

# University of Chester



**This work has been submitted to ChesterRep – the University of Chester’s  
online research repository**

<http://chesterrep.openrepository.com>

Author(s): Amy Johnson

Title: How art therapists view the effects of and importance of various materials used  
in art therapy: An exploratory study using IPA

Date: March 2013

Originally published as: University of Chester MA dissertation

Example citation: Johnson, A. (2013). *How art therapists view the effects of and  
importance of various materials used in art therapy: An exploratory study using IPA.*  
(Unpublished master’s thesis). University of Chester, United Kingdom.

Version of item: Submitted version

Available at: <http://hdl.handle.net/10034/292309>

How art therapists view the effects of and importance of various materials used in art therapy: an exploratory study using IPA.

G28175/Amy Johnson

Dissertation submitted to the University of Chester for the Degree of Master of Arts in Art Therapy

NM7505

MA Art Therapy

March 2013

## Declaration

The work is original and has not been submitted previously in support of any qualification or course.

## Acknowledgments

I would like to express my gratitude to Adam, Katie, Mum and Dad, Betty and the rest of my family and friends for their support throughout completing this dissertation. I would also like to thank Elizabeth Mason-Whitehead for her guidance and reassuring words.

## Table of contents

<u>Chapter Title</u>	<u>Page</u>
Title Page	i
Declaration/Acknowledgements	ii
Table of contents	iii - v
List of abbreviations	vi
Abstract	vii
1. Chapter 1: Introduction	1
2. Chapter 2: Literature Review	5
Introduction	5
Why art materials is an important topic that has possibly been neglected	5
Defining what constitutes materials in art therapy	6
Theory:	7
Psychodynamic Theory	7
Developmental Theory	9
Social Constructionist Theory	9
Assessing a range of studies for their usefulness:	10
Boxes	10
Do we all experience materials consistently?	10
Clay	11
Materials in consideration of sexually abused clients	12
Investigating effects of materials on the brain	13
Symbolic transformations	14
'Found Objects'	15
Digital media	16
Conclusion	17
Aim and objectives	18
3. Chapter 3: Methodology and methods	19
Ethical considerations	23
Sampling	24
Data analysis	25
Timeframe	26
Ethical application	27
Sample recruitment	27
Conclusion	29

4.	Chapter 4: Data Analysis and Discussion	30
5.	Chapter 5: Findings	32
1.	The core box of materials	32
2.	Striking a balance when providing materials to clients	33
3.	The blurred role of the art therapist	35
4.	The art therapists own preferences towards materials and implications of this	36
5.	Associations and benefits of particular art materials	37
6.	The importance of what is being communicated by use and selection of art materials	38
7.	Reflecting upon art therapy literature and research	40
6.	Chapter 6: Discussion	42
	Introduction	42
	Reflecting upon art therapy literature and research	42
	The blurred role of the art therapist	44
	The importance of what is being communicated by use and selection of art materials	50
	Conclusion	52
7.	Chapter 7: Conclusion	53
	Limitations	56
	Recommendations	56
	Dissemination of results	57
	References	58
	Appendices	63
	Appendices 1a-2 are not included in this version	
	Appendix 3a – Themes that have emerged from ‘participant one’	
	Appendix 3b - Themes that have emerged from ‘participant two’	
	Appendix 4a – Table of themes from ‘participant one’	
	Appendix 4b – Table of themes from ‘participant two’	

Appendix 5 – Table of master themes with indication of subordinate themes

Appendix 6 – Reflective poem entitled ‘The ways in which you use me’

## List of abbreviations

BAAT	British Association of Art Therapists
CAMHS	Child and Adolescent Mental Health Services
EEG	Electroencephalogram
IPA	Interpretative phenomenological analysis

## Abstract

I sought to understand the effects and implications of certain materials in art therapy. I was struck by the lack of research on this topic in contrast to the high volume of theory. I began to question the beliefs that art therapists had here. I aimed to 'Explore ways in which art therapists view the effects and importance of various materials in art therapy'. I conducted semi-structured interviews with two art therapists, one male and one female. The interviews were analysed using IPA. Seven superordinate themes were identified; three of these were further investigated: 'Reflecting upon art therapy research', 'The blurred role of the art therapist' and 'The importance of what is being communicated by use and selection of art materials'. The results validated the importance of research on materials; highlighted many ways in which clients may communicate with art materials and demonstrated the breadth of art therapists differing views on their role in relation to materials. The four themes not further investigated were: 'The core box of materials'; 'Striking a balance when providing materials to clients', 'The art therapists own preferences towards materials and implications of this' and 'Associations and benefits of particular art materials'. A wealth of rich information came to light; however this concluding research served mainly to identify the many avenues in which future research is necessary.



## Chapter 1

### Introduction

Upon reflecting on my own artwork made throughout an art therapy masters course, I have begun to notice personal preferences towards certain art media/ materials and resistance to others. With a preference towards free flowing paint in contrast to not usually working three dimensionally, I wondered to what extent the materials themselves affect the therapeutic relationship within art therapy. Within my own personal therapy, I have seen how the materials own 'qualities' often appear to parallel the emotion depicted or evoked. Anger and resistance have been demonstrated with thick oils, which accordingly are very resistant; fragile states usually seem to be depicted with more delicate watercolours. I have included two images from personal therapy to briefly illustrate this point. In the first image, 'Untitled Image 1', I utilised oil paints which appeared to represent feelings of escaping, entrapment, anger and resistance. A caged shark is abstractly shown as escaping from a trap. 'Untitled Image 2' was made using watercolours and depicts a wounded butterfly which feels fragile, soft and gentle. The wings seemed to be bleeding, delicate and dipped slightly in the sea. Both images held stories that epitomised the emotions that I would be inclined to associate with the materials that made them.

(Untitled Image1, 2011)



(Untitled Image 2, 2011)



I began to wonder whether selecting materials here was based on initial mood or to what extent certain materials actually affected mood. Certainly the materials seemed to be very important in communicating feelings. I recall using an eraser in personal therapy whilst talking about 'erasing' something out of my life and only after realised this connection. I contemplated if the material itself had prompted me to make such a remark or whether I had selected the material subconsciously to communicate this. I found these questions even more fascinating after reading a dissertation entitled, 'Accessing the Past: Symbol Formation, Art therapy and Old Age' which described how an elderly person expressed that they couldn't see the point anymore (in life), whilst searching for the point of a needle. Despite this work focusing more specifically on the language used in art therapy, it was the role of the materials here that largely captured my attention and fascinated me. After starting a clinical placement, I became interested in how the type of materials offered to or used by the client specifically impacted them. I became intrigued about the significance of how a client displaying attachment problems repeatedly used glue to stick felt in every session.

Despite learning so much about the therapeutic triad between client, image and therapist and the art making 'process', I have found that there is surprisingly little research on the materials used. After being given responsibilities of budgeting for and selecting art materials on clinical placement I became increasingly eager to learn more. I feel equipped merely with an introduction as to which materials may benefit or be too threatening for certain client groups; and further have personally experienced what using a variety of materials feels like thanks to group experiential work on my current course. BAAT (2011) 'Code of Ethics', point 2.1 informs that members should seek the highest ethical standards and regard the therapeutic interests of the clients as paramount. In order to maintain this standard, arguably art therapists should know which materials would serve to be most therapeutically appropriate for their clients or at least understand the implications and effects of certain materials. McNiff (2004) explains how art materials influence in ways that correspond to their physical qualities, curiously noting that the nature of watercolour evokes a distinctly different psychic state to thick oil paints which mirrors my own previously described speculations. He highlights the need for art therapy research to stay closer to the studio, where one must experiment with materials. He wonders how art materials affect people who engage in them; whether clay, stone, thick oil sticks affect people in relatively consistent ways. He then raises questions as to whether it matters if people respond to materials and environments in relatively consistent ways and if so would this be reason enough to act upon? In pondering upon these particular themes, I was especially interested in whether certain materials affected humans relatively consistently or if the relationship is more complex than this. Questioning whether materials provoke different reactions whilst working with clients from different cultures for example; another important question relating to ensuring cultural competence. Despite reading 'Art Heals?', I have been struck by the

apparent lack of research regarding assumptions made about art materials. I hope to understand this topic further and uncover as much research as possible, with an intention to contribute to research in this field if deemed necessary.

## Chapter 2

### Literature Review

#### Introduction

In investigating the impact the choice of materials in art therapy has, in particular exploring if certain materials evoke particular reactions, I shall consider a wide range of research. Looking first at the amount of research available through searching many databases for journals, the wider internet for post graduate thesis' and reading many books I have ironically found much literature concerning the lack of research on the topic. This issue is noted, followed by a review of what various art therapists deem as important materials to use in practice. Psychodynamic, developmental and social constructionist theories will all be touched upon in reviewing their varying perspectives on the importance of materials in art therapy. Particular attention is placed on the psychodynamic concepts of transference and countertransference here. A range of studies both qualitative and quantitative, regarding the effects of various art therapy materials will be noted and assessed for their usefulness. Before concluding I will acknowledge how recent progressions in digital media appears to be challenging some art therapists to think further about the wider topic of materials in general.

#### Why art materials is an important topic that has possibly been neglected

Malchioldi (2012) reminds us that the central use of materials is responsible for making what happens in art therapy differ from all other psychotherapy approaches. Yet, despite the central role of materials in art therapy, she remarks that there has been relatively little research and literature written specifically on the qualities and effects of art materials and media. She further states that what has been written has

been based on clinical observations and anecdotal information. Hyland-Moon (2010) reiterates these general viewpoints, expanding here that this is possibly due to art therapy being such a new profession and its focus has been on gaining legitimacy as a psychotherapy practice. Hyland-Moon (2010) writes extensively on critically understanding materials used in art therapy in her book 'Materials and Media in Art Therapy'. She indicates that certain practices may prevail, not because they are best but because they remain unexamined, calling for a reassessment as to why painting, clay and drawing are so dominant in art therapy. There is concern as to whether these materials reflect particular cultural assumptions and values largely influenced by Western middle/ upper class (Hocoy, 2002). Hocoy (2002) illustrates this point by considering whether it is appropriate to use particular art materials whereby the cost and value of such resources is not consistent with the social economic status of clients. Also highlighting that in Asia writing is a much more popular form of art in comparison to Western culture. He sums up these issues stating, 'Art therapy may be culture bound, but it cannot afford to be culture blind' (Hocoy, 2002, p.141). Hyland-Moon (2010) reminds us that materials should be examined to ensure cultural competence like all aspects of the therapeutic encounter. Rubin (2010) expresses the notion that staying informed about materials is as important as keeping up with professional literature, stating that knowing new media is as critical to art therapy as knowing new drugs is to practicing medicine. She remarks that materials have not been discussed by many authors, indicating this may be because they are possibly taken for granted.

### Defining what constitutes materials in art therapy

There is difficulty in defining what constitutes 'materials' in art therapy because this concept broadens or narrows between art therapists. Wadeson (1995) indicates the

basic art therapy materials she would use consist of pastels; a water paint and clay, also indicating how collage materials could be a good addition for the client who is afraid of creativity. She takes into account material properties in terms of suitability for the client as well as cost, quality, and preparation and clean up time. McNiff (1999) perpetuates how early conservative voices in the profession of art therapy thought materials should be limited to drawing, painting and modelling with clay. However, Hyland-Moon (2010) indicates there are art therapists who transgressed these material boundaries with greatly varied and virtually unlimited options for use of materials in art therapy.

