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Creative Arts Therapies Students' Professional Development: Mixed Methods Longitudinal Research

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Lesley University

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Mixed Methods Longitudinal Research

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HOD ORKIBI

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ABSTRACT

This mixed-methods longitudinal study sought to describe, understand, and explain the professional development (PD) of graduate students during art therapy (AT), dance movement therapy (DMT), and drama therapy (DT) training ($N = 51$).

Repeated measures of students' scores in profession-related variables were performed. Quantitative theory testing probed the extent to which students confirm Rønnestad and Skovholt's (2003) theory of counselors and therapists' PD as representative of their pre-training and in-training experiences. Qualitative theory derivation generated data-driven concepts to modify and refine the extant theory. Data were collected using My Vocational Situation, Career Commitment Measurement, and questionnaires for each developmental phase. Data analysis involved descriptive statistics, analyses of variance, correlation analyses, repeated measures, qualitative data quantification, measurements of inter-rater agreement, and thematic analysis.

Results indicate that whereas students' professional identity and career commitment significantly increased, this increase did not differ between the three modality specializations; yet, scores of DMT and next AT students were overall significantly higher than scores of DT students. Students' perceived environmental and personal barriers to career decision-making decreased; yet perceived financial barriers slightly increased. Results also revealed that students entered training for various motivations. The results confirm that transition into training provoked stress and anxiety for all students and that most students avoided art making outside of training. In-training arts making, exposure to different modalities, and professional socialization in the field cultivated students' PI and sense of belonging to the CAT profession. A flow chart displays the emerged model of students' PD process, policy and practice implications are suggested, and recommendations for further research are offered.

CHAPTER 1

Introduction

Statement of the Problem

Despite increasing interest in students' professional identity and development during training, in the case of creative arts therapies (CAT) students there is a scarcity of empirical research exploring this topic. Nonetheless, scholars in the field have voiced concerns with respect to the professional identity and development of creative arts therapists (Aldridge, 1993; Allen, 1992; Bouchard, 1998; Brown, 2008; Bruscia, 1987; Cashell & Miner, 1983; Dulicai, Hays, & Nolan, 1989; M. M. Fleming, 1993; Johnson, 1994; Levick, 1995; McNiff, 1986, 1989; Rubin, 1999). The literature review thoroughly discusses these concerns that serve as a primary advocacy lens for the current study.

Purpose of the Study

This study's purpose was to describe, understand, and explain the professional development (PD) process of CAT graduate students during graduate training. For this purpose, this longitudinal study included two research designs: (a) a design consisting of quantitative repeated measures of profession-related variables, and (b) a mixed-methods design consisting of quantitative confirmatory theory testing and qualitative exploratory theory derivation (Walker & Avant, 2005a). The rationale for implementing an overall mixed methods design followed Teddlie and Tashakkori's (2009) assertion that a mixed methods study "enables researchers to simultaneously ask confirmatory and exploratory questions, thus verifying and generating theory in the same study" (p. 154).

In the quantitative design, the study employed repeated measures to investigate quantitative change in students' scores in profession-related variables over time. These

dependent variables were: professional identity, career commitment, need for occupational and training information, and perceived environmental and personal barriers to career decision-making.

With respect to the mixed-methods design, quantitative confirmatory theory testing aimed at probing the extent to which CAT students confirm Rønnestad and Skovholt's (2003; Skovholt & Rønnestad, 1992a) theory of counselors and therapists' PD, as applicable to and representative of their own experience. Of the extant theory's six phases (Rønnestad & Skovholt, 2003), the first three developmental phases were examined because they were pertinent for the period studied: one pre-training phase entitled the Lay Helper and two in-training phases entitled the Beginning Student and the Advanced Student. The exploratory qualitative theory derivation aimed at generating data-driven concepts in order to modify and refine the extant theory, and hence provide for a discipline-specific insight into the PD process of CAT graduate students.

Research Questions

From the quantitative standpoint, the study investigated (a) whether and how students' scores change (i.e., increase or decrease) over time during their training period, and (b) whether and how students from diverse CAT modality specializations differ in terms of their changed scores. With respect to confirmatory theory testing, the study investigated (c) to what extent do CAT students confirm the extant theory as applicable to and representative of their own experience. With respect to exploratory theory derivation, the current study investigated (d) how data-driven concepts generated from CAT students' narrative responses modify and refine the extant theory, and (e) what theoretical model, if any, emerges from the inquiry.

Contribution of the Study

A study investigating CAT students' PD significantly contributes to the following four interrelated domains: (a) In the research domain, study results fill a void in research literature where little is known about the PD process of CAT students during training and where empirical exploration of this topic is lacking – thus contributing to the field's knowledge-base; (b) In the training domain, this study informs curricula design, educational practice, and field training guidelines and policies; (c) Study results investigating CAT students' PD reinforces the practice domain as well, because training adjustments may cultivate students' sense of professional identity and career commitment as they graduate from training and become novice practitioners; (d) Consequently, such results also strengthen the CAT community of practice and the professional status of creative arts therapists.

CHAPTER 2

Literature Review

"The process of becoming a professional in any field involves a transformation of identity. Graduate study itself is a catalyst for identity development" (Kuther, 2008, p. 209). This literature review explores the topic of professional identity development of CAT graduate students with the purpose of establishing an advocacy lens for the present study. The literature review (a) provides a brief overview of the topic and defines key terms; (b) discusses related concerns voiced from within the creative arts therapies field; (c) discusses curricular and extracurricular determinants presented by scholars from related disciplines as cultivating professional identity and development; (d) discusses the issue of diploma versus degree training in relation to professional development; and (e) reviews theoretical perspectives of the topic with an emphasis on Ronnestad and Skovholt's (2003) empirically-based theory of counselors' and therapists' PD. This theory served as a theoretical framework for this study that tested its applicability to students' experiences.

Overview and Definition of Terms

Professional development is frequently addressed in vocational or occupational psychology (Mooney, 2007), career counseling (Tien, 2007), and post-secondary education (Kell, 2007; R. G. Smith, 2007). Thus, it is possible to identify several related terms, often used interchangeably, that refer to professional acculturation, development, and growth. In a plethora of terms, the following are most prevalent in the literature: *vocational development* (Xie, Long, Xie, & Wang, 2005), *career development* (Cinamon & Hellman, 2004; Hughey & Hughey, 1999), *professional socialization* (Barretti, 2004; Mooney, 2007), and *professionalism* (Hammer, Berger, Beardsley, & Easton, 2003; W. T. Hill, 2000).

Related Terms

Before defining the specific terms used in this study, it is necessary to briefly clarify the following related terms: calling, vocation, occupation, profession, and professional socialization (see Career Commitment section for the tem *career*). To start with, the terms *calling* and *vocation* overlap to a considerable extent. However, Dik and Duffy (2009) provide the following nuanced distinction:

> Individuals with callings and vocations connect their work to an overall
>
> sense of purpose and meaningfulness toward other-oriented ends [e.g.,
>
> common good], but only individuals with callings perceive the impetus
>
> to approach work in this manner as originating from a source external
>
> to the self. (p. 428)

The above quote implies that both calling and vocation refer to one's overall sense of purpose and meaningfulness with respect to his or her work activities. Calling and vocation refer to *the way* individuals perceive and approach their work, rather than to the actual content of their work.

In contrast, the term *occupation* typically refers to "an identifiable and specific line of work that an individual engages in to earn a living at a given point in time…. encompassing both professionals and nonprofessionals" (Lee, Carswell, & Allen, 2000, pp. 799-800). An occupation involves certain skills, knowledge, and duties that differentiate a particular occupation from others. Whereas, an occupation may encompass both professionals and nonprofessionals, a *profession*, by definition, involves professionals. An occupational group may undergo a *professionalization* process to establish a professional status and thus, transform into a profession (see Elliott, 1972; Macdonald, 1995). Traditionally, traits of a professional group include a specialized body of knowledge and set of skills, specified education and training

requirements, standards of conduct and ethics, procedures for admitting new members, licensing systems and protected titles, a professional association with a credentialing system, and a service that is recognized by the society and the administration (see Hammer, et al., 2003; Metzger, 1987). In this respect, the term *professional* refers to the individuals "who practice within the profession and have met the stringent and coordinated requirements set forth by the profession" (Hammer, et al., 2003, p. 4). The term *professional* is also commonly used as an adjective (e.g., professional therapist) attributing professional qualities whereas, the noun *professionalism* refers to "the active demonstration of the traits of a professional" (p. 5) such as one's attitude, ethical behavior, accountability, competence, and skills.

Differently, the term *professional socialization* refers to the process of learning a professional role, primarily through socio-professional interaction between a trainee or a novice professional and more experienced professionals. Through socio-professional interaction the trainee "develops his [*sic*] professional self, with its characteristic values, attitudes, knowledge, and skills, fusing these into a more or less consistent set of dispositions which govern his behavior in a wide variety of professional (and extra-professional) situations" (Merton, 1957, p. 287 as cited in Barretti, 2004). Professional socialization, therefore, is an active transformational process that occurs both inside and outside the training program; yet perhaps primarily in the practice environment wherein trainees actively interact with the practitioners of the profession.

As shown below, both professional socialization and professional development refer to the acculturation process of learning and absorbing varied aspects of a profession. Yet, whereas the term professional socialization places great emphasis on interpersonal socio-professional processes, the term professional development

encompasses a broader range of characteristics including intrapersonal processes not limited to interpersonal interaction. On this basis, the term professional development was preferred for the current study.

Professional Development

The term "development implies an ongoing process of change, even though the results of this process may take time to unfold" (Orlinsky, Rønnestad, & Ambühl, 2005, p. 108). The current literature review uses the most comprehensive definition of the term *professional development* (PD) as defined by Ducheny, Alletzhauser, Crandell, and Schneider (1997) who based their definition on a critical review of the literature and on results of their survey research. These researchers defined PD as "an ongoing process through which an individual derives a cohesive sense of professional identity by integrating the broad-based knowledge, skills, and attitudes within psychology with one's values and interests" (p. 89). With respect to graduate education, Kuther (2008) asserted that PD commences in graduate school but is a lifelong transformational process that essentially involves the formation of one's professional identity.

Identity and Professional Identity

Scholars maintain that, "psychological and sociological approaches fundamentally differ in terms of their underlying assumptions" with respect to the concept of identity, yet "virtually all contemporary formulations of identity in both psychology and sociology have been influenced by Erik Erikson" (Côté & Levine, 2002, p. 47). In line with this notion, the present review approaches the broader concept of *identity* through an Eriksonian lens, and subsequently narrows the definition to the term *professional identity*.

Identity. In Erikson's (1963, 1968, 1980/1959) theory of eight psychosocial stages of ego development, the fifth stage hypothesized that psychosocial crisis of life

occurs in late adolescence; a crucial period for identity formation with a stage-specific crisis along the bipolar continuum of identity achievement versus identity diffusion. In his theory, Erikson (1963, 1968) introduces the concept of *ego identity,* read as the "identity of the ego" (Côté & Levine, 2002, p. 94). According to Erikson, a sense of ego identity "is the accrued confidence that one's ability to maintain inner sameness and continuity (one's ego in the psychological sense) is matched by the sameness and continuity of one's meaning for others" (p. 49). This quote indicates that Erikson's concept of ego identity has both "subjective and objective manifestations: as a sense of stability experienced by the person [subjective personal identity], and as stability in behavior exhibited by the person in the presence of others [objective social identity]" (Côté & Levine, 2002, p. 94).

For Erikson (1968), identity formation is "a process of increasing differentiation" (p. 23), involving a new integration of earlier childhood identifications with current identifications and growing commitment to one's chosen ideology and occupation. Erikson (1980/1959) emphasizes that, "in general, it is primarily the inability to settle on an occupational identity which disturbs young people" (p. 97). Correspondingly, Munley (1977) suggests that, "a primary implication of Erikson's identity crisis is that vocational choice, commitment, and career decision behaviors are manifestations of identity crisis resolution" (p. 264).

Based on Erikson's theory, Marcia (1966), a notable neo-Eriksonian scholar, extended the concept of ego identity into four *identity statuses* that are qualitatively distinct alternative modes of resolutions along the continuum of identity crisis: identity achievement, moratorium, foreclosure, and identity diffusion. In his study of young college students ($N = 86$), Marcia (1966) employed a semi-structured interview to assess the following domains of each identity status: occupational choice, religious, and

political ideology. He used *crisis* exploration and *commitment* as two variables to operationalize and establish identity statuses: "Crisis refers to the adolescent's period of engagement in choosing among meaningful alternatives; commitment refers to the degree of personal investment the individual exhibits" (Marcia, 1966, p. 551).

Although Marcia (1993, 2002) later expanded his Identity Statuses Paradigm to young and middle adulthood, Kroger (2002) pointed out that "the years of late adulthood have attracted little direct research on themes of identity formation, revision, and maintenance" (p. 81). In fact, Erikson himself has not provided a detailed account of the evolution of identity over adult life; rather he generally suggests that the process of identity formation "is always changing and developing" (Erikson, 1968, p. 23) and that identity issues exist beyond adolescence (Erikson, 1980/1959). In a later interview study, Erikson, Erikson, and Kivnick (1994) noted that elderly individuals ($N = 29$) re-experience the tension between identity and identity diffusion in their need for identity preservation, reformation, and renewal:

> During adulthood, the individual struggles to balance faithfulness
>
> to some commitments with an inevitable confusion and
>
> abandonment of others, all the while living a life that, in turn, both
>
> represents and reflects an underlying sense of self. In old age…
>
> in the face of a diminishing number of familiar representations and
>
> reflections [of identity], our subjects struggled to reconcile their
>
> sense of who they have been during their long lives, with a newer,
>
> ever-changing sense of who they may yet come to be in old age.
>
> (Erikson, et al., 1994, pp. 130-131)

Kroger's (2002, 2004) Eriksonian case study research ($N = 14$) of identity

formation in old age revealed an identity process characterized by "reintegration,

reevaluation, and refinement of important identity elements from the past as well as

readjustment to inevitable changes that life brings" (Kroger, 2004, p. 70). The findings

also showed that younger old individuals "focused on rebalancing vocational interests

and priorities, whereas finding life meanings was a content[1] concern primarily for the

very old" (Kroger, 2002, p. 97).

Although far from being exhaustive, this brief review of Eriksonian

conceptualization of identity formation in adolescent and identity maintenance in old

age suggests that vocational or occupational dimensions of identity, as well as choice-

making and commitment, are indispensable components in the ongoing process of

identity formation across one's lifespan.

Professional identity. The terms *professional identity* (A. Kottler & Swartz,

2004; R. G. Smith, 2007), *vocational identity* (Skorikov & Vondracek, 1998), and

career identity (London, 1983) are used interchangeably in PD literature. The present

literature review uses the term professional identity (PI) to denote the following

tripartite definition: (a) PI is an "organizing mechanism for PD…. a unique synthesis of

an individual's values and interests with the professional knowledge, skills, and

attitudes acquired throughout one's training and career" (Ducheny, et al., 1997, p. 89);

(b) PI is "the possession of a clear and stable picture of one's goals, interests, and

talents" (Holland, Daiger, & Power, 1980, p. 1); and (c) PI includes "both the

collective identity of the profession held by members of the profession and an

individual's sense of self within the professional role" (Feen-Calligan, 2005, p. 122).

With respect to PI and graduate training, a dance/movement therapist aptly stated that

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[1] Kroger (2002) uses the term *content concerns* with regard to *specific issues*, versus process concerns.

"professional training on the graduate level requires a commitment to a professional career and identity" (Stark, 1980, p. 16).

Career Commitment

The term *career commitment* appears in the literature among other terms such as *vocational commitment* (Grotevant & Thorbecke, 1982), *occupational commitment* (Blau, 2001), and *professional commitment* (Lu, Chang, & Wu, 2007). The term *career* is typically, "defined as a sequential, predictable, organized path through which individuals pass at various stages of their working lives" (Fu, in press). A career, therefore, is associated with a broader set of referents over a continuance period of time rather than with a specific organization, occupation, work, or job in a given point in time. This literature review terms *career commitment* (CC) as one's motivation to remain, persistently, within a particular professional field.

As mentioned above, Erikson (1980/1959), Marcia (1966) and other scholars asserted the interrelatedness of identity, professional choice, and commitment. However, a particular relation between PI and CC was suggested in London's (1983) theory of career motivation where career commitment was reasoned to be "positively related to career identity" (p. 621). Similarly, Carson and Carson (1998) conceptualized *career identity* as one of three constructs in their career commitment measurement. Therefore, given the above definitions, one can propose that CC is a construct that is integrated within the broader concept of PI and hence is interrelated with PD.

Professional Concerns in the Creative Arts Therapies

A comprehensive electronic database literature search (e.g., PsychINFO, ERIC, ScienceDirect) discovered several published articles addressing PI, CC, and PD issues within the context of CAT. Despite common belief that because of the interdisciplinary nature of the profession creative arts therapists have "to deal with the discipline specific

issues" (Marcow, 1986, p. 41), such issues have rarely been investigated and supported by research data. The following review of professional concerns in CAT literature serves as an advocacy lens for this study.

Artists versus Therapists

One primary concern pertains to creative arts therapists' dual identity as artists and therapists (Aldridge, 1993; Ault, 1977; Bruscia, 1987; M. M. Fleming, 1993; C. H. Moon, 2002). Rubin (1999) asserted that, "establishing and consolidating a professional identity takes time in any profession. It may be especially difficult in art therapy, because of the inevitable tug of war between the clinician's artist-self and therapist-self" (p. 129). According to Bruscia (1987), the concern about dual identity is rooted in the debate of whether creative arts therapists are trained to be artists who carry out therapy or therapists who use the arts, and about whether creative arts therapists are primarily artists or therapists.

A consequent broader question is whether creative arts therapists conceptualize their practice as arts *in* therapy (also "arts psychotherapy") or arts *as* therapy; the former approach emphasizes principles of verbal psychotherapy and image interpretation whereas, the latter approach emphasizes the art making process itself (see Ulman, 2001). B. L. Moon (2003) suggested that "the professional identity of the art therapist must lie in the equal weighting of both words contained in the discipline's name: ART and THERAPY" (p. 60). As he proposed to one of his AT student: "If the art is only an ancillary process to your therapy work, why bother calling what you do art therapy?" (p. 53). Finally, a dance movement therapist voiced a similar stand: "If dance and movement lose their primacy, then something other than dance/movement therapy takes place" (Bruno, 1990, p. 107).

Studio versus Classroom

Given that the artist-therapist dichotomy "lies at the root of our identity" (Bruscia, 1987, p. 20), this dichotomy raises several educational questions. For instance, with respect to acceptance criteria, should training programs focus on students' "personal qualities and interpersonal skills" (p. 20) or on their artistic background and creative aptitude? Regarding the latter, Edwards (2004) asserts that, "a background in art is important in that it helps students to begin applying their familiarity with art and image making in therapeutic relationships from the outset of their training" (p. 97).

Another educational question regards the appropriate proportion of arts-related courses versus clinical courses in the CAT curricula. In this respect, several CAT scholars discussed the benefits of personal art making for in-training students as well as for practitioners (see Allen, 1992; Brown, 2008; Cahn, 2000). With respect to training, Robbins (1988) claimed that a split between cognitive, emotional, and aesthetic learning "violates the very essence of the meaning of aesthetic and artistic learning; they should not be viewed as separate learning experiences, but as connective parts of the same structure" (p. 100). Similarly, a dance movement therapist warned:

> Acquiring a deeper psychological understanding of the processes
> involved in dance/movement therapy enhances the intellectual
> understanding of dance/movement therapists. However, a danger
> arises for the profession if dance/movement therapists do not
> maintain the integrity of their original medium-dance and
> movement-while applying a psychological perspective. (Bruno,
> 1990, p. 107)

In line with the above, Landy (1982), a leading drama therapist, asserted that a "drama therapy program should, then, provide training in the techniques and aesthetics of performance, but should also encourage continual exploration of the therapeutic issues inherent in performance" (p. 96). In her account of studio-based art therapy education, Cahn (2000) claimed that:

> the most effective way to 'anchor art therapy students and beginning professionals more firmly in an art-based practice' (Allen, 1992, p. 22) would be to educate them, at least in part, in a studio setting in which they can learn by observation and experience with the goal of becoming practitioners who are thoroughly grounded in their own art process. (p. 181)

Nevertheless, Cahn (2000) appears to acknowledge the fact that "practitioners come to art therapy from many different directions, and perhaps not all of them are or need to be artists in the same way" (p. 178). While acknowledging the varied motivations and backgrounds of CAT students, Cahn does not negate the significance of incorporating hands-on arts experience in the CAT curricula. In fact, she claimed that in, many cases, the general neglect of art making in AT education triggers a trend toward *clinification syndrome* – a phenomenon described by Allen (1992) as a gradual avoidance of art-making, resulting in one's assimilation into a more verbally oriented mental-health profession. For Allen, a program that does not offer studio art courses inadvertently encourages the development of the clinification syndrome. Similarly, Wix (1996) claimed, "when art is not the heartbeat of art therapy education, it is not the heartbeat of art therapy - possibly indicating a lack of trust in art's ability to heal" (p. 178; see also Wix, 1995).

Finally, with respect to the relation between CAT training and licensure, B. L. Moon (2003) asserted that "the political pressure generated by state licensure boards and third party payers should not provide the impetus for programs to educate students to become counselors who doodle or social workers who play with chalks" (p. 60). Still, it is important to consider that in many geographical regions, CAT licensure is not yet available; thus obtaining a license in a related health profession significantly increases employment opportunities for CAT graduates and practitioners.

Single-modal versus Multimodal

Another PI concern in the CAT field is reflected through the heated debate regarding the single modal approach, in which practitioners specialize in one artistic modality (e.g., music, drama, visual art), versus the multimodal approach in which practitioners specialize in the integration of various art modalities. The latter is regarded as a discipline unto itself – also known as integrative arts therapy, intermodal expressive therapy, or expressive arts therapy (Estrella, 2005).

The aforementioned debate was addressed in an article titled "Creative Arts Therapist: Jack of All Trades or Master of One?" where Naitove (1980) suggested that having a sense of a clear PI is easier for practitioners who specialize in a single art model than for practitioners, like herself, who work according to the multimodal approach. Further, in a 1982 article titled the "Great Debate: The Place of Art in Art Therapy," two opposed viewpoints were poignantly voiced with regard to the two approaches. Advocating the single modal approach, Agell (1982) asserted that "There is not enough time [in training] to learn how to be an art therapist, a dance therapist, and a music therapist, even though the underlying purpose of each is the same: to objectify feelings" (p. 122). Asserting the opposite viewpoint, McNiff (1982) advocated the multimodal approach, suggesting that restrictive modality separations "have more to do

with the needs of therapists than with the needs of clients" (p. 123). When referring to practitioners' PI, McNiff further claimed that, "some professionals feel that they can be empowered only through full mastery of a particular technique or by identification with and knowledge of a particular theory" (pp. 122-123). When referring to the collective PI of the field, McNiff maintained that because the multimodal approach "blurs the differences between professions.... the majority of [professional] associations feel that their survival is best assured by rigid boundaries and policies of exclusion rather than inclusion" (p. 123). More recently, however, McNiff's (2009a) viewpoint seems to have evolved over time, in that he asserts, "Expressive arts therapy respects and promotes an understanding of the distinct dynamic of individual arts modalities" (p. 36), and that he "thoroughly appreciate[s] the value of studying and maintaining the distinct qualities of individual media (p. 37). McNiff maintained that "the separation of the arts requires people committed to 'the one and the many' to navigate amongst different groups and guilds and maybe we [expressive arts therapists] are better for it" (p. 37). Finally, in his seminal article on multiplicity as a tradition, Knill (1994) clarified that intermodal expressive therapy "neither requires nor promotes the mastery of several distinct schools of therapy, each of which finds focus in a single artistic discipline. Rather, it finds its primary focus in the artistic tradition that all the arts have in common" (p. 318).

Generalists versus Specialist

A closely related concern pertains to the question of whether creative arts therapists should be generalists or specialists; that is, professionals who are competent to work with "different populations and treatment approaches" versus "professionals who are experts in certain areas and dilettantes in others" (Bruscia, 1987, p. 23). This debate has many implications regarding curriculum design and its consequences about

students' PI and ongoing PD. For instance, it seems reasonable to assume that CAT

training programs could enhance students' PI by offering specialization tracks

providing students with extensive knowledge and skills for working with specific

populations, such as individuals living with trauma, individuals with physical

limitations, or individuals who suffer from psychosis.

Primary versus Adjunctive

Another PI concern pertains to the definition of the role of creative arts

therapists within a given work setting, particularly in psychiatric and medical

institutions. One question is whether creative arts therapists should be considered as

primary or adjunctive (i.e., allied) therapists (Bruscia, 1987) - a concern associated with

the responsibilities of and the expectations from creative arts therapists within work

settings. In this regard, Cashell and Miner (1983) conducted a telephone survey with a

sample of adjunctive creative arts therapists from 12 general hospitals. The researchers

concluded that practitioners' feelings of role confusion and role ambiguity were not

only related to feelings of stress, fatigue, burnout, lack of support, and professional

dissatisfaction but also to "unclear job responsibilities, inconsistent expectations, an

environment of uncertainty and a lack of communication with co-workers" (Cashell &

Miner, 1983, p. 93).

With regard to miscommunication between creative art therapists and other

mental-health professionals, Marcow (1986) maintained that a central difficulty for

creative arts therapists is "having to translate the work of the senses into the language

of mental health, and, at the same time, having to deal with popular conceptions and

misconceptions about art and artists" (pp. 41-42). In line with this observation, B. L.

Moon (2003) pointed out that,

in order for art therapists to be recognized as professional

colleagues, and hereby assume some measure of influence and status

within such [psychiatric and medical] institutions, it seemed

necessary for them to incorporate, or assimilate, the language of the

aforementioned [verbal] disciplines. Hence, many art therapists

absorbed the language of these disciplines and de-emphasized

artistic or aesthetic descriptions of their work. (p. 13)

Similarly, Aldridge (1993) maintained that entry into the therapeutic practice realm

demands that creative arts therapists shift from "the language of the [artistic] medium

of the therapy to the therapeutic language describing clinical change" (p. 199). He

further suggested that the task of finding a common professional language for creative

arts therapists involves the negotiation of creative arts therapists' individual PI and the

collective identity of the CAT profession. With respect to collective professional

identity, Lusebrink (1989) suggested that

The identification with and the awareness of being part of the

creative arts therapies can help creative arts therapists define their

roles, enhance their self-esteem, and counteract the sense of isolation

many of them feel in their places of employment. (p. 10)

Finally, Robbins (1988) maintained that "the language of the artist and our psycho-

aesthetic perspective are our unique contribution to the treatment process" (p. 100) and

Rubin (1999) contended that, "in treatment settings, because of their low position in the

hierarchy, art therapists often feel like 'second-class therapists.' No wonder a drama

therapist noticed a 'shame dynamic' in the expressive arts therapies" (p. 130).

Shame versus Pride

A concern with internalized feelings of shame and humiliation as part of CAT professional culture was addressed by Johnson (1999) who argued that these negative feelings have hindered the PD in this field. Similarly, it has been suggested that low professional self-esteem among creative arts therapists can produce defensive attitudes, power issues, and feelings of envy regarding other professionals who are "well established, have more political clout, or are already licensed" (Bouchard, 1998, p. 162). In a more recent article, Johnson (2009) argued that CAT is "a field perpetually at the margin" (p. 114). As members of a marginalized field, CAT practitioners explore more "scientific" theoretical paradigms, such as neuroscience, to "serve a need for legitimacy in a culture that has significantly downgraded expression, the liminal, the relational, and the internal" (p. 117). According to Allen (1992), feelings of professional inferiority may trigger some creative arts therapists to develop a clinification syndrome: avoidance of art making within and outside of therapy sessions resulting in assimilation into a more verbally oriented mental-health profession.

In summary, the aforementioned examples illustrate PI, CC, and PD concerns often voiced by CAT scholars. These examples are neither exclusive nor exhaustive; however, they strongly suggest the need for in-depth investigation of this topic. Reference points for dealing with such concerns exist in the literature from related disciplines. On this basis, the following section addresses a range of determinants frequently argued by scholars to cultivate students and practitioners' sense of PI as well as their CC and PD.

Cultivating Determinants of Professional Development

Examination of PD literature reveals a range of determinants frequently argued by scholars as cultivating students and practitioners' sense of PI as well as their CC and ongoing process of PD. The following section generically groups these determinants into two categories: curricular determinants and extracurricular determinants. Determinants were chosen based on the frequency with which they appeared in approximately 100 peer-reviewed articles examined by the researcher.

Curricular Determinants

Openness and flexibility. One determinant is educators' openness to addressing students' individuality and individual developmental pace. The importance of adopting such an attentive attitude stems from the understanding that students "do not develop their skills at a uniform rate or to a similar degree of competency" (Michaelson, Estrada-Hernandez, & Wadsworth, 2003, p. 215). Accordingly, Devitt (1988) insisted that, "any professional development program, to be of maximum benefit to the recipient, needs to be customized for the individual" (p. 260). Supporting the above arguments, results of survey research have shown that PD for psychology graduate student ($N = 593$) incorporated, among other things, "personal and professional experiences, profession-based and individual values, skills and areas of expertise" (Ducheny, et al., 1997, p. 89). A different qualitative study concluded that understanding music therapy students' various perspectives and educational and developmental needs "is essential to help educators and clinical supervisors effectively guide, nurture, and prepare students for entry into the field" (Luce, 2008, p. 48). Finally, openness and flexibility are two indices of creativity, among divergent and convergence thinking, originality, intuitiveness, and others (J. A. Kottler & Hecker, 2002; Runco, 2007). Given that engagement in the "process of creativity is a primary

component of education in all the creative arts therapy specializations" (McNiff, 1986, p. 131).

Sound body of knowledge. An additional determinant is the impartation of a sound body of knowledge. A 2003 qualitative study showed that a graduate course in occupational therapy history, theory, and philosophy facilitated students' ($N = 30$) PI "through the connection made between theory and practice" (Ikiugu & Rosso, 2003, p. 206). Moreover, a different study reported that students formed PI only after they had established competency in the core science (K. M. G. Taylor & Harding, 2007). These findings support the notion that sound academic knowledge provides for CAT students "the foundation for continuous growth as a therapist" (Dulicai, et al., 1989, p. 12).

Supervision and mentorship. Another primary cultivating determinant is clinical supervision. Generally, supervision is recognized as "the most vital and delicate aspect of clinical training in any therapy" (Rubin, 1999, p. 126). Edwards (1993) congruently asserts that supervision plays a vital role in helping a student "move toward acquiring the ability to practice independently in a range of clinical or psychotherapeutic settings…. and in helping the [AT] student begin to develop a professional identity" (pp. 221-222). A mentoring relationship between students and experienced professionals, such as supervisors or inspiring role models also fosters students' PI and development (Dulicai, et al., 1989; W. T. Hill, 2000; Kuther, 2008; Skovholt & Rønnestad, 1992b). In a critical literature review, Wright and Wright (1987) listed PD as one of four positive outcomes of mentorship. Mentors were also reported to play key roles in student-teachers' professional confidence (Booth, 1993) and general self-esteem (Hayes, 2001). These findings advocate the assertion that the PD of CAT students should be systematically cultivated through mentorship (Johnson, 1999a) and that a mentoring relationship promotes students' critical thinking and

encourages professional publication (Landy, 2006) and research (Cruz & Berrol, 2004; Landy, 2006).

Field experience. In an international survey investigating the factors that facilitate therapists' PD ($N = 4000$) the researchers concluded that "therapists clearly rated practical/experiential learning, especially through direct clinical practice of therapy with patients, as the most important source of influence on their development as therapists" (Orlinsky, Botermans, & Rønnestad, 2001, pp. 146-147). A different study reported that students who participate in a practicum "had greater clarity of vocational preference compared to those with no practicum training" (Carless & Prodan, 2003, p. 92). Another research discovered that practicum cultivated students' self-efficacy and consolidated their professional commitment and career choice, though not without difficulties or constraints (Dunn, Ehrich, Mylonas, & Hansford, 2000). Finally, a CAT study concluded that participation in a service-learning project nurtured art therapy students' sense of PI (Feen-Calligan, 2005).

CAT discipline-specific determinants. Other determinants relating uniquely to CAT that may cultivate students' PI are the development of discipline originated arts-based assessment methods (Gantt, 2004) and arts-based research methods (see, for example, Hervey, 2000; McNiff, 1998).

Extracurricular Determinants

"One approach to measuring professional commitment is to ask individuals the extent to which they engage in certain professionally related activities" (Blau, 1985, p. 278). In conceptualizing such activities as cultivating students' PD, this section refers to these activities as *extracurricular determinants*. To clarify, the Merriam-Webster Online Dictionary (2009) interprets the term *extracurricular* as "lying outside one's regular duties or routine." On the same note, Snape and Redman (2003) defined PD

activities as "extra-role or voluntary discretionary behaviors" that are not part of the professionals' immediate and formal requirements (p. 153). Given this definition, the following extracurricular determinants were most frequently associated with and recommended for the cultivation of practitioners' PD.

Affiliating and networking. In a 1997 survey (Ducheny, et al.), psychology students endorsed, as related to their PD, extracurricular determinants such as access to personal therapy, facilitation of peer relations, and membership in a psychology association. Regarding the latter, other scholars have also associated practitioners' PD with membership in professional associations (Blau, 1985; Devitt, 1988; Price & Mueller, 1981). According to Devitt (1988), membership in professional associations fosters PD since it enables interaction through which member practitioners can exchange ideas with each other, share experiences and knowledge, and build a network of fellow professionals. On this basis, it seems reasonable to argue that orienting CAT students with professional associations and encouraging engagement in professional networking may cultivate their sense of PI and CC as well as foster their ongoing PD.

