, as the artworks themselves may be considered and deconstructed as another form of data. For this approach, the cultural theory perspectives of Hall (1997a, Hall, 1980) were a particularly good fit. Additionally, one of the aims of the research and thesis is to break a pattern of invisibility for art therapy practitioners. By using artworks for data, as well as the stories elicited by the artworks (Higgs and Horsfall, 2007b), this pattern of deep backgrounding of the practitioner herself may be put aside and new pathways forged for including a visible and active presence of the art therapist in future directions for the profession.

It [telling people’s stories] can widen the public debate about issues and enable social, institutional and practice change to be effected (Titchen and Horsfall, 2011, p. 239).

The lack of a dedicated undergraduate pathway for arts therapists has already been touched on in the opening chapter, and how this lack draws many varied approaches to practice together in art therapy cohorts. Therefore an arts-based research component allows for an exploration of the singular and exceptional, acknowledges the individual and the different, then allows these differences to be integrated within the arc of the thesis as natural and important aspects of the findings (Loftus et al., 2011). Considered in tandem with the interview content, the artworks enhance and deepen the stories elicited in the interviews, and provide alternate pathways to interpreting the verbatim content of the transcripts (McNiff, 2013). They also play a role similar to that of the creative process of an art therapy session (Thyme et al., 2013), wherein one of the inherent functions of the artwork itself is to trigger new

In this respect, the deliberate mirroring of an art therapy session in the way the interviews were structured was very successful – there were elements in each work which were consciously and purposefully depicted and included by the participants, but there were also some surprising aspects that only came to their eye and understanding as we looked and spoke together. This is a common occurrence in art therapy sessions, and often helps lead to therapeutic breakthroughs. One example illustrates this well:

I don’t know quite why it looks like that (laugh)... But, um, there’s some sort of cushioning, effect of that. Or mirroring, I dunno, something.

A: Perhaps it’s your uterine lining?

Well it looks like that - when you said that!

_Frida, p. 5_

In Frida’s case the unseen element overtly related to a physical part of her body, a uterine lining that related to other concepts within the artwork of birth as a physical process and a becoming. At deeper and more metaphorical levels though, the interview began to engage with discussion relating to how Frida saw herself in the local community, how she saw flaws in the art therapy profession itself, and where she saw her own career evolving. A detailed look at Frida’s artwork, along with those of the other participants, takes place in Chapter 5.

**Narrative enquiry**

Narrative enquiry is a late-20th century extension of qualitative theory and analysis, in which the stories and ‘voice’ of the participants are explored in-depth (Lewis, 2006, Maple and Edwards, 2010). Data may be drawn from oral stories, written accounts – including notes, letters, journals – conversations and artefacts with personal significance such as the artworks included in this thesis. I have employed an interpretation as proposed by Horsfall and Titchen:

A story, simply put, is a retrospective account of lived experience and has a beginning, middle and end. …the aspects that participants
choose to tell about their experiences illuminate what they see as meaningful (2007, p. 89).

By utilising narrative enquiry the stories of the participants may be considered as data for the purposes of research, and simultaneously allow for the participants’ words to be included without interpretation or retelling (Maple and Edwards, 2010). From a feminist standpoint perspective this is important, as women’s experiences, stories, perspectives and voices are frequently absent from the systems and structures that inform and underpin the art therapy training and professional fields, as noted by Smith (1987, 1995). For the purposes of highlighting the lived experiences and ideas of the female participants in order to elicit useful findings from the data, narrative enquiry works well:

I do not believe that new stories will find their way into texts if they do not begin in oral exchanges among women in groups hearing and talking one another. As long as women are isolated one from the other, not allowed to offer other women the most personal accounts of their lives, they will not be part of any narrative of their own (Heilbrun, 1988, p. 46).

Questions posed by myself as a researcher, as well as those raised by participants during the interviews, may not always be successfully answered by either ourselves or the findings. Narrative enquiry does make space for the unanswerable, a good fit for the interview data as the stories presented here are not ‘definitive’ findings, but personal responses which are incomplete. As Vanilla Brown said at the end of our interview time in response to my standard ending question which allowed space for any additional observations, ideas, or detail to be included in the interview transcript:

I just wonder if I, ah, how you’re gonna make any use of what I’ve said. Have I answered, have I given you enough for what you need to do? *Vanilla Brown, p. 17*

Narrative enquiry, according to Ricoeur, holds within its very process the answer to Vanilla Brown’s concern:
[Narrative enquiry] does not simply consist in adding episodes to one another; it also constructs meaningful totalities out of scattered events (Ricoeur 1981: 278-279 in Alvesson and Sköldberg, 2009).

As discussed in the previous chapter, multiple theories are utilised in tandem for analysing the data, providing a fuller and richer perspective overall, and the methods echo this model of multiple standpoints and overlapping lenses. McNiff (2013) acknowledges the perils of relying exclusively on narrative enquiry, however advocates the value of combining narrative enquiry with other methods of investigation; and this is the approach taken in this thesis. During the interviews participants shared personal experiences, thoughts, observations, ideas, and memories. As the interviews were spoken encounters, not written, there is a tangential component to the interview content; stories were often interspersed with anecdotes, background information, additional details, or broken off entirely and returned to at a later point in the interview. The power and beauty of narrative enquiry for the data collected in the interviews is that it allows the sometimes broken or disjointed threads of ideas and stories to be brought together for a fuller picture of practitioner’s views to be considered within the bounds of this thesis.

**Autoethnography**

Autoethnography, a qualitative approach which positions the researcher within the bounds of the research and data, and engages with reflection and self-as-research within those bounds, allows me to be a presence within the thesis without dominating the research outcomes (Ellis et al., 2011, Waithe, 2007). This thesis draws particularly on the perspective of Ellis (2004, 2009), as the personal within a sociological context is emphasised in her work. As a method of research autoethnography encourages the perspective of the researcher, while allowing for a boundaried and structured style of writing and including the researcher’s voice, stories, and perspectives:

“What is autoethnography?” you might ask. My brief answer: research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political (Ellis, 2004, p. xix)
Placed within the theoretical perspective of Smith’s female standpoint theory (1987), Bourdieu’s concepts of symbolic and cultural capital (1993a, 2001), and Huppatz’s development of gender capital (2012) I was able to position myself as an autoethnographic presence in the cultural, political, and social discourses explored within the thesis. Since I am not a researcher who believes that we are even distant or objective to the subjects and phenomena that we delve into, an autoethnographic component is a natural and organic component of this thesis (Ellis, 2009, Gray, 2011).

As a qualitative researcher, I do not conform to the notion of ‘objective’ research or the theoretical position that the researcher is somehow outside of the research (Minichiello and Kottler, 2010b). At the time of the interviews I was a practicing art therapist and PhD student researching in the art therapy field, and I feel it would be fallacious to envision myself as at a remove from the processes undertaken during my research journey (Cook, 2014). In addition, I did not feel it would be honest to attempt to consider the verbal or visual data without including some of my own reflections, responses, ideas, and insights (Alvesson and Sköldberg, 2009). Just as the participants did I, too, created an artwork in response to the research questions, and considered the same line of questions concerning professional identity, my moment/s of “pivotal illumination”, and the influence of education training on my interpretation of practice that the participants did.

My own visceral responses led to some personal examinings that were not always very comfortable for me. I didn’t initially wish to explore my own self as deeply as it became evident I had to; I spent some time thinking that I could get away with including merely superficial ruminations in response to some participants stories. No such luck. A much deeper and more intimate discussion of my own thoughts, perspectives, failings, and expectations than I had ever anticipated uncovering needed to come to the fore. This process involved a great deal of revision and re-writing in order to position myself appropriately within the thesis. As Ellis observes, this is a natural part of an autoethnographic process:

> While the first rendering of a story might be an autobiographical story written for the self as audience, the final rendering must also be an ethnographic story that points to the commonalities as well as the particularities of our lives (2004, p. 200).
I baulked at this awareness of my own personal intent and involvement, to the extent that I simply stopped work mid-analysis more than once, delaying and procrastinating. In the end, however, I decided it was impossible to keep dodging the situation I had committed myself to, so I got stuck in, went through the remaining transcripts, and kept going. It was not easy or comfortable for me, but – to use a cliché “the only way out was through”. In this instance I drew on the foundational approaches to autoethnography initially explored by Ellis and Bochner (1996), and refined upon by Denzin (1997), and was particularly guided at the end by a perspective which includes respectful consideration of both the individual and the wider connections which inform an individual’s life and reality. Ellis emphasises the importance of “Relational Ethics”, an aspect of intimate story research and analysis which takes into account not only the context of the stories participants tell, but the broader connections inherent to the stories that the participant occupies. I researched colleagues and the ways they related to, and considered, the field of art therapy, but I was also researching their childhood experiences, their personal selves, and their ideas. Simultaneously I was comparing my own ideas, experiences, and self, and considering my own context.

Relational Ethics requires us as researchers to act from our hearts and minds, to acknowledge our interpersonal bonds to others… Relational ethics recognizes and values mutual respect, dignity, and connectedness between researcher and researched, and between researchers and the communities in which they live and work (Ellis, 2009, p. 308).

The essence of this approach struck a chord for me as a writer and researcher working closely with very personal stories that demanded of me an equally honest and personal response. This concept was then of further use to me in the later stages of the thesis – in early 2014 I retired my practice and ended my ANZATA membership. I found myself in another and new layered and complex pattern of interactions with the data when I withdrew from the profession of art therapy entirely which entailed deep reflection (Higgs and Horsfall, 2007a, Alvesson and Sköldberg, 2009).
I had to acknowledge my change of position from an insider writing about belonging in art therapy and professional identity from within, to a researcher considering professional identity and belonging for art therapists from without (Tajfel, 1982a). I also acknowledge a sense of loss and frustration which I experienced at the time – in a sense I felt that I had failed, both myself and my participants, by not remaining within the profession. From certain stances – such as thematic analysis and the integration of marketing/branding research – this move to outsider made my critical thinking style less personal and some topics easier to navigate. From others, such as questions concerning professional identity, it became harder for a while (Denzin, 1997). Inevitably, personal and cultural research does effect change within the researcher, as Foltz and Griffin (1996) demonstrate, and I concur with Leigh (2014) that a successful transition for a researcher in this situation requires some time and space in order to reflect and write effectively and appropriately.

I hope that I have been able to turn this shift in my research perspective, from ‘insider’ to ‘outsider’ as it were, to good effect within the bounds of this thesis. I hope too, that my initial curiosity around what it is that draws people to art therapy, and how professional identity based on a better understanding of practitioner motivations might help strengthen and unify the field – the questions that led me to undertake this research in the first place – does help to illuminate the way for future researchers. I understand the struggle that many participants expressed around the lack of support for the profession, while at the same time acknowledging that I envy those who have had success with their own career trajectories. I feel that bond with my participants, as I studied and worked in the field, just as they did. The stories and observations shared touched chords within me, and I have strived to represent all of our input with as much integrity as possible. Without an autoethnographic component, I’m not sure that the great personal shifts that I have undergone would be grounded in enough context for me to represent the complexities of the research as well as I have.

What art therapy or professional identity is for individual practitioners, or for a community of professionals constituted of persons with unique art practices and undergraduate backgrounds, is a complex question. I have engaged with multiple methods within a qualitative approach to try and discern some patterns and begin to tease out and foreground, if not answers, then perhaps some insights and new
knowledge. By engaging with qualitative approaches which emphasise the personal experience in a broader group context via narrative enquiry, autoethnography, thematic analysis, and arts-based research, it becomes possible to reflect and consider both the words and the artworks of the participants in ways that retain the integrity of their individual contributions. The following section will consider in depth one of the methods described in this chapter, thematic analysis, and consider the strongest themes with excerpts from participant transcripts.
And I think part of me at this point, too, goes: ‘why have I done this?’ Like you know, it’s shit money, you know, like there’s ~ you have to work so hard for people to understand it, & see the value of it...
But I can’t not do it. (Laugh)

_Frida, p. 8_
This chapter considers and explores the themes that were identified as resonating throughout the interviews. The themes identified during the data analysis were selected by me with a particular perspective in mind, so a background of my own personal history of thinking about individuals and groups is explored in the first section, providing a context for later discussion about the themes present in the interview data. The concept of the “incomplete habitus”, introduced earlier, is here considered for its effects on the participants – particularly as they pertain to a sense of professional identity and choice. Some themes arced across several interviews, or were present in all interviews. Others are more personal, and may be particular to one or a few of the participants. For the theoretical underpinnings of thematic analysis, please see Chapter 3.

**MY PERSONAL THEMES – HOW I THINK ABOUT BELONGING**

When I began the data analysis I had a loose idea that I would affirm what my childhood self believed: specifically that the massing of the individual constituents also makes for something else entirely – reliant on the components but transformed into something other, into that something different. I expected to discover in the interview and image data that there were far more unifying considerations between participants than disparities. I then recognised early on in the research that people may hold multiple affiliations within a single group, and then there may be more between different groups or associations they feel membership to; so thinking about and defining “I”, “we”, “us”, “them” – or an individual vs. a group – then became quite complex.

To place this in the context of the research as discussed so far, art therapy practitioners in the region:

- May claim at least two, and sometimes more, professional identities
- Are therapists *and* artists simultaneously
- Belong to differing community groups within their local area
- May be members or affiliates of more than one peak body, some of which may not be in the field of art therapy
- Come from differing cultural backgrounds
- Have differing undergraduate *and* art therapy post-graduate training foci
Work with differing types of client populations, and therefore incorporate differing interpretations and methodologies of practice. All of this diversity discovered post-data collection within a single ‘group’ of art therapists fed into my curiosity about the way art therapists think about themselves as part of our profession – both at the individual and the group level. However, as I moved deeper into the data analysis I realised what my younger self had signal failed to consider. Humans do not have the same properties as the environmental elements which sit inertly when together – people, complex to begin with, become more complex in groups as belonging to, or identifying with, more than one group simultaneously is normal. A grain of sand, however, belongs only to one dune, drift, or group at a time and the complexity remains in the up-close detail alone.

My sense of a unified art therapy group or group identity began to leach away from any notion of cohesion at the group level. I acknowledged that I did not perceive a group as such when I looked at the data – instead I discerned heightened individuality, collected under a title that did not tangibly contribute to professional unity. ‘Difference’ in the case of art therapy practitioners seemed to magnify both with distance and with proximity (Tajfel, 1982b).

THEMES
The following sections consider themes identified as significant for the purposes of the research, with a selection of participant transcript excerpts and theoretical perspectives. Themes are considered in alphabetical order by title.

Art-making
N.B.: Many participants shared works with me from their homes or workplaces after the interviews had concluded, but as these were not directly addressed in the interviews I have not discussed them within this thesis.

Within the literature there is attention paid to the import of the personal art practice and expression of the therapist, and that maintaining regular creative output may be challenging (Gilroy, 1992, 2004). Notable examples include McNiff “As we distance ourselves from our own inner expression, we increasingly lose an intimate personal relationship to the making of images” (1992, p.39), and Moon “We can do much for one another in supporting our efforts as artists” (2002, p. 55). Art therapists begin their professional lives as both artists and therapists, and art-making is a central
aspect of arts therapy praxis and the creative identity of an individual practitioner. As a way to introduce creative ways of considering the thesis question I deliberately included art-making in the research design. However, this was also an opportunity for participants to discuss difficulties in creating work in their private lives, and the current role that art-making plays in their professional lives. With the notable exception of Jo, who strongly advocates staying in touch with the art-making process, many participants do not make art on a regular basis. Perhaps the lack of art-making may be considered here in the light of a signifier of “incomplete habitus”; regional art therapists are so busy trying to establish work and individual notions of professional identity that art-making – arguably one of the foundational elements of being an ‘art’ therapist – falls away. Gilroy directly addressed this aspect of praxis in her unpublished thesis (1992), so clearly this phenomenon is not unique to the region, but its import may be argued as heightened in ANZATA region where a weak professional identity and sense of belonging for art therapy practitioners within allied health overall is such a strong reality.

The power of imagery as a therapeutic tool, as well as being a vehicle for personal expression and discovery is a strong theme throughout the interviews; this will also be addressed in the following chapter. The capacity for creative expression to help articulate challenges, fears, and personal issues forms a large part of the professional canon (Case and Dalley, 1992, Gilroy and McNeilly, 2000, Malchiodi, 2003a, McNiff, 2004, Brooker et al., 2008). For example, participant Frida began training in the Transpersonal approach, then moved into university-based training. The Transpersonal approach helped open up the process of self-awareness for her, as she tells here:

So, I ~ before I did [university degree], I was at another place doing art therapy, Transpersonal art therapy & it was a diploma course, & I drew an image that was a really powerful for me ~ & it actually was this image that unearthed a whole lot of the issues about my mum that I’d just buried. And just hadn't wanted to deal with.

_Frida p. 2_

One of the reasons for prioritising practitioner self-understanding in any therapeutic training programme is signalled here by Frida. Any unconscious issue from the
therapist’s past may be triggered by a client’s image or words, and may interfere with the therapeutic relationship or adversely affect a client’s progress. Frida’s process as a student also mirrors what many clients experience with art therapy interventions, and here it may be clearly seen how vital the role of the art therapist in the process is. As a client, Frida would need the support and guidance of a skilled therapist to help her to safely and successfully navigate her childhood memories and experiences (Wadeson, 1980, Case and Dalley, 2006b, Berkowitz, 2007, Edwards, 2007).

Frida’s experience of being open to art in healing is one that has coloured her interest in the history of art-making and the role art has played in mental health over time – but Frida admits she is still left with more questions than answers.

I went back & had a look at the history of art & therapy in Australia, & really, the man who changed um, the psychiatric system was Cunningham Dax...one of the first things he did when he got to Australia was to set up art studios in psychiatric hospitals. And he...turned these antiquated, sort of, horrific, lunatic asylums into these more humane (exhale) places, & he recognised back then...the value of creativity for people who were struggling with their mental health. And, I keep thinking: like, we’ve got enough evidence, like it’s not that we don’t evidence that art & creativity work, but somehow that moved out of fashion, tsk, I don’t know why. ... Is it that it wasn’t scientific enough? ...was it that we didn’t have evidence-based data? ... &; you know, psychiatrists are really shocked when you go back to that sort of point & talk about how art was part of making institutions far more humane...psychiatrists certainly don’t talk about that anymore, haven’t met any psychiatrists who’ve sort of been, really terribly open to the concept of art therapy.

Frida, p. 22

Frida raises some excellent points about the antecedents of art and health here in Australia, and I agree that her questions certainly are good ones. Waller (1991) asserts that the reason the UK sector of the profession is regulated is directly due to group action and a political alliance with the union movement. Regulation has its costs, including rigid levels of practitioner purview which an unregulated field may be flexible about, however art therapy is an accepted mainstream allied health practice in the UK and Europe thanks, at least in part, to mass collective action. Here
in Australia we have a different kind of history with psychiatry and health generally as noted in professional literature (Gilroy, 1998, Gilroy and Hanna, 1998, Edwards, 2007). Professional practice as a culture may have to be considered as a part of any change in art therapy’s relationship with psychiatry and the health spectrum, and some suggestions for future consideration in this area will be discussed in chapter 9.

At times art-making is purely for the self, although self-discovery may form an attendant part of the process – as Vanilla Brown found when she combined her dance/movement background with large-scale easel drawings:

…I’m not a confident painter or drawer…but at Uni one, oh, a couple of times…they were showing us the open studio approach, so this had all these easels out, and I cracked out some pearlers! Like I’d…they were the best paintings or drawings I’d ever done!

*Vanilla Brown, p. 13*

McNiff refers to a “paralysis” (1992, p. 60) that pertains to those seeking to overthink or work too hard to reach a creative pinnacle, noting that “arrested movement” may impede progress or output for artists, and by shifting focus away from outcomes and onto basic bodily rhythms a different and freer outcome may be achieved. I liked Vanilla Brown’s description of her wonderful images, her “pearlers”, and I found it beneficial to be reminded that any creative process sometimes needs to be considered through a new set of priorities or approaches.

For Vanilla Brown, a change in environment and scale of medium allowed her to shift her approach to some aspects of art-making as well as her personal expectations around her own creative capacities. Art therapy can sometimes also be effective with clients who don’t use art materials regularly simply because the strangeness or novelty of interacting with art materials gives permission for discovery, in the same way that a change in scale offered Vanilla Brown new permission to experience drawing. Vanilla Brown does not necessarily use visual art for personal discovery as such, however Jo relies constantly on her artwork to better understand her own processes, as she describes in this account of a health crisis she experienced:
I was...teaching art therapy by this time...& my health was going downhill really, really quickly. ...I couldn’t use my hands properly, I was having massive migraines. ...I turned to...not haphazardly doing artwork, I’m actually saying to the paint & the paper: ‘What the hell is goin’ on here?! I’m gettin’ really, really sick.’ ...& basically the painting told me that...I had taken on far too much art therapy work.

Jo, p. 9

Art-making may be both a deliberate process of uncovering, as for Jo, or a journey into the unknown with no pre-set expectations, as it was for Frida. Jo herself is explicit in her advocacy of art-making as a practice for art therapists, and this will be examined in depth in chapter 7. Jo retains a digital record of her work, whereas Sandy retains her works in physical form and values them highly:

...I exhibited it side by side to this one... & they’re not for sale, they are obviously my personal collection, of works.

Sandy, p. 9

For art therapists generally, art-making may be a pleasurable process which is designed to have an personal outcome (Gilroy, 2004), or there may be a therapeutic (Beers Miller, 2007) or supervisory component to the act of creation (Fish, 2012). Particular aspects of intentional art-making will be discussed further in Chapters 7 and 9.

Art as solace

Several participants discussed the importance that the process of art-making has played in their lives – primarily for a sense of comfort and as a locus of personal significance. In many instances there are also intimations that within the artwork a sense of belonging was engendered for the participant. This was considered important to several participants as they often experienced lived realities where belonging did not come easily. For some, the roots of what drew them to art therapy as a career may also be glimpsed in their descriptions:

...so when I look back now on how I used to get emotions out, I would have little diaries, & draw pictures, &...write little messages to myself, & that’s where all my um, emotion got into.

... Yeah, my, hiding sort of scenario came out.
A: So you had an enormous cultural shift, but you were still functioning within the same language.

That’s right. So, basically as a young kid…art was…a life-changing thing, & then coming to the end of my fine art [course] I knew what I wanted to do by the end of that.

*Stacey, pp. 3-4*

... so at times of trauma, at times of distress I found art to be a very healing thing, a very wonderfully supportive friend. ...Right throughout my life, my own stresses, my own difficult times, ...art was a very...strong companion ~ & even now. And through periods of relocation & through periods of... leaving & arriving...

*Sandy, pp. 3-4*

I can still remember as a child, like, building a sculpture...a 3-dimensional sculpture, & just loving that I’d created it, & it was a moment for me I s’pose of... power, & joy, & passion, &... self-nurturing. ...so for me I think that there were moments in my life where art had really sustained me.

*Frida, p. 1*

Similarities are visible across these narratives wherein the participants arrive at self-awareness or self-understanding through their engagement with a creative process. This similarity in turn may be seen to parallel an art therapy session structure wherein the client arrives at discovery via creative process and the outcome has a personal resonance (Wadeson, 2000, Rubin, 2001, Hogan, 2003). There is, too, a similarity in the way that Smith notes female lived reality and experiences to be sidelined, and that the experiences authorised by the dominant culture must be ceded to as the authority (Smith, 1987). For each of the participants here, the joy of discovery, the support experienced via an interaction with their personal creative capacities, has been a private, perhaps secret or ‘hidden’ process and outcome as their processes here don’t conform to much of contemporary regional norms.

Some of these regional creative and innovative approaches to practice are outlined from a pedagogical perspective in Westwood (2010b). Gray (2011), coming from a research perspective, examined the role autoethnography can play both in arts
therapy research and as a resource for practitioners in the field. From a community practitioner perspective Green (2012) developed specially-tailored workshops for school children in her local area in the aftermath of the 2011 Christchurch earthquakes. Included in her documentation of the process are the difficulties presented by working in an educational setting with sometimes sceptical and disruptive teaching staff, whilst functioning as quake survivor and therapist simultaneously. Given the projected tectonic plate movements for New Zealand for the next few decades, an approach of this kind may well be useful for the foreseeable future.

Choice

For many participants the concept of choice entered the interview, often in regard to the decision or circumstances pertaining to their choices to study art therapy. This may be due to the wording of the email sent out (appendix iv) which asked whether moments of pivotal illumination were still informing their choices today, but it may also be considered as a measure of the importance the participants place on their education and training. A strong sense of inherent cultural and symbolic capital could be argued for this latter consideration.

I went and did an art degree…years ago…I was drawn to doing the arts because it really, really resonated with me ~ & also there was a family history involved there.

Sachia, p. 1

…I’d… done a psych degree…& probably…wanted the psych degree to be like art therapy. But, when I did psych it was rats & stats, behavioural science ~ & I was totally disillusioned. So I did that, & then thought ‘I don’t want to do any more of this’…

Frida, p. 3

…there were still things that were keeping me tied to a motherhood, & stuff, um, but I wanted to find myself before I got too much older…I actually took a weekend away…& thought: ‘you know, well, what do I really like??’ I like making art, I’ve seen the value of people making art…I’ve seen some unwell people, including family members, make art that tells stories. So, I…Googled ‘therapy’ & Googled ‘art’. And up came the course in [institution].

Myfanwy, p. 3
I went & did an art degree...at the time I was working in [industry] & ...part of my job...was taking students through...tertiary institutes... And I would always make sure that we went through the art department, because that’s where I liked to be! ...& then I thought: ‘my contract’s going to finish... So, I’ll go to art school.’ ...for most of my art degree, of course there were no jobs for artists. Because they don’t seem to happen unless you attach it to something like advertising or you want to be a teacher. And I didn’t want to do either of those things.

Sacha, p. 1

I loved all the theory...because I’d always...pull it to bits, then apply it to myself. So...it was that time in my life, when I’d just sold the house ... I had a financial buffer. And just went: ‘Right. I’m gonna do this.’

Vanilla Brown, p. 9

For these participants, choice was something that they experienced in an essentially positive way – gains are more readily visible to the eye than something lost by default in the selection process. However, choice of one option necessarily entails a turning away from, or missing out on, other options. For Susie and Stacey, their choices have been weighted with the knowledge that the other side of the choice had its own attractions. Susie does not lament her choice of art therapy studies, but recognises that the pedagogy might be better structured with the inclusion of some aspects common to psychology studies (structure, logic, and process from Susie’s point of view):

So, in the art therapy world I somehow miss the other [psychology] side, the side that I dropped when choosing to pursue Art Therapy.

Susie, p. 2

For Stacey, the employment choice she made had an economic driver behind it, based on a gamble that she could parlay this into at least a part-time arts therapy position. This has paid her bills, but has also entailed a long wait for the arts therapy components to be realised.
I applied for a job doing disability support worker...just for money. ...when I started I went up to the highest management & I said to them: oi, guys, I have skills (laugh)

... I need to be utilised, ah, otherwise I’m wasted. I’m an art therapist & I’ve got all this training behind me, & I know I’ll get frustrated even if I love the job, because of what I have to offer.

And so they took that on board, it’s been a year, & now, finally...I’m running art therapy & music therapy at the same time.

... But it’s taken for fucking ever.

Stacey, p. 7

Stacey’s frustration with the low profile of art therapy in the workplace, and encapsulated here in a succinct final sentence, may be read as the downside to the notion of ‘stealth art therapy’ introduced in the opening chapter of this thesis. I found myself wondering as I read through Stacey’s transcript during the data analysis, just how much time practitioners are prepared to wait while working to establish a higher profile before there is a significant shift in the status and position of the field, with a commensurate shift in their habitus. As noted in both the literature and the interviews, the regional field has been sidelined for many years with no significant changes. Also, will future therapy students come to choose avenues other than arts therapy due to the low status of the field, or is a cultural change from within a possibility that may recruit new practitioners down the path? Only time will tell, however some possible avenues for improving the public and workplace profile and status of the art therapy profession in the region will be discussed in the closing chapter.

**Education**

Education was raised as a question within the interviews, as I wondered if there was a link between education training, and the skill-set required to run art therapy groups and sessions. There is a link between art teaching and art therapy, but critical literature does address the differences, notably by Waller (1984), who in the first chapter in *Art as Therapy* delineates and discusses the differences between the two. I asked participants if they themselves felt that there were parallels within sessions to teaching practices, or if they relied on educational training to effectively deliver art therapy sessions. The answers were interesting as not all participants were teachers
(art or otherwise) as a first profession. Susie and Jo are not included in this section as their lengthy undergraduate and post-graduate training was exclusively art-therapy focused.

...so there are all kinds of dynamics going on that I guess, as an art teacher originally, you don't pay much heed to. ...you understand it, but...the role of the art teacher is to teach, traditionally, that is what you’re there to do. You’re not there to really listen to the understory...if they’re distracted teachers generally want to curb the behaviour, stop the distraction... So, there was an overlay there...I was a professional teacher, but there was something going on underneath that prior to having been in an art therapy course, I didn’t know how to name.

_Sandy pp. 1-2_

For Sandy an identification and thorough understanding of the underlying perspectives of each approach were needed; for, as she points out, the priorities of one often cancel out the other. In Sandy’s story I see both Smith’s and Bourdieu’s theories at work – the lived experience of an unnamed ‘understory’, as Sandy puts it, goes unrecognised as it is an unauthorised event within the classroom setting (Smith, 1995). Simultaneously it may be interpreted as one field in a ‘higher’ position exerting its power and strength of authority to supress another (in this case, Sandy’s lived experience and understanding of the personal and classroom dynamics taking place are the lessened field) (Bourdieu, 1993a).

In a contemporary regional example of educational and art therapy mores coming together Green (2012) describes implementing her _My Favourite Place_ project in school environments where the students were enthusiastic, but sometimes the teachers weren’t interested in understanding the art therapy process. At one school teachers sometimes intervened with negative input, and this school also cancelled arrangements for a session with older students as the teachers didn’t value the work. At another school Green conducted a teacher information meeting prior to the arts therapy sessions and found that at this school the sessions were beneficial for students, as the staff were able to support the process.
Myfanwy discusses an aspect of education in her interview, but she takes the term ‘learning’ as an alternative. For Myfanwy, pedagogy is not a pathway to self-discovery, so she takes an approach which centres client-based self-discovery:

(sigh) “education”. Right. I suppose when I mentioned ‘teaching skills’ that...brings that...side of it forward. I guess what I mean is really communicating ~ rather than educating. ...really listening to what people are saying, & being able to hop in & to say: ‘wouldn’t, would you think about it this way? Or would you think about it that way.’ So they’re self-learning. Rather than me teaching them something, they’re gaining self-awareness the whole way through. So, to me it’s kinda not teaching rather than opening a pathway for them to learn.

*Myfanwy, p. 7*

Myfanwy is a passionate advocate for art therapy, however like many regional practitioners, and some other participants, she has invested in additional training in another therapeutic application as a way of increasing her visibility in the community, raising her status, and attracting work.

Vanilla Brown discussed education from her personal viewpoint; although she does have accredited teacher training, from her perspective it isn’t a strongly informing element of her practice as it runs counter to her method of interacting with young people:

I would have said youth worker than a teacher. Even though I’m teacher trained, registered teacher for twenty-something years, I’ve never been an authoritarian kind of person.

*Vanilla Brown, p. 3*

When the time came to spend time studying art therapy, Vanilla Brown applied much the same informing principles to her own needs regarding education:

I quit my job, went to Uni, & thought: ‘I’m gonna go to Uni full-time, I’m gonna throw myself into this & um, hopefully I’ll learn something about myself on the way.

*Vanilla Brown, p. 9*

Education for Sacha as a subject revealed something interesting about her workplace that was not touched on during other parts of the interview. Like myself Sacha has a fine arts undergraduate degree and no teaching
qualifications. However, Sacha’s workplace runs a combination of therapeutic interventions and community education programmes. I was not aware until this part of the interview that Sacha took part in any client work that was not specifically art therapy-based.

I’m very clear that, oh, here where I work we run education programmes & we run therapeutic intervention. So, I’m aware of the difference when I’m delivering programmes. That they have… more education in them &… that’s because that’s what the contracts require. So, I guess it’s, for us it’s about sliding in some therapeutic work as well, & that gives us difference to other organisations & how they do their programmes.

*Sacha, p. 5*

Sacha, the participant who reported the highest job satisfaction during her interview, regularly practices ‘stealth’ art therapy – she’s “sliding in” what she can when she can during the contractually-obligated educational sessions during her work week. When I read through Sacha’s transcript I was surprised to find that only a few minutes before this section appears I had been describing the term ‘stealth art therapy’ to Sacha, who assured me that this was not a component of her work. Perhaps this may be an example of representation and multiple messages working to hide meaning so effectively that it is even hidden from oneself (Hall, 1997a, 1980), and here again I see Smith’s (1995) assertion in action that the lived experience of women is hidden within patriarchal structures. Sacha does not even recognise her own lived workplace experience as lying outside the version of the – very satisfying, supportive, and generally happy – professional life she described to me during the interview.

For Stacey, completing her post-graduate studies did not confer a solid sense of professional identity and cultural capital. Here she articulates the absence of a sense of identity she experienced at the end of her Masters training, leaving Stacey with a liminal and “incomplete habitus”. For Stacey the last units in her course led to a point of realising how art therapy education had fallen short of her own need for a congruent sense of identity:

*You know, I’ve done all the study & … I’m thinking, you know, can I actually use it now? … Just having confidence in general ~*
took me a long time to get there. I mean, coming out of the Masters, I’m like, I keep questioning myself, you know, I’ve got...this degree under my belt, I’ve got that degree under my belt, that certificate, I’ve got that certificate, but am I good enough? Dunno.

*Stacey, p. 14*

**Gender**

This category is so all-pervasive that it was almost never directly referred to within the interviews. However Frida engaged with the gender aspect directly, when discussing why the profession in the region isn’t better-known and better-established.

So, you know, it always fascinates me, I mean, you know, is it that there’s not enough of us? Is it we’re... so busy doing that we don’t look bigger & more strategically? Is it that we’re women?...the ASU 7...have said that one of the reasons...there hasn’t been equal pays is because it’s a profession dominated by women, & that there hasn’t been gender equity...it’s been something to do with gender there? I don’t know. Is there a question that we need to ask ourselves there?

*Frida, p. 20*

Considering Frida’s questions of gender and art therapy here, I find myself circling back to her earlier questions about the role of art-making in health and the consistent lack of answers in both areas. Perhaps the “incomplete habitus” is part of the pattern of unresolved questions that do not seem to resolve themselves over time. By its very nature the “incomplete habitus” of the regional art therapist does not leave room for active and collective movements as the individual moves through a constant cycle of explanation and reiteration of the importance of art therapy processes. Deeper layers of causality for professional identity absence are not identified or articulated, as it is a struggle to look past the attrition of status in the workplace and strive for large-scale change on one’s own.