## Theory

### Psychodynamic Theory

Naumburg an art therapy pioneer, advocated the use of easy to use pastels and poster paints due to being easy to apply and assumed these types of material allowed spontaneous expression, inspired by Freuds work on revealing the unconscious (Junge and Asawa, 1994). Hyland-Moon (2010) contrasts her work to that of Kramers (1986), who was more concerned with the subject of the art material and believed the relationships between therapists, clients and materials are intertwined. Kagin and Lusebrink (1978) created a framework for deciphering the therapeutic suitability of specific materials in relation to how resistive or fluid they are. This is largely based on the psychodynamic model, whereby qualities and characteristics of diverse materials are linked to levels of psychological functioning. Robbins and Sibley-Seaver (1994) wrote extensively on 'Materials', demonstrating that different media provoke different kinds of messages. They convey ideas that some address themselves to the ego organising capacity of the patient whilst others

have an exploratory quality. They indicate that a patient may benefit from exposure to the opposites they are drawn to, such as hard materials to soft, light to dark. Robbins (1987,1994) used the term 'psychoaesthetics' to refer to the integration of aesthetic principles and psychotherapeutic theory which integrated object relations theory, consideration of ego development and aesthetic principles in order to meet the psychodynamic needs of clients. Robbins (1994) explores the seven qualities of materials, tactility; colour, rhythm, movement, space, risk, and symbolic content. Concentrating further on psychodynamic theory it is imperative to acknowledge the concepts of transference and countertransference which have been applied to thinking about materials and media. Rubin (1984) provides vivid examples of what transferences may be given out by clients in relation to materials. Explaining that in giving patients materials an art therapist is a 'feeder'; providing supplies which may be experienced as good and plentiful or bad and insufficient. Beaver (1998) informs implications relating to countertransference that can arise for the therapist too, such as the desire to be perceived as a good and nurturing parent. Hyland-Moon (2010) indicates that art materials provide a tangible form of emotional sustenance and so can be perceived as a metaphor for food. This is particularly interesting in relation to clients with eating disorders. Schaverien (1995) describes how an anorexic client may take time before daring to engage with materials and once doing so may make sure it is in private or out of sight of the therapist. Using the materials, therefore, in the same way they use food; choosing small helpings and playing with it and possibly choosing a pencil over more sensual materials. Levens (1995) showed how the bulimic patient is more likely to 'binge' on art materials and then proceed to worry about mess after, further indicating that this specific client group often make use of smearing and dolloping thick poster and finger paints.



### Developmental Theory

In contrast to the psychodynamic school of thought, developmental theorists emphasise the importance of selecting materials appropriately in accordance with developmental stages of children. Hagood (2000) summarises much research here, such as the notion that two- four year olds should preferably be given thick poster paints, whereby they find pleasure from using bright colours as opposed to watercolour which can be discouragingly difficult to control at this age. This approach views materials from the perspective of paralleling a client's physical and cognitive abilities, making experience neither too demeaning or frustrating. A client may therefore need pre-art materials such as shaving cream, feathers or flour to enhance cognitive, sensory and motor awareness and involvement (Rubin, 1978).

### Social Constructionist Theory

Teymur (1996) indicates materials can be examined in specific terms of physical, technical, political, economical, institutional, epistemological and discursive characteristics. Social constructionist theory doesn't regard dominant views as essential truths and is interested in deconstructing such beliefs to get to the social forces that have constructed and reinforced them. Such as challenging the dominant belief in art therapy that wet clay is a regressive material by looking at differing views one may have if an artist is using clay in comparison to a client. Hyland-Moon (2010) writes about how clients use specific materials to convey meaning to others, by choosing just the right materials to convey what needs to be portrayed at that instance. Meanings arise therefore, not only from the image made but in the spaces between us. Present media often depicts pencils as linked to geeks and librarians, very different to when pencils were first used in ancient Greece on papyrus scribes.

People can have childhood memories of simpler times when using a pencil, or have memories evoked of teachers marking using red pens (Hyland-Moon, 2010). Rozum (2001) promotes avoidance of using markers with children who have behaviour disorders because they are stereotypical reminders of school.

### Assessing a range of studies for their usefulness

#### Boxes

Kaufmann (1996) explored the meanings of boxes and containers in the context of art therapy through conducting a heuristic study. They found boxes/ containers are a common framework for inner and outer realities, as well as identifying six other themes. Chu (2010) explored physical and metaphorical characteristics of the box within a cross cultural intervention for survivors of the 1994 Rwandan Genocide. Findings indicated that boxes functioned to be a catalyst for expression, healing and reconnection with the self. Both these studies explore meanings of boxes in the context of particular client groups subjectively, however, I have extreme caution in attempting to isolate cultural and client group factors as the only product of different outcomes here. Possibly the art therapist has more impact than considered on the results. The impact an art therapist has on how a client views the materials can be illustrated by addressing Rubin's (2010) notion of the 'Pied Piper Effect', whereby she informs that once a teacher or art therapist engages in materials often children become intrigued and installed with similar enthusiasm and want to do the same.

#### Do we all experience materials consistently?

In investigating others sources which compare differences in perceptions between cultures, the BBC Horizon documentary, 'Do you see what I see?' (2011) researched

The Himba of northern Namibia, who appears to have fewer words to distinguish between colours and therefore take longer to differentiate colour differences. The documentary displayed numerous interesting experiments to show how your age, sex and also mood effect how you experience colours. I am intrigued yet cautious with the material, as there is consideration as to whether the purpose of this investigation was largely based on providing entertainment value. Nevertheless, this documentary can perhaps give us some valuable insights which could be extrapolated into understanding why we may not all experience art materials consistently. Clukey (2003) also explored gender differences, as whilst being an art teacher observing reoccurring gender patterns in preferences whilst selecting art materials; observing that females are more inclined to use painting material unlike males who largely selected drawing materials. She studied this via developing a statistically model of analysis; offering 10 mediums to 180 boys/girls. She disproved her theory as the study demonstrated no statistical difference.

### Clay

Sekar et al (2007) wrote case studies on children affected by the 26th December 2004 Tsunami disaster and how clay therapy could help. They concluded that the medium of clay helped ventilate negative feelings and release feelings of personal loss. The authors likened the medium of clay to the children, being 'soft and malleable', and metaphorically depicted it as being useful in helping to positively reshape futures. Foster (1997) on the other hand recalls her experiences of being an art therapist in observing that schizophrenic patients rarely made use of and seemed to actively avoid sculpting materials (clay and plasticine). But stated those who eventually used three dimensional materials seemed to progress more with self-development. She recollects psychotic patients having wet sticky clay that dried up

on their fingers and started cracking, informing this caused great stress necessitating urgent removal from the skin. She wrote on the body likenesses of these materials. In Goryl's (1995) survey he demonstrated that 99% of therapists in his sample believed clay was very therapeutic. As this quantitative study had select answers only, flexibility was sacrificed, leaving little room for unanticipated answers (Breakwell, Hammond and Fife-Schaw, 2000). Though I do have concern here also as to whether participants shared the same meaning as to what 'therapeutic' meant. Sholt and Gavron (2006) wrote a review entitled, 'Therapeutic Qualities of Clay-work in Art Therapy and Psychotherapy', reviewing 35 clinical reports. Their work incorporated varying studies on the theory and practice of art therapy, attachment theory, object relations and psychoanalytic theory. The apparent lack of bias with even consideration of such diverse perspectives here is acknowledged. The reports served to identify six major factors that emerged through use of clay work in art psychotherapy and psychotherapy. They sought a broader understanding of the sculpting process and products in order to promote an accurate phenomenological observation of the process and dimensions of clay work in therapy.

#### Materials in consideration of sexually abused clients

Trepel-Wollenzier and Wester (2002) used a clinical intervention vignette to explore how masks have been used as projective tools to reflect. Their vignette concentrates on how useful using a mask was for a lady who was sexually abused and 'masked' her emotions. The authors highlights that using masks is particularly useful for adolescent sexually abused survivors. Hagood (2000) writes extensively on appropriate art materials for sexually abused children, warning that young sexually abused children may act in revulsion to certain types of art media. Glue, clay or other sticky media may be inappropriate and make an abused child recoil if they have been

subjected to their abusers ejaculate. Anecdotes such as these, though useful are very difficult to research, as it would be extremely unethical to subject clients to a material that may cause distress. Clukey (2003) concluded in her literature review for a thesis entitled, 'A descriptive study: selection and use of art mediums by sexually abused adults: implications in counselling and art psychotherapy', that ultimately the researcher found no systematic consideration of mediums done within a therapeutic setting.

### Investigating effects of materials on the brain

Belkofer and Kenopka (2008) have taken empirical, science-based model to understand the effects of art making on the brain. They used a modified, single subject design, whereby paired tests were used to compare pre and post art making using EEG measures. This quantitative method statistically analysed the effects of painting and drawing serving to demonstrate identifiable shift in neurological activity following the use of watercolour paints, brushes, charcoal sticks and white paper. This pilot study lacks validity and reliability, due to the researcher being the single participant so one cannot generalise results and there could be an 'expectancy effect' here. The tests were done on only one day due to time and financial constraints. Despite the limitations of also having many variable factors, such as willingness to engage, size of materials and artistic experience, as the author indicates this pilot does serve to introduce this method for further research.

O'Brien (2004) took a very different approach which served to investigate the effects of materials on the brain. Her article entitled 'The Making of Mess in Art Therapy' reviewed research on attachment, trauma and the brain further making links to case material. Looking specifically at children who were exposed to abuse, neglect and

abandonment in their earliest years, she hypothesised that chaotic use of materials might express these experiences. She found that materials were often used to convey bodily substances and further considered whether these sensual qualities of the materials might access somatic memory of emotional experience. Concluding that evidence indicates there might be connections between early brain damage through neglect and abuse and excessive mess. I feel this article provides an important insight into reasons an art therapist might understand and tolerate chaotic and messy use of materials; however, the concluding indications seem very much at a hypothesis stage as the author herself points out.

### Symbolic transformations

Aldridge (1998) also wrote an essay about children who had experienced loss and neglect and were involved in the social services; all of whom had expressed feeling muddled and messy about the things that had happened to them. Despite her main focus being the artwork that was produced, she indicates finding the common theme of children mixing all the paint together, seeing how much they could use and then later making connections about the brown liquid looking like shit, chocolate or both. Aldridge (1998) suggested in her concluding thoughts that the children were able to symbolically transform waste products into nurturing food. This very subjective piece is very in depth and gives a real insight into her clients. Unfortunately, in attempting to uncover further research addressing the specific topic of painting in art therapy there was little found. Accordingly, Hyland-Moon (2010) asked, "Does the relative lack of literature on the subject of painting indicate unexamined biases or blind spots in art therapy practice?" (p14).

## 'Found Objects'

Brooker (2010) wrote a practice based article entitled 'Found Objects in Art Therapy', using an individual case study from an adult mental health setting. She identified how using found objects facilitated the therapeutic process and enabled her client to connect to memories, thoughts and feelings to an extent that is felt would not have been reached through the use of traditional art materials. The materials were depicted as not appropriate for this specific client as we are presented with her reactions of being politely avoidant and underserving of them to an extent that appeared to be psychological inhibiting the process of engaging successfully.

Brooker (2010) acknowledged opposing ideas that 'outside' objects should not be brought into the art therapy. Referring here to Schaverien (1992) who wrote on effects to the transference-countertransference relationship; including hindering the possibility of exploring the therapist not being 'good enough' in relation to materials and also fear of 'contamination' to the therapy space and boundaries. Nevertheless and perhaps controversially, Brooker (2010) still introduced this directive task of setting home work for the client to bring found objects from outside therapy.

Following presenting her new approach to other art therapists during 2008, she was widely informed by other art therapists that they already use found objects in therapy such as sweet wrappers; pine cones, feathers and leaves, albeit their materials were provided by themselves rather than the client. She further reports her process of challenging the conventional boundaries in art therapy in order to no longer work in what she described as a 'vacuum' in the sense of only allowing what she provided to be used. Brooker (2010) provides a strong argument for doing so, considering how this method relates to both object relations theory and the social sciences. She also talks of conversations and collaborations with the clinical psychologist Camic (2008, 2010) as well as her clients own account of her experiences of utilising found objects

in art therapy. I have found this article to be an almost 'eclectic' piece of research, acknowledging so many schools of thought and research methodologies, as well as addressing her personal associations and feelings towards artists' works that have used found objects. Her research appears to push the boundaries of conventional thinking in art therapy and indicates further intended developments in this research. She congruently acknowledges the limitations of a single case study advising caution for further use of the technique. My concerns regarding this article lay in the wonderment of how ethical it is to ask a client to write on their own feelings of an experience in art therapy with a view for publication and to what extent the client may feel coerced or be inclined to please the therapist? Perhaps the most interesting element of this work for me though, is the account indicating how art therapists verbalised their widespread use of found objects, yet this picture does not seem to be represented in current literature. Leading me to think that perhaps art therapists could be using materials in a much more different way to which literature and research currently portrays.

### Digital media

Malchioldi (2012) wrote a case study describing how a 10 year old boy who was hospitalised following injuries from a vehicle accident utilised an iPad in art therapy. Using apps on it such as 'Spin Art Studio' lessened his anxiety and permitted self-expression. This research is useful, because although Orr (2005) previously described the benefits of working with technological media in therapy, to include being able to maintain a sterile status in medical environments and the increased accessibility of art making for clients with disabilities; we are instead taught this through a real life example which somehow translates these interesting words into a form which is arguably much more tangible and meaningful. Hyland-Moon (2010)



summarizes the many opposing views art therapists have in relation to the use of digital media, such as concerns technology may be dehumanizing and isolating. Despite this, Malchioldi (2012) informs us individuals who have grown up amidst the digital media phenomenon expect to communicate and express themselves extremely differently to that of in the past; consequently influencing how art therapy is delivered. Orr (2010) finalises her whole chapter devoted to art therapy digital media concluding,

“Only through understanding and intentionally focusing on the media used in art therapy can art therapists and clients make appropriate decisions about what to use, how to use it, and when to use it” (p.100).