Conference attendance. Attending professional meetings and conferences is an additional determinant that has been frequently associated with PD and with the enhancement of practitioners' sense of PI (Blau, 1985; Devitt, 1988; Ducheny, et al., 1997; Price & Mueller, 1981). Today, engagement in such professionally related activities is easily obtainable through participation in domestic and/or international professional internet forums, discussion groups, and message boards.

Obtaining certification and licensing. Obtaining and maintaining certification and licensing were claimed to indicate professional accomplishment in the sense of peer-evaluation of one's abilities (Devitt, 1988). Correspondingly, certification and

licensing were seen as "indirect indication[s] of the continuing professional development" (p. 265).

Staying current. Another pivotal extracurricular determinant is remaining abreast of new research and literature and staying current with the ongoing development of one's professional field (Blau, 1985; Ducheny, et al., 1997). Devitt (1988) explained that keeping up-to-date with professional alterations prevents practitioners from becoming obsolete and thus fosters PD.

Pursuing further education. Engagement of practitioners in further education and training is another extracurricular determinant of PD (Ducheny, et al., 1997). According to Ross and Altmaier (1990), engagement in further education manifests "commitment to [one's] own professional development" (p. 461). Likewise, it has been suggested that one's PD could be enhanced via undertaking short professional courses such as workshops, seminars, and in-service training programs (Devitt, 1988). Finally, establishing doctoral education in CAT will not only fulfill practitioner's "desire to both develop the highest levels of professional skill and to strengthen their credentials" but also advance the profession as a whole by training leaders and supporting research and scholarship (McNiff, 1986, pp. 26-27).

In summary, this section suggests several curricular and extracurricular determinants to cultivate CAT students' PI, CC, and ongoing PD. However, since some of the determinants discussed rely on the scholars' personal experience and knowledge base, empirical investigations are necessary to judge their validity.

<div align="center">**Diploma versus Degree Training**</div>

The CAT education in Israel has experienced major transformations over the past seven years. The pending amendment to the "Law for Para-Therapeutic Health Professions- 2008" intends to regulate standards of employment and practice,

practitioner licensing, and educational qualifications for entry into the profession. With respect to education, this amendment prescribes a transition from the currently prevailing post-bachelor's diploma (i.e., certificate) training to the attainment of a full master's degree as an entry-level requirement to the CAT profession. In July 2010, a special sub-committee of the Council for Higher Education published guidelines for CAT master's degree training in Israel.

Establishing homogeneous professional entry-level requirements to CAT is not a sole concern of Israel; rather, it is a matter of interest to the international community of CAT since diverse entry tracks exist in many countries (see Stoll, 2005). A comprehensive search of peer reviewed CAT articles revealed a dearth of research regarding the various training levels and routes into diverse CAT specializations; yet, a relatively large scope of empirical studies pertaining to the dual entry-tracks into the nursing profession – both on the level of undergraduate degree (associate or bachelor's) and the diploma training – were found.

To illustrate, one study identified and compared the career aspirations of nursing graduates from a bachelor's degree program ($n = 52$) and a diploma program ($n = 28$). Results showed that "while [degree] graduates appeared more definite of their long-term career goals, diplomates were more confident in their initial decision to enter the nursing profession" (H. P. Bartlett, Hind, & Taylor, 1999, p. 37). Among other differences, more degree graduates (48.1%) than diplomates (21.4%) considered a future role in nursing education, and more degree graduates (25%) than diplomates (14%) displayed interest in research.

The perceptions of the above sample regarding their nursing competencies were investigated in a sequential study in which surveys were administered at three time points: at graduation and six and 12 months post-graduation (H. P. Bartlett, Simonite,

Westcott, & Taylor, 2000). Results demonstrated that at six months post-graduation, degree graduates had higher mean scores for the professional development construct ($p < 0.01$); this finding was also true at one year post-graduation.

Another cross-sectional study measured the clinical competence of bachelor's degree qualified nurses ($n = 188$) and diploma-qualified nurses ($n = 166$) at one, two, and three years after qualification (Clinton, Murrells, & Robinson, 2005). The researcher used both full-revised and shorter versions of the self-reported Nursing Competencies Questionnaire (NCQ), in which one of eight constructs was professional development. In both sections, nurses who responded to the questionnaire were further asked to pass on the revised NCQ to their line-managers who rated their clinical competence; the nurses' and their line-managers' scores were then compared. In contrast to the former study, results showed no difference between degree and diploma qualified nurses in terms of professional competence. However, the research design may have yielded skewed results due to bias in the nurses' choice of their evaluating line-managers and thus, accurate determination of whether or not degree-graduates and diplomates indeed differ in their level of clinical competence is not possible. This given, the researchers concluded questioning "the 'value added' of three-year degree courses to nursing in terms of a more competent workforce and a higher standard of care" (p. 92).

Of interest to the present literature review, the above studies relating to the nursing profession's dual entry tracks provide valuable references to future research regarding the various training levels and routes into diverse CAT specializations - particularly in terms of potential study design and research questions.

Theories of Student Professional Development

Search of PD literature revealed that scholars from various disciplines persistently aim at explaining students' PD by deriving new theories either from extant theories or by constructing original theories to explain this process. Among landmark theories, derived from varying disciplines, and explaining students' PD, the following are most notable: Winnicott's (1965) model of infants' first year of life (Bruss & Kopala, 1993); concepts from existential theories (Cohen, 2003); van Gennep (1960) and Turner's (1969) anthropological concept of the 'rite of passage' (A. Kottler & Swartz, 2004); and Erikson's (1963) developmental theory of eight psychosocial crisis stages (Studer, 2006).

Theory Derivations in the Creative Arts Therapies Field

Theory derivation is a procedure in which a researcher uses "analogy to obtain explanations or predictions about a phenomenon in one field from the explanations or predictions in another field" (Walker & Avant, 2005b, p. 148). Within the field of CAT, two "parent theories" were used for deriving a theory of PD in CAT context. Levick (1977) made a cursory analogy between Erikson's (1963) first five psychosocial stages of development and CAT students' stages of development during training. This analogy is based upon the following Eriksonian opposites: (1) acquiring a sense of basic trust, as students gain confidence in themselves and their teachers, vs. mistrust; (2) acquiring a sense of autonomy, as students attempt to "assert [their] independence" (p. 4), vs. shame and doubt; (3) acquiring a sense of initiative, as students actively absorb and expand therapeutic skills, vs. sense of guilt; (4) acquiring a sense of industry (or industriousness), as students persistently work and exert to master new ideas and skills, vs. sense of inferiority; and (5) acquiring a sense of identity, as students obtain a positive PI, vs. sense of identity diffusion. The author attributed the remaining stages to

the period following graduation to the graduates' professional life span. Stage six (6) holds the task of acquiring sense of intimacy and solidarity with the CAT professional community vs. sense of isolation. Stage seven (7), acquiring sense of generativity vs. sense of self-absorption (or stagnation). Levick identifies herself in the state of generativity for she is being generative as an established therapist who transmits her professional knowledge and experience to the next generation of creative arts therapists. In her analogy, the author neglected to discuss the last life stage, Stage eight (8) of integrity vs. despair (or disgust and despair). According to Erikson (1963), this stage focuses on the review of one's life achievements. It is characterizes by ones' professional retirement as well as ones' reminiscence and introspection of achievements and legacies (acquiring integrity, as adaptive strength) in contrast to failures, regrets, and squanders (acquiring despair, as mal-adaptation). In CAT context, for instance, a senior person at this stage may reflect on his or her clinical practice, professional political involvement, academic accomplishments, and arts-related achievements.

Another attempt to explain the PD of CAT students during training was made by Marcow (1986) who derived concepts from van Gennep's (1960) anthropological model of rite of passage. According to van Gennep, a rite of passage is comprised of three phases: separation, transformation (i.e., liminal phase), and incorporation. Congruently, Marcow has conceptualized the students' training period as a transitional phase of PD where they "separates [*sic*] from a previous conception of themselves before training, and enters [*sic*] a transitional phase in which they will be learning a new role" (p. 36). Further, she explains, students "become something they were not previously…redefining themselves in the new role of creative arts therapist" (p. 20). According to Marcow, CAT students "use their artistic modality to transform some

aspects of themselves…. [they use] their art forms to communicate symbolically as they differentiate themselves to achieve unity" (pp. 46-47). Finally, she has conceptualized this differentiation as a "transformation within a transitional space" (p. 48).

By applying extant theoretical models to students' PD, these two celebrated CAT scholars aim to define, characterize, and advance the understanding of this process. However, both theoretical explanations are essentially speculations and based on personal knowledge; they are neither empirically grounded nor supported by solid research data. Therefore, in the absence of empirical evidence, it is difficult to conclude whether these theoretical models are indeed applicable and valid in explaining the actual process of students' PD during training.

Original Theories

In the last three decades, several scholars from the field of psychotherapy and counseling proposed developmental theories of supervision, typically conceptualizing supervisee professional maturation across distinct developmental phases (Blocher, 1983; Hess, 1987; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, & Delworth, 1998). Other researchers focused on critical incidents (i.e., significant learning events) influencing the PD of psychotherapy and counseling students (C. Hill, Sullivan, Knox, & Schlosser, 2007; Howard, Inman, & Altman, 2006). Researchers from the field of vocational psychology have also constructed original developmental theories (Super, 1980; Vondracek, Lerner, & Schulenberg, 1986).

Because providing a full-scale review of such theories is beyond the scope of this review, the following section will focus on one empirically based theory of counselors and therapists PD ($N = 100$) which served as a theoretical framework for the current study and was investigated for its applicability to students' experience.

Theoretical Framework for the Present Study

Among developmental theories from disciplines related to CAT, Rønnestad and Skovholt's (2003) theory sought to study "changes in how practitioners experience themselves as counselors/therapists...over time" (p. 7). The study's researchers collected data for this qualitative longitudinal study through semi-structured interviews of 100 American counselors and therapists at different experience levels, ranging from beginning graduate students to practitioners with 25 years of professional experience, with age ranging from 24 to 71. The researchers' earlier theoretical model (Skovholt & Rønnestad, 1992a) consisted of eight PD stages. In a later publication of the model (Rønnestad & Skovholt, 2003) the researchers renamed "stages" as "phases" to emphasize "the gradual and continuous nature of changes therapists go through" (p. 40). Also in the later model, the researcher abandoned the strict format of phase dimensions to "better capture and portray the interrelationship of content" (p. 9) and modified their model into six phases "for reasons of parsimony and clarity" (p. 10). The later model consists of the following phases: One pre-training phase entitled the Lay Helper; two training phases entitled the Beginning Student and the Advanced Student, respectively; and three post-training phases entitled the Novice Professional, the Experienced Professional, and the Senior Professional, respectively.

This theory was chosen as a theoretical framework for the current study and as a theoretical model for theory derivation because of its following strengths. First, it is a compelling empirically based theory, generated by means of a longitudinal investigation that involved prolonged engagement of over 10 years and persistent involvement reflected by re-interviewing 60 of the 100 informants. Second, a thick description of participants' experience was provided through the insertion of informants' quotations and three interview transcripts. Third, a member checking

procedure was conducted to validate findings. Fourth, the format of phase dimensions in the researchers' earlier formulation of the model provided for systematic analyses of the experiences of students in the current study. Fourth, the six-phase structure of the researchers' later formulation of the model matched the overall developmental structure examined in the current study. Finally, this theory provided "a set of analogous concepts that can help describe the phenomenon [under investigation], if modified slightly" (Walker & Avant, 2005b, p. 149).

The present study will focus on the pre-training phase and the subsequent two training phases. The Lay Helper pre-training phase is based on the assumption that "in roles such as parents, children, friends, and colleagues, people are continually engaged in trying to help others to make decisions, resolve problems and improve relationships" (Rønnestad & Skovholt, 2003, p. 10). In this phase, helping others in distress is naturally and authentically guided by common sense and/or by the projection of the lay helper's "own solutions for the problems encountered" (p. 10). Thereupon, unlike the professional helper, the lay helper often over-identifies, or is overly involved with the others and their problems - a situation "that may impede the reflective and investigative character of an effective helping process" (p. 11).

The Beginning Student period of professional training is typically challenging and overwhelming, as students realize "that the lay conceptions and ways of helping are no longer appropriate or valid" (p. 11-12). Some of the issues residing in this transitional phase concern students' own personal and professional suitability, the application of theory to practice, and, above all, anxiety about working with clients. The authors asserted that positive or negative feedback from supervisors, clients, and peers greatly influence students during this initial phase. They also emphasized that beginning students intensely search for viable role models among experienced

practitioners in order to absorb their professionalism by means of direct observation and consequent imitation.

Next, students in the *advanced student* second period of professional training realize they are expected and supposed "to master professional tasks at a higher level" (p. 15). Since completion of practicum hours is dominant in this phase, advanced students are often preoccupied with avoiding mistakes, receiving sufficient supervision hours, and observing experienced practitioners in action. When self-evaluating their own PD, advanced students may either feel more competent when comparing their mastery and conditional autonomy to that of beginning students, or, alternatively, may feel insecure, vulnerable, and dependent in comparisons to experienced practitioners. Though *advanced students* still seek confirmation and feedback from experienced practitioners, during this phase they are "critically assessing and evaluating [role] models…. differentiating, accepting, or rejecting [unacceptable] model components" (p. 16). This grounded model clearly indicates that during the training period students undergo a transition in terms of their professional identity and development.

Summary and Implications

This literature review addressed students' PD during training - a process of transformation that begins in graduate school and involves the formation of PI (Kuther, 2008) and cultivation of CC (K. D. Carson & Carson, 1998). As an advocacy lens for the current research, the review discussed PI, CC, and PD concerns often voiced by CAT scholars. Although the discussed concerns are not empirically based, they strongly suggest the need for in-depth investigation of this topic.

Next, the review discussed a range of determinants, curricular and extracurricular, frequently argued by scholars from related disciplines as cultivating students' and practitioners' PI, as well as their CC and ongoing PD. In this account,

though not the aim of the current study, CAT researchers may investigate, for instance, whether practitioners who are members of a professional organization have a clearer sense of PI and/or CC in comparison to practitioners who are not. Further, in a CAT exploratory study, one could inquire which curricular and extracurricular determinants students endorse as relevant to their PD and how determinants endorsed by students differ from those endorsed by students' supervisors and/or other experienced CAT practitioners.

Since diverse entry tracks into the CAT profession exist in many countries around the globe, the review presented three applicable studies addressing the issue of degree versus diploma training. These studies evoke several questions that stem from the hierarchical-educational distinction between the two training forms. For instance, one question is whether and how diploma and degree training differ in terms of admission requirements (e.g., artistic and psychology credits), duration of studies, modes of teaching (e.g., experiential and theoretical), content (e.g., depth and breadth), and emphasis (e.g., practice and research; see Davis & Burnard, 1992). A further inquiry may probe whether or not the differences mentioned influence the formation of students' professional identity and their degree of preparation for post-training professional socialization (see H. R. Taylor, Westcott, & Bartlett, 2001). Finally, one may question whether graduate entry-level is superior to diploma entry-level in terms of improving students' clinical competence and thus the quality of their actual practice (see Girot, 2000).

Finally, the review emphasizes that scholars from various disciplines often aim to explain students' PD either by applying extant theories or by formulating original theories. This review presented and questioned the validity of two models applied to CAT students (Levick, 1977; Marcow, 1986) since these models were neither

empirically grounded nor supported by reliable research data. This review, then discussed Rønnestad and Skovholt's (2003) empirically based model of counselors and therapists' PD. The applicability of this theory to the experience of CAT students was examined in the context of the current study.

In summary, PD is not a new area of scientific inquiry, yet the scarcity of information regarding the PD of CAT students during training calls for empirical investigation of this phenomenon. Such an investigation can afford insight into this process, narrow a knowledge gap apparent in the literature, and significantly contribute to the scholarly research in the field of CAT, higher education and vocational psychology. Within the particular field of CAT, such investigation can inform educational practice, curricula design, and pedagogic policies that will, in turn, cultivate CAT students' sense of PI, CC, and PD. Gaining insight into these variables is essential for the enlightened training of future creative arts therapists.

CHAPTER 3

Method

This longitudinal study aimed to describe, understand, and explain the professional development (PD) process of CAT graduate students during training. For this purpose, the study included two research designs: (a) a design involving quantitative repeated measures of profession-related variables, and (b) a mixed-methods design involving quantitative theory testing and qualitative theory derivation. A longitudinal approach was adopted based on the understanding that "the approach generally viewed as methodologically most sound in the study of development relies on *longitudinal* analysis" (Orlinsky, Rønnestad, & Ambühl, 2005, p. 105). A longitudinal research is defined as

> Research in which (a) data are collected for each item or variable for
> two or more distinctive time periods; (b) the subjects or cases
> analyzed are the same or at least comparable from one period to the
> next; and (c) the analysis involves some comparison of data between
> or among periods. (Menard, 1991, p. 4).

Research Design and Rationale

For several reasons, this longitudinal study implemented an overarching mixed methods design. First, both narrative and numeric data were of interest and both qualitative and quantitative data were collected and analyzed (Creswell, 2008). Second, the pragmatic paradigm underpinning mixed methods design was considered appropriate for it advocates, "the use of whatever methodological tools required to answer a research question under study" (Teddlie & Tashakkori, 2009, p. 7). Third, researchers assert that, "mixed methods research provides strengths that offset the weaknesses of both quantitative and qualitative research.… [and] provides more

comprehensive evidence for studying a research problem than either quantitative or qualitative research alone" (Creswell & Plano Clark, 2007, p. 9). Fourth, a major advantage of a mixed methods research "is that it enables researchers to simultaneously ask confirmatory and exploratory questions, thus verifying and generating theory in the same study" (Teddlie & Tashakkori, 2009, p. 154). Finally, it is recognized that PD data can be generated from various perspectives, apart from that of students themselves. However, data in this study were collected directly from students based on the understating that "it seems most logical and most practical" (Orlinsky, Rønnestad, & Ambühl, 2005, p. 15) to start investigating this under-researched phenomenon from CAT students' own perspective.

Sample

In Israel, there are two possible entry tracks into the CAT profession: post-bachelor's diploma (i.e., certificate) training and graduate master level training. The target population in this study was CAT master level students from varied specialization modalities. Because at the time of the research there were only two graduate programs in Israel with specialization tracks in more than one modality, the population of interest was relatively small. This study was conducted in a CAT graduate school at a university in Israel. An underlying presumption was that the convenience sample used did not differ from the general population in Israel in ways that would influence the study's outcome (Fink, 2009; i.e., variance of age, gender, employment, marital status, etc.). The graduate school offers a two-year (four semesters) CAT master's program with the following three modality specializations: Art therapy (AT), dance movement therapy (DMT), and drama therapy (DT). In addition to two academic study days at the university, field training requires that students dedicate at least one day a week to working in a clinical setting, accumulating

a total of 500 field training hours during the program. During the first year (2008/2009), 80 students were enrolled in the CAT program and 76 were enrolled during the second year (2009/2010); four students dropped out after the first year of training. The participation rate is provided below and separated by quantitative design and mixed methods design. The CAT graduate school also offers a special program for practicing diplomate creative arts therapists interested in completing a master's degree. However, because students enrolled in this program are already practitioners they were excluded from the present study.

Quantitative Design

In the quantitative design, repeated measures were employed to investigate change over time in students' scores in profession-related variables. Measurements were conducted at two chronological periods: in the first semester (Fall 2008; results reported in Orkibi, 2010a) and in the final semester of training (Spring 2010).

Recruiting Procedure

In the first semester (Fall 2008) and in the final semester of training (Spring 2010), a recruitment letter, signed by the researcher and the director of the CAT program, was sent via e-mail to all enrolled graduate students. An identical recruitment letter was also posted online in the school's website bulletin board. To encourage students' participation the letters stated that two gift certificates would be raffled off among respondents.

Participation Rate

In the first semester (Fall 2008), a relatively high participation rate of 70% was achieved (56/80). Sample reduction was performed due to missing data from three respondents who failed to complete the questionnaires and who were thus excluded from the sample. No particular pattern to missing data or incompletion of particular

items was found; it seemed that the eight respondents logged-out from the Internet survey. In the first semester of training final sample size was 53, of which 57% were from AT, 24% were from DT, and 19% were from DMT specialization. In the final semester of training (Spring 2010) the participation rate was 67 % (51/76; four students dropped out of the program after the first year of training). Here, final sample size was 51, of which 56.9% were from AT, 23.5% were from DT, and 19.6% were from DMT specialization.

Data Collection

Data were collected via an Internet survey comprised of three self-administered questionnaires, of which two were intact standardized measures and one was a demographic and background questionnaire. An Internet survey was used because it produces quantifiable data, increases respondent flexibility, is convenient and economical (see Sue & Ritter, 2007). With regard to technology, the Unit for Computer-Assisted Teaching and E-Learning at the university instructed the researcher about design and administration of the Internet survey using a form builder tool (viz. FormLogix) which gathered data entries in a standalone web database. To access the Internet survey, students had to log in to the E-Learning portal using their university user name and password and then retrieve the actual survey webpage. While this procedure was implemented to prevent non-students from completing and submitting the survey, the use of user name and password did not disclose students' identifiers because the actual entries were gathered in the standalone web database of the form builder tool.

Measurements

Demographic and background questionnaire. The researcher constructed a 25 item demographic and background questionnaire. In addition to requesting

information about demographic traits (e.g., age, gender, country of birth, place of residency, marital status, etc.), this questionnaire sought supplemental information such as students' first career choice, personal psychotherapy engagement, personal art making outside the training program, and engagement of close family members in art making and psychotherapy practice. This supplemental information was collected to better identify and characterize the sample. The demographic and background questionnaire is provided in Appendix A.

Standardized measurements. Data pertaining to students' professional identity and career commitment were collected via two standardized measurements: My Vocational Situation (MVS; Holland, Daiger, et al., 1980) and Career Commitment Measurement (CCM; Blau, 1985). The researcher translated the two measurements from English to Hebrew. The preliminary Hebrew versions of the measurements were sent via e-mail correspondence to a professional translator for providing feedback on the adequacy of translation. The professional translator returned suggestions for re-wording the Hebrew translation of several items. The translations of these items were then back-translated to English and revised accordingly to achieve maximum language congruence.

My Vocational Situation. The MVS is a self-administered tri-scale measurement originally designed by Holland and colleagues (1980) to assess vocational decision-making difficulties for use in vocational counseling. The authors defined vocational identity as "the possession of a clear and stable picture of one's goals, interests, and talents" (p. 1). Administration of the MVS has a qualification Level "A" indicating that no special qualifications to administer, score, and interpret this measurement are required. The MVS consists of 20 items that comprise three sub-scales. According to the measurement's authors, validity of the three MVS scales was

established through the initial measurement development process and subsequent analyses; the authors further reported small to moderate positive correlations with age (Holland et al., 1980) and with the number and variety of occupational aspirations (Holland, Gottfredson, & Power, 1980).

The Vocational Identity scale (VIS) measures clarity of vocational identity. It consists of 18 items all scored *True* or *False* where a higher score is the total number of *False* responses - indicating a stable and clear sense of vocational identity. A sample item is: "I am concerned that my present interests may change over the years." The authors of the measurement reported that Kuder-Richardson reliability of the VIS ranged from .86 to .89 for samples of high school students, college students, and workers ($N = 824$; Holland, Gottfredson, et al., 1980). Concurring with previous results, a more recent study showed internal consistency reliability of Cronbach's alpha = .86 (Strauser, Lustig, & Ciftci, 2008). In the present study, analysis of Cronbach's alpha coefficient for the VIS produced an alpha coefficient of .80, indicating that the VIS had good internal consistency in this sample. Previous test-retest reliability for the VIS ranged from .63 to .93 for intervals of one to two weeks and was about .75 for intervals of one to three months (Holland, Johnston, & Asama, 1993). Recent measures of test-retest reliability between fall and winter semesters yielded coefficients of .84 and .86, respectively (Scott & Ciani, 2008). It was reported that the results of the VIS "rarely show significant differences" between men and women (Holland, et al., 1993, p. 9).

The Occupational Information scale (OIS) of the MVS measures need for occupational and training information. The scale consists of one declarative statement, "I need the following information," followed by a set of four items describing needed training and occupational information (e.g., employment opportunities). The OIS is scored *Yes* or *No,* where a higher score is the total number of *No* responses, ranging

from 0 to 4. Kuder-Richardson reliability scores for the OIS ranged from .39 to .79 (Holland et al., 1980). In the present study, analysis of Cronbach's alpha coefficient for the OIS showed an alpha coefficient of .73, indicating that the OIS had acceptable internal consistency.

The Barriers scale (BRS) of the MVS measures perceived environmental and personal barriers to career decision-making. The scale consists of one declarative statement, "I have the following difficulties," followed by a set of four items describing barriers (e.g., money). The BRS is scored the same as the OIS. Kuder-Richardson reliability scores for the BRS ranged from .23 to .65 (Holland et al., 1980). In the present study analysis of Cronbach's alpha coefficient for the BRS showed a low alpha coefficient of .23.

Due to the unstable reliability of the OIS and the low reliability of the BRS, the measurement's authors advised that these subscales "should be regarded as useful checklists or borderline scales. They do not always function as homogeneous scales but our clinical experience indicates that these lists are helpful for identifying specific needs and problems that are often neglected or go unrecognized" (Holland, Gottfredson, et al., 1980, p. 1199). The MVS is provided in Appendix B.

Career Commitment Measurement (CCM). The author of the CCM operationalized *career commitment* "as one's attitude toward one's profession or vocation" (Blau, 1985, p. 280). The CCM consists of eight declarative items, of which three are reversal items. Each item is scored on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), where items are linearly summed to create a scale score. The original career referent used by the measurement's author (i.e. line of work/career field) was modified to "creative arts therapies" to match the present study. A sample item is "I definitely want a career for myself in the creative arts therapies

profession." According to Blau (1985), a test of discriminant validity showed "career commitment to be operationally distinguishable from job involvement and organizational commitment [measurements]" (p. 284). Other previous results showed good internal consistency with a Cronbach's alpha coefficient of .87 at Time 1 and .85 at Time 2 and a test-retest reliability of .67 over seven months (Blau, 1989). In the present study Cronbach's alpha coefficient was .72, indicating that the CCM had acceptable internal consistency reliability. The CCM is provided in Appendix C.

Data analysis

The Statistical Package for the Social Sciences (SPSS, version 17 for Windows) was used to perform descriptive statistical analyses, analyses of variance, correlation analyses, and repeated measures analyses of variance. For the repeated measures analyses, first and final semester scores of 50 to 51 identifiable students were matched. An alpha level of .05 was used as a threshold for statistical significance.

Mixed Methods Design:

Quantitative Theory Testing and Qualitative Theory Derivation

A mixed methods design consisting of both quantitative theory testing and qualitative theory derivation was employed, following Teddlie and Tashakkori's (2009) assertion that a major advantage of a mixed methods study "is that it enables researchers to simultaneously ask confirmatory and exploratory questions, thus verifying and generating theory in the same study" (p. 154). With respect to quantitative theory testing, the current study examined the extent to which CAT students confirm Rønnestad and Skovholt's (2003; Skovholt & Rønnestad, 1992a) theory of counselors and therapists' PD as applicable to and representative of their own experience; this phase involved numerically ranking student narrative responses and a subsequent analysis of inter-rater agreement. With respect to theory derivation, the

current study aimed at generating data-driven concepts through thematic analysis (Braun and Clarke, 2006) in order to modify and refine the extant theory, and hence to provide for discipline-specific insight into the PD process of CAT graduate students.

Recruiting Procedure

In this mixed methods design, students were recruited at the university by the researcher. Phase questionnaires described in detail below were administered to students at two periods during their second year of training (2009/2010). In the first semester of the second year (Fall 2009), the Lay Helper phase, and the Beginning Student phase were both administered and in the final semester of training (Spring 2010) the Advanced Student phase was administered.

Participation Rate

The first semester of the students' second year (Fall 2009) was marked by a relatively high participation rate of 79% (60/76). During the final semester of the students' second year (Spring 2010), the participation rate was 38% (29/76). Nevertheless, because this design's primary aim was to *qualitatively* gain insight into students' PD experiences, according to qualitative standards, the 29 respondents were considered to comprise a sufficient sample size to generate rich and nuanced data (see Patton, 2002, pp. 244-246).

Measurement

For theory testing and theory derivation, the researcher modified Skovholt and Rønnestad's (1992a) "Stages of Therapist/Counselor Development Participant's Feedback Form" (p. 162) into a set of three questionnaires, one for each developmental phase, corresponding with the three-phase structure of the later version of the model (Rønnestad & Skovholt, 2003). This later version was used because it agreed with the three-phase structure examined in the current study. The researcher retained the format

of eight phase dimensions from the model's earlier version (Skovholt & Rønnestad, 1992a) for two reasons: First, the content of dimensions in the earlier version was clearly identified in the later version. Second, the earlier format with phase dimensions was thought to provide structure for a more systematic analysis.

Each phase questionnaire was comprised of two parts. In the first part, each of the developmental phases included eight paragraphs describing the content of its dimensions. According to the extant theory, dimensions of all three phases were labeled as follows: definition of phase, central task, predominant affect, source of influence, role and working style, conceptual ideas used, learning process, and measures of effectiveness and satisfaction. The 5-point scale originally used for rating the accuracy of dimensions' description was abandoned to minimize cumbersomeness. The original open-ended question for each dimension was rephrased to suit the present study, probing students to provide a narrative response to the paragraph and its accuracy in light of their own experiences. One sample question was "How accurately does the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to your own experience and provide examples." Open-ended questions were included to provide for narrative responses and to capture the essence of student experience. Once the set of phase questionnaires were constructed, they were sent via e-mail correspondence to a professional translator who translated the questionnaire to Hebrew. They were then back-translated from the Hebrew translation to English and revised accordingly to achieve maximum language congruence.

The second part of each phase questionnaire aimed at generating themes from student narrative responses to two arts-related open-ended questions. Based on critical review of the literature (Corb, Pinkston, Harden, O'sullivan, & Fecteau, 1987; Seiden, Callisch, & Henley, 1989), it was postulated that these two questions would elicit

sufficient data without restricting and leading student responses. For example, with

respect to the Lay Helper phase students were asked, "Why did you choose your

modality specialization?" and "Were you engaged in the arts before entering the CAT

training program and how? Please specify and provide examples." With respect to the

two in-training phases, students were asked, for instance, "Did your conception of the

arts change during your first year in the CAT training program and how? Please specify

and provide examples," and "Did your engagement in the arts change after you entered

the CAT training program and how? Please specify and provide examples from your

first year in the program (last year)." The set of phase questionnaires is provided in

Appendix D.

Data Analysis

A mixed methods sequential data analysis consisted of two phases: quantitative

analysis followed by qualitative analysis. Figure 1 displays the mixed methods

sequential data analysis.
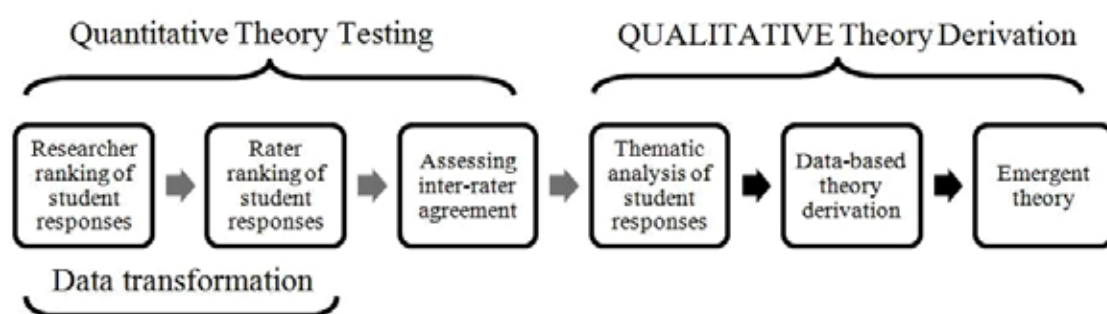
Figure 1. Mixed methods sequential data analysis.

Data transformation. For theory testing, a data transformation procedure was

employed by which student narrative responses to the accuracy of phases' dimensions

were numerically ranked so data could be statistically analyzed (Miles & Huberman,

1994; Tashakkori & Teddlie, 2003); this procedure was also employed to "assist in the

interpretation of qualitative findings" (Creswell, 2008, p. 211). To numerically rank students' narrative responses, the researcher first extracted from the raw data expressions that fell into a 4-point ordinal scale, ranging from 1 (*inaccurate description*) to 4 (*accurate description*). The 4-point scale was used because it seemed most reliable for data ranking. Then, using this ordinal scale, the researcher numerically ranked student narrative responses according to the accuracy of the eight dimensions of each developmental phase. Table 1 displays illustrative examples of student expression for each of the four scale ranks.

Table 1

Examples of Student Expressions by Scale Ranks.