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7 In 2010 the Australian Services Union ran the “Pay Up” campaign in concert with other national union representatives to correct pay inequities along gender lines, implementing newly-introduced Equal Remuneration Laws. The case was won for community-based workers in February 2012, and the ASU disseminated information concerning the gender pay gap throughout this time period. Interviews for this thesis were conducted between May and August 2012.
As a series of individuals without a unifying sense of professional identity to call on it is arguably unavoidable that long periods of time would pass without answers to questions that are asked repeatedly. Whether it’s by members of the general public who don’t know what therapy is, or by art therapists themselves who ask ‘why is our profession not more visible?’ A possible end to the cycle of repetition and explanation may lie in a cultural shift for the field, and this will be discussed in the final chapter.

**Identity**

One of the considerations I held whilst analysing the transcript themes and interview content is that of the negotiated and differing sets of agreed statuses that any individual was referencing when talking about the art profession overall. The participants all have Masters-level university degrees as a minimum, which equates to a high status or class, with commensurate cultural and symbolic capitals (Bourdieu, 1977, 1993a, Huppatz, 2012). However, as discussed throughout this thesis expected status outcomes are generally outweighed by the lack of integration of the profession into mainstream medical-model practices relating to mental health and well-being, and the attendant low awareness of the modality and what it entails by the general public. Therefore, the status and position of both an individual practitioner identified as an art therapy professional and the profession overall – along with the representative group of art therapists as a whole – are subject to a disproportionately reduced perception of cultural and symbolic capital inherent to any sense of identity than post-graduate university professionals might otherwise expect (Bourdieu, 1977).

Participants addressed identity from a variety of positions, as the following excerpts will demonstrate.

Susie considers identity from a field perspective, and is vocal in her concern for the lack of congruence amongst practitioners in dialogue, and with a fragmenting of the regional field which she identifies as relating to a lack of empathy for another’s perspective:
I believe that in therapy you have to understand multiple perspectives, how to look at one & the same problem from many different angles...I would highly recommend for any (art) therapists to get their head around this, as I observed a lack of it at the moment...which is often a sign of people under stress, resulting in finger pointing at one another & fighting over crumbs, but this way we won’t get to where we need to go. … And I find it’s something I’ve been missing in the art therapy world…& I think to myself… ‘we are supposed to understand multiple perspectives of our clients, yet we don’t understand each other?’ that doesn’t make sense.

Susie, p. 7

Susie raises an interesting point for empathy and the acceptance of difference, wherein practitioners are not applying this method outside of the art therapy room between themselves as practitioners. Cohesive understanding within the community of art therapists is absent. Susie herself has remedied this to a certain extent by cross-skilling in another field of therapy, thus increasing her own identity status, but she notes that this issue is a cultural, ubiquitous concern for the regional field overall.

Professional identity for Stacey was discovered through work, and a journey of personal discovery relating to her work skills. Regional training did not provide Stacey with the sense of professional identity she says she can finally claim for herself, and the metaphor of ‘home’ is one that is important for her. This is a good example of fluid shifts in identity depending on environment and community (Tajfel, 1982a, Wenger, 1998). Stacey returned to her country of birth, working as an art therapist (literally in a ‘home’ at one point), then returning to the region where she now acknowledges she feels at ‘home’.

...home does form identity. For me. And I was lacking that. …I spent a year working with disability in a disability home, also … with dementia clients. And, working with abused & traumatised children … it was huge, I loved the work that I did there ~ it was...mind-blowing, & it expanded my whole... understanding & my whole professional demeanor as an art therapist... & the confidence as being an art therapist, knowing that, yes, I am good enough.

Stacey, p. 14
Stacey identifies a commonly-experienced disconnect between her expectations of the workplace as a student, and the workplace reality she encountered after graduation (Billett, 2006, Nyström, 2009). This is a direct demonstration of the lack of articulation between represented and proffered outcomes from pedagogy and the professional canon and the lived regional workplace experience discussed in Chapter 2. Stacey only established a sense of competency within herself as a practitioner after pursuing work overseas – the experiential training and informing literature from her student days were clearly not linked to an immediate or readily realised outcome of regional professional practice success in her case.

For Vanilla Brown, identity was articulated and identified in a familiar way for practitioners in the field. Vanilla Brown knew what she didn’t want to do (work in a regular school as a teacher), but could only phrase a vague notion of what it was she did want to do in schools for young people:

   I probably did my first five years in mainstream, &…I think I disengaged from that. …‘I wanna work with people, on a people level.’ You know?

   Vanilla Brown, p. 4

The lack of identified and clearly articulated identity is an element of the research that will be present and visible throughout much of the thesis content, and is one of the contributing aspects of the “incomplete habitus”. The final chapter will include some pathways that may prove useful for resolving the issue of a coherent and consistent professional identity for practitioners in the region.

**Memory**

For some practitioners, moments of pivotal illumination and the drive to enter a ‘helping’ profession (Barnett, 2007) may be clearly linked to events from their formative years. Art is often articulated as being a solution sought for challenges in childhood, and being acknowledged as a spur to participants in their pursuit of art and arts therapy as a career in order to help others resolve personal issues.

   …in fact my art process goes back to… (pause) back to [country], back to the very early days of being a child under 10 when there was unrest. And war. And flying planes over the top, & buildings shaking.

   Sandy, p. 3
I was 9…you know leaving all ~ your home behind, everything that you’ve grown up to know & love, your animals, your friends, leaving all that behind… That’s one huge thing. But then, when I arrived in this country… my family decided to split up as well, so ~ everything that was stable for me & I thought that I could cling to, was pulled out from underneath me like a rug. … I just turned…Totally introverted…

*Stacey, p. 3*

And, so, it was looking at this image that had come through me (laugh), & sort of realizing that art was a very powerful way…for me it was to actually remember the reality of how it was for me growing up. So, in this image, too, I had cobwebs…like it was like stuff that just had been closed down, & so I’d sort of opened it up. But it was really that image that…was so strong about wanting to deal with the issues that had happened in my childhood for me.

*Frida pp. 2-3*

There is much that is documented in the professional canon of the power of art and memory. Authorities who include work on art-making and memory include Case and Dalley (2006a), Malchiodi (2003a), Moon (2002), and Rubin (2001). Memory for the participants encompasses more than motivation however. When memory was noted as a theme, there were references to respect, empathy, and tolerance that came forward.

For Jo, there was a nod to professional practice when she spoke of her distant past, when she had needed therapeutic support and an art therapist was extremely helpful. Now on the other side of the therapeutic relationship, Jo advocates that inclusive patterns and habits of speaking of, to, and around clients are maintained by practitioners:

…having been down that track where I’ve [been] a recipient of art therapy…I definitely think art therapists should be aware of their “us & them” practitioner…& patient values &, you know, where they feel they’re drawing that line.

*Jo, p. 19*
Given the lack of congruence within regional art therapy identity discussed in this thesis, along with attendant factionalism noted by Susie in the previous section, Jo’s respectful and inclusive ways of thinking and speaking are sensible signposts of professional practice standards (Higgs and Patton, 2014).

That’s right… (sigh), culturally though, um, coming here was, yeah, it was totally different, um, even kids - I mean, you know kids can be pretty cruel…they didn’t really understand that me being from [country], why am I [skin colour]?

*Stacey, p. 3*

For Stacey, the subject of memory is one of difficulty when childhood is concerned, but she also learned resilience skills at an early age. The cultural differences that Stacey encountered as a migrant to the region in her childhood have stood her in good stead as a compassionate therapist who is as inclusive of cultural differences between her clients and herself as possible. Stacey also advocates for communication and reasoned problem-solving solutions, an approach that is often called on in her work with children and young people.

**Mental illness**

The subject of mental illness – or mental health to use the other side of the dialogue coin – is one that featured on many of the fringes of interview topics, rather than as a prominent subject in its own right. This may be due to the fact that as art therapy often takes place in mental health settings it is taken for granted by participants, but there may also be a hint of the strong taboo which still surrounds the subject, even in today’s reasonably well-informed regional community. For some participants mental illness was something within themselves, or within their family dynamic, and for others it was an aspect of the health spectrum that they learned about through work. Mental illness is a difficult thing to live with and be around, yet the participants were compassionate in their recounting of the impact it has had on their lives.

...when I was doing this [artwork] I was sort of thinking...growing up it was pretty crappy. Um, not all bad by any means, but there was a lot to deal with, with a mother who had... um, a mental illness. ... And, you know, I’ve said “The inside story” (figure 16, p. 129) &...I didn’t really know it was crappy, because you know, I...Didn’t have anything to compare with.
Frida, p. 4

I’ve seen some unwell people, including family members, make art that tells stories.

Myfanwy, p. 3

… the mental health problems that I was having did not so much lie within my own physiology, it lay within how I was being treated within my family. (pause) And how I was being scapegoated….

Jo, p. 3

…at any time, anybody…can become a mental health recipient. …in one of the hospitals I was working in…a head clinician that came in as a patient…[they] had to come interstate, because it was too much of a taboo for them to be seen as a patient…what’s that about? When a person can’t use their local hospital.

Jo, p. 19

Many community members are touched by mental health concerns. According to the Australian anxiety and depression support website Beyond Blue (2015) 1 million Australian adults will experience depression in any given calendar year, and over twice that number will experience anxiety. Much of the art therapy canon is concerned with the benefit of art-making as part of an approach to mental health recovery, including Brooker et al. (2008), Collie et al. (2006), Crespo (2003), (Henzell, 1997), Rothwell (2008). As mentioned earlier in the thesis, self-understanding on the part of the therapist is essential so that the client’s needs and concerns are the priority of the therapy and remain the focus of the therapeutic process. The ubiquitous presence of mental health challenges in the community overall demonstrate again how important an aspect of practitioner training this element is.

Moments of pivotal illumination

I quite clearly recognise moments of importance in my life by the way details seem quite heightened, and my personal recall is precise and acute - even after years have passed. I have heard people describe moments of immediate and overwhelming realization as ‘lightbulb’ moments, or as being the time when ‘the penny dropped’. I could easily refer to these moments as being ‘islands of insight’, due to the way that
they seem to me afterwards as resembling spaces of clarity and calm in busy, frantic times in my life. However, because the quality of light seems to be one of the first things I recall, and because the moments are linked to specific and significant choices I make, I have come to refer to these small, memorable, and intensely personal slices of time as ‘moments of pivotal illumination’. These are very specific, intimate, and lucid points in time, and I elected to include the metaphor of light and movement together in this way when approaching ANZATA members about participation.

And, another pivotal moment... was just at a party, & just an intuitive conversation with someone... who said: “...I’ve just started the studies in art therapy but I found it’s too heavy”. And I thought ‘art therapy’? What is that, I’ve never heard of it. (pause)

Sandy also shared a deeply personal moment from her past, and one that still informs her approach to practice today. For Sandy, one of the most important aspects of praxis is a deep caring for clients as they undergo the therapeutic process – as they bring forth any concerns, fears, triumphs and realisations they have experienced back into a world which relies on the verbal, more than the visual. The mainstream, medical systems have often failed to support those in dire need of guidance, choice, and information, so Sandy strives to help bridge this gap in services. As she unfolded her story, I was readily able to understand why this is such a strong priority for her as a therapist:

[a family member], who had been ill for a long time... entered [city] Hospital, & the doctors at the time seemed totally unable to talk to me about her impending end of life. So that was at a time when hospice was really at the very, very, you know, early stages, where end of life was difficult even for doctors to discuss ~ because of course doctors have a mandate of keeping people alive, not talking about death. ...there was no way of being able to talk to the doctor, hard as I tried about what, what happens to [family member]? What, what do we do as make it as best as we can for the time...that she has. And how long does she have? Do we know something that might be helpful?

I was not able to get any satisfaction at all. ...a few days later, we got a phone call that [family member], died... in the toilet. She had gone to the toilet, got out of bed & gone to the toilet, &
there she collapsed & died & was not discovered until the next day. So, huge negligence...

A: (softly) I am so sorry.

Yes. And there was nothing said. Nothing done. Nothing… explored. So…the areas of interest for me, that I wanted better end of life for people, I wanted better…situations for families, & clearer communication between professional staff.

_Sandy, pp. 2~3_

For Vanilla Brown, a moment of pivotal illumination concerning her professional purview and how this related to her work-place identity was when she realised that her then role wasn’t the right one for her:

…’I know I need to be doing a different job, I know that our schools need, we need to support our kids with their mental health… I’m gonna do it.’

_Vanilla Brown, p. 10_

For Susie, her moment of pivotal illumination came quite early in life, and informed her tertiary educational pathway from the beginning:

I think that the first real, clear moment where I thought… ‘therapy is important’, was when I was fifteen. I had a friend who wanted to run away from home & I happened to find out about it. I took her back to her parents & I had a conversation with the parents… which made them sort of draw together as a family. And I realised all of a sudden how much difference one conversation could make. So that was quite a pivotal moment:

My friend remained at home & her parents became very supportive of her … this made me realise that therapy is really important & can really change people’s lives.

_Susie, p. 1_

For Frida, who had related that her search for identity began in childhood and she sees echoes of this in her professional identity and practice focus, the moment of realising how her aspirations could work in a real-world setting came from an arts therapy experience in a previous work role:
...I was working ... doing community building...& we were talking about youth issues, & we got in a theatre person, a psycho-dramatist...So, we’re in the local hall...& this is quite a conservative rural community, & the issue of dealing with youth stuff had been really difficult...These children did this wonderful, fabulous performance...one of those things where the theatre director stopped the performance & actually got people from the audience to come up & step into the play... And...this community who’d never talked about youth issues or whatever, was talking about things like, contraception, drug use... how we can work together...And, it was like a light bulb...that moment where I just went: ‘Oh, my God ~ it gets us there so much quicker! We could’ve sat around meetings for...5 years & not got to this point, but tonight we got somewhere special’.  

_Frida, pp. 1-2_

For Jo, the moment of gaining a sense of identity within a moment was an intensely personal one:

So this was hugely pivotal for me at this time, because, what I realised in that moment is that these drawings that I was churning out happily, day after day, ... were actually talking back to me ... And, literally announcing all of the issues that I was not...able to see for myself. ...& not bein’...somebody that talks that easily, the pictures were able to talk for me, & I was able to talk through the pictures ~ but not without the pictures.  

_Jo, p. 2_

For Myfanwy, her moment of pivotal illumination came not from the creation of art works, but from a volunteer position working as a counsellor. This led to a rapid realisation of her capacities and strengths in an area of work that she had not considered before:

And I became one of their [drug & alcohol] counsellors, which was a volunteer job. And I loved it & I really recognised that I had a bit of gift with communication, with people. And empathy, & being able to...not get carried away with anything but the facts that I saw on the day, in the moment, with the people I was working with...  

_Myfanwy, p. 3_
In this instance, Myfanwy’s theme echoes to points of gender and class raised by Huppatz (2012) and the concept of helping or caring professions being areas women are often unconsciously drawn to. In Myfanwy’s case, the fit was a good one, as her personal communication skills allow her a good boundary when working with people in therapeutic situations.

**Time**

Time as an indicator of personal note was a feature in several interviews. Participants included references to time in terms of marking out decision-making periods, or a quiet reflective space for considering difference and the unspoken, as well as allowing for the impact of personally important events to play out. Time as it relates to preparedness for post-graduate studies and the workplace was also a factor.

Susie and Vanilla Brown both refer specifically to time needed in order to process personal priorities in terms of study pathways, and in a sense to come to a point of embracing their own needs in terms of a professional identity – or at least a sense of belonging within an area of study. To employ Hall’s metaphor, time was needed in order to articulate to, and within, their selves what type of professional field was right; the link established between personal standards and a pedagogical delivery needed to be the appropriate one (Hall and Grossberg, 1986).

I took…a year of a break after that, to just think of…which area to pursue.

*Susie, p. 2*

I love studying & I just thought: ‘…I need time, I need space to myself.’

*Vanilla Brown, p. 9*

Time was mentioned by participants in terms of taking time to settle something within themselves, as in the two examples above. However, I am left with the impression that the ‘time out’, as it were, does not clarify everything to an individual’s satisfaction. Any course of study may be argued to include time for an individual to absorb and encompass the learning, and the responses above may be seen to reflect this process. However the inherent incongruities and inconsistencies within the field of art therapy already identified within this thesis as contributing directly to the “incomplete habitus” will not allow for a full expression of the field’s
pedagogical mores, or for a practitioner to attain a stable and coherent sense of professional self. If anything, the time needed for one’s self may act to further isolate an individual within the professional bounds, as they are not capable of talking/articulating what they are attempting to reconcile within themselves as it pertains to belonging and/or identity.

“To introduce differences is to produce time” (Bourdieu, 1993a, p. 106) is one way to consider the drive to acknowledge and then minimise the ‘differences’ that art therapists encounter as impediments to developing professional identity and better integration within the health field overall. Bourdieu uses the term ‘difference’ here as delineating the way new artists make their presence felt in cultural circles. For the participants, and for myself, difference was not deliberately created by us as art therapy students and practitioners, but was rather an extant, silent, component of the field itself. The time we needed for ourselves may therefore be read as a way to try and wrangle the unarticulated ‘difference’ that kept us separate and consistently less visible within the workplaces we occupied.

Another way of referring to time within the interviews was with the explicit as a record of time as well as accomplishment within that time. For example, when beginning the interview, the first thing Myfanwy told me about her artwork was the year it was created.

…this is the piece I did in 2002 - so, ten years ago.

Myfanwy, p. 1

As the artwork represented several stages of her life, it was important for Myfanwy to be clear exactly how much ‘time’ was encapsulated and represented in her painting. The additions to the work and what they symbolise to Myfanwy were then in a context of growth and personal understanding that functioned as a marker for other events that were discussed in later stages of the interview. Myfanwy’s piece may be read as a kind of foundational record of her transition from corporate and family systems into her later-life career training and practice as an art therapist, one that moves to accommodate her shifting sense of belonging and identity within these systems (Hall, 1980).
For Jo, time and accomplishments are tied together in the effort that it took to lay the groundwork of study and work to enter her art therapy studies. Several participants referred to the time they had put into preparing to meet the post-graduate requirements, as well as the time taken to complete the course itself – Jo’s example below describes one of the longest lead-ins of preparation. Through it all, Jo stayed true to her purpose:

I knew I wasn’t makin’ the wrong choice because I’d just stayed passionate about art therapy. And…nine years it took me to get into [course], & I, I just loved every minute I was there.

Jo, p. 20

For Stacey the training process wasn’t quite as long, but determination was required:

...just doing fine art was a pinnacle, um, a life-changing thing, & then coming to the end of my fine art I knew what I wanted to do by the end of that. Obviously it was another four, five year journey...

Stacey, p. 4

Given all the time required to establish an art practice and to complete an undergraduate (or equivalent) degree, it is challenging for art therapists to then work in a reality where status, esteem, integration, and comprehension of the art therapy process and therapeutic value are all still at low levels in most regional workplaces today. For myself, the constant struggle to be visible and considered a professional in the workplace became too much for me. I am respectful of the practitioners who continue to work towards raising the profile of the profession, although after several decades without change it is a concern that there is no discernible rise in status for the field. Some potential avenues for future consideration to address this will be discussed in Chapter 9.

The identified themes from the interviews have been considered in the light of lived reality contexts as well as the theoretical underpinnings of the thesis. In addition to the verbal content, from which the themes considered here arose, the interviews also included a visual component of original artworks created by the participants. The

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8 Interviews for art therapy post-graduate programmes in the region include a showing of a portfolio of work to demonstrate one’s art practice. In my case this was in addition to a group interview, so the showing of work is semi-public and many applicants bring work that represents years of their personal creative output.
following chapter will look at artworks in the profession of art therapy, ways of ‘looking’ at images in an art therapy context, and consider in depth the images of the participants and the author. Later sections of the thesis will consider the prominent areas of thematic consideration in terms of professional identity formation and development.
Chapter 5 ~ Artworks

I created this with that question in mind… what is it that made me decide I wanted to be an art therapist.

*Vanilla Brown, p. 1*
The role of artworks in art therapy

Art materials are utilised in art therapy sessions to facilitate personal exploration and self-understanding, without having to resort to the spoken word alone. Sometimes the session is conducted in silence, however some clients like to talk while they work – this aspect shifts according to client need, but a viewing of the artworks as a pathway to unpacking the client’s focus at the time of the session is common practice. Most sessions involve a two-stage structure consisting of the creation of an artwork or visual piece, followed by a discussion of the artwork as a way to explore personal challenges or issues for the client (Moon, 2002, Malchiodi, 2003a, Case and Dalley, 2006a).

Art therapy is a therapeutic process, and there are occasions when a session is talking-oriented, with a minimal creative component. I myself had sessions where clients really did just want to talk – in cases like these I usually gave them something tactile to work between their hands while they spoke (cotton balls, plasticene, etc.) so that the verbal element was not the only one they could rely on. Generally, in art therapy, there is some kind of visual image or artwork outcome that is a result of the client’s effort, and which becomes important for what it represents in that moment, not for any intrinsic aesthetic value (Rogers, 2001, Moon, 2007).

Just as images and artworks may serve to illustrate a personal, cultural or political perspective within the framework of an art therapy session (Westrich, 1994, Berkowitz, 2007), the images within this chapter open a space for considering the theoretical and analytical positions of the research, as well as permitting a different voice to the capitals, perspectives, and experiences of the participants. This chapter will examine each of the participant’s works in turn, with relevant transcript content to provide both artist and researcher responses to the works, and the conversations and themes the works elicited. Additionally, some foundational approaches to looking at and considering images created in art therapy sessions will be defined for context, and an overview of the role played by artworks in art therapy, including considerations of ownership and exhibition, will be explored within this chapter.

Participant Jo declined to have images of her work included in the thesis. To ensure her voice is present in this chapter I have included relevant sections of her transcript where appropriate to provide an additional perspective for some points of practice raised by other participants and/or their works.
As mentioned earlier in the thesis, not all the participants chose (or remembered) to make art before the interview. Stacey, Vanilla Brown, and Frida had works that they had made specifically in advance of the interview; Sandy and Myfanwy engaged with works that they have lived with over time, and Susie and Sacha sent me images of works inspired by the interviews.

Whenever possible interviews began by viewing and discussing the works and what the process of creating them had been like for the participants. As artworks were created for different reasons by each participant, and reflect different priorities, stories, themes, elements, and moments of pivotal illumination, some field-specific theories about looking and integrating artworks as a way of understanding the impact of process within research, and the dynamics and history of considering artworks from specific standpoints of client and therapist are included.

A LOOK AT ARTWORKS IN THE PROFESSION

Although the focus of this research is not directed towards an historical exploration of the art therapy field per se, nor with promoting or investigating Evidence-Based Practice (EBP) or any one theoretical perspective utilised within the profession, an overview of the historical roots of arts therapy practice around the world facilitates a more complete grasp of the status and capitals of the profession regionally and globally. This helps provide a backdrop and context for the breadth of debates relating to the role of artworks for art therapy as a therapeutic profession.

‘Ownership’ of artwork, which relates to power for both practitioner and client alike, and ethics and practitioner responsibility are considered in order to place the stories and reflections of the participants and author in an appropriate perspective.

The results of an arts therapy session are not created with public viewing or sale in mind, as they are intensely personal and relate to the emotional and psychological growth of the client. It must be noted, however, that in the past there have been exhibitions of “Art of the Insane” from psychiatric patients or institutions. Examples here include the collection housed by the Dax Centre in Melbourne, built by pioneering Australian psychiatrist Dr. Eric Cunningham Dax (Centre, 2013a), or the Prizhorn collection (Heidelberg, 2013), the earliest collection of artworks created by psychiatric patients in the world. The question of who owns the art is one that is considered carefully within the profession, as the works are usually held by the
therapist for the client; but a long-standing debate is still ongoing around the ethics involved in displaying such personal work (Malchiodi, 1995, Wood, 1997b).

There is a discussion beginning within the arts therapy canon that raising public awareness of the efficacy of arts therapy practice is an essential part of ensuring continued growth as a profession (Cornish, 2013). To an extent this may be argued as being overshadowed by the rise of EBP as a benchmark for public health systems around the world (Gilroy, 2006, London, 2009), which work to raise public awareness – and thus, demand for services – by integrating with mainstream medical models. For example arts therapies are now available in the UK through the National Health Service (NHS), and after 9/11 Hillary Clinton formally acknowledged the work that art therapists do in helping people recover from such traumatic circumstances (2001).

However, as noted earlier, the purpose of creating, and therefore viewing, artworks in art therapy processes means that they are not designed for public consumption. Intensely personal information and stories may be contained within them, and a great deal of negotiation is essential in order to protect client confidentiality as well as personal, medical, or familial details that may impact other people outside of the art therapy session. Participants involved in this research signed agreements giving permission for me to publish photos of their images, with the right to withdraw that permission at any point prior to thesis publication. Some participants provided multiple images, but declined permission for their use, and no reference to these excised images is present in the authorised interview transcripts. Images can be powerful vehicles for communicating memory, clarifying intent, and providing answers for personal questions and challenges (Moon, 2002, McNiff, 2004).

There are particular approaches to looking at an image created in session for art therapists, and there are differing theoretical considerations for practitioners. Looking takes on richer and deeper meanings in an art therapy context, as opposed to a fine art context or political or advertising context (Hall, 1997a, Sturken and Cartwright, 2009). Although I did not position myself as a therapist for the purposes of this research, there is a deliberate echo of the art therapy process inherent in requesting an artwork created specifically for the interview and relating to specific questions (appendix iv.). Understanding how those trained in the field discuss,
examine, consider, and view an artwork will provide some context for the direction that interviews took based on the artworks created by the participants. This insight is beneficial for those outside the profession, for, as McNiff explains:

…artistic expression is a vitally important way of acquiring and communicating information about human experience. Artistic ways of knowing are needed to ‘read’ and study these data (McNiff, 2013, p. 51).

For art therapy practitioners, a consistent approach to praxis is based on the idea of a triangle at work, comprising the client, the artwork, and the therapist. There are some theories that move beyond this triangle, others that deconstruct the possible dynamics at work, whereas other theories focus on process or insight. For this chapter the following considerations are given an overview to enable a contextual understanding of how the images were ‘read’ by a participant and myself: 1) how the triangle may move and influence one’s perspective, 2) which elements outside of the participant (image-maker) themself, but contained within the room or consciousness of the participant may have influenced the image or image-making process, and 3) how we can overcome individual theoretical positionings and influences in order to consider the works as fluid and equal contributors to the research.

**Triangular relationships as a structure**

Two stages of an art therapy session as a structural feature of the art therapy process are explored extensively in the literature (Wadeson, 2000, Moon, 2002, Malchiodi, 2003a, Case and Dalley, 2006a). Broadly speaking the artwork acts as a conduit to communication, and there is some deep relational writing from the UK deconstructing the layers of relationship which may be useful to practitioners with a psychotherapeutic interpretation. Schaverien (2000) explores an analytic approach where the image itself is the active third of a triangular dynamic:

In the triangular relationship to which I am referring there are two distinct stages and each involves the process of looking – a gaze. … The ‘life in the picture’ is the life which fuels the process of making the picture, and ‘the life of the picture’ is the life of the picture, as an object, once it is made. …when both are fully activated a dynamic field is created which engages all the elements of the imaginary triangle with an equal balance between its three points of client-picture-therapist. However, the dynamic field is not always fully active and it is my hypothesis that with specific client groups and in
particular settings, the elements of the triangle constellate in different ways (p. 56).

For the purposes of this chapter, artworks may be considered from this perspective as reflections of immediate personal reality, as representing what therapists feel they would like to achieve (as opposed to their working realities), or as mirrors of experience and reminders of past experiences and ideals. In this sense, the triangular relations model is useful for deconstructing fairly conscious aspects of a practitioner’s life, experience, or story. Schaverien delves deeply into transference and countertransference within the parameters of art therapy theory, and there is a place for that in professional context and praxis. However, this chapter will not explore this aspect of the concept, but will instead concentrate on the dynamic of shifting one’s position of consideration when relating to an image and any inherent message.

Beyond triangular considerations
Case (2000) too considers triangular dynamics within an art therapy session, however she explores situations where this effectively forms a structural barrier to considering what else may be informing a client and/or an image. Case advocates including considerations of the impact and effect of other objects in the room, as well as other activities taking place in the room, whilst the image is being created. For unconscious or memory-based aspects of art works created by participants, this perspective is useful – as seen here, Case points out a potential flaw in art therapy theory which adheres solely to a ‘triangular’ relational context:

The concept of a triangular relationship in art therapy has become so established that it may misleadingly suggest that this is always so. Experience in therapy can be contained between client/therapist/picture, unless disturbance in clients creates a situation where internal world material frequently seems to shoot about the room and external objects are experienced internally, as well as internal ones externalised onto paper (p. 17).

For many of the images created by participants, Case’s concept is useful as time pressures of professional or personal lives impacted how and if an artwork was created for the interview at all. Additionally, messages about personal choice and
moments of pivotal illumination intrinsic to images may be critically considered via Case’s concept.

**Inclusive considerations**

For times when a broader perspective is useful when considering the images in this thesis, McNiff (2013) advocates considering artworks and interactions that pass beyond theoretical bounds, both within art therapy contexts and between art therapy and other disciplines, and focuses on common elements:

Art-based research is grounded upon a comprehensive and systematic integration of empirical and introspective methods, and I believe that this mixing of previously separate elements is a significant innovation. How can we avoid using the senses and conducting physical experiments when researching the nature of the art experience? … The most important contribution of creative arts therapy to the larger research community may emerge from demonstrations of how science and the arts can work together within the process of disciplined inquiry. The objects of research generated by creative arts therapy demand this integration (pp. 50-51).

Employing this approach allows for engaging with the artwork as emblematic of individuals seeking answers, identity, or belonging in any field or profession, or as representative of minority concerns, or as messages about the state of the regional art therapy field in general.

**For the reader/viewer**

Additionally, as with any image viewed in any aesthetic context, there will be a response from the reader/viewer – this may include any kind of reaction from enthusiasm to distaste or neutrality. The participants and I may have missed a connection to the field or to the stories that you yourself as a viewer find obvious. Perhaps by utilising one of the three frameworks for considering the images described above you may find yourself moving along a triangular, complex, or overview line of thinking about what the images tell you about the profession and the individuals who populate it. My hope is that you will find this experience rewarding, and perhaps useful for gaining more insight into the stories and narratives included from the interviews throughout the thesis.
THEORIZING IMAGES IN THE THESIS

Just as the process and structure of an art therapy session helps to unlock answers from within clients, so here the physical processes and acts of creating an artwork helps reveal the embodied understanding and expression of art therapy for those who are the trained facilitators and practitioners of the field (Stones, 2009). While the artworks function as metaphors for early memories, they also contain information about the origins and perspectives the participants have on their own cultural capital and competence in the art therapy field (Bourdieu, 1984, Huppatz, 2012). This may be seen as a convergence of both personal capital (which could be considered as capital of the self, viz.: memory, interests, and experiences which later formalised training and focus builds on), and professional capital (which could be considered as a combination of training, and experience within the art therapy field).

For regional art therapy practitioners, including the participants, the habitus of an art therapy professional is incomplete: factors in their training programmes, particularly those relating to self-understanding, combined with the invisibility of women in the systems and structures of both universities and medical professions, create a cycle and environment of the “incomplete habitus”. The role of education and pedagogy in contributing to an “incomplete habitus” will be explored at length in the following chapter, but is noted here for context. Interestingly, this aspect of cultural capital, being the author and creator of art within recognised and legitimated (by post-graduate degree) bounds, would be asserted by Bourdieu (1993a) to confer high status and form a stronger, more visible habitus – but this is not the case with art therapy. Art and artworks are frequently indicative of a lower-status perception from colleagues – as Vanilla Brown stated frankly:

I don’t know about where you’re from, but here art…it’s still not very respected in the big scheme of things…

Vanilla Brown, p. 3

The artworks, therefore, also create another kind of space within the thesis to consider the process, outcome (image), and creator of the images from a feminist standpoint (Smith, 1987, 1995) as several of the images in this chapter make visible the exclusion, uncertainty, and “incomplete habitus” experienced by members of the regional profession.
Why include artworks?

From my perspective as a researcher, the making of an art piece served multiple purposes. Firstly, art therapists ostensibly have an art practice of their own, although many practitioners struggle to maintain this in the face of work and home life demands, as investigated by Gilroy (1992, 2004), so it was an opportunity for participants to make art for themselves in a personal style, albeit within the guidelines of the research parameters. Time constraints are often cited by practitioners who find it difficult to carve out a space for art-making processes that they enjoy. As Frida began her interview:

...I was quite looking forward to it, I didn’t have a lot of time this week, so I got up this morning and I’ve just thought, I’m just gonna do whatever.

_Frida, p. 1_

Secondly, as an analogue for an art therapy session, it helped create opportunities to discuss personal – sometimes quite intimate – memories and perspectives. Therapy sessions may be confessional in nature, this is an inherent part of the process, and an artwork often acts as a buffer for disclosure, allowing clients to open up avenues of thought and revelation that may not have been explored in the past (Schaverien, 2000, Wadeson, 2000, Edwards, 2007). In this case the participants were encouraged to use the artwork as a springboard for personal exploration and explication of their moments of pivotal illumination. This was not always related directly to personal life alone, but the personal in the field of work, as Jo relates:

[I realised] I can use art to work out what’s going on for me in the workplace, as well.

_Jo, p. 9_

A third consideration is that not only is the creation of an artwork an echo of the practice and praxis of art therapists, but may also be considered as a doorway into their personal habitus within the profession. By this I refer to the aspects that support the participants in their own practice, their sense of professionalism or identity, or that which gives a sense that there is an aspect or aspects of praxis that they belong to. A strong differential flavour would be reasonably asserted to appear here as all participants have individual art practices and backgrounds; however this thesis
contends that the very absence of professional identity within the images, in addition to the transcript content, underpins the “incomplete habitus” of the regional practitioner.

As an exemplar of a recurring motif to reinforce belonging, Stacey describes how the horse may feature physically in her own work, or function as an energetic metaphor for her as an art therapy practitioner:

I also use the horse as an escape sometimes if things are overwhelming. You know…

A: Four legs to run away?

(Laugh) That’s far better than two. (Laugh) The fight or flight scenario, yeah. (Laugh) But…it’s an energy thing, um, rather than using the image…in sessions or whatever, um, it’s just a private… my own feeling, my own strength …

*Stacey, pp. 8-9*

The importance and centrality of the horse to Stacey’s overall identity will be explored in greater depth within this chapter section below.