I think this sentence wonderfully sums up my suspicions that the recent influx in technology may be the catalyst which will push art therapists to investigate why and whether to incorporate various materials in art therapy. This could be something most art therapists do automatically and on a regular basis, although the lack of research on this topic unfortunately leaves me with a level of uncertainty here.

### Conclusion

To conclude, although the importance of research regarding art materials has been frequently noted, there is a distinct lack of research in this area. I have underestimated how wide this subject is though, with many varying perspectives that write on the subject, being not necessarily contradictory but having differing fields of enquiry. So much literature, yet little research has led me to question beliefs art therapist hold on the subject, or make them more concrete via my own research. I feel there is a gap in research in acknowledging assumptions as to why one makes associations with certain materials and whether these are credible assumptions to make as art therapists. As others have previously mentioned, much research appears to be anecdotal or in the form of clinical observations. I have found research

to be very 'bitty' and am surprised there is not more research which demonstrates more comprehensive and rounded views of art therapists on the topic. Much of the research I found on materials has been dug out or extrapolated from case studies as opposed to it being the explicit key topic of interest to the author. Despite this, I have found indications that art therapists are thinking more critically about materials than is perhaps currently depicted in literature. There also seems to be a definite recent influx in thinking and researching about materials; perhaps following the published remarks addressing this specific need or even as mentioned the potential catalyst of digital media. The most comprehensive research seems to be in relation to the study of clay. However, there is a lack of studies looking at the properties of differing materials comparatively against each other. The studies found seem to largely focus emphasis on how materials can be beneficial or detrimental for specific client groups.

### Aim and objectives

I wish to explore art therapists' views on the effects and importance of using various materials in art therapy. Personal meanings regarding art therapists own associations to certain materials will be explored in order to increase awareness and cultural competence whilst working with clients. Understanding personal meanings of materials is an important factor in practice that I feel has been neglected and should not be taken for granted. Art therapists own meanings associated with varying materials arguably can influence or cloud one's own judgement when viewing how a material may be affecting a client. Therefore therapists need to be aware of and examine the roots and concreteness of their own beliefs in this area and understand if there really is enough conviction to deem certain materials as having certain qualities, so my research aim will be to: 'Explore the ways in which art therapists view the effects of and importance of various materials used in art therapy'.

## Chapter 3

### Methodology and methods

Crotty (1998) explains epistemology as the theory of knowledge that defines what kind of knowledge is possible and legitimate. A researcher's paradigmatic positioning relates to their understanding of the nature of knowledge (their epistemological standpoint) and of reality (their ontological standpoint) (Broom and Willis, 2007). In regards to the research aim proposed here I am veering away from an objectivist epistemology. This is due to understanding that this branch of philosophy concerns itself with having the goal of objective knowledge and understanding what is impartial/ unbiased. This epistemological position believes it is possible to describe what is 'out there' and get it right. A positivist paradigm tends to have features and benefits of objectivity; determinism, quantification, reliability and generalizability (Broom and Willis, 2007). Often utilising methodologies of experimental or survey research and typically employing methods including sampling measurement and scaling statistical analysis. Therefore the positivist paradigm makes use of these quantitative methods, believing that knowledge can be produced through rigorous methodology. I am less concerned with using a deductive approach which is often associated with quantitative methods, as at present I am not wishing to test an existing specific theory or hypothesis but rather to gather further insights into the way art therapists view materials based on their own experiences. A randomised control method for example cannot be suitable to explore deep meanings of how someone is experiencing their life, so would be inappropriate. A typical argument against the positivist quantitative research designs is that they give insufficient attention to a person's life experiences (Rubin and Rubin, 2005, Brymann, 2001). Therefore I am interested here in taking an interpretivist approach. An interpretivist researcher will

maintain that knowledge is socially constructed and so reality is considered subjective (Broom and Willis, 2007). As Willig (2001) explains qualitative researchers tend to be concerned with the quality and texture of experience rather than the identification of cause and effect relationships, sacrificing the latter being a key weakness according to some researchers. The methodologies utilised here are qualitative. Glassner and Moreno (1989) summarise that an interpretivist approach could not be complete without qualitative understanding of the subjective meanings of social actors involved in social interactions. It is important to note though despite these distinctions made here, increasingly researchers are using concepts and methods from these two contrasting paradigms in one research study. This is desirable to some researchers but disputed by others (Leineger, 1992).

After exploring various qualitative methodologies and data collection techniques, I have selected after much consideration to use IPA methodology by performing semi-structured interviews. Reid, Flowers and Larkin (2005) explain why IPA is becoming so increasingly popular in the context of psychology and other professions,

“...because it shares a broadly realist ontology compatible with other applied concerns, in a way that some other qualitative approaches do not. This is particularly true of the ethnomethodological version of discourse analysis” (p.21).

IPA specifically focuses on the phenomenological experiences of participants, whereas many other methods such as discourse analysis limit focus to linguistic behaviour. Smith and Osborn (2003) explain IPA is phenomenological, in that it involves a detailed examination of the participant's life-world, exploring personal experience or an account of an object or event as opposed to objective statements here. I am reluctant to choose content analysis because data seems to be more forced into categories and this shifts away from exploring in depth meaning and

experiences of individuals (Taylor 2008). IPA emphasizes that collecting the research is indeed a dynamic process whereby the researcher plays an active role. A criticism of Grounded Theory by Taylor (2008) is it does not sufficiently acknowledge the role of the researcher and dependence of observations of theory/perspective. Smith and Osborn (2003) however, acknowledge IPA is a two stage interpretation process, or a double hermeneutic is involved, whereby the participant is attempting to make sense of their world and the researcher is trying to make sense of their world, therefore making the methodology intellectually linked to hermeneutics and theories of interpretation. IPA recognizes also an acknowledgement for roots coming from symbolic interactionism (Denzin, 1995). To expand here, meanings are constructed by individuals within both a social and personal world. Smith and Osborn (2003) show how IPA has a theoretical commitment to viewing the someone as a cognitive, linguistic, affective and physical being and recognizes connections between peoples talk and their thinking and emotional state. I need to be aware of the limitations of IPA, including that access to an insight of a participant's personal world is extremely complex and can be hindered by a researchers own conception and for reasons relating to a participant not wishing to self-disclose. As Taylor (2008) summarizes IPA relies on participants being able to verbalise experience. One of the most appealing features of IPA is its scope in terms of theoretical rather than empirical generalizability, in that readers can make links between the findings of an IPA study, their own personal and professional experience and claims in literature (Smith and Osborn, 2003).

Smith and Osborn (2003) explain why semi-structured interviews are the exemplary method for IPA, as they allow the researcher and participant to engage in a dialogue whereby initial questions can be modified accordingly in light of participant's

responses. They proceed to indicate that the researcher can probe any areas of interest which arise unlike in structured interviews where important areas may be neglected. Semi-structured interviews facilitate rapport/ empathy from the researcher with the participant. Smith and Osborn (2003) highlight that producing a loose framework of questions enables consideration of how to phrase questions or handle sensitive wording in advance. Analysis of books, diaries and newspapers are not appropriate data collection techniques because of the lack of information on this very specific area available. I was entertaining the idea of a focus group, however, despite the strengths of this method, such as it being much quicker to conduct and analyse in comparison to the chosen method, I am aware someone may be reluctant to speak about sensitive or personal issues in front of a group. This is especially in the context of art therapy being such a small and interlinked profession where so many people are connected to each other. Kruegar (1994) highlighted the issue that certain members of focus groups can become too dominant. Electronic email dialogue was another consideration, however, as Reid, Flowers and Larkin (2005) point out interviews allow participants to think, speak and be heard.

It is vital whilst composing questions for the semi-structured interviews that questions should start with the most general question, be as value laden free and as neutral as possible and every attempt should be made to avoid leading questions. It is useful to remember to use open not closed questions and avoid using jargon or complicated technical terms (Smith and Osborn, 2003). The use of a single pilot trial should help highlight any of these errors.

I shall use a voice recorder for the interviews which will then be transcribed. This is due to not wanting to sacrifice engaging sufficiently with the participant by the

requirement of noting everything down; non-verbal behaviour however, will be noted. As the aim of analysis is to try and understand the content and complexity of the meanings these issues are imperative.

### Ethical considerations

Throughout the entire process ethical issues will remain of utmost importance. The Declaration of Helsinki (1964) informs us of the ethical principles of medical research indicating that health and safety of the patient is the prime consideration always. The declaration informs of four main principles; autonomy, non-maleficence, beneficence and justice. Ethical rules of research indicate veracity, privacy (informed consent is necessary prior to breaching privacy), confidentiality and fidelity. Applying these vital considerations to the present research project, I shall always consider the participants health and safety as the key concern. I shall seek informed consent and obtain this in writing. Extensive details of the research will be given in written and verbal form so participants can fully understand what is entailed. This includes potential risks, such as the possibility one could be prompted to recall sensitive information. As Kapitan (2010) informs any research that involves interacting with people will affect them in some way, therefore a research study is an intervention of some kind. This means as the current method is aimed at discovery, consequences of the nature of this research may lay open new thoughts, feelings and tacit knowing not already in someone's awareness. I have to be cautious of this risk. Participants will be informed of the right to withdraw from the research at any time and their details shall be kept anonymous in conjunction with the Data Protection Act (1998). Kapitan (2010) reminds that research participants need to be protected from disclosure from both direct identifiers such as names, and indirect identifiers such as organisations. I need to be increasingly aware of these identifiers especially whilst

using such a small sample. Recordings of the interviews shall be kept in a locked cabinet. Interview location will be confirmed in due course, but would be at a place that ensured privacy of participants. Participants will not be paid for taking part in the research as I feel this could lead to a potential power imbalance between participant and researcher.

### Sampling

I intend to use purposive sampling, indeed finding a closely defined group for whom the research question will be significant. In this case I will be choosing to send an email to members who are fully qualified and currently practicing art therapists registered on the BAAT website in an effort to recruit participants. Although later, during the ethical application process I widened my inclusion criteria to indicate that potential participants will not be excluded if they are not registered with BAAT as this is not a requirement of working art therapists. The exclusion criteria were any art therapists who already know the researcher due to avoid the blurring of boundaries between researcher and participant (Kapitan 2010). Although, again in the ethical application process I reflected upon this and changed this to exclude art therapists who I am currently working with after understanding how this could potentially be very limiting. It seems that art therapists quickly become familiar with each other in such a small profession and so it transpired my previous framework felt rather unsuitable. As the research aim is so specific and to an extent defines the boundaries of the relevant sample, it is not helpful to think in terms of random or representative sampling. Snowball sampling was considered, as Stier Adler and Clark (2011) describe the way this non probability procedure involves using members of a certain group to identify other members of the group, but this was initially ruled out to avoid chances of participants discussing the project and creating biases.



However, despite initial concerns I did eventually utilise this method, asking art therapists to forward their emails notifying of the research project on to other potential participants. This method was employed due to time constraints, as making the slight sacrifice I felt would help ensure a sufficient response rate and a swifter recruitment process. Smith and Osborn (2003) indicate their current thinking is that students doing IPA for the first time should use a sample of three participants. They reason that this allows sufficient in depth engagement with each individual case and allows a thorough examination of similarities and differences, convergence and divergence between cases. They warn that an over ambitious student taking on too many participants may become overwhelmed and unable to produce a sufficiently penetrating analysis. After all IPA is described as an idiographic mode of enquiry, which is committed to making specific statements about individuals rather than taking a nomothetic response which instead allows generalisations about the population (Smith et al., 1995). In my ethical application (Appendix 1a-e) I have further explained reasons why a sample size of three or less is acceptable which successfully justified the proceeding of my research with two participants only.