1	2	3	4
Inaccurate description	Part of the description is accurate but most of it is not	Most of the description is accurate but part of it is not	Accurate description
"No"	"Generally not true…"	"True on the whole, yet..."	"Yes"
"Not accurate at all"	"For the most part not so accurate…"	"Mostly accurate, but…"	"It is very accurate"
"I do not agree with the description"	"I hardly agree with the description"	"I agree with the description, however …"	"The description very much suits me"
"It doesn't reflect my experience"	"Not everything reflects my experience…"	"I identify with the paragraph, but not totally …"	"I totally agree"
"Not true in my case"	"Mostly not true"	"Generally correct, although…"	"Without a doubt"

As shown in Table 1, student expressions under Rank 1 indicate a definite and decisive disconfirmation of dimension paragraph; expressions under Rank 2 consisted privatives (i.e. words of negation) indicating general disconfirmation with a positive affirmative reservation; expressions under Rank 3 indicate a general confirmation with negative

reservation; and expressions under Rank 4 indicate definite and decisive confirmation of dimension paragraph. It should be noted that because this study was conducted in Israel, all student narrative responses were written in Hebrew. Thus, the qualitative Hebrew data were carefully examined to maintain statements' meanings using contextual translation, and *Merriam-Webster's Collegiate Dictionary* in several occasions of translation uncertainties (Merriam-Webster Inc., 2003).

Inter-rater agreement. To obtain a better indication of the true quality of the rankings, a graduate student, who served as a research assistant to the director of the CAT program, familiarized herself with the rating scale and was then asked to independently numerically rank 30 out of 60 questionnaires that were randomly sampled at each of the first two phases, and all 29 questionnaires from the third phase. Then, the Statistical Package for the Social Sciences was used to compute Kendall's (Kendall, 1970) coefficient of concordance (W) for inter-rater agreement, estimating the degree of concordance between the researcher and the rater. Inter-rater agreement was also employed because in addition to estimating agreement of ranked scores it also implies agreement of "interpretations, conclusions, and diagnostic inferences made on the basis of scores" (Cruz & Koch, 2004, p. 57).

Thematic analysis. To provide for subsequent data-based theory derivation, students' narrative responses to the open-ended questions were first analyzed using the six-phase inductive thematic analysis procedure suggested by Braun and Clarke (2006), according to whom "thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data" (p. 78). The thematic analysis sought to identify concepts and patterns within the data – primarily with respect to student relationship with the arts in each developmental phase.

Drawing on Braun and Clarke (2006), the researcher first closely examined the raw data by reading responses several times and writing down provisional in-vivo codes that clustered around the questions regarding students' *conception* of and *engagement* in the arts. Following familiarization with the data, the researcher re-coded the entire data set allowing new codes to emerge; at this point, the researcher also used colored pens to highlight similar data for potential themes. Third, after collating, combining, and rewording codes, the researcher grouped codes into main themes, subthemes, and sub-subthemes. Then, the researcher sketched an initial thematic map to aid in the visualization of the relation across themes and within theme levels. Fourth, the researcher reviewed the entire set of identified themes by reading all extracts that were clustered in each theme; then the researcher examined whether extracts coherently described the central meaning of each theme alone, and whether the thematic map reflects the "meanings evident in the data set as a whole" (p. 91). Subsequently, the researcher refined, expanded and collapsed a few themes and sketched a refined thematic map. A cyclical analysis was continued until the point of saturation, when gathering more data seemed redundant, no longer revealing new insights (Glaser & Strauss, 1968). Fifth, the researcher further defined the themes by re-reading the extracts and repeatedly re-named themes so they conveyed the central meaning of patterns of the clustered data. Sixth, the researcher wrote the Results section while occasionally reviewing the data and refining the analysis.

In reporting qualitative findings, the researcher drew on the frequency of occurrence criteria suggested by Hill and colleagues (2005) to convey the prevalence of the arts-related themes identified in the data (criteria are described in detail in the Results chapter). Throughout the iterative analysis process, notes and memos were

consistently written, documenting reflective thoughts and associating themes with theoretical concepts for later interpretation.

Theory derivation. As mention in the Literature Review chapter, Walker and Avant (2005b) suggest theory derivation as a strategy for theory construction in nursing by which researchers use "analogy to obtain explanations or predictions about a phenomenon in one field from the explanations or predictions in another field" (p. 148). Following them, Piper (2006) explains that,

> Theory derivation takes a theory (T1) from another field of inquiry
>
> (F1) and modifies, synthesizes, redefines and restates concepts as
>
> required so that they fit with, and are meaningful to, the new field of
>
> interest (F2). This forms a new theory (T2) for the new discipline
>
> (F2) (p. 190).

Adopting this strategy, Skovholt and Rønnestad's (1992a; Rønnestad & Skovholt, 2003) theory of counselors' and therapists' PD was chosen as a parent theory for theory derivation because it was postulated to provide for "a set of analogues concepts that can help describe the phenomenon [studied], if modified slightly" (Walker & Avant, 2005b, p. 149). Subsequent to thematic analysis, therefore, the theory derivation procedure included the identification of analogies and dis-analogies between student narrative responses and the parent, extant, theory. Following this, several concepts of the extant theory were merged and modified according to the qualitative findings.

Data triangulation. "The use of variety of data sources in a study" is called data triangulation (Denzin & Lincoln, 2008, p. 66). To confirm and validate students' academic, professional, and artistic background, data from student file recorders were triangulated with their narrative responses to the Lay Helper phase.

Ethical Considerations

General Considerations

The probability and magnitude of harm or discomfort anticipated in the current study were no greater than those ordinarily encountered in daily life, or during the performance of routine psychological examinations or tests. The Institutional Review Boards of both Lesley University and Haifa University approved the present study. The study was conducted in an established educational setting, and students in the program who chose to indicate their name for entering a modest gift certificate raffle were guaranteed that their names and other identifiers would never be revealed to persons other than the researcher. Student names on study records were replaced with coded numerical identifiers for conducting a repeated measures analysis of variance. Any information obtained about students was kept private and in a secure place.

Researcher's Role

As a faculty member at the sampled CAT program, I was regularly interacting with students, particularly with those enrolled in the drama therapy specialization that I was supervising in a weekly group format during the first year of training. To protect all students in the CAT program from feeling coerced into participation and to prevent any potential for coercion and/or undue influence, it was clarified that participation in the study was on a voluntary basis. It was also explicitly clarified to students that they have the right to refuse to participate or to withdraw from the study at any time, without any penalty and without prejudice to their interests.

CHAPTER 4

Results

This chapter presents the results in two separate sections. The first section reports quantitative longitudinal results and the following section reports the results of mixed methods theory testing and theory derivation.

Quantitative Results

Student Demographic and Background Characteristics

Of the sample, 96.2 % of students were women, 92.5% were born in Israel, and 52.8% were single whereas 45.3% were married (one was divorced). With respect to age, 37.7% were between the ages of 20 and 29, 49.1% were between the ages of 30 and 39, and the remainder were 40 years old or over (two missing cases). Of the sample, 36.4 % students had children, ranging up to 6 in number, with most having one (10.9%) or two (16.4%) children (9 % had three to 6 children).

With respect to students' areas of undergraduate education, 90.6% of all students reported holding an undergraduate degree in the social sciences, of which most held education and psychology degrees; whereas others held degrees in the humanities, mainly in the arts. The majority of the students (60.4%) held part-time jobs, whereas others worked full-time (20.8%) and a few reported not working (15.1%) (two missing cases). Those who held salaried jobs, worked in healthcare (39.5%), education (32.6%) and other areas (27.9%).

With respect to students' first career choice ("the area that you most want to study for or practice in as a profession"), 86.8% reported CAT is their first career choice and others indicated different areas. When asked, "Do you think it is important that CAT students engage in artistic activity during the training program," 86.8% responded *Yes*. When asked, "Do you engage in art making *outside* your CAT studies,"

66.0% responded *Yes, as a hobby,* whereas 18.9% responded *Yes, professionally*, and seven students (13.2%) responded negatively. When asked, "Has someone in your family engaged in the arts as a hobby or as a profession," 71.7% responded positively. When asked, "Has someone in your family practiced therapy," 58.5% responded negatively. When asked, "Are you currently attending individual or group psychotherapy," 73.6% responded negatively. Appendix E displays in detail the distribution of student demographic and background characteristics across the three modality specializations.

Student Need for Occupational and Training Information

This study examined CAT students' need for information about occupational and training opportunities as they enter the training (in fall 2008) and in the final semester of training (in spring 2010). For the purpose of analysis through descriptive statistics, data for each item of the Occupational Information scale (OIS; Holland, Daiger, et al., 1980) were converted to percentages.

Results from the first semester of training showed that in response to the statement "I need the following information," 83.0% of all students indicated a need for "more information about employment opportunities" (item c). Next, 71.7% of all students indicated a need for information about "how to find a job in my chosen career" (item a). Based on these results, an ANOVA was computed to test for a statistically significant difference in the OIS total scores of students from the program's three modality specializations. The analysis of variance revealed a non- significant difference between students from the three modality specializations in their OIS total scores, F $(2,49) = 0.65$, ns., $\eta^2 = .026$. The results showed that means were as follows: for DMT students ($M = 1.78$, $SD = 1.20$, $N = 9$), DT students ($M = 1.62$, $SD = 1.19$, $N = 13$), and

AT students ($M = 1.30$, $SD = 1.26$, $N = 30$). Total sample mean in the first semester was

$M = 1.46$, ($SD = 1.43$, $N = 52$).

Results from the final semester of training showed that in comparison to the first

semester, student affirmative responses for needing occupational and training

information decreased in response to all items. The largest statistically significant

difference, a 53% decrease, was in student need for "finding the necessary training" in

their chosen career (item d; Mann Whitney U test $Z = -5.51$, $p<.001$). The next largest

statistically significant difference was a 24% decrease regarding student need for "more

information about employment opportunities" (item c; Mann Whitney U test $Z = -2.71$,

$p<.01$). The difference in the other two items, "a" (16% decrease) and "b" (5.5%

decrease), was not statistically significant. A comparative distribution of total sample

responses to OIS items in the first and final semester of training is displayed in Figure

2.

Figure 2. Comparative distribution of total sample responses to OIS items in the first and final semester of training. 1Yes and 1No = First semester positive and negative responses, respectively (N_1 = 53). 2Yes and 2No = Final semester positive and negative responses, respectively (N_2 = 51).

Based on these results, repeated measures ANOVA were computed to test for a statistically significant time difference in the OIS scores of 50 matched students. Table 2 shows OIS scores of first and final semester by modality specializations.

Table 2

First and Final Semester OIS Scores by Modality Specializations.

	First semester (Fall 2008)			Final semester (Spring 2010)		
Specialization modality	*M*	*SD*	*N*	*M*	*SD*	*N*
Art therapy	1.34	1.26	29	2.55	1.05	29
Drama therapy	1.58	1.30	12	2.42	0.80	12
Dance movement therapy	1.78	1.20	9	2.11	1.36	9
Total	1.48	1.25	50	2.44	1.05	50

The analysis of variance yielded significant for time ($F(1,47) = 10.11$, $p<.01$, $\eta^2 = .18$), but not for group ($F(2,47) = 0.02$, ns., $\eta^2 = .001$) and for the interaction of group by time ($F(2,47) = 1.13$, ns., $\eta^2 = .05$). That is, scores in all three groups have increased significantly and in a similar manner. In sum, repeated measures results indicated that students need for occupational and training information decreased from the first semester (fall 2008) to the final semester of training (spring 2010).

Student Perceived Environmental and Personal Barriers

This study examined CAT students' perceived environmental and personal barriers to career decision-making as they enter training (in fall 2008) and in their final semester of training (in spring 2010), as measured by the Barrier scale (BRS; Holland, Daiger, et al., 1980). Due to the low alpha coefficient of the BRS ($\alpha = 29$), this scale was employed as a checklist rather than as a psychometric measurement, as suggested

by the authors of the measurement (Holland et al., 1980); thus data for each item were only converted to percentages.

Results from the first semester of training showed that in response to the statement "I have the following difficulties," few students responded affirmatively to items. For instance, 24.5% of all students perceived lack of "money to follow the career I want most" (item b) as a barrier to career decision-making. Next, 7.5% of all students felt uncertain regarding their "ability to finish the necessary education or training" (item a). Results from the final semester of training showed that in comparison to the first semester, student affirmative responses to perceived environmental and personal barriers to career decision-making decreased with respect to uncertainty about the "ability to finish the necessary education or training" (6% decrease; item a), and with respect to "an influential person" in their lives who "does not approve" of their vocational choice (5% decrease; item d). Interestingly, with respect to financial barrier, students' affirmative responses slightly increased by 2.5% (item b). Due to low variance, statistical comparison was not conducted here. The comparative distribution of responses to BRS items in the first and final semester of training is displayed in Figure 3.
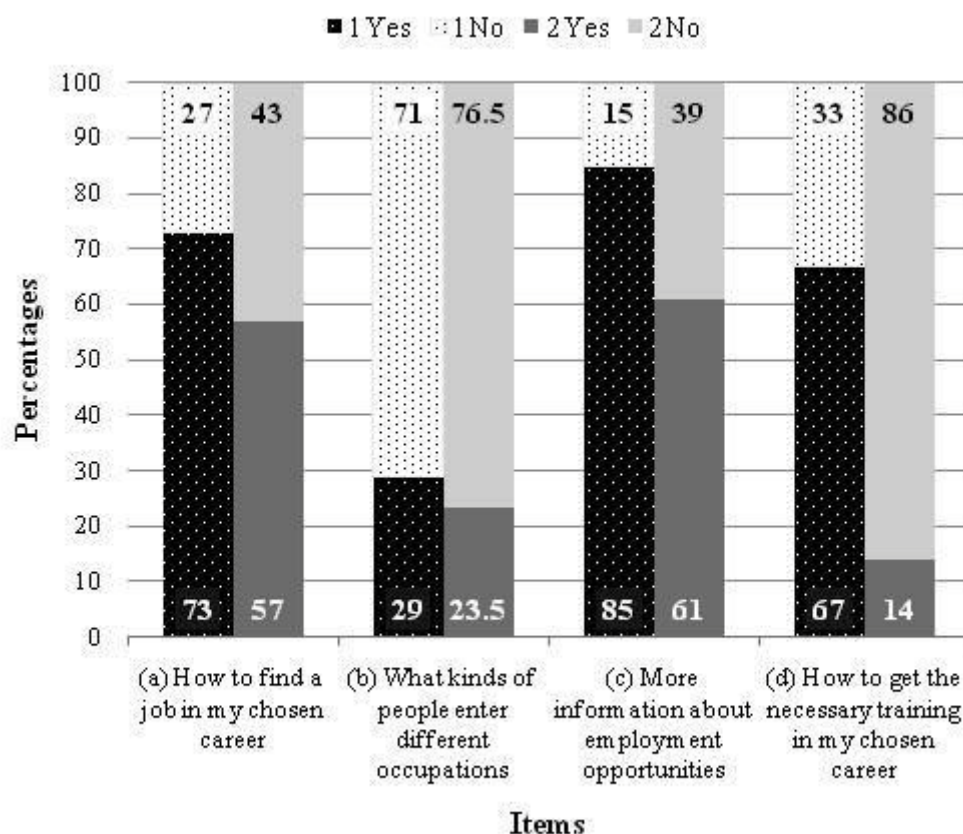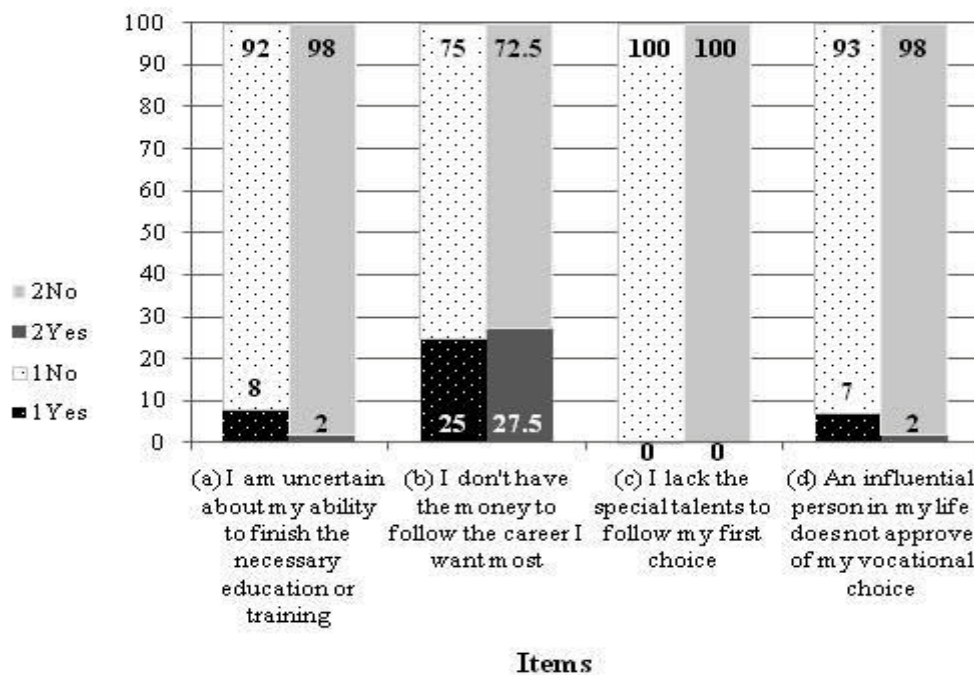
Figure 3. Comparative distribution of responses to BRS items in the first and final semester of training. 1Yes and 1No = First semester positive and negative responses, respectively (N_1 = 53). 2Yes and 2No = Final semester positive and negative responses, respectively (N_2 = 51).

In sum, repeated measures results indicated that students' perceived environmental and personal barriers to career decision-making decreased from the first semester (fall 2008) to the final semester of training (spring 2010), with the exception of a perceived financial barrier to pursue the career they "want most."

Student Professional Identity Scores

This study examined CAT students' professional identity as they enter training (in fall 2008) and in their final semester of training (in spring 2010), as measured by the Vocational Identity scale (VIS; Holland, Daiger, et al., 1980). Because the VIS consists of 18 items with a dichotomous response format of *True* and *False*, where a higher score is the total number of *False* responses, *True* was coded 0 and *False* was coded 1. A sum of scores was calculated and the mean score of the entire sample at the beginning of the CAT program (first semester) was M = 13.47, SD = 3.59, N_1 = 53; scores ranged from 4 to 18. Analysis of variance for vocational identity scores showed

a statistically significant difference between students from the three modality specializations $(F (2,50) = 5.76, p < 0.01, \eta^2 = .19)$. Post-hoc Tukey analysis indicated that the vocational identity mean scores of DMT students ($M = 15.50$, $SD = 2.07$, $N=10$) and AT students ($M = 13.87$, $SD = 2.93$, $N = 30$) were statistically significant higher than the mean score for DT students ($M = 11.00$, $SD = 4.62$, $N = 13$).

In the final semester of training, the mean score of the entire sample was $M = 15.25$, $SD = 2.43$, $N_2 = 51$; scores ranged from 9 to 18. Based on these results, repeated measures ANOVA was computed to test for a statistically significant time difference in the VIS scores of 51 matched students. Table 3 shows scores of first and final semester by modality specializations.

Table 3

First and Final Semester PI Scores by Modality.

	First semester (Fall 2008)			Final semester (Spring 2010)		
Specialization modality	M	SD	N	M	SD	N
Art therapy	14.03	2.83	29	15.24	2.60	29
Drama therapy	11.40	4.56	10	14.08	2.31	10
Dance movement therapy	15.50	2.07	12	16.70	1.06	12
Total	13.70	3.44	51	15.25	2.43	51

The analysis yielded a significant effect for time ($F(1,48) = 10.85$, p<.01, $\eta^2 = .18$) and for group ($F(2,48) = 6.17$, p<.01., $\eta^2 = .21$). The interaction effect of group by time was not significant ($F(2,48) = 0.90$, ns., $\eta^2 = .04$). That is, a general increase was noted in all groups as a whole and this increase did not differ by group. Scores of DMT students (p < .01) and scores of AT students (p < .05) were overall significantly higher than scores of DT students. In sum, repeated measures results indicated that students' sense of professional identity increased from the first semester (fall 2008) to the final

semester of training (spring 2010), and that this increase has characterized the three modality specializations similarly.

Student Career Commitment Scores

This study investigated CAT students' scores on the Career Commitment Measurement (CCM; Blau, 1985). Of the CCM's seven items, three negatively phrased items were reverse coded (items 1, 3, and 7). In the first semester of training, the mean score of the entire sample was $M = 4.26$, $SD = 0.49$, $N_1 = 53$; scores ranged from 3.14 to 5. Analysis of variance for CCM scores showed a statistically significant difference among students from the three modality specializations ($F(2,50) = 4.33$, $p<.05$, $\eta^2 = .15$). Post-hoc Tukey analysis, performed to assess pairwise differences among the three sub-groups, showed that the mean scores for DMT students ($M = 4.44$, $SD = 0.37$, $N = 10$) and AT students ($M = 4.34$, $SD = 0.47$, $N = 30$) were higher than the mean score for DT students ($M = 3.94$, $SD = 0.49$, $N = 13$).

In the final semester of the program, the mean score of the entire sample was $M = 4.48$, $SD = 0.33$, $N_2 = 51$; scores ranged from 3.50 to 5. Based on these results, repeated measures ANOVA was computed to test for a statistically significant time difference in the CCM scores of 51 matched students. Table 4 shows first and final semester scores by the three modality of specialization.

Table 4

First and Final Semester Scores by Modality.

Specialization modality	First semester (Fall 2008)			Final semester (Spring 2010)		
	M	*SD*	*N*	*M*	*SD*	*N*
Art therapy	4.33	0.47	29	4.45	0.33	29
Drama therapy	3.97	0.51	12	4.48	0.38	12
Dance movement therapy	4.44	0.37	10	4.57	0.32	10
Total	4.27	0.490	51	4.48	0.33	51

The analysis yielded a significant effect for time ($F(1,48) = 7.98$, p<.01, $\eta^2 = .14$) but not for group ($F(2,48) = 2.70$, ns., $\eta^2 = .10$) or for the interaction of group by time ($F(2,48) = 2.05$, ns., $\eta^2 = .08$). That is, scores in all three groups increased significantly and similarly. The scores of the three groups did not differ from one another and neither did the increase in scores over time. In sum, repeated measures results indicated that students' sense of career commitment increased from the first semester to the final semester of training and that the students from the three modality specializations did not differ in terms of their increased sense of career commitment.

Correlation between Identity and Commitment Scores

Pearson's *r* was computed to assess the relationship between students' scores on the VIS (Holland, Daiger, et al., 1980) and their scores on the CCM (Blau, 1985). Results indicated a positive and significant correlation between the two variables, r_p =.57, $N = 53$, $p < 0.01$. This result suggests that higher vocational identity scores were associated with higher career commitment scores. It is interesting to note that the correlation was r_p =.55, $N_1 = 30$, $p < 0.01$ among the AT students, and r_p =.50, $N = 13$, $p < 0.10$ among the DT students, but only r_p =.23, $N = 10$, ns. among the DMT students. Results from the final semester of training indicated a positive yet non-significant correlation between VIS and the CCM (r_p =.27, *ns.*, $N_2 = 51$). In sum, results showed that in the first semester (fall 2008), student sense of professional identity positively and significantly correlated with their sense of career commitment. The relationship was positive but non-significant in the final semester of training (spring 2010).

Summary of Quantitative Longitudinal Results

In the current longitudinal design, repeated measures were employed to investigate quantitative change in students' scores regarding profession-related

variables over time. Measurements were conducted at two chronological periods: in the first semester of training (Fall 2008) and in the final semester of training (Spring 2010).

Repeated measures indicated that students' need for occupational and training information decreased from the first to the final semester, as did their perceived environmental and personal barriers to career decision-making. One exception to this decrease relates to perceived financial barrier to follow the career they "want most." With respect to students' scores on the VIS, results indicated that from the first to the final semester students' sense of professional identity significantly increased, and that this increase did not differ between the three modality specializations. With respect to students' scores on the CCM, results indicated that students' sense of career commitment significantly increased and that students from the three modality specialization did not differ in term of their increased scores. With respect to the relationship between students' score on the VIS and the CCM, results indicated that in the first semester student sense of professional identity positively and significantly correlated with their sense of career commitment and that the relationship was positive but non-significant in the final semester of training.

Mixed methods Results:

Theory Testing and Theory Derivation

The current study examined the extent to which CAT students confirm Skovholt and Rønnestad (1992a) and Rønnestad and Skovholt's (2003) theory of counselors and therapists' PD as applicable to and representative of their own experience. First, general quantitative results of the confirmatory theory testing are reported in terms of student ranked scores and inter-rater agreement scores. Then, these quantitative results are presented alongside the qualitative thematic analysis results that are reported chronologically by phase (three phases).

Student Ranked Score Results

To "assist in the interpretation of qualitative findings" (Creswell, 2008, p. 211), student narrative responses to the accuracy of phase dimensions were quantified by numerically ranking responses on a 4-point ordinal scale, ranging from 1 (*inaccurate description*) to 4 (*accurate description*). Scores were not normally distributed and the Kruskal-Wallis test, a nonparametric analogous to analysis of variance, was calculated for the scores. Mean scores and standard deviations for each phase by modality specialization are reported in Appendix F (see Appendix F, Table F1, Table F2, and Table F3). Student ranked scores to the accuracy of the theory were assessed for each dimension using a Kruskal-Wallis (χ^2) test at each developmental phase between the three modality specializations. No significant differences were found between the three modality specializations of the program in any of the developmental phases. Table 5 displays mean scores, standard deviation, and Chi-square results for group differences, for each dimension in the three developmental phases.

Table 5

Scores for Dimensions across Developmental Phases.

Phase dimensions	Lay helper ($N = 60$)			Beginning student ($N = 60$)			Advanced student ($N = 29$)		
	M	SD	$\chi^2(3)$	M	SD	$\chi^2(3)$	M	SD	$\chi^2(3)$
1. Phase definition	3.85	0.444	1.184	3.33	.988	1.171	3.31	0.806	0.157
2. Central task	3.81	0.508	1.448	3.43	.657	1.265	3.79	0.412	2.421
3. Predominant affect	3.38	0.964	0.351	3.39	.846	0.171	3.17	0.928	3.599
4. Sources of influence	3.59	0.812	0.666	3.78	.572	5.454	3.66	0.484	2.120
5. Role & working style	3.17	1.011	5.126	2.45	1.238	1.930	1.93	1.100	2.641
6. Conceptual idea	3.66	0.637	1.205	2.75	1.072	0.615	3.69	0.541	3.146
7. Learning process	3.75	0.544	2.479	3.65	.688	2.080	3.69	0.806	2.984
8. Measure of effectiveness & satisfaction	3.57	0.838	.250	2.98	1.070	1.6377	3.50	0.923	0.622

Inter-rater Agreement Results

Inter-rater agreement was employed to obtain a better indication of the quality of the researcher's rankings by means of estimating the degree of concordance between the researcher and the rater. Kendall's (Kendall, 1970) coefficients of concordance (W) was computed, its value ranges from 0 to 1, with 1 designating perfect agreement and 0 designating no agreement. Results of inter-rater agreement are presented in Table 6.

Table 6

Results of Inter-rater Agreement by Dimensions for Each Phase.

Phase dimensions	Lay helper		Beginning student		Advanced student	
	Kendall's W^a	Asymp. Sig	Kendall's W^a	Asymp. Sig	Kendall's W^a	Asymp. Sig
1. Phase definition	.910	.004	.970	.002	.939	.003
2. Central task	.937	.004	.933	.004	.853	.011
3. Predominant affect	.920	.005	.995	.002	.960	.002
4. Sources of influence	.967	.002	.959	.003	.844	.013
5. Role & working style	.916	.004	.928	.005	.969	.002
6. Conceptual idea	.968	.036	.937	.004	.920	.004
7. Learning process	.963	.043	.960	.004	.900	.006
8. Measure of effectiveness & satisfaction	.883	.009	.901	.011	.936	.004

[a]Kendall's coefficient of concordance.

According to LeBreton and Senter's (2008) revised standards for interpreting inter-rater agreement, a value between .71 and .90 indicates "strong agreement" and a value between .91 and 1.00 indicates a "very strong agreement" between raters (p. 836). On this basis, the results suggest that the researcher and the rater agreed (strongly to very strongly) in their rankings of the extent to which students' perceived the theory's dimensions as applicable to and representative of their own experience, across the three developmental phases.

Because no statistically significant differences were found between the three modality specializations in any of the developmental phases, results are reported for the sample as a whole, unless otherwise indicated. Results are reported chronologically by phase (three phases). For each phase, a summarizing table is displayed. The left column displays the name of phase dimension and the ranked mean scores and standard deviations reported above are shown in parentheses - to assure that scores are "closely associated" with their original narrative context from which raters' judgments were drawn (Miles & Huberman, 1994, p. 42). For each dimension, a confirming exemplary quote precedes the most disconfirming quote, as identified in the data (Bruscia, 2005, p. 133). Subsequent to each phase table, arts-related results of thematic analysis are reported.

Lay Helper Phase

Table 7 summarizes ranked scores and student responses to the Lay Helper phase's eight dimensions with exemplary quotes.

Table 7

Responses to Lay Helper Phase Dimensions

Phase dimensions	Description summary[a]	Exemplary student quotes
1. Phase definition ($M = 3.85$, $SD = 0.444$)	Untrained, lay helpers have experience in helping others, in their roles as parent, neighbor, friend, colleague, etc.	"All my life I functioned as a dominant person in my family - a containing figure, helping, supporting, and providing solutions." "Throughout my life I've helped others and I was attentive to people (often as a young girl I sensed the feelings of others and it was hard for me to filter these feelings)."

Table 7 Continued.

2. Central task (M = 3.81, SD = 0.508)	Use what they naturally and intuitively know	"Yes, you use your natural sensibility, sensitivity, and attentiveness because this is what you can rely on as a lay helper." "Mostly true, but my BA in psychology also provided me with some tools that helped me in my thinking in my previous job working with at-risk children."
3. Predominant affect (M = 3.38, SD = 0.964)	Sympathy, feeling natural and authentic when helping others	"Sure, I agree with the sympathy… but it is not necessarily so natural and authentic." "Not so accurate because sometimes people want to help others to feed their own desire to feel needed or to process their own personal conflicts."
4. Sources of influence (M = 3.59, SD = 0.812)	One's personal life experience	"Mainly in adolescence I advised friends by providing examples from my own experience and told of things I've read." "This is true for the time before I was trained as a social worker [undergraduate training]."
5. Role & working style (M = 3.17, SD = 1.011)	Sympathetic friend, who defines a problem quickly, projects one's own solutions, provides highly directive advice, uses self-disclosure, strongly identifies and is overly involved	"Yes, as a friend I felt they called me a lot ...and it drew a lot of energy from me as I was over invested in what they told me." "Not necessarily right for me. I tried not to provide my personal solutions, only a listening ear and sharing - though it is indeed true to say that boundaries were blurred."
6. Conceptual Ideas (M = 3.66, SD = 0.637)	Personal epistemology and commonsense	"Yes, I used to say 'in my opinion'…talking to others based on what I believed to be true." "Generally true, when there is no experience you count on your own knowledge, viewpoint on life, and the values you grew upon."

Table 7 Continued.

7. Learning process (*M* = 3.75, *SD* = 0.544)	Experiential, natural learning of life	"True, I've learned from my experience with family members, peer-group, authority figures- for instance in the army and at school." "Mainly correct but also learning from more experienced people and from the internet, books, etc."
8. Measure of effectiveness & satisfaction (*M* = 3.57, *SD* = 0.838)	Usually assumed, no clear criteria for measuring success. Effectiveness is associated with succeeding in the role of the sympathetic friend	"I agree. Feelings of successes were related to succeeding in applying my skills, but they also related to the change occurring in the person being helped and depend on his responsiveness to receiving the help offered." "When a friend or a student of mine asked for help I helped without knowing how to measure the outcome of my help. I simply helped."

[a]Description summaries extracted from Rønnestad and Skovholt's (2003) theory.

Cutoff points for interpreting mean confirmation level were set as follows: 3.50 - 4 strongly confirmed; 2.50 - 3.49 moderately confirmed; 1.50 - 2.49 moderately disconfirmed; 1 - 1.49 strongly disconfirmed. The scale's upper and lower ranges were set with narrower cut points than the two middle ranges to preserve the general trend that was found in the data according to which most responses clustered within the middle ranges of the scale. In that manner, polarization of scores was prevented. Table 7 shows that students strongly confirmed six out of eight dimensions of the Lay Helper phase as applicable to and representative of their own experience; dimension 3 (predominant affect) and 5 (role and working style) were moderately confirmed.

To convey the prevalence of the arts-related themes in the data, the researcher drew on the qualitative frequency of occurrence criteria suggested by Hill and

colleagues (2005). Findings were considered *general* when they applied to at least 90% of the cases, *typical* when they applied to at least 60% but less than 90% of the cases, *variant* when they applied to at least 30% but less than 60% of the cases, and *rare* when they applied to at least 10% but less than 30% of the cases. Findings identified in only one to three cases are also reported to provide for a varied and nuanced description, with a frequency criterion labeled *particular deviant[s]* (see the notion of "particularity" in Patton, 2002, p. 546).