Participants’ views about the works created, or included, specifically for the interview with me are presented in the following section. Content and discussion is in separate sections for each name, and is included in no particular order; I intend that the name or position order is unrelated to either the interview schedule or when works were created. This decision is in part an attempt to assist with the anonymity of the participants: as my travel schedule was public knowledge, offering images in an order that in no way corresponds to this schedule will provide an additional level of discretion. I am also aware that selecting one consistent system of name appearance, one based on alphabetical order for example, could be interpreted as providing a privileging of the first participants over later participants due to the implicit hierarchy of the alphabet. Throughout the thesis I have attempted to maintain a random usage of participant contributions, but as this lack of ordered system is most ‘visible’ within in the image section, I offer an explanation here.
THE PARTICIPANT’S ARTWORKS

Susie

Susie did not have an image ready the day of our interview. We had planned that I would make a second visit to discuss artworks with her, however this did not eventuate. As a result, this section is briefer than most as I have only my own responses to the works, but none of Susie’s observations, explanations, or background to the creation and context of these works.

Susie’s images are three distinct and differing paintings however there is a thread of connection that may be seen running through this group:

Susie 1 (figure 5) – Acrylic on canvas
Susie 2 (figure 6) – Acrylic on canvas

Susie 3 (figure 7) – Acrylic on canvas
I was struck by a consistency of movement within the three. A reaching of limbs/hands, both towards or between (see figs, etc); the second image shows a lizard that has already moved half off the page, so the reaching forward there is truly towards the unknown and may or may not be towards anything or anyone tangible. There is an unexpected and playful aspect in Susie 2, as one of the reaching hands is actually a lizard foot (possibly from Susie 3 I found myself wondering...).

In these three images much of what is Susie’s “moment” is very strong in her memory, and there are visible echoes of this within the works I received:

I think that first… real, clear moment where I thought… ‘therapy is important, I think’… when I was fifteen. I had a friend who wanted to run away from home. And I happened to find out about it… & I took her back to her parents, & had a conversation…which made them sort of draw together as a family. … So, I think that was when I sort of had a pivotal moment saying: yes, I wanna pursue therapy profession.

Susie, p. 1

Susie’s works may also be seen as a concrete manifestation of her desire both to see the profession in this region attain the heights of respect and esteem that Susie knows and experienced personally in the early stages of her career in Europe, as well as to incorporate her new training into current practice\textsuperscript{10}. The gap between consistent understanding of identity and professional status and esteem is something that I saw quite clearly in the spaces between the reaching out elements of Susie’s images. Some suggestions for bridges across these spaces, or possible solutions to these gaps, are offered in Chapter 8.

Additionally, these works may be read as tangible representations of a previously-discussed phenomenon common within art therapy. Practitioners, participants, and students alike articulate knowing that the process works, but are unable to articulate precisely why or how this is so. This reflects the positioning of female invisibility

\textsuperscript{10} At the time of the interview Susie was engaged in further training in an allied therapeutic practice, and is now a multi-skilled practitioner, having completed her additional studies at the time of publication.
within text-dominated, patriarchal structures described by Smith (1995) and Connell (2005), and may also be seen as embodying the inherent difficulty regional practitioners face in attempting to form professional identity, as discussed throughout the thesis. I can see within these works echoes of the discussion Susie and I had during her interview around the challenges of not having a dedicated undergraduate pathway for art therapy students in the region. As a result, identity and a complete habitus alike remain tantalisingly out of reach for regional practitioners, while connections which would improve status, esteem, and cohesion within the field are not made in sustainable or industry-wide levels.

**Stacey**

Stacey was one of the most articulate participants concerning the physical process of creating her artwork, highlighting an important area of art therapy praxis. The process of art-making may be considered more beneficial and therapeutic than the ‘finished’ piece. A great deal of circular movement, time, and repetition went into the initial stages of the piece, then a piecing together of some components to form a whole, as Stacey describes below.

*Stacy I (figure 8)*
*Black pen, coloured pencil, post-it notes on paper*
One aspect of the image did strike me when I first saw this piece – there are large areas of missing information, gaps where blank space exists, or where sections do not quite meet or edges come together imperfectly. To my eye, Stacey created a physical representation of the gaps in Australian university art therapy pedagogy, which encapsulate her lived professional identity struggle and depict the reality of an “incomplete habitus”. Although Stacey discusses the gaps of her image in terms of her childhood and adolescence, the resonance of repeated experience reflects clearly her later articulations of difficulty with art therapy training and attempts to establish herself in the workforce. During the interview and the analysis period, I found myself caught up in Stacey’s first sentences concerning the spirals; not only is it a description of her process for the image, but a good description of the experiences I remembered with clients and colleagues alike when trying to articulate what art therapy is:

…A4 size paper & a Bic pen…I just took the pen & did swirls. I started in the centre & focused there, & I just spiraled out, & then back in again. ... And to get this blackness…basically I was doing this for half an hour. ... The horse was done separately. On little Post-Its...& I’ve stuck them all together like a puzzle, but in the same way it’s a puzzle with left-out pieces, & it’s also weaved like a mat, so…putting those bits of paper together was about me at the time piecing things together & making a connection with the weaving…I wasn’t originally going to put colour in it, but…the Post-It paper has colour in it, why not put colour in my horse. And if I was going to put colour in my horse, I wanted it to be kind of like a phoenix…rising from the ashes…so I’ve got this red & orange & fluoro yellow in the horse, & the mane & tail kinda look like flames. …the phoenix, it kind of symbolized going from where I was to the end of my fine art.

Stacey, pp. 1-2

Stacey’s description of the fitting together of elements that are different and do not come together exactly may be seen to reflect not only her training process and workplace experiences as an art therapist, but also those of her development as an adult and discrete individual who feels a sense of personal duty. Here Stacey states that a piecing together, a ‘weaving’ was essential to the artwork as she considered her moments of pivotal illumination, a notion of bringing forward some aspects and
moving behind to shield others. In this descriptor, ‘weaving’, may be seen an analogue of feminist standpoint theory (Smith, 1987) wherein patriarchy protects male privilege and perspective at the expense of female. The weaving concept also mirrors the regional art therapy practitioner workplace, where title and field authority is often subsumed or disguised in favour of higher-profile professions and practices.

The process of creating the image may be read as a direct metaphor of the process of becoming and belonging which I heard Stacey describe as being an essential part of developing into the person and practitioner she is today:

…artist training. Just doing, giving into the ashes to the phoenix was me going from … I was born in [country], & then I came to Australia, & that transition was HUGE for a young kid.

So, my art… was a pinnacle, a life-changing thing, & then coming to the end of my fine art [course] I knew what I wanted to do by the end of that.

*Stacey, pp. 2-3*

The inclusion of the horse, here in the image made up of Post-It puzzle-like sections and not fully present, is a reflection of the deeply personal nature of relationship for Stacey. I found myself seeking to soften the edges with my own eye as I considered...
this piece, moving further away, then coming closer as I looked at the detail as well as the image and its constituent parts. I was drawn to the energy of the piece, but could also relate to the circling energy within the piece; at the time of the interviews I was personally wrestling with an “incomplete habitus”, a dwindling client base in my practice, and the process of deciding whether or not I could afford to continue as an art therapist at all. I admired the strength of determination that I could see in Stacey’s image, even with the evidence of struggle revealed by the elements which made up her artwork. Stacey, like her artwork, keeps going with as many elements to constitute her inner ‘horse’ as she needs.

From childhood, interacting with, riding, and caring for horses, as well as understanding what they represented as intimate personal totems, have formed a foundational part of Stacey’s way of belonging in the world:

At the time of my third year [high school]...I was harnessing the horse to traverse through my metaphorical, psychological landscape.

...I have horses of my own ~ I’ve had them all the way through growing up, & I’ve always found them a very grounding source for me. So, when life has been all hectic, or I haven’t been able to figure things out, or I’m emotional, breaking down in some area of my life I’ve always got horses to go to. ....anything to do with the horse was just a grounding experience. ...So the horse for me is, what I was going to use to go through all these emotional... trying to understand where I was, what I was coming up with...emotional stuff & psychology & art.

Stacey, p. 1

The horse and phoenix are strong, self-empowering images, and for Stacey emblematic of the process of becoming. This image may be seen as describing a deeply personal journey to an understanding of self, and one that allows a yearning for belonging within this process.

...my whole final year art piece was about art & the psyche. And that got me thinking about the whole term “art therapy”. And, through my own experience of that three years I realised ‘Oh, my God, this is what I want to do for the rest of my life, I can see how art can help people.’ I know for myself how it can help people, & I’ve witnessed it for the other people.

Stacey, p. 1
Stacey prefers to work with adolescents and provides an environment in the art therapy studio and session structure which supports a therapeutic approach whereby a young person unfolding into a more ‘adult’ maturity, may come to self-realisation at their individual pace. In this choice of client, Stacey may be seen to offer support in finding a sense of belonging and self for others who may not yet have their own ‘horse’ – and simultaneously provide opportunities for young people to feel accepted and supported in ways Stacey herself did not when she was young.

**Vanilla Brown**

![Vanilla Brown](image1)

*Vanilla Brown 1 (Figure 10) – Clay, mixed media, photography*

![Vanilla Brown](image2)

*Vanilla Brown 2 (Figure 11) – Clay, mixed media, photography*
Vanilla Brown created sculptures, then set them in frames and photographed them together. Of all of the images created for inclusion in the thesis, hers were the most professionally presented, in the sense of being finished with framing. Unlike artworks created in an art therapy session, Vanilla Brown’s work was presented as ready for public viewing and/or sale. As we conducted the interview at her workplace the frames worked well as they were easily transported, and photographs are less fragile than clay sculptures when handled – I picked up the framed works to examine them at close quarters before the interview proper. In a sense, the frame might be read to represent the high value Vanilla Brown places on the boundaries she holds for her student clients in art therapy sessions; in fine art terms a framed image is more valuable and precious than an unframed piece.

Vanilla Brown’s art works reflect her lifelong commitment to young people, education, and youth support. Unlike some other participants, her moment came when she was an adult already in the workforce, and involved awareness of how the process of creation can elicit responses in the person working with materials (here a school child) that facilitate personal growth and self-awareness.

A background in education has served Vanilla Brown well, as her work focus is specifically targeted at adolescents, and she has a long history of employment in alternative school environments, school-aged youth who are struggling with learning or personal interactions and young people with mental health challenges. This last can be a varied population, as she sometimes works with young people who do not have a diagnosis themselves, but who have parent/s with mental illness and who often act as carers for their parents. Working in the education system, Vanilla Brown knows first-hand how the effects of this role-reversal may be deeply felt by the children she comes into contact with in her workplace. For Vanilla Brown the pivotal moment reflected in her work is one specific time, place, and realisation. She relates the story behind her artwork:

...when I was teaching art...probably ten years ago, maybe more. I had a young boy come in after lunch one day, & he was really out of sorts, he’d had a rough lunch break...but he didn’t want to talk to anybody about it. So, I just said to him: ‘come sit in here, I’ve just been making this pot...have some clay that I’m not using & do whatever you want.’ And we just sat there & I
didn’t say anything much to him, just sort of showed him what I’d been doing & how, & explained how I did it. And then he started working on this pot, & then he just spilled his guts… & way, way back. Not just what had happened that day, but how that day had been kind of the end of his rope. And I remember thinking … ‘I’m not an art teacher’…

*Vanilla Brown, p. 1*

I found myself considering that this moment has echoed through her working career, leading her to her current role as art therapist. However, Vanilla Brown’s cultural capital has not fully translated into either a crystallised sense of professional identity or complete habitus:

I often found myself hearing what young people wanted to talk about over a clay, or from behind a painting… And I just sorta thought: ‘Maybe I’m an art counselor.’ I didn’t even really know there was such a thing as an art therapist, but then I started looking into it. And I found out that there were…you had to be a counsellor first, so I went & did counselling training. …& then I went and did [university course]…

*Vanilla Brown, p. 1*

A moment of pivotal illumination in her personal life, although not directly present in the photographs or original works, played an important role in her decision and is in keeping with the spirit of her artwork. When the time was personally right, Vanilla Brown undertook the art therapy training:

…it’s about being a good person, and about treating people like people, regardless…of who they are or where they come from. So, so that was a big turning point when my, when my own life, personally, was going a bit to shit, & I thought: ‘…I know I need to be doing a different job.’

*Vanilla Brown, p. 10*

For Vanilla Brown, relationship and process meet without judgement. An absence of judgement is vitally important for vulnerable populations and vulnerable individuals (Wood, 1997a, Kaplan, 2007). Jo touched on aspects of non-judgement, but from the perspective of working in a health-related industry and needing help.
with mental health challenges oneself. From a status perspective, this can be risky stuff when the person works in a low-profile field like art therapy, where there is a great deal of misinformation regarding the profession, as demonstrated throughout this thesis.

...there’s still a lot of stigma around mental health... And mental health practitioners generally...see a person differently ~ see a...work colleague very differently if they know that they have mental health problems now and again. (pause)

Jo, p. 19

Jo and Vanilla Brown raise important perspectives to bear in mind when working with mental illness. Those connected to a mentally ill person – for example: family, carers, support workers, and health practitioners – may experience periods of burn-out or depression in response to their work with, and care for, those who have ongoing mental health challenges or disorders. One of the continual challenges for art therapists is to move past the stigma of mental illness and allow dialogues of understanding and compassion to open up in the general community, particularly when trying to introduce art therapy to a new workplace.

Vanilla Brown does not keep images like the ones included in this chapter on show at the school she works at, but her images work as powerful reminders of what may be achieved within the bounds of a therapeutic relationship, no matter the surrounds.

**Sandy**

In Sandy’s office one image is on display for clients to see, and others sit in a separate storage area behind a closed door. Sandy does not wish to overwhelm her clients with several images at once, so additional images relating to supervision, or reflecting her own personal experiences and moments of pivotal illumination, are brought out for discretionary viewing when and as required. In this way, Sandy is able to protect her own information (some of the events portrayed have strong content and are not discussed in this thesis), and to gauge when to offer an alternative visual interpretation of philosophy or experience to her clients, depending upon their own therapeutic journey and need. There are also some pieces that clients themselves may never see, but which are useful for self-supervision and personal reflection. Aspects of praxis and identity will be discussed in further depth in Chapter 7.
Sandy’s painting on display in her office depicts a young woman embracing a fawn. This is a visually-textured painting, with a very rich set of informing experiences.
which inspired it, and Sandy’s story relating to this image also touches on vulnerability, as Vanilla Brown did in the previous section.

I was running…adult painting classes…in the process of them creating those works, stories would begin to unravel. … And I needed to be able to work with those stories.

…when I was teaching…I found that teachers were sending [to the art room] the naughty students….And I found that when those children came to the art group, they were no trouble at all, once they became engaged in the art process. …I had a little rabbit, & little birds that come to the art room…And I would give these animals to the children to look after…& to draw them.

And these so-called ‘bad kids’ were ever so gentle with these animals….And, when the space & the time is given….to allow a caring nature to come forward, these things were naturally happening. ….without a huge lot of intervention from me...

So this piece…grew out of the sense that we are vulnerable. When a client comes they are vulnerable. They expose their vulnerability, they are naked in a sense, metaphorically, but they have something young, something golden, something special that they’re nurturing, that needs to be nurtured to come out. To be born. And, so this is a really important piece, & that’s why it’s in my consult room. …also … I was so excited that [art therapy course] finally was available here in [city] & I could do it. And I could give a name to something that I was already doing. …it was bringing my own vulnerability, my own nakedness to the course, & growing myself as a professional.  

_Sandy, pp. 1-5_

One of the interesting aspects of an extant piece such as the one Sandy discusses in such depth, is the multi-level interactions that occur with this painting. It is a beautiful image in and of itself, so it works as something to rest the eye on and appreciate – it ‘functions’ as art as we understand it in a 21st Century, first-world aesthetic context. It further acts as an important and integral piece of both social and cultural capital for Sandy, transmitting numerous messages back to her about what she has attained in her professional life, and how far she has come in her personal life. From a cultural theory perspective, this is also an effective messenger for clients as the image is one of balance, harmony, peace, and love (Hall, 1997c). In this sense it becomes a representation of the ultimate goals of therapy in general, and a visual
placeholder to mark the approach that Sandy herself advocates and practices with her clients. This image, therefore, is also an incredibly deep and fertile painting when considered from a ‘function’ of cultural capital viewpoint in the workspace (Bourdieu, 1993a).

This image sits in Sandy’s consulting area, not in the studio/art space itself, and the position it holds – on the wall, its gentle colours and subject matter visible when the room is first entered – further reinforces and underpins the fundamental import of the visual messages, or language, the painting engages with. Sitting physically above the eye-line, this work asserts the primacy of safety in the art therapy process, the care that the practitioner takes to encourage nurturing, and the ideal that the client will experience a sense of being held both during and after the therapeutic session. These are all elements of primary importance to Sandy within her praxis and habitus. In this sense the image may also be seen to convey a promise that the entire arc of the therapeutic relationship will be held and cared for very sensitively, ensuring the client’s vulnerabilities are shielded from harm throughout the art therapy process.

Sandy also raises an important point for the art therapy profession overall, one that is a powerful stumbling block to integration within the allied health stream: art therapy functions in ways, and employs processes to attain its outcomes, that mainstream health interventions do not. As discussed throughout the thesis art therapy does not ‘fit’ into conventionally recognised medical or regular regional therapeutic models. Perhaps one of the reasons that art therapy has such a strong integrated presence in the UK and Europe is that collectivism is an accepted social norm. BAAT allied itself firmly with the union movement in the early years, and Waller (1991) notes that integration with the NHS was influenced by this. Combined with universal social health systems, a more inclusive reality for allied health approaches is more likely to flourish than here in Australia where we accord esteem, recognition and status to private medical and health services. As discussed in Chapter 2 the Australian government health system, Medicare, will not extend regulation for art or other expressive therapies.

Sandy has another very gently powerful image, which represents the power of supervision and mentoring within the profession. Ideally, she sees the supervisory relationship as being a central one in building a strong body of practitioners. For
myself, looking at this painting, I was struck by the resonance to arguments I was formulating at that time concerning the centrality of a unified professional identity message. I can see an art therapy student as the child, supported by consistency delivered through pedagogy, the peak body, and other practitioners.

![Sandy 3 (figure 14) – Acrylic on canvas (date-stamp from digital camera)](image)

This painting, therefore, is a good example of the many levels of information and kinds of messages that may be conveyed or read within a single image (Bourdieu, 1993a, Hall, 1997c). Sandy’s position of assurance with networking and community as lynchpins for professional identity may also point to ways forward in better-establishing a professional identity and higher status for the regional field. Community will be considered in more detail in Chapter 8.

**Frida**

Frida’s work was inspired by the upcoming interview, and when considering her moment of pivotal illumination, she found herself reaching back to her childhood within the work:

...I was quite looking forward to it, I didn’t have a lot of time this week, so I got up this morning & I’ve just thought, I’m just gonna do whatever. ...I thought about how there was a number of sort of streams, or something, that led to the decision to become an art therapist, so that’s where I started, really. So I began probably with these little blue bits here, & then I was sort of thinking about, well, what were they?...underneath it there was probably a thought around...that art had always, for me,
been something very important in my life, that I had used...I had issues with my mum... So, I guess there was a bit of a search in my life for a nurturing presence ~ I had a really lovely dad, but my mum has a mental illness, so that was very... Difficult.

Frida, p. 1

When considered as a whole, and read from upper left to lower right, as discussed by Luspinner (2011b), the image describes a birth process.

Beginning with “The Inside Story” (figure 16, p. 130) pasted in the upper left-hand corner, down through channels into a central, circular area (figure 17, p. 130), and resulting in a crying infant pasted into the bottom right (figure 15, p. 129). There are,
as with any image, many ways to interpret it and many things to see as a whole and within the whole (Sturken and Cartwright, 2009), however Frida herself acknowledges the aspect of birth and birthing that inhabit her moments which led her to the art therapy profession. And it’s also a visual leitmotif of her creative pieces, as she explains:

And I was sort of thinking, yeah, birth. I wasn’t quite sure what that was, & I was a bit surprised, even when I drew it, but, you know, the shock was there somewhere, too. …

Like…to…discover art therapy, & then to embark on that journey, ‘cause it doesn’t feel like it’s just something I’m doing for a job. It feels like a vocation.

Frida, p 6

Frida’s cultural capital comes from an extraordinary depth of understanding of who she is as a person, and this is something that informs her practice and the way she interacts with clients. However, her “incomplete habitus” may also be clearly seen in this work, as it is in Stacey’s, in the cycle of Frida’s ‘revolution’. We discussed the word as that which continues in a circuitous manner, and it is painful to keep going over the same sort of explanation again and again (regarding art therapy) and not making tangible progress or noticeable change. Frida’s passion for her work, and her commitment to the changes that art therapy can effect for clients remains unshaken, but the picture reflects a newborn or nascent professional identity, rather than a fully-fledged and mature professional status.

Frida may be seen here to document the grief or mourning that parallels a longing within the art therapy profession to belong and to be known, both within the allied health field as well as within the general community. The journey around a circle that Frida presents here is a tiring one, like the baby in the image, the lack of professional identity as a support for practitioners can make one want to cry with frustration, anger, and exhaustion.

In this very complex and layered image there are also echoes of considerations in the manner Huppatz (2012) engages with narrative in her work around gender capital. Frida’s work may be read as an explicit account of the way she is “limited by gender and class” (p. 56), her lived experience attempting to be visible and heard, but
continually shunted back around her circuit in a search for an articulated professional identity.

**Myfanwy**

The image offered by Myfanwy is unique among the artworks offered by the participants for two reasons. Firstly, it is a very large painting, well over a metre square, which gives the viewer several physical perspectives to ‘look’ at it in both the entirety at once, or partly and in sections. Secondly, this working image sits apart as it undergoes constant change over time, acting as both time capsule and visual metaphor. In this piece technique plays a specific role, with past aspects of the image simultaneously revealed and hidden on the surface of the image.

In this sense the piece could be seen to function as a form of deliberate palimpsest in the role of *aide memoire* for Myfanwy herself, while concurrently operating as a striking and large-scale image that welcomes the visitor to Myfnawy’s workspace. The sheer scale of the canvas allows a different viewer perspective compared to the pieces heretofore examined in this thesis. This piece invites ‘big-picture’ thinking in the viewer, as the gaze may take in large areas of a section without encompassing the whole, or perhaps *within* the whole (Ackerman, 1995). Whilst not as intimate as a
small image, which invites reflection by, literally, inviting the viewer close to examine detail and total import, this image enables the viewer to consider its content from a distance perspective, as well as up close and personal for detailed inspection of textures and small areas of interest within the whole (Sturken and Cartwright, 2009).

This is an abstract piece, allowing the viewer to construct what they will of the visual contents. The lack of definable figures ensures that the personal substantive import of the piece, which holds information about pivotal moments in her life, those that determined when Myfanwy would alter and add to the canvas, remain discrete and encoded for her eyes alone (Hall, 1980). At the same time the viewer is permitted and enabled to extract and declare their own ‘meaning’ from the colours, textures, and arrangements on the surface (Bourdieu, 1993a). This dual-reveal aspect is fitting, as Myfanwy specialises in art therapy and allied therapeutic praxes which encourage clients to proactively and consciously consider their personal growth processes. In this way clients take ownership of the direction and speed of the life changes and insights that the therapy processes uncover within them. This allows them to see themselves in new terms, but to process these terms, and their personal import, at a pace which suits the individual.

Like Stacey, Myfanwy goes into the detail of the process of construction, although unlike Stacey’s, her piece has taken many years to create. Myfanwy explained the image to me from a long-term, life-event perspective, with the last major change to the canvas being linked to some professional concerns about the acceptance of the industry overall by the medical profession:\footnote{In the interests of context, these concerns involved the regulation of the profession, a subject which ANZATA members were very caught up in for a period of some years. Ongoing communications with health bodies were extensive and protracted. Established practitioners, such as Myfanwy, did work hard to make regulation – and, by extension, recognition from established main-stream medical practitioners – a reality for the profession overall. The end result was not the outcome the industry had hoped for; Medicare will not take on more professions for consideration, art therapy will remain an unregulated therapy, and subsidised access to art therapy for lower-income populations will not be possible within the foreseeable future.}

OK … this is the piece I did in 2002... I’ve always liked the idea of abstract & cutting back. Almost like there’s a mask, so I would have all sorts of colours underneath, & these were: orange, red, yellow, green, blue. In different parts on the canvas. And then I would cover them completely with a kind of a royal blue ~ so very thick paint. … while just still wet ~ just
before the drying ~ I would cut back to reveal what was underneath. So that’s kind of how I like to start that work.

I think it represents a lot of things, both personally & professionally, in that, there’s gotta be structure in what you do. …there’s gotta be a form…well there are many limitations for art therapists, there’s always some part of the medical profession that…doesn’t recognise what we do, there’s so many different things that obstruct…you can see, in this picture, there’s lots of crossed lines, obstructing flow.

…So, in a way it does represent the frustrations of being an art therapist, as a professional, but… I still feel when I look at it, that the dominant centre is very rich.

Myfanwy, pp.1-2

There are also highly personal aspects of Myfanwy’s life still visible in the painting:

…as time went on, I added things to it ~ as my learning in art therapy grew, I added things to it, & recognised that … it was missing something, & that was part of my family. …so I put in three birds ~ one bird was sitting on a kind of bamboo-type structure & nesting, one was down in the bottom corner wings spread flying away, & one was standing on a bough with its wings open. So…about half-way into my course I realised that was me flying away, [family member] getting ready to jump off the bough, and [family member] still well & truly in the nest. …that was how it stayed for probably two or three years?… And then we moved houses several times, so I made changes to the pictures…

So I put glazes over it, & … it became kind of dull…like it had been through a bushfire or something. …I didn’t like it so much as that, ’cause it had lost its life, a bit… But that was, you know, how it was going to stay because I knew that I couldn’t go back
to what it was before... And then I think I finished my course & started working & I added bits & pieces here & there just to brighten it up a bit, over the next four years. And then...before we moved up here...I decided to put in masking tape. Just in lines across the whole thing, leaving the centre as it was originally. And leaving the surrounding square as it was two years later, with the glazes. But, then I put almost like a background coming forward, & then I painted white... & ripped off the masking tape to leave behind, a...structure that was open but feeling like it was still closed. So, it’s got a … prison look about it…but, behind it you can see that there’s plenty of history, so…this is where it sits now, & I’m sure it’s gonna morph into something else.

*Myfanwy, pp. 1-2*

Myfanwy is different in her approach to art-making compared to Jo, who is constantly creating new pieces in order to better understand what is happening in her life. For Myfanwy, the process of working up and back into the same piece of art forms a visual palimpsest, a recording of her life’s progress.

**Sacha**

Although not having had time to create an artwork ahead of the interview, Sacha emailed me an image she had created post-interview, with a spontaneous explanation of what inspired it after I had departed. The bright, cheerful collage is typical of the examples of Sacha’s work I saw during the interview, and may be seen as a direct reflection of the satisfaction she expresses with her career choice and workplace environment.

*Sacha I (figure 20) – Mixed media collage (digital photograph, date stamp from digital camera)*
This work struck me as having some of the positive resonances of Response Art, which is a technique coming more to the fore in professional literature (Beers Miller, 2007, Fish, 2012). As discussed in more detail in Chapter 7, response art as a practitioner tool is of particular use when clients/client groups challenge a practitioner’s personal parameters in confronting ways\textsuperscript{12}. Particularly when considering that professional supervision/debriefing often isn’t immediately feasible or available due to session scheduling or other work commitments. Furthermore, it may also be a rewarding way to mark something extremely positive within the bounds of the therapeutic relationship – for example a client making a breakthrough after much hard work. It was in this latter, celebratory spirit that Sacha’s image was created. An excerpt from her email explains:

\begin{quote}
7 t-shirts for 7 participants, coffee, winning, sports, good money, your responses to the flower gardens, pencils for art making, scales for weighing up what goes into the research… your dog story, getting a grip on technology… striding forward to new things, coffee & cake & pleasant chats… beach setting indicating tangible rewards, sensible clothing, a shell for old art forms in new directions. Overall a good place to be & here are the rewards of making things happen.

\textit{Sacha, (personal communication) p. 1}
\end{quote}

Sacha adopts an attitude towards her working life that has very high expectations of both her outcomes and her professional environment. Collage work features strongly in her images, working as a guide tool by reminding her at a glance of goals and ideals. An example of this is her annual diary upon whose front cover she puts a fresh set of images at the start of every year. This regular, renewable reminder helps organise her thoughts, keeps her motivated, and provides an immediate boost to morale during challenging times. I was not surprised to receive the type of image that I did from Sacha, because it’s exactly the style of other work she had shown me, and it is a wonderful encapsulation of our talk together.

\textsuperscript{12} For example I had a client talk openly (and laughing) about cutting off a shark’s fins before tossing it back into the water to drown. Animal cruelty is a very hard subject for me personally to remain quiet and reasonably objective about, so making art about it afterwards helped me discern what my client was talking about in relation to the incident, rather than focusing exclusively on my own anger and frustration with the mutilation action itself.
I do that ~ (gestures to personal diary on floor next to chair)...these are my goals for this year, & I do them visually so this is my working diary. … It’s a really good prompt...& so everything is kept in little diaries, & I keep referring to them.

Sacha, pp. 12-13

This is not a style that promotes a vanity about her work and outcomes, however. Sacha credits her high professional self-esteem and success in the field because she is organised and knows herself very, very well. In this Sacha demonstrates the most complete habitus of all the participants, as she has steady work and a supportive environment in the workplace. Art therapy remains a low-profile profession in the general community, however Sacha’s story may point to a possible future direction for the field with some cultural changes to pedagogical delivery and identity coherence (Laforet, 2014).

And, at the time, the friends that I’d made at art school, they were going out being artists in their own right, & I could see that it was, it was quite a struggle for them & I really just wanted a nine to five job. So ~ I thought: ‘Yeah, OK, well that’s great, but I’m not gonna do that.’ So I said to my tutor at Uni: ‘Look how do I turn this into a real job, this art therapy thing?’ And they said: ‘Oh, well you probably have to go to [a post-graduate course].’ So I approached [them], & I got in & I did the Masters, &…Hey Presto here I am. And so that’s how it happened; so the key things for me was that I wanted a nice nine to five job that paid well, that gave me an opportunity to do as much art as I could handle, & have fun, & be ~ oh, I think this one’s quite important for me ~ is to be value, or to have value, to someone & to make a difference in people’s lives, as well. So, for me it ticks all the boxes.

Sacha p.2

Sacha’s artwork, process, and explanations all consistently echo and reiterate the strength of training she experienced, wherein self-understanding was encouraged in the post-graduate training she participated in. Sacha was the only regionally-educated participant to have had this experience, and she credits much of her professional philosophy and success to this element.
... when I had to write my thesis...I did it on myself...it was all about me, & art therapy, & how I found my whole process of doing the Masters. And what came out of it was some really important things: that I needed to look after myself, that I needed to know where I was going & what I wanted...doing that piece of work really solidified everything for me. ... that piece of work is the thing I always go back to when um, I’m not quite sure ...which direction I’m taking career-wise. Or, if I feel myself getting stressed at work...my personal life, that’s kinda like my mainstay. Because it’s a written piece of work that I can just flick over & go back & say: ‘Oh yeah, that’s right, that’s right, that’s right, that’s right’ ~ off I go again.

And what I found interesting was that one of the other girls...I studied with, she did hers on, around herself as well. And she said the same thing ~ ...that she refers back to it, & it was immensely important in shaping who she is as a therapist.

Sacha, p. 11

As demonstrated by participant observations and stories, one area of future research that may prove useful to the industry overall is the foregrounding of self-understanding and self-awareness that Sacha, Jo, and Susie all experienced as integral to the professional training offered.

Annetta

My own art response, “Mirror Mirror...” came about in the following way: I had an old vanity-top mirror from a long-defunct wooden dressing table. A long, supporting, piece of timber runs along the bottom of the mirror – this was used to adjust the swing when it had side supports in the past. The mirror has curved sides and an ever-so-slightly imperfect surface – even though I have travelled a lot, I always kept this mirror in storage for a future project of some kind.
I then became quite excited about creating a 3-dimensional frame for the mirror, which is an oddity in my art practice as I am a fibre and mosaic artist. Sculpture is not my forte, and I’m not very experienced in this milieu. However, I did lots of research, asked a good friend with lots of installation experience to advise me on the basics of attaching the frame to the terribly thin backing board, and was a regular face in my local art store as supply purchases were quite frequent for a month or two.

Backing strips of wood, bird wire, muslin, and more staple-gun action than I considered myself capable of created a reasonable superstructure for the mache mix, followed by paint and copper foil. I spend a long time planning and thinking about a piece before I execute it (a more drawn-out version of my writing process, as it
happens), and I was surprised at how smoothly and easily it all came together at the end construction stage.

Unexpectedly, during a buying trip for project-unrelated leather supplies, I came across tanned and dyed cane toad skins. When crinkled or scrunched up they resemble butterflies, flowers, or autumn leaves. I was immediately amused by some parallels to therapy: cane toads in Australia are a feral plague, colonising new areas at frightening rates, and presenting a genuine threat to indigenous fauna. As such they are something loathsome, dreaded, but necessary to deal with, although it’s distasteful or difficult at times to face the facts of their numbers.

Cane toads are not native animals, but originally introduced to Australia in 1935 from Hawaii in order to control cane beetles (CSIRO, 2003). They signally failed to do so, and at the time of writing they are a feral, environmental pest across Queensland, New South Wales, and the Northern Territory. Clients in therapy often report the horrible circumstances of a life event or circumstance that is difficult, but must be dealt with effectively in order to live a reasonably harmonious and balanced life. Sometimes the awful, challenging, difficult stuff becomes the vehicle for the

Annetta 2, detail (figure 22)
greatest personal breakthroughs, triumphs, moments of personal realisation and standards of reclaimed beauty. In today’s society, art and the use of art materials is not a part of everyday life for many people. This very foreignness, however, often gives clients permission to explore solutions within therapy that they had not considered in their day-to-day lives.

Unlike art therapists, cane toads are now ubiquitous in the north of Australia and spreading so fast that adults and children alike are encouraged to kill them whenever possible – sports equipment such as cricket and softball bats, or golf clubs, may be employed for this purpose. I am not an advocate of torture or unnecessary killing of any living thing however the cane toad plague is spreading so rapidly that the use of impromptu interventions for native environmental reasons is one I can see the sense in. Cane toads, therefore, may be viewed as a metaphor for events that are outside of our desire to experience, or were outside of our control when they happened, but that we can do something creative about in coming to terms with. On my mirror, cane toad skins are transformed into something with aesthetic value, the toxic innards and supporting under-structure discarded as no longer necessary. From a therapeutic standpoint traumatic life events may also be metaphorically treated and transformed in just such a way with appropriate interventions. For me the difficulties I faced within myself and my professional identity and practice over the course of the PhD research journey are nicely encapsulated and presented by the skins which now look like leaves or butterflies, depending on my angle of vision and mood.