### Data analysis

In taking Smith and Osborn's (2003) advice regarding data analysis I shall divide the process up into four stages. It is important to note here beforehand that I am going to look in detail at one interview transcript before moving on to another. This is an idiographic approach of analysis, beginning with particular examples and gradually working to more general categorisations (Smith et al. 1995). Returning to the stages of analysis I shall look for themes in the first case. It is vital here to read the script many times so I as the researcher can actively engage in it. The left hand margin is used to annotate significant and interesting points made. There are no rules as to

what should be commented on and certain areas of the text may be much richer with annotations than others. Comments should here attempt to paraphrase, summarise and remark about the sense of the person that is coming across. Smith and Osborn (2003) reassures here that it is likely one may comment on similarities, differences, echoes, amplifications and contradictions in what a person is saying. Secondly, they advise to forge connections between themes. These emerging themes are listed and connections are made between them, therefore some are clustered together. We are advised some may emerge as superordinate concepts. This stage is written in the right hand side margin. Thirdly, one should continue the analysis with other cases. Although authors here recommend that if one is using a small sample of three participants, then one should start the analysis of each case as if it were the first and then make a final table of superordinate themes. Here the difficulty will lie in deciding which themes to adopt or reduce. Finally, the last stage of analysis is concerned with translating themes into a narrative account. This stage of writing up isn't clearly distinguished from the analysis section, as analysis will indeed be extended in this stage. We are warned care should be taken here to decipher between what participant's say and the analysts account of it. Results will contain the emergent thematic analysis, followed by a discussion which links analysis to existing literature.

### Timeframe

The whole research process will be a time consuming one. The interview questions will be composed and carried out on one pilot study and will be modified if necessary. I am allowing a time frame of three months to recruit and interview the three participants. Each interview will last approximately one hour. I am allowing between five to eight hours of transcription time per hour of interview in conjunction with the

advice of Smith and Osborn (2003). The process of data analysis, write up and the dissemination will be done within the timeframe of a year from the first interview.

### Ethical application

Due to a lengthy ethical application process I was arguably forced to make changes to my proposed time frame to complete this project, as well feeling the need to modify aspects of the methodology. With the added pressure of less time to complete the research, I was inclined to think more reflectively and make many changes. I gained much from the objections and questions I received from the reviewers that conducted the ethical application process. This included enabling me to open my mind to other techniques, sharpening my approach or having to strongly justify my proposal. Changes as a result of the application process have been incorporated throughout this work and can further be seen in Appendix 1b-e.

### Sample recruitment

I sent thirty three emails to art therapists from a specific BAAT region initially, in order to inform them of my research in an attempt to recruit participants. As mentioned I asked them to kindly forward the email to others if appropriate. Within one week I received two positive responses. Then throughout the next couple of months I had a response from someone who I had not initially contacted, proving the snowball method to some extent was effective. This art therapist expressed their wishes to take part in the study and sent me their address. I responded explaining that the interview had to be on mutual ground and they failed to reply. This was a frustrating process, as another candidate who initially indicated they would be available never responded to my emails. Another who expressed an interest in taking part later indicating that they had become too busy and didn't have time. Finally, I had a

response from an art therapist who asked if I would be able to interview them via a Skype video call. After initially feeling this type of interview would not be acceptable, I came to question my motives for my feelings here especially having just wrote my literature review whereby I had read about 'technobias'. I sought the work of Hanna (2012) who wrote a short paper which embraces a flexible approach encouraging participant's choice of mediums through which semi structured would be conducted. The paper depicts Skype as allowing the researcher to reap not only the benefits of the traditional face to face interview but also aspects of a telephone interview (Holt, 2010). The paper also brought to my attention benefits of using Skype for this purpose such as posing less conflict to ecological principles people may hold in relation to travel, overall cost and not imposing on each other's space. But also there is recognition of unfortunate technical hitches that may occur. Subsequently I agreed to the semi structured interview being a Skype video call, but after many emails discussing dates and times, this candidate failed to commit to the study.

Subsequently, I decided that I had to draw a line at the process of trying to recruit a third participant so I could proceed with my work. Whilst this was disappointing, I felt happy I had two participants. I had anticipated this sample size in correspondence for my ethical application, stating that Smith and Osborn (2003) do report many IPA studies have been published with a sample size of one or two participant(s). I felt satisfied with a sample size of two participants, as this ensured I could attend to each piece of analysis with sufficient justice in conjunction with an increasingly limited timescale. I proceeded to research reasons why candidates may have dropped out and other factors that affect response rate for future reference.

## Conclusion

After identifying a gap in current literature, the researchers aim is to, 'Explore the ways in which art therapists view the effects of and importance of various materials used in art therapy'. I am taking an interpretivist approach, being concerned with personal meanings, associations and experiences; wanting to gain an in depth, rich view of the participant's world. IPA methodology will be performed by carrying out semi-structured interviews. Data analysis methods have been selected. The sampling size will be of two participants, both fully qualified and currently practicing art therapists. Throughout the whole research process ethical and legal considerations will be of utmost importance.

## Chapter 4

### Data Analysis and Discussion

Having previously described the steps I plan to take in analysing my interview transcripts, I will briefly reiterate how I am following the advice of Smith and Osborn (2003) throughout the process. As they advised, I won't use their advice as a prescriptive methodology but rather use it as a template. It is appropriate to remind the reader here that I am going to look in detail at one interview transcript before moving on to another, following therefore an idiographic approach of analysis.

In looking at the first script to be transcribed, in order to protect the participants confidentiality I will refer to them as 'Participant 1' on 'Transcript 1', who later will be called by the pseudonym of 'Dave' for the ease of reading. After reading the first script many times in order to engage with it successfully, I then used the left hand margin to note significant or interesting points. I found it difficult to be brief here, so after this process, I went back and highlighted particular words or phrases. I also highlighted words in the transcript to check I had sufficiently captured everything I wanted to. Then the right hand side was used for more concise emerging theme titles which capture the quality of what was said. Appendix 2 included the first two major processes but is not included here due to it being a highly being a confidential document. These emergent themes were listed on a large sheet of paper and links were made between them. To demonstrate this process I have included a photo of my work at this stage (Appendix 3a).

As you can see I used various arrows and ticks to note to myself how some themes were to be clustered together, others then merged to become superordinate themes.

The result of this work provided the final themes for 'Participant 1', which I have produced in the table in Appendix 4a.

After both transcripts reached this stage, a final table of superordinate themes was produced. The second participant is referred to as 'Participant 2', and will later be given the pseudonym name of 'Sara'. After carrying out the same process within the margins of the 'Transcript 2', I again proceeded to write a rough list of emergent themes that transpired. This included lines which began the process of linking, clustering and merging of subordinate themes (see Appendix 3b). The final themes for 'Participant 2' were then decided and can be found in Appendix 4b.

Finally, after the two participants final themes where decided upon, I could then construct the table of superordinate themes (see Appendix 5). The difficulty here was deciding which themes to adopt or reduce.

## Chapter 5

### Findings

In order to present my findings; I shall use the pseudonym name of 'Dave' for 'Participant 1' and 'Sara' for 'Participant 2' in order to both protect their confidentiality and provide ease of reading. It should be noted Dave works in a hospice setting and Sara, adult mental health. Any other identifiers will not be disclosed.

I shall present my findings, in subsections of the seven master themes that were generated in the final stage of analysis and will include verbatim extracts from the passage.

#### **1. The core box of materials**

Both art therapists indicated they thought a basic range of materials should be provided to a client in art therapy. These materials were referred to as '*The core box*' by Dave hence the title of this master theme. Both art therapists specified the same materials here, with the exception of Dave including collage.

*'I always try and have collage stuff available because I think it's important that people don't feel they have to necessarily draw'. Dave*

The core materials for both art therapists here transpired to be crayons; oil pastels, chalk pastels, pencils, pens, paints and something that's three dimensional.

I got a strong impression of how important providing clay (and air drying clay) was from Sara, whereas this was less so with Dave.

*'Clay is really important to have, because that's the main opportunity someone has to make something in the three dimensions'. Sara*



Dave perhaps felt differently because this material wasn't always suitable for his client group, particularly those who had breathing difficulties, but still emphasises the importance of providing alternative three dimensional materials.

Interestingly, whilst describing his 'basic range' of materials, Dave devised the categories of dry, wet and three dimensional. Sara alternatively concentrated on providing materials of different consistencies and physical distances (at a distant versus closer).

*'...either because the individual might not have the hand strength to use it or actually, it would help them to work in the much sort of messier way and are encouraged that.'* Sara

## **2. Striking a balance when providing materials to clients**

There was a repetition in both transcripts of the words 'quality' and 'range' and these concepts were highly significant whilst explaining factors considered when providing materials. Dave repeatedly used the phrase 'a balance to strike' and Sara reiterated the need to 'pitch at the right level' in relation to these concepts. As noted, Sara explained the importance of having a range of at a distance versus closer or messier materials, reasoning that some people find materials on the hands quite frightening while others are encouraged by this. I also previously emphasised and reasoned her thoughts on providing a range of consistencies. An appropriate quality and range of materials to Sara is important because it conveys a sense of care and thought. She conveys, though the effect this can have on clients,

*'...and I've had people say to me, 'I'm not worth it, it's too gooder quality'.* Sara

Dave similarly states the importance striking this balance here and the potential impact of this factor.

*'...there was something about getting a decent quality but not to the extent that people felt that they were too precious to use.'* Dave

Dave hints that too high quality could be intimidating. He further portrays he would like clients to be able to feel it would be ok to use a lot. Dave thinks about these balances in provided materials comparatively to that of the artist in residence who sought more 'fine art materials'. Purchasing materials, presumably because of these factors for Dave was one of the most 'preoccupying' things for him whilst setting up an art therapy service. He talks about the importance of range, but how this has to be limited when he works off site due to transportation. I touched on with Sara, how budget for materials influences art therapy sessions.

*'I guess there is always in the back of my mind, particularly if the budget has already been spent, I think, oh I haven't got much more of that'. Sara*

Although this does not feel like a major concern for her, we explored the way the relationship with the client may alter because of budget factors whilst working privately.

*'I'm sure if I worked privately, and you know if someone started using whole bottles of paint in one session, I would be thinking 'right, ok, what do I do about this?'* Sara

Interestingly, this contradicted with her thoughts on working within a larger organisation whereby she saw someone using a lot of materials as a 'way to reflect' rather than something to 'tackle'. Finally, it is important to state here that both therapists highlighted the importance of having a balance between childlike and not childlike. Sara, talked about range being directly linked to options, and the 'childlike versus familiar anchor', especially at the beginning of therapy.

*'...that sort of tipping point between something that feels quite childlike, but is familiar up against, you know, I'm a grown up now, I'm not going to use those things' . Sara*

Dave linked poor quality, basic materials to being 'nursery like' and explained it's important sometimes to make clients feel like they are not using nursery materials, although also stated on other occasions these materials are the more appealing ones for people who want to regress.

### 3. The blurred role of the art therapist

Dave brought to light the debate of how 'appropriate or not it might be to show somebody how to use different materials'. He warns of the 'whole questioning of assumptions as to whether people know how to use all sorts of materials really' (even the most basic). Questioning what this means for therapy and whether it puts you in the role of teacher instead to show somebody how to use materials, or even to explain in his experience whether plastercine dries or not. He explains how this is something he would like to see a debate on to what extent this should be done. In his practice at a hospice, he states how a lot of clients have been living in poverty, haven't been to school for a long time and have had no access to art or art galleries. Concluding in his practice it would be quite limiting to not teach clients about the art materials,

*'I guess in a way I'm kind of interested in what the role of the therapist is because sometimes it feels as though leaving people only with their own skill set in relation to art materials feels a bit punitive'. Dave*

I got the overall impression Dave was questioning this approach and would be grateful if he found literature on this topic. He used the example of how the artist in residence in the hospice helped someone who didn't feel they could do art because they could not use their hands and so taught the client how to blow ink through a straw instead. Dave briefly hinted elsewhere that this general 'issue' is easier in groups, because group members can get ideas off each other.

The next topic within this theme is whether it is the role of the therapist to make the client feel comfortable with the materials. Dave portrayed the need to make clients feel 'reasonably comfortable' with the art materials especially as a starting point. He spoke of a tutor's opposition to this viewpoint, who felt that people didn't come to therapy to feel comfortable.

Sara brought up the issue that she feels strongly that art materials should be present from 'the word go', at the initial assessment meeting, even if this is purely verbal. However, Sara does inform art therapists have very different views on this depending on their approach and ways of working.

#### **4. The art therapists own preferences towards materials and implications of this**

Both participants had clear preferences for particular art materials. Sara indicated she tends to work in a 'collagey' way and uses paints and inks. Though having a particular preference for chalk pastels and 'things' that will blend and move about, enjoying the rich colours, powderiness and getting quite messy. On the opposite end of the scale indicating,

*'I'm not such a great one for things like pencils and felt pens'.*

She further wonders about how if someone sticks to something like a pencil or felt pen, she starts to feel frustrated and wants to move them on, but acknowledges she has to think about whether that's 'her stuff' rather than theirs. When questioned about whether she feels slightly happier, pleased and enthusiastic when somebody uses materials she uses in her own time, she indicated that this would be true. Though, contradicting herself slightly, by adding, 'not necessarily', before branching to discuss another factor that elicits these responses from her. Dave informed that he makes prints, collage and cholograph, expanding that he loves the smell, ink, visceral feelings of print making. Also acknowledging that the things he loves about it could be most problematic for others. Although he tries 'quite hard' not to let his own preferences for materials show, he states

*'I'm sure people must pick up on it'* (in relation to his enthusiasm).