At the Lay Helper phase, one main theme was identified with respect to student conception of arts: holding a product oriented aesthetic conception of arts. With respect to student engagement in the arts, three main themes were identified: (a) educational engagement in the arts, (b) work-related engagement in the arts, and (c) therapeutic engagement in the arts; these three themes included subthemes. The final thematic map for the Lay Helper phase is shown in Figure 4.
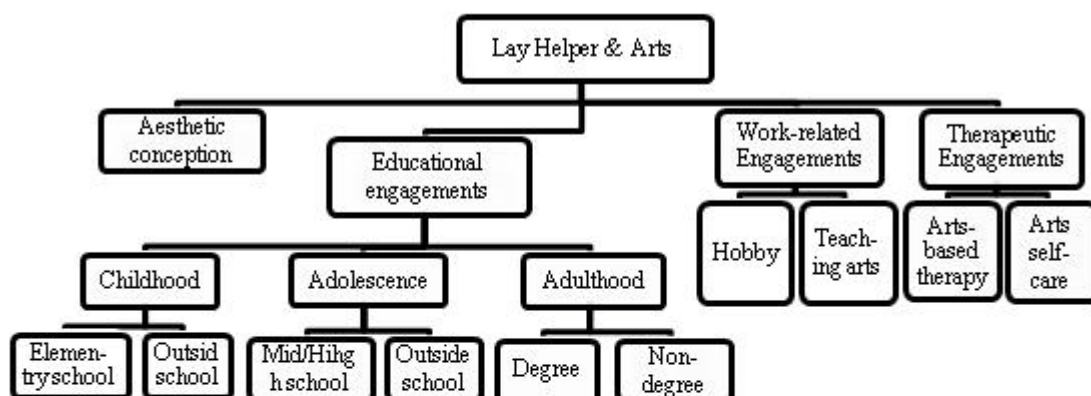
Figure 4. Thematic map for students and the arts at the Lay Helper phase.

Aesthetic conception of the arts. The thematic analysis yielded that during the Lay Helper phase, students in this sample typically held a formalistic, product-oriented, aesthetic conception of their art form; that is, describing formalistic aesthetic qualities (e.g., form, beauty, symmetry, harmony, uniformity, proportion) when referring to their

artistic products. Across the three modality specializations, AT students were more explicitly concern with producing a "well composed," "beautiful," "aesthetically pleasing" work of art; next were DMT students with regard to dance and movement (e.g., "virtuosic," "precise," "properly choreographed," "technically right"), and DT students with regard to acting and performing (e.g., "believable," "convincing," "real"). It is possible to note, therefore, that during the Lay Helper phase, students' appreciation of their artistic products typically depended on meeting what they perceived as aesthetic qualities, which are, in fact, formalistic aesthetic qualities.

Educational engagements in arts. Three subthemes of educational engagements in the arts were identified in the data. These subthemes fell into three consecutive life periods: (a) childhood engagement in the arts, (b) adolescence engagement in the arts, and (c) adulthood engagement in the arts.

Childhood educational engagement in arts. Engagement in the arts during childhood occurred sometime between ages 3 and 12. AT students typically reported engaging in plastic art[2] in various settings, typically in enrichment classes outside of formal school setting and variantly within the elementary school setting. To illustrate, one AT student wrote, "I made plastic art at workshops and enrichment classes throughout my childhood"; and another wrote, "I took art classes in first-grade as a student at a primary school of the arts." Students from the DMT specialization typically reported engaging in dance outside of the formal school setting, studying varying dance styles such as ballet, flamenco, modern ballet, modern dance, jazz, hip-hop, and salsa. To illustrate, a DMT student stated, "I was in ballet class at the age of three." As particular deviants, few DMT students reported practicing gymnastics during

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[2] The term "plastic art" equals here to the term "visual art" and it pertains both to two- and three-dimensional works. "Plastic art" is used here because it is the term used by the CAT program and the students themselves in reference to art therapy.

childhood. Typically, AT and DMT students expressed a prolonged engagement in their art form, using expressions such as "always," "all my life," "most of my life," "since childhood," and "ever since I can remember myself." In contrast, DT students only rarely reported engagement in drama, theater or other art form during childhood.

Adolescence engagement in arts. Engagement in the arts during adolescence ranged from middle school years (grades 7-9) to high school years (grades 10-12), between ages 13 and 18. AT students typically reported taking art classes in middle school, variantly completing in high school the national matriculation exam in plastic art. For example, an AT student wrote, "I studied in the art department that included many art subjects and many hands-on workshop hours and later took the Bagrut exam."[3] Differently, DMT students rarely reported studying in formal middle or high school settings, rather they typically describing engagement in dance and movement classes outside of formal school settings. For example, a DMT student wrote, "I was dancing in my teens in several studio classes." Nevertheless, DMT students' engagement in dance and movement were typically described as a direct continuation of a preceding engagement in childhood. Again, DT students were distinguished from AT and DMT students in that they rarely reported engaging in drama or theater during adolescence, inside or outside of school settings.

Adulthood engagement in arts. Engagement in the arts during adulthood ranged from age 19 onwards, in both degree and non-degree training settings. Data regarding students' arts-related degree training were triangulated with students' academic file records. The triangulation process confirmed that across the three modality specializations, students in this sample typically held a Bachelor's degree in the social

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[3] Bagrut exam is a national matriculation exam taken by high school students in Israel to receive the Bagrut Certificate of Graduation.

sciences, of which the largest group consisted of students with bachelor's degrees in education (variantly arts-education); this with the exception of DT students who typically held a bachelor's degree in education and arts.

Non-degree trainings that students reported as artistic engagements included participating in workshops, ateliers, apprenticeship with artists and studio classes (It should be noted that students variantly reported parallel engagement in arts in both degree and non-degree trainings; thus, the two patterns are not mutually exclusive). As an example for non-degree arts trainings, an AT student wrote "I attended a weekly four hour papier-mâché class," and a DMT student wrote, "I have taken movement meditation, yoga and developmental movement classes." While AT and DMT students typically reported undertaking non-degree trainings throughout the Lay Helper phase, DT students reported such engagements only as particular deviants. For instance, one DT student reported "I participated in a drama workshop at Bikurey Ha'Itim Center,"[4] and a second DT student reported, "I graduated from a three year diploma program in Beit-Zvi[5] and only later completed my B.Ed. in Theater Teaching and Directing." Here, then, it is possible to note that across the three modality specializations non-degree training engagements in the arts were more typically reported by students in the AT and DMT specializations than by DT students.

Work-related engagements in arts. Two patterns of work-related engagement in the arts were identified in the data: (a) practicing the arts as a hobby rather than a profession, and (b) teaching the arts.

Practicing arts as a hobby rather than a profession. The first pattern included statements indicating the practice of arts as a hobby rather than as a paid profession as a

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[4] Bikurey Ha'Itim Center is a center for cloture and arts in Tel-Aviv, Israel.
[5] Beit-Zvi is a professional school of the performing arts in Ramat-Gan, Israel.

painter, sculpture, performer, dancer, actor, director. Generally, AT students report practicing their art form only as hobby. For instance, one AT student described how she maintained "a creative lifestyle" by taking "different art-based workshops as a hobby" for her own "enjoyment." Similarly, DMT students generally reported practicing dance and/or movement only as a hobby; however, the following two particular deviants were identified. One DMT student stated "I've danced in paid professional settings," and another stated, "I've performed in different chalturot[6] such as musicals and private events." DT students generally did not report practicing drama or theater; yet those who did, reported engagement in drama as directors in informal settings (rather than actors). For example, one DT student reported "I have directed social theater adolescent and adults groups" and a second DT student reported, "I acted in community theater and in plays." As a particular deviant, one DT student reported acting in movies and in the theater. The latter was the only DT student who clearly indicated interest in pursuing a professional acting career. Overall then, it is possible to note that students from all three specializations generally did not report pursuing an artistic career during the Lay Helper phase. Alternatively, they engaged in their art form as a "hobby," for personal "enrichment" and as a "leisure activity."

Teaching the arts. The second pattern identified in the data included statements indicating the teaching of arts both in schools and in informal settings. AT students variantly reported engaging in the teaching of art. For example, one AT student reported, "I've practiced art in my everyday work with children in kindergarten." A second AT student stated, "I've worked with art materials when I taught children with learning disabilities," and a third AT student stated she "taught an art class in an afterschool program." From the DMT specialization, three particular deviants were

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[6] The word *chalturot* denotes in Hebrew "side-jobs" and "gig" performances.

identified from students who reported teaching dance, aerobics, and yoga. For instance,
one DMT student wrote "for the last 11 years I've been running a flamenco dance
studio," and another student stated, "I am a professional dance teacher, I've worked
with special populations and proceeding to therapy was very natural for me." The third
DMT student stated, "I run mind/body workshops, yoga and meditation." As for the DT
students, two particular deviants were identified from students who reported the
teaching of drama. The first DT student reported running "drama classes in the setting
of informal education at the local youth center" and the second DT student reported that
she provided "private acting classes preparing students for auditions." Overall, in the
Lay Helper phase, AT students more typically reported teaching their art medium than
did DMT students, whereas DT students reported teaching the least frequently.

Therapeutic engagement in the arts. Two patterns of therapeutic engagements
in the arts were identified in the data: (a) Attending arts-based psychotherapy, and (b)
engaging in arts for personal self-care.

Attending arts-based psychotherapy. This pattern included only few particular
deviants of statements indicating attendance of arts-based psychotherapy in the Lay
Helper phase. For instance, one DMT student reported she "had an experience with
psychodrama for a personal purpose" and three DT students reported attending
psychodrama sessions during this phase. No AT student reported engaging in the arts
by means of attending any sort of arts-based psychotherapy. Overall then, it is possible
to note a general negative trend for attending arts-based psychotherapy during the Lay
Helper phase; however, attendance was noted only as particular deviants.

Arts for personal self-care. The second pattern included statements indicating
the engagement in arts for self-care, as one's personal means of overcoming and coping
with difficulties. To illustrate, one AT student stated, "Art is a part of me from a very

young age (age 3). During every hospitalization (due to a congenital orthopedic problem), I had crayons and papers. …everything I did in life revolved around painting and art. My strength is there." A second AT student stated, "Art always had a part in my life, as a hobby and as a means for helping me deal with stress and difficulties I experienced since my adolescence." Aside from participating in Pilates and Yoga classes, DMT students provided particular deviants of statements that seem to imply that their engagement in dance and movement facilitated their well-being. For example, one DMT student stated, "Dance is my second home, a place where I feel safe, happy, and contained. It is always there for me when I need it." A second DMT student stated, "To say that it is fun to dance is a cliché. Flamenco dancing is not an easy task. I am there because it is right and good for me and for my body." No DT student reported, explicitly or implicitly, engaging in drama, theater, or any of the creative arts for self-care. Thus, it is possible to note that within this pattern of self-care via engaging in the arts, AT students more typically engaged in the art for personal self-care than did DMT students, who provided particular deviants that seem to imply such engagements. No such indications were noted by DT students.

Beginning Student Phase

Table 8 summarizes ranked scores and student responses to the dimensions of the Beginning Student phase with exemplary quotes.

Table 8

Student Responses to Dimensions of Beginning Student Phase

Phase dimensions	Description summary[a]	Exemplary student quotes
1. Phase definition (M = 3.33, SD = 0.988)	In the first year of graduate training, students are concerned with their suitability, motivations, and the personal characteristics required for the profession. They strive to bridge theory and practice and want to know how experts concretely act in the professional role.	"Yes. At the beginning of training everything I believed about myself as suitable for therapy was shaken and many questions and doubts rose." "Only partly true. On the one hand, I am experienced as a social worker so fewer questions arose regarding my suitability. On the other hand, using movement in therapy was new to me so I needed to concretely learn how to use it in therapy."
2. Central task (M = 3.43, SD = 0.657)	To maintain openness to assimilate much new information and apply it in practice, and to imitate and learn from professional role models.	"It is very accurate. Not everything I've studied interested me (such as research methods) but I did try to maintain an open mind and absorb as much as I could…and I did try to learn from role models." "I agree with the openness part but not with the imitation part because I tried to find *my own* authentic self as a drama therapist."
3. Predominant affect (M = 3.39, SD = 0.846)	Transition is exciting, overwhelming, challenging, and bewildering; feelings of anxiety about academic performance and great insecurity when assigned to practicum. After utilizing easily mastered methods, temporarily security is typically felt.	"It is very true. Jumping into the water was scary and I clutched at techniques I felt most comfortable with. As I gained more experience, it got easier." "When I started practicum, anxiety overflowed and I was very insecure. But, in that phase, techniques learned didn't help in making me feel more confident."

Table 8 Continued.

4. Sources of influence (M = 3.78, SD = 0.572)	Multiple sources: Professors, supervisors, clients, and admired classmates, as well as theory or research, one's own personal life, and one's social/cultural environment.	"True, my main sources of influence were supervisors, my peers, a therapist I've had, and theories I've read and was affected by." "I absolutely craved for feedback, especially from supervisors and classmates but was less influenced by my partner or family because they don't understand the profession."
5. Role & working style (M = 2.45, SD = 1.238)	Moving to the unknown role of the professional, students struggle with applying theory to practice and develop a rigid mastery of basic, easy to learn, techniques. They frequently try-out the professional role with friends and family.	"Not so accurate because I tried to use learned techniques freely and was amazed to find out how clients' ways of expression varies. I also really tried not to try-out my therapist role with my acquaintances." "Not true, it is one's personality style that mostly affects her clinical style [...] I refrained from 'playing therapy' with my family and friends because it is very annoying to others."
6. Conceptual Ideas (M = 2.75, SD = 1.072)	Realizing that lay conceptions are no longer appropriate, beginning students urgently search and learn conceptual ideas and easily mastered therapy methods that can be applied to all clients and provide them with some confidence to go ahead.	I agree that anxiety did make me try to hang-on to concrete methods I most related to, *but* I also relied on my 'lay' personal resources, like intuition and common sense." "Doesn't reflect my experience. I didn't feel that my 'lay helper's' conceptions were no longer appropriate. Rather, they were integrated into and refined by new conceptions I acquired. There is no one technique for all clients - so quick adoption of such a technique wouldn't serve as an anchor for my confidence."
7. Learning process (M = 3.65, SD = 0.688)	Learning via introspection, cognitive processing, trial and error, and imitation of role-models.	"I identify with the paragraph. It was all about trial and error, reading my reflective journal and intensively processing my experience with peers and supervisors." "Mostly accurate. My learning process consisted of introspection, a dialogue with internalized images of past therapists but less direct imitation of role models."

Table 8 Continued.

8. Measure of effectiveness & satisfaction ($M = 2.98$, $SD = 1.070$)	Externally, by client reaction, visible improvement, and feedback from supervisors, clients, and classmates.	"The effectiveness of my clinical work was indeed measured according to feedback I received from the above but also very much according to my own subjective gut-feelings." Not entirely true. Throughout my BA field work with post-trauma soldiers I acquired several indicators of psychological progress but certainly not art-based indicators."

[a]Description summaries extracted from Rønnestad and Skovholt's (2003) theory.

As shown in Table 8, students strongly confirmed dimensions 4 (sources of influence) and 7 (learning process) as applicable to and representative of their own experiences; moderately confirmed dimensions 1 (phase definition), 2 (central task), 3 (predominant affect), 6 (conceptual ideas), and 8 (measure of effectiveness and satisfaction); and moderately refuted dimension 5 (role and working style).

At the Beginning Student phase, the data identified three themes with respect to student conception of the arts: (a) Acknowledging the healing effect of engaging in the arts, (b) acknowledging arts-based assessment, and (c) shifting the focus from aesthetic product to expressive process. With respect to student engagement in the arts, the data identified two themes (patterns): (a) engaging only in training, and (b) increased personal engagement in arts as result of training. Figure 5 shows the final thematic map for the Beginning Student phase.
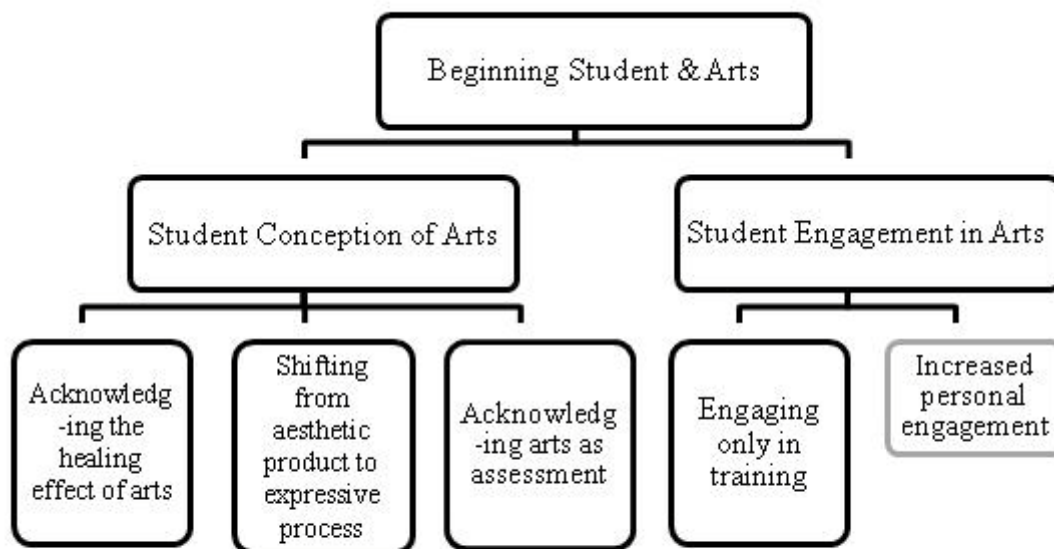
Figure 5. Thematic map for students and the arts at the Beginning Student phase.

Acknowledging the healing effect of engaging in the arts. This theme included statements indicating students' acknowledgment of the healing effect of engaging in the arts. Students from the three modality specializations typically reported that their conception of their art medium had changed after entering the program. This change took the form of increased acknowledgment of and a greater belief in the healing power of their specialization art medium. For instance, an AT student stated, "The first year strengthened my belief in and understanding of the strong link between art, creativity and well-being." Similarly, a DMT student stated, "I've realized that every step, every posture, and every gesture holds potential for therapy." Correspondingly, a DT student stated, "my understanding of drama *as* therapy was enhanced and I believe more and more in its healing powers" (emphasis added). It was evident from the data, however, that AT students have typically entered the Beginning Student phase with greater acknowledgment of the healing power of their art medium than that of students from the DMT, and next students from the DT specialization.

Acknowledging art-based assessment. AT students variantly reported that at the Beginning Student phase they became aware of the significance of their art medium in communicating psychological information through arts-based assessment. For instance, one AT student stated, "Art became a creative expression that can be interpreted, analyzed, and looked at in a whole different way from what I knew before." Another AT student wrote, "It's amazing how the [art] work itself may be used for psychological assessment. I suddenly look at my and others' works differently than before." DMT and DT students did not report such statements. Thus, it is possible to note here that at the Beginning Student phase, AT students typically acknowledge the use of their art medium for art-based assessment.

Shifting from aesthetic product to expressive process. This theme included statements indicating that at the Beginning Student phase AT students' conception of their art medium typically shifted from conceiving, as well as experiencing, their art making as oriented towards the creation of an *aesthetic product* to conceiving it as an *expressive process* in and for itself. For example, one AT student provided a detailed description of this change:

> As a result of training in a group setting, a comparative aspect of art
> making has surfaced along with feelings of inferiority regarding my
> artistic skills. Consequently, I gradually developed a new
> relationship with art making, experiencing it as a process in itself
> that is not only valued by its end product.

A second AT student indicated that in the Beginning Student phase she "began to experience her art making without the pressure of thinking of the aesthetic quality of the result." Furthermore, AT students typically reported that following their new focus on process, rather than on product, their actual experience and style of art making

became "freer," "lighter,"[7] "less rigid," and "less bounded." DMT students provided only particular deviants of change in conceiving dance as an expressive process instead of an aesthetic product. For instance, one DMT student reported "In the past, I used to dance outwards, concerned with aesthetic and accuracy. Because of training however, I started dancing inwards, tuning-in, and connecting to myself through the movement process." A second DMT student described how her dancing experience had changed "from focusing on aesthetics of movements to [focusing on] content, emotions, fantasies, and thoughts expressed by and contained within the movement itself." Students from the DT specialization generally did not report a change in their conception and/or actual experience of drama making (e.g., becoming freer, more impromptu, or less structured).

Engaging in arts only in training. This theme included statements indicating a pattern of engaging in arts only in training. AT, DMT, and DT students typically described how at the Beginning Student phase they did not engage in personal arts making, typically due to "lack of time" and financial constrain. Few AT students reported they abandoned art making due to "over theorization" which "hindered the creative spirit;" as one AT student wrote, "My art was taken away from me. Instead of enjoying it, my creative fountain had dried up. I had to think academically and thus found it difficult to create." In this pattern, students from all three specializations typically used expressions such as "unfortunately," "sadly," and "regretfully" when referring to avoidance of artistic engagement. To illustrate, one AT student stated, "Sadly, after entering training I don't have time because of my assignments load but I enjoy making art in training." A DMT student reported, for example, "to my great sorrow, because of other obligations (work-training-home) I currently don't have time

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[7] Hebrew word means 'informal and offhand.'

and money to practice dance continually and consistently." While DT students generally did not engage in drama or theater outside of training, one DT student provided a particular deviant by stating, "I still go to auditions and prepare students for auditions." Overall then, this typical pattern suggests that due to lack of time, AT, DMT and DT students regretfully engaged in arts only in the framework of their training.

Increased personal engagement in arts as result of training. This theme included statements indicating a pattern of increased personal engagement in arts because of training. AT and DMT students variantly described how as a result of training their personal engagement in their art medium increased as well as their style of engagement positively changed. AT students, for instance, attributed their increased artistic engagement to in-training exposure to varied artistic materials, methods, and techniques, which they found "new," "enriching," and "stimulating," and thus adopted to their personal art making. To illustrate, an AT student stated, "I was exposed to different sorts of materials which I incorporated in my own private artistic work." Another AT student reported, "In the past I was only painting with acrylics. During the first year I started using clay and additional materials that I didn't use previously, such as simple and colorful pipe cleaners." Students from the DMT specialization also described a change with respect to their personal engagement in dance. For example, one DMT student reported, "in the first year I returned to dance! After 12 years during which I hadn't danced at all and swore that I would not get back to dancing. I've found, through a classmate, a dance group that gives me everything I need." A second DMT described how during the Beginning Student phase she became "interested and involved in different kinds of dance, dancing without music, and also without a mirror." DT students generally did not report increased or changed personal engagement in their art medium at the Beginning Student phase. Overall then, this pattern suggests that

because of training AT and DMT students variantly experience an increase and positive change in their personal artistic engagement.

Advanced Student Phase

Table 9 summarizes ranked scores of student responses to the dimensions of the Advanced Student phase with exemplary quotes.

Table 9

Student Responses to Dimensions of Advanced Student Phase

Phase dimensions	Description summary[a]	Exemplary student quotes
1. Phase definition ($M = 3.31$, $SD = 0.806$)	Towards the end of training, completion of practicum hours is of utmost priority for students. Thus, students are often preoccupied with avoiding mistakes, obtaining sufficient supervision hours, and observing experienced practitioners in action.	"The paragraph is accurate. I try to accumulate many field and supervision hours. I do try to avoid mistakes, although I know it is impossible and that one can learn from mistakes. Unfortunately, I had no opportunity to observe experienced therapists in action but I'm sure it would have contributed a lot to me." "Somewhat true. I really want to succeed in the field, but you cannot avoid making mistakes and I've learned from mine. Since I'm not perfect and don't profess to be perfect I accept my mistakes with love as part of my evolving professional role."
2. Central task ($M = 3.79$, $SD = 0.412$)	To be able to function at an established, professional level.	"True, for example –This year, I try to be more precise in questions I bring to supervision to receive guidance that will help me tune my work with patients, I keep records of the treatment for follow-up, artistic reflections, etc." "Yes, as time passes I feel I must work more professionally; however I leave room for mistakes and bring them to supervision and experience professional growth from them. Much of the growth is thanks to experience acquired and good supervision received."

Table 9 Continued.

3. Predominant affect (*M* = 3.17, *SD* = 0.928)	A variable level of confidence: Students may feel more competent when comparing their mastery and conditional autonomy to those of beginning students or may feel insecure, vulnerable, and dependent when comparing the above to those of experienced practitioners.	"The center where I do my practicum has both first and second year students. No doubt, I feel I'm more competent than first year students, but less than experienced therapists. You can learn a lot from experienced therapists and often I felt insecure around them." "Not accurate. I don't feel the distinction between student and experienced therapists, because I entered training as a practitioner [social worker]. I need to develop professionally regardless of any comparison to other people."
4. Sources of influence (*M* = 3.66, *SD* = 0.484)	Multiple sources: while a considerable external dependency is still evident, there is an increased self-evaluation of how their personality influences their clinical work.	"I don't feel that one source [of influence] should come at the expense of the other. More and more often I examine myself and examine my professional identity and my personality and yet, it would be a waste not to utilize the insights I can gain from more experienced professionals around me." "On the one hand, I'm learning a lot from my supervisors and from therapists I meet in the field. On the other hand, I also find myself formulating my own role as a therapist, examining myself and the processes that affect me and the way I am in-therapy with clients."
5. Role & working style (*M* = 1.98, *SD* = 1.100)	Increased rigidity in professional role and working style, which is typically not relaxed or spontaneous. There is little natural playfulness or sense of humor in advanced students' work. They often tend toward excessive and misunderstood responsibility for client progress.	"Mostly not true. Rigidity appears in moments of insecurity, when I don't know if I interpret correctly the therapeutic situation or I'm not sure of my timing when reacting to clients. Most of the time though, I feel more and more free to play and be spontaneous with my elderly clients, including being humorous when appropriate. I also try to keep proportions regarding my responsibility for clients' progress." "Not accurate at all. One of the most important things for me is keeping the flexibility, creativity, and spontaneity with clients. I use a lot of sense of humor. However I do tend to take on great responsibility."

Table 9 Continued.

6. Conceptual ideas (M = 3.69, SD = 0.541)	Students often refine their conceptual systems and critically assess and evaluate role models. They differentiate, accept, or reject model components they do not find adequate to their own.	"True. Occasionally my supervisor would offer me things to do with my client that were not natural for me. This year I started telling her that I felt uncomfortable and I started proposing alternatives with which I felt more comfortable." "The more knowledgeable and experienced I became, there was more room for me to critically assess my role models. Last year when everything was new and unfamiliar, I was indiscriminately absorbing and accumulating new stuff."
7. Learning process (M = 3.69, SD = 0.806)	Students still learn via introspection, cognitive processing, observation, and imitation of professional role models.	"Introspection and processing are very important but my own hands-on experience in the field is not less important." "It really helped me to listen to peers in supervision group. Unfortunately, I didn't have the opportunity to watch a professional in practice and I feel it is a great loss."
8. Measure of effectiveness & satisfaction (M = 3.50, SD = 0.923)	Students develop a more complex view of client feedback and supervisor reactions by which they measure effectiveness of treatment and feel a sense of satisfaction.	"My perspective became more complex as it is now possible to look at different dimensions from various perspectives. While supervisors' feedback became more complex, it also became easier for me to understand and contain complexity without getting lost." "I work with children so feedback is a little different but definitely valuable. If a child wants to come to therapy and doesn't want to give-up it is a great feeling but I still do need professional feedback to feel satisfied with my work."

[a]Description summaries extracted from Rønnestad and Skovholt's (2003).

As shown in Table 9, students strongly confirmed dimensions 2 (central task), 4 (sources of influence), 6 (conceptual ideas), 7 (learning process), and 8 (measure of effectiveness and satisfaction) as applicable to and representative of their own experience; moderately confirmed dimensions 1(phase dimension), and 3 (predominant affect); and moderately refuted dimension 5 (role and working style) as not applicable to and representative of their own experience at this phase.

At the Advanced Student phase, the data identified two themes with respect to student conception of the arts: (a) Developing a greater belief in and a more complex view of the arts as therapy, and (b) acknowledging the therapeutic power of other art mediums apart from one's own. With respect to student engagement in the arts, the data revealed three themes: (a) Engaging in the arts only in training, (b) engaging in the arts outside of training, and (c) experiencing arts making differently than before. The final thematic map for the Advanced Student phase is shown in Figure 6.
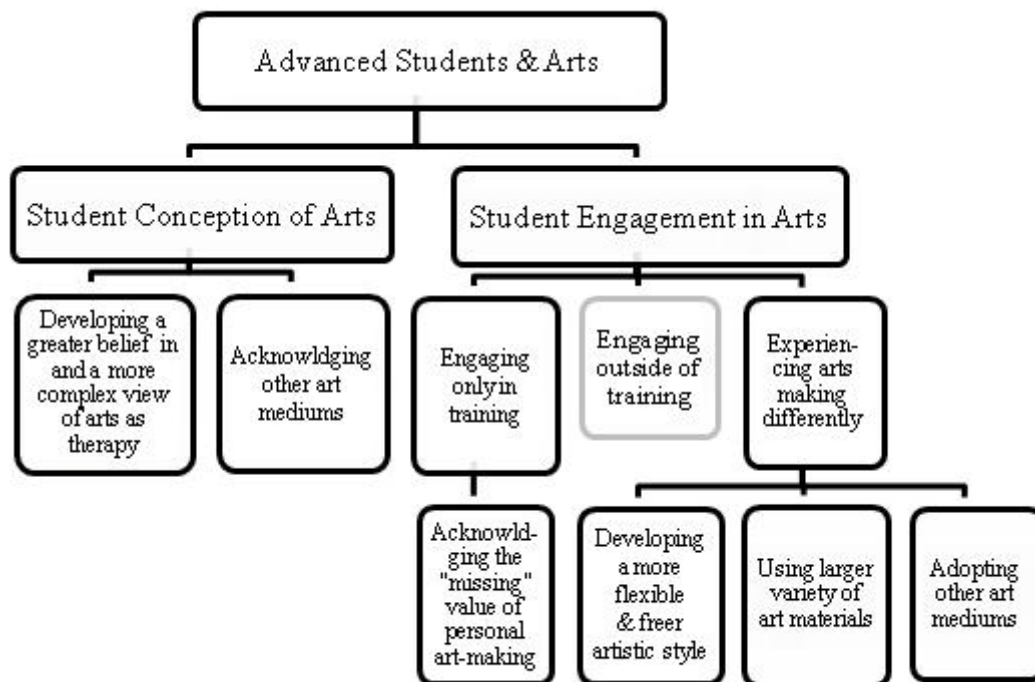
Figure 6. Thematic map for students and the arts at the Advanced Student phase.

Developing a greater belief in and more complex view of arts as therapy.

This theme included statements indicating students at the Advanced Student phase typically developed a greater belief in and a more complex view of arts as therapy than in the preceding phases. Students from all three modality specializations typically expressed that their conception of arts as therapy has "enhanced," "deepened," and "expanded." To illustrate, one AT student stated: "I've learned to trust art in itself, recognizing that words are not always needed and that sometimes the expressive/ creative process in itself is sufficient ... Sometimes it is just enough to *be* and contain the process, holding the creative space for the client." Another AT student stated "Second year training enhanced my understanding of the various psychological processes underlying creative art making… It [training] expanded and deepened my understanding of approaches and ways of looking at the creative process in therapeutic context." Similarly, a DMT student indicated that her conception of movement "hadn't change, but sharpened. I came to training after many years of engaging in movement on a daily basis and with feelings and experiences that were mainly based on intuition. Today, I can better understand, establish, describe, and conceptualize movement experience…relying on the things I've learned both on theoretical and experiential levels." A second DMT student explained how dance became "even more personal and less 'performance oriented' than before." Further, she stated that "now it seems almost obvious that in therapy, dance could be found in the minimal muscle movement of one's body." Likewise, a DT student said, "I've experienced in practicum the power of drama therapy. I realized that there isn't always a need for making explicit 'drama-life connection', and yet it works." A second DT student stated, "Drama took-on more colors, more layers and dimensions, as well as gained more theatrical and clinical reference points." Here, it is possible to note that students from all three modality

specializations typically developed a greater belief in and a more complex view of arts as therapy than in the previous phases.

Acknowledging other art mediums apart from one's own. This theme included statements indicating that at the Advanced Student phase AT and DMT students variantly came to acknowledge the healing powers of other art mediums, apart from their own. These students attributed this change to enrolling in courses, seminars, and workshops of other CAT modalities (as offered by the training program) – claiming these experiences had "broadened" and "expanded" their conception of arts-based therapy. Another related source of influence that students have variantly recognized was interacting on practicum sites with therapists who practice other modalities of specialization. One AT student stated: "This year I feel much more comfortable and ready to adopt other techniques that do not necessarily derive from art therapy tool-box. Even before I thought it was okay to use them but I felt that I needed first to be grounded in my own discipline." Another AT student stated, for instance, "thanks to certain workshops and to my practicum experience, I've became more interested in other disciplines such as drama and movement therapies. Exposure to other disciplines allowed me to expand my creative and therapeutic range." A DMT student wrote that, "In field training placement I've learned from other practitioners that dance therapy is only one possibility of arts therapies." Another DMT student wrote, "It was very clear to me that I wanted to engage in movement therapy. To my joy, however, through seminars, I was exposed to other disciplines such as art therapy and psychodrama. For me, familiarization with other modalities helped formulate a more precise conception of the therapist I want to be." It was interesting to note, however, that only one DT student made a somewhat comparable statement, as a particular deviant, writing that "It became much clearer that drama embraces all other arts: painting, movement, storytelling, and

music." Thus, it may be noted that AT and DMT students variantly expressed their acknowledgement of the healing powers of other art mediums and did so more frequently than DT students.

Engaging in arts only in training. This theme included statements indicating a *typical* pattern of engaging in arts only in training (i.e., at university workshops and field training). Similarly to the Beginning Student phase, avoiding personal artistic practice in the current phase was still typically attributed by students to "lack of time" and financial constraints (e.g., "I wish I had more money"); Moreover, students continued to use expressions such as "unfortunately," "sadly," "regretfully," and "I am sad to say" when referring to lack of engagement in the arts. Thus, it is possible to note that students from the three modality specializations typically did not practice arts outside of their training.