In light of this context, I do like the cane toad skin being re-purposed to beautify and enhance my PhD mirror. The process of making and working with a physical mirror whilst considering the metaphor of a mirror brought to mind an observation Jo made during her interview about the importance of staying engaged with art processes for self-understanding:

I think that if you’re continually using art as a, as a way to process your own um, your own material, and also as a way to

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13 Since participants in my own research, as well as Kelly’s (2013), report that the art therapy Masters degree is not enough to find employment, there is also a resonance at some levels in the art therapy profession with being trained to work in Australia with a purpose, then finding oneself at a loose end and looking for other ways to move and belong. Although art therapists are (hopefully) not regarded as feral plague material, and I sincerely hope that none are pursued with cricket bats.
understand yourself, then that keeps you engaged with, um, with how that works.

Jo, p. 18

The mirror, in the end, became the ideal vehicle for representing my PhD as a process of personal understanding and development. My studies, my search for professional identity for myself and others – and sometimes via others – essentially came down to the way that I perceive myself. This is one of the interesting things about mirrors for me: I think that we are often taught to think about mirrors backwards. By this I mean to think about how we will be perceived by others, how we are presenting ourselves for public/other consumption, in particular women being perceived by the male gaze (Hall, 1997b, Sturken and Cartwright, 2009). However, we are ultimately gazing at, and for, ourselves. It became apparent to me that the more time I spent working on the mirror frame that it is really about how I saw and perceived myself. In the end the education, the training, the appellations, all were trappings to legitimise myself and find a space in which to belong professionally.

**Framing myself, myself in the frame**

In art, as well as in theory, frames, framing, and frameworks are very important. Frames determine how much of an image, or representation of a subject imagined, the viewer is privy to. Frames, in art terms, determine what is important and privileged – and by exclusion, that which is not. Frames confer and infer status, define boundaries, shape the space to be considered within its reflection, and often make the viewer the centre of attention although given the correct positioning they also facilitate new perspectives and angles of looking. Mirrors are for the beautiful in our developed world’s advertising mores, and they invite introspection and, literally, reflection; mirrors force us to really look at ourselves, to ensure that we the viewer are the priority in that moment of reflection.

Constructing a frame in situ around a mirror entails a great deal of looking at one’s own reflection, and I not only examined transcripts for themes and content for theoretical connections in this project, but my own past and moments of pivotal illumination concerning the disconnect I feel to my own physical self.

It is helpful to like what you see when engaging with a mirror – there was a painful and ironic process of realisation for me, in that while I spent a great deal of time
engaging with the creation of this mirror frame, I avoid mirrors and looking at myself in mirrors whenever possible. I grew up being taught not like myself very much, and this art-making process caused me to consider what I think about myself, why I think it, and what I am frightened of seeing in myself that is good and worthy. At the end of the art-making process for me the artwork I created forced me to consider many aspects of my own educational and personal choices in depth. As a survivor of an extremely abusive and violent childhood it was not unusual for me to have selected therapeutic or ‘helping’ professions, inverting the focus of healing from myself to others as researched by Barnett (2007). It is also not unusual to have arrived at such points of personal understanding and clarity during the research process. My PhD journey has been an extended series of pivotal illuminations. The more I discovered within the data from the participants, the more capable I became of considering my own life and identity in context. To paraphrase Armstrong and Horsfall (2007) I storied myself into the world by re-interpreting and re-viewing my own personal history and choices through a narrative informed by the stories and lived experiences of the participants.

I spent the first two decades of my life exposed to verbal and unspoken messages of my own ugliness, stupidity, unworthiness, inability, and the fact that everything that went wrong in the world connected to me was my own fault. In my region, which reflects much Australian art therapy workplace positioning, mental health is the largest sector where professionals find employment. In my pre-art therapy therapeutic work I was able to focus on personal growth and development with clients, rather than working with very unwell members of the population in high-security psychiatric wards and community centres for the mentally ill. These facilities are vital, I think that we are fortunate to have them, and in general the staff do a good job in highly challenging circumstances. However, one of the points of clarity I attained during the research process was that I didn’t want to continue trying to work with an “incomplete habitus” and an ongoing low status workplace position anymore in my professional life.

I had successfully avoided thinking actively about my own choices and life circumstances for a long time. In the end the process of writing a PhD thesis whilst staring at myself in a mirror and constructing a frame that represented my moments of pivotal illumination helped me to move my life beyond a continual cycle of
attempting to support others from a position of disadvantage. I am not convinced that anyone can provide healthy and continual support without being supported in turn by a well-established and consistent sense of professional identity.

**Framing the PhD**

Researching and writing has inevitably involved deciding what would remain within the frame and framework, and what I would not ‘look’ at or explore at length. During interviews the participants and I looked at certain aspects of their works, stories, and thoughts – by definition we excluded other aspects as we had time and subject constraints with semi-structured interview questions to address. There are a countless number of discussion pathways presented by the artworks which the participants and myself could have pursued as we considered together the motivations for creating artworks and speaking together about these in our hour together. On different days we may well have looked at, and talked about, other things, other stories, or other connections contained within their work. To consider this through the lens of Game and Metcalfe (1996) we would have selected different layers of our stories and histories, and re-told them from different perspectives. However, within the narratives on the days of the interviews, personal stories and experiences have foregrounded genuine needs and important perspectives for the field.

Given the scope of this thesis, a narrowing of focus to the most important and prominent of the themes which emerged during the data analysis is necessary. For participants, the most dominant source of dissatisfaction and challenge in their practice and sense of professional identity resulted from educational delivery and the underlying pedagogical focus of a course. In terms of professional identity development and practice, the subsequent ramifications of this delivery and focus impacted strongly upon both the participants and myself. As the thematic analysis determined the later stages of research and areas for attention, aspects of pedagogy and educational delivery are examined more closely than others, although other themes do present themselves for some consideration within the context of this informing arena of discussion. The roles that educational systems, underlying structures, and pedagogical delivery play in determining professional outcomes and
expectations for graduates, along with impacts and influences will be the subject of the next chapter.
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…at the moment I’m spending quite a bit of energy in the art therapy world & most of my thinking energy now goes towards collaboration. Which is what I feel is very important for our profession

It is one of the themes for me: To get us all saying the same thing.

Susie, p. 10
This chapter takes a close look at the role of education in forming professional identity for art therapy practitioners – specifically those factors intrinsic to training programmes which contribute to notions and expressions of professional identity. Context for regional tertiary educational structures is explored, with an emphasis on neoliberalism and universities in particular. The pedagogical focus of training programmes will be discussed, beginning with the two countries which have historically been most influential in terms of training and philosophical approach, the USA and the UK, then the ways that this legacy of training impacts graduates in the region. Self-understanding as a specific element of pedagogical focus will be explored in detail then considered in parallel to the importance and relevance of belonging within the studio space for practitioners. Finally, the various educational aspects of discussed in this chapter are examined to determine what the implications might be for cultivating and delivering a consistent professional identity via pedagogical channels.

This thesis considers that the role played by pedagogy in art therapy identity formation cannot be underestimated. As discussed earlier in the thesis, art therapy students already have at least one professional identity in place due to undergraduate training and possible workplace experience as well. Professional identity in the workplace will be considered in depth in the following chapter. This chapter focuses on one of the strongest themes emerging from content of the last chapter which highlighted practitioner dissatisfaction with pedagogical structure and focus that leaves professional identity wanting. The role or impact of education was not one of the interview questions, yet it arose as a strong topic for the participants nonetheless.

As a result of this thematic strength, the problematical foundations of professional identity established during university training will be examined here, along with how the indeterminacy of these foundations set a precedent for a continuing incongruent and incomplete identity in the workplace. This lack of congruence in identity is further exacerbated by a lack of niche practice in the region, and examples of where art therapy ‘belongs’ in both the UK and the USA are considered in terms of what may prove possible for establishing a niche here.
In order to better understand the context of university training in the region, the first section of this chapter will discuss neoliberal structures and the role they play in sidelining and silencing women.

**NEOLIBERAL STRUCTURES AND AUSTRALIAN UNIVERSITIES**

There is a strong parallel between the way contemporary Australian university structures mirror hegemonic masculinity – reinforcing a gendered approach to hierarchy, self-understanding, and performance focus. By this I intend the process of reducing all students to a lower status than staff (a reduction in status equating to feminisation), although post-graduate students may be perceived to ostensibly occupy a more privileged status than undergraduates. An interesting contradiction and tension in self-understanding is thereby engendered automatically as the socially higher-status of being a post-graduate student is outweighed by the lower status of being a student in the overarching university system or “knowledge economy” (Smith, 2008).

There is an arguably self-fulfilling cycle of a lower or less-visible status leading to a lack of cohesion and professional success which is repeated and replicated in the workplace. This may be the case particularly in workplaces dominated by a mainstream medical model (see Chapter 2) which privileges well-defined, well-established and regulated professions. A privileging mindset or culture does not develop in a vacuum however, there are major cultural shifts that pave the way for this to occur. The changes to the way Australian and New Zealand universities function and position themselves having followed other Western countries in adopting neoliberal approaches is an important factor to consider:

Neoliberalism as a form of governmentality first emerged in the 1970s in response to some of the more radical and progressive positions being taken in education and the media at that time. At this time democracies were beginning to be seen by some of those in the world of high finance as ungovernable. Research was commissioned to diagnose the problem and seek solutions. The ‘Report on Governability’ by Crozier et al. (1975) argued that democratic citizens must be made both more governable and more able to service capital. In that report ‘value-oriented academics’, along with journalists who favour ‘the cause of humanity’, were singled out as in need of control (Sklar, 1980; cited in Davies and Bansel, 2007, p. 250).
Other commentators including Thornton (2013) and Patrick (2013) have examined the absolute state of authority that universities have attained within neoliberal systems, to the detriment of academic outcomes in favour of administrative efficiency and market share. This state of authority, whilst ostensibly seeming to support outcomes for students in an even-handed fashion, successfully disguises the patriarchal agenda which continues the male-dominated structures as identified by Smith (1995). In this manner, although women are encouraged to study at post-graduate level and promised outcomes of increased professional status and income, in reality these outcomes for social-based areas of specialty such as art/s therapy are not forthcoming (Hearn, 2015). Ironically, rather than achieving a higher status and attendant rise in income stream, female art therapy graduates are often in a position of struggling to find employment and service a student debt. This latter may also be one of the drivers to leave the field in search of a more steady income stream, which has been the case for me.

After graduation neoliberal forces in play throughout the Australian labour market have also contributed to further marginalised feminised workplaces, fields and income streams.

The combination of women’s reduced political and union advocacy, and the reduced protections that decentralized wage bargaining brought about, compounded the disadvantages women already faced within the labour market (van Gellecum et al., 2008, p. 48).

Neoliberalism has created a culture of education and employment which actively disadvantages women and ensures a cycle of low status and low visibility, making collective action and advancement difficult to organise or realise.

**Education as product: belonging in a neoliberal reality**

There are internal, sometimes political, divides to navigate within a course of study. The pull between differing priorities needs to be acknowledged, not only in regards to scheduling study time but also in terms of administrative processes from within the university system itself (Hil, 2012). The drive to justify time and movement is an inherent aspect of the neoliberal style of university which Australia enjoys at the time of writing (Davies and Bansel, 2005), and the negative effects of the inherent strain between conflicting agendas of research and paperwork performance are felt
by academics and administrators alike (Zabrodska et al., 2011, Hil, 2012, Thornton, 2013). The trickle-down effect of frictions between academics and students attempting to navigate professional and neoliberal expectations (Vander Kloet and Aspenlieder, 2013) is compounded by further frictions between universities themselves and the general community (Giroux, 2002, Kozaitis, 2013), making for a potentially tense set of performance outcomes for students.

Education is hedged around with gatekeepers – schools, universities, private providers – and the products that are offered are zealously guarded:

> Education is a commodity in today’s world, in much the same way that health may be considered a commodity or product. Within the market paradigm, it is its income-generating capacity and value to end-users that are most highly esteemed (Thornton, 2008, p. 5).

Within neoliberal systems, products or outcomes that were formerly the purview of general public systems, including health and education, become commodities and subjects of market forces. Academics no longer drive university focus and policy along pedagogical lines, but rather shareholders and financial priorities come to prominence (Davies and Bansel, 2005, Patrick, 2013, Pasura, 2014). International students have become particularly attractive to education providers in this environment, as they pay educational institutions more for the delivery of the same educational product as domestic students, and may be more in need of additional products as commodified income streams (Parker, 2012).

Neoliberalism may be understood as a corporate mechanism following the political lead of encouraging privatisation of formerly public organisations, assets, and departments. The contemporary Australian university is described by Davies, Gottsche, and Bansel thusly:

> [Neoliberalism is] characterised by the transformation of the administrative state responsible for human well-being and for the economy into one that gave power to global corporations and installed apparatuses and knowledges through which the people could be reconfigured as economic units (2006, p. 307).

This reduction of both staff and students alike to a position of value purely in economic terms, coupled with a rise in power and positioning of administrative staff...
and processes above the academic and pedagogical sets graduates up to expect a low-status, low-visibility, fragmented workplace reality as a norm. Hegemonic masculinity is prized by neoliberal systems (Connell, 2011) as discussed earlier in the thesis, so it is unsurprising that small cohorts of experientially-oriented, arts-based, primarily female, and feminised, students are reporting experiences of incomplete and unfulfilling educational outcomes. Additionally, as an organic follow-on from one patriarchal structure and set of systems – the university – to another – the workplace, the space of the art therapy practitioner is an ongoing set of conditions designed to keep the professional identity from forming, and thus the habitus incomplete. One of the concerns for future art therapy students is whether or not the training has any real value under the current conditions. Perhaps this is an area that regional art therapy professionals, particularly those associated with training courses and peak body management need to address in the discourses concerning the future of the field.

Hegemonic masculinity may be discerned not only within university structures, but within degree outcomes for graduates as well. A recently-updated study by Daly, Lewis, Corliss, and Heaslip (2015) confirms the participants’ and authors’ experiences concerning the difficulty of finding paid work in the art therapy field. Daly et al. proved that gender and subject area are determining factors in how much financial return may be reasonably expected from contemporary Australian undergraduate university degrees. Females in general – and both males and females who study in arts or humanities-based subjects – will realise lower income levels over time in comparison to males generally and to non-humanities/arts degree graduates.

Of particular concern are the findings which suggest that women are penalised by lower rates of income due to taking time off for raising children. Female postgraduate students will suffer doubly, as additional study time entails a minimum of two years full-time work, leaving them further behind in the employment stakes. Is it, as Kozaitis posits, socially responsible to accept new art therapy students into educational programmes under the current structures given the funding, employment, and professional profile of the field and its practitioners in the region?
Without such informed and critical analysis leaders of universities may surrender—deliberately or naively, to neoliberal, strictly fiscal priorities, at the cost of socially responsible education (Kozaitis, 2013, p. 35).

The neoliberal structure and attendant tenets are so large and ingrained within the functioning of pedagogy and educational delivery that it is impossible to discuss the notion and formation of professional identity for art therapy without addressing this aspect directly and acknowledging the role of structures (Davies and Bansel, 2007). The substantive and overwhelming presence of neoliberal influence will be considered not only from the position of Smith’s work, but also from parallel feminist thinkers Connell and Messerschmidt (2005) and their approach to gender hierarchy, and of Greer (2001, 2006) and her approach to the marginalisation—and subsequent normalising of that marginalisation—that women experience in the workplace and creative spheres (Higonnet, 1987).

The often invisible structures and systems in place within training courses are designed to commodify students and emphasise outcomes from an economic position, rather than an educational one (Davies and Bansel, 2005, Hil, 2012). This in turn may be seen to reinforce to art therapy students that backgrounding their therapist’s sense of self is natural and to be desired, and the actual role that an art therapist plays in the therapeutic relationship and/or process is so unimportant that it does not bear close examination or consideration. The prominent positioning of the experiential training process for art therapy, as presented in case studies and handbooks, becomes so central to the pedagogy within a neoliberal system, that the therapist herself may be seen as a cypher, although this may not be the overt or explicit positioning of textual representations of the therapist in articles, case studies, or images (Moon, 2002, Malchiodi, 2003a, Case and Dalley, 2004). The problematic training of expensive, low-status post-graduate programmes leads in turn to an apologetic, self-doubting, and less visible art therapy practitioner in the workplace, struggling with a poorly-developed sense of identity and locus of practice centrality, culminating in a perpetual struggle to articulate her process to colleagues and clients alike.
Potential solutions to some of the region’s pedagogical structural shortcomings are offered at the end of this chapter, and yet others explored in chapter 9.

THE USA AND THE UK: THEIR INFLUENCE ON REGIONAL TRAINING
Turning to the larger international picture for training of art therapists, the two nations that have publication rates in concert with informing pedagogy that impact strongly on ANZATA member nation’s training are the USA and the UK. Both nations are historically influential due to a critical mass of practitioner and client numbers, and global praxis and publications are subsequently informed by their trends and methodologies. For example, in a single subject reader from my own course, *Principles of Psychotherapy for Arts Therapists* (Sydney, 2008a) only one of the twenty excerpts, chapters and articles was of Australian origin, and this was a code of conduct. From the same year the reader for *Art Therapy: Histories, Theories & Groups* (Sydney, 2008b) contained 28 sections; three of these were by Australian authors, and two were by British or USA practitioners who had come to Australia to help set up training programmes here and discussed their perspective on the early days of Australian art therapy pedagogy and praxis. The remaining 23 sections were authored by UK or USA-based writers.

Participants who have worked and trained in the Northern hemisphere reported a much stronger appreciation in the community overall for their practitioner and professional symbolic capital in those countries than they do here in the ANZATA region. As the USA and the UK each have widely-differing approaches to standards of training and training focus, and are positioned quite differently within public and professional spheres of perception, they will be discussed individually, and comparisons to regional realities will be drawn and explored within later sections of this chapter.

The USA
The USA has a mixture of educational and philosophical approaches and does not have a unified or universal training system. As with all internationally-recognised art therapy peak bodies, the American Art Therapy Association (AATA) membership requires a Masters degree in art therapy as an industry minimum. However it is important to note that AATA is not the only peak body in the USA, although AATA
claims the largest number of members among the arts therapy peak bodies\textsuperscript{14}, and their peer-reviewed journal \textit{Art Therapy: Journal of the American Art Therapy Association} has been in continuous publication since 1983. As in the ANZATA region, art therapy in the USA is unregulated, but AATA encompasses state and territorial chapters (2015a) and also sets in-house educational standards for members (2007). The efficacy and impact of the AATA education standard will be considered throughout this section.

Undergraduate learning pathways for art therapy in many states are somewhat patchy, taking into consideration the local, state, and federal approaches to such a large nation’s education. However, there are also nationally-accredited undergraduate and doctoral art therapy programmes available (AATA, 2015b), so there is more continuity of study options in the USA than there currently are in Australia. Confusingly, however, AATA’s own in-house educational regulator does not recognise these programmes. However course information and links to email and websites for the course coordinators is available on the AATA website; which may be interpreted as a rather confusing mix of messages about AATA’s ‘approval’ of these unrecognised courses (Hall, 1997a).

Practice method and philosophy has a pronounced division in the USA, with a two-pronged approach evident. For the purposes of this thesis I will describe the two categories as medically-oriented and personal/spiritual (which could be considered as allied or parallel to the Transpersonal approach here in Australia). Within these two categories there are divisions and differences of approach to art therapy models and theories of practice; however it is beyond the scope of this thesis to consider these factions in-depth, and for the purposes of this chapter, a broad overview of the educational differences and legacies is sufficient.

According to Junge and Asawa (1994) art therapy developed in the USA in conjunction with the growth of psychiatry and the medically-oriented approach is distinctly aligned with the Western medical model of diagnosis, labelling, medicalised language and systems of categorisation, and clinical praxis. An incorporation of medicalised diagnostic frameworks and lexicons is ubiquitous in the language employed by many USA practitioners and evident in much of the USA-

\textsuperscript{14} According to Kapitan (2014) AATA membership is 5,500.

The second approach, spiritual/personal, engages a reflexive and reflective approach to practice, and is advocated for by a different set of practitioners including Hyland-Moon (2006, 2009), Moon (2006, 2008), and McNiff (1992, 2004, 2009) who incorporates imagination, self, and shamanic practice elements into his approach. Employing personal awareness techniques and a person-centred philosophy rather than medical-model foundations and lexicon, this approach centres the client and their understanding or experience, allowing for personal discovery at a pace determined by the client.

The two approaches have been developing their own separate canons over the years, which could be seen as contributing to the division of identity experienced within the field overall. This separation may be considered useful from the perspective of offering a wide range of interpretations and methods to clients, but may also contribute to a fragmented sense of professional identity and the perpetuation of an “incomplete habitus”. Both approaches do incorporate techniques and frameworks recognisable to art therapy practitioners around the world, and to provide context and overview for the purposes of this chapter, they will be explored by looking at two of the more well-known figures within USA art therapy – Cathy Malchiodi PhD, and Dr. Shaun McNiff. Both are well-established, recognisable figures in contemporary art therapy practice worldwide, have written influential texts for the professional canon, and have been instrumental in shaping the art therapy field in the USA today.

**Cathy Malchiodi PhD**

Malchiodi is the author and/or editor of 13 books on art therapy and related subjects, an invited speaker at conferences, a regular contributor to blog site PsychologyToday.com (2014), social media and online art therapy associations, and has links to these outlets from her own website (2015). Included amongst her books is a well-known textbook used in many regional art therapy training courses to date: *Handbook of Art Therapy* (2003a). This text firmly positions practitioners, method, and client base within the mental health field, and contains sections and chapters laid out according to method of art therapy intervention and population (employing
diagnostic manual categories) as discussed in Luspinner (2011b). Malchiodi identifies as a research psychologist as well as art therapy proponent, holds a PhD in psychology, and may be interpreted as asserting that art therapy is a therapeutic tool which any medical practitioner can employ, thereby effectively negating the need for specialised training and identity at all (2003b).

In a dedicated series of blog entries concentrating on art therapy practitioners, study pathways, and Doctoral studies, Malchiodi explicitly urges art therapy practitioners not to undertake a Doctoral degree in art therapy (Malchiodi, 2011). Given the uncertain state of employment opportunities within the unregulated art therapy field in the USA, there is some argument to be made that this advocates post-graduate outcomes with stronger employment opportunities in a broader arena of health and therapy. As mentioned earlier in this chapter four accredited, university-delivered Doctoral programmes are available in the USA, but not recognised by the AATA in-house regulator EPAB (2007, 2015b). Furthermore, as Malchiodi is a well-established and high-profile figure within the USA art therapy field and professional canon, her negation of art therapy Doctoral research as a desirable research pathway may be read as troubling for the status of art therapy professional identity both in the USA and in our own region.

**Dr Shaun McNiff**

McNiff is Professor in the division of expressive therapies at Lesley University in Massachusetts (University, 2015a). He has no website however clips of his talks on art therapy are accessible on YouTube.com (2014). McNiff is the author of eight books, numerous book chapters and articles. He is actively engaged in teaching art therapy, supervision of post-graduate students in the field, and, like Malchiodi, is a regular invited conference speaker. McNiff’s latest book *Art as Research - Opportunities and Challenges* (2013) focuses on research in the arts, and the methodology of arts research processes. McNiff holds a PhD in the psychology of art, with a Masters in psychology. His position is that post-graduate studies in the field of art therapy are desirable for increasing understanding within the profession as well as to encourage multi-disciplinary projects, and considers that methodological options should encompass arts-based research methods as a matter of course.
The differences between the two USA approaches are visible not only in the focus of publications for each approach, but also on websites for professional associations. Although neither of the two approaches considered within this thesis uses the appellations I have ascribed, at the time of writing a practitioner may elect to join an association which might appeal to clients drawn to either of these broad approaches to therapeutic philosophy. The AATA website clearly states on its home page that art therapy “is a mental health profession” (2014), while the National Coalition of Creative Arts Therapies Associations (NCCATA) describe art therapists as: “Human service professionals who use arts modalities and creative processes for the purpose of ameliorating disability and illness and optimizing health and wellness” (Association, 2014). Both sides of the USA interpretations to art therapy practice have numerous publications in book and journal article form, conferences that are held separately, and both websites and online alliances grow larger in number every year. Sheer practitioner numbers in the USA mean that specialist information/practice groups are readily formed online, however the USA-centric approach taken by some online groups may be off-putting to practitioners based in other parts of the world.

A potential USA art therapy niche

One interesting and recent development in the visibility of art therapy practice in the USA is that of brain trauma relating to returned military veterans presenting to hospitals and medical practitioners with Traumatic Brain Injury (TBI); this condition is a specific diagnosis within the medical canon, and is prevalent amongst returning military veterans as a result of exposure to shock waves from bomb blasts, often comorbid with Post-Traumatic Stress Disorder (PTSD). A range of ongoing supports for veterans with TBI includes art therapy (Collie et al., 2006), and as a therapeutic intervention it has proved so successful that the National Intrepid Center of Excellence (NICoE, 2015), a satellite of Walter Reed National Military Medical Center, runs a mask-making art therapy programme with a full-time art therapist for veterans suffering from the after-effects of bomb blasts, as presented in a recent National Geographic journal article (Alexander, 2015). The increasing demand for allied health services to assist veterans has led to a higher profile for the art therapy profession in the USA and may lead to more mainstream positions within the USA health system overall (Arts, 2015).
For now it is too early in the development and implementation of programmes such as NICoE’s to state what the implications are for the status and inclusion of art therapy within the mainstream and allied health systems in the USA. However, neuroscience findings on the efficacy of art therapy (Hass-Cohen, 2008), along with stronger community awareness fostered by high-profile publications such as *National Geographic*, could see new pathways of therapeutic intervention become widely accepted and may attract ongoing funding. Future research and writings will perhaps track the development of this promising aspect of art therapy as a way to supporting returned service personnel back to community and family life.

**The UK**

In contrast to a fairly strong division of approach to praxis in the USA, the UK has an ostensibly cohesive approach to art therapy within the National Health Service (NHS), and therefore a more congruent face of art therapy which is presented to the public. There are currently 10 Masters-level university courses available for art therapy studies in the UK and Ireland and the idea of professional identity may be argued as a health reality. Though it may be argued that it is also harder to pin down to identity specifics due to the very nature of the UK approach to training, which is experiential and inherently interpretive (Case and Dalley, 2004, 2006b). In this respect there are arguably parallels to the spiritual/personal approach discussed in the previous section.

In the UK the accredited learning pathways are well-established as post-graduate studies which lead to professional membership and recognition with the British Art Therapy Association (BATA). The *British Journal of Art Therapy* (formerly *Inscape*) the official journal of the British Association of Art Therapists, has been in continuous publication since 1996. In addition to the Masters programme Goldsmiths College in London offers a PhD in art therapy, and in 2010 initiated the online journal Art Therapy OnLine (ATOL, 2015).

The art therapy profession in the UK is integrated into the NHS, and at the time of writing a basic search of ‘art therapy’ on the NHS website produced 290 results (2015). Peak body membership is important in the UK, as regulation and recognition by the NHS has opened up a much broader population of clients to the profession than Australia or New Zealand. In addition, a large interdisciplinary study of art
therapy and mental health has been conducted under the auspices of the NHS (London, 2009), and art therapy professionals are esteemed and valued members of health service teams. As a result, the UK influence has informed pedagogy and method in the EU, where art therapy training programmes are commonly delivered along the UK model of experiential, self-understanding approaches to practice (ECArTE, 2015).

It is possible to engage with art therapy training in some parts of the European Union (EU) that encompasses both undergraduate and post-graduate levels, resulting in highly competent and self-assured practitioners who enjoy high status and recognition. This high standing is discussed by participant Susie, who trained and worked in the EU before emigrating to Australia.

...[art therapy is] recognised by the government in the country where I am from...there’s actual positions out there, advertised in the newspapers, like with every other profession...

So, it was a bit of a culture shock when I came (laugh) to Australia. People here say ‘private practice is the way to go’ And I wondered: ‘going private practice?! Are you kidding me? What about linking with other professions, how do you go about that? What about referrals?’ I was used to working in a team & often got referrals from psychologists.

_Susie, p. 3_

**Some comparisons and considerations – positioning practitioner and client**

The consideration to be raised with UK-style of training rests in observing a process of internal reflection and repetition that goes on within the student. Case and Dalley’s _The Handbook of Art Therapy_ (2006a) emphasises this iterative and personal pedagogical approach. The USA medically-oriented perspective employs a ‘system’ of art therapy based on a theoretical approach to praxis (Waller, 1993, Rogers, 2001, Moon, 2009). A ‘method’ (Cox, 2003, Mills et al., 2003, Silver, 2003, Brooke, 2004) may be applied to a particular group or individual based on a diagnosis or specific experience, and an anticipated outcome looked for. From certain perspectives, this might make it easier in some ways to think about what constitutes an art therapist. Take a selected _approach_ (Method), apply to a _client_
group (Diagnosis), and you will have outcome (Result). An approach of this kind may be argued to fit into a medicalised workplace; however it does run contrary to much of the regional training content which centres the client’s process of discovery, as opposed to privileging practitioners over clients based on outcomes visibly achieved to a predetermined standard (Case and Dalley, 2006a, Edwards, 2007).

Luspinner (2010b) unpacked a specific example of a language style privileging a reader with medical knowledge to a level of ‘expert’ by Malchiodi in the preface to the Handbook of Art Therapy (2003a), noting that the language used throughout the preface, as well as the chapter and section headings in the table of contents, may be read as providing templates for “expert practitioners”:

[The] Malchiodi handbook might be viewed as a toolbox for art therapy practice, with the clusters [table of content sections] as broad tool/approach types, and the individual chapter contents as specific styles of tools.

Depending upon the mode of approach that a practitioner favours, and the kind of client that one is working with, the presentation [of the table of contents] asserts that the right tool for the job is contained within the handbook (Luspinner, 2010a, p. 29).

A language style which positions the reader as an art therapy ‘expert’ is also evident in Brooke (2004), and Rubin (2001). A critical approach to this could go either way. On the one hand evidence-based practice is being upheld due to publishing of outcomes and results – essential to practitioners in any field to increase profile and gain acceptance in the health and general communities (ANZATA, 2012b). On the other hand it does reinforce a hierarchical interpretation of the art therapy process wherein the client is ‘lesser’ than the therapist in terms of knowing and understanding. An approach of this kind also fails to address the overarching question of this thesis: what is the professional identity of the practitioner, as there is no direct link or reference to art therapy training or peak body standards which position the art therapist in the foreground of praxis. I personally have found that a useful analogy is that of an ‘iron maiden’ approach to therapist identity, insofar as the things that do not fit are cut off around the edges, but what remains may not be a known, readily-recognisable entity.
A lessening of the client within the dynamic of practice may be seen as problematic and potentially running counter to healthy therapeutic relationship. A dynamic of this kind may be seen to re-enact the biomedical model’s construct that the practitioner has the answers, rather than the client/patient (Willis, 1989, Krause, 1996). This lessened positioning of the client as subservient to practitioner ‘expertise’ may seriously impede a client’s personal growth through self-awareness/discovery and may be a deterrent to potential clients (Waller, 1991, Rogers, 2001, Broom, 2006). According to UK/European training and practice, a diminution of the client also negates the essential thrust of art therapy work, wherein the client holds their own answers (Case and Dalley, 2004), and the art therapist is witness to, and a supporter of, their client’s individual process/es of exploring those answers.

**THE ANZATA REGION AND TRAINING OPPORTUNITIES**

As a professional organisation, ANZATA covers a region rather than a country, encompassing Australia, New Zealand, and Singapore. International members are working (at the time of writing) in the UK, USA, Hong Kong, and Thailand (2015e). To qualify as a full member, a Masters level art or creative therapy qualification from an accredited tertiary provider must be held.

Currently the teaching centres for the ANZATA region are:

**Australia**

- Sydney: University of Western Sydney Penrith
- Brisbane: University of Queensland
- Melbourne: La Trobe University, and The MIECAT Institute Inc.

**New Zealand**

- Auckland: Whitecliffe College of Arts & Design

**Singapore**

- Singapore: LaSalle College

Reciprocal recognitions are granted between ANZATA (2012c) and the American Art Therapy Association (AATA, 2014), the British Art Therapy Association (BAAT, 2012), and the Canadian Art Therapy Association (CATA, 2012).
Regional training may be seen in broad terms as combining elements of both the UK and USA approaches, but struggling more than either of the originating country’s fields (Westwood, 2010a). In the UK there is mainstream medical model acceptance with the inclusion of a regulated art therapy profession within the NHS. The region has no regulation, and due to a lack of evidence-based regional research and low demand for the service, very few private insurers will cover members. The ANZATA website is not explicit about which private schemes will cover arts therapies, but only states that “some funds” do (ANZATA, 2012b). In the USA art therapy is unregulated, but as discussed above there is critical mass to influence demand, and a burgeoning development of working with the military. As in the USA, regional art therapists are in a ‘self-regulated’ profession – to wit: the creative and expressive therapies are organised, governed, and regulated from within the industry itself (ANZATA, 2009a, 2012b). However, a lack of regulation means that little or no training can be held by someone claiming the job title of ‘art therapist’, and there is an absence of the critical mass presence in both the UK and USA that would influence inclusion in research projects demanded by health funds (ANZATA, 2012b).

Legal ramifications are of consideration as the vulnerability of many client populations that art therapists work with must be considered when placing the importance of education and pedagogy in context. A lack of training and skills in a group facilitator during an improvised ‘art therapy’ group ended in bodily damage to a mentally ill person and a serious legal outcome (Springham, 2008, Westwood, 2009). Liability management strategies and public awareness of rights (Commission, 2008) information has emerged, along with the beginnings of a tentative alliance emerging between some (but not all) art/expressive therapy training institutions. Whether this indicates a merging of training and practice approaches for the region as a long-term survival strategy or not remains to be seen, but may herald potential field developments. Further considerations for pedagogical delivery are considered in Chapter 9.

THE COST OF TRAINING IN AUSTRALIA
The cost for my two years of full-time study to attain a Master of Art Therapy (MA ATh), which incorporated 750 hours of supervised placement at the University of
Western Sydney\textsuperscript{15} was between AUD 24-25K. Regional costs during the time of researching and writing this thesis rose from AUD 24-25K in 2008-09, to 30-34K in 2013 between the three main university providers. In 2015 these figures varied between NZ 27K – AUD 34K. By comparison, a private college, Transpersonal\textsuperscript{16}, Vocational Education Training (VET) provider such as Phoenix Institute, Melbourne VIC or The College of Complementary Medicine, Hornsby NSW, charges AUD 1450 per unit for twelve units\textsuperscript{17}, a considerable discount by comparison (Medicine, 2015).