Dave mentioned how he would find ways to integrate these 'favoured' materials into therapy. His passion for print making and collage was apparent throughout the interview,

*'...it feels a bit magical'* (thoughts on clients using collage).

Dave brought to my attention that one of his previous supervisors noticed people would produce art of their art therapists particular trade concluding here about a therapists preference, *'In some ways it must come out'*. Adding, the importance of being aware, but not being sure if this is 'right or wrong'.

## **5. Associations and benefits of particular art materials**

Dave found print making beneficial for those who were experiencing psychosis, as the process prompted people who didn't usually make eye contact or connect with him to look up and make contact. However, on the contrary whilst working with women who had experienced sexual abuse, which was often ritualistic in a group with multiple abusers, he found this client group often found print making more difficult. According to Dave it was often the language he used to describe the process that brought up traumatic connotations, such as the words, scraping; cutting, wet, sticky, dirty. Materials that were more physical, visceral, wetter, solvent and tricky to control were often difficult.

He summarises this wasn't always the case, but it was a reoccurring theme. Sara also makes correlations with various client groups, stating those who are depressed often use a very limited range of materials, often a single item and not very much of it. Opposed to people who are in a manic state and 'everything goes into the pot', with no discrimination, with everything getting everywhere. There is a repetition throughout Sara's transcript, indicating how powerful clay is, and she conveys how it

can produce strong reactions. Further stating, that it is important to try and get clients with a trauma based background, sexual abuse history for example to use clay despite having a strong reaction to it.

*'Once they've got over that reaction it's like duck to water, and it's a really powerful material'.*

However, her concluding thoughts on these matters seemed to be providing extreme caution with 'linking things up' with particular states of mind, rather than the individual and their whole personality.

I got the impression from both art therapists that many art materials were seen as childlike and linked to regression, but some more than others. Dave talked about poor quality being linked to nursery school and implied a link to regression with chunky crayons and chinks. Sara described wax crayons as being quite childlike.

Sara conveyed a quality of materials being able to 'transport' her or her clients back. So smells, colours, visceral feelings or other aural responses can be evocative and take you back to early memories of using materials.

## **6. The importance of what is being communicated by use and selection of art materials**

Sara talked about material use and selection as being a 'central' resource in art therapy. She described how she assessed all the time how people use the resources of the session which included; herself, the art materials, the room and if in a group the other members. She put particular emphasis on the importance of thinking about why someone might not be using the art materials and discussed reasons whereby a client may not use materials in an assessment. She states that she wouldn't necessarily decide against pursuing therapy with them if they were reluctant to use materials but instead would be 'evaluating the sort of quality of the resistance to the

materials'. Elaborating here that they may feel too exposed in the beginning to work with materials or instead be trying to mould her into something else, a different shape and that would be more about control. Other times if someone wants the session purely for talking,

*'There's a question about psychotherapy rather than art psychotherapy is the best choice for that person'.*

Sara discussed how issues such as if someone is using up all the materials enabled an art therapist to reflect upon this with the client. Further indicating some of the ways in which clients use materials, possibly by creating a mess can be useful in understanding where that person is at if it isn't already obvious. She summarises these thoughts with the phrase, 'So it's all grist to the mill really'. She also uses the phrase 'cuckoo in the nest', to refer to when there is a sense that someone wants to push all the other people out of the way if they are in a group or even conveys a sense in an individual session that they don't want anything to be available to anyone else. Here she perpetuates that it is what she ends up feeling inside is important, her feeling of irritation and feels these issues are to do with transference and countertransference. She talks of unconscious communication, whereby someone can irritate and make her feel uncomfortable with repetitive tapping of a material; however what might be the deeper unconscious communication is how they are indeed either self-soothing themselves or possibly trying to create something that makes everything mindless.

Finally, she touches on the processes of being engaged and absorbed by the image, and indicates her feelings that she feels it is the use of the materials that helps this process. Dave also talks about the difference of materials and communication in relation to the concepts of the embodied and diagrammatic image. Stating that with the diagrammatic image people aren't thinking about the materials having an impact,

however the embodied image feels different. I felt both art therapists felt this issue was important, but I feel they couldn't quite pin down how to portray this to a great extent.

Dave also talked about the utmost importance of materials in terms of communication and was keen to inform that this was whether clients were or weren't necessarily doing this with awareness. Dave used the phrase 'metaphors coming alive' to describe how his client was banging a pen on his paper whilst talking about not being able to get their point across. He felt whatever clients were bringing to therapy often played itself in their choice and use of materials, however, at other times this type of communication can be less relevant. Interestingly he lightly touched on the idea of what a material can prompt in somebody. He was interested too in the significance with those who come and take the 'nearest thing', elaborating that this can communicate important issues such as wanting to take the least risk, not feeling it matters or not feeling they have the right to have a preference.

## **7. Reflecting upon art therapy literature and research**

In response to being asked whether if she felt there is much art therapy literature on materials, Sara responded,

*'I think it's buried in lots of writing but nothing specifically about it'.*

Sara proceeded to indicate though, that she thought there were some good articles about clay which she thought had been written about more than 'paint and such', indicating this seemed to be in the professions move to work three dimensionally. She mentioned she thought there was more American literature regarding a manualised use of art materials in her assessment which she looked at around eight years ago, but does not think it has changed hugely. Noting this is not her preferred way of working. Following the interview whilst not recording, Sara added her thoughts



that the professions literature focused for a long time on 'psychodynamic' aspects and now possibly we might be going back to materials. Dave suggested that he read fairly recently during his training 'stuff' about materials which felt like it had been written a long time ago but that still seems recent and current. He felt that we are not really writing or thinking about materials in the same way at the moment though. Expanding that this could be because it's ok and we are thinking about other things or it is a bit neglected. Although Dave proceeded to indicate he had read about mobile phones and predicted future research to attend to materials because of the influx in digital media,

*'...I do think the whole digital thing is gonna throw it back up again'.*

An intriguing statement in relation to what could be perceived as questioning the worth and validity of research and literature on materials was made by Dave,

*'No matter how hard the day has been, or whatever else is going on, the fact that when people interact with art materials something seems to happen that's and we can think about it and theorise it and we can write you know articles about it, but actually you know sometimes it just feels like a magical, mercurial thing that you can't pin down.'*

## Chapter 6

### Discussion

#### Introduction

All seven themes that were found during the analysis and were displayed in the 'Findings' brought to light a huge wealth of information. Each theme could easily be discussed to an extent that time and space doesn't permit here. Therefore, I have selected three themes to investigate, albeit work presented here entails mere snapshots of information deemed most significant. The themes chosen are, 'Reflecting upon art therapy literature and research', 'The blurred role of the art therapist' and 'The importance of what is being communicated by use and selection of materials'. Where necessary I will make links to my literature review, further theory and practice as a trainee art therapist in conjunction with indicating potential avenues for further enquiry.

#### Reflecting upon art therapy literature and research

Both research participants perceptions on literature and research regarding materials seemed to heavily mirror the conclusions I came to on the topic in my literature review. Including reflections made by Sara that much literature here seems to be buried in lots of writing and not specifically on the topic, or alternatively has been written some time ago. Although Dave indicated similarly to my findings that they may be a slight shift back to thinking about materials as a result of the influx in digital media. Sara also made the same observation as myself, that clay seems to be thought about more than other materials. Despite the overall feeling that the topic of materials has been slightly neglected, taken for granted and is yet very important, I was still provoked to question the worth and validity researching this area. This

questioning was due to a statement made by Dave and shall be the central focus of this theme here.

*'...the fact that when people interact with art materials something's seems to happen that's and we can think about it and theorise it and we can write you know articles about it, but actually you know sometimes it just feels like a magical, mercurial thing that you can't pin down.'* Dave

This statement made me wonder and assess whether through research and the written word, there was a chance of capturing anything close to the experiences, feelings and thoughts relating to materials or whether it would be something that could only be 'experienced'. I turned to the work of Rubin (2010) who wrote a paragraph entitled 'Is Theory Really Necessary?' to reassure the importance of my research. She describes the importance of theories allowing art therapists to see things that may otherwise be invisible. Proceeding to state that although an intuitive anti theoretical approach may seem appealing to many art therapists this can in reality be problematic whilst having the responsibility of often being paid to have 'the patient's life' in your hands. Seeking theory she indicates, is what enables a therapist to sharpen their thinking and clinical skills. Ultimately leading me to conclude, assessing all areas of art therapy to encourage or test existing theory can only serve to be beneficial for the profession despite whether elements at times cannot quite be captured in their truest 'magical' essence.

Given further time here, I would be curious to explore the potential possibilities as to why clay seems to be written about more than other materials. Sara provides a clue, indicating this may have been in the shift of therapists working from the two dimensions to three dimensions. I perhaps naively have not been aware of this 'shift'. I also wonder if it is because clay is possibly seen as the most 'powerful' material to use as Sara's anecdotes and my research for my literature review conceivably

suggested this. Although, I am cautious with this assumption as I have yet to find research looking at clay comparatively.

### The blurred role of the art therapist

This theme fell into three main categories of; whether it is appropriate to teach about art materials, whether the art therapists should make clients feel comfortable with materials and finally, whether an art therapist should make art materials present right from the 'word go'.

Dave raised the question of how appropriate it may or may not be to show someone how to use different art materials, as he explored whether explaining about materials puts an art therapist in the role of the teacher. He portrayed a sense of uncertainty and curiosity in relation to where a line should be drawn in teaching about materials and further expressed his desire for the profession to bring forward a debate on this topic. In his own practice in a hospice, he strongly justifies reasons why somebody may need guidance with materials, to include them not having been to school for a long time, living in poverty and not having access to art or art galleries.

*'I guess in a way I'm kind of interested in what the role of the therapist is because sometimes it feels as though leaving people only with their own skill set in relation to art materials feels a bit punitive'* Dave

On first inspection of wider research on this topic, I was struck by the work of Rubin (1984),

"For most people, little or no formal instruction is required to use most basic media. For many a minimal statement or demonstration may do the trick" (p112).

This statement initially stood as contradictory to the advice of Dave, who seemed very adamant in warning about the whole questioning of assumptions as to whether people know all sorts of materials, even the most basic. Although, Rubin (1984)

doesn't argue that people necessarily 'know' materials, rather they just don't usually need the instruction to use them. Despite this, I do feel Dave's advice is very sound and it is wise for an art therapist to question any assumption. Both Rubin (1984) and Dave both comment that the issue of teaching about materials is alleviated in groups as members learn from each other.

Looking at this debate more widely, I sought the research of various art therapists, who appear to have very distinct viewpoints on this topic. McNiff (1998) conveys ideas about there being no one correct way of proceeding with creativity which is contrary to many ingrained ideas about instruction. Though here not specifically noting the teaching of art materials, his work describes in general 'something essential that cannot be taught' and writes about something valuable emerging when we step into the unknown. Taking the perspective of promoting letting one go, surrendering and allowing the ego to relinquish plans and expectations in order to work exclusively for the sake of self-expression. He further highlights that it is the perception and quality of our attention in being able to express unconditional positive regard to the most humble of expressions which can indeed be sources of insight and wonderment. I get the overall impression that McNiff (1998) is conveying that the very experience of creativity in art therapy is not something that should be taught as there is no single or right way, and everything should come from within; ideas which can be easily extrapolated whilst viewing the role of the art therapist and teaching about materials.

Rubin (1984) indicates that teaching in art therapy only seems appropriate when it is essential in order for a patient be able to say what they want to say. Expanding here that teaching in art therapy is a means to an end rather than a central focus,

reminding further that the end isn't art but therapy. Generally, indicating that any teaching about art should only be for the service of its therapeutic usefulness. It should be noted that Rubin (1984) does emphasize that no one can be an effective art therapist without knowing materials, tools, processes, products to the extent that is needed to teach any client at any moment what they need to know in order to express what is needed in art therapy. Concluding on this topic, that an art therapist should use them self as a teacher only when necessary and doing so in the least restrictive way. Although, elsewhere Rubin (1984) addresses her methods of becoming increasingly more open with clients as to why she is offering certain media, in the same way that any treatment requires some education of the treatment. Here we can gauge some differentiation between educating about the benefits of media in comparison to teaching how to make use of it. Further, adding her thoughts on using this stance in attempt to work more honestly and ethically.