Acknowledging the value of personally practicing arts. In contrast to the previous phase, it appeared that AT and DMT students had variantly acknowledged the personal and professional value of engaging in the arts. Interestingly, from these students' responses it seemed that this acknowledgment typically arose from the avoidance or extreme reduction of personal engagement in arts. To illustrate, one AT student stated, "I was so busy studying theories about art and did not get to create much beyond what we did in classes. It's such a shame I haven't had a chance to delve into art making because I now realize I need it first and foremost for myself." A second AT student wrote, "Unfortunately, during the second year, I was prevented from practicing my own art beyond school settings. However, this pointed out my need to engage in a more persistent hands-on artistic experience for my growth as a therapist." Similarly, a DMT specialization student claimed the following:

I've only engaged in movement during field training and I almost

completely stopped dancing and teaching (movement and dance

teacher) so I would be able to invest myself in practicum. Of course,

I see this year as a transition period into a new profession but I do

not intend to give-up my dancing because it is so important for my

own well-being.

Another DMT student indicated that she "regret[s]" having to cease her engagement in

dance because it made her feel "less connected" to herself, realizing "I first need to be

for myself before I could be for my clients." Finally, DT students did not provide

statements indicating acknowledgment of the personal or professional value of

engaging in drama or other arts forms. Overall, then, it seem that because of not

practicing arts, AT and DMT students variantly acknowledged the personal and/or

professional value of personal art making outside of the training setting.

Engaging in arts outside of training. This theme included statements

indicating a *variant* pattern of personal engagements in arts outside of the training

setting. Within this pattern AT students typically indicated engaging in art at home. To

illustrate, one AT student stated, "I've continued to engage in plastic arts at home, the

pleasure and satisfaction I've gained from my creative process were huge." Another AT

student wrote, "I try to give art even more magnitude in my life in order to deepen my

connection with the art. I like to create at home where it is the safest to express one's

soul." As expected, DMT students within this pattern typically indicated engaging in

dance or movement outside of home. To illustrate, a DMT student wrote, "I've run

floor and apparatus Pilates classes (my profession for five years) and participated in

Pilates classes with different instructors. I've also danced Rio Abierto on a weekly

basis and occasionally I've engaged in belly dancing, contact improvisation, yoga,

meditation, and free dance for my own pleasure." Another DMT student wrote the following:

> I quit dancing more than 10 years ago but because of [DMT]
>
> training, I returned. In the second year, dance has, once again,
>
> become an integral part of my life and now I'm planning to join a
>
> dance group. It's a very big and exciting step for me which I don't
>
> take for granted. I have no doubt that the second year gave me more
>
> confidence regarding my dancing.

In contrast to AT and DMT students, few DT students provided compatible *particular deviates* for engaging in drama outside of training. One DT student wrote, "I've continued auditioning; I occasionally participate in theater games, and from time to time I've prepared students for auditions." Another DT student wrote, "I've directed a theater group for blind people." Therefore, it is possible to note that within this *variant* pattern of engaging in arts outside of training settings, AT student typically practiced personal art making at home, DMT outside of home, and DT students provided few *particular deviates* for engaging in drama outside of training settings.

Experiencing art making differently than before training. An additional theme identified in the data with respect to student engagement in the arts indicated that regardless of whether they engaged in the arts within or outside the bounds of training, AT and DMT students variantly experienced changes in their artistic practices. These changes were manifested by becoming "more confident" and "more courageous" about creating art, developing a "less rigid," "freer," "calmer," "more authentic and spontaneous" creative style, using a "larger variety of art materials," and adopting other art media into one's personal artistic engagement. To illustrate, an AT student stated, "I experiment with more materials. I do lots of tri-dimensional art works with more

courage and confidence." Another AT student indicated, "This year I painted more and also wrote short stories and poetry." One DMT student wrote, "My artistic engagement has changed for I've opened-up to other art forms like painting and drawing. I also feel artistically, physically, and mentally more flexible." A second DMT student stated her "movement became more spiritual" and another stated, "My movement is more free and spontaneous, I feel more relaxed, and something in my movement is less rigid." Overall, it is possible to note that at the Advanced Student phase, AT and DMT students variantly experienced changes in their artistic engagements.

Summary of Phases Results

With respect to the Lay Helper phase, students strongly confirmed six of eight dimensions as applicable to and representative of their own experience; dimension 3 (predominant affect) and 5 (role and working style) were moderately confirmed.

With respect to student conception of the arts during the Lay Helper phase, students typically held a product-oriented, formalistic aesthetic conception of their art form; student appreciation of their artistic products typically depended on meeting what they perceived as aesthetic qualities, which are traditionally regarded as formalistic aesthetic qualities. Across the three modality specializations, AT students were more explicitly concerned about meeting such qualities than DMT and next DT students.

With respect to student educational engagement in arts during childhood, AT students typically engaged in plastic art creation in enrichment classes outside of the formal school setting, and variantly engaged in such creation in the elementary school setting. DMT students typically engaged in dance and movement outside of formal school settings during childhood. DT students only rarely engaged in drama, theater or other art forms during childhood.

With respect to student educational engagement in the arts during adolescence, AT students typically reported participating in art classes in formal middle school settings and variantly reported completing the national high school matriculation exam in plastic art. DMT students rarely reported studying in formal middle or high school settings; rather they typically engaged in dance and movement outside of formal school settings. However, these engagements in adolescence were direct continuations of a preceding engagement in childhood. DT students were distinguished from AT and DMT students in that they rarely reported engaging in drama or theater during adolescence, neither inside nor outside of school settings.

With respect to undergraduate students' educational engagement in arts during adulthood, in this sample, students in all three modality specializations typically held undergraduate degrees in the Social Sciences. The majority held bachelor degrees in Education (variantly arts- related education). With respect to non-degree training engagement in the arts, while AT and DMT students typically

reported participating in non-degree trainings throughout adulthood, DT students reported such engagements only as particular deviants.

With respect to student work-related engagements in arts at the Lay Helper phase, the data identified two distinct patterns. One pattern indicated that students from all three specializations generally practiced their art as a hobby rather than as a paid profession; that is, they generally did not pursue an artistic career in the Lay Helper phase. Within the second pattern, regarding teaching of the arts, AT students more typically than DMT students taught their art form, whereas DT reported such engagements only as particular deviants.

With respect to students' therapeutic engagement in the arts during the Lay Helper phase, the data identified two patterns. In the first pattern, a general negative

trend for attending arts-based psychotherapy was noted; attendance was noted as particular deviants indicated only by DMT and DT students. Within the second pattern of engaging in art for self-care, AT students more typically engaged in art for personal self-care than did DMT students, who provided particular deviants that seem to imply such engagements. DT students noted no such indications.

With respect to the Beginning Student phase, students strongly confirmed dimensions 4 (sources of influence) and 7 (learning process) as applicable to and representative of their own experience; moderately confirmed dimensions 1 (phase definition), 2 (central task), 3 (predominant affect), 6 (conceptual ideas), and 8 (measure of effectiveness and satisfaction); and moderately refuted dimension 5 (role and working style).

With respect to student conception of the arts at the Beginning Student phase, an increased acknowledgment of and a greater belief in the healing power of students' art medium was typically noted by students from all three modality specializations. Yet, AT students typically entered the Beginning Student phase with greater acknowledgment of the healing power of their art medium than did DMT and DT students. Also, AT students variantly acknowledged the use of their art medium for art-based assessment, whereas such acknowledgement was not noted by DMT and DT students in this phase. Finally, AT students' conception of their art medium typically shifted from conceiving, as well as experiencing, their art making as oriented towards the creation of an *aesthetic product* to conceiving it as an *expressive process* in and for itself. This change was noted by DMT students only as particular deviants, and DT students generally did not report a change in their conception and/or actual experience of drama-making.

With respect to student engagement in arts at the Beginning Student phase, the data identified two patterns. Within the first, *typical*, pattern, AT, DMT and DT students indicated engaging in arts only in the setting of training, typically they expressed regret for this limited engagement and attributed it to lack of time. In the second, *variant*, pattern, AT and DMT students indicated that their personal engagement in their art medium increased as well as their style of engagement positively changed because of in-training exposure to varied art materials, methods, and techniques, which they adopted to their personal art making outside of training. DT students generally did not report increased or changed personal engagement in their art medium during the Beginning Student phase.

With respect to the Advanced Student phase, students strongly confirmed dimensions 2 (central task), 4 (sources of influence), 6 (conceptual ideas), 7 (learning process), and 8 (measure of effectiveness and satisfaction) as applicable to and representative of their own experience; moderately confirmed dimensions 1(phase dimension), and 3 (predominant affect); and moderately refuted dimension 5 (role and working style) as applicable to and representative of their own experience.

With respect to student conception of arts at the Advanced Student phase, students from all three modality specializations typically developed a greater belief in and a more complex view of arts as therapy than in previous phases. Furthermore, students from the AT and DMT specializations variantly expressed their acknowledgement of the healing powers of other art mediums, and did so more explicitly than students from the DT specialization.

With respect to student engagement in the arts during the Advanced Student phase, the data identified two patterns. Like in the previous phase, within the *typical* pattern of engaging in arts only during training, students regretted the situation and

typically attributing it to lack of time. Yet, in contrast to the previous phase, AT and DMT students variantly acknowledged the personal and professional value of engaging in the arts; DT students did not provide comparable indications. Within the *variant* pattern of engaging in arts outside of training, AT student typically engaged in personal art making at home, DMT outside of home, whereas students from the DT specializations provided only few *particular deviates* for engaging in drama outside of the training setting.

An additional theme identified in the data indicated that whether engaging in arts in or outside of training, AT and DMT students variantly experienced changes in their artistic engagements. As these students became more artistically confident, they developed less rigid, freer, more authentic and spontaneous creative styles, used a greater variety of art materials and incorporated other art forms into their artistic engagements.

CHAPTER 5

Discussion

One purpose of this study was to investigate creative arts therapies (CAT) students' transformation between the first (Fall 2008) and last semester (Spring 2010) of training, in the following dependent variables: professional identity, career commitment, need for occupational and training information, and perceived environmental and personal barriers to career decision-making. A second purpose of this study was to test the extent to which CAT students confirm Rønnestad and Skovholt's (2003; Skovholt & Rønnestad, 1992a) theory of counselors and therapists' professional development (PD) as applicable to and representative of their own experience. This investigation focused on the following three developmental phases: a pre-training phase entitled the Lay Helper and two in-training phases entitled the Beginning Student and the Advanced Student. Finally, the study generated data-driven concepts in order to modify the extant theory to shed light on the PD process of CAT students.

This chapter preliminarily attempts to explain the quantitative results based on the pertinent literature in order to provide an interpretative insight into students' PD process. Subsequently, qualitative findings previously presented in theme clusters are organized chronologically by three phases, reconstructing holistic depiction of students' experience. The discussion of each phase considers its eight dimensions; yet because the dimensions are interrelated, some are merged or renamed to best reflect the emerged model. Conclusions drawn from the findings, research implications and limitations, as well as research and practice recommendations follow the discussion.

Profession-Related Changes

The study employed a quantitative longitudinal design to investigate change in students' profession-related dependent variables over time, between the first (Fall 2008) and the final semesters of training (Spring 2010). Findings indicate that students' sense of professional identity (PI) and career commitment (CC) increased from the first to the final semester of training. In addition, findings indicate that a higher sense of PI was related to a higher sense of CC.

Student Need for Training and Occupational Information

As might be expected, results indicated that students' need for occupational and training information decreased from the first to the final semester of training, in response to all items. The greatest decrease was in student need for "finding the necessary training" in their chosen career (i.e., CAT). It is conceivable that this decrease was because the repeated measurement was administered in the final semester of training after students already "found" their necessary training and thus needed less information on this matter. The next largest decrease involved student need for "more information about employment opportunities." Conceivably, this decrease is also the result of the acquisition of information related to "real-world" practices, clientele, and diverse work settings during training.

Two primary sources whereby students gain information pertinent for potential employment are field training and through the weekly group supervision. Field training, which in this particular program was held in a wide range of settings, included mental health and welfare institutions, centers for at-risk children and families, homes for the aged, substance abuse rehab programs, learning centers, trauma and post-trauma services, and services for people with intellectual disabilities. Another information source was the weekly group supervision held at the university, which was comprised

of students who worked at different sites and with diverse populations. The literature generally recognizes that group supervision is a format that exposes students to a range of experiences, perspectives, settings, and cases (see, for example, Berteau & Villeneuve, 2006; L. M. Fleming, Glass, Fujisaki, & Toner, 2010). Much CAT literature asserts that group supervision not only "provides the added bonus of a format for peer exchange and feedback" (Malchiodi & Riley, 1996, p. 29), but also enables students to "expand clinical experience by working with peers who are engaged with different populations and different types of clinical settings" (McNiff, 1986, p. 156). Therefore, field training and group supervision are two primary sources whereby students acquire information pertinent for future employment in the CAT field.

Moreover, incorporating a module designed to enhance students' *employability* (Kneale, 2009) into the CAT curriculum may complement the aforementioned two information sources. Employability skills are "those basic skills necessary for getting, keeping, and doing well on a job" (Robinson, 2000, p. 1). In this sense, a CAT employability module may focus on students' ability to articulate and communicate to other health and human service professionals the distinctive nature of the CAT and of one's modality specialization, the therapeutic aims of different creative processes or interventions, and the findings of psycho aesthetic assessments. Further foci may include one's theoretical orientation, research areas of interest, and needs for his or her PD (Aldridge, 1993; Marcow, 1986; B. L. Moon, 2003).

Student Perceived Environmental and Personal Barriers

Results indicated that students' perceived environmental and personal barriers to career decision-making decreased from the first to the final semesters of training. One exception was a slight increase in perceived financial barriers to pursuing the career they "want most." This increase may be because throughout training students

dedicated vast amounts of time to unpaid obligations including two full academic days at the university and at least one day in field training. In addition to the programs' relatively high tuition fee and very limited financial aid possibilities, demographic results indicate that the majority of students (60.4%) held part-time jobs, 45.3% were married, and 36.4 % were parents; these factors are also likely to have amplified students' financial concerns.

Generally, the literature indicates that students tend to experience multiple hardships during training. These hardships mainly result from the need to juggle financial issues with educational, parental, and social responsibilities (B. Bartlett, Heycox, Noble, & O'Sullivan, 2004; Newman, 2010; Pelech, Barlow, Badry, & Elliot, 2009; Sweitzer & King, 2009). Bernstein and Lucas (2003/2010) eloquently assert that "whether they are full- or part-time students, many will be trying to fulfill academic obligations while dealing with a job, financial pressures, family responsibilities, relationship problems, and other stressors" (p. 81). These observations shed light on this study's finding that during training students were unable to practice their arts due to lack of time and money. One DMT student best illustrated this hardship, saying: "to my great sorrow, because of other obligations (work-training-home) I currently don't have time and money to practice dance continually and consistently."

Given the current results, it seems necessary to investigate the advantages and disadvantages of paid practicum; otherwise known in the literature as workplace practicum, work-based practica, employment-based field education, or work-study. Yet, it is worth noting that although paid practicum may accommodate the income needs of students while completing their degrees, varying concerns are voiced in the literature including its potential to raise role confusion, conflicts of interests, and other issues that

may compromise student learning experiences (see Birkenmaier, 1997; Koroloff, 1989; Martin, 1991; Pelech, et al., 2009).

Student Professional Identity and Career Commitment

Results also showed that students' sense of PI significantly increased and that this increase did not differ between the three modality specializations. Nonetheless, final semester scores of DMT students and next AT students were significantly higher than scores of DT students. One explanation, which was also suggested in my pilot study (Orkibi, 2010a), construes DMT students' higher sense of PI through the lens of *body-self* connection. The APA dictionary of psychology (VandenBos & A.P.A., 2007) provides credence to this explanation by defining identity as "the individual's sense of self defined by a set of *physical* [emphasis added] and psychological characteristics. . ." (p. 463). This definition suggests that the process of identity formation is interrelated to bodily-kinesthetic experiences. In fact, Freud (1923/1990) correspondingly noted, "the ego is first and foremost a bodily ego" (p. 20). This Freudian notion was later adopted by Krueger (2002) who suggests that "since Freud used the term *ego* interchangeably with *self*, his indication was that one's sense of self… first begins with a body self" and that "the body and its evolving mental representation are the foundation of a sense of self" (Krueger, 2002, pp. 6-7). This notion is held by many dance movement therapists and is aptly articulated by one dance scholar and philosopher who asserted, "Movement is indeed the basis of our experience of *ourselves* [emphasis added] as capable and effective agents in the world" (Sheets-Johnstone, 2010, p. 5). Moreover, drawing on Polhemus' (1998) claim that "muscle tonus, stance, basic movement styles, gestures and so forth… [are] remarkably resistance to change and constitute not only the essential component of personal identity but of social and cultural identity as well" (p. 173), it seems safe to propose that the aforementioned components also comprise one's

PI. Thus, because DMT is more bodily-oriented than other CAT modalities, students who chose DMT are more body-oriented and therefore are more likely to possess a clearer sense of *body self,* which contributes to a clearer sense of *embodied* (professional) *identity*.

The utilization of a developmental perspective may offer a further explanation for DMT students' higher sense of PI. Precisely, a number of creative arts therapists have proposed developmental models that align the various artistic media of expression on one continuum, mostly drawn from human development theories (e.g., Piaget, 1962; Winnicott, 1965). Briefly, this framework suggests that children first learn about themselves and their environment through motor and reflex actions; through sensations and movements. Next, children personify objects outside of the self and engage in projected play with objects; for instance, by using a transitional object that represents components of 'mothering,' conversing with dolls, drawing, and painting. Finally, children engage in symbolic play whereby they first imitate others and reproduce scenes from reality, and then they engage in a fuller dramatic play of acting "as if" - otherwise known as pretend play, make-believe, and dressing-up (see Casby, 2003 for a comprehensive discussion of the process).

Several CAT scholars have suggested that the three modalities align successively along one developmental continuum as follows: from sensorimotor and kinesthetic *movement,* through projective *visual art,* to symbolic *dramatic* play (see, for example, Hinz, 2009; Jennings, 2008; David Read Johnson, 1999b; Lusebrink, 1991). One compelling example of such developmental application to CAT context is Jennings' (2008) model of Embodiment-Projection-Role. This model involves three stages that parallel normal human development, considering that "children pass through

these three stages of physical play, projective play and dramatic play by the time they are 7 years old, and continue to engage with them through to adulthood" (p. 15).

Another example is the Expressive Therapies Continuum (ETC) model (Hinz, 2009; Lusebrink, 1991) that "organizes media interactions into a developmental sequence of information processing and image formation…" (Hinz, 2009, p. 4). This model includes four levels, of which the first three are pertinent to the current results. The ETC includes preverbal Kinesthetic/ Sensory level (as in DMT), Perceptual/ Affective level (creation of forms and/or visual expressions, as in AT), Cognitive/ Symbolic level (may involve verbal input, as in DT), and the Creative level that "can occur at any single level of the ETC, or can represent the integration of functioning from all levels" (p. 5; as in intermodal expressive arts therapy).

When examining this study's results through such a developmental lens, students' PI scores appear congruent with the order whereby the three artistic media of expression align successively on the developmental continuum: from DMT ($M =$ 16.70) through AT ($M = 15.24$) to DT ($M = 14.08$). Thus, it is possible that students who chose DMT specialization developed their senses of PI earlier then students who chose the AT and the DT specializations. Perhaps, it is on this basis that Sheets-Johnstone (2010) proposed that, "the chronological epistemological development of all humans, their learning on all fronts, is first by movement…" (p. 2).

Current findings also show that students' sense of CC increased from the first to the final semesters of training, and that this increase did not differ significantly in terms of modality specializations. Yet, according to the findings, students' sense of PI positively correlated with their sense of CC; that is, a higher sense of PI related to a higher sense of CC. As argued in my pilot study (Orkibi, 2010a), this positive correlation appears to ratify London's (1983) theory of career motivation in which CC

is argued to be "positively related to career identity" (p. 621). The positive relationship also confirms Carson and Carson's (1998) conceptualization of *career identity* as an interrelated construct in their CC measurement. Current findings provide, at least to some degree, further credence to the notion that CC correlates with PI, and thus both are interrelated constructs of the PD process. Perhaps this relation is also reflected in one dance movement therapist's eloquent statement: "Professional training on the graduate level requires a commitment to a professional career and identity" (Stark, 1980, p. 16).

Summary and Conclusion

The following conclusions provide a contextual framework for better understanding the PD process of the students in this sample. One conclusion to be drawn from the above findings is that student need for occupational and training information tends to decrease with time during training. A reasonable explanation for this decrease is that through field training and group supervision students gain insight on "real life" practices, have worked with varied clientele, and in diverse potential work settings. A second conclusion is that perceived environmental and personal barriers to career decision-making generally tend to decrease as students reach the end of their training. A third conclusion is that throughout training students tend to experience financial concerns amplified by the vast amounts of time spent on unpaid training duties on top of personal responsibilities. Given this, a fourth conclusion is that CAT training programs should investigate the advantages and disadvantages of paid practicum or internship as a means to accommodate students' financial concerns. A fifth conclusion is that although students' PI generally tends to increase with time during training, students from different modality specializations may vary in terms of their increased PI, possibly due to cross-modality differences. Finally, students' CC

also tends to increase with time during training with a positive relation to an increasing sense of PI. Whereas these conclusions provide a broad contextual framework for better understanding students' PD process, the actual process is discussed thoroughly in the following section.

Student Development by Phases

The following section provides a chronological, phase-by-phase, interpretation of qualitative findings. The discussion of each phase considers its eight dimensions; yet because the dimensions are interrelated, some were converged under new concepts to best reflect the model that has emerged in this study (dimension names are *italicized*).

Lay Helper Phase

Student motivations for choosing the CAT. Students in this study strongly confirmed the *phase definition* dimension according to which they often experience themselves as helpers in the role of a friend, family member, parents, neighbor, colleague, etc. In such roles, lay helpers frequently engage "in the process of trying to help another person feel better, make decisions, understand self or improve relationships" (Skovholt & Rønnestad, 1992, p. 17). This study's findings support the claim that such helping experiences serve as motivational forces for pursuing a career in a human service profession. Further credence to these findings is provided by Farber, Manevich, Metzger, and Saypol (2005) who argue that individuals who serve as confidants to others during a pre-training phase are often motivated to choose a career in human-service professions. The authors explain that "future therapists often act as valued confidants to family members and friends in childhood, developing a sense of identity related to this role" (p. 1025).

The therapists' career motivation literature illuminates other motivations noted by students in the current study. One such motivation is possessing a "special

sensitivity to the needs of others" (Barnett, 2007, p. 269). This is best illustrated by a student who wrote: "Throughout my life I've helped others and I was attentive to people (often as a young girl I sensed the feelings of others and it was hard for me to filter these feelings)." A second motivation is having a "psychologically minded way of understanding self and others" (Farber, et al., 2005, p. 1009). The authors maintain that "many future therapists begin, early in life, to think about the whys of behavior – why individuals think, feel, and act as they do" (p. 1016). The following student quote illustrates this way of thinking "I really like to observe human occurrence; a ride on the train or the buss is one of the most interesting things." A third motivation relates to the Jungian archetypical concept of the wounded healer (see Barnett, 2007; Groesbeck, 1975). In this regard, Farber and colleagues (2005) argue "there is a fair amount of empirical and clinical evidence to indicate that painful experiences in childhood lead many future therapists to want to heal both themselves and others in the context of a well-regulated intimate environment" (p. 1014). Sussman (1992) lends further support to this perspective when she says: "There appears to be a broad consensus that…a major determinant for becoming a therapist involves the conscious and/or unconscious wish to resolve one's own emotional conflicts" (p. 34). Illustrating this concept, one student wrote: "It is obvious to me that my motivation for helping others stemmed from the hardships I experienced in my life…. My fantasy was that if I'll study therapy, I'll be able to heal others as well as my own wounds."

Students' awareness of this latter motivation, namely, the resolution of personal issues, is also reflected in their moderate confirmation of the *predominant affect* dimension according to which lay helpers feel natural, authentic, and sympathetic when helping others. Here, however, although most students did confirm sympathy as a predominant affect, some were reluctant to depict their helping as natural and authentic.

This sentiment possibly implies that students associated the terms *natural and authentic* when helping others with altruism;[8] possibly cognizing that their lay helping is not entirely selfless and therefore perceived as "not so" natural and authentic. Illustrating this sentiment, one student wrote: "Not so accurate because sometimes people want to help others to feed their own desire to feel needed or to process their own personal conflicts."

A fourth motivation for choosing the CAT is related to an individual's experience of teaching the arts. This motivation is more typical to AT students than to DMT students, and least typical to DT students. This motivation is consistent with Bangley's (2005) career motivation survey of 312 American Art Therapy Association members, showing that, among other reasons, pre-training experience in art teaching was one motivational force for choosing an AT career.

A fifth motivation, also noted by Skovholt and Rønnestad (1992) and Bangley (2005), is individuals' personal therapy experiences. Although pertaining to "talk therapy," the following perspective sheds light on this motivation: "Becoming a therapist may be a logical extension of a sequence of experiencing distress, talking with another in an effort to cope, feeling relief through talking, and ultimately using this experience to help others" (Farber et al., 2005, p. 1018). Nevertheless, current findings show a general negative trend in attending arts-based personal therapy during the Lay Helper phase and 73.6% students reported not attending any kind of therapy during the first year of training. However, findings did show that AT students more typically practiced personal art making for self-care than did DMT students who occasionally report participating in Yoga and/or Pilates class; whereas DT students noted no such

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[8] Barnett (2007) refers to therapists' narcissistic motivations as "the shadow side of altruism" (p. 258).

indications. The following quote best reflects this trend: "Art always had a part in my life, as a hobby and as a means for helping me deal with stress and difficulties I experienced since my adolescence."

It is possible that the cross-specialization difference in personal art making for self-care stems from the inherent difference between the three art forms. As I argued elsewhere (Orkibi, 2010b), the visual arts differ from the performing arts (such as drama and dance) in that they are tangible, permanent, and can be practiced in private and in solitude. In contrast, the performing arts, by definition, involve performing before others. The witnessing other, therefore, is an essential ingredient of the performing arts. Courtney (1989) provides credence to this argument when he asserts, "the presence of an audience is the major difference between theatre (plays, dance, opera, etc.) and other art forms. Visual arts need only one witness…" (p. 124). A comparable distinction within the context of CAT exists wherein there are many writings about art therapists' solitary engagement in post-session responsive art making as a means for processing counter-transferential issues (see, Kielo, 1991; McNiff, 2009b; R. B. Miller, 2007; B. L. Moon, 1999). Yet, to the best of my knowledge, no such practices are suggested in CAT literature for drama therapists and/or dance movement therapists (excluding arts-based research methods of self-inquiry that are unlikely to be known or practiced in the Lay Helper phase). Regarding the possibility of having an *internal witness*, Adler (1999) asserts that developing an internal witness, for instance in Authentic Movement, is only possible "through extensive experience, first as a mover being seen by a [n actual] witness" (p. 154). This given, it seems quite possible that the cross-specialization difference relates to the difference between the art forms, whereby visual art is more applicable for personal self-care than dance and drama. In summary, the findings of this study are consistent both with Skovholt and

Rønnestad's (1992) theory and with other literature about individuals' motivation for choosing a helping profession. Motivational forces include lay helping experiences, special sensitivity to others, psychologistic worldview, desire to resolve personal issues, as well as the experience of teaching the arts (AT, dmt), using arts for self-care (AT), and feeling naturally connected with drama (DT).

Although this list of motivations is not comprehensive or exhaustive, it does reflect the need for specifically inquiring about students' conscious and unconscious motivations for choosing the CAT profession. Regarding lay helpers' awareness of their motivations when helping others, Skovholt and Rønnestad (1992) argue that, "the individual is usually not fully aware of the varied motivational forces propelling the helping response" (p. 18). In this respect, it is worth noting Israel has compulsory military service to which individuals are typically recruited at the age of 18 (men for three years and women for about two years). As a result, Israelis typically enter graduate education between the ages of 25 and 30 and are thus typically older and perhaps more mature than their university counterparts in other countries. Because the majority of students in this study were between the ages of 30 and 39, their awareness regarding their motivations may be related to their older age and considerable life experiences. This point was noted by a dance movement therapist who argued that self-knowledge "is more often available to those with a greater amount of work and life experience than found in the average undergraduate student" (Stark, 1980, p. 16).

Lay helping style. Students strongly confirmed the *central task* dimension according to which lay helpers are tasked with using what they naturally and intuitively know when helping others. Correspondingly, students strongly confirmed the *conceptual ideas* dimension according to which commonsense and personal understanding of life guide them in the role of the sympathetic friend lay helpers. One

student expresses this as follows: "At this phase, commonsense ideas, drawn from your own experience and beliefs, are pretty much the resources you have at your disposal to offer others."

Consistent with the two dimensions above, students strongly confirmed the *measurement of effectiveness and satisfaction* dimension according to which lay helpers assume that their help is indeed effective; that is, they come "to helping with the assumption that the process works" (Skovholt and Rønnestad, 1992, p. 20). Moreover, because lay helpers have no clear criteria for measuring success, effectiveness is associated with succeeding in the role of the sympathetic friend. One respondent wrote: "When a friend or a student of mine asked for help I helped without knowing how to measure the outcome of my help. I simply helped." It appears from similar responses that most respondents held no clear criteria for measuring the effectiveness of the help they provide and thus felt unsure and perplexed in this regard.

Nevertheless, students moderately confirmed the *role and working style* dimension according to which in the role of a sympathetic friend, lay helpers overly identify and are overly involved with the person they help. This involvement leads to boundary confusion between friendship and the role of the lay helper. In this respect, findings suggest that for most students, the role of a sympathetic friend indeed caused boundaries confusion. One respondent wrote:

> I have a friend who was sexually abused. Every time we've met, we
> started talking about her past…. I tried to help her to find a solution,
> direction, relief but with time I've realized that I am drawn down to
> her place and losing myself. Boundaries blurred so much that we had
> to disconnect for a cooling-off period.

However, some students were reluctant about describing their lay "working style" as highly directive (i.e., define a problem quickly and provide highly directive advice) – as suggested by the lay helper working style dimension. One student, a special education teacher, illustrates this reluctance:

> In my case it is not so accurate. I always think of myself as one who
> *suggests* others to *try out* new ways for approaching a problem; I
> certainly don't provide solutions or directive advices. Rather, I
> enable each child to find what works for her.

It is conceivable that these students' reluctancy from Skovholt and Rønnestad's (1992) lay working style relates to having social science undergraduate degrees and thus being already familiar with the working style of helping professionals. In summary, current findings support Skovholt and Rønnestad's (1992) lay helping style that is considered highly directive and guided by the helper's natural intuition, commonsense and personal life understanding. Because clear assessment criteria are typically lacking, effectiveness is an assumption, associated with succeeding in the role of the sympathetic friend. In this role, lay helpers often experience boundary confusions because they overly identify and are involved with the person that they help. However, CAT candidates with undergraduate degrees in helping disciplines are likely to be familiar with the working style of helping professionals.

Influential sources of learning and development. Students strongly confirmed the *learning process* dimension according to which lay helpers learn through the natural learning of life. Skovholt and Rønnestad (1992) explain, "Through one's own life and the richness of the experiences of personal development, the individual is able to draw ideas and information and then apply this data to helping others." (p. 20). The following

learning resources were frequently specified by students: Internet, books, more experienced people, peer-groups, and authority figures.

Students strongly confirmed that personal life experiences served as the predominant *source of influence* on the lay help they provided to others. Skovholt and Rønnestad (1992) attribute this situation to the fact that an "untrained person has had little exposure to the other sources of influence" (p. 18) that are typically more dominant in later phases (such as professional literature and advisors). This study's findings indicated that the following life experiences were considered as most influential: undergraduate education in a helping discipline, engaging in community service, tutoring in a youth group or summer camp, volunteering in nonprofit health-care organization, and serving in a human services related position during the mandatory army service (e.g., army welfare service for soldiers). To illustrate, one student, who held a bachelor's degree in social work wrote: "During my studies I worked with elderly people. Learning a lot about their needs had helped me in understanding and helping my 81 year old grandpa." In summary, the findings of this study are consistent with those of Skovholt and Rønnestad (1992) according to which lay helpers "with some training or considerable life experience may have a wider repertoire to draw from" (p. 18) when helping others.

Arts-related influential sources of learning. This study expands on the tested theory by shedding light on arts-related influential sources of learning throughout the Lay Helper phase, over three consecutive life periods: childhood, adolescence, and adulthood (the discussion begins with DT students, followed by AT and DMT students). Findings have yielded qualitative differences among students. It appears that the DT students in this sample rarely engaged in the learning of drama or other art forms during childhood and adolescence, inside or outside of school settings. During

adulthood, DT students typically earned a bachelor's degree in education and arts. In comparison to AT and DMT students, very few DT students reported artistic engagements during adulthood.