Similar VET training is offered in Western Australia, South Australia and Queensland through IKON for a cost of AUD 15K comparable to Phoenix (Institute, 2015a). The VET courses in NSW and Victoria bear the prefix term “Transpersonal” to distinguish between VET and university training approaches. This compromise of naming was introduced several years ago when ANZATA representatives met with VET training providers seeking a solution to make visible to consumers the differences between training approaches. As a result, university-trained graduates who join ANZATA use “AThR” as an honorific after their name. VET graduates identify themselves with “Transpersonal Art Therapist”.

Whether the public is able to readily distinguish between the two styles of art therapist title remains an unknown in quantifiable terms as yet, though the titles may be seen in regular use on individual websites and some employment opportunities specify levels of training and peak body membership as pre-requisites. University graduates working without ANZATA membership are another category entirely, however peak body membership as a prerequisite for employment in public-sector offerings can be readily covered by country-specific organisations such as the Psychotherapy and Counselling Federation of Australia (PACFA) for example.

A Transpersonal or VET diploma does not deliver the equivalent number of supervised clinical placement hours as ANZATA-accredited training programmes; at

\textsuperscript{15} Note that this figure does not include costings from my undergraduate degree, a prerequisite for Masters enrolment.

\textsuperscript{16} According to several sources, there is a remarkably consistent approach to explaining what this term encompasses (Scotton et al., 1996, Cunningham, 2012, Friedman and Hartelius, 2013). In brief, a transpersonal approach involves focusing on the highest and best aspects of an individual’s personal beliefs, abilities, and spiritual capacities, in order to live the fullest, most complete life possible. In this sense, one is able to transform or translate life experiences into meaningful markers which assist the individual in moving forward in life with a positive connection to their past.

\textsuperscript{17} Based on 2015 enrolment information
the time of writing this is 100 for VET and 750 as a minimum for University and College students. This is an outstanding training difference from an international art therapy peak body perspective – however the Transpersonal training programmes are nationally accredited and government-recognised. VET teaching is delivered by trained, accredited professional teachers, and one may apply for art therapy jobs when final diplomas are attained. ANZATA as a professional association does not recognise this training, however both the Australian Counselling Association (ACA) and Society for Natural Therapists and Researchers (SNTR) do (Westwood, 2010b). Westwood notes too, that the Transpersonal approach to training addresses aspects and approaches to practice that university courses do not encompass, thereby enriching the art therapy field overall.

Another area of difference in educational delivery is in staff numbers, equating to the spectrum of interpretations of practice that students may be interacting with during training. At the time of writing, VET courses have a minimum of five permanent staff, whereas universities may have as few as two (Design, 2014, Institute, 2014, Queensland, 2015b, UWS, 2015). Of course under contemporary neoliberal education systems, a major driver now is formulas relating to numbers and allocation of resources; with comparatively low numbers of students in art therapy courses, universities are not able to justify high lecturer/staff allocations (Davies et al., 2006). Guest lectures and casual teaching staff do help to broaden teaching and interpretation of practice, however the course materials and underlying pedagogical thrust is often drawn from one individual’s interpretations of practice and praxis. University arts and expressive therapies courses retain experiential components, including response art exercises with small sub-groups of the cohort and the materials are provided by the course. Therefore the costs of the experiential group sizes and materials contribute to a smaller budget allocation for additional permanent staff. The requirement of paid, in-built supervisors for students on clinical placement is one of the most expensive elements of the experiential course structure, and as government cost-cutting policies are an ongoing reality for education providers, compromises must be made (Davies and Bansel, 2007).

As discussed in Chapter 2, the neoliberal university post-graduate training experience is one which lays a foundation for future uncertainty in professional identity from the outset. The very structure of university training is hierarchical in
nature, and smaller, experiential programmes such as creative therapies suffer two-fold. Firstly because their restrictive intake numbers are expensive for university systems to underwrite, meaning they are underrepresented in terms of the power and influence which larger courses may wield. The second problematical area of university education for art therapy students is that they are an overwhelmingly female cohort, in an allied health area which does not enjoy as high a status as psychology or medicine. There is an inherent push-pull at the status level for creative therapy students across the board. As discussed earlier in the thesis, the very nature of being a post-graduate student generally confers and infers a higher status amongst students and the university system overall, but in the case of art therapy a student’s status is actually lowered due to the multiple layers of feminising and de-privileging that the lack of visibility inherent in the university and course structures incur.

PARTICIPANTS ON TRAINING
The interviews involved discussion of the education and training realities for participants, and some of the participant reflections on the ways in which this area of the regional profession might improve are considered in this section. For Susie, trained in the Northern hemisphere, the difficulty with art therapy lacking cohesion and identity in the ANZATA region has origins in the way that education is delivered here. Susie studied in a dedicated art therapy undergraduate pathway which then fed into the post-graduate training essential for those who wished to gain employment in the profession in her country of origin, and she would like to see a similar pathway here, with more attendant cohesion between courses throughout the region.

I think it has to do with the education set-up. Like, there’s not one training that trains you to be an art therapist only. I think they are working on this, but it still needs to get to the right level that actually links in with the other courses, such as the Masters. I think there needs to be more linking of the different training institutions. It’s not there yet, but I think it’s got good potential to become a solid linking ~ like if you could do a four year training in some sort of institution & become fully an Art Therapist after that.

Susie, p. 5
For Sandy, education is something that needs to provide stronger professional practice stepping stones, which are necessary in order to build a pathway for future practice and practitioners.

And I think sometimes this is where education does fail, & that there needs to be more of a ~ I think it is coming together a whole lot more ~ that to maintain or sustain yourself in those places, on top of organisations, or your own practice. How to do your practice, how to do it properly, you need to know the steps.

*Sandy, p. 12*

Stacey completed all of the university-level, international peak body standard Masters training and clinical placement in Australia, but found that she hadn’t had an educational experience which was complete enough to prepare her effectively for the realities of the workplace, and how to get along with her career. When ‘finished’ with a two year Master course in art therapy, her understanding of the field, her position in it, her next steps, her habitus was liminal, arguably “incomplete”:

I came out of [training] thinking, whoa, I’m an art therapist now, so what do I do?... You know, hands in the air, kind of shoulders shrugged, eyebrows raised...

*Stacey, p. 16*

Myfanwy described her own entry to the Masters programme, via a now-defunct bridging course. University programmes are regularly reviewed and updated to reflect changing industry pressures, as well as demand by student populations or for stronger fiscal returns for the institution (Patrick, 2013). Myfanwy’s experience of a supportive pathway into the Masters proper suited a mature-age student without recent tertiary education experience.

I’d done lots of different trainings, & I’d worked... in [sector]...I hadn’t had any more university training. So, I rang up & asked what were the pre-requisites ~ & luckily at the time there was a really open, innovative course coordinator...& she said, ‘...just do a bridging course ... which teaches you how to write essays, & teaches you how to do referencing. And if you did that as
well as do [course] … you’d be accepted into the Masters.’ So ~
that was just wonderful. Now the [course] doesn’t exist.

Myfanwy, p. 4

Although Myfanwy’s pathway is no longer available for new students, perhaps it
may be timely for the profession to consider new forms of bridging courses for
potential candidates with business-oriented or workplace experience backgrounds.
Some considerations for possible alternatives and augmentations to pedagogical
delivery in the region are included in the final chapter.

THE IMPORTANCE OF SELF-UNDERSTANDING
The focus of the training between university and VET providers can play a major
role in determining employment and professional identity outcomes for students. In
VET courses a thorough understanding of one’s self, personal history, and personal
motivations, is incorporated into the training modules. This was not the case within
the university course structure I completed, where self-awareness was ostensibly
advocated, but in reality relegated to discussion and examination outside of
university study time. This may be seen in parallel to the differences in approach
from staunchly psychoanalytic practitioners compared to those who are less
hierarchical in approach. For example: Freud’s notion of “The rule of abstinence”
(1958), which gave rise to the practice of “therapeutic abstinence” (Carnochan,
2001), wherein the therapist holds themselves aloof from the client and remains
purportedly neutral whilst maintaining a hierarchical position of knowledge in the
manner of a medical doctor, is advocated by psychiatry and some branches of the
therapeutic professions. The university training I followed was coordinated by
someone with strong ties to Freudian theory, so the backgrounding of the therapist
herself is not a surprise in retrospect. What was not included as a part of my training
were discussions around, or overviews of, other approaches to art therapy training
and practice.

To offer an historical example for context: at the time of Freud, Hungarian analyst
Sándor Ferenczi – an early colleague of Freud’s – rigorously contested the notion of
therapeutic abstinence (Ferenczi and Rank, 1924, Rachman, 2007), and was
instrumental in the rise of interpersonal and humanistic therapeutic approaches
wherein the client and therapist work together within the bounds of a therapeutic
relationship (Garai, 2001, Crago, 2006). An integrative approach which incorporates many of the therapeutic principles originating with, and espoused by, Ferenczi may be argued to underpin the training style offered by VET courses (Institute, 2015a, Institute, 2014).

**Education and self-understanding**

Participants engaged in discussion around the importance of understanding of the self during their own training, and the ways this informs their approach to practice today. This aspect of foregrounding self-understanding is one of the more striking differences between Transpersonal training and most university training in Australia. In Europe and New Zealand, however, the self-understanding component is an intrinsic part of the training process. The reasoning behind including this for all who engaged with this aspect of training and identity was that it makes one a better practitioner.

Sacha trained in New Zealand. For her, the final assignment (a short thesis on a topic of individual choice) from her Master of art therapy degree was identified by her during her interview as a distinctly helpful and informing document in her ongoing work life. There is also a connection with another graduate who had elected to write about herself; according to Sacha, both she and her colleague find these written personal experiences to be useful in terms of establishing and maintaining a sense of professional identity:

... when I had to write my thesis thing, I did it on myself...it was all about me, & art therapy, & how I found my whole process of doing the Masters. And what came out of it was some really important things: that I needed to look after myself, that I needed to know where I was going & what I wanted...for me that piece of work is the thing I always go back to when I’m not quite sure about...which direction I’m taking career-wise. Or, if I feel myself getting stressed at work ... one of the other girls that that I studied with, she did hers on herself as well. And she said the same thing ...she refers back to it, & it was immensely important in shaping who she is as a therapist.

*Sacha, p. 11*
For Australian-trained Stacey however, university art therapy training did not supply the same foregrounding of self-understanding as a potential component, and her experience was very different to Sacha’s. Although the training imbued Stacey with some cultural capital, and strengthened her faith in the process of art therapy, she describes a subsequent and ongoing questioning of her own competence in the field. For Stacey, a beginning of a sense of competence and confidence in her abilities came after she had entered the workplace in another country, post-training:

…it [working in country] kind of ~ it defined my whole professional attitude towards myself. Um, more than anything. I, I already knew about art therapy, & how good it was, & that sort of thing, but I never knew how good I could be. You know? …I didn’t know if I could be any good, let alone I was good.

A: So…you didn’t gain a sense of that through supervised placements & through the actual Masters training itself.

No.

Stacey, pp. 15-16

Stacey is still struggling to make visible herself and her own competencies within the field, reflected in her difficulty finding work as an art therapist, as related in Chapter 5.

For Vanilla Brown, the pitfalls of not understanding oneself well, and the subsequent impact this may have on fellow students, was expressed in very clear terms:

…the [course] I wanted to go to … they wouldn’t let you do it externally, because you actually have to do the art therapy ~ you have to go through art therapy yourself in order to be qualified. And, so I just thought: ‘Yeah, I’m ready for that.’… I’m not one of those people that romped up at class & treated it as my own personal therapy session ~ but I did a lot of work on myself.

Vanilla Brown, p. 9

Vanilla Brown waited to enter her course of study, and had done a great deal of work on understanding herself before entering the course. As she points out here, however, not all students were prepared to follow the current Australian university
training approach and deal with their private concerns away from the course itself. The danger here is that there will be negative impacts on other students if an under-prepared individual faces a challenging or frightening situation in the workplace and reacts badly, prompting a placement to be terminated. There may also be an unnecessary focus on a particular individual’s welfare during study or lecture time (which was an experience my training cohort had with a problematical student), leading to lecturers acting as therapists or in interventionist ways that are not appropriate for a university lecture/learning environment. In a worst-case workplace scenario, a client may be negatively impacted by an underprepared or unskilled practitioner (Springham, 2008).

The legacy of both the USA and UK approaches to practice are evident in the pedagogical construction of art therapy training options in the region. Both the medical model and experiential approaches may be seen within professional canon selections in university readers as well as on reading lists (Sydney, 2008b). The structure of regional university courses includes art-making components as well as theoretical positions employed by practitioners and informing authors from both nations (Queensland, 2015c, UWS, 2015). Supervised work placements are to the international standard, and are included in all regional training programmes. However, the role of the therapist and professional identity are not included as visible and prominent aspects of training within Australian training programmes, and might be argued as needing to be more consistent within the New Zealand training.

There are some shifts towards addressing the embeddedness and formation of professional identity within pedagogical delivery frameworks within the region of late. In 2015 the Whitecliffe programme (2015a) altered from a single optional clinical year at the end of the course to a diploma year followed by a two year clinical pathway. Although there is no undergraduate pathway within New Zealand’s tertiary structure, this restructuring may pave the way for undergraduate training in arts therapies in the future, allowing for a single professional identity to be prominent and congruent throughout tertiary studies in the field. As there are strong elements of indigenous cultural awareness and inclusiveness present in the
Whitecliffe programme, an undergraduate programme preceding the Masters could effectively strengthen identity with regards to a distinct regional sense of professional identity.

The MIECAT programme is also a three year structure, with an emphasis on small group (sometimes two or three persons) interactions built into units within the Therapy Stream (Inc., 2015b). The additional year of study offered by Whitecliffe and MIECAT programmes may serve the field well in terms of professional identity development. The small group approach and option to write a short thesis on oneself, a component of the Whitecliffe programme, may be seen as foundational components wherein professional identity may be established and successfully underpinned within regional pedagogy. For regional practitioners, a more prominent and visible sense of professional identity incorporated within art therapy training systems may help to raise the status and profile of the field within allied health and the general community (Bourdieu, 1993a, Smith, 1995). A shift in pedagogical delivery to incorporate a stronger sense of professional identity may not be an easy sell within neoliberal university structures (Patrick, 2013), However there are arguably very positive, strong potential field outcomes including a possible rise in practitioner and active member peak body numbers should training courses adapt to incorporate professional identity more proactively within their programmes.

Participant perspectives and reflections on training and identity are included in chapter 8. Some possible changes to pedagogical structure which might facilitate professional identity establishment and maintenance within training courses and their delivery systems will be considered in the final chapter. The following chapter considers professional identity post-training: the potential role of the peak body in professional identity development, how the regional professional identity might benefit from a shift in practitioner position, and the impact of the internet. The studio space itself as a signifier and delineator of professional identity will also be considered.
You have to be able to translate visual work into language because even though we work with visual material & we have our clients work with visual material, those people have to go back out into a … talking world...

_Sandy, p. 14_
This chapter examines and discusses professional identity for art therapy practitioners with an emphasis on how the positioning of the art therapist herself is a potential key to regional identity congruence. A further discussion is included in this chapter for considering an “incomplete habitus” in direct relation to the positioning of both the student and the practitioner within the art therapy field. Much of the discussion of the concept of an “incomplete habitus” will concentrate on the ramifications of backgrounding the therapist’s role as an inherent function and outcome of training, and the role this backgrounding then plays in truncating practitioner identity and habitus.

The uncertain member numbers of the unregulated art therapy field in the region and the implications of membership with peak bodies and online associations for art therapy practitioners will also be considered, particularly the ways that peak associations themselves may foster – or hinder – a sense of belonging. The influence and impact of the internet on practitioner interactions and employment realities for graduates are considered in terms of identity and belonging. The studio space as an entity and metaphor for professional identity and the role of a brand and accompanying mission statement could play in facilitating a congruent professional identity round off the final sections.

IDENTITY IN ABSENTIA
As with any professional career pathway which involves educational study and learning, the workplace follows graduation. An art therapy graduate’s sense of professional identity (or lack thereof) is now transferred into the entirely new arena of the workplace where the safety net of training, with accompanying supervision and peer support from other students is removed. Hence what art therapy graduates understand about themselves as ‘professionals’ now comes under the magnifying glass of real-world workplaces. Practitioners must make their own supervision arrangements, navigate workplace interactions, and carry forward learned art therapy practices to employment. However, as noted earlier in the thesis, there is no guarantee that a student’s workplace supervisor was an art therapist, making this last potentially problematical, as students – even those who had art therapy on-site supervisors – generally define themselves in terms of what they don’t do in contrast to other professions.
Once established, this pattern facilitates a cycle of focus away from the practitioner and their training that underscores the field’s lack of status and definition, and feeds back into a liminal, less than complete, habitus and sense of belonging for art therapists. This in turn may be seen to promote an absence or invisibility of the art therapy practitioner, further lowering practitioner workplace status and any attendant constructions of professional identity (Smith, 1987, 1995). In addition to this, there may be a powerful identification draw exerted from other, better established and articulated professions; art therapists work alongside a variety of other professions, most commonly within the fields of mental health, education, corrections, and elder care (Malchiodi, 2003a, Case and Dalley, 2006a, Gussak, 2007, Lee and Adams, 2013).

In terms of professional identity formation, data from the interviews suggest that a sense of purpose did not begin with university training at either undergraduate or post-graduate level, but rather earlier life experiences, as discussed in Chapters 4 and 5. When speaking of purpose and professional identity, the participants link back to their moment/s of pivotal illumination, and then translate that moment, and its ramifications, into something tangible and effective in the workplace. This translation process may function as a personal motivator, but does not necessarily contribute to a cohesive sense of group professional identity as echoes the pattern noted in this thesis of art therapists backgrounding their own experiences and not presenting a visible and congruent sense of their own role in the art therapy model.

Many of the foremost writers, teachers, and thinkers in the arena of art therapy may foster and privilege process over practitioner when discussing art therapy. For example McNiff’s reflection: “I define art therapy as a process that corresponds to the universal forces of creation” [original italics] (2004, p. 267). An emphasis on process may arguably be appropriate when addressing art therapy as a method or dynamic in therapeutic terms, but is less so when attempting to construct and maintain a congruent professional identity (Wenger, 1998). My recognition of the process of de-privileging, essentially rendering invisible, the art therapy practitioner in praxis led me to consider what a shift in prominence might do for professional identity. To be specific: a shift in representative speech which brings to prominence practitioners themselves as integral to art therapy process and praxis may be considered a tangible
and fundamental element in the gaining of traction for professional identity and industry recognition.

Since language as a practice requires change, taking a cultural theory perspective is useful. In language of and around art therapy – both written and verbal – the absence of an art therapist identity within the therapeutic relationship and praxis dynamic is a disconnect from other therapeutic approaches so pervasive that it is not readily recognisable within or between messages throughout the profession about efficacy and/or practice. I return here to the word “articulate”, previously discussed in Chapter 2:

‘Articulate’ means to utter, to speak forth, to be articulate. … But we also speak of an ‘articulated’ lorry (truck): a lorry where the front (cab) and back (trailer) can, but need not necessarily, be connected to one another. … An articulation is thus the form of the connection that can make a unity of two different elements, under certain conditions (Hall, 1997a, p. 141).

To paraphrase Hall, the ‘cab’ of praxis isn’t articulating well to the ‘trailer’ of identity in art therapy as the two elements of process and practitioner are not visibly unified. Instead, as reflected in the participants’ data, art therapy journal articles and texts, as well as the university pedagogical structures, downplay or background the practitioner in favour of the practice’s process. In turn, this downplay of the therapist herself inculcates a culture and habit of emphasising art therapy process over the therapeutic relationship. Therefore, there is an argument to be made that the backgrounding of the therapist’s role as intrinsic to art therapy as a therapeutic intervention is not conducive to a strong or coherent professional identity – even though all the constituent elements which may be seen to work together to form identity are present. There are ethics, standards of professional practice, agreed pedagogical thresholds, peak bodies, and an international canon of peer-reviewed literature – all of these in concert may be argued to form a basis for a profession (Higgs and Patton, 2014). However, when the notable absence of a defined practitioner role in art therapy is recognised and acknowledged, especially when compared to other health/allied health professional identities including psychiatry,
psychology and counselling\textsuperscript{18}, the lack of traction and recognition for art therapy in professional fields and workplaces may be seen as an organic, perhaps even inevitable, outcome.

Jo describes how the general public still does not recognise what art therapy can offer, even after decades of being an art therapist in her community, yet she is still not able to offer a congruent sense of professional identity either:

\ldots I didn’t want to lie about what I was, you know, I didn’t want to say ‘I’m a psychologist’ ~ which people understand ~ or ‘I’m a nurse’, because I’m NOT qualified in those areas. I don’t want to say that I’m an artist ~ well, I am, [but] that’s not what they’re asking me professionally…

\textit{Jo, p. 17}

The most well-prepared and seasoned practitioners are not conscious of what causes the identity disconnect, nor why there is sometimes so much discord amongst art therapists in the region. For example, during her interview Susie touched on the dissent a lack of identity within the profession may inculcate and manifest, but admitted that she herself was at a loss to articulate why the discord amongst practitioners is so prevalent:

\textit{We need to gather together & agree on what we’re really trying to do here. (pause)…’Cause I feel we’re all passionate about the same thing ~ we are. So why are we fighting, I don’t understand… I really don’t.}

\textit{Susie, p. 11}

For Susie, perhaps the root cause might be seen within the field’s reality in her country of training, as art therapy in Susie’s experience can be a well-established and -respected profession, integrated into a standard range of interventions within the health spectrum. However, although training is well-established and the profession recognised within the greater community, the Northern hemisphere field identity is arguably not explicit or prominent either (ECArTE, 2015). For Susie identity is implicit but not explicitly articulated within the structures she trained and worked

\textsuperscript{18} Counselling is an unregulated profession in the region, however I have included it here as it shares mores and training units with art therapy in several university courses and enjoys a high level of public recognition.
under, so she herself is unable to express the reason for the friction and incongruence of the field in the region (Smith, 1995).

A poorly-represented or articulated identity is arguably not the norm throughout the health spectrum overall. For example most people would not consider accessing medication or emergency surgery without a doctor as practitioner, nor would they consider psychology as a therapeutic intervention without a registered psychologist as practitioner. However, (and this is particularly worrying in Australia where art therapy is an unregulated industry), art therapy is not consistently presented in professional literature as being delivered by, or linked to, a specialist-trained art therapy professional. In some writings the link between art therapy and art therapist may be interpreted as surplus to therapy or assessment requirements, as discussed in the previous chapter and seen in the works of Brooke (2004), Carr (2008), and Silver (2001).

Without a consistent, overarching industry description – under which practitioners could position themselves and their areas of specialisation more cogently than is presently possible – a sense of professional identity will not be realised by regional practitioners. There is also a risk that art therapy professionals will continue to lack visibility, missing workplace and networking opportunities within the allied health field overall, and consequentially dwindling as a regional therapeutic offering.

**AN “INCOMPLETE HABITUS” AND IDENTITY**

Bourdieu’s foundational concept of habitus to date has been understood as an all-inclusive concept, and is an absolute construct in usage (1977, 1993a). This thesis takes inspiration from Bourdieu’s concept, but challenges the assertion and assumption that habitus as it pertains to professional identity for regional art therapists is, in fact, something that is finalised and functional, and that therefore may be considered ‘complete’. Rather, the concept of an “incomplete habitus” – introduced in Chapter 2 – as experienced by regional practitioners is proffered and explored. By this I intend that regional art therapy practitioner habitus is experienced as a lessened and perpetually unfinished sense of professional self.

Several factors may be argued as contributing to this incomplete state: the pedagogical system and structure, which was explored in the previous chapter, a lack of a unifying message or statement of professional identity (see below) and a lack of
field cohesion. This last may be considered a global phenomenon, and one which may be attributed to a combination of both preceding conditions operating independently within separate nations. It is perhaps attributable to the factionalism and division present in the field from its inception in both the UK and the USA simultaneously, as discussed in various histories and critical texts of the field (Waller, 1991, Junge and Asawa, 1994, Hogan, 1997, Malchiodi, 2003a, Luspinner, 2010b).

The appearance of, or reference to, mechanisms which contribute to, an “incomplete habitus” will be addressed in the following sections. Working with Smith’s feminist sociological position, the “incomplete habitus” of female art therapy practitioners may be demonstrated in the lack of a female (or feminised individual) capacity to participate fully and equally in the systems of community, health, or education as these systems are structured to a male standpoint (Smith, 1987, 1995). As females are relegated to second-class status within this structure – with male students and graduates occupying a highly-feminised and inherently lessened status – they are rendered invisible from the operational perspectives of university systems and structuring under the patriarchal and neoliberal mores that inform contemporary Australian tertiary pedagogy (Giroux, 2002, Thornton, 2013, Pasura, 2014).

**A shift in position but not in praxis**

As noted earlier, as I analysed the participant’s narratives and resulting data a notion developed for me centred on the possibility that professional identity for regional art therapists would benefit from foregrounding the therapist when describing art therapy to clients and colleagues. However, as this concept is explored it will become evident that a shift of this nature does not entail a commensurate change in the therapist’s role in art therapy praxis. One of the more important skills that art therapy training teaches is to allow space in session for a client to achieve their own knowledge and discoveries without pre-emption or prompting from others, including the practitioner herself (Waller, 1984, Rogers, 2001, Case and Dalley, 2006a). Increasing visibility and prominence of the art therapist herself in descriptions of what art therapy is, is not equated in this thesis with a stronger assertion of an art therapist’s presence in a session with a client or clients. A part of the therapist’s role is to ‘hold’ the space and create safety for the client (Waller, 1993, Moon, 2002,
Case and Dalley, 2006a, Moon, 2006) and perhaps this aspect of art therapy praxis also needs foregrounding within current dialogues.

**The invisible art therapist**

In the interviews I asked participants the question: “How would you describe yourself to me if I asked what you do for work?” Elements and ideas involving identity were forthcoming from the participants’ responses, however no consistent answer to the question emerged. Individual participant excerpts will be examined in detail in the following chapter, but the distinct absence or invisibility of themselves as practitioners being essential to a successful art therapy outcome was noticeable in the written transcript, and this lack of visibility will be considered here. The absence of the practitioner’s centrality to the therapeutic relationship and successful execution of art therapy as a specialised therapeutic intervention was a distinct and consistent element in speech. This characteristic facet of art therapy description was one I hadn’t noticed during my training or in the professional literature prior to the interview transcription process.

Perhaps the act of listening closely to a half-speed recording moved me into a space where I could “Hear clearly what is being said, rather than “hearing” what you anticipate will be expressed” (Maple and Edwards, 2010, p. 37). Perhaps I simply became aware of what I hadn’t seen in my own lack of professional identity, and that allowed me to recognise a lack of practitioner visibility within the framework of other women’s stories. I’m not sure exactly what my tipping point of recognition was, but once I became conscious of practitioner positioning and visibility, it became all I couldn’t ‘see’ in the participant’s stories and reflections.

The backgrounding of women as active agents in their workplaces and careers is not unique to art therapy, but may also be found in contemporary social science research. Huppatz, for example, recognises a “gender agenda” at work in her own life when initially entering the workforce, although she acknowledges that it was an unconscious aspect of her decision-making process at that time:

> I originally chose a career that is also feminised... I made this decision for reasons unknown to me at the time, except that I thought I should be involved in ‘caring’ of some sort (2012, p. 5).

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19 I played back the interviews for the verbatim transcribing at 47% speed, as this fitted my own typing and speech-recognition skills.
For me, Smith’s thinking concerning the ‘silencing’ of women is useful in order to grasp how a positioning of the art therapist as virtually invisible behind the art therapy process has been perpetuated within the field dominated by women as practitioners, teachers, and students.

Lack of authority, then, is lack of authority for ourselves and for other women. … We have learned to set aside as irrelevant, to deny, or to obliterate our own subjectivity and experience (Smith, 1987, pp. 15-16).

For Smith, the silencing of women has been so effective that women themselves may be considered active (if generally unknowing) participants in their own lack of prominence and empowerment within histories and social structures. From this perspective the strong backgrounding of art therapists within both pedagogical structures as well as medical and health systems may be considered a natural one, and indeed it might seem odd had a higher status or stronger, more empowered role for art therapists in the health field overall been the norm. An overt recognition of practitioner backgrounding, combined with a foregrounding shift of the position and prominence accorded to trained art therapy professionals may facilitate an increased recognition and more positive status for the regional field and practitioners.

Interestingly for me, the country of training has not noticeably affected the way that practitioners background themselves when describing art therapy. The focus remained on – or in some cases shifted to focus on – the efficacy or method of art therapy as a process, rather than reflecting on a trained practitioner’s role in therapeutic relationships and the role of the art therapist herself in the profession. Jo did describe the importance of an art therapist in her interview for example, but interestingly it was in terms of her own personal growth and moment of pivotal illumination as a recipient of art therapy, rather than as a practitioner in her own right.

With the help of the art therapist [my drawings] were actually talking back to me. …so I was able to ask myself the…questions about my artwork that I remember the art therapist asking me.

Jo, pp. 2-3
Jo, as other participants did in the interviews, described herself consistently in terms of client success rates and in relationship to colleagues, but not as an essential part of art therapy. In this excerpt, then, it is clear to see Smith’s description of text-based structures which render women invisible being reproduced by women themselves:

[‘factual text’ s] capacity to coordinate consciousnesses and to displace individuated experience arises, of course, as people participate actively in the socially organized practices accomplishing an objectified knowledge (Smith, 1995, p. 70).

The skilled and knowledgeable practitioner in praxis that participants trained to be, and the knowledge and expertise that a post-graduate is entitled to claim, is here demonstrated to be elided to a backdrop for the mechanics or process of art therapy. The following section will consider the role that peak bodies play in underpinning professional identity, as membership to these associations is sometimes a requirement for government employment and will be noted as a qualifying requirement. There is also an argument to be made for identity through shared group interactions, which peak body membership may be argued to provide (Wenger, 1998, 2000).

IDENTITY FROM PEAK BODY PERSPECTIVES
From the larger international perspectives to smaller and regional perspectives, identity is not necessarily a component of art therapy group or peak body messages – arguably no group of art therapists in any country holds a tangible and unifying sense of identity forth for public and/or professional consumption. Interestingly, peak body descriptions rely heavily on the process of art therapy for content, rather than defining or acknowledging the role of the therapist herself. An emphasis on professional descriptions which privilege process over therapist has been discussed throughout the thesis, and is notable in particular within participant descriptions themselves as professionals. A closer look at the role of process over practitioner identity from the participant perspective is undertaken in chapter 8. Here peak body international art/s therapy perspectives may be seen represented in official website verbiage regarding art therapy and what it is:
The Australia and New Zealand Arts Therapy Association

Arts therapy or arts psychotherapy uses creative modalities, including visual art-making, drama, and dance/movement within a therapeutic relationship to improve and inform physical, mental and emotional well-being. Most arts therapists in ANZATA utilise the visual arts and often use the title art therapist or art psychotherapist. This profession has been recognised and regulated around the world by organisations such as the British Association of Art Therapists and the Health Professions Council and in USA by the American Art Therapy Association. Arts therapists working with dance/movement or drama in their work are also recognised and regulated in other parts of the world by separate professional bodies, and may use titles such as dance/movement therapist, or dramatherapist. Increasingly other countries are recognising the need for regulating principles for the many creative therapies within one professional overseeing body such as ANZATA.

All arts therapies are traditionally based on psychoanalytic or psychodynamic principles, and most arts therapists utilise varied evidence based theoretical frameworks in their work. These traditions include depth analytic, humanistic, behavioural, systemic, and integrative approaches. Arts psychotherapy can be employed both as a therapeutic and diagnostic tool. Arts therapy can be practiced with individuals as well as groups. It differs from traditional art-making or performance in that the emphasis is on the process of creating and meaning-making, rather than on the end product. The therapist and client/s develop a dynamic interpersonal relationship, with clear boundaries and goals (ANZATA, 2015a).

Note that the ANZATA site emphasises the need for regulation and the position they, the regional professional body, occupies in relation to other peak bodies internationally. There is no real description of what an art/s therapist is or does however, leaving the reader in some doubt as to what the therapist’s role is; however this section does emphasise and reiterate ANZATA’s positive position on the essential need for ANZATA as an organisation.

The British Art Therapy Association

Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing.

Art therapists work with children, young people, adults and the elderly. Clients may have a wide range of difficulties, disabilities or diagnoses. These include emotional, behavioural or mental health
problems, learning or physical disabilities, life-limiting conditions, neurological conditions and physical illnesses.

Art therapy is provided in groups or individually, depending on clients' needs. It is not a recreational activity or an art lesson, although the sessions can be enjoyable. Clients do not need to have any previous experience or expertise in art (BAAT, 2015).

For BAAT website readers there is a brisk overview of who an art therapist might engage with, and a quick reminder that art therapy is not a teaching or pleasure activity. There have been sections in the thesis where art therapy is described or discussed in terms of what it isn’t, and the evidenced practice of explanation by negation is clearly visible here.

The American Art Therapy Association

Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. A goal in art therapy is to improve or restore a client’s functioning and his or her sense of personal well-being. Art therapy practice requires knowledge of visual art (drawing, painting, sculpture, and other art forms) and the creative process, as well as of human development, psychological, and counseling theories and techniques (AATA, 2015c).

AATA’s page which contains the content above also holds information about how to become a certified art therapist and how to maintain credentials for the peak body. There is no statement about what art therapy’s, or an art therapist’s, professional identity consists of. There is a mission statement on the page, but this concerns AATA itself as an organisation – as mission statements are intended to do (Williams, 2008). However, the intent of this mission statement might be considered more effective for both professionals and the general public alike were it to relate directly to a more tangible statement of art therapist professional identity. Mission statements and brands will be explored in a later section.

Internet associations

Although not a part of my research questions with participants, the rise of Internet interactions and influence in the art therapy field over the last several years warrants
some space in the debate around professional identity. “Belonging” to a group (or groups) online is one way, (or one of multiple ways), that practitioners form networks, establish peer contacts, and gain access to information.