The thought of almost minimising 'teaching of materials' can seem rather confusing once referring to other sources such as the work of Gussak (2007) who indicates that teaching a client about how to use art materials for self-expression can create a new mode of interaction. Further noting that mastery of materials can promote a new sense of self-worth. Or even the work of Minar (as referred to in Borowsky Junge and Wadeson, 2006), whom depicts that art therapists not only teach others how to use materials to create images, but teach clients to take control of their lives and further advise the best way to teach is by modelling desired behaviour.

As a trainee art therapist I have yet to be in a situation where a client has either required or I felt it was necessary to 'teach' them about materials. Perhaps this is because my experience is limited to working with children and young adolescents,

who so far in my opinion have either tended to be very familiar with materials or just simply plunge in and experiment with materials with little need to be taught. Despite much literature here focusing on how appropriate teaching and instruction is in art therapy in general, I feel this is all very relevant to the more specific subject of whether it is appropriate to teach about materials. Art therapists appear to have differing views here, although I am yet to come across anyone who has written critically on the topic with incorporation of contrasting viewpoints.

McNiff (1998) argued that negative and fearful responses can test our capacity for positive reflection, which to some degree answers the next question, 'Whether it is the role of the art therapist to make the client comfortable with the materials?'

However, Dave portrayed the need to make clients feel 'reasonably comfortable', especially as a start point, despite indicating that he had received opposition towards this viewpoint, as a previous supervisor of his had debated that 'clients didn't come to therapy to feel comfortable'. I am inclined to feel that it may be somewhat unethical to not put more emphasis on providing comfort with materials in the specific context of working with clients in a hospice, whereby the aim of therapy is surely different to that of other client groups. In looking further at whether it is part of an art therapist's role to make sure a client should feel comfortable with materials, I can consider aspects of my literature review to shed light here. Firstly, Brookers (2010) article on 'Found Objects in Art Therapy', showed how her client was psychologically inhibited via not being comfortable with the expensive lovely art materials and so adjusted her approach to allow the client to bring found objects (as homework) into the room. Of course Brooker (2010) does indeed reason the many benefits of using this approach and so doesn't explicitly put this method solely down to making the client more comfortable with the materials, although I do feel this is a strong undertone in her

work. Rubin (1984) on the other hand indicates the interesting transferences we can work with as art therapists in relation to how materials are perceived as plentiful or bad and insufficient. She conveys that expectations to use materials can be perceived as unreasonably demanding. Further, we can look to the work of Beaver (1998) who advises on the implications of the countertransference's that can arise for a therapist here too, such as the wish to be perceived as a good or nurturing parent whilst providing materials. Here I would urge any art therapist to take these points into consideration whilst thinking about increasing levels of comfort in the materials they are providing. I have experienced a female child feeling awkward and frustrated with materials myself, indicating they were 'too smudgy', or picking them up, to check the 'sell by date' only to replace them with a look of disgust. Here though, something valuable was being communicated in the discomfort, made more explicit via the child verbally communicating that their fathers' art materials at home were 'magical'. It transpired that I was seemingly put in the role of her mother whom she was displaying rivalry and hostility towards at the same time as demonstrating her attraction to her father, true to Jung's (1913) Electra Complex concept. The simple solution here could be to apologise and reassess how to provide more 'comfortable' materials; however, surely working with these transferences was an integral part of therapy.

Despite interesting work occurring as a result of transferences here; as Dave portrayed clients need to be comfortable enough to ensure they come to therapy. Rubin (2005) demonstrates examples of easing clients into therapy who are perhaps threatened by materials by using tactics such as asking them permission to use materials yourself first in the hope they will follow or by suggesting they start with mental imagery.



The final debate within this theme of 'The blurred role of the art therapist', is whether an art therapist should make art materials present right 'from the word go'. This seemed to be a profoundly important topic for Sara who was adamant materials should be present from the initial assessment even one that is purely verbal despite voicing that she knew not all therapists agreed her,

*'...there very presence right from the start I think is essential. It's both communicating something about the difference and specificness of the art therapy, but it's also that first point where as a client comes in you know. There is that part of the relationship, it's not just with the therapist or with the room, it's with these things, these strange things called art materials'. Sara.*

Gilroy (2012) provides us with several references for authors who denote that art therapy materials should be at least available and at best be used in initial assessments. This statement leaves me contemplating the differentiation between this approach and the one I followed led by my supervisor at CAMHS. Whereby sometimes there is a need to make initial appointments with children and their guardian to decide if it is appropriate to go through with an art therapy initial assessment or to recommend another treatment. Accordingly, we refrain from using the art therapy room in order to stop their potential 'future space' being invaded (guardian presence) as well with avoiding tantalising someone with art materials they may not eventually be invited to use. Despite, the argument for the art therapist being responsible for communicating the specificness of art therapy via materials in the first contact, ultimately working on a multi-disciplinary team with the potential to refer to another skilled profession lays open to varied and adapted methods of working.

## The importance of what is being communicated by use and selection of art materials

Both art therapists interviewed emphasised the high significance of what can be communicated in therapy through the clients use and selection of materials. Sara referred to material use and selection as a 'central resource' in art therapy to be assessed all the time, along with other resources such as herself, the art materials, the room and the other group members if applicable. Phrases were used such as 'cuckoo in the nest' to refer to when there is a sense an individual doesn't want materials to be available to anyone else even if in an individual session and further acknowledged the importance of transference and countertransference here. Other issues such as when someone might want to use all the materials was highlighted as one of many ways materials use can be reflected upon in therapy. The phrase 'it's all grist to the mill', was used by Sara to sum up how everything in the context of material use and selection can be used for reflection. 'Evaluating the quality of the resistance' to the materials, also seemed very important, in differentiating whether someone might be trying to mould an art therapist into a different shape and be displaying controlling behaviour, feel too exposed, or whether art therapy is ultimately less suitable for an individual than verbal therapies if they strongly wish to just talk. These factors seemed to be important considerations to make in initial assessments and the therapist here noted she wouldn't not take a client on because they didn't use materials at this stage. Rubin (2005) writes extensively on resistant patients and advises an array of suggestions to advise an art therapist such as asking for reactions and responses to art reproductions or photographs to ease clients initially. Her work here though, focuses on patients who are resistive through anxiety. Dave also talked about the importance of what clients demonstrate through material use and selection when they take the nearest thing, whether it's about the least amount of risk or not having a right to have a preference. He talks about how whatever a

client is bringing to therapy, often plays itself out in material choice and use, however at other times these factors seem less relevant and meaningful. He expands that communication through this means isn't necessarily done with awareness on the client's behalf. Sara expressed thoughts about how on the surface someone may really annoy her by repetitively tapping a material, but on a deeper level the meaning may be an unconscious communication of them attempting either self soothe or to make everything feel mindless for themselves.

Through concentrating on this topic, I feel I have become more alert as to what my clients have communicated to me through their own material use and selection. From noticing when someone uses materials in similar way to food and as emotional sources of nourishment, picking up on those that feel the need to 'consume' as much as possible, to those who express the wish to take materials out of the room.

Thinking about those who are thrilled with what is being offered, to those who want to almost 'pollute' materials by 'acting out' for example by pouring glitter into the sand pit. I have found this theme particularly interesting and therefore have done a reflective poem (see Appendix 6) entitled 'The Ways in Which You Use Me' which incorporates my own thoughts following my contemplation of findings here. It is written from the point of view of the materials, metaphorically depicted as a relationship, as I have come to learn, as emphasized by Dave, that whatever clients 'bring to therapy' often 'plays itself out' in material use and selection. Rubin (2005) reiterates the importance of this particular theme,

"How patients decide what to use...can yield a veritable gold mine of information."(p.53)

Given more time here, I would like to look further at the role of materials used in conjunction with Schaveriens's (1987) notions of embodied and diagrammatic images, which was vaguely touched on by both art therapists here.

### Conclusion

To conclude, the first theme in which I investigated served to consolidate more deeply the need for my research in this area. The second theme inspected shed light on the broad but nevertheless extremely interesting perspectives that art therapists have in relation to their roles in relation to materials. Leading me to believe here there are no set 'right or wrong' answers, just a need for careful consideration of approaches that may need to be adjusted in various settings or with various client groups. Here, I have come to learn each art therapists has a very unique stance, yet it is wise to work critically and with an open mind. The final theme which looked at the importance of what is communicated by use and selection of art materials seemed to be most interesting to me and due to feeling 'overflowed' with new found information, I decided to incorporate a poem as a reflective response to this topic. Ultimately, the themes in which I have touched upon can be viewed as a few pieces of what appears to be a very large puzzle. Often I haven't got the neat answers I was looking for, only answers that lay open new questions, which is arguably more interesting.

Accordingly, I have stated many avenues for further research. It is appropriate to acknowledge throughout this discussion, I have unavoidably been led to refer to the work of Rubin (1984, 2005, 2010) numerous times. Not because I have stuck to her research like glue, but because her work transpired to be most relevant and applicable to my findings.

## Chapter 7

### Conclusion

To conclude, the journey of my dissertation began with an eagerness to know more about the implications and effects of specific materials after recognising certain preferences or resistances to materials in my own work. I had become curious as to whether materials affected humans relatively consistently or whether the relationship was more complex than this. I argued that art therapists should know which materials would serve to be the most therapeutically appropriate for clients through a deep understanding of the topic. An array of factors led me to want to learn more here, from observations regarding my own art in therapy, to being responsible for selecting and budgeting for materials on a clinical placement. Reading McNiff's (2004) work heavily inspired me, too, by making interesting statements about materials that echoed my own observations, as well as highlighting the need for art therapy to stay closer to the studio.

Upon conducting a literature review on the topic of materials, I found much literature describing the lack of research in this area. I found many strong justifications as to why research here is imperative, along with explanations as to why research may have been neglected too. I began to understand how wide the topic of materials is, though, as different art therapists have differing views on what constitutes art therapy materials. Much theory was found regarding materials and I concentrated on investigating psychodynamic, developmental and social constructionist approaches; these being not necessarily contradictory but having different fields of enquiry. Again, this prompted me to realise how vast the topic of materials in art therapy is. This large amount of theory felt disproportionate to the amount of research here and so I

began to question the beliefs that art therapists had on the topic. Understanding that doing so could serve to make, what appear to be many assumptions, more valid and concrete via research, or encourage more critically aware perceptions. Once assessing qualitative and quantitative research studies for their usefulness on the topic of materials, I soon became frustrated that much research seemed 'bitty'. I wondered why much information had to be extrapolated out of studies rather than being the key topic of interest. I came across information that indicated though, that some art therapists were thinking about materials in a much different way to what is currently portrayed in literature.

After identifying a gap in current literature, my aim was to 'Explore ways in which art therapists view the effects and importance of various materials in art therapy'. I felt personal meanings regarding art therapists own associations and feelings regarding materials should be explored in order to increase awareness and therefore cultural competence in practice.

After critically exploring a range of research methodologies in order to decipher the most suitable for my specific aim, I selected an interpretivist approach which is concerned with personal meanings, associations and experience. Due to wanting to gain an in depth, rich view of the participant's world. IPA methodology was performed via carrying out semi-structured interviews. Data analysis methods were carefully selected and outlined. The sampling size was two participants, both fully qualified and currently practicing art therapists. Throughout the whole research process ethical and legal considerations were of utmost importance. These considerations were all addressed in detail and fine-tuned accordingly in my ethical application (Appendix 1a-e).

Following the successful recruitment and interviewing of both participants, I wrote transcripts and carried out a thorough data analysis of them. The final stage of this analysis left me with seven superordinate themes. Three of the themes I decided to further investigate were: 'Reflecting upon art therapy research', 'The blurred role of the art therapist' and 'The importance of what is being communicated by use and selection of art materials'. Other themes that transpired but weren't further investigated were: 'The core box of materials'; 'Striking a balance when providing materials to clients', 'The art therapists own preferences towards materials and implications of this' and 'Associations and benefits of particular art materials'. I selected only three themes to investigate further due to space and time constraints not permitting being able to attend to such a sheer volume of information.

The themes chosen as discussed served to heighten my awareness for the need of research in this area. I was taught that there are often not correct answers of 'right' ways of working as an art therapist with materials, but there is rather a need for an informed, open minded approach. Finally, I was amazed by the endless ways in which the choice and selection of materials by clients can communicate information in therapy. I came to these conclusions via linking the findings of my research with my literature review, own practice as a trainee art therapist and wider literature. As informed each single theme could permit a lengthy investigation and I provided mere snapshots of what appears to be a very large picture. I feel conducting this research has answered a lot of my initial questions, but also left me with more questions and areas to explore. Therefore I feel this research serves to identify key themes and areas in which further study is needed. Overall, I feel this project has heightened my awareness and sensitivity of materials in art therapy practice.