In contrast, during childhood, sometime between ages 3 and 12, AT and DMT students typically learned and practiced their art form outside of formal school settings and for a considerable period of years. Furthermore, during adolescence, sometime between ages 13 and 18, whereas AT students typically took art classes in formal school settings, DMT students typically took dance classes outside of formal school settings, continuing their childhood pattern. Given that 49.1% of all students were aged 30 to 39, it is likely that DMT students typically learned and practiced their art from outside of formal school settings due to the limited availability of formal arts programs inside the Israeli school system during the 1980s and early 90s (Ronen, 1999; Schonmann, 1999; Steinhardt, 2007). In addition to the financial considerations that prompted schools to reduce the arts curriculum, this scantiness has been associated with the Jewish tradition not emphasizing the "aesthetic mode of knowing" and because literature was perceived as a substitute for aesthetic subjects in Israel's national curriculum (Schonmann, 1999, p. 751). During adulthood, from age 19 onwards, while typically studying towards social science undergraduate degrees, AT and DMT students continued to engage in their art forms in nonacademic settings. In summary, findings suggest that AT and DMT students typically had a more extensive learning experience in their art forms, from childhood to adulthood, than DT students did in drama. Presumably, such extensive engagements provided AT and DMT students with a product-oriented conception of arts and an inclination towards placing primary emphasis upon the formal aesthetic and artistic merits of artistic outcomes in the Lay Helper phase.

Product-oriented conception of arts. In contrast to how students conceive arts subsequent to the commencement of training, findings suggests that during the Lay Helper phase students typically held a formal and product-oriented conception of arts,[9] and their appreciation of artistic products typically depended on meeting formal aesthetic qualities. Among all students, however, it was evident that AT students were relatively more concerned with meeting such aesthetic qualities than DMT students, and least concerned were DT students. In this respect, it is proposed that AT and DMT students' greater inclination towards placing primary emphasis upon the aesthetic and artistic merits of art is related to their aforementioned formal artistic training that typically places greater emphasis on techniques, skill-based competencies, artistry, and appraisement of arts products (see Karkou & Glasman, 2004 for a discussion of the similarities and differences between arts therapies and arts education).

The accessible nature of drama. When compared to AT and DMT students, DT students' scant experience with drama during the Lay Helper phase poses a question regarding their choice of the DT specialization. In other words, having no substantial experience with drama, what influenced them to choose the DT specialization? The remainder of this discussion attempts to illuminate this question. First, DT students often wrote that they felt "connected" to or "natural" with drama or acting. Thus, the following discussion explains these sentiments by examining the nature of drama as an art form in and of itself. Second, generally, students from all three specializations did not pursue a professional career as artists in their art form; and of course, a CAT practitioner need not be a professional artist. A third point is that all students in the current sample were required to meet the same minimal prerequisite

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[9] The word "arts" is used her to denote visual art, dance, and drama.

requirements for training, namely, 100 hours in the relevant art form.[10] This requirement was set because at, the time of the study, CAT training in Israel lacked official prerequisites for study. Yet, to broaden the perspective of this issue, the discussion considers drama-related prerequisites for DT training programs that are approved[11] by professional associations both in the US and in the UK. , In sum, I propose that DT students' feeling "connected" to and "natural" with drama, despite their relatively scant drama experience during the Lay Helper phase, points to the possibility that, for some reasons, drama, in and of itself, is highly *accessible*. I suggest three main reasons for this accessibility (for comparative considerations, see Appendix G: Accessibility of Visual Art, Movement, and Dance).

The first reason is that dramatic play is a central component in human development (Pellegrini, Dupuis, & Smith, 2007; Pellegrini & Smith, 2005; Piaget, 1962; Vygotsky, 1966; Winnicott, 1980). Briefly, the term *dramatic play* is used interchangeably in the literature with similar terms (Fein, 1981) such as pretend play, imaginative play, fantasy play, make-believe, and dressing-up. These activities refer to the "as if" dramatization of roles and situations. They may take the form of solitary play (which often involves objects and/or imaginary others), joint play with an adult, and joint play with peers (Frahsek, Mack, Mack, Pfalz-Blezinger, & Knopf, 2010; Harris, Kavanaugh, Wellman, & Hickling, 1993). Dramatic play that involves other participants is also termed *sociodramatic play*. It has been noted that, "fully developed pretend play… seems universal in human societies, according to anthropological accounts" (P. K. Smith, 2005, p. 185). In light of the above, it seems reasonable to propose that drama is accessible to individuals because it is a central component in

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[10] Currently, 2010, the prerequisite is 500 hours in the relevant art media.

[11] To clarify, the term *approved training programs* refers to programs that comply with the educational standards set by the professional association of the modality learned

human development. Nevertheless, vouching for the accessibility of drama merely on this basis is insufficient because movement and visual art making are also associate with human development. Therefore, two additional reasons are suggested below.

The second reason whereby drama (henceforth used interchangeably with *acting*) is an accessible art form is that acting, in terms of playing a role in Western realistic tradition, does not require highly specific knowledge and skills. In fact, a series of experiments of over more than 12 years probing the nature of professional acting expertise support this argument (see H. Noice, 1991, 1992; Tony Noice & Noice, 1997; 2002). The authors note that, "the principles by which actors render roles are relatively few and impossible to specify… [because actors] depend largely on their moment-to-moment (i.e., spontaneous) responses during performance" (Tony Noice & Noice, 1997, p. xii). Moreover, based on scrutiny review of acting literature the authors assert that, "most theater practitioners and theorists agree that the essence of acting is living truthfully under imaginary circumstances" (p. xviii; see for example Stanislavsky, 1989). They also argue that acting places greater emphasis on skills acquisition through actual stage performance rather than repetitive practice. Interestingly, whereas in other art disciplines repetitive practice is essential for skills acquisition (like when a dancer practices a pirouette or a visual artist practices shading), repetitive practice in acting only improves "collateral attributes" (p. xiv) such as vocal projection or bodily flexibility. The authors argue that, "this places acting at some remove from other arts" (Tony Noice & Noice, 2002, p. 15). To illustrate this perspective, the National Council for Drama Training (NCDT), which assesses and accredits acting programs in the UK, separates acting skills from voice and movement skills (NCDT, May 2007). With regard to actors' cognitive ability to retrieve lengthy text verbatim while living it truthfully on stage, it is noteworthy that although the NCDT requires skillfulness in

textual analysis for "the development of a role" (p. 21), it does not specify any skills

pertaining to text memorization as part of core acting skills (NCDT, May 2007). With

regard to text memorization, Noice and Noice (1997) reported that, "training and

experience may have altered the cognitive processes of actors so that role retrieval is

not just an automatic process" (Tony Noice & Noice, 1997, p. 122). Yet, the authors

avowed the following:

> It is obvious that actors do not consider themselves expert
>
> memorizers as such; rather they are expert recreators of reality.
>
> Verbatim retention appears to be a byproduct of the strategy an actor
>
> uses to create the sense of reality in each ongoing moment. (Tony
>
> Noice & Noice, 1997, p. 16)

Furthermore, actors' ability to retrieve lengthy text verbatim is pertinent only to

text-based performances and not to impromptu performances that are also most

common in DT practice, although some practitioners use scripted plays with clients.

Finally, regarding actors' ability to express emotions on stage, in a study involving 114

Dutch professional actors, Konijn (1995, 2002) concluded that they do not "experience

the emotion of the character, but the emotions which are related to executing the acting

tasks themselves, namely in the situation of public performance" (Konijn, 2002, p.

199). The author further explains that while these "task-emotions" (p. 55) are real and

genuine for the actor, they "contribute to the conviction and believability of character-

emotions as perceived by the spectator" (p. 55). However, based on my experience as a

trained actor and drama educator, I can testify that task-emotions do exist alongside

other emotions that an actor experiences when immersed in the imaginal situation. In

light of the above, I propose that drama is an accessible art form because dramatic skills

and techniques are only marginal for the essence of "skillful" Western acting:

portraying a truthful and believable performance.

The third reason explaining drama's accessibility involves the consideration of

human interaction as inherently dramatic. Role theory and dramaturgical social

psychology give credence to this argument. Regarding role theory, Moreno

(1972/1994) points out that the very concept of *role* has its origin in the Greek and

Roman theaters, where played parts "were written on 'rolls' and read by the prompters

to the actors…. Role is thus not a sociological or psychiatric concept; it came into

scientific vocabulary via the drama" (p. iv). Moreno (1961/1987) defines the concept of

role as follows:

> The functioning form the individual assumes in the specific moment
>
> he reacts to a specific situation in which other persons or objects are
>
> involved. The symbolic representation of this functioning from,
>
> perceived by the individual and others, is called role…. Every
>
> individual…has a range of roles in which he sees himself and faces a
>
> range of counterroles in which he sees others around him…. The
>
> tangible aspects of what is known as 'ego' are the roles in which he
>
> operates…. Role enactment is a skill of performance. (pp. 62-63)

The Morenian role theory constitutes three dimensions of role that lie on a

developmental continuum: psychosomatic roles on a physiological dimension,

psychodramatic roles on a psychological dimension, and social roles on the social

dimension (based upon the preceding role dimensions). Moreno viewed people as role

takers, role players, and role makers. Dayton (1994) clarifies the distinction as follow:

> *Role taking* is the stage of imitation, or modeling, one of the deepest
>
> forms of learning. *Role playing* is the stage of doing what we learned

in role-taking while brining of ourselves to the new role we are

practicing, experimenting with and making adaptations to. *Role*

creating is the stage in which we recreate the role with unique vision.

We keep the elements of the first two stages, while creating the role a

new to suit our talents, needs and desires. (pp. 21-22)

Whereas Morenian role theory is three-dimensional, social psychologists view roles as primarily related to the social dimension, and more precisely to social interaction (Callero, 1994; Mead, 1967; Sarbin & Allen, 1968). In the dramaturgical approach to social psychology, "drama is used as a way of understanding the nature of the self. Individuals are terms as actors in everyday life and the way people relate to each other is described dramaturgically; that is, in dramatic terms" (Jones, 2007, p. 41). Among social psychologists, perhaps the most noted is Ervin Goffman (1973) who used the metaphor of performance to explain interpersonal interaction in his seminal book *The Presentation of Self in Everyday Life*. As natural performers, people employ dramaturgical techniques and strategies for impression management in the presence of others. The task of the performer is to overcome performance disruption (by self or others), maintain expressive control, and stage convincing character coherence; thus, one must possess dramaturgical loyalty, discipline, and circumspection to produce successful self-presentation. According to Goffman (1973), almost anyone can act in "some sense of realness…. because ordinary social intercourse is itself put together as a [theatrical] scene is put together. Scripts even in the hands of unpracticed players can come to life because life itself is dramatically enacted thing" (p. 72). He further maintains that theater actors use "the same techniques by which every day persons sustain their real social situations" (p. 255). This claim coincides with Edi's (1971) supposition that "though there is a difference in degree and intention between acting in

everyday life and enacting a role for theatrical effect, there is no essential difference of kind between the two" (p. 304). Thus, I argue that drama is more accessible because it is intuited in the performative "practice" of everyday life whereby human interaction is inherently dramatic. In other words, life as self-presentation is likely to provide for intuitive, tacit, personal knowledge of drama. As Courtney (1989) states, intuition plays "a significant role in all dramatic actions…" (p. 195).

In addition to the above, the DT field is strongly influenced by role theory and dramaturgical social psychology. For instance, American drama therapist Renée Emunah (1994) points out that one of DT's goals is the expansion of one's role repertoire, claiming that, "our real-life roles, responses, and dynamics in interaction with others are limited…. In drama, however, the possibilities are limitless" (p. 32). Perhaps the strongest influence is evident in Robert Landy's (1990, 1991, 1994, 2000) American DT school:

> Clients who, through the therapeutic process, have discovered a way
>
> to become familiar with their own internal cast of characters and to
>
> hold them in balance with one another, are now the consummate
>
> actors. A complete, available repertory is the goal. A working through
>
> of as many significant roles as possible, in relationship to each other,
>
> is the method by which one achieves the goal and through which one
>
> continues to expand one's skills as a future performer in everyday
>
> life. (Landy, 1991, p. 39)

Landy (1982) proposes that, "the expressive art of spontaneous drama is for all, as we are all performers in everyday life" (p. 96). Moreover, he acknowledges the "natural tendency for human beings to engage in identification, impersonation and role-play" (p. 93). Landy goes even further suggesting, "It might very well be that

all human beings have the inherent dramatic need to perform and to be applauded for their performance…. [because] we all want to be stars; we all want recognition" (p. 96). In fact, considering the domination of reality television that brings stardom closer to the average person, this notion seems even more compelling than ever.

With respect to admission requirements for approved US DT programs, the Education Chair of the National Association for Drama Therapy (NADT) verifies, "Each masters program has their own pre-requisites" (H. Landis, personal communication, October 19, 2010). The NADT prescribes neither quantitative nor qualitative prerequisites for DT training. However, my review of the NADT approved programs reveals that two out of three programs do set qualitative requirements. The first program notes, "All students should have a solid practical background in the art form of drama/theatre, including experience in improvisational drama and theatre performance…. In certain cases, alternative experience relevant to drama therapy will be considered" (NYU, 2010, para. 4); this program also reserves the right to invite selected candidates for an audition. The second program notes it looks for "students who have already demonstrated a strong interest in the integration of theater and therapy" and requires "an outline indicating applicant's background in theater, psychology, and human services work, or any creative arts therapy experiences" (CIIS, 2009, Admission requirements section). The third program, based in Montréal Canada, is exceptional in that it requires a specified minimum of 24 undergraduate credits in theatre studies or "drama or professional theatre experience that would sufficiently justify equivalence for theatre studies credits" (Concordia University. n.d., Drama therapy option form).

Similar to the NADT in the US, the British Association for Dramatherapists (BADth) states that, "all enquiries about training should be made to the training institutions" (BADth, n.d., Training section, para. 1). A review of the five BADth approved programs reveals that all programs require students to provide evidence of a "sustained," "extensive," or "commitment to" engagement with drama or theater. One program that grants an integrated master's degree in both drama and movement therapy also invites candidates to participate in a group workshop that, is then, followed with individual interviews. Considering the above, it appears that both in the US and UK, DT trainings are quite accessible in terms of having lax and loosely defined admission requirements (for comparative considerations, see Appendix G: Accessibility of Visual Art, Movement, and Dance).

In summary, I suggest that DT students' feeling "connected" to and "natural" with drama, despite their relatively scant drama experience during the Lay Helper phase, stems from drama's accessibility. Reasons for this accessibility are that: (a) dramatic play is a central component in natural human development; (b) acting does not require highly specific knowledge and skills as dramatic skills and techniques are of less importance for the essence of "skillful" acting characterized by the ability to portray a "life like," truthful and believable performance; and (c) human interaction is inherently dramatic. On this basis, I suggest that DT students were likely to be drawn to drama because of its accessible and intuited nature. In this sense, *DT students' scant drama experience may be related to their relatively low senses of PI, as measured in this study.*

As a final note on DT, I hereinafter clarify my own viewpoint. I believe that although drama is a relatively accessible art form, DT training candidates should be required to demonstrate both a practical and a theoretical understanding of drama.

Intuitive familiarity with drama is simply not sufficient for DT training. My teaching experience yields that DT training candidates *must* have formal experience in and an understanding of drama prior to learning its therapeutic applications.[12] On the practical level, candidates should be able to demonstrate competence in drama that is qualitatively equivalent to at least two years of hands-on experience in theater games and improvisational drama, scenes work, acting, directing, movement, and performance. On the theoretical level, candidates should possess basic theoretical knowledge and understanding of drama-related topic areas including the history of theater, diverse directing and acting approaches, and theatrical conventions. Complementary desirable knowledge areas include performance theories, community based theater work, and drama in education approaches.

For instance, in the CAT program where I currently teach, we require DT candidates to have at least four credits (56 hours) of theoretical drama courses out of the minimum requirement of 500 hours in drama. This prerequisite for CAT training was set in June 2010 by the Israeli Council for Higher Education. Generally, the 500 hours are comprised of 300 hours of formal (academic or professional) training in the art form and evidence of additional 200 hours of practical, hands-on experience (e.g., videotaped performances or recitals, photographed exhibitions, portfolio). It is my belief that these new requirements are an important benchmark for further acknowledging the unique characteristics of the CAT profession and its practitioners.

Lay helper phase summary and conclusions. One conclusion is that several motivational forces affected CAT students decision to train including lay helping experiences, a special sensitivity to others, a psychologistic worldview, a desire to

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[12] I believe that drama requirements are also pertinent, however to a lesser degree, for psychodrama training because Morenian concepts and terminology are driven from the Greek theater. In addition, contemporary psychodrama practice often involves a warm-up part that includes theater-oriented exercises.

resolve personal issues, experience in teaching the arts (more typical for AT and next DMT students) and experience in using the arts for personal self-care (more typical for AT students). Another conclusion is that prior to graduate training, three main factors shaped individuals' helping styles. As might be expected, candidates who were (a) older, (b) had an undergraduate education in a helping discipline, and/or (c) had considerable life experiences, were somewhat more acquainted with the working style of professional helpers. The helping style of candidates who lacked some or all of the above was rather directive, guided by what they naturally and intuitively knew as well as by commonsense and their personal understanding of life (nevertheless, this typological distinction is not dichotomous because one individual may have a mixture of styles). Regarding most individuals, it can be further concluded that without clear assessment criteria, the effectiveness of the help they provided was assumed and associated with succeeding in the role of the sympathetic friend. In this role, they indeed experienced boundary confusions because they overly identified and were excessively involved with the person they helped. A further conclusion is that besides life experiences (e.g., in human service, volunteer work, tutoring), individuals' helping styles were influenced by multiple sources such as self-help books, the Internet, appreciated peers and figures. Regarding arts-related influential sources of learning, AT and next DMT students had more extensive learning and practice experience in their art from than DT students. It is likely that because of these learning experiences, AT and next DMT students held a rather product-oriented conception of their art form and were concerned with meeting formal aesthetic qualities. A final conclusion is that given DT students' scant experience with drama during the Lay Helper phase, it is possible that some chose the DT specialization because they felt naturally connected to drama due to drama's accessible nature stemming from: (a) dramatic play being a central component

in natural human development (b) acting not requiring highly specific knowledge and skills, (c) and human interaction being inherently dramatic.

Beginning Student Phase

Student concerns and coping mechanism. According to Skovholt and Rønnestad's (1992) *phase definition,* in the first year of graduate training beginning students are typically concerned with (a) their suitability for the helping profession, (b) translating theory into practice, and (b) learning how experienced therapists concretely act in the professional role. In the present study, beginning CAT students moderately confirmed this dimension. This finding may be attributed to the fact that 90.6% of all students held undergraduate degrees in the social sciences and were thus rather confident regarding their professional choices. This explanation is congruent with students' relatively high career commitment score measured in the first semester of training. To illustrate, a student wore: "On the one hand, I am experienced as a social worker so fewer questions arose regarding my suitability. On the other hand, using movement in therapy was new to me so I needed to concretely learn how to use it in therapy." This representative sentiment implies that although most students were rather confident in choosing the helping profession in general, they still lacked confidence regarding the therapeutic application of the arts concerned. In fact, even for students who enter AT training with a solid artistic background, "the demanding process of linking theory to practice… transforms the sense of nervous anticipation and excitement experienced by students at the beginning of training into waves of anxiety, confusion, uncertainty, vulnerability and helplessness" (Edwards, 1993, pp. 213-214).

In line with Edward's perspective, beginning students in the present study moderately confirmed the *predominant affect* dimension. The responses suggest that most students indeed experienced the transition into graduate training as exciting,

overwhelming, bewildering, and challenging. Most students also confirmed the findings about feelings of stress and anxiety regarding academic performance and increased insecurity when assigned to field training. However, some students rejected the concept of gaining some degree of temporary confidence after adopting basic easy-to-learn approaches and techniques – as suggested by this dimension. Thus, current findings illustrate that beginning students' experiences of stress and anxiety are inevitable to a considerable extent. The following statement regarding counseling and psychotherapy students further ratifies this experience: "Training is therefore a potentially disturbing personal journey that requires a deconstruction of the self in order to make space for the new therapist-self to emerge" (Folkes-Skinner, Elliott, & Wheeler, 2010, p. 91; see also Truell, 2001). In CAT literature, Bruce L. Moon (2003) describes a compatible experience:

> In graduate art therapy programs, some students are admitted who
> are fresh from undergraduate school while others may already hold
> an advanced degree in a related field…. Regardless of students'
> backgrounds, one commonality is that beginning graduate school is
> often a chaotic experience…. (p. 30). As all passages in life, this is
> accompanied with a measure of fear, excitement, and anxiety. (p. 32)

According to the *conceptual ideas* dimension, a related reason explaining why beginning students' search for easily mastered approaches, besides general anxiety reduction, is their realization that their pre-training lay conceptions are no longer appropriate or valid. In this respect, Cognitive Dissonance theory postulates that newly obtained information (e.g., knowledge, values, beliefs) that is inconsistent with existing information or behavior may lead to cognitive dissonance: an unpleasant psychological state of inconsistency between cognitive elements that impels the individual to strive to

reduce it in order to attain a balanced cognitive consonance (Festinger, 1957). Moreover, certain scholars postulate that from varying perspectives, cognitive dissonance poses a threat to one's positive self-concept (Aronson, 1968; Steele & Leonard, 1988; Swann, 1990; Thibodeau & Aronson, 1992). Thus, current findings point to the possibility that the new information acquired by beginning students at the outset of training produces cognitive dissonance, therefore threatening their positive self-concept as lay helpers, and consequently reinforcing the aforementioned feelings of stress and anxiety.

However, beginning students in this study moderately confirmed the conceptual ideas dimension. The findings suggest that although most students confirmed realizing that their lay conceptions were no longer appropriate or valid, some rejected this realization. Students who rejected this realization argued that they kept their lay conceptions and modified them in light of the new knowledge acquired in training. The fact that these students held onto their (modified) lay conceptions, in lieu of total abandonment, may reflect some degree of self-verification: a process motivated by one's desire for prediction and control (Swann, 1990). As Swann puts it: "people want to confirm their self-views *not* as an end in itself, but as a means of bolstering their perception that the world is predictable and controllable" (p. 414). Considering this motivation, some degree of self-verification to boost a sense of predictability and control seems conceivable particularly given beginning students' feeling of stress and anxiety and the threat that cognitive dissonance may pose on their positive, and familiar, self-concept as lay helpers.

Finally, current students' tendency to adopt easily mastered approaches also seems conceivable considering their stressful experience at this phase. B. L. Moon's (2003) observation that beginning AT students often search confidence in simplistic

theories, "cookbook definitions and ready-made roles….easy answers and clear

formulas" (p. 46) reflects this tendency. Rubin (1984) generally ratifies this tendency

acknowledging that "students often prefer to be spoon-fed, even force-fed, to have the

academic 'diet' preselected for them, and to be told with no ambiguity what to do, what

to read, and what to write (or draw)" (p. 148).

Furthermore, it is logical that students who face the challenges of integrating

two disciplines are even more prone to adopt easily mastered approaches in order to

mitigate this challenge. In fact, literature on interdisciplinary education verifies a range

of challenges that student often face, considering their unidisciplinary undergraduate

background (see Handron, Diamond, & Zlotnik, 2001; Holley, 2009). In this regard, the

CAT are, indeed, interdisciplinary for they integrate two distinct branches of

knowledge: arts and psychotherapy. Often, students in CAT programs have diverse

academic backgrounds and experiences (McNiff, 1986; B. L. Moon, 2003). Naturally,

and perhaps inevitability, the interdisciplinary nature of the CAT often yields lack of

parity between a student's clinical and artistic knowledge and skills. For example, when

a student who holds a bachelor's degree in arts completes the prerequisites in

psychology he or she often still lacks firsthand clinical insight and experience.

Conversely, when a student who holds a bachelor's degree in the Social Sciences

completes arts-related prerequisites he or she often still lack a thorough firsthand

experience in the arts. Because CAT students are typically more proficient in one area

over the other, it is reasonable that they would reduce stress and anxiety by adopting

easily mastered CAT approaches that lend confidence through synthesizes of the more

familiar and the less unfamiliar discipline.

In summary, as might be expected, beginning students' concern regarding their

suitability for the CAT profession was less severe for students who were older, entered

training with a bachelor's degree in a helping discipline, and/or had considerable life experiences. Although these students were more confident regarding their general professional choice, they, like other students, felt unconfident as far as the therapeutic application of the arts was concerned. Moreover, regardless of pre-training experience, all beginning students were typically concerned with translating CAT theory into practice, learning how experienced creative arts therapists concretely act in the professional role, and reducing cognitive dissonance after realizing that their pre-training lay conceptions of helping were no longer appropriate. Consequently, beginning CAT students experienced inevitable feelings of stress and anxiety as well as increased insecurity when assigned to field training. Thus, students indeed tended to search and adopt easily mastered CAT approach to use in practicum.

Influential sources of learning and development. Beginning CAT students strongly confirmed the *learning process* dimension according to which learning processes in this phase mainly occur through imitation of viable professional role models, introspection, cognitive processing, and trials and errors. It appears, however, that students strongly confirmed this dimension based on its overall inclusive depiction of their experience because some students rejected the notion that they were learning from role models by means of direct "imitation." Precisely, it appears from students' responses that some disfavored the Hebrew word for "imitation" (*hikkui*), which carries a somewhat negative connotation of "replication" and "impersonation" and thus connotes lack of authenticity.

The latter explanation is consistent with students' moderate confirmation of the *central task* dimension, indicating that although most students were tasked with being open to the assimilation of new information, some students repudiated being tasked with learning from role models by means of imitation. This idea is best reflected by a

student who wrote: "I *was* open to learn but working as a physiotherapist for quite a while I think I know who I am and I was not looking to imitate other professionals." This representative sentiment is consistent with Skovholt and Rønnestad's (1992) observation that some students, who are often older and have human-service experience, are more likely to "resist the enculturation of modeling forces when models do not fit with student's vision and standards of competence" (p. 40). Furthermore, it is likely that students repudiated learning by means of imitation given that "becoming an art therapist involves the development of one's own therapeutic style" (B. L. Moon, 2003, p. 29), as well as one's personal philosophy regarding the work he or she does. Finally, in a qualitative study investigating the training experience of five counseling psychology doctoral students the imitation of supervisors and faculty was also not noted by respondents; thus the authors suggested, "we may need to modify developmental theories to reflect that some novice trainees are quite agentic,[13] flexible, and insightful" (C. Hill, et al., 2007, p. 20). Therefore, findings point to the possibility that most students simultaneously craved for feedback, approval, reassurance, and affirmation of supervisors and other profession gatekeepers. Some simultaneously searched for their own unique way of becoming creative arts therapists.

Beginning CAT students' strongly confirmed the *sources of influence* dimension, according to which multiple sources influenced their PD experience throughout this phase. Such sources included supervisors, professors, clients, classmates, theory, research, one's own personal life, and one's sociocultural environment. Current students indicated that supervision is a primary source of influence on their PD. Most students expressed generally positive feelings about their

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[13] The word "agentic" drives from the concept of human agency: the freedom to choose and act accordingly.

supervisors; only few expressed neutral or negative feelings. In the current CAT

program, students received weekly two-hour group supervision at the university from

the first semester of training. Commencing during the second semester, they also

received a one-hour weekly individual supervision from an experienced therapist in the

students' modality specialization. The following student statement illustrates the

primary role typically ascribed to supervisors: "Professional figures who served as role

models, like my university and field supervisors, were significant sources of

professional learning and aspiration." Current results, therefore, support the literature

reviewed according to which supervision is a primary determinant in cultivating

students' PI and development. For instance, counseling and psychotherapy literature

indicates that "research has supported the importance of supervision by demonstrating

that therapists of varied professional backgrounds, in different countries, and at all

career levels rate supervision as very important influences on their development, more

important to them than academic courses" (Rønnestad & Ladany, 2006, p. 263).

Similarly, Folkes-Skinner, Elliott, and Wheeler (2010) eloquently recapitulate that

supportive supervision is "a key component in therapist training and development, not

only as a training tool but also as a means of helping trainees to develop confidence as

therapists and to limit the damage of early stressful involvement with clients" (p. 90).

In CAT literature, art therapist Edwards (1993) asserts that supervision plays a

vital role in helping a student "move toward acquiring the ability to practice

independently in a range of clinical or psychotherapeutic settings…. and in helping the

student begin to develop a professional identity" (pp. 221-222). Finally, B. L. Moon's

(2006) articulates the strong influence of supervisors on students in this way:

The role-modeling function of supervision refers to the responsibly

of the supervisor to serve as a positive professional example for the

supervisee. As role models, supervisors seek to establish a

supportive and expressive supervisory milieu in order to nurture the

supervisees' professional competency, identity, and morale. At the

same time, supervisors model art therapy professionalism, and that

in turn fosters self-worth in their supervisees. (p. 111)

In summary, beginning CAT students were tasked with being open to

the assimilation of new information, learning through introspection, cognitive

processing, and through trial and error. Students who were older, had

undergraduate degrees in a helping discipline, and/or those with considerable

life experiences appeared more resistant to learning through direct imitation

of role models and tended to searched for their own unique way of becoming

creative arts therapists. Nonetheless, beginning students did typically crave

for feedback and the reassurance of supervisors and perceived their

supervisory relationship as the primary source of influence on their PD.

Beginning students' helping style. According to the *role and working style*

dimension, beginning students frequently "try-out" the new professional role with

friends and family, as well as develop a rigid mastery of the aforementioned easy-to-

learn therapy approaches. Yet CAT students in the present study moderately refuted

this dimension. Regarding students' try-out of the professional role, it appears that most

students refuted this practice based on intuitive understanding that it might annoy

others and/or based on previous ill experiences with this practice during undergraduate

training (when others reacted negatively to such attempts). Findings also suggest that

most beginning students refuted developing a rigid mastery of easy-to-learn therapy

approaches. Instead, most students felt they were flexible, maintained an attitude of

openness, and followed their intuition when applying new approaches in practicum.

Here, it should be remembered that Skovholt and Rønnestad (1992) have drawn their theory from a study of counseling and psychotherapy students. Therefore, it is possible to relate the incongruity between the extant theory and current findings as reflecting differences between the CAT and counseling and psychotherapy - particularly in terms of the concept of *creativity*. This relation is best reflected by a student who wrote, "I do learn theories and methods, but in real time [practice] I create alternatives that are suitable and right for that time. Creativity is the fountain from which I live." As mentioned in the literature reviewed, openness and flexibility are not only two determinants that cultivate PD, but they are also two indices of creativity (J. A. Kottler & Hecker, 2002; Runco, 2007). The flexibility index, which is most pertinent to the current discussion, "precludes rigidity and functional fixity (the tendency to remain in rut and see a problem from only one perspective)" (Runco, 2007, p. 358). In this regard, the CAT are distinguished from other health professions in their commitment "to the creative process as primary element of healing" (McNiff, 1986, p. 130) and in that engagement in the "process of creativity is a primary component of education in all the creative arts therapy specializations" (p. 131). In contrast, and despite prevailing view of counseling and psychotherapy practice as a co-creative process between clinician and client, it has been claimed that "neither creativity as a construct nor the role of creativity and creative thinking in mental health practice is commonly emphasized in counselor/clinical training programs" (D. Carson & Becker, 2004, p. 111). Others claimed that counseling and psychotherapy "practitioners are essentially left on their own to access their creative spirit…" (Hecker & Kottler, 2002, p. 1).

In light of the above, it makes intuitive sense to suggest that in contrast to counseling and psychotherapy training, which typically do not emphasize creativity, the

centrality of creativity within CAT training has possibly fostered current CAT students' openness and flexibility when applying easy-to-learn (*creative* arts) approaches in practicum. Nevertheless, this explanation by no means pretends to imply that CAT students are generally more creative than other human service students are; future studies may investigate such a comparative assumption. Yet, as described later, the explanation provided does concur with findings regarding students' changes in their creative style in that they became more open and flexible at the Beginning Student phase.

Lastly, according to the *measure of effectiveness and satisfaction* dimension, beginning students measure the effectiveness of and feel satisfied with their help externally; that is, based on visible and evident client improvement and direct feedback provided by clients, supervisors, and appreciated classmates. Students moderately confirmed this dimension. Findings suggest that although most students' sense of satisfaction relied on external feedback and most students were largely uncertain of how to measure the effectiveness of their help, some were more self-reliant and confident. The more self-reliant and confident students appeared to rely on their own capabilities, resources, and intuitive judgment of their work; frequently based on some degree of confidence established through pertinent undergraduate training or pre-training experiences. Again, these findings are consistent with those of Skovholt and Rønnestad (1992) according to which older students, those with pertinent training, or "paraprofessional" (p. 26) helping experiences qualitatively differ from inexperienced students in their level of confidence during this phase.

In summary, most beginning CAT students avoided "trying-out" the new professional role with friends and family. Most students felt they were flexible, maintained an attitude of openness, and followed their intuition when applying new

approaches in practicum. Whereas most students measured the effectiveness of and felt satisfied with their help externally, some were more self-reliant and confident.

Changes in artistic conception and style. Current findings suggest that students from all three modality specializations developed increased acknowledgment of and a greater belief in the healing effect of practicing their respective art form. Yet, AT students typically entered training with a greater acknowledgment and belief of their art form healing effect than DMT and DT students. Perhaps this disparity associated with the aforementioned finding according to which AT students more typically engaged in their art form for personal self-care during the Lay Helper phase. This given, it seems safe to suggest that AT students are possibly more self-informed regarding the healing effect of engaging in their art form.

Artistic conception: From aesthetic product to expressive process. AT students' conception of their art form appeared to shift from conceiving their art making as *product-oriented* to conceiving it as *process-oriented*; in other words, shifting from *aesthetic* to *expressive* conception of their art making (a similar conceptual change was also noted by a few DMT students and by a scant number of DT students).

This conceptional change is likely related to the fact that the CAT are more concerned with the creative process itself rather than with the production of aesthetically pleasing art works (i.e., products). The change appears compatible, for instance, with the understating that "dance is connected to emotional expression, and in dance/movement therapy today, the goal is to reconnect with this creative process, rather than produce a performance pies" (Nemetz, 2006, p. 95). Similarly, Rogers (1993) maintains, "the expressive product supplies important messages to the individual. However, it is the process of creation that is profoundly transformative" (p.