There are several options for anyone with an interest in art therapy who is looking for a place to interact with other practitioners and gain ongoing training information, read peer-reviewed material, read un-reviewed material, volunteer to help in disaster areas\textsuperscript{20}, or simply have a community of like-minded people to interact with. Peak bodies often have hard copy and online materials and publications, local associations hold meetings and art shows, associations hold conferences. Increasingly however, interactions and community formation/s take place online. However, the standards of inclusion aren’t as rigid or high as they are for formalised, more established associations. There are several online professional associations one may choose to join and be considered an industry professional, including: Art Therapy Without Borders, Inc. (2013), the International Art Therapy Organization (2013), and the Art Therapy Alliance (2013), to name some of the most populated. The main difference between these associations and the mainstream international associations is the method of communication between members, and committees to members. The online associations rely almost exclusively on social media as a vehicle for dispersing information, and promoting causes and contacts. In fact the Communities Healing Through ART (CHART) webpage redirects you to FaceBook when you hit the ‘home’ button (2013).

Alternatively, Goldsmiths University publishes a purely online journal entitled Art Therapy OnLine (2010). This publication is free, peer-reviewed, and available only online, however affiliation with BAAT or other professional associations is not a pre-requisite for accessing the articles in full. Open access publications are a firm reality for students, potential clients, and practitioners bypassing the expenditures of association fees or hard-copy printing and postage costs.

Some of the pitfalls of joining an online community or association are that they are populated by members of differing cultures, languages, approaches, and professions, so some information or ideas may be distorted in translation. There may also be

\textsuperscript{20} I myself volunteered in the Lyttelton area near Christchurch New Zealand after the 2011 earthquakes – I developed and conducted art therapy-based workshops for survivors in the area. Much of the planning and organisation for this trip took place online with community organisers and residents.
advocacy for practices and mores that are not part of the ethical guidelines of the established associations, and there may be conflicting information regarding method and interpretation of approach. There are no firm standards of practice upheld for membership, so there is no guarantee that you are actually interacting with qualified professionals. Some exceptions here are the online communities for chapter affiliates or regional sub-communities of national associations, which clearly identify the membership requirements for belonging to the parent association.

A quick search on Google came up with several state associations for local members of AATA, including Colorado (2013) and Illinois (2012), as well as British online associations such as the London Art Therapy Centre (2013b). In Australia though there are smaller numbers, there are alternative professional organisations to join including the Australian Creative Arts Therapy Association (ACATA, 2013), and the Australian Counselling Association (Association, 2011) which has a College for Creative Arts Therapists under a three-tier eligibility arrangement (ANZATA, 2012b).

PROFESSIONAL DEBATE ON IDENTITY
A lack or absence of professional identity is clearly an area that is of interest to many in the contemporary art therapy field. In late 2014 an international conference hosted in London explored the subject of professional identity and was followed up with an entire issue of Goldsmith’s online journal ATOL (2014) concerning the conference proceedings and papers. The papers presented engage with aspects of identity as experienced by individuals; however where the concept of what may constitute an identity per se is articulated by Schaverian (2014), it is not overtly engaged with at a practical, profession-wide level by many of the other papers. The lack of an articulated congruent or cohesive identity demonstrated by regional practitioners in the interviews is visible even in the well-established art therapy field of UK practice.

Perhaps the identity debate may be a way to bring together both university and VET approaches to training and praxes however recent tentative rapprochements have borne fruit. In 2012 a gathering at the Dax Centre in Melbourne called Birds of a Feather (BoaF) saw two days of workshops and talks amongst members of several expressive arts therapy associations involving graduates of differing programmes. This generated enough interest within the creative and expressive therapy fields
overall that it was repeated in 2013. However the proposed 2014 event was indefinitely postponed and no further gatherings have been scheduled to date, with the February Facebook post stating that BoaF “is currently having a break” (2015).

In October21 2015 a conference is scheduled between ANZATA and The Australian Creative Arts Therapy Association (ACATA) with a stated aim to bring together both arts/creative therapy and allied health professionals to meet and discuss future directions. ANZATA conferences in the past have welcomed non-member attendees, but this is the first annual conference that is not a solely ANZATA event by design. It will be interesting to see what, if any, outcomes for future directions in professional practice emerge, and what the impact might be for professional identity within the region.

It is too early to determine whether a coming together of smaller peak bodies and interested health practitioners will lead to effective change at the pedagogical level, developing new approaches to integrating practitioners and firming the field overall, or if this will dissipate, like the BoaF events, into a fading idea that was potentially beneficial but lacked a comprehensive impetus complete enough to make an appreciable difference to the profession.

The tapering-off of effort to integrate varying aspects of the art therapy spectrum is perhaps not entirely surprising as much effort goes into maintaining what has been achieved by individuals to date, and given that no firm agenda for action or directed creative research was built into the gatherings. Art therapy peak bodies themselves are not focused on engaging strongly with the broader community or cultivating a sense of identity for established and/or future practitioners, and potential changes to this traditional position will be considered from a new perspective in Chapter 9. The following chapter will examine professional identity more closely from the participant’s perspectives, concentrating on the aspects of praxis they consider most important.

**BELONGING WITH OTHER PROFESSIONS**

Sandy begins to articulate some of the identity concerns of students with diverse undergraduate degrees converging into a single focused Masters programme. She identifies a recurring talking point in art therapy circles: the problematical nature of

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21 October is the scheduled month of the annual ANZATA conference. The host city changes each year.
attempting to engage and educate all MA art therapy graduates to the same broad skill level. One of the inherent difficulties with this scenario is marrying the creative and the structured:

...an MA course, which means [an] undergraduate degree can be in anything other than art therapy, naturally. So, we had teachers, social workers, psychologists, educators, you know. ... those who came from a visual arts background fared better... in terms of ... understanding the art therapy process & actually doing the work. ...if they have not had art...as a first degree, well, let me clarify that...the ones with art can manage the art therapy practical, & experiential, & ability to move from one to the other, far easier than ones from a more structured or disciplined background. ... The ones from psychology can do the step-by-step stuff a lot easier ~ the method they can structure, they can discipline, they can produce better papers...that side of it. ...they can teach our sisters...who don’t have that [and] struggle with that. ... And art therapists need to stop having their heads in the sand, some of them. They really do. I had to stop having my head in the sand. (pause) ...we have to be able to also communicate to other therapists who are not of our background.

Sandy, pp. 12-13

For Frida, the difficulties of marrying divergent study and praxis approaches were not limited to the lecture rooms and inter-cohort relations as in Sandy’s reflections. A challenging task for Frida involved presenting to a hospital-based team and reviewing the Australian history of mental health practice, which is not always taught or discussed in medical school:

...Cunningham Dax...he worked with this guy, Adamson, who was an artist. ...one of the first things [Dax] did when he got to Australia was to set up art studios in psychiatric hospitals. ...& he was a psychiatrist, ... And, I keep thinking: like, we’ve got enough evidence, like it’s not that we don’t evidence that art and creativity work, but somehow that moved out of fashion, tsk, I don’t know why.

A: Funding!

Was it? Was it funding? I don’t know. Is it fashion? Is it that it wasn’t scientific enough? Is it, was it that we didn’t have evidence-based data? I don’t know...We’ve got the
Cunningham Dax Centre…that’s certainly doing great things, but… they haven’t really encompassed art therapists, either, sssooooo ~ I’m a bit curious about that. They’re now seeming to bring art therapists into the Cunningham Dax, but that was a collection, fabulous artworks, but it was really… (exhale) caught up within the medical model, so it was different to art therapy …

Frida, p. 22

This part of the interview was a pivotal one for me in the way I considered professional identity – Frida questioned my interjection that a shortage of money was an informing cause of the field low-profile and lack of interest that other professions display towards art therapy overall. I had displaced the responsibility of identity to another ‘outsider’ cause (Tajfel, 1982a), simultaneously mis-framing questions of professional identity formation. When I didn’t “hear” what I expected to (Rubin and Rubin, 2012), my internal identity dialogue pattern shifted, allowing me to reflect more deeply and openly than I had in the past about what held art therapy in Australia in such a low status position. As Frida points out, it’s partly a question of revisionist history within mainstream medical pedagogy, but there is also a connection to art and creativity in general, as she explored in a different part of the interview arc. Frida does point out a potential pitfall inherent to the challenge of trying to talk convincingly of the power of creative therapies – if you haven’t tried it, you don’t “get it”:

And I think the people who do get it [art therapy], have… had an interest, or seen it, or experienced it somehow themselves. And then I often work in groups with, psychologists or social workers, who are from a very medical-base model, & they’re thrilled when, at the end of the group, they’ve seen the shifts in the kids & how the art holds these kids who have been really traumatised, & who are all over the place. And when they start to create, they see these new aspects of these children, so they become focused, they become centred, they have insights. You know, there’s joy…there’s the whole range of stuff that they don’t see in their office when they come in for verbal therapy. So, when they’re in that space they see it, & love it, & wanna work more like that as well. … but I think we only attract, somehow, the people who’ve already had a bit of that experience themselves, I think. (pause)

Frida, p. 10
Frida takes a dialogic position concerning raising awareness of art therapy in health and professional circles. Myfanwy, experienced in the world of business, takes a more fluid and pragmatic position to the promotion of art therapy as a legitimate therapeutic intervention. For Myfanwy, if incorporating other approaches or lexicons is necessary to open pathways of interest in art therapy from other mental health professions, so be it:

Well, everybody works in different ways & my goal’s always to put the art psychotherapy first, but!, I have to play the game with what is out there, if I’m going to promote art therapy. So I choose to add it to a recognised psychological intervention. So that at least it gets a hearing. …that’s my philosophy. If I can’t go out there on my own & say; ‘this is worth it, this is value’ ~ even though I know I believe all that ~ I’ll sell it any way I can, to fit it in with the current evidence-based practice genre of mental health.  
*Myfanwy, pp. 13-14*

Exploring an alternative facet of the identity issue, Susie addressed the potential destructive power inherent in not understanding yourself or the group you belong to. European-trained, Susie acknowledges that it is a common human reaction to lash out at external conditions, structures, or persons when a strong sense of identity is lacking, resulting in a commensurate lack of forward career progress. Susie advocates a field-wide culture shift, and she actively engages in her local professional community as a networker and promotor of art therapy. Susie’s ideas involve an embracing of cultural and social capitals (Bourdieu, 1989) on the part of art therapy professionals, including the aspects of practice that have led to identity stagnation and a persistent low profile:

I really want people to reflect more strongly. I think reflection needs to be more enhanced in the art therapy world & people taking ownership of their own stuff. Instead of pushing it onto someone else. It’s understandable for people who feel in a down position, to blame others for it. It’s very understandable ~ if you read the literature and research, it’s what happens people start blaming one another if they feel down in an effort to feel better. And I think maybe the art therapy is connected to a similar pattern, blaming the system, or we’re blaming the
psychologists, or we’re blaming others for our difficult position ~ instead of standing up for our rights and saying: ‘right. We have to take ownership over this.’ (pause)… So, for me this whole world of options is important…how you can look at things differently. 

Susie, p. 8

I found Susie to be very open in her discussions of individual and group professional accountability, and admire her honesty when positioning the art therapy group identity in relation to working realities in the region. I can see myself in her description of blaming others – as noted earlier with Frida’s interview. Passionate and clear about the direction she would like to see art therapy take in the region, for Susie the topic of belonging and working effectively with other professions goes beyond a capacity to express herself articulately about art therapy and the ways in which attitudes surrounding professional identity can affect interactions with colleagues in other lines of work. Susie was engaged at the time of the interview in completing training in an alternative therapeutic style, and this is not uncommon with regional art therapists as employment may be more readily gained with more recognisable qualifications. At the time of her interview Frida was also considering further study for employment purposes, but in a different direction than Susie’s. As part of the discussion around employment for practitioners Frida explored potential causes for the stalling of employment opportunities and lack of growth in the profession regionally.

…is that we don’t have enough leadership? Is it that because…the leaders, or the…generation of art therapists who really pioneered stuff, is it because they were so busy doing, setting up university degrees…is it just the fact that they’re in that space, that there’s no (soft sigh/exhale) you know, that there’s not so much energy to do it? 

Frida, p. 21

Frida begins to address several of the areas the field faces in terms of establishing identity – time, leadership, energy – which would be involved in a cultural shift in developing, nurturing, and promulgating art therapy. Some practical avenues for possible future implementation that might support and ease a cultural shift towards a
more congruent and visible professional identity will be considered in chapter 9. The following section discusses professional identity formation more closely.

**How does professional identity develop?**

One of the biggest stumbling blocks to any new profession, or new approach to practice, is that of gaining acceptance by mainstream or established fields, which in turn allows for a market section to be carved out and maintained for the new approach. Of course new practices, approaches, or professions do not occur at a single moment in time (Wenger, 1998), but instead may be argued, according to Wenger, to develop as individuals come together with commonalities of purpose and along timelines dependent on learning. Using Wenger’s model as a springboard for conceptualising how identity may form in parallel with an emergent professional community, identity may be seen to arise from what we learn during training, and from those around us who are more experienced and/or perceived to be more competent than ourselves. An odd, and completely unexpected, development in my understanding of the way practitioners perceive and define themselves within the art therapy field emerged during the interview process, and become more prominent as the data analysis process unfolded. This was the approach the educational course structure took in centring, as opposed to sidelining, the individual student and their awareness of self, appears to have a direct correlation to income, job status and description, and a sense of self-fulfillment.

Kelly (2013) directly explores a lack of definition within Australian art therapists’ identity – including an acknowledgement that there is a lack of absolute definition of what constitutes a ‘profession’ *per se* in Australia today. This may be considered in the light of the discussion surrounding the meanings of the terms art and therapy (which form the profession’s name “art therapy”) discussed in Chapter 2, as profession-as-category can be considered as problematical itself. Kelly does point out that by Australian Competition and Consumer Commission standards art therapy does qualify as a profession (KellyACCC, 2011; cited in Kelly 2013, pp. 46-47). At the same time, as demonstrated by some participant excerpts, Kelly acknowledges the ongoing disparate states of practitioner qualification vs. the reality of the workplace, where titles and salary bands frequently place art therapy practitioners in a variety of positions bearing no relation to art therapy.
FINDING EMPLOYMENT – PRACTITIONER EXPERIENCES

For many practitioners establishing a private practice or finding a paid art therapy job wasn’t easy. I include myself in this sector, as I spent five years attempting to build a practice before leaving the profession entirely. It was simply too hard a struggle, and I found it exhausting. I recognise that opportunities do vary from place to place however, and perhaps if I had been closer to a major city I might have found that building a client base was easier than it was in my regional area. Another impediment to employment for regional practitioners is that only a very few private health funds cover creative/expressive therapies at the time of writing. Most funds state they are waiting for evidence-based efficacy before including them on their rosters (ANZATA, 2009b), leaving both clients and practitioners to negotiate fees according to individual need and circumstance. The reality in the region is that for many members of the public, art therapy might be a beneficial therapeutic avenue to pursue, but they are not in a financial position to meet session costs. As Stacey baldly put it:

...because art therapy doesn’t have Medicare, a lot of the clients that I’m looking at aren’t gonna be able to afford [it].

Stacey, p. 20

During the interviews, participants were very open about what their own employment experiences had been, and what outcomes had been achieved as a result of their efforts.

Stacey describes her own difficulties in attempting to establish herself in a professional (employed) capacity after returning to Australia from her country of birth. She had travelled overseas where she developed, implemented, and ran successful and fulfilling community art therapy programmes with her preferred population of children and young people, but returned to a disheartening reality. Stacey was very honest and open about her employment struggle:

...I came back here & oh fuck, it took... I wanted to do the same thing as in [country]. ...get work as an art therapist...was so hard. And it was so depressing, Annetta. ...it took me 3 months just to get job. I was going to every single organisation. ...to government bodies & asking about funding to be an art therapist. ...writing emails to all sorts of organisations about art
therapy, & what I could offer...doing a 2 week free trial run ~ & all these sorts of things. And so many people go: oh, it’s fantastic, it sounds great, I’d love to have art therapy, but we don’t have the funding right now. And I got that so many times...I got despondent...I needed money...I took a job with [organisation]...as a disability support worker...& yeah, it’s taken me this long to get them to get the art therapy up & running. But I kept on pestering constantly... And, I kept on writing emails & yeah, finally...

Stacey, pp. 14-15

For Sacha, on the other hand, the dearth of jobs situation is reversed, with art therapy professionals being actively sought by NGOs in the area she lives and works in. Strong networking and good support from allied and complementary fields in her local area have ensured that art therapy practitioners enjoy high esteem and very strong cultural capital (Bourdieu, 1993a). In the sector Sacha’s job falls into the gender balance is strongly weighted towards women overall, and as Sacha does not work within the medical model, these aspects may be useful in future analysis.

... when an art therapist changes positions within Not For Profit organisations...managers, & the CEOS when they go out to their networking meetings, they’re saying: ‘Oh. I’ve got an art therapist.’ And, when you leave, they don’t really want you to leave because they know they can’t fill that position with another art therapist. And, so there’s competition between the organisations for the, the small amount of therapists that are ~ yeah, that’s what I’m seeing at the moment. It’s really great, you know, when you talk to people, the managers of these Not For Profit places are saying, you know, ‘if you’re interested, come & work. I can ~ if you only want part-time I’ll give you part-time. If you want full-time I’ll make something happen.’ So they’re really, really wanting people, because I guess they’ve seen the value of it.

Sacha, p. 3

Jo has always been in work, and created her own work when she chose to. Jo is centred in her own cultural and symbolic capitals, and of all the participants has reported the most active art-making practice. Jo has also worked purely as a professional artist for a time, and is the only participant to have been in a position to choose whether or not to stay in art therapy or
pursue fine art as a profitable and viable livelihood. She describes her career this way:

…once I qualified, & I’ve pretty much been in art therapy, all of my life ~ had various jobs in art therapy & mental health, sexual assault, vision impaired adults, always worked with adults, never with children. …the only time I’d say that I possibly thought about veering off of art therapy was when I was doing a lot of aesthetic paintings, & my career as an artist started to look good. I was having quite a lot of exhibitions, my work was selling well ~ I was selling paintings for about [$AU] each, & (inhale) I started to think that that’s what I wanted to do, but it wasn’t really long before I realised that I just felt a bit like a production line. And I felt like I was making furniture for people’s lounges & it, it started to feel not alright for me, so, then, I started to steer back into art therapy. So…I’ve always just been an art therapist ~ if you see my resume, it’s just a whole line of art therapy/art therapist down the left-hand column. (Laugh.) I haven’t actually done anything else. (Laugh.)

Jo, pp. 20-21

As mentioned in an earlier section, Susie is proactively working to increase her cultural capital to bring herself into line with a reality of current Australian practice and pursuing another therapeutic qualification. An art therapy degree by itself is not a guarantee of work or income in the region, but rather than waiting passively for the situation to improve, Susie is forging ahead with new competency and skill pathways:

…I’m really solid with the art therapy, but I feel the grounding of the profession in this country is not as much as I would hope for…I can see great potential, but it needs a bit of work & I felt that I needed a second label, because everyone has a second label here! … I may need something to fall back on. …in another direction that I hope will strengthen my Art Therapy practice…

Susie, pp. 6-7

Susie openly addresses a reality discussed by Feen-Calligan (2012) with art therapy and counselling students, wherein a dual therapeutic identity works against a congruent sense of professional identity in art therapy graduates. Susie herself is very confident and experienced, however the regional low status of the field, in
combination with an “incomplete habitus” experienced by regional practitioners, has led her to pursue studies that have a better-established ‘label’ attached to them. In this manner Susie hopes to bolster her art therapy practice and continue to work as a therapist.

Frida discussed bolstering art therapy from a different direction, one of conscious and deliberate dialogue from within the field to clarify, articulate, and address the problematic and contentious issue of perceptions from outside the field (Wenger, 1998, Tajfel, 1982b). Frida acknowledges that one of the impediments to a higher field status and esteem is the recognition and acceptance of the profession by other professions (Crombie, 2014).

However, Frida also prefaces her remarks by admitting that although she considers this an important first step, she is not sure how to bring this clarifying dialogue into being:

I must admit… I can’t think of any way, but I certainly think that if you got enough artist therapists in a space together, surely…(Laugh) with all that creativity, we could think this stuff through. …that’s the starting point, that we would have to just get people together, &…invite other people in & ask them ~ honestly, like why aren’t they…using art therapists? …we need to sorta look at ourselves… through other people’s eyes…I don’t think we do that particularly well. I think we think that we’re very good at doing it, but we don’t ask the psychiatrists or…the teachers…how do they see us? Is it that they see us as ‘arty farty’ people? Is it cause we look (laugh) like arty farty people? Is it ’cause we think we’re different…that’s the other side of it, that other people see us in a way that…isn’t helpful for what they’re doing. ….we don’t come together very often, but surely we should be looking at this… together.  

_Frida, p. 25_

Perhaps one way forward in this is to encompass professional identity within continuing professional development (CPD) The importance of CPD is emphasised by both ANZATA (2015c) and professional literature for differing motives. In the UK (Case and Dalley, 2006a) as part of a regulated profession, art therapists must complete a set number of CPD hours per year to continue to qualify for the Health
Care and Professionals Council (HCPC, 2015). In the ANZATA region where art therapy is unregulated, CPD helps to ensure best practice standards are upheld. Higgs and Patton (2014) also note that professional identity constructed within pedagogical routes alone is insufficient to establish practitioner identity, and post-study training can help to reinforce practitioner professional identity.

**Practitioner numbers**

One of the more difficult areas to research for this thesis has been that of practitioner numbers. I had hoped that over the course of the research process to see some defining indicators via peak body membership numbers however this has not proved to be the case. As arts therapies are unregulated, membership in a peak body is not mandatory, and the cost may be a deterrent for some practitioners. However, I was able to track some numbers of graduates and peak body members, and I include them to provide regional context, rather than as conclusive data. I acknowledge that it is incredibly difficult to determine exact numbers in the profession too, as practitioners are regularly employed in non-art therapy positions, as previously discussed. Muddying the waters are the ways that professional association numbers may fluctuate throughout the year – peak body membership is sometimes based on the month of individual commencement, rather than by calendar or fiscal year cycles. I’m reminded of the television quiz show QI question: “How many piano tuners are there in the UK?” (2011). The answer there, as it appears to be from my research here, is that “nobody knows”.

In the middle of 2014, ANZATA membership numbers were estimated by the then secretary to be around 350, and at the time of writing this has dropped to approximately 250. I counted the registered practitioners on the therapist directory, and while this may not be a full reflection of the ANZATA membership roll, it seems a good indicator of active members across the region. There are also countries listed at the time of writing that do not contain registered members, indicating that membership retention may be a concern for the regional peak body. Student

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22 To quote Stephen Fry verbatim on this point: “No-one knows exactly how many piano tuners there are in the UK – not even the British Association of Piano Tuners. Their best guess is between 1,000 and 10,000. This is partly because there are few full-time piano tuners.” Alan Davies won the bonus points.

23 PACFA reports 10 members and ACATA 28 at the time of writing, however these numbers are subject to change without notice and includes arts and expressive therapists across the spectrum of disciplines, not solely art therapy.
populations within training programmes do appear to continue at a steady rate, with the College of Complementary Medicine in Hornsby graduating an average of 40 people in the period 2013-2015 (Institute, 2015b), while The MIECAT Institute Inc. estimate 50 graduates from their Masters and Doctoral programmes combined on an average annual basis (Inc., 2015a). The University of Western Sydney graduates around 24 people from their Masters of art therapy programme annually.

The links are tentative as I have noted, but the numbers of graduates pursuing arts therapy training do not reflect a retention or increase of membership numbers for peak bodies, which is a trend that might have been less evident had employment opportunities been greater. The following section will consider a fundamental element of praxis, and one which reflects both individual and profession-wide status: the art therapy studio space.

THE STUDIO SPACE
Concerning the studio space and its importance to the art therapy process, much is included in the literature from both the UK and the USA perspectives (Killick, 2000, Wood, 2000, McNiff, 2004, Edwards, 2007). A fixed and working art therapy studio may also be considered a space which represents high status in terms of symbolic capital. Dedicated workspaces however, are costly for individuals and businesses to maintain, and perhaps a reason that studio space was not closely addressed in all of the interviews was that it was so far out of reach for many practitioners that it, like the art therapist’s role, was invisible. Art materials themselves are an ongoing business expense, but art therapy costs do not stop there; in addition to the physical working studio space, safe and confidential storage arrangements for client works is required. This last is sometimes such a contentious topic in the workplace that only 2-dimensional works (paint, pencil, or crayon for example) are offered to clients, as creative 3-d options including clay and sculpture require too much room to both make and store.

The capacity for storage of works as well as space for personal retreat or reflection in the workplace did not get a mention in interviews. These absences are perhaps emblematic of the tenuous nature of art therapy practice for many practitioners, and perhaps the silence from the participants is unsurprising. These are factors which directly impact practitioners themselves, and may be interpreted as belonging to the
backgrounding of the practitioner and contributing to the “incomplete habitus”. Other factors which concerned client wellbeing, safety, and comfort, for example, did rate mentions and exploration in the interviews.

The continuity of the studio space as representative of a container for the therapeutic relationship is one of the more problematic areas for art therapy in unregulated countries including the USA and Australia (Moon, 2002, Case and Dalley, 2006b, Edwards, 2007). However, art therapy studios, as dedicated spaces offering a continuity of place for art-making within the art therapy relationship, is strongly positioned within the art therapy UK canon as being essential in the care and maintenance of good praxis. This may be attributed to the open studio approach which informed much of the early decades of art therapy delivery in sanatoriums and institutions (Waller, 1991, Hogan, 2001, Case and Dalley, 2006b). A studio also helps deliver messages about status, identity, and permissions for clients; Wood (2000) articulated the direct impact on practitioners, clients, and practice the loss of studio space had over the time period the UK dismantled the open studio programmes.

A studio space was explored from differing professional standpoints by some participants. Sacha from a community centre with a shared space, Sandy from a private practice perspective, Vanilla Brown who works in government schools, and the hopeful Stacey, who described her plan for a future, ideal, workspace thusly:

…my plan was to have a centre, in [city], called MADDHOUSE. …what I’ve have there is music, art, dance, & drama therapy. And it would have all these different therapists that would hold sessions in this centre. …that was my huge vision…but, maybe it was too grand…I tried so hard to get [funding]… I got positive responses, but…no real support. …no real ‘I want to help this, I want to fund this …

Stacey, p. 20

It may be interpreted as directly reflective of current working conditions, and status of the field and its practitioners in general, that ad-hoc spaces are the norm in the region. In the USA dedicated art therapy studios are often improvised spaces, as discussed in Moon (2002). It might be argued that this absence of place is so consistent and pervasive that as far as identity goes, it is too far down the list of
practical considerations for some practitioners to be focused on it, or it is so integrated into working reality that it is no longer perceived as being a gauge of identity per se.

This situation is not a universally problematic working reality for everyone though. For example Sacha reported great satisfaction with her job, colleagues and workplace overall – yet Sacha does not have a dedicated art therapy space. When Sacha was showing me around her workplace prior to the interview, she took me into a large, multi-purpose activity room, which is shared between all the community workers at the centre. Staff members work collaboratively to make the space light, colourful and accommodating for clients, and leave it clean and tidy for the next person using the space. The exceptions to the struggle for work-space and storage of works among participants are Myfanwy and Sandy, who both have generous studio workspaces. Storage of artworks did not feature in Myfanwy’s interview, but she rents a roomy commercial space with dedicated work room, washing areas, and separate reception and office spaces. Sandy has a generous, multi-room workplace with large windows, expansive tables for large-scale artworks and processes, and a great deal of shelving for materials storage. In addition, Sandy’s workplace has separate areas for client consultation/administrative work, and storage of completed works. Sandy was frank in her discussion of the importance of what the space can represent both for client and practitioner:

…having the studio space is an incredibly important thing to me. And I think studio spaces are spaces of healing. They are spaces that have always been spaces where people can come & connect with themselves. To themselves, & with others.

Sandy, p. 4

For Vanilla Brown, working in schools and often making use of an empty classroom when she can, the studio space opens up a permission to interact at levels that might not be the norm in the classroom. As Vanilla Brown works with adolescents, having a large space which allows for large-scale projects where young bodies can work off energy is very useful, and opens up a new dialogue about ‘stealth’ aspects of art therapy work:
Sometimes kids need to move before they can sit still & make something. And that’s why I really like working with young people with BIG easels, & BIG bits of paper, ‘cause then they have to stand up. …you have to use your whole body to get from one side of the page to the other, so it’s a kind of a movement by stealth. (Laugh.)

*Vanilla Brown, p. 13*

Vanilla Brown may not be in a position to offer a fixed art therapy space for her student clients, so she opts to ensure continuity via her material offerings and the scale of work:

…they’re big canvases…this school has an arts focus… And I always did at the school I was running yeah? So, I can get whatever size canvas I want. …I’m talking big canvases, or the big bits of cartridge paper. Kids are often a bit scared to hit up a canvas straight away. It’s that whole precious thing. But I just say: ‘It doesn’t matter. We’ve got heaps of white paint, & we’ve got heaps of gesso’ ~ we can fix it. ‘If you don’t like it we can rub it out, just like if we had a rubber. And a pencil.’

*Vanilla Brown, p. 14*

I have met art therapists who offer a container in miniature as they travel to offer workshops in community centres on a regular basis. For these practitioners the continuity of the studio shrinks down to a rolling suitcase, and one particular therapist whom I encountered during my training years told me anecdotally that she dubs her suitcase her “art therapy universe”. Perhaps an aspect of identity-building or association with identity may be incorporated into one of the professional practice units in tertiary courses, or this may be a consideration for ongoing professional development topics tailored for contemporary regional art therapists. Further considerations of modified studio approaches will be included in chapter 9.

The following section examines how a regional art therapy ‘brand’ might be developed, disseminated, and implemented, and what the advantages as well as the stumbling blocks for the industry and peak bodies such as ANZATA entail. Although a powerful cultural shift would be required of the industry overall to incorporate this concept, the potential for brand development and dissemination for professionals in the region to formulate and strengthen professional identity should
not be underestimated (Urd, 1999). The potential of brand dissemination and distribution through pedagogical pathways to support students with professional identity development will be discussed before moving on to explore how a brand might benefit practitioners in the field.

**BELONGING AND BRANDING**
Although it may seem out of place to consider a marketing strategy within the framework of a sociological thesis, as is the one presented here, a potential solution to at least a part of the field’s struggle for recognition and identity-based coherence would go unaddressed were it to be excluded. A consistent brand, developed in collaboration with practitioners and the peak body and disseminated via educational providers would facilitate a congruent presence in the allied health arena. The concept of branding is one that is tied to neoliberal practices (Laforet, 2014, Hearn, 2015) and this thesis has been critical of neoliberal structures in the manner that they exclude women and women’s lived experiences. However, neoliberalism as an embedded aspect of business and educational delivery is a contemporary reality. By consciously and proactively engaging with a specific aspect of neoliberalism, here brand development and dissemination, there is an arguable benefit and gain for a field populated primarily by females. Branding as a component of professional identity may assist with the deepening of practitioner ties to the field, as well as the industry. Additionally, it could foster and support the retention of professionals to both peak bodies and the labour market overall.

A brand can be a useful tool that can help to present art therapy as a desirable and beneficial allied therapy technique to potential customers, and bridge, at least in part, the knowledge gap within medical and allied health professions overall. There are several important areas of the field that would benefit from an art therapy brand, including pedagogical delivery, workplace awareness, and client population retention.

An effective approach to consolidating and promoting a more consistent overall image of art therapy practice is to implement a top-down brand approach, as advocated by Laforet (2014) in order to provide a firm and visible mechanism for developing, disseminating, and maintaining the art therapy brand. By engaging ANZATA’s peak body profile as the point of development, nurture, and distribution
of an art therapy brand, a more consistent interpretation of praxis throughout the region would be achievable. Were consistency the case, the fall in registered, and therefore visible, professionals in the field might well be arrested. Without this trend of declining numbers being halted and reversed, there is a strong chance that the field as a whole will lose autonomous status and either be subsumed into better-established fields, or disappear altogether.

**Professional branding and belonging**

A brand for the profession may be considered as a vehicle for bringing cohesion to practitioner descriptions and very useful for a potential client pool being introduced to a new concept or approach, particularly one which deals with intangibles that have proven difficult to translate to the health market (Urd, 1999). A brand may also help maintain a discrete niche within the allied health spectrum, as brands are dependent upon consistent outcomes and consumer experience satisfaction (Ponsonby-McCabe and Boyle, 2006), something which case studies within art therapy literature shows to be possible (Wadeson, 2000, Rubin, 2001, Malchiodi, 2003a, Case and Dalley, 2004). Consistent and universal process description by practitioners/providers, in conjunction with consistent consumer satisfaction (insofar as this is possible for any profession, health-related or otherwise) would help to develop a recognisable profile within the allied health spectrum. This in turn would lead to further potential clients becoming aware, and hopefully loyal to, the art therapy brand (Louro and Cunha, 2001). The literature suggests that this later stage of client-driven brand loyalty would be best considered as an industry strategy for a later date, as a well-established market position with a sound level of public recognition a requirement for this bi-directional approach to brand management to be utilised.

For foundational issues surrounding professional identity formation and professional congruence, a brand which is carefully developed and disseminated could go some way to, if not eliminating, then certainly mitigating the need for constant position of explanation for art therapy practitioners. I did observe during interviews that the most passionate responses elicited by questions and discussions were related to the efficacy of the art therapy process and clients, not to the industry itself. Nor, for participants who trained in the region, was there any kind of overt, discernible, articulated connection in terms of identity or brand for the profession (Louro and
This thesis asserts that an answer to foregrounding and making visible the therapist herself lies, in large part, in skilful brand development and congruent application.

**Practitioner retention and visible membership numbers**

The membership of ANZATA over the last several years might be expected to demonstrate steady numbers, or even increase rise due to the expansion of countries containing members over the last few years. However, peak body numbers seem to be decreasing. An email in early 2013 from the then ANZATA secretary stated that membership was approximately 350 members (Fitzgerald, 2013), and a tally of membership numbers on the ANZATA website at the time of publication indicates just over 200 active members, a decrease of approximately 40%, so the profession is obviously struggling (ANZATA, 2010, 2015f).

There is clearly a high attrition rate of membership within ANZATA and the field overall, as declining ANZATA membership numbers attest. As noted earlier, the steady stream of graduates each year is not reflected in a commensurate steady growth of membership numbers incorporated into, and retained by, ANZATA. This thesis posits that this attrition in practitioner numbers may be attributable, in part, to a lack of congruence in the area of professional identity, which in conjunction with an “incomplete habitus” creates a tangible gap in the process of articulating an understanding of the field which practitioners themselves find difficult to overcome.

One possible way forward to correct this lack of articulation, and to simultaneously help arrest attrition of professionals within the field, is to introduce the concept of a brand. All of which may be seen as providing benefits for the region’s art therapists when it comes to establishing and maintaining a more visible niche within the health spectrum overall, and for communicating the function and purpose of art therapy to both colleagues and clients alike.