## Limitations

As previously addressed there are limitations to my work. Using IPA, relies on access to and insight of a participant's extremely complex personal world and can be hindered by my own conception as a researcher or for reasons relating to a participant not wishing to self-disclose. This method also does rely on participants being able to verbalise experience.

I wondered whether the two participants taking part were more interested in the subject, hence encouraging them to take part. This could arguably distort the representation of how much attention an art therapist does pay to the subject. However, this work wasn't looking to generalise, rather to gain a real insight into art therapist's worlds. The research aim transpired to be much broader than I could possibly imagine, which in turn sacrificed an in depth and thorough investigation of all themes. Time and space restricted me in here.

## Recommendations

- I recommend further research on all of the seven themes uncovered.
- I especially remain curious as to why clay is written about so much more than other materials and would encourage an investigation here.
- It would be interesting to conduct a similar study to mine, looking at art therapists in various countries in order to conduct a final cross cultural study.
- It may be interesting to study materials from the perspective of the client.



### Dissemination of findings

Schober and Farrington (1998) remind us that the general purpose of a research project is to gather information about the issue at hand and construct a report to disseminate the outcomes of the appropriate research process. Dissemination is of personal benefit to me as the author because the research serves to be a major component of a course of study. Schober and Farrington (1998) continue to educate that there are several ways of communicating the outcomes of a research exercise in dissemination. They proceed to state it is usually necessary to adapt a dissertation for the purpose of a wider audience and it is vital the researcher makes sure outcomes of the study are communicated effectively and efficiently. Adding that prior to the dissemination the researcher should sought and gain permission from all interested parties including the institution from which the research has been conducted. In due course I am planning to write an article with my supervisor Elizabeth Mason - Whitehead. It is undecided as to where this article shall be published at present. My key concern here will be to contribute further to the profession of art therapy.

## References

- Aldridge, F. (1998) Chocolate or shit: Aesthetics and cultural poverty in art therapy with children. *Inscape*. 3 (1) p.2–9.
- Beaver, V. (1998) The butterfly garden: Art therapy with HIV/ AIDS prisoners. In: M. Pratt, and M.J.M. Wood (eds.) *Art therapy in palliative care: The creative response*. London, United Kingdom: Routledge (p. 127-139).
- Belkofer, C. and Konopka, L. (2008) Conducting Art Therapy Research Using Quantitative EEG Measures. *Art Therapy: Journal of the American Art Therapy Association*. 25 (2) p.56-63.
- Breakwell, G. M., Hammond, S. and Fife-Schaw, C. (2000) *Research methods in psychology* (2<sup>nd</sup> ed.) London, United Kingdom: Sage.
- Brooker, J. (2010) Found Objects in Art Therapy. *International Journal of Art Therapy: Formerly Inscape*. 15 (1) p.25-35.
- Broom, A. and Willis, E. (2007) Competing paradigms and health research. In: M. Saks and J. Allsop (eds) *Researching health: Qualitative, quantitative and mixed methods*. London, United Kingdom: Sage Publications (p.16–31).
- Bryman, A. (2001) *Social research methods*. Oxford, United Kingdom: Oxford University Press.
- Buxton, M. (1992) *Accessing the past: Symbol formation, Art therapy and old age*. [Unpublished master's dissertation] University of Sheffield, United Kingdom.
- Camic, P.M. (2008, April) Cultural reuse as a healthcare practice: The psychosocial-ecology of using found and second-hand objects. [Paper presented at the Society for the Arts in Healthcare 19th Annual Conference] Temple University, Philadelphia, PA.
- Camic, P.M. (2010) [In Press] From trashed to treasured: A grounded theory analysis of the found object. *Psychology of aesthetics, creativity and the arts*.
- Chu, B. (2010) *Within the Box: Cross-Cultural Art Therapy with Survivors of the Rwanda Genocide*. *Art Therapy: Journal of the American Art Therapy Association*. 27 (1) p.4-10.
- Clukey, F.H. (2003) *A descriptive study: Selection and use of art mediums by sexually abused adults: Implications in counselling and art psychotherapy*. (DegreeThesis) University of Maine, ME.
- Crotty, M. (1998) *The foundations of social research: Meaning and perspective in the research process*. London, United Kingdom: Sage.
- Denzin, N. (1995) Symbolic interactionism. In: J.A. Smith, R. Harre and L. van Langenhove (eds.) *Rethinking psychology*. London, United Kingdom: Sage (p.43–58).

- Foster, F. (1997) Fear of three - dimensionality: Clay and plasticine as experimental bodies. In: K. Killick and J. Schaverien (eds.) *Art, psychotherapy and psychosis*. London, United Kingdom: Routledge (p.52-71).
- Gilroy, A. (2012) What's best for whom? Exploring the evidence base for assessment in art therapy. In: Gilroy, A., Tipple, R.A., and Brown, C., (eds.) *Assessment in art therapy*. London, United Kingdom: Routledge.
- Glassner, B. and Moreno, J. (1989) Introduction: Quantification and enlightenment. In: B. Glassner and J. Moreno (eds) *The qualitative-quantitative distinction in the social sciences*. Boston, MA: Kluwer Academic (p.1-12).
- Goryl, F. (1995) Research findings: Art therapists' preferences utilizing artistic media. *Proceedings of the american art therapy association 27th annual conference*, San Diego, CA.
- Gussak, D. E. (2007) Symbolic interactionism, aggression and art therapy. In: Kaplan, F.(ed.) *Art therapy and social action*. London, United Kingdom: Jessica Kingsley Publishers (p.142-156).
- Hagood, M.M. (2000) *The use of art in counselling and adult survivors of sexual abuse*. London, United Kingdom: Jessica Kingsley.
- Hanna, P. (2012) Using Internet Technologies (such as Skype) as a Research Medium: A Research Note. *Qualitative Research, Sage Journals*, 12 (2) p.239-242.
- Hocoy, D. (2002) Cross-Cultural Issues in Art Therapy. *Art therapy: Journal of the American Art Therapy Association*. 19 (4) p.141-145.
- Holt, A. (2010) Using telephones for narrative interviewing: A research note. *Qualitative research*. 10 (1) p.113–121.
- Hyland-Moon, C. (2010) A history of materials and media in art therapy. In: C. Hyland-Moon (ed.) *Materials and media*. New York, NY: Routledge (p.3-47).
- Hyland-Moon, C. (2010) Theorizing materiality in art therapy: Negotiated meanings. In: C. Hyland-Moon (ed.) *Materials and media*. New York, NY: Routledge (p.49-88).
- Jung, C.G. (1913) The theory of psychoanalysis. *Psychoanal. Rev.* 1 (p.1-40).
- Junge, M.B. and Asawa, P.P. (1994) *A history of art therapy in the United States*. Mundelein, IL: American art therapy association.
- Kagin, S.L. and Lusebrink, V.B. (1978) The expressive therapies continuum. *Art psychotherapy*. 5 (4) p.171-179.
- Kapitan, L. (2010) *Introduction to art therapy research*. New York: Routledge.
- Kaufman, A.B. (1996) Art in boxes: An exploration of meanings. *The arts in psychotherapy*. 23 (3) p.237-247.

Kramer, E. (1986) *The Art Therapist's Third Hand: Reflections on Art, Art Therapy and Society at Large*. *American Journal of Art Therapy*. 24 (3) p.71-86.

Krueger RA (1994) *Focus groups: A practical guide for applied research*. Thousand oaks, CA: Sage Publications.

Leineger, M. (1992). Current issues, problems and trends to advance qualitative paradigmatic research methods for the future. *Qualitative health research*. Volume 2 (p. 292-315).

Levens, M. (1995) *Eating disorders and magical control of the body: Treatment through art therapy*. London, United Kingdom and New York, NY: Routledge.

Malchiodi, C. (2012) *Handbook of art therapy* (2<sup>nd</sup> ed.) New York, NY: Guilford.

McNiff, S. (1998) *Trust the process: An artistic guide to letting Go*. Boston, MA: Shambhala Publications.

McNiff, S. (1999) *The Virtual Art Therapy Studio*. *Art Therapy. Journal of the American Art Therapy Association*. 16 (4) p.197-200.

McNiff, S. (2004) *Art heals? How creativity cures the soul*. Boston: Shambhala Publications.

Minar, V. M. (2006) *Expansion: Art therapists who began in the 1970s*. In: M. Borowsky Junge and H. Wadson (ed.) *Architects of art therapy: Memoirs and life stories*. Illinois: Charles C Thomas (p.404).

O'Brien, F. (2004) *The making of mess in art therapy: Attachment, trauma and the brain*. *Inscape*. 9 (1) p.2-13.

Orr, P. (2005) *Technology media: An exploration for "inherent qualities"*. *The arts in psychotherapy*. 32 (1) p.1-11.

Orr, P. (2010) *Social remixing: Art therapy media in the digital age*. In: C. Moon (ed.) *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies*. New York, NY: Routledge (p.89-100).

Reid, K., Flowers, P., and Larkin, M. (2005) *Exploring lived experience*. *Psychologist*. 18 (1) p.20-23.

Robbins, A. (1987) *The artist as therapist*. New York, NY: Human Sciences Press.

Robbins, A. (1994) *A multi-modal approach to creative art therapy*. London, United Kingdom: Jessica Kingsley.

Robbins, A. and Sibley-Seaver, L. (1994) *Materials*. In: A. Robbins (ed.) *A multi-model approach to creative art therapy*. London, United Kingdom: Jessica Kingsley Publications (p.206-211).

Robinson, S. (2011, August 8) Do you see what i see? [Horizon] London, UK: BBC two television.

Rozum, A. R. (2001) Integrating the Language of art into a creative cognitive- behavioral program with behavior- disordered children. In: S. Riley (ed.) group process made visible: Group art therapy. Ann Arbor, MI: Sheridan Books.

Rubin, J.A. (1978) Child art therapy: Understanding and helping children grow through art. New York, NY: Van Nostrand Reinhold.

Rubin, J. A. (1984) The art of art therapy. New York, NY: Brunner/Mazel.

Rubin, J. A. (2005) Artful therapy. New York, NY: John Wiley & Sons.

Rubin, J. A. (2010) Introduction to art therapy: Sources & resources (rev. ed.) New York, NY: Routledge/Taylor & Francis Group.

Rubin, H.J. and Rubin, I.S. (2005) Qualitative interviewing: The art of hearing data (2<sup>nd</sup> ed.) Thousand Oaks, CA: Sage.

Schaverien, J. (1987) The scapegoat and the talisman: Transference in art therapy. In: T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell-Hall and D. Waller. Images of art therapy. London, United Kingdom: Routledge (p.74-108).

Schaverien, J. (1992) The revealing image: Analytical art psychotherapy in theory and Practice. London, United Kingdom: Routledge.

Schaverien, J. (1995) Desire and the female therapist: Engendered gazes in psychotherapy and art therapy. London, United Kingdom: Routledge.

Schober, J. and Farrington, A. (1998) Trent focus for research and development in primary health care: Presenting and disseminating research. Leicester, United Kingdom: Trent Focus.

Sekar et al. (2007) Psychosocial care for children – Clay modeling. Bangalore: Every child india.

Sholt, M. and Gavron, T. (2006) Therapeutic Qualities of Clay-Work in Art Therapy and Psychotherapy: A Review. Art Therapy. Journal of the American Art Therapy Association. 23 (2) p.66-72.

Smith, J.A., Harré, R. & van Langenhove, L. (1995) Idiography and the case-study. In: J.A. Smith, R. Harré & L. van Langenhove (eds.) Rethinking psychology. London, United Kingdom: Sage.

Smith, J.A. and Osborn, M. (2003) Interpretative phenomenological analysis. In: J.A. Smith (ed) qualitative psychology: A practical guide to research methods. London, United Kingdom: Sage.

Stier Adler, E. and Clark, R. (2010) *An invitation to social research: How it's done*. CA, USA: Wadsworth.

Taylor, M. (2008) *Qualitative methodology [presentation]* [accessed: 06 January 2012] Available from:  
<http://www.psy.ed.ac.uk/people/mtaylor3/Qualitative%20methods%20lecture.pdf>

Teymur, N. (1996) *The materiality of design*. In: J. Bird, B. Curtis, M. Mash, T. Putman, G. Robertson, S. Stafford, and L. Tickner (eds.) *The block reader in visual culture*. London, United Kingdom: Routledge (p.148-166).