30). Yet, others claimed that, "a commitment to process need not diminish the things that emerge from the experience" (McNiff, 2009, p. 148).

Nevertheless, it is possible to relate the cross-specialization difference to the inherent difference between the art forms. In this respect, some argued that whereas visual art making produces permanent products "which remain after the creative act is complete[d]" (Sawyer, 2000, p. 149), in the performing arts, such as dance and drama, "there is no product that remains….when the performance is over, it's gone, remaining only in the memories of the participants" (Sawyer, 2006, p. 7). Likewise, Wengrower (2009) asserts that dance "is a *temporal art*: movements and body shapes are performed and gone instantly" (p. 17). Richard Courtney (1973) correspondingly asserts that in the performing arts, "never, in any one moment, does the art object exist externally whole and complete" (p.71). Thus, because the performing arts do not generate a permanent product they are, to some extent, "resistant to aesthetic analysis" (Sawyer, 2000, p. 150). In summary, it seem safe to suggest that given the transient, ephemera, and embodied nature of the performing arts, DMT and DT students' conception of their art forms was more process-oriented to begin with, then that of AT students whose conception of their tangible and permanent art was more product-oriented.

Artistic style: Becoming more open and flexible. For few AT students, the above conceptional change accompanied a positive change in their actual art making style that became more open and flexible because of in-training creative engagement with and exposure to varied art materials, methods, and techniques. This change is congruent with the above finding regarding students' openness and flexibility when applying easily mastered *creative* arts approaches in practicum. Findings regarding students' positive change in their art making style agree with those of Seiden and colleagues (1989) who reported that as a result of training AT students found "their

styles changing in positive ways – some experience a freeing up of style and technique"

(p. 26).

In the present study, few DMT students also described how as a result of training, their personal engagement in dance increased as well as a positive change in their dancing or moving styles. This finding is illustrated by one student who wrote, "in the past, I used to dance outwards, concerned with aesthetic and accuracy. Because of training however, I started dancing inwards, tuning-in, and connecting to myself through the movement process." The latter sentiment, also echoes the Authentic Movement method learned in the program, and reflects "dancing from the inside out" (Bruno, 1990, p. 103), whereby the spirit of play is "a means of exploring, communicating or sharing in a spontaneous and flexible fashion, without the intention to perform or produce a finished product may be viewed as a hallmark of the creative arts therapies, including dance/movement therapy" (p. 103). In summary, for a few beginning AT and DMT students, training has led not only to a conceptional artistic change but also to an actual positive change in their artistic style that became more open and flexible; this change was congruent with the way most students felt about using their art form with clients.

Artistic engagement restricted to training. The current study expands on the extant theory by shedding light on students' typical artistic engagement throughout the Beginning Student phase. Here, the typical trend shows that due to lack of time and financial constraints students from all modality specializations regretfully indicated engaging in arts only in training. The trend found here agrees with Wix's (1996) observation that "due to time and energy commitments for internship placements, as well as the clinical expectations of the agency, the intern's own artwork often receives little attention." (p. 176). Furthermore, current findings agree with those of Seiden,

Callisch, and Henley (1989) who found that "because of the sheer amount of clinical reading to be accomplished, much studio time is relegated to the back burner. Students also complain that with the pressure and fatigue that come with intense academics, their creative energies become eroded and thus productivity suffers" (p. 26). In addition to lack of time and financial constraints, a small number of AT students indicated abstaining from art making due to "over theorization" that "hindered the creative spirit" of their art making. These students' experiences reflect the "hazards of 'therapizing' art" (Rubin, 1999, p. 109), as illustrated by an AT student who wrote: "My art was taken away from me. Instead of enjoying it, my creative fountain had dried up. I had to think academically and thus found it difficult to create."

The typical trend whereby students' abstain from artistic engagement raises two fundamental questions. The first involves the consequences of such avoidance on students' professional identity (PI) as creative arts therapists. The second question is whether CAT training programs should facilitate students' artistic engagement in their art form within the curriculum. Regarding the first question, many scholars argue that maintaining engagement with the creative process of one's art form is essential to the cultivation of creative arts therapists' PI. For example, a dance movement therapist warns, "a danger arises for the profession if dance/movement therapists do not maintain the integrity of their original medium - dance and movement - while applying a psychological perspective" (Bruno, 1990, p. 107). Similarly, an art therapist asserts that art therapists need "to remain active in their own artistic media in order to preserve their authenticity as art therapists" (B. L. Moon, 2003, p. 53). Regarding the second question, a drama therapist (Landy, 1982) suggests that "students should be encouraged to continue their creative work in the theatre, either through actual performing or taking

further performance-oriented classes" (p. 93). B. L. Moon (2003) correspondingly maintains that,

> Students who come to art therapy programs need to engage actively
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> in art processes [because] it is not enough that they practice art as a
>
> firm of parallel play in the presence of clients. They must make art
>
> for themselves and about themselves. (p. 54)

Allen (1992) goes even further by advocating the artist-in-residence role as a legitimate part of students' field training experience, alongside other traditional clinical responsibilities. Allen insists that "understanding of the therapeutic potential of art media can best be gained by doing art, in a sustained, mindful and self-invested way" (p. 23) and therefore "art therapists have a right and even a responsibility to make art at their placements during training and subsequently at their jobs" (p. 26). Allen also argued that programs that do not offer studio art courses encourage the development of the clinification syndrome whereby art therapists gradually stop using art inside and outside of therapy. From a different perspective, Wix (1995) advocates for in-training studio time to allow students to "maintain what has most often brought them to this profession - their own experiences with art's ability to heal" (p. 178).

Compatibly, the Dance Movement Therapy Certification Board (DMTCB) "strongly recommends that dance therapists continue their dance training on an ongoing basis" (DMTCB, n.d., p. 9). Interestingly, among the three professional associations pertinent to this study, only the American Art Therapy Association (AATA) prescribes the assignment of appropriate studio facilities for a required content aria of studio art. According to the AATA these requirements aim to facilitate the following objectives:

> Maintain contact with the discipline of art making. Explore the
>
> impact of art processes and materials through ongoing participation

in personal art making. Strengthen connection to the creative

process, understanding of personal symbolic language, and arts

based learning allowing for the opportunity to integrate intellectual,

emotional, artistic, and interpersonal knowledge. (AATA, June 30,

2007, section IV: Required Curriculum, A.2.g.)

In this respect, it is interesting to consider Wix's (1996) study of AT interns' benefit

from participating in a semester long studio time, suggesting that students' studio

involvement "strengthened and supported their relationships in art therapy sessions as

well as their abilities to facilitate patient art involvement" (p. 180). However, in a

complementary survey of 24 AT graduate programs Wix (1996) found that AT

programs "housed in nonarts-related departments do not have studio space available to

students…. [whereas] studios are commonly found in art or art-related departments" (p.

177).

In summary, given students' abstinence from arts making during training it

seems logical to suggest that CAT programs should re-examine their curriculum and

the role of media-related content areas that may facilitate students' artistic engagement

during the period of training. Future studies should investigate the direct and causal link

between such curricular modification and its effect on students' sense of PI and their

clinical self-confidante.

Beginning student phase summery and conclusions. One conclusion is that

beginning students' concern regarding their suitability for the CAT profession was less

noted for older students, students who entered training with a bachelor's degree in a

helping discipline, and/or students with a considerable life experiences. Another

conclusion is that although these students were more confident regarding their general

professional choice, they, like other students, felt lack of confidence with regard to the

therapeutic application of the arts. Additionally, beginning students were typically concerned with translating CAT theory into practice, learning how experienced creative arts therapists concretely act in practice, and with reducing cognitive dissonance upon realization that their pre-training lay conceptions of helping were no longer appropriate or valid. Consequently, beginning CAT students experienced inevitable feelings of stress, anxiety, and increased insecurity when assigned to field training. Thus, because of the above, students tended to adopt easily mastered CAT approaches. Relatedly, it can be concluded, or perhaps suggested, that given the centrality of creativity in CAT theory and practice, most students felt they were flexible, maintained attitude of openness, and followed their intuition when applying new approaches in practicum. Another conclusion to be drawn is that students indeed learned through introspection, cognitive processing, and trial and error. Regarding students who were older, had a bachelor's degree in a helping profession, and/or had a considerable life experience, it can be concluded that these students were resistant to learning through direct imitation of role models and tended to search for their own unique way of becoming creative arts therapists. Nonetheless, all beginning students typically craved for supervisors' feedback and reassurance, and perceived the supervisory relationship as their PD's primary influential source. Whereas most students measured the effectiveness of and felt satisfied with their help externally, some were more self-reliant and confident. Furthermore, whereas all students increasingly acknowledged and believed in the healing effect of their art form, AT students were more intimately self-informed in this respect. Another conclusion to be drawn is that AT students' conception of their art form changed from aesthetic product to expressive process more evidently than in the cases of DMT and DT students; dance and drama's inherent transient and ephemeral nature may explain this finding. Lastly, although students generally engaged in arts

only in training, for few AT and DMT students training lead to an actual positive change in their artistic style in that it became more creative, open, and flexible - congruently with the way most beginning students felt about using their arts with clients.

Advanced Student Phase

Advanced student concerns and core conflict. Advanced CAT students strongly confirmed Skovholt and Rønnestad's (1992) *central task* dimension, suggesting they were indeed tasked with the ability to function with greater competence than previously. This task involves, according to *phase definition* dimension, concern regarding and preoccupation with (a) fulfilling field training hour requirements, (b) receiving sufficient supervision, (c) avoiding mistakes, and (d) observing experienced practitioners in action. However, students' moderate confirmation of this dimension suggests that whereas students were preoccupied with (a) fulfilling field training hours and (b) receiving sufficient supervision, they were *not* particularly concerned with (c) avoiding mistakes. Regarding the latter, the following statement reflects a typical response: "I know it is impossible and that one can learn from mistakes."

In line with this representative sentiment, most students appear to have given themselves what Baird (2008) describes as a "permission to be something other than perfect and flawless" (p. 33). In fact, many other scholars who write about filed training encourage students to adopt such a constructive attitude (Baird, 2008; Kiser, 2008; Sweitzer & King, 2009), and the following is one example:

> Have the courage to admit your limitations, and do not become
>
> frozen for fear of making mistakes…. Mistakes provide an
>
> opportunity for learning and change. If you do not have the
>
> courage to acknowledge when you make a mistake, you will be

less willing to try something new. (Corey & Corey, 2007, p. 50)

This given, findings suggest that advanced CAT students in this study acknowledge the aforementioned desirable attitude. They held a constructive attitude, tolerant of the idea of making mistakes and recognized that mistakes provide opportunities for learning and growth.

Most advanced students continued to receive their individual supervision from the same supervisor as in the first year. From this perspective, current findings point to the possibility that students' tolerance of their perceived mistakes is related to a good working alliance with their individual supervisors; a working alliance that possibly helped them feel comfortable disclosing mistakes within their supervisory relationship. This explanation is consistent with Mehr, Ladany, and Caskie's (2010) suggestion that in a continuous supervisory relationship "the supervisee might be more inclined to disclose about certain issues (e.g. clinical mistakes; negative feelings about a client) than in supervision relationships that have just been established" (p. 112). The following student statement reflects such a possible connection: "I was at a phase and place with my supervisor that I trusted that she would point-out my mistakes to me so I can grow from them." This explanation also appears consistent with the aforementioned general positive influence students ascribed to supervision.

Additionally, advanced students' responses suggest that most strongly valued the idea of observing experienced practitioners in action (d), but they also expressed great frustration from the lack of such opportunities. This sentiment is consistent with Skovholt and Rønnestad's (1992) finding that advanced students are, "often frustrated by the lack of opportunities to observe senior practitioners' work" (p. 48). Conceivably, in the current study, the students' frustrations from the lack of such opportunities was amplified as a result of the implantation of a new field training model, whereby first-

year students assume the role of participant-observes in a therapy session led by a senior therapist..

Social-comparison. Advanced students' concerns are closely related to their autonomy-dependency conflict, which according to the *predominant affect* dimension stems from a varying sense of professional competency. That is, advanced students may varyingly feel either more competent (when self-comparing their increased mastery and autonomy to those of beginning students), or insecure, vulnerable, and dependent (when comparing themselves to more experienced practitioners). This variability can be construed through the lens of *social comparison*: an interpersonal process whereby "an individual compares himself or herself to another person" for self-evaluation (Wheeler, Suls, Martin, Neil, & Paul, 2001, p. 14254). Corresponding with this dimension, social comparison may involve a downward comparison (e.g., with a beginning student) that potentially induces self-enhancement and reduces distress, or an upward comparisons (e.g., with a more experienced practitioner) that potentially poses a threat to self-evaluation by inducing feelings of insecurity (Suls, Martin, & Wheeler, 2002).

Although it has been proposed that "most social psychologists would probably agree that the desire to learn about the self through comparison with others is a universal characteristic of humans" (Buunk & Gibbons, 2006, p. 15), advanced students in this study moderately confirmed the predominant affect dimension. Findings suggest that whereas most students confirmed that their sense of professional competency varied because of social comparison (with either beginning students or experienced practitioners), some completely repudiated engaging in this process. One possible explanation to this finding is that those who repudiated this process were unaware of their own engagement in social comparison. Support of this explanation is provided by Gilbert, Giesler, and Morris (1995) whose finding "suggest that social comparisons

may be relatively spontaneous, effortless, and unintentional reactions to the performances of others…" (p. 227). In this respect, Buunk and Gibbons (2006) clarify that the social comparison "may not always be salient or memorable…. [because] many comparisons may occur automatically" (p. 15). A second explanation to the present finding is that those students who repudiated this process refused to admit their own engagement in social comparison. Buunk and Gibbons (2006) provide credence to this explanation in their review of various studies that yielded similar results, indicating that some "individuals are reluctant to admit to engaging in social comparison" (pp. 15-16). Lastly, these authors consider another perspective that may serve as a third explanation to current finding, suggesting, "Some individuals *do* indeed seldom engage in social comparison…. [and thus] the *extent* to which, and the frequency with which people compare themselves with others varies from one individual to the next" (p. 16).

In summary, being tasked with functioning at a greater professional level than previously, advanced CAT students were preoccupied with fulfilling field training hours, receiving sufficient supervision, and observing experienced practitioners in action. Surprisingly, students were not particularly concerned with avoiding mistake, but appeared to have a constructive attitude whereby they tolerated perceived mistakes; apparently, because they felt rather comfortable disclosing mistakes within their supervisory relationship. Lastly, most of the advanced students experienced a varying sense of professional competency due to downward and upward social-comparisons.

Influential sources of learning and development. Advanced students strongly confirmed that they critically assessed their role models and accordingly, accepted or rejected aspects they did not perceived as adequate to their own understanding of the therapist's role – as indicated by the *conceptual ideas* dimension. These findings are not surprising given that in the preceding phase some students rejected being tasked

with imitating role models and indicated they were searching for their own unique way of becoming creative arts therapists. Relatedly, in a general trend continued from the previous phase, advanced students strongly confirmed the *learning process* dimension; again based on its overall inclusive depiction of their experience. Whereas most students confirmed learning through introspection, cognitive processing, and observation, some still rejected the imitation component of this dimension; this stance is best illustrated by a student who wrote: "Who says learning by imitation of professionals is important? I believe that my self-reflection and hands-on field experience are far more important for building my clinical competency."

The above representative sentiment concurs with students' strong conformation of the *sources of influence* dimension, according to which there is an increased internal focus whereby advanced students reflect on how their own personality influences their clinical work (although a simultaneous considerable dependency on multiple external sources of influence is still evident). In this regard, it is possible that the experiential nature of CAT training has fostered students' self-reflection about how their own personality influences their clinical work. Broadly, experiential learning is learning by doing, a process involving direct hands-on experience and constant reflection regarding the experience. The underpinning stance in experiential learning is that learning is personal and that "learning is enhanced when people discover things for themselves, through their own emotional engagement. This [process] requires a commitment to discovery of 'self', with a preparedness for experimentation and a review of personal values, and visions" (Beard & Wilson, 2006, p. 192). Therefore, because CAT training involves student active engagement, often in a manner that simulates a therapy session, it is typically inevitable that they will undergo "personal exploration and self-confrontation" (B. L. Moon, 2003, p. 39) and need to "wrestle with a new mode of

learning in which they are both subject and object of inquiry" (p. 40). Other human service professions have also recognized reflective practice as a fundamental component in the personal and professional development of both trainees in practitioners (Burnett & Meacham, 2002; Gillmer & Marckus, 2003; C. Hill, et al., 2007; Schön, 1983).

CAT-related influential sources. In a general trend continued from the previous phase, students from all three modality specializations continued to develop an increasing belief in and a more complex view of arts as therapy. Findings point to the possibility that this positive change was associated with three CAT-related sources.

Engaging in one's creative process. Due to lack of time and financial constraints, most students continued to practice their arts only as part of training; that is, within an educational-therapeutic context rather than artistic context *per se*. The findings suggest that students wished they were able to engage in their artistic process to a greater degree. In this respect, the literature reviewed suggests that engaging in one's creative process may "help students remember and center their artist-selves as a prerequisite for kindling the therapeutic art experience in others" (Wix, 1995, p. 178). Others have warned that, "if we fail to make use of the art process for ourselves, the creative spirit of art therapists may eventually dry up and be blown away like dust" (B. L. Moon, 2003, pp. 57-58). In reality, few AT student practiced art making at home, few DMT practiced dance or movement somewhere outside of home, and fewer DT students engaged in drama outside of training. Some AT and DMT students noted increasingly becoming more artistically confident and developing a less rigid and more authentic and spontaneous creative style, using a greater variety of art materials or styles, and incorporating other art media and modalities into their creative process.

In-training exposure to other modalities. Relatedly, another influential source involves in-training courses, seminars, and workshops of other CAT modalities apart from one's own, as offered by the training program. It is reasonable that such in-training opportunities exposed students to the "unifying elements of all media" (McNiff, 2009b, p. 146) that "link the arts disciplines" (Knill, 1994, p. 320) and constituted the shared framework underpinning the CAT. Drawing on Knill's (1994) assertion that "each discipline that uses the arts in psychotherapy can inform the others in the understanding and mastery of modalities" (p. 323), it is reasonable that students' exposure to the CAT shared framework reinforced students' belief in their own specialization and in the CAT as a whole.

Yet, as reported in the Results chapter, AT and DMT students acknowledged the healing powers of other art forms more explicitly than students from the DT specialization. An explanation for this difference may lie in the fact that drama and theater are essentially multimodal, and thus DT students have greater insight into the healing powers of other art forms. As Snow, D'Amico, and Tanguay (2003) eloquently stated: "Theatre is the most integrative of all the arts: it can, and often does, include singing, dancing, painting, sculpture, storytelling, music, puppetry, poetry and, of course, the art of acting" (p. 73).

Student professional socialization in the field. The third influential source is interacting with experienced practitioners, particularly from other modality specializations in field training sites. The findings point to the possibility that professional socialization enhanced students' sense of belonging to the wider CAT community of practice – a process that has been argued to intrinsically relate to the negotiation of one's professional identity (Wenger, 1998). This experience is best reflected by a student who wrote: "In field training placement I've learned from other

practitioners that dance therapy is only one possibility of arts therapies."

Correspondingly, the reviewed literature asserts that "the awareness of being part of

the creative arts therapies can help creative arts therapists define their roles, enhance

their self-esteem, and counteract the sense of isolation many of them feel in their places

of employment" (Lusebrink, 1989, p. 10). It was further suggested that one's

"professional identity is cultivated and supported by interaction with more experienced

clinicians" (Dulicai, et al., 1989, p. 12). These perspectives coincide with Feen-

Calligan's (2005) definition of PI that encompasses "both the collective identity of the

profession held by members of the profession and an individual's sense of self within

the professional role" (p. 122).

In summary, advanced students critically assessed their role models and

accordingly accepted or rejected aspects; they increasingly searched for their own

unique way of becoming creative arts therapists. Advanced students increasingly

reflected on how their own personality influences their clinical work. This reflection

was possibly fostered by the experiential nature of training and the self-reflection it

involves. Three arts-related sources possibly fostered students' belief in and more

complex view of arts as therapy: (a) artistic engagements (more AT and then DMT

students), (b) in-training exposure to other modalities (which particularly reinforced

students' beliefs in their own specialization and in the CAT as a whole), and (c)

professional socialization in the field (which particularly enhanced students' sense of

belonging to the wider CAT community of practice).

Advanced students helping style. In this phase, advanced students' responses to

the *role and working style* dimension were consistent with their responses in the

Beginning Student phase. Here, students moderately refuted increased rigidity in their

professional role and working style: being not relaxed or spontaneous, with little natural

playfulness or sense of humor in their practice. Again, one possible explanation to these findings is that students responded in a manner that they thought would be viewed favorably. Yet, another explanation considers that this dimension includes two components, spontaneity and playfulness, that are central to CAT theory and practice and that counteract rigidity.

First, spontaneity is intricately interconnected with creativity. Spontaneity, in itself, has a "procreative function" (Moreno, 1953/1993, p. 722), serving as "a catalyst for creative activity" (Tauvon, 1998, p. 31). In other words, spontaneity is a condition or a state wherein a person is ready to *freely* and *creatively* act or respond "with some degree of adequacy to a new situation or with degree of novelty to an old situation" (Moreno, 1972/1994, p. xii). In line with this notion, spontaneity may counteract rigidity. Second, adults' playfulness has been defined as a mood, an attitude, or a state of mind characterized by "creativity, curiosity, sense of humor, pleasure, and spontaneity…. [that] crosses the boundaries of play and extends to all life situations" (Guitard, Ferland, & Dutil, 2005, p. 19). Playfulness is considered "a key concept in all arts therapies… which is at the root of all imagining" (Cattanach, 1999, p. 193). Levine (2005) clarifies that state of play "requires that we give up knowledge and control" (p. 71). For Levine, to be effective both therapy and art making, "must be carried out in an attitude of playfulness, open to possibilities and discovery" (p. 71). Similarly, drama therapist Phil Jones (2005) suggests that a therapist-client's playful relationship "is typified by flexibility: an experiential attitude where cause and effect can be considered, without the *actual consequences* that might accrue in the client's life outside the therapy space" (p. 260). In line with these perspectives, playfulness seems to counteract rigidity. Considering the above, it is likely that the centrality of spontaneity, playfulness, and creativity within CAT theory and practice is related, at

least to some degree, to students' openness and flexibility in their professional role and working style. This general suggestion by no means negates individual students' experience of rigidity in certain situation, as stated by several students.

Regarding another component of this dimension, students admitted their tendency towards excessive and misunderstood responsibility for client progress. McNiff (2009) provides credence to this finding asserting that "beginning therapists tend to feel a keen sense of responsibility and fear of causing confusion or harm" (p. 146). This excessive responsibility is possibly congruent with advanced students' strong confirmation of the *measure of effectiveness and satisfaction* dimension. Here, students confirmed the development of a more complex view of client feedback and supervisor reactions by which they measured effectiveness of treatment and felt a sense of satisfaction. It is possible, therefore, that students' growing sense of responsibility was related to their' increasing reliance "on more subtle and nuanced ways of assessing change" (Skovholt and Rønnestad, 1992, p. 48). Current finding suggests that as students felt more responsible for clients, they became increasingly cautious in measuring the effectiveness of treatment and in feeling a sense of satisfaction.

In summary, despite individual students' experience of rigidity in certain situations, students consistently felt that they were open and flexible in their professional roles and working styles; this experience might be related to the centrality of spontaneity, playfulness, and creativity within CAT theory and practice. Nevertheless, students felt increasingly and excessively responsible for their client's progress and thus became increasingly cautious with measuring the effectiveness of treatment and in feeling a sense of satisfaction regarding their clinical work.

Advanced student phase summery and conclusions. One conclusion based on the above is that advanced CAT students were indeed preoccupied with functioning with

greater competence than previously, receiving sufficient supervision, observing experienced practitioners in action, and fulfilling field training hours. It may be further concluded that advanced students tend to experience a varying sense of professional competency due to downward and upward social comparisons. Moreover, because students' increased feeling of responsibility to their clients' progress, they became increasingly cautious in measuring the effectiveness of treatment and in feeling a sense of satisfaction in their clinical work. Another conclusion is that a continuous supervisory relationship wherein students feel comfortable disclosing mistakes possibly fostered students' constructive attitudes of tolerance towards their perceived mistakes in practicum. It can also be concluded that the experiential nature of training increasingly fostered students' reflection about how their own personality influences their clinical work, and that students' continuously searched for their own unique way of becoming creative arts therapists. It can be suggested that the centrality of spontaneity, playfulness, and creativity within CAT theory and practice is related to students' openness and flexibility in their professional roles and working styles. A final conclusion is that engagement in one's artistic process, exposure to other modalities in training, and professional socialization with experienced practitioners in the field not only reinforced students' belief in arts as therapy, but also cultivated their individual and collective sense of PI as well as their sense of belonging to the wider CAT community of practice.

Research Conclusions and Implications

The purpose of this longitudinal study was to investigate CAT students' transformation between the first and last semesters of training regarding professional identity, career commitment, the need for occupational and training information, and perceived environmental and personal barriers to career decision-making. The study

tested the extent to which CAT students confirm Rønnestad and Skovholt's (2003; Skovholt & Rønnestad, 1992a) theory of counselors and therapists' PD as applicable to and representative of their own experiences. Finally, the study generated data-driven concepts to modify the extant theory to shed light on the PD process of CAT students.

Summary and Conclusions

The above discussion reflects the multifaceted and complex nature of CAT students' PD during training. Figure 7 succinctly illustrates current students' PD processes in a flow chart. Note that the chart is structured with a columnar segmentation, a column for each phase. The body of the chart contains elements enclosed in hexagons or rectangles; the former signifying a source of influence and the latter, student experience. To illustrate theory derivation, shaded elements, or components within an element, signify intact concepts from the theory tested; clear elements signify new elements or majorly modified elements. Arrows signify the relation between elements. Modality acronyms enclosed in parenthesis signify that an element, or a particular component within an element, is pertinent for the modality specified. To illustrate cross-modality differences, modality acronym in capital letters ("AT") signifies that an element is more representative of that modality, than of a modality enclosed in a lowercase acronym ("dmt"). When modality acronyms are not specified, the element applies to all three modalities.

Lay Helper Phase

Motivations for CAT Training
Lay helping Experiences
Special sensitivity to others
Psychologistic worldview
Desire to resolve personal issues
Teaching the art form (AT, dmt)
Using arts for self-care (AT)
Feeling naturally connected
with drama (DT)

Aesthetic product-oriented conception of art (AT, dmt, dt)

More acquainted with professionals' helping style

Directive helping style, guided by intuition and commonsense

In role of the sympathetic friend, experience boundary confusions, help effectiveness is assumed

Practice/learn arts from childhood to adulthood (AT, DMT)

Students with BA in helping discipline, life experiences, and/or who are older

Multiple sources of influence

Beginning Student Phase

Concern regarding suitability

Concern with:
Linking theory to practice
Learning the role
Using arts in therapy
Employment information
Financial concerns

Less concern regarding suitability

Realize lay conceptions invalid

Increasing belief in the healing power of arts

Stress, anxiety, & increased insecurity before practicum

Try reducing cognitive dissonance

Expressive process-oriented conception of art (AT, dmt)

Artistic style more creative & flexible (AT, dmt)

Adopt easily mastered approaches & use them rather **flexibly**

Learn via introspection, cognitive processing, trial & error, role models, yearn for supervisors' feedback

Creativity in CAT theory & practice

Resist learning via imitation & tend to search for **own style**

Lack of time & financial constraints

Engage in arts only in training

Supervisors are primary source of influence

Advanced Student Phase

Concern with:
Functioning at a greater competence
Fulfilling field training hours
Receiving sufficient supervision
Observing therapists in action
Critically assess role models
Financial concerns

Feel more comfortable disclosing mistakes in **supervision**, thus tolerant of own mistakes

Feel highly responsible for client progress, thus more cautious regarding effectiveness & own satisfaction

Generally feel more open & flexible in prof. role & style

Downward & upward **social-comparison**, thus varying sense of prof. competence

Reflect on how personality influences work

Increase belief in modality & CAT, increase sense of belonging to the general profession

Experiential training
Self-reflection creativity spontaneity playfulness

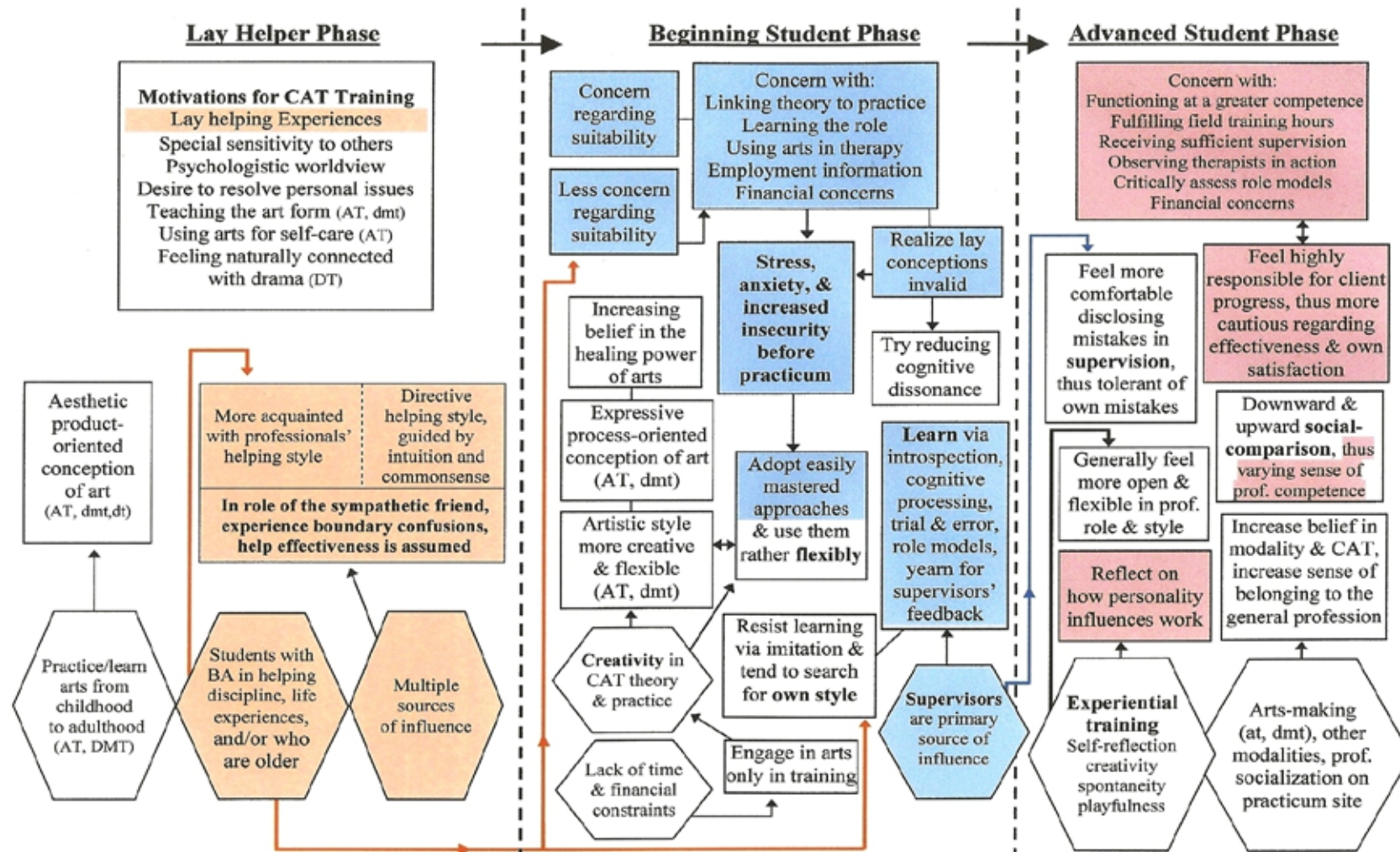Arts-making (at, dmt), other modalities, prof. socialization on practicum site

Figure 7. Flow chart of current students' PD process.

An overarching major conclusion drawn from this study that cannot be overemphasized is that although typical trends were identified, the PD process varies on an individual basis because students differ in age, prior undergraduate education, life experiences, attitudes, strengths, weaknesses, and aspirations. As shown in the first column on the left of Figure 7, one major conclusion is that various motivational forces affected CAT students' decision to enter CAT training. Another major conclusion is that three main factors shaped individuals' helping styles during the Lay Helper phase: BA in helping discipline, life experience, and age. It can also be concluded that AT and next DMT students had more extensive learning and practical experience in their art form than did DT students. It is likely that because of these learning experiences, AT and DMT students held a rather product-oriented conception of their art form and were concerned with meeting formal aesthetic qualities in their artistic engagements. Given DT students' scant experience with drama during the Lay Helper phase, it seems that some chose the DT specialization because they felt naturally connected to drama because of drama's accessible nature. Although students' PI generally tends to increase over time during training, students from different modality specializations may vary in terms of their increased PI. In this sense, DT students' scant drama experience may be related to their relatively low sense of PI, as measured in this study.