One of the recurring areas of difficulty many participants identified was that of always returning to a starting position of explaining the art therapy profession. A more visible brand could help to move practitioners past this loop of introductory explanation, and provide practitioners with a coherent and consistent image to present to clients and colleagues.
Branding and pedagogical delivery

The articulation of a unique professional identity, and how this may assist with practitioner retention by helping to reinforce professional identity as part of pedagogical delivery, may be considered an essential part of brand development for the field. Students, as this thesis has already discussed, leave university courses before they graduate due to uncertainty surrounding professional identity. Other students graduate, only to leave the field for alternative training and higher-profile employment arenas. There are some students who find it hard to overcome original training at undergraduate levels, struggling to reconcile two differing pedagogical perspectives during their studies. This uncertainty and struggle carries over into the workplace, and is a contributing factor to low visibility and an “incomplete habitus”.

A shift towards a regional-wide message which defines “art therapy” consistently during training would go a long way to promoting professional identity for students. A consistent message, in essence a foundational mission statement for the field, may provide something students and professionals could refer to for themselves and others around them when it comes to describing the profession and process of art therapy. This central lode-stone of identity description is currently absent; students do their best to invent something personal that will fill this gap, but are not often successful as the data from the interviews, as well as falling industry numbers has borne out. I myself was never able to find a suitable sense of brand for the profession, and I acknowledge that this element contributed to my decision to leave the field.

Perhaps peak bodies could also participate in disseminating a brand via their official publication pathway. Art therapy and art therapists in the region are at a disconnect from the centres of art therapy practice in the Northern hemisphere where the profession and practitioners alike enjoy high status, as previously discussed. The UK- and USA-centric cultural norms that much of the university training in Australia is based on are at odds with many of the realities of workplace and professional interactions experienced by practitioners on a day-to-day basis. There is not only a powerful divide of realities and experiences contained within the professional
literature, there are also a greater number of journal articles, conference papers, and case studies from the Northern hemisphere available to ANZATA members. Consider peak body peer-reviewed journals: the ANZATA journal ANZJAT publishes one volume per year (ANZATA, 2015b), the BAAT (Health, 2015) journal publishes three volumes and AATA four volumes (Online, 2015). A brand that was consistently and conscientiously included as an integral aspect of peak body publication may effectively support a platform for identity and identification when graduates move into the workplace post-training.

**How could an art therapy brand facilitate professional identity and belonging?**

As described by Urd (1999), a brand that is consciously developed and nurtured by an organisation, becomes a major asset in a competitive market. Building upon Urd’s position, Laforet’s (2014) research further affirms that a brand which is consistent and managed from the head of an organisation can be a strategic marketing tool. From this perspective, a brand that is managed and disseminated top-down from the peak body itself would provide a benchmark for practitioners in the workplace, as well as functioning as a driver for pedagogical and professional development components. Rather than each practitioner considering themselves to be lone entities, practicing in isolation with little reference to the work of other art therapists save by contrast, a brand would help present a unifying and consistent interpretation of the profession. This may be seen as a parallel to the observation Jo offered in terms of the importance of having an active art-making practice for art therapy professionals:

> …it’s the difference between offering…something that you’re in touch with, & so therefore offering a higher quality…modality. And…offering something that you don’t use yourself, & so therefore…you’re just pushing something...you’re not that involved in.  
> *Jo, p. 18*

Jo makes a salient point about the importance of being immersed in, comfortable with, and producing, art-making in order to be able to offer a high-quality art therapy service to clients. Jo went further into her perspective of the importance of self-awareness for practitioners via art:
Jo’s analysis of the important roles that art-making plays in self-understanding parallel considerations of the role a brand could play in professional identity. By using a consistent statement developed and disseminated by ANZATA, an industry brand could foster stronger interactions between practitioners and the peak body than the field currently experiences. ANZATA produces a conference and a journal every year, but is not visible for practitioners in the workplace. A top-down approach could strengthen practitioner awareness of the body itself, potentially leading to more active networking activities and boosting peer-to-peer interactions (Laforet, 2014). In addition to this, the brand itself may be seen as a useful tool for fostering and maintaining a sense of identity for art therapists via brand re-presentation, as explored by Park, Jaworski, & Maclnnis (1986). This might lend a more consistent and congruent region-wide identity and strengthen the community with an ongoing reminder of the importance of identity also arising from the notion of Communities of Practice (CoP). The importance of this element in building successful, thriving professions is noted in the literature (Wenger and Snyder, 2000, Higgs and Patton, 2014) and formed a strong thread of commonality amongst the interview content, as discussed in Chapter 4.

To return to the visual metaphors introduced in chapter 1, a brand would allow art therapy professionals to feel more like a sand dune, as opposed to a sand grain (see figure 1, p. 3 and figure 4, p. 11). Industry professionals would have a consistent line of identity definition to call upon and to reproduce within the workplace, as well as for recruitment of new clients via websites, and for educational delivery consistency throughout the regional field.

**The role of a mission statement**

A mission statement is an important extension of a brand, and may be useful to practitioners when presenting to colleagues in the workplace on the benefits of art therapy, as well as for peak body information transfer via their main page content. A mission statement’s role is:
In addition to conveying a corporation’s nature and reason for being, this statement may also outline where a firm is headed; how it plans to get there; what its priorities, values, and beliefs are; and how it is distinctive (Williams, 2008, p. 96).

To date only one peak body website engages a distinct mission statement, but the model may be useful for ANZATA’s needs:

The American Art Therapy Association’s Mission

The American Art Therapy Association, Inc. (Association) is an organization of professionals dedicated to the belief that making art is healing and life enhancing. Its mission is to serve its members and the general public by providing standards of professional competence, and developing and promoting knowledge in, and of, the field of art therapy. Adopted April 2008 (AATA, 2015c).

Another value-add for a professional association which includes a top-down brand and mission statement is the evidence showing that communities of inclusion, arguably indispensable for smaller fields like art therapy, are strengthened and bonded when individual members are made visible within the frameworks of the official statements:

Higher-performing firms included in this study discussed philosophies and targeted markets more often, and they discussed strategies for survival, concern for public image, and concern for employees significantly more often (Williams, 2008, p. 2).

Since a shift to make visible the practitioner herself is one of the fundamental findings of the research, a unifying brand which is underpinned by an effective mission statement seems a sensible, low-cost and inclusive pathway forward for art therapy in the region. Indeed, perhaps it is an imperative if the profession is to be preserved.

The global search for a brand

Art therapists and associations around the world are engaged with considerations of community, belonging, and employment opportunities; arguably the identity concerns felt by practitioners here in the region are also experienced by therapists elsewhere. At the 2013 ANZATA conference in Sydney, visiting professor and
author Shaun McNiff touched on these topics during talks he gave over the course of the weekend. One of the concerns he mentioned was the shift in overt identity of AATA and other associations to lie closer to the medical model, in particular the deliberate inclusion of the term “counselling” in descriptions of the profession by AATA. McNiff expressed the view that art therapy is not counselling per se, and that the profession should not elide itself.

Susie, trained overseas at both undergraduate and post-graduate levels in art therapy directly addressed the dual-identity aspect of ANZATA-nation practitioners as she sees it. Although this excerpt is mentioned earlier in the thesis, it bears examination within the context here:

So that’s how I’ve been trained…& after so many years of training you are quite solid in your professional identity (laugh). See, here I find what the difficulty is in Australia is that a lot of people have another degree & then study two years art therapy on top of that ~ so they have a dual professional identity. And they struggle with this dual identity. I think it has to do with the education set-up. Like, there’s not one training that trains you to be an art therapist only. I think they are working on this, but it still needs to get to the right level that actually links in with the other courses, such as the Masters. I think there needs to be more linking of the different training institutions. It’s not there yet, but I think it’s got good potential to become a solid linking ~ like if you could do a four year training in some sort of institution & become fully an Art Therapist after that.

Susie, p. 5

Professional identity in the ANZATA region has been found by the research to be inconsistent, although this is not the fault of the region itself. The industry at a global level does not demonstrate a consistent identity as a brand to present to the world, leaving practitioners, clients, and work colleagues to hazard what art therapy is. By extension, art therapists are similarly accorded an unfixed appellation to fit practice realities at a given time.

The practitioners I interviewed are dedicated to their work, and have a very good sense of what they look for by way of support for the profession and the individual professionals within it. Important elements here include supervision, concise self-
awareness, art-making processes and practice, and a willingness to be a part of a larger community. One aspect of identity that became apparent from the interviews is the desire for a stronger, more visible presence in public awareness, so education is not simply a matter relating to practitioners, but is firmly placed in practitioners’ minds as relating to their community profile.

The following chapter examines how art therapists describe themselves, with their sense of professional identity considered in light of the theoretical underpinnings of the thesis. This chapter will also examine some outcomes and consequences of backgrounding the art therapist’s role in art therapy, how we might consider positioning practitioners in the field, and what the participants themselves consider to be elements of identity and belonging.
...it’s really important to have supervision. ...It’s very important to take care of yourself so that you do not bring your stuff into the room. ...where you’re really closely working with people who...sometimes haven’t got a strong sense of self, or a damaged one...the caretaker in you...has to be managed...Because if you do this work with [clients with] intense illnesses...you can lose yourself in it. ...it’s very important not to get to that level ~ you must look after yourself first.

Myfanwy, pp. 19-20
This chapter examines what professional art therapists in the region consider to be important constituent elements of professional identity and praxis. Identity is discussed from the viewpoint of importance for a profession and the practitioners who occupy it, and what the impacts and consequences may be when professional identity is absent. The first part of this chapter examines professional identity in the participant’s own words. This is followed by specific aspects of practice and praxis that participants identified as being important for identity, particularly art-making, community and supervision. For the purposes of this chapter identity is considered as a resultant interplay of the group and the constituent members:

Talking about identity…is not denying individuality but viewing the very definition of individuality as something that is part of the practices of specific communities. It is therefore a mistaken dichotomy to wonder whether the unit of analysis of identity should be the community or the person. The focus must be on the process of their mutual constitution (Wenger, 1998, p. 146).

Wenger’s point here highlights an aspect of the data that emerged from the data analysis – the backgrounding and lack of visibility of the therapist herself in art therapy, as discussed in the previous chapters, may been seen to negatively impact professional identity. I have attempted to bring the individual perspectives of the participants into the foreground of regional and international art therapy approaches, and to consider how the individual expressions of professional identity may come together to strengthen a sense of professional community and identity for the field as a whole.

**ART THERAPY BY ART THERAPISTS**

During each of the interviews, I asked participants to pretend that I knew nothing about art therapy, and to tell me how they would describe themselves if we’d just met socially and I asked them to tell me what it is they do (appendix v.). For some participants, it was the first time they had thought about professional identity per se, although most acknowledged that explaining their job over and over again to people is a constant feature of their professional reality. In this repetition I see a need for a cultural theory perspective to enrich that of Wenger – when ‘culture’ is used I intend the culture of the field within a larger field of allied health, but also the historicity and pattern of the arts therapies professional culture in the region, which has to date
been one of fragmentation and invisibility. By offering the voices and descriptions of the participants themselves, I hope to open a space for considering how cultural change may lead to a stronger sense of community and professional identity for practitioners, given that which has come before:

We must consider identities in terms of the experience of relationships: what can happen through relationships, and what happens to relationships. In this way, we can take up again the question of dynamism versus closure in identity.

Ideally, cultural relationship and interaction will be open to new experience (Robins, 1996, p. 79).

Here is how the participants describe themselves professionally to strangers unfamiliar with the field.

**Myfanwy**

Well, I always start off with describing myself as an art psychotherapist, first. …‘oh, what the hell is that?!’ people will say. And I’ll say, well it’s somebody…who works with helping people gain insight through a non-verbal expression.  
*Myfanwy, p. 5*

This description is clinically-oriented and concise, although it also encapsulates the lack of understanding about art therapy in the general community reported by participants. The clinical style of verbiage employed by Myfanwy may be seen to reflect the focus of Myfanwy’s work, which is firmly situated in chronic mental health populations.

For Myfanwy, setting up a space for people to ask her questions is an effective strategy, and represents perhaps the most prominent manner of positioning the therapist of all the responses from participants. However, the emphasis on the clinical terminology, relying on mainstream medical/psychiatric, may obscure the art therapy aspect for the listener if they are unfamiliar with psychiatric language. For a client population and collegial network familiar with this parlance this lexicon may attract clients and support, but it might not be a drawcard for those outside of the health spectrum.
There have been debates for decades about how much of an emphasis on clinical content should be informing pedagogical structures as this then informs the style of practitioner. There have been books and articles from both the UK, as described in Waller’s history, particularly the early years (1991, pp.221-260) and Henzell’s (1997) memoir, and in the USA, where personal growth, client-centred, and spiritual/shamanic approaches have been explored and advocated for by both McNiff (1992, 2004) and Moon (2008) among others (see Chapter 6).

Myfanwy’s client population reflects contemporary Australian realities in allied health: there is some funding for programmes for mental health, often for young people, and some, perhaps specialist, practitioners may be fortunate enough to have private clients. However, whether in public or private avenues, clinical diagnoses and the medical model play a large part in the art therapy lexicon and scope of practice in the region overall (Van Lith et al., 2009, Luspinner, 2010b, Gilroy et al., 2012).

There are writings beginning to emerge that are regionally-oriented, and some challenge the Western medical model as a point of focus – for example Kalmanowitz et al. (2012) and Lee and Adams (2013) – however the main body of professional literature, and opportunities for employment, at the time of writing are primarily oriented to clinical and medical frameworks.

**Vanilla Brown**

> Usually, I’ll say something along the lines of…‘I work with people to help them express themselves, in whatever way they’re most comfortable doing that. And sometimes people don’t wanna **talk**, so sometimes it helps to… allow them to **make something**, & then they can talk about that thing.’

*Vanilla Brown, p. 12*

For Vanilla Brown, describing what she does is contextual to **doing over speaking**, and she is open to giving a working explanation of the overall art therapy process. Vanilla Brown articulated explicitly during her interview that she works in a low-status position within the education system, emphasising also that art is not a high-prestige subject at her school. A vague habitus may be discerned in this excerpt as an aspect of practice she is quite conscious of, and one that is clearly reinforced by her workplace structure and dynamic. Vanilla Brown finds it difficult to clearly define
her own role within art therapy, but is not definite about art therapy as an intervention either. To dovetail Hall’s (1986) and Smith’s (1987) thinking to illustrate how a lack of definition is present for an experienced and highly-skilled practitioner, the silencing of women’s knowledge and experiences by societal structures makes it very difficult for Vanilla Brown to explicitly and effectively articulate a professional identity. I find it particularly interesting to note that Vanilla Brown’s initial positioning of herself as therapist (focus) falls away into process (focus) in the second half of the description. Vanilla Brown’s experience may also be considered a living example of Bourdieu’s descriptions concerning status and field, and how patterns of interactions reinforce and underpin lived field realities (2001). In this case, the status of art therapists within the allied health field is so low, that seasoned practitioner Vanilla Brown finds it difficult to state to another art therapist (myself, at the time of the interview) how she would describe her job. The lived field reality for regional practitioners is arguably opaque, making clear descriptions of professional identity a challenging notion.

Jo

It’s very tiresome, sayin’ ‘I’m an art therapist’ & then you know what the next question’s gonna be is ‘What is art therapy? What is an art therapist?’ And, you know, you can do that for the first five years out of [training], & perhaps the first ten years out of [training], but when you’re doing it, you know, twenty-five years later… So I say I’m a therapist…& that I use art as my main mode of communication with my clients ~ & people don’t tend to say ‘well, what is that?’

Jo, pp. 16-17

For practitioners, particularly those who have been in the field a long time and in more than one country, like Jo and Susie, the lack of recognition for art therapy throughout the wider community is tiring – and as Jo has also been an art therapist for several decades, she is no longer prepared to enter into detailed explanations of her profession. Her habitus, although arguably liminal as she goes continually over old ground identity-wise, is not open to long and involved introductory explanations after decades of successful therapeutic work with clients.
Jo’s response here also highlights an elision into ready descriptions of other profession’s work which, as previously discussed, is not uncommon in the art therapy field, but may leave some listeners unclear as to what art therapy is and how it functions.

Susie

Susie, like Jo, has been a respected practitioner in another part of the world where the profession enjoys a much higher status and level of public recognition. Susie – like Jo in the previous section – clearly articulates her frustration with a devaluing of art therapy and her practitioner status by people who do not understand the field. In response to this, Susie proffers a therapist-centred, high-status label up front, ensuring that her listener knows that she is comfortable with a creatively-based professional career:

    I’m a therapist who uses art of a way of communicating. Because I was getting really tired of people here saying: ‘oh, you are an art therapist, you really should have to talk to my wife, because she likes knitting.’… so I usually use the word therapist as a first thing to get the point across & then say…I use art as a way of communicating. And a lot of people then have the “a-ha” moment when I describe it like that.

    Susie, p. 4

Susie’s explanation also highlights one of the practical aspects of working in a field that lacks an over-arching, industry-wide identity: a lot of words can go into attempting to explain something that isn’t clear to the practitioners themselves. This excerpt from my interview with Susie does highlight a point made in Chapter 5 concerning the inherent confusion in the constituent parts of both art and therapy, which is seen here conflated with a personal activity/hobby in the form of knitting.

One of the interesting aspects of this excerpt for me is that the scenario described by Susie here involves a *listener* bypassing the therapist’s position and importance to the therapeutic process. Perhaps this is a function of a Northern hemisphere-driven cultural construct within the art therapy field – one that presumes knowledge in the wider community that isn’t present, and which may also be interpreted as another indicator of the “incomplete habitus” regional art therapists occupy. Perhaps too, this is an outcome directly linked to the expectations raised by the images projected by art
therapy journals, images and publications, that art therapy is mainstream and ‘normal’ in the sense that it is understood and widely-accepted as a therapeutic intervention by the public at large. This is evidently not the case here in the region, as all participants reported the ongoing need to constantly explain or defend their job title. Consequently, practitioners are left with more uncertainty about their position in the workplace each time they attempt an explanation, a position of doubt and uncertainty which reinforces both the “incomplete habitus” and second-class nature of their position in the health field overall.

Frida

…I shout it to the treetops…the hilltops, that I’m an art therapist…

_Frida, p. 8_

Frida is open and proud of her status, her belief in the art therapy process, and her title, although this does potentially leave her back at the frustrating starting point of explanation already mentioned by Jo and Susie, as the question of what it is that an art therapist _does_ is still unanswered. Smith’s theory comes to the fore again, as this is another example of the way women’s experiences, and lived experiences in general, are not included in the structure of what we understand to constitute the texts that inform our lives (1995). Frida advocates explaining by repetition, and she uses her title as an explanation of what she does as an art therapist for a listener.

Reiteration of title/label does not equate to explanation however, and a reiterative approach may even contribute to a further distancing of the practitioner from potential clients or from workplace colleagues as concrete information for the listener is not forthcoming despite requests for information. Artist and identity specialist Grayson Perry emphasises the importance of co-creation in identity formation, and notes that it is one of the greatest stumbling blocks to group identity – shown by Frida to be germane to the art therapy professional identity in the region:

> These things [identity] are not just created by the people within the group, they’re also created by the people looking _at_ the group, the people outside of it – because one can declare an identity until the cows come home. But if the people go “Yeah, right” it’s not gonna work (Perry, 2014).
Co-creation within a professional group may seem to link with identification within the wider community, but any agreed and self-determined identity is then dependent upon the larger group, or field in this case, agreeing to acknowledge the group identity. Professional identity in the region can be discussed as a poorly-articulated aspect of the field however the lack of congruent identity may be considered a bidirectional matter. Not only is identity fragmented and arguably poorly-formulated within the field, but the field of art therapy has been missing the acknowledgement and agreement of identity, and by extension status, by the allied and general health fields as a whole.

**Sacha**

Sacha has a concise statement to offer when asked to explain her job:

> Oh, I say I’ve got this really cool job where I’m an art therapist, & I work with people & we have fun making art, & it’s a good way for people to talk about their feelings.

*Sacha, p. 7*

This is a positive position, with Sacha’s enthusiasm for her work coming through clearly. However, this explanation does not encompass the therapeutic relationship or the role of the art therapist herself. As strong as Sacha’s workplace position and confidence in her professionalism is, the therapist’s position and role in the art therapy process is again backgrounded to the point of invisibility (Smith, 1987).

One possible consideration here, too, is that the depth and scope of art therapy may be lost in a lighter, more superficial description of the profession – which may be seen here in the employment of words such as “fun” and “cool”. While this lighter approach to description may invite some interest, and hope to elicit further enquiry from a listener, the lack of an obvious deeper therapeutic intent and description may drive potential clients with chronic illness challenges to seek professional help elsewhere.
Sandy

I say I’m an art therapist, an artist ... I say I work with art materials...I work with people helping them to discover who they are & what they want out of life.

*Sandy, p. 17*

Sandy describes her job in precisely the same way she performs her job – with people as the centre and clients the focus, working ‘with’ them. I do note here though, that although Sandy herself is present in her description, the centrality of the art therapist to a successful therapeutic outcome is again downplayed to the process.

The process of art-making in art therapy, as previously noted, is important for client outcomes rather than a focus directed towards artistic output *per se* (Moon, 2002, Case and Dalley, 2004). However, the subsuming of the therapist and her role in maintaining the therapeutic relationship and holding safe and appropriate boundaries for the client (Wood, 1997b, Schaverien, 2000) as an integral and necessary part of this process is not conducive to fostering a complete habitus or to breaking the cycle of invisibility that art therapy practitioners in the region are demonstrably caught up in.

Stacey

I just start talking about...how much art therapy means to me & how much I know art therapy is beneficial for so many different clienteles ~ it works on so many levels, you can use it in a whole load of different industries, in different workplaces...the different use of mediums, it doesn’t restrict... whereas normal, conventional counselling or psychology, you’re limited to your voice, &...vocab...& you’re constantly thinking about what words to say. And how it’s gonna sound when it comes out...by concentrating on yourself you give a more honest response...so much more powerful than anything else.

*Stacey, pp. 11-12*

Stacey discussed her dissatisfaction with the sense of incompleteness that the university art therapy training left her with elsewhere in her interview. Here, her long and involved explanation of how she describes herself and her job may also be
considered to reveal a liminal, arguably ‘incomplete’ habitus, as well as a general lack of assurance in her professional identity overall.

Interestingly for me, Stacey positions herself centrally in her explanation from an artistic standpoint – “do I like this…”, “does it work for me?” for example – however her role, responsibilities, and position as both a therapist and boundary-holder are not at all visible. From a critical viewpoint, Stacey may be said to describe the process from the perspective of a client, rather than that of a practitioner, adding some confusion to the explanation for the listener, and further subsuming and backgrounding the role of a trained art therapy practitioner in the therapeutic intervention. Here the work of Smith (1987) and Huppatz (2012) help to clarify why it is that art therapy training and experience is difficult to distil and articulate cogently; in this instance Stacey may be seen as conditioned by the structures and systems of health and education to downplay her skills and knowledge, and herself, almost to the point of incoherence. Both gender and cultural capitals are of such low status within the allied health field that even an internationally-experienced practitioner like Stacey isn’t able to describe her role in a concise, clear manner.

ELEMENTS CONTRIBUTING TO ART THERAPIST IDENTITY FORMATION
There are field-specific elements of praxis that form foundational approaches to professional identity and good professional practice. Art-making, community and supervision can help strengthen professional identity, build and maintain networks, and facilitate skill-sharing and mentoring. These constituent elements of professional identity and belonging have been noted by the participants themselves as being essential constituent parts of the art therapy profession, facilitating professional identity as will be discussed in the following sections.

ART-MAKING
As discussed by Dalley (1984) and Gilroy (1992, 2004) the ongoing art practice of art therapists is oftentimes problematic. For similar reasons that supervision is sidelined – cost, time, accessibility – the making of artwork as an intrinsic part of an art therapist’s practice often falls away post-graduation. Yet art making may well be considered central to the identity of an artist – arguably, therefore, forming part of an art therapist’s identity – and is certainly a vital part of what a client seeks out when
choosing art therapy as a therapeutic pathway. Jo raised this point towards the end of our interview:

A lot of art therapists…don’t stay involved in making images throughout their professional career. …somehow the component of making images drops off. And I think that continuing to make images…really promotes the quality of art therapy service that you then offer somebody else.

Jo, p. 18

For Jo, motivation becomes secondary to the act or mechanics of creation – the importance of staying in contact with the materials, and the actions of making art, help provide a commonality and thread of connection to the clients. Here Jo may be seen to advocate a territory in terms of symbolic capital that is important not just for the field itself, but for the way art therapy is perceived by the allied health field in general. As Bourdieu asserts: “The most disputed frontier of all is the one which separates the field of cultural production and the field of power” (1993a, p. 43). Jo, by choosing to remain a genuine part of the art-making aspect of the field, rather than shifting away as many practitioners admit they do (Gilroy, 2004), helps to maintain an equal status and power balance relative to those of her clients, whilst at the same time presenting a more coherent cultural and symbolic practitioner capital to the professional health spectrum.

Another aspect and function of art-making, sometimes overlooked in the processes of the professional and work-related, is that of pleasure. Myfanwy reminded me of this when she describes her approach to making art, which is one she’s engaged with her entire life.

I’ve never exhibited. But I love…cutting back…finding surprises, looking within.

Myfanwy, p. 3

Myfanwy did not at this point refer to art making as a form of continuity with her professional art therapist self, but as an expression of personal impulse and the private and personal pleasure that creating works of art to be a part of her living space brings her. To quote Ackerman: “Our language is steeped in visual imagery”
(1995, p. 230), and it occurs to me that Myfanwy is living with many reminders of her own personal language which may help to ground and reinforce her sense of self. This in turn, may function as a prop to the professional self that is presented to the world, despite pressures to be other than the way she is (Smith, 1995).

For Sacha on the other hand, art making is a trail-guide to annual goals, rather than a personal interpretation of surprise or delight, as in Myfanwy’s case.

These are my goals for this year, & I do them visually so this is my working diary…I keep referring to them. 

*Sacha, pp. 12-13*

Sacha may be seen to incorporate her art-making into her working life with a portable, symbolic capital totem. An interesting aspect of Sacha’s visual diary is the visible cover with her goals on public show; the hidden information function of a diary is effectively subverted, (Cardell, 2014) and thus a form of cultural capital may also be discerned (Hall, 1980).

**COMMUNITY**

Another aspect of identity, raised by participants in differing ways, relates to being aware of what’s needed in the professional community. Not only for building, growing, enhancing, and solidifying a united professional presence to the general public, but for facilitating practitioner identity within the profession and making a place within the general community.

According to Wegener community boundaries and definitions will move and shift to accommodate changes within community sectors as a series of negotiated interactions.

Though engagement, imagination and alignment are distinct modes of belonging, they are not mutually exclusive. A given community can be constituted by all three in various proportions, and the variety of these combinations results in communities with distinct qualities (1998, pp. 182-183).

Participants referred to ‘community’ in the interviews, although the community referred to was sometimes professional, sometimes general and local, and sometimes
crossed work or cartographic bounds. Despite the differing perspectives on community, however, the purpose of including the concept of community in the interviews related to belonging and integration at one or more levels. As a component of identity, community is important.

We function best when the depth of our knowing is steeped in an identity of participation, that is, when we can contribute to shaping the communities that define us as knowers (Wenger, 1998p. 253).

Identity has been demonstrated throughout this chapter to be elusive for art therapy professionals due to the invisible nature of the role of the art therapist herself. For the participants included in this section, an articulated reference to communities of one kind or another may be seen as a direct link to the longing for identity within the profession overall which would then help to translate professional identity to the general public and wider communities beyond the workplace.

For European-trained Susie, a sense of professional identity rooted in a cohesive industry community may entail travelling and networking outside the region to understand the lived reality of a high-status position in both the profession and the field of allied health overall. For example, that enjoyed by art therapists in Europe:

It’s much bigger in comparison where I am from. I…recommend any art therapist from Australia to go to an ECArTE conference…& see how big it is. Honestly, it shifts something in your head to realize you are not alone & there are lots of us out there. I think that’s making my professional identity stronger, because I know what is possible. (pause)

Susie, p. 3

Community for Susie, therefore, is concerned with extending the profession in the region past the boundaries of the known and familiar, and acknowledging that the professional world is greater than the regional (or immediate) reality. The structures here in the region are remote from the larger centres of the UK, Europe, and the USA, making it hard for practitioners that have not experienced this reality to envisage anything different.

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24 European Consortium for Arts Therapies in Education – founded in 1991, it is a non-profit organisation with 32 member institutions from 14 European countries. A conference is held every second year.
Susie does recognise that it’s difficult to move forward as a profession with such a small group working in isolation. Community in the professional sense for Susie was explored and expressed throughout her interview in terms of streamlining and consolidating educational and professional messages. For this to eventuate, art therapy practitioners need to come together in productive ways to assist in future industry growth.

For Frida, however, her sense of community as an art therapist involves being integrated and useful within her own home community. For Frida, the best expression of professional identity involves working where she can see a tangible and immediate day to day impact, as anything larger and more universally-connected for the region is at too large a scale for her to conceptualise. However, this is not because Frida isn’t a woman of vision rather that she has identified one of the key factors keeping the profession identity-poor and scattered in focus:

> My mission is that I would set up working with the local hospital some open studio thing…that’s my sort of career aspiration…but then on that broader level…we’re so isolated, I think somehow as art therapists we need to…be supportive & connected a lot more. …there’s so much competition for the jobs that I think there’s a bit of a shadow side to art therapy ~ that there’s a desperation that people are so passionate, ‘cause the other side of that passion I think is…people aren’t necessarily (inhale exhale) working together, or it’s just so competitive…But we need to…move through that as a profession…

> Frida, p. 16

Frida may be seen as verbalising the tiredness that many regional practitioners experience. I myself experienced this. It is very hard to keep motivation and enthusiasm for a practice alive and thriving when the other industry members are defensive and as desperate for employment and recognition as you are yourself. Susie and Frida may be seen to critically connect the spectrum of professional identity need within the regional art therapy community. Sandy’s response will provide the closing words for community, as she identifies something I consider to be a professional moment of pivotal illumination. Rather than being torn between process and practitioner skills, or between one label and another, Sandy embraces a fluidity of purpose that is open to adaptation. For me, Sandy’s inner community is a strong one:
I’m a counsellor, I’m a psychotherapist, I’m a teacher, I’m an artist, I’m an art therapist. I’ve been all of those at different times, & I now am one, because all of those…have come together for me at this time in my life. …I no longer see myself as these particular, individual things…art therapy…is something that is incredibly powerful a process…humbling a profession.

*Sandy, p. 9*

Ideally, some pathways to art therapy professional identity in the regional community need to encompass both a wider vision overall, and an attention to the personal and local at the same time. Community, as discussed by Wenger (1998) and Wenger and Snyder (2000), is important for professions as it helps to underpin and buttress professional identity. For art therapists, as demonstrated by the participant’s stories in this chapter, there is an ongoing struggle simply to keep a sense of personal position in a professional or local community. A coherent and cohesive professional identity underpinned by a thriving professional community may be the reality for practitioners in the Northern hemisphere, but is not the case here in the region.

The following section examines another element of practice considered essential by the participants. Supervision and can foster community and promote a sense of professional identity through mentoring, networking, and skill-sharing.

**SUPERVISION**

There is a particular and foundational non-process element of arts therapy which contributes directly to practitioner identity, health, and good praxis: supervision. Supervision is the process whereby professionals support themselves in their practice by debriefing their case-load, or aspects therein, in a confidential and boundaried manner to another trained, appropriate professional. This may be paid work with an art therapist or other qualified professional, or a non-paying, reciprocal peer-to-peer arrangement. Supervision may be seen as a pathway to inculcating and reinforcing a sense professional identity as there is a mentoring aspect involved when more seasoned and experienced practitioners may provide personal experiences or insights. Supervision is also capable of providing some upskilling via strategising, sharing therapeutic approaches, or gaining new insights into personal responses. Supervision also provides a place for mooting ideas and discussing practical
applications of theory with colleagues. There are several forms and styles of supervision that were addressed directly in the interviews and the following sections will examine these in the context of contemporary praxis and from participant perspectives.

Supervision is advocated amongst the literature (Edwards, 1994, Casement, 2005, Case and Dalley, 2006a), and was discussed as a desirable component of professional practice during my own training. Supervision is specifically addressed in the ANZATA code of ethics as follows:

> It is an expectation that Arts Therapists have regular supervision and use such supervision to develop arts therapy skills, monitor performance and provide accountability for practice. Where possible, supervision should be from an experienced registered Arts Therapist (ANZATA, 2009c, section 16).

There are numerous benefits to supervision, and it is a standard practice throughout many industries and professions including education, psychology, psychotherapy, medicine, and counselling (Grater, 1985, Edwards, 1993, Fish, 2008). Benefits of receiving supervision include expanding one’s perspective on a client’s needs or a practitioner’s personal responses, consolidating approaches to praxis, and expanding professional skill-sets. Supervisors are frequently more experienced practitioners, and may be positioned to recommend texts, interpretations, methods, or theorists to supervisees. In turn, supervisors may be able to facilitate the growth of less seasoned practitioners, which may lead to a strengthening of the professional community at a local, national, or regional level. Mentoring in the art therapy profession is often via the supervision process and relationship.

Supervision is also very important, as observed by Myfanwy in the opening quote of this chapter, because therapists who work with seriously ill clients need to share the burden of their work in order to continue offering appropriate therapeutic interactions. It’s also best practice to ensure that the focus remains on the client, rather than on the therapist (Edwards, 1994, Case and Dalley, 2006a).

**Supervision in training**

Supervision styles vary considerably during training years – this is not surprising considering that post-graduate courses in the region do not follow a standard
undergraduate programme and fit into differing schools depending on a university’s internal structure and apportioning of disciplines. For example, at the time of writing students in New South Wales graduate with a Master of Art Therapy in the School of Social Science and Psychology (UWS, 2015), while Queensland students graduate with a Master of Mental Health in the School of Medicine & Biomedical Sciences (Queensland, 2015b). The MIECAT (2015a) programme has a very strong emphasis on small-group interactions, and although supervision is not the overt aim of many unit outcomes, the very nature of the course structure may be seen to foster strong collegial networks which lend themselves well to ongoing peer-to-peer supervisory relations. This particular approach may be beneficial for arts therapy programmes throughout the region, and will be considered in the final chapter.

Supervision timing varies from programme to programme, but the supervision structure employed by universities shares a commonality in that it is group-based, with small sub-sets of students assigned a dedicated supervisor and meeting time throughout the semester, although this arrangement may be subject to change between semesters. This was the case in my own experience, where our group enlarged in the second semester to accommodate a new member who had a personality clash with someone in a different group. University supervision groups are augmented by a ‘field’ or site supervisor for each trainee, although I myself found this problematical as I did not have an art therapist as supervisor, or a regular timeslot for supervision. This was the case for several students in my cohort, as art therapists were thin on the ground in regular employment where placement might take place.