The British Association of Art Therapists (2011) *Code of ethics and principles of professional practice for art therapists [online pdf.]* [Accessed: 09 December 2011] Available from:  
<http://www.baat.org/codeofethics.pdf>

The National Archives (2012) *Data Protection Act 1998* [Accessed: 05 January 2012] Available from: <http://www.legislation.gov.uk/ukpga/1998/29/contents>

Trepal-Wollenzier, H. C. and Wester, K. L. (2002) *The use of masks in counseling: Creating reflective space*. *Journal of clinical activities, assignments & handouts in psychotherapy practice*. 2 (2) p.123-130.

Wadeson, H. (1995) *The dynamics of art psychotherapy*. New York, NY: John Wiley and Sons Ltd.

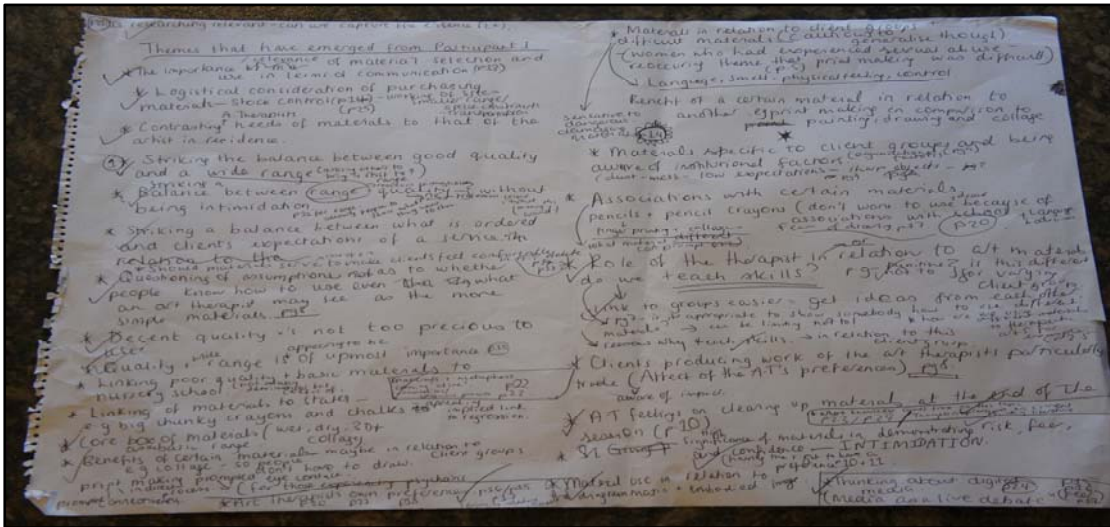
Willig, C. (2001) *Qualitative research in psychology: Adventures in theory and method*. Buckingham, United Kingdom: Open University Press.

World Medical Association (2012) *WMA Declaration of Helsinki - Ethical principles for medical research involving human subjects [online]* [Accessed: 08 May 2012] Available from:  
<http://www.wma.net/en/30publications/10policies/b3/>

# Appendices

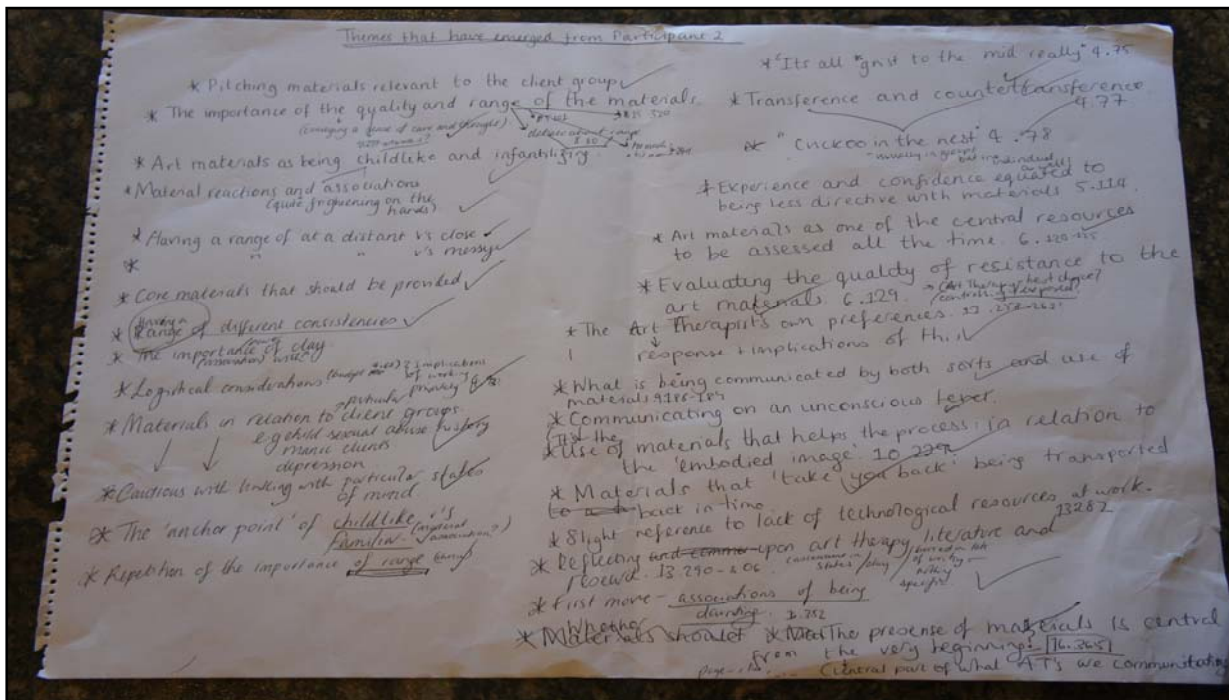
## Appendix 3a

### Themes that have emerged from 'Participant one'



## Appendix 3b

### Themes that have emerged from 'Participant two'



## Appendix 4a

### Table of themes from 'participant one'

<b>1.The 'Core Box' of materials</b>	as the basic range contrasting needs to that of the artist in residence
<b>2.'Striking a balance' when providing materials to clients</b>	range and quality stock control what is ordered in conjunction with clients expectations decent quality v's not too precious to use comfort
<b>3.The 'blurred role' of the art therapist</b>	is it our role to teach skills with the art materials and reasons why we should (questioning of assumptions) who clears up the materials? is it the role of the art therapists to make clients feel comfortable with materials? how are we providing materials differently to those providing 'art workshops?'
<b>4.The importance/ significance of material use and selection in terms of communication</b>	significance of materials in demonstrating,risk,fear, confidence, intimidation or having the right to have a preference material use in relation to the diagrammatic and embodied image clients producing artwork of their art therapists 'particular trade' materials and metaphors 'coming alive' (unconscious/conscious process)
<b>5. Associations and benefits of certain materials</b>	viewing material benefits comparatively materials in relation to specific client groups (caution with generalising here) associations with materials and their implied link to regression
<b>6. Art therapists own preferences in relation to materials</b>	being aware of this and its implications clients producing artwork of their art therapists 'particular trade'
<b>7. Thoughts on the need for and where we are with research on the topic of materials</b>	digital media as a 'live debate' can we capture the essence of materials through research? thoughts/impressions thinking on current literature



Appendix 4b

Table of themes from 'participant two'

<b>1. Core materials that should be provided</b>	
<b>2. The importance of quality and range</b>	range of distant v's close
	range of distant v's messy
	range of consistencies
	childlike v's familiar anchor (noting how materials can be 'infantilising')
	logistical considerations and possible implications of working privately
<b>3. Materials in relation to specific client groups</b>	
	sexual abuse history
	manic clients
	depression
	pitching materials relevant to a specific client group
	caution with not linking materials to specific 'states of mind'
<b>4. The presence of materials being essential from the beginning?</b>	
<b>5. Art therapists own preferences towards materials and implications of this</b>	
<b>6. Being directive with materials as a sign of inexperience?</b>	
<b>7. What is being communicated by the sorts of and use of materials used</b>	communicating on an unconscious level
	it's all grist to the mill' really
	transference and countertransference
	cuckoo n the nest'
	art materials as a central resource to be continually assessed
	evaluating the quality of the resistance to the materials
<b>8. The use of the materials that helps the process: the embodied image</b>	
<b>9. Reflecting upon art therapy literature and research</b>	
<b>10. Associations with materials</b>	the first move (daunting?)
	materials that take you back/transport you
	clay being powerful
	infantilizing/childlike materials
	frightening (kinaesthetically)

## Appendix 5

### Table of master themes with indication of subordinate themes

<b>1. The 'Core Box' of materials</b>	
	as the basic range
<b>2. Striking a balance when providing materials to clients</b>	
	range and quality
	what is ordered in conjunction with clients expectations
	decent quality v's not too precious to use
	comfort
	range of distant v's close
	range of distant v's messy
	range of consistencies
	childlike v's familiar anchor (noting how materials can be 'infantilizing')
	logistical considerations and possible implications of working privately
<b>3. The blurred role of the art therapist</b>	
	The presence of materials being essential from the beginning?
	is it our role to teach skills with the art materials and reasons why we should (questioning of assumptions?)
	is it the role of the art therapist to make clients feel comfortable with materials?
<b>4. The art therapists own preference towards materials and implications of this</b>	
	being aware
	clients producing art work of their art therapists 'particular trade'
<b>5. Associations and benefits of particular art materials</b>	
	the first move (daunting?)
	materials that take you back/transport you
	clay being powerful
	infantilizing/childlike materials (link to regression)
	frightening (kinaesthetically)
	pitching materials relevant to a specific client group'
	caution with not linking materials to specific 'states of mind'
	viewing material benefits comparatively
	materials in relation to specific client groups (caution with generalising here)
<b>6. The importance in what is being communicated by use and selection of materials</b>	
	significance of materials in demonstrating risk, fear, confidence, intimidation or having the right to have a preference
	material use in relation to diagrammatic and embodied image (materials 'helping the process: the embodied image)
	clients producing art work of their art therapists 'particular trade'
	materials and metaphors 'coming alive'
	communicating on an unconscious/conscious level
	it's all grist to the mill' really
	transference and countertransference
	cuckoo in the nest'
	art materials as a central resource to be continually assessed
	evaluating the quality of the resistance to the materials
<b>7. Reflecting upon art therapy literature and research</b>	
	Digital media as a 'live debate'
	Can we capture the essence of materials through research?
	Thoughts/impressions thinking on current literature and research

## Appendix 6

### The ways in which you use me

Sometimes you get all your anger and life frustrations out on me,  
You punch me,  
Imprint your fist on me,  
Drop me on the floor,  
When you are gone I crumble up and dry.

At times you neglect me- take me back,  
And then you are surprised or upset when I finally crack.

Other times you use me like I won't run out,  
You pour me away, squeezing every drop out,  
You want every ounce of everything,  
Maybe because you were deprived or had so little before.

Sometimes you present me as food,  
Giving me away like a sweet cake,  
Or calling me 'lumpy porridge',  
And serving me up as punishment,  
Using me as a weapon, treat or emotional nourishment.

Very often we get on well,  
The conversation between us flows-  
You could almost say we sing together,  
You become absorbed in me,  
And you let me show you the way.

Other times I'm just a companion on your journey,  
Not the most important thing,  
Just the steady background,  
Like the moon and stars,  
Always there to assist, navigate and inspire your path.

When we are in a group-  
You sometimes act extra politely with me,  
Share me,  
Or on other occasions want to keep me all yourself.

When you first met me, I made you feel young,  
Free again and fun,  
You were timid and nervous to start off with,

But then you took to me like duck to water.

Although sometimes you comment you have another me at home,  
Just younger, shinier and brighter,  
And I start to disappoint you.

Whatever is going on in your life,  
You act out on me,  
Despair, rejection and renewal,  
Yet I wonder if it is me who prompts or provokes you.

It would seem I am so important,  
Yet, do you truly know my worth?  
I am as important as the room you are sitting in,  
Your image in front of you,  
Possibly even the other people around you,  
There is much more to me and my many forms than meet the eye.

In the past I've been rejected,  
Not because I wasn't wanted,  
It was more about the shape people want things to be,  
Control, risk, fear and embarrassment.

But I know I'm not worthless,  
Because people nearly always want to take me home,  
As a trophy, something to put on the side, or play with,  
They want to put me in their pocket,  
Like a magpie with its jewels,  
However, I am not usually allowed out until the final day, the last hour.

The therapist got annoyed by our constant tap, tap tapping,  
But if only you remember,  
That was me, soothing you,  
Making the rest of the world mindless.

Well here I am,  
You've left me scarred, stained and used,  
Polluted and mixed up,  
Glitter in the sand,  
Yet I still appeal to others,  
And you may never appreciate how much I really helped you  
...help yourself.