The patchy nature of my own workplace supervision taught me to become proactive in requesting supervision from the beginning of my placement as it was very hard to arrange regular appointments. Partly this was due to my first supervisor taking maternity leave, partly because I was working in two separate high-security hospital psychiatric wards at two different locations, and partly because the very nature of my workplace conditions made regular arrangements virtually impossible as there was no guarantee on any given day what our client/patient load or workplace schedules might be. I was fortunate in that I had a sympathetic co-worker who made himself available as a defacto supervisor and so I had some consistency of supervision. This allowed me to focus on the groups I ran, and provided some continuity of contact.
For some students, including myself and some participants, field placement wasn’t a challenge as we had career experience working with others in a therapeutic or interactive approach of one kind or another. For example: Vanilla Brown and Sandy were teachers, I a bodyworker and counsellor; we had skills in place to manage groups and hold a therapeutic space. However not all trainees have relevant previous experience to call on. As many supervised placements take place with young people and adolescents, some students are anxious about embarking on a work placement, even after more than a year of post-graduate training. As Vanilla Brown describes:

Other people that I did the art therapy study with…would say that in our group supervision, that they were scared of going to their placement for the first few weeks, if it’s where there were young people.

_Vanilla Brown, p. 8_

In stark contrast to this regional system, Susie describes how additional supervision is available for graduates in her country of origin, and is essential to practice and praxis. Supervision it is built into the initial training then offered during clinical placement in order to qualify for professional registration.

The fourth year is actually practically out in the field with supervision &…you are expected to run it, you know? … then you can do another two years of supervised practice on top of that to get registration.

_Susie, p. 8_

The years of supervision during her training have led to the prominent positioning of supervision in Susie’s working schedule, and may be argued to inform her professional identity. Like Jo, also trained in the Northern hemisphere, Susie discusses supervision as an integral, non-optional aspect of art therapy praxis.

**Supervision in ongoing practice**

Supervision is clearly a vital aspect of appropriate and professional art therapy practice; however many art therapy graduates find that it’s impracticable for them to include this as a regular work feature. Generally there are two causes for this difficulty – either they find themselves in the position of being paid so poorly that
supervision cannot be a regular budget item, or they live remotely from other practitioners and find it difficult to arrange meetings with qualified individuals who are willing to participate in reciprocal peer-to-peer arrangements.

As outlined above, university courses do have group supervision for all students undertaking workplace training. So, although supervision is built into the university courses at later stages, perhaps one solution might be to incorporate more emphasis on developing peer-to-peer networks within pedagogical programmes from the commencement of training. This approach could, in turn, potentially assist peak bodies in their efforts to promote supervision groups as a way to engage with other practitioners and develop a sense of professional community and identity. This possibility will be explored further in the final chapter.

The participants on supervision

In this section some personal experiences from the participants will be shared, beginning with supervision during training, where professional identity formation may be argued to commence. For art therapy students, supervision for both course-based experiential work as well as for clinical field placement is considered essential by training courses (Queensland, 2015c, University, 2015b, UWS, 2015). The importance of supervision cannot be underestimated for art therapists at any stage; as Sandy states emphatically, the role of supervision is high on her list of professional identity and practice priorities.

It is something that we as therapists need to be mindful of…to make absolutely certain that we maintain supervision, that is absolutely critical. Over & above anything else, supervision is what counts the most.  
*Sandy, p. 8*

Sandy then shared an artwork relating to supervision and the role that mentoring may play within the dynamic:

Whilst you’re in the therapy room alone with your client, you need to feel the presence of elders. And wise people who’ve been there before you. And I did another piece of work…it’s about the supervisory relationship. And it has three Magi ~ three women Magi ~ so three Wise Women, & there’s a little child, & they’re holding this child, & this child is the therapist who is learning the ropes from these women.
Sandy lives and works in a regional area, yet does not allow geography to dictate the terms of her professional standards. Sandy herself touches on both sides of the supervisory relationship in this particular artwork, and allowed me as the viewer to perceive Sandy as both the child and the wise woman, dependent upon need and circumstance at any given time. Sandy’s work reminded me that supervision is important for practitioners at any stage in their career as a pathway to identity reinforcement as well as for clarity on client/therapist dynamics (Grater, 1985, Edwards, 1993, 1994, Lowe, 2000).

In Frida’s case, being a supervisor has sometimes been incredibly challenging. She recounts having been in a very stressful position providing emergency support for her staff in a former career. It left a mark, as she describes:

So there was a point where I was in this fabulous job…being well paid, but…the team I was in was just terribly dysfunctional ~ & I got to the point where…my co-workers were ringing me going: ‘I’m outside the office & this issue has happened, & I’m gonna kill myself’ so I was driving in, picking up…co-workers & taking them to psych services. …I just went “OH! What am I doing?!” So I quit.

_Frida, p. 3_

Frida resigned from that role due to a series of stressful incidents and the pressures she experienced. There was no supervision or support built into the workplace for either herself or the team she had inherited from the previous incumbent. Art therapy graduates in the region are more fortunate than service professions have been in the past, such as Frida describes here, in that supervision is available and the importance of the role it plays in professional practice is emphasised both during training, and by the peak body.

Myfanwy was very clear about the importance of supervision, not only from the personal growth and support perspective highlighted earlier by Sandy, but also with an alternate position of practice which sees to a therapist’s psychological needs. Supervision helps keep the therapist’s personal history and issues out of the room,
allowing the client’s needs to be the focus of the therapeutic process, but the private life of a practitioner and that of their family interactions also need to be protected. When working with clients who are very psychologically unwell (as Myfanwy herself does), supervision is a vital link in keeping a practitioner boundaried and psychologically healthy in their response to the client’s realities and personal processes.

It’s really important to have supervision…It’s very important to take care of yourself so that you do not bring your stuff into the room. … And the idea of having regular supervision is…to keep yourself mentally healthy.

Myfanwy, pp. 19-20

Jo also mentioned supervision during the interview, and was very articulate from a few professional perspectives – Jo was often an industry trailblazer as the first art therapist to be employed in her workplaces. As a result, all too regularly she had no access to informed supervision from a peer or colleague experienced enough with the profession to provide support. Jo described one instance where her co-workers were incredibly hostile to her request for supervision, making for a difficult working environment with colleagues that interacted with her every day.

I’d asked for supervision, so they thought that I didn’t do my job properly…because I requested supervision. They didn’t understand the term ‘supervision’, so I had given them some information on supervision & what it is, & that just put their back up even more….

Jo, p. 8

Jo held to her professional practice standards, although they were ultimately a contributing factor to her leaving that particular workplace due to negative pressures from colleagues. Eventually, personal styles of supervision were explored by Jo to equip herself with the support she knows she needs to do her job effectively and well, and Jo may be argued to navigate her professional identity to an extent via self-supervision monitoring methods (Lowe, 2000). However the role of the professional community (via supervision in this case) in maintaining and supporting professional identity for both individuals as well as the group overall is strongly present in the professional canon (Edwards, 1993, Malchiodi, 2003a, Case and Dalley, 2006a). Perhaps the frustrations expressed by Jo about still needing to describe her job after
decades of art therapy work may be due, at least in part, to an absence of stronger community-based supervision options readily available throughout the field. Perhaps this may be a consideration for peak bodies to emphasise more strongly in their peer-to-peer programmes, and will be a subject for further examination in the final chapter.

Today Jo relies on both self-supervision and Response Art to a great extent for her supervision and professional identity needs. Although these two techniques are often used together, they will be examined here as discrete styles of supervision, because while response art may be engaged with privately by an individual practitioner, it may also play a role in peer-to-peer supervision or as part of paid supervision. In direct contrast to this shared aspect of response art, self-supervision is solely a private and individual process.

**Self-supervision**

Self-supervision is a process of silent internal checking that happens during a session so that the practitioner does not bring their own issues to the fore, but may continue to focus on the client (Casement, 2005). This practice is not unique to art therapy, but is a technique employed in many therapeutic approaches (Lowe, 2000, Dennin and Ellis, 2003), in order to keep the session focussed on the client and their needs. Generally speaking, if a client recounts a story which triggers a memory or strong personal response for a practitioner, the practitioner makes a mental (or written) note, holds the space for the client, and only processes their response after the session is finished and the client is gone.

It is sometimes useful to have a verbal deconstruction of this response at some point with a colleague or supervisor in order to ensure that the therapist’s concerns are not unduly influencing their interactions with the client in future sessions, although this is at the therapist’s discretion. None of the participants described this process specifically within the interviews as it is bound up in therapeutic theory rather than identity *per se*, but I include it here as it is an aspect of supervision taught in art therapy courses and advocated for in the literature as described above. Jo did touch on how self-supervision is useful to her as a practitioner, as a means of exploring another form of supervision:
At times when I’ve been working as an art therapist there’s been something about my engagement with somebody that has been difficult for me to even work out, has confused me, [or] I’ve lacked clarity around…making images at that time has been quite useful & I’ve adopted the term a lot of art therapists use for this type of professional, self-supervision... And that was Response Art.

Response Art
As mentioned in the preceding section, art therapists have another tool to deconstruct, process, and explore any reactions to the content of the session that have been strongly resonant for them; creating a visual/external version of their reactions with art works well to identify and clarify any aspect of a trigger. Both the making of art within-session with clients, as well as post-session by oneself, as a specific processing tool for countertransference may be considered as response art. It is, literally, a tangible and creative outcome to the responses, feelings, or memories within the practitioner that have been stirred up by the client.

This response art process is reasonably new territory for research and analysis within the professional literature, although two USA-based practitioners Beers Miller (2007) and Fish (2008, 2012) have both published articles about the support and insight that response art can provide for art therapy professionals and students alike. Beers Miller’s article concerns a personal case study of work with an adolescent in an art therapy setting, and how response art facilitated Beers Miller’s processing of countertransference within that therapeutic relationship. Fish has written about two differing aspects of response art for practitioners – containment and empathy are examined in detail in her 2012 article, along with the need for further research into an informal processing technique useful for art therapists. Earlier, Fish had written about the benefits of including response art specifically into the supervision process, as an aid to that relationship and process. Response art, therefore, may be seen as a valuable tool both for personal/private processing, as well as for more formalised supervisor/supervisee processing practice.
Response art…helped me have that understanding…And how to look at more tolerance and patience with [clients].

Jo, p. 15

Jo is the most artistically prolific of the participants and continually produces art works, so it is not surprising that she is the most articulate advocate for art therapists doing what clients in session do vis-à-vis image-making as a vehicle for both personal response processing and as a pathway to answers.

**ANZATA and peer-to-peer supervision**

At the time of writing ANZATA encourages the formation of regional support groups as they facilitate and foster peer-to-peer supervision and networking between members. Currently $500 p.a. per group is offered to offset running costs: a minimum of three full ANZATA members is a qualifying requirement, and all groups report to a sub-committee. ANZATA annual general meetings disclose this funding availability, the quarterly newsletter encourages the formation of new regional groups, and there is full disclosure of conditions and funding on the ANZATA website (ANZATA, 2015d). In addition, the overall numbers of groups and their locations are disclosed at each annual general meeting.

Face-to-face participation in these groups is not a requirement, and some groups incorporate Skype sessions to accommodate members at a geographical distance from each other, offering remote practitioners opportunities to interact not only with colleagues, but with artworks. Some groups may elect to work on individual images to share with the group one by one during a meeting, and others may decide to either include a group artwork as part of the supervision time itself. The groups also have the possibility of applying to ANZATA for a discretionary grant to hold a Professional Development (PD) event, which provides the opportunity to explore a new technique or acquire a deeper knowledge of a particular approach to practice. In this manner supervision is linked not only to networking, but to encouraging a sense of identity through sharing knowledge and best practices (Wenger, 1998).

For art therapists, often working in part-time positions, peer-to-peer supervision and support is a popular avenue of supervision which is cost-neutral in terms of monetary...
outlay. Time does need to be scheduled to accommodate this however, and there may be associated travelling expenses for fuel or public transportation if attending in person rather than via Skype.

Such arrangements may also be possible in the workplace; Sacha is in the enviable professional position of participating in a peer-support supervision group that meets regularly.

There’s something special about the [area], in terms of the art therapists here. …we run a little, kinda like art therapy group for therapists ~ there’s nine in the [region] area.

*Sacha, p. 3*

In addition to a thriving and strong peer support group of art therapists in her area, Sacha works with a team that actively practices supervision for all team members, as required. During the interview she described the open structure of this workplace system:

We would share skills. So we might do gestalt stuff one day, & then do art therapy, & then we’d do narrative, & then someone would be doing CBT, so we’d do some of that….And you knew that when you came out from working with a client & you just needed to offload, everyone would just put down their pens or stop typing, & we’d just talk.

*Sacha, pp. 13-14*

A workplace that readily shares techniques and skills, like Sacha’s, ensures a good grasp of other practitioners’ approaches, and the possibility of tailoring therapeutic offerings closely to individual client needs. However, a potential drawback revealed by Sacha’s workplace experience is the blurring or eliding into other disciplines that regional art therapists are already subject to. Chapter 6 discussed the possibility that the skills and training of the art therapist herself may be appropriated by someone outside of the field; art therapy seems simple enough, and with the therapist’s role backgrounded as strongly as it is throughout the industry, there may be practitioners from other fields who proffer art therapy to clients themselves. An appropriation of this nature by untrained individuals may place clients in potentially harmful situations, with disastrous consequences (Springham, 2008).
The final chapter will consider some implications for professional practice and pedagogical delivery, and discuss professional identity in light of the thesis findings.
Chapter 9 ~ Conclusion

So this was hugely pivotal for me at this time…that these drawings that I was churning out happily, day after day…with the help of the art therapist they were actually talking back to me. And, literally announcing all of the issues that I was not…able to see for myself. …the pictures were able to talk for me, & I was able to talk through the pictures ~ but not without the pictures. (long pause)

Jo, p. 2
My research and thesis began life with some ambiguous wonderings about why university art therapy training felt so incomplete for myself and some colleagues in my cohort. These wonderings led to questions about the structures and systems that underpinned the art therapy at both pedagogical and professional levels. These questions led me to investigate why professional identity for regional art therapists seemed fragmented, and their habitus in a perpetual state of liminality and seeming incompletion.

I engaged with qualitative analysis and writing approaches when considering the questions and data for this thesis (Lather, 2003, Richardson, 2000b). I hope I have shown trustworthiness in the findings I have presented for the reader; in particular the new ways of considering pedagogical and peak body delivery and interactions this thesis offers, and the more visible, privileged and central position suggested for the art therapist herself. I hope, too, that the voices and lived experiences of the participants are presented in an as authentic a manner as possible.

This final chapter will consider some of the findings from the data analysis, and explore some potential avenues of cultural change to help foster and develop a more congruent sense of identity for the field of art therapy in the region. The concepts of branding and mission statements will be discussed as potential tools to assist with professional identity and the carving out of a stronger market niche within the allied health spectrum, and how this might benefit both seasoned and new practitioners to maintain a more consistent profile alongside mainstream health providers. Considerations of, and implications for, a cultural change that foregrounds the art therapist herself will be explored – in terms of both pedagogical delivery structure and the professional practice community overall.

After conducting the research and analysing the data I now understand that art therapists are passionate about art and its capacity to therapeutically support healing and growth, although they cannot articulate what the role of an art therapist is or foreground themselves in discussions about professional identity. Most participants,
particularly in Australia, report struggling against inherent prejudice in the region against the arts generally, and this impedes the growth of identity with a commensurate rise in the profession’s status. Supervision, art-making and community all form important elements of professional practice for the participants.

Most participants reported an inversion of expected outcomes of both pedagogy and their specialist skill-set. From a traditional, Bourdieusian cultural capital perspective artists and writers are privileged and important, however most participants found themselves in an opposite lived reality. Similarly, the symbolic capital of art therapists is impeded from facilitating a flourishing of status level within the allied health field, as female and feminised subjects are rendered invisible and silent within traditional patriarchal systems present in contemporary regional pedagogical structures. Skilled graduates of post-graduate university training are traditionally accorded a high status in the workplace amongst other professions, but the gender capital of the field in conjunction with neoliberal priorities within pedagogy and health alike neutralise practitioners’ symbolic capital.

The art therapy field in the region enjoys a greatly diminished profile and sense of congruence in comparison to practitioners in Europe and the USA. The field and its practitioners enjoy a high status in the UK where art therapy is a registered profession with the NHS, art therapists are integrated and valued members of mental health and recovery treatment teams, and referrals from high-status practitioners such as psychologists and psychiatrists are the norm. In the USA the field is undergoing a rise in status commensurate with recent recognition of therapeutic benefits for trauma, and combat-related conditions and diagnoses.

The habitus of the art therapist, portrayed in pedagogical propaganda and professional training literature as an inevitable and organic outcome from absorbing texts and case studies, and polished and refined by ‘supervised’ work placements during training, is not absolute and practitioners remain in a state of frustration and incongruence regarding identity as a result. The implied sense of completion and

25 As discussed in Ch. 6, the work placement arrangements for students often do not include an on-site art therapist as a supervisor. This frequently sees trainee art therapists relying on on-site supervision from a person, or set of persons, who have a different set of priorities, expectations, interests, and focus to oversee their professional development. As art therapy students are often in a position of working with vulnerable and sometimes unpredictable populations, particularly in systems devoted to mental health or behavioural education, this lack of consistency in professional guidance further hinders coherent and appropriate habitus formation.
fulfilment inherent in the concept of habitus remains frustratingly out of the grasp of Australian art therapy graduates, and just tantalisingly close enough to encourage a culture of further self-doubt. For, if the training is presented as complete and to international standard, the fault or flaw in an unsatisfactory outcome must lie with the student herself.

Professional identity is not articulated and present within pedagogical training pathways, nor is it fostered or maintained within the peak body, which could be a powerful rallying and focal point for a small niche allied health field with sparse numbers of practitioners scattered over a large geographic region. ANZATA numbers do not reflect the growing number of eligible art therapy graduates in the region, implying that attrition is a serious concern if the profession is to survive or thrive in the future.

The backgrounding of the art therapist herself in dialogues of art therapy praxis and research outcomes is a powerful contributing factor to the incomplete habitus. A shift in the positioning of the art therapist to prominence in pedagogical delivery, foci of future research, professional lexicons and discussions, and as integral aspects of peak body determinations must be a part of future directions for the field in order to successfully bring the profession to a congruent sense of identity. Identity congruence and coherence will help overcome dual professional identity within practitioners, and help the field present a unified statement of intent and therapeutic efficacy for the workplace and general public alike. Without addressing the needs of individual participants to be identified with a unifying sense of professional purpose, there is a very real risk that the field will be subsumed within another therapeutic modality such as counselling, and forego identity, and therefore therapeutic efficacy, to the point where continuing to assert that there is an art therapy profession in the region becomes a cypher.

The following section will consider professional identity more closely, considering some possible solutions based on the research.

IDENTITY
This research has revealed an inconsistent professional identity within practitioners, regardless of country of training. The concept of professional identity is one that appeared throughout the interviews, and made its presence felt through absence, or at
least a lack of articulation, in much of the reading and thinking undertaken for this thesis. Continuing to function with the same set of underlying, non-articulated, practitioner-invisible set of circumstances is one option; however the future of the field may be argued as unsalvageable if this situation pertains. Given economic and systemic pressures within healthcare in the region today, a future where art therapy is subsumed into other, better established and better-understood modalities is a probability. A cultural shift for the field and the way that it asserts a congruent and cohesive identity for the practitioners that constitute it as a group is needed in order to ensure a secure future for art therapy in the region.

Interestingly, language of origin in training doesn’t impact efficacy of practice or particularly bolster a sense of professional identity, although I had originally wondered if linguistic patterns of learning would factor as a component when considering interview questions (appendix ii.). The way practitioners talk about themselves in the profession, however, is an important factor when considering professional identity, and seems to have a reflective connection to the sense of self-understanding that was or was not fostered by training programme structures. Backgrounds of undergraduate subjects and previous careers vary widely and is not a strong contributor to a sense of professional identity, but rather a hindrance as highlighted by Susie and Jo in their discussions of Northern hemisphere training systems. The way that art-making process and practice has been present and utilised by participants at differing times in their lives does seem to have some thematic presence, but this is not universal. Individuals all recounted the importance of art and/or artmaking in their lives and in their moments of pivotal illumination, but the manner and shape of that importance is unique to each participant.

The thesis embraces the notion of going back to the beginning to discover what underlies choice, motivation, and current lived reality. For art therapists to embrace a shift at a cultural level in order to consider what their own beginnings are in order to formulate a congruent and robust professional identity, I have sought ideas that art-based personalities can relate to. UK-based artist Grayson Perry specialises in identity and his research and reflection methods are appropriate for combining structured and creative modes of consideration, and incorporating by acknowledgement the fact that all art therapists claim at least two professional identities due to undergraduate training in an alternate field of study:
It’s [identity] a never-ending negotiation between the loyalties we inherit and the ones we choose (Crombie, 2014).

Art therapists are caught between the ‘inherited’ loyalties to recognised mainstream and allied health treatments that are a part of the greater cultural make-up of regional society, their undergraduate training, and the training and processes associated with arts therapies. Speaking about these conflicting loyalties and recognising that they form the internal landscape of all art therapists is one way to begin to articulate professional identity.

The “incomplete habitus” explored by this thesis will only continue to frustrate and isolate practitioners until a more congruent professional identity is attained by the field. Turning to Perry again for inspiration by way of including creative pathways to identity development, perhaps this perspective will smooth a way forward for art therapists wrestling with the balance of art and work, as well as the individual and the group:

Perhaps our most beautiful and complex artwork that we can make is our identity (Crombie, 2014).

One solution for contributing congruence to the field identified in this thesis is branding. A brand that is disseminated by ANZATA could potentially avert a dwindling of the profession to such an extent that the practice ceases to be a discrete one, instead subsumed into a better-developed area of therapeutic intervention. Individuality and specialisation would be able to flourish under a focused, field-specific brand, rather than being presented as an anomalous intervention loosely attached to a title. Practitioners would be far better able to describe their own personal interpretations to orthodox approaches to practice within the boundaries of the brand, much in the same way that psychologists and counsellors are able to do. For example, a psychologist might specialise in person-centred, cognitive-behavioural therapy, or forensic aspects of the psychology field. However, a potential client understands from the outset that these areas or flavours of specialty, all take place under the umbrella of a psychology ‘brand’ wherein it is understood that a client/practitioner relationship will be in place, and the method involves talking as the focus of the therapeutic process.
IMPLICATIONS FOR PROFESSIONAL PRACTICE
It makes sense that for a relatively small field within the allied health spectrum like art therapy, a combination of self-support mechanisms in conjunction with some collegial/peer-based approaches to supporting a sense of community, if not outright identity, would be engaged with, and this is borne out to an extent by the participant responses. If these responses may be taken as representative of some foundational aspects of healthy and sustainable professional art therapy practice, part of any future visions of the profession and its attendant identity in the region would seem to require a strengthening of supervisory and peer-support opportunities and networks, in combination with art-making and a strong community as a more integral and visible part of professional practice.

Dedicated art therapy studio and storage spaces are expensive and rare in regional workplaces, however art supplies of a good standard and consistent type are discussed in professional literature as contributing positively to a sense of continuity between sessions for both therapists and clients. Art therapy ‘universes’ in wheeled suitcases, mobile studios containing supplies for individual and small group sessions, might be promoted in CDP courses as well as within training programmes. Regional practitioners might be able to develop their own attractiveness to employers by supplying everything except a workspace for sessions. Storage might be negotiated with clients on an ad-hoc basis, but at least there would be consistency offered to clients by the appearance and contents of an art therapy ‘universe’ case.

Employing a consistent and congruent description of art therapy via a top-down brand and mission statement from ANZATA would enable practitioners to focus on building a familiarity within the workplace and general community alike. With an umbrella of professional identity to present to the public, practitioners may refer questions to ANZATA website or literature for further answers. There could also be practitioner input on a regular basis via survey and membership voting processes to ensure ‘ownership’ of the brand and mission statement message, promoting a stronger community within the field.

From a branding perspective, the regional reality of an incomplete habitus and low professional status may be seen as a representative function and outcome of the art therapy profession at a global level. Numerous countries with diverse approaches to
training and praxis claim art therapy professionalism, however there is no unifying statement of identity or brand: this must be acknowledged to play a part in the fragmented and low-status position held by the field and its practitioners here in the region.

Post-graduate programmes of internship may be useful in retaining new graduates within the field. As a stepping-stone to full professional status within ANZATA, this approach is effective in other professions including accountancy, psychiatry and psychology. A tiered approach to professional development of this kind would allow for mentoring and supervision of new graduates to be monitored and overseen, contributing to professional standards and fostering professional networks. Isolation is reported by participants as being one of the more challenging and tiring elements of the field, and a direct contributor to the in-fighting described in some interviews. Internship periods or supervised work arrangements that are ongoing after graduation may alleviate much of the factionalism and isolation currently experienced by many practitioners, while simultaneously nurturing collegial interactions. In turn, higher tiers of recognised competency might be established for seasoned and skilled practitioners, allowing them a visible status within the field as trainers and mentors.

**Implications for Educational Delivery in the Region**

As discussed throughout this thesis, the foregrounding of self-understanding is crucial to the delivery of healthy and appropriate therapeutic interventions, therapeutic relationships, and both practitioner and client outcomes. To facilitate a cultural shift, changes to pedagogic delivery would need to be a priority for regional art therapy courses. This may be challenging given that the decisions concerning course content is generally confined to a small number of staff per institution. Accessing funding in the current Neoliberal environment for a content overhaul which would necessitate either paid consultants, or a regional board set up for the purpose and guided by ANZATA and expert practitioners would not be an easy task. As the evidence explored within this thesis reveals, the outlay of additional funding and salaries for small, feminine/feminised cohorts and courses is not a likely outcome.

I have encountered people since completing my Masters degree who selected VET rather than university training because the University pathway was not to their taste
or outside of their budget. Transpersonal graduates do not meet ANZATA’s standards, but there are other national peak bodies which accept their training. One perspective for the profession’s survival in the region is to acknowledge similarities between training courses rather than differences, thus potentially re-envisioning the industry training systems. For example MIECAT engages with a CoP approach that may prove a working model for other training courses. The three year, part-time, course encourages small (2-3) person interactions, fostering and leading to post-graduation continuations of close professional interactions which lend themselves readily to supervision relationships, collegial networking and cultivating research sharing on macro levels of graduates. Perhaps small group projects between institutions might foster better understandings between programmes which offer a variety of pedagogical foci for their students.

Another possibility is that training be split between VET and universities; VET courses could offer the theoretical components and the university programmes could deliver and oversee supervised placement and post-graduate internship arrangements. Alternatively VET training might move to accredited undergraduate level of arts therapy studies, and universities could continue with a full Masters programme along broadly similar lines to those currently established. Whatever the changes in pedagogical delivery, an acknowledgement of improved outcomes for graduates is necessary in order to justify future student intake rates, as peak body membership numbers reflect a dwindling membership despite steady student cohort enrolments. As an option, it may be a good business practice to revisit how alternative streams of undergraduate education courses used to function; VET providers might be positioned to provide a broader tertiary education start to creative therapies training approaches in the future.

Additionally, full professional potential will not be achieved in the workplace – as it cannot whilst the current training structures, which background the therapist herself in favour of the process alone – are changed to include a unifying message of professional intent. At the moment, patriarchal hierarchies and systems ensure that the regional “incomplete habitus” remains the professional outcome from pedagogical delivery through praxis. The structure of universities today may be seen to both metaphorically and physically exclude, sideline, and render less visible women and feminised cohorts. Foregrounding the therapist in dialogues of the field,
as well as in educational approaches is a vital step towards gaining a full habitus and professional identity.

Without a strong cultural and positional change, regional art therapy will do no more than cling precariously to the fringes of allied health, dwindling into further obscurity over time. There is a strong probability the field will cease to exist. The research finds that practitioners value community, support, networking, creativity and a unified sense of purpose. Modifying pedagogical delivery approaches, incorporating a brand that is authorised by the peak body ANZATA and disseminated via professional and pedagogical channels, and moving the art therapist herself to prominence within the philosophy, dialogues, and mindset of the field are the thrust of a positive approach to ensuring that the question no longer is “How are we able to be here?” but instead becomes the statement “Art therapy succeeds because art therapists are valued”.
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### Appendix

#### i. Overview of Contact with Potential Participants

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**Total introductory invitation emails**: 208

- Reply for good wishes: 5
- Reply with query for purpose of study: 3
- Reply with interest: 19
- Late interest: 2
- Agree to participate: 14
- Changed mind: 5
- Dropout due to schedule misunderstanding: 1

**Final participants**: 8
Of the eight participants, only three work in a major city, with two of those commuting to do so. Participants trained at a total of seven different Universities around the world, most with training in one country only, although all have expertise in at least one other discipline, and one has multiple degrees from two countries, and in two languages. Not all participants have a single area of expertise, some identify primarily as art therapists/psychotherapists, some as multi/inter-disciplinary practitioners.
iii. **INTRODUCTORY EMAIL TO ANZATA MEMBERS**

Dear ANZATA member,

I am an ANZATA member, and a current PhD student in the School of Social Science and Psychology at the University of Western Sydney, conducting research into moments of pivotal illumination and subsequent choices that led ANZATA-registered visual art therapists to their chosen profession. I would like to hear you talk about yourself, your professional identity, your backstory.

If you are an ANZATA-registered visual art psychotherapist / therapist, and have regular, ongoing supervision (peer or personal) you are a perfect candidate for this study. Gender, nationality, and whether or not you completed your art therapy studies in an ANZATA-member nation are not factors that matter here.

This is a small study of up to 12 participants, so places are extremely limited. Ideally, practitioners from all three nations will be represented, and I will be travelling to talk with you. Creation of a pseudonym, an artwork relating to your backstory ~ which will only be photographed with your express permission ~ and a one hour, one-to-one interview with follow-up email will be requirements of participation. Your own interview, in full written form, will be provided with the follow-up email, and I will also provide participants with information on any publication or presentations that I will be making about this research.

Confidentiality and anonymity are guaranteed to all participants, and you may choose to withdraw from the project at any time. All applicants will be contacted personally.

The interviews will take place in the middle of the year, and expressions of interest close Friday March 30th.

Please email Annetta Luspinner at: 16583782@student.uws.edu.au for further information about the project itself and how to participate.
This research project is an investigation into moments of ‘pivotal illumination’, and subsequent choices that have led you to your art therapy profession. By pivotal illumination, I refer to moments of incredible clarity (I personally experience them as slow-time, extraordinarily detailed moments, for example) when a major decision is undertaken. We all come from such diverse backgrounds and training paths to get to a point of commonality under the ANZATA membership umbrella, and I would like to contribute to a better understanding of what it is that drives us, motivates us, and (hopefully) delights us in our practice. As ANZATA members there is a relatively similar educational standard involved, insofar as we all hold MAAT as a minimum, and have a reasonably open approach to self-reflection and -awareness. Because I myself will not be acting in a therapeutic capacity when I interview you, supervision is built-in as a pre-requisite for participation. As we are all aware, delving into our pasts, even for the most positive of reasons, may stir up emotions and memories, and may precipitate a fresh investigation into aspects of ourselves that we had considered stable or ‘finished’. My hope is that the supervision process will provide a safety net for any issues that may be forthcoming from the interviewing/self-reflection process that this research will ask of all of us. I, too, am a participant in this research - I will do everything that is on the following list, and a part of the research/writing approach to this project is an autoethnographic one. That is, my own responses, thoughts, processes and reflections will form a part of the project.

In order to participate, there are some activities that you will need to undertake in advance of my arrival. I’m giving all potential participants an overview of what will be needed on their part, then if you decide to continue on with the selection process, a consent form for participation and permission to photograph will be forwarded at a later date. If, upon reading this, you decide that the project is not appropriate for you, please let me know that you do not wish for further contact about the project. Participation is entirely voluntary, and you may also remove your contributions and withdraw from the project at any time. The things that are needed from you as a participant are as follows:

- Consent forms will be provided and will need to be signed and returned. Please retain a copy, as the main consent to participate form contains contact information for myself, and my two University supervisors. If you have questions about anything to do with the research and would like clarification, there are then three points of contact available to you.

- You will pick or make up a name for yourself, as the research will be anonymous. I could decide names for participants, but on reflection I thought that there is greater autonomy and fun for the participants if they can decide who they will be ‘known’ as in the thesis.

- Then an artwork will need to be created around your own moment/s of pivotal illumination that led you to become an art therapist/psychotherapist. This may be work relating to your past alone, or perhaps about how these moments still inform your professional identity - this is highly individual. Size and media are up to your own personal discretion - we all have unique art practices.
• A one hour interview will take place in your work studio, with the artwork present. I will need the address in advance for planning purposes, and for transparency with the University ethics committee. The interview will be audio recorded, using two recording devices, in case of malfunction. If a studio interview is not possible due to scheduling conflicts (in the case of shared workspace for example), a quiet place where the interview can take place with the artwork present will need to be arranged by yourself. As I am travelling to meet with you, I am not in a position to find interview space myself.

• The artwork will only be photographed for inclusion with the thesis with your express permission. A separate permission form will be provided to participants for this aspect of the research.

• I will provide a follow-up email within 2-3 weeks of the interview. This email will contain a copy of your own interview transcript. You may decide to add further information on personally relevant points, or you may at this stage decide to remove part or all of your interview material. You may be happy to let it stand as it is. The email provides you with an opportunity to reflect back on what was discussed during the interview, and be comfortable with the material that is included in the final writing.

The thesis will be finished by early 2014, and will take roughly 6 months to examine and mark. I am planning to publish at least two journal articles about the research process itself during this time period. At the conclusion of the project, there is a strong chance that a book about some aspects of the research will be written by myself, and put out for publication. All pseudonyms will remain intact, and all participants will receive advance notice of any pending related publications. The thesis will be available electronically (probably from early 2015) via the University of Western Sydney thesis database.
v. INTERVIEW QUESTIONS
These are the questions I asked participants in the course of the interview. As these were semi-structured, the order changed from interview to interview, as did the verbiage. However, these points were all touched on with participants.

❖ Would you tell me about this art work?

❖ What are your moment/s of pivotal illumination? How did they lead you to the profession of art therapy?

❖ Do you feel that this/these moments are still informing your practice today? If so, in what way?

❖ If we had just met – at a party or at a friend's house – how would you describe what you do? How do you talk about the profession to someone who doesn't know about it? How do you describe your job?

❖ How do you think about yourself within the profession, and what do you think the profession or practitioners need to do to raise the profile of the field?