As shown in the second column, Beginning Student phase, it can be concluded that students who were older, had a BA in a helping discipline, and/or had considerable life experiences were less concerned with their suitability to the CAT profession. A further and related conclusion is that all students, regardless of their background, were concerned with translating CAT theory into practice, learning how experienced creative arts therapists concretely function in practice, and reducing cognitive dissonance upon realization that their pre-training lay conceptions of helping were no longer valid. Thus,

the transition into training caused inevitable feelings of stress and anxiety. A related conclusion is that these feelings drove students to search for and adopt easily mastered CAT techniques and approaches that, in surprising contrast to the tested theory, were flexibly and creatively implemented in practicum, presumably because the CAT are inherently creative. Another conclusion to be drawn is that AT students' conception of their art form changed from aesthetic product to expressive process more evidently than in the cases of DMT and DT students; dance and drama's inherent transient and ephemeral nature may explain this finding. Also, although students generally engaged in arts only in training, for a few AT and DMT students training lead to an actual positive change in their artistic style in that it became more creative, open, and flexible - congruently with the way most beginning students felt about using their arts with clients. Finally, it can be concluded that supervisors had a primary influence on students' PD.

As shown in the third column, Advanced Student phase, a continuous supervisory relationship, wherein students feel comfortable disclosing uncertainties and mistakes, possibly fostered students' constructive attitude of tolerance toward their perceived mistakes and their recognition that these mistakes offer learning opportunities. It also can be concluded that students were preoccupied with various concerns and tended to experience a varying sense of professional competency because of downward and upward social comparisons. Another conclusion is that the experiential nature of CAT training may increasingly foster students' reflection about how their own personality influences their clinical work. Similarly, the centrality of spontaneity, playfulness, and creativity within CAT theory and practice is possibly related to students' sense of openness and flexibility in their professional roles and working styles. A final conclusion to be drawn is that engagement in one's artistic

process, exposure to other modalities in training, and professional socialization with experienced practitioners in the field not only reinforced students' belief in arts as therapy but also cultivated their individual and collective sense of PI as well as their sense of belonging to the wider CAT community of practice.

Policy and Practice Implications

This study's findings provide valuable insights for program administrators and faculty as well as for prospective and current CAT graduate students. Given the multiple factors affecting program policy (e.g., regional training requirements, legal and licensure demands, and budgetary limitations), the recommendations that follow should be considered for their appropriateness on a context-specific basis.

Program administrators and faculty should: (1) consider establishing well-defined acceptance criteria and the means for assessing and weighing candidates' previous human service experience (professional or volunteer), personal and interpersonal skills, arts-related competencies, and psychology-related education; (2) consider incorporating artistic time-frame, *per se*, into the CAT curriculum to facilitate student ongoing personal artistic expression and creative exploration in a non-therapy context; (3) consider designing the initial field training experience in a format wherein a small group of students may undertake the role of participant-observers in a therapy session lead by a senior therapist. In this way, they may foster student confidence and facilitate learning through modeling and live supervision; (4) consider offering workshops or seminars about different modalities to deepen and broaden student understanding of the underpinning commonalities between specializations as well as the differences; (5) consider defining and explicating generic and modality-specific competencies that should serve as a "road map" to guide students' learning objectives in each training phase; (6) recognize and accommodate the diversity in the PD process,

consider explicitly addressing student anxiety and major concerns regarding training in general and practicum in particular, including the relationship with clients, supervisors, and practitioners from related fields; (7) hence, consider implementing a PD seminar to reduce anxiety and "normalize" student experiences. Such a seminar could introduce strategies for stress and time management as well as guidelines for maximizing the supervisory relationship; (8) finally, consider developing a pre-professional bachelor's degree in CAT that would provide students with the necessary common knowledge-base (including all prerequisites). Such a program would serve as an infrastructure for professional graduate training. This way, graduate training could be dedicated to deepening and expanding student knowledge and competencies regarding the use of the arts in and as therapy.

Prospective and current CAT students should: (1) have realistic expectations about the investment of time and money involved in CAT graduate training, considering one's life obligations; (2) engage in one's art form continuously and as early as possible to gain firsthand insight into the creative process and to strengthen their mastery of the art form in and of itself (obtain official documentation of these engagements for verification purposes); (3) attend personal therapy, preferably in one's modality specialization, not only to address personal issues but also to experience first-hand the patient position; (4) utilize the support and counseling services offered by one's institution, should personal difficulties arise during training; (5) communicate openly with supervisors and faculty members on training and practicum matters.

Research Limitations

The results and conclusions drawn from this study need to be taken with a number of limitations. Therefore, this section will consider the limitations of the present study and their implications for further research. This study has a number of limitations.

First, the sample size for the quantitative segment of this study was relatively small.

Hence, future quantitative research on this topic should have a larger sample of CAT

students. Second, the sample was disproportionately composed of students from the

different modality specializations. Future research should sample more equal size

groups of students from different specializations. Third, because this group of

participants held the prerequisite required by one particular training program, results

may have been skewed. In this regard, it would be compelling to see whether and how

students who met the prerequisites set by different programs (e.g., more extensive

artistic experience) differ in terms of their PD process. Fourth, the data were drawn

from an Israeli graduate program in which students are typical older than their

counterparts in other countries, mainly because of the mandatory military service. Also,

the findings may be culturally bound in that the sample consisted of Israeli students

whose characteristics may differ from those of their counterparts in other countries.

Thus, not only that more research is warranted to better identify the unique

characteristics of CAT students in Israel, but the external validity of current findings

should be further examined in comparative studies of students' counterparts abroad.

Fifth, given that all of the data used in the present study were self-report, it is possible

that student responses reflect a social desirability bias whereby students responded in a

manner that they thought would be viewed favorably (even though the questionnaire

was optionally anonymous). Thus, investigating whether and how students'

perspectives of their PD processes differs from the perspectives held by their

supervisors or faculty members deserves future empirical attention. Sixth, because the

qualitative questionnaire for the Lay Helper phase was administered post-hoc (i.e.,

retrospectively, at the beginning of the second year) student responses may have been

skewed in that they may have already gained insight into the desirable helping style of

professional therapists. Hence, future longitudinal studies implementing a similar design should collect pre-training data at orientation events or as closest as possible to the outset of training. Finally, the validity of the suggested model of CAT students' PD should further be examined in future research and including students from other CAT modalities such as music therapy, play therapy, and bibliotherapy.

Recommendations for Further Research

Despite the limitations of the current study, the findings offer a number of promising future research directions. Given students' general abstinence from art making during training, an exploratory survey study should probe the opinion of CAT administrators and faculty regarding the incorporation of artistic and creative time into the CAT curriculum. Correspondingly, an empirical study should investigate how, in fact, such curricular modification influences students' PI, clinical self-confidence, and proficiency. Another possible study should examine whether and how incorporating a module on employability skills and attributes (Kneale, 2009; Robinson, 2000) into the CAT curriculum influences students' confidence and readiness for entering the CAT employment market. In addition, an exploratory survey study should probe the opinion of CAT administrators and faculty regarding the assignment of graduate students to paid practicum. Relatedly, it is worth comparing the stress level, quality of life, and field training experience of students who would participate in paid practicum with those of students who would not. Another study that would specifically investigate the varying motivations of students for choosing the CAT profession also deserves empirical considerations given its potential to deepen our understanding of CAT students. Additionally, given that creativity is central to CAT theory and practice, a different study should probe how student scores on a creativity test (e.g., Torrance, 1998) change over time during training. Relatedly, a comparative study should

investigate whether and how CAT students differ from other mental health students on creativity scores and how these scores correlate with supervisors' observational assessments of these students' creativeness with clients. Finally, a study focusing on supervision should investigate how working alliance scores (e.g., Horvath & Greenberg, 1989) correlate with student self-disclosure scores (e.g., L. C. Miller, Berg, & Archer, 1983), particularly self-disclosure of perceived clinical hardships and mistakes in practicum.

The above suggestion list is far from exhaustive. Yet, it illuminates some possibilities of further investigating a wide range of aspects related to students' professional development during training. Moreover, pondering these potential research directions bestir my own research aspirations in this topic as well as my current interest in researching the effectiveness of drama-based interventions for at-risk children and youth.

APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

1. Age: Please choose your age group:

20-29	30-39	40-49	50-59	+ 60

2. Gender:

1. Male	2. Female

3. Country of birth:

1. Israel	2. C.I.S. [Former Soviet Union]	3.Europ	4.USA	5.South America	6. Other

4. Place of residence:

1. North area	2. Haifa area	3. Center area
4. Jerusalem area	5. South area	6. Outside of the green line [Outside Israel's 1967 borders]

5. Marital status:

1.Single	2.Unmarried in a relationship	3.Married	4.Divorced	5.Widowed	6. Abandoned

6. Children: Please indicate:
0 to 6+ _____

7. Discipline of Bachelor's education (You can indicate more than one discipline)

1.Social sciences (e.g., sociology, social work, psychology, occupational therapy, communication studies, criminology, political science)	2.Life sciences (e.g., biology, biochemistry, genetics, botany, zoology)	3. Education and teaching	4.Medicine	5.Arts (performing arts, visual arts, art history, design, architecture)	8.Other, please specify: _____

8. Type of institution where you studied for your Bachelor's education

1.College	2.University	3.Other

9. Additional undergraduate studies or training: _____

10. Program you are currently enrolled in:

| 1. Drama Therapy | 2. Dance/ Movement Therapy | 3. Art Therapy |

11. Do you work?

| 1. No. | 2. Yes, part-time job | 3. Yes, full-time job |

12. If your response to the previous question is "Yes, part-time job" or "Yes, full-time job," please indicate the area in which you work (you can choose more than one area):

| 1. Health care or therapy | 2. Teaching or education | 3. Arts | 4. Other |

13. Type of employment:

| 1. Hired worker | 2. Self-employed | 3. Hired and self-employed |

14. Is creative arts therapies your first career choice (the area that you <u>most want</u> to study for or practice in as a profession) :

| 1. Yes. | 2. No |

15. If your response to the previous question is "No" (2), please indicate your first career choice _____

16. Do you think it is important that creative arts therapies students will engage in artistic activity during the training program?

| 1. Yes | 2. No |

17. Are you engaged in art making *outside* your Creative Arts Therapies studies?

| 1. Yes, as a hobby | 2. Yes, professionally | 3. No |

18. Has someone in your family ever engaged in the arts as a hobby or as a profession?

| 1. Yes | 2. No |

19. Has someone in your family *practice*d therapy?

| 1. Yes | 2. No |

20. To what extent do you think it is important that creative arts therapies students will attend personal psychotherapy during the training program?

| 1. Very important | 2. Somewhat important | 3. Not important | 4. Don't know |

21. Have you ever participated in the <u>past</u> in an individual or group psychotherapy (choose "yes" only if more than three sessions)?

1. Yes	2. No

22. Are you <u>currently</u> attending individual or group psychotherapy?

1. Yes	2. No

23. Are you intending on attending psychotherapy <u>during</u> your Creative Arts Therapies training?

1. Yes	2. No

APPENDIX B

MY VOCATIONAL SITUATION

My Vocational Situation

Try to answer all the following statements as mostly TRUE or mostly FALSE.

Choose the answer that the answer that <u>best represents your present opinion</u>.

In thinking about your present training:

1. I need reassurance that I have made the right choice of occupation. T/ F

2. I am concerned that my present interests may change over the years. T/ F

3. I am uncertain about the occupations I could perform well. T/ F

4. I don't know what my major strengths and weaknesses are. T/ F

5. The jobs I can do may not pay enough to live the kind of life I want. T/ F

6. If I had to make an occupational choice right now, I am afraid I would make a bad choice. T/ F

7. I need to find out what kind of career I should follow. T/ F

8. Making up my mind about a career has been a long and difficult problem for me. T/ F

9. I am confused about the whole problem of deciding on a career. T/ F

10. I am not sure that my present occupational choice or job is right for me. T/ F

11. I don't know enough about what workers do in various occupations. T/ F

12. No single occupation appeals strongly to me. T/ F

13. I am uncertain about which occupation I would enjoy. T/ F

14. I would like to increase the number of occupations I could consider. T/ F

15. My estimates of my abilities and talents vary a lot from year to year. T/ F

16. I am not sure of myself in many areas of life. T/ F

17. I have known what occupation l want to follow for less than one year. T/ F

18. I can't understand how some people can be so set about what they want to do. T/ F

For questions 19 and 20, circle YES or NO.

19. **I need the following information:**

How to find a job in my chosen career. Y/ N

What kinds of people enter different occupations. Y/ N

More information about employment opportunities. Y/ N

How to get the necessary training in my chosen career. Y/ N

Other: _____

20. **I have the following difficulties:**

I am uncertain about my ability to finish the necessary education or training. Y/ N

I don't have the money to follow the career I want most. Y/ N

I lack the special talents to follow my first choice. Y/ N

An influential person in my life does not - approve of my vocational choice. Y/ N

Other: _____

[Adapted from: Holland, J. L., Daiger, D., & Power, P. G. (1980). *My Vocational Situation*.

Palo Alto, CA: Consulting Psychologists Press.]

APPENDIX C

CAREER COMMITMENT MEASUREMENT

Career Commitment Measurement

Please indicate to what extent you agree or disagree with the following sentences.
Remember! There is no right or wrong answer. Choose the answer that the answer that
best represents your present opinion. Please do not skip any question. Answers are
scored on a five-point scale:

1	2	3	4	5
Strongly disagree	Slightly disagree	Slightly disagree & slightly agree	Slightly agree	Strongly agree

1. If I could go into a different profession other than creative arts therapies which
   paid the same I would probably do so. [reverse-scored]

2. I definitely want a career for myself in the creative arts therapies.

3. If I could do it all over again, I would not choose the creative arts therapies.
   [reverse-scored]

4. If I had all the money I needed without working, I would probably still continue
   to work in creative arts therapies profession.

5. I like creative arts therapies too much to give it up.

6. Creative arts therapy is the ideal profession for a life work.

7. I am disappointed that I ever entered the creative arts therapies profession.
   [reverse-scored]

8. I spend a significant amount of personal time reading creative arts therapies
   journals or books.

[Adapted from: Blau, G. J. (1985). The measurement and prediction of career
commitment. *Journal of Occupational Psychology, 58*(4), 277-288]

APPENDIX D

PHASE QUESTIONNAIRES

Lay Helper Phase	
Definition of Phase	*Almost all people have experience helping others <u>before</u> entering professional training. In roles such as a parent, child, neighbor, friend, and colleague, one is often engaged in trying to help others to make decisions, resolve problems, and improve relationships.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to <u>your own</u> experience.
Central Task	*Being untrained, lay helpers use what they naturally and intuitively know.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to <u>your own</u> experience.
Predominant Affect	*Sympathy is the predominant affect [emotion] of lay helpers who are curious about human behavior and are very interested in people. Lay helpers typically feel natural and authentic when helping others.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to <u>your own</u> experience.
Predominant Sources of Influence	*The predominant source of influence on the lay helper is, mainly, one's own personal life experience.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to <u>your own</u> experience.
Role and Working Style	*The predominant role of lay helpers is one of a sympathetic friend. In this role, lay helpers typically define a problem quickly, provide strong emotional support, project one's own solutions for the problems encountered, and provide highly directive advice. Working style is typically characterized by lay helpers' self-disclosure, over- identification and over-involvement with the person being helped. Boundaries between friendship and the role of the lay helper are often unknown or confusing. Alternatively, the lay helper could be rigid and distant because the person perceives this as proper for the role.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to <u>your own</u> experience.

Cont.	
Conceptual Ideas	*Lay helpers are guided by a personal epistemology and commonsense conceptions of how to assist others when in distress.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to your own experience.
Learning Process	*Lay helpers learn through the natural learning of life, the richness of the experiences of personal development, and then through the application of this data in trying to help others.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to your own experience.
Measures of Effectiveness and Satisfaction	*The lay helper usually does not have clear criteria for measuring success when helping others. Rather, experiencing oneself as effective is associated with succeeding in the role of the sympathetic friend, feeling enthusiastic interest in the other's welfare, and applying one's natural everyday human relation skills.*
	How accurately does the content in the paragraph above describe your experience when you were in the Lay Helper phase? Please specify in relation to your own experience.

Why did you choose your modality specialization?

Were you engaged in the arts before entering the CAT training program and how? Please specify and provide examples.

Beginning Student Phase	
Definition of Phase	*In the first year of graduate school, issues of suitability are typically raised. Beginning students ask themselves what motivates them to enter the helping professions and whether they have the personal characteristics needed for this kind of work, the resourcefulness needed to complete the studies, and the ability to bridge the perceived chasm between theory and practice. Typically, the beginning student wants to know how experts <u>concretely</u> act and behave in the professional role and how they think and feel in clinical practice.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to <u>your own</u> experience. _____ _____ _____
Central Task	*The central task of beginning students is to maintain openness to assimilate an extensive amount of new information (i.e., theories and techniques) and later apply it in practicum; as well as imitate professional role models.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to <u>your own</u> experience. _____ _____ _____
Predominant Affect	*The beginning student typically finds the transition into professional training to be exciting, but also overwhelming and intensely challenging and bewildering. Typically, along with anxiety about academic performance, feelings of insecurity and anxiety are drastically amplified when the beginning student is assigned to meet clients in practicum. After the student utilizes easily mastered methods, a sense of calm and temporary security is typically felt.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to <u>your own</u> experience. _____ _____ _____
Predominant Sources of Influence	*Professors and supervisors have a major impact on beginning students who search for viable role models. Feedback about clinical work from supervisors, clients, and admired classmates has a powerful impact on the beginning student. Other sources of influence include theory or research, one's own personal life, and one's social/cultural environment.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to <u>your own</u> experience. _____ _____ _____
Role and Working Style	*Beginning students start moving from the known role of the lay helper to the unknown role of the professional, realizing that the simplicity and naturalness of the role of the sympathetic friend is not enough. They struggle applying theory to practice and develop a rigid mastery of basic, easy to learn, and highly pragmatic methods and techniques. They frequently try out*

Cont.	*their interpretation of the professional therapist's role with friends and family.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to your own experience.
Conceptual Ideas	*Beginning students realize that the lay conceptions are no longer appropriate or valid. They urgently search and learn conceptual ideas and easily mastered therapy methods (i.e., models, systems, approaches, frameworks, techniques) that can be absorbed quickly with focused effort and hope they can be applied to all clients; thus providing some confidence to go ahead.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to your own experience.
Learning Process	*Learning process is guided by introspection, cognitive processing, engagement in a process of trial and error, and imitation of role models.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to your own experience.
Measures of Effectiveness and Satisfaction	*Work effectiveness is measured externally, by client reaction, visible client improvement, and by feedback from supervisors, clients, and peers.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to your own experience.

Did your perception of the arts change during your first year in the CAT training program and how? Please specify and provide examples.

Did your engagement in the arts change after you entered the CAT training program and how? Please specify and provide examples from your first year in the program (last year).

Advanced Student Phase	
Definition of Phase	*Towards the end of training, advanced students work as a therapists in practicum and are regularly supervised. Since completion of practicum hours is dominant in this phase, advanced students are often preoccupied with avoiding mistakes, obtaining sufficient supervision hours, and observing experienced practitioners in action.*
	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Central Task	*The central task of advanced students is to be able to function at an established, professional level.*
	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Predominant Affect	*Advanced students have a variable level of confidence. When self-evaluating their own professional development, the advanced students may either feel more competent when comparing their mastery and conditional autonomy to those of beginning students, or, on the other hand, may feel insecure, vulnerable, and dependent when comparing the above to those of experienced practitioners.*
	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Predominant Sources of Influence	*Advanced students are typically influenced by multiple sources. As novice practitioners, they may still actively seek confirmation and feedback from senior practitioners and admired peers. There is still considerable external dependency, and at the same time increased self-evaluation of how their personality influences their clinical work.*
	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Role and Working Style	*Feeling pressured to do things more perfectly than ever before typically increases rigidity in professional role and working style of advanced students. They are typically not relaxed, risk-taking, or spontaneous, and there is little natural playfulness or sense of humor in their work. Internalized high standards for professional functioning contribute to the tendency of advanced students towards excessive and misunderstood responsibility for client progress.*

Cont.	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Conceptual Ideas	*Advanced students often refine their own conceptual systems and critically assess and evaluate role models. They differentiate, accept, or reject model components they do not find adequate to their own.*
	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Learning Process	*Along with introspection and cognitive processing, modeling and imitation are still important in the learning process. Modeling includes activities such as watching supervisors and professional staff work, hearing how they conceptualize cases, and observing their professional behavior.*
	How accurately does the content in the paragraph above describe your experience when you were in the Advanced Student phase? Please specify in relation to your own experience.
Measures of Effectiveness and Satisfaction	*Advanced students develop a more complex view of client feedback and supervisor reactions by which they measure effectiveness of treatment and feel a sense of satisfaction.*
	How accurately does the content in the paragraph above describe your experience when you were in the Beginning Student phase? Please specify in relation to your own experience.

Did your perception of the arts change during your second year in the CAT training program and how? Please specify and provide examples.

Did your engagement in the arts change during your second year in the CAT training program and how? Please specify and provide examples from your first year in the program (last year).

APPENDIX E

DEMOGRAPHIC AND BACKGROUND RESPONSES BY MODALITY

		AT ($N = 30$)		DMT ($N = 10$)		DT ($N = 13$)		Total	
		N	$\%$	N	$\%$	N	$\%$	N	$\%$
Gender	Male	1	3.3	--	--	1	7.7	2	3.8
	Female	29	96.7	10	100.0	12	92.3	51	96.2
Country of birth	Israel	28	93.3	9	90.0	12	92.3	49	92.5
	Other	2	6.7	1	10.0	1	7.7	4	7.5
Family status	Single	17	56.7	5	50.0	6	46.2	28	52.8
	Married	13	43.3	5	50.0	6	46.2	24	45.3
	Divorced	--	--	--	--	1	7.6	1	1.9
Age	20-29	12	42.9	3	30.0	5	38.5	20	37.7
	30-39	15	53.6	5	50.0	6	46.2	26	49.1
	40+	1	3.6	2	20.0	2	15.3	5	9.4
Bachelor's education	Social sciences[a]	26	86.7	10	100.0	12	92.3	48	90.6
	Humanities[b]	4	13.3	--	--	1	7.7	5	9.4
Employed	No	5	16.7	--	--	3	23.1	8	9.4
	Part time	21	70.0	6	60.0	5	38.5	32	60.4
	Full time	4	13.3	4	40.0	3	23.1	11	20.8
Area of work (for employed students)	Health	6	24.0	3	30.0	2	25.0	11	26.8
	Education	10	40.0	4	40.0	4	50.0	18	43.9
	Other	9	36.0	1	10.0	2	25.0	12	29.3
CAT as first career choice		27	90.0	9	90.0	10	83.3	46	86.8
Important to engage in artistic activity		27	93.1	10	100.0	9	69.2	46	86.8
Student actual engages in artistic activity	No	4	13.3	1	10.0	2	16.6	7	13.2
	Not profess-ionallly	20	66.7	7	70.0	8	66.7	35	66.0
	Profess-ionallly	6	20.0	2	20.0	2	16.7	10	18.9
Family member engages in artistic activity		22	73.3	8	80.0	8	61.5	38	71.7
Family member practices therapy		10	35.7	4	40.0	5	41.7	19	35.8
Currently in therapy		7	24.1	2	20.0	4	30.8	13	24.5

Note. Due to occasional missing data, not all percents add up to 100.
[a]Bachlor's education in social sciences includes psychology, social work, and education.
[b]Bachlor's education in humanities includes the arts and "others."

APPENDIX F

MEAN SCORES FOR PHASES DIMENSIONS BY MODALITY

Table G1

Mean Scores for Lay Helper Phase Dimensions by Modality Specialization.

Phase Dimension	DMT		AT		DT	
	M	*SD*	*M*	*SD*	*M*	*SD*
1. Phase definition	3.71	.686	3.92	.272	3.88	.332
2. Central task	3.88	.332	3.81	.634	3.75	.447
3. Predominant affect	3.31	1.078	3.46	.905	3.29	.994
4. Sources of influence	3.47	1.007	3.54	.859	3.81	.403
5. Role and working style	2.94	1.124	3.46	.905	2.94	.998
6. Conceptual ideas	3.53	.717	3.65	.689	3.80	.414
7. Learning process	3.88	.485	3.69	.618	3.71	.469
8. Measures of effectiveness and satisfaction	3.63	.806	3.60	.816	3.46	.967

Note. Modality specialization: DMT = Dance movement therapy; AT = Arts therapy;
DT = drama therapy. (*N* = 60).

Table G2

Mean Scores for Beginning Student Phase Dimensions by Modality Specialization.

Phase Dimension	DMT		AT		DT	
	M	*SD*	*M*	*SD*	*M*	*SD*
1. Phase definition	3.25	.856	3.38	1.023	3.33	1.113
2. Central task	3.31	.704	3.42	.643	3.57	.646
3. Predominant affect	3.35	.862	3.50	.648	3.23	1.166
4. Sources of influence	3.59	.795	3.96	.200	3.67	.651
5. Role and working style	2.64	1.216	2.20	1.354	2.75	.965
6. Conceptual ideas	2.82	1.015	2.83	1.072	2.54	1.198
7. Learning process	3.63	.619	3.54	.833	3.91	.302
8. Measures of effectiveness and satisfaction	3.33	.617	2.74	1.214	3.00	1.183

Note. Modality specialization: DMT = Dance movement therapy; AT = Arts therapy;
DT = drama therapy. (*N* = 60).

Table G3

Mean Scores for Advanced Student Phase Dimensions by Modality Specialization.

Phase Dimension	DMT		AT		DT	
	M	*SD*	*M*	*SD*	*M*	*SD*
1. Phase definition	3.38	0.518	3.42	0.669	3.11	1.167
2. Central task	3.63	0.518	3.92	0.289	3.78	0.441
3. Predominant affect	2.63	1.061	3.33	0.888	3.44	0.726
4. Sources of influence	3.75	0.463	3.50	0.522	3.78	0.441
5. Role and working style	2.13	1.126	1.67	1.231	2.11	0.928
6. Conceptual idea	3.38	0.744	3.83	0.389	3.78	0.441
7. Learning process	3.38	1.061	3.92	0.289	3.67	1.000
8. Measure of effectiveness and satisfaction	3.43	0.787	3.42	1.165	3.67	0.707

Note. Modality specialization: DMT = Dance movement therapy; AT = Arts therapy;
DT = drama therapy. ($N = 29$).

APPENDIX G

ACCESSIBILITY OF VISUAL ART, MOVEMENT, AND DANCE

Accessibility of Visual Art, Movement, and Dance

To provide a comparative perspective on drama therapy, this appendix considers the accessibility of visual art and AT, followed by the accessibility of movement, dance, and DMT.

Visual Art and AT

Due to its projective nature, visual art heavily relies upon the acquisition and use of art media and tools. Therefore, this reliance imposes limits on visual art making to a great extent. That is, without necessary materials and tools, and without a certain degree of knowledge and competency in using them, visual art making is impossible. Although in principle visual art making may take place in solitude and in any space in which one can work with art media and tools, ideally visual art making occurs in a specifically designated physical environment. As Wadeson (2010) notes, "for art work there should be ample space, adequate lighting, suitable art materials, clean-up equipment, and a room that does not have to be protected from stains" (p. 18). The importance of media-related knowledge and competency for visual art making is best reflected in C. H. Moon's (2010) book: *Materials and Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies*. Moon advocates for competency in a range of visual art materials, such as drawing and painting materials, fiber materials, print-making materials, natural materials, collage materials, clay, and then some. She also urges firsthand familiarity with the sensory and physical characteristics of materials, differences in quality as well as differences in ease and safety of use. Further, she asserts that such firsthand knowledge and skills are crucial for art therapists whose primary role is "to help clients find the materials and media that best fit their situation and needs" (p. 36). In light of this notion, it is apparent that visual art making, within and outside of a clinical context, requires the mastering of knowledge about materials,

tools, and techniques so that one may apply principles and techniques demonstrating a sufficient degree of competency.

AT training admission requirements provide further support for this notion. In fact, many art therapists argue that on top of one's natural "artistic sensitivity" (B. L. Moon, 2003, p. 60), candidates for AT training should have "an in-depth knowledge of art media and materials, along with a familiarity with the dynamics of the creative process" (Edwards, 2004, p. 97). The importance of such competency is strongly reflected in the American Art Therapy Association's (AATA) Master Education Standards (June 30, 2007), according to which AT programs should "require that each student, before admission to the program, submit a portfolio of original artwork, demonstrating competence with art materials" (Admission of Students section, II-B), and proof for completing a specified minimum of 27 quarter-hour credits. The AATA further emphasizes that "it is imperative that the applicant evidence a range of experience using a variety of art materials and processes" (Admission of Students section, II-C1).

Whereas the AATA specifies a quantified number of studio hours, the British Association of Art Therapists (BAAT) sets less-specific admission requirements: "Applicants for art therapy training should normally be graduates in art and design but qualified teachers, social workers, psychologists and other professionals with a commitment to the practice of the visual arts are also considered" (BAAT, 2010, Qualifying training courses, para. 1). By using the term *commitment,* the BAAT sets a qualitative requirement that largely entrusts to the training programs the assessment of one's artistic competency. To gain insight into the ways that training programs actually implement this qualitative prerequisite, the eight BAAT approved training programs were reviewed. Findings revealed that six out of eight programs require candidates to

present (typically at a scheduled interview) an art portfolio demonstrating substantial and active experience in art making This finding is illustrated by the following statement: "All candidates must present a portfolio of their art work at interview…. The portfolio should demonstrate a strong commitment to their artistic practice along with a fluidity of self-expression within a variety of mediums" (Roehampton University, MA in art psychotherapy, Entry requirements section). The above statement suggests that admission requirements for AT training are highly prescriptive in the US and are considerably defined in the UK where providing tangible evidence of a substantial experience in art is typically required.

Dance, Movement, and DMT

Regarding movement and dance, two approaches converge under the umbrella title of the "DMT" profession: the movement-oriented approach and the dance-oriented approach. It is worth noting however that the two approaches lie on a conceptual and particle continuum, rather than represent absolute oppositions. In general, movement is well recognized within DMT as "the basis of our experience of ourselves as capable and effective agents in the world" (Sheets-Johnstone, 2010, p. 5). Moreover, based on the premise of body-mind connection, movement is recognized as an external, non-verbal, expression of one's inner life, as illustrated in the following statement: "Movement reveals personality. A person's movements are characteristic of the personality as a whole, and qualities expressed in movement can indicate qualities of personality" (Mettler, 1970, Chapter 1, Movement Expression section, para. 3). Within the movement-oriented approach to DMT, which is rooted in the pioneering work of Mary Whitehouse, it seems that the term *dance* is "used in the broadest sense of body movement which may involve a small gesture or the total use of self" (Chaiklin & Wengrower, 2009, p. xvi). Here, "dancing" is sometimes regarded as *the art of body*

movement whereby body movement, the basic material of all daily life experience, is regarded as the material from which a dance is created (Mettler, 1970, Chapter 3). Furthermore, many scholars argue that once an everyday movement transcends its ordinary utilization, when the mover is immersed in the aesthetic experience of movement, the movement becomes a dance. The following statement aptly articulates the above perspective:

> Insofar as any movement may be perceived aesthetically, any movement is potential dance. A movement may be more or less dance according to the way in which it is perceived. Its dance-value can be determined only by the person experiencing the movement.
>
> (Mettler, 1970, Chapter 1, Aesthetic Experience section, para. 5)

A comparable notion is that "ordinary gestures and activities become dance when the person is transformed-removed from the ordinary world into a world of heightened sensitivity" (Boas, 1971, p. 21 as cited in Bruno 1990, p. 110). This notion implies that ordinary movement may be regarded as dance depending on the mover's awareness of and close attention paid to his or her kinesthetic experience and the inner (emotional, cognitive) content that the movement communicates.

In this sense, the latter approach is to some degree consistent with Dewey's (1934/2005) aesthetic theory wherein everyday experiences that pose certain aesthetic qualities may be regarded *"an* experience" (p. 36). Zeltner (1975) explains that because Dewey was "concerned with integrating aesthetic experience with normal processes of living…. when any ordinary activity is undertaken for its own fulfillment it then becomes an intentionally cultivated experience and can rightly be called an aesthetic experience" (p. 18). Correspondingly, in the movement-oriented approach to DMT, movement may or may not take the form of a full-out expressive dance and it may or

may not involve elements that typically characterize formal dancing (Bruno, 1990). Nonetheless, it has been argued that "artificial techniques of movement and dependence on learned dance forms are not the best means of liberating locked-up feelings" (Mettler, 1990, p. 95).

In contrast to the movement-oriented approach, within the dance-oriented approach to DMT, rooted in the pioneering work of Marian Chace, "elements of the dance such as rhythm, ongoing or continuous movement, group movement interaction, and the use of music are vital components" (Bruno, 1990, pp. 108-109) for structuring, organizing, and communicating a full-out expressive dance. The latter approach also recognizes the body-mind unity premise of the former approach. Yet, complementing this premise, practitioners are essentially seeking to elicit "the spirit of dance – a health-inspiring force – awakening, nurturing, and guiding the individual's expressive energies into meaningful *form*" (p. 112; emphasis added). Here, like in other artistic endeavors, dance creativity is recognized as "a search for structures to express what is difficult to state" (Chaiklin, 2009, p. 5) and "structures taken from dance, as an art form, are [recognized as] particularly helpful to guide patients through the process of symbolizing" (Samaritter, 2009, p. 37). It should be noted, however, that according to this approach to DMT "the aim is not to come to an artistic result (a dance performance) but, instead, emphasis is given to the patient's personal experience and their 'inner' dance process" (p. 37).

Granted that the above two approaches converge under the umbrella of a profession prevailingly termed in the US as the "Creative *Arts* Therapies" (or officially called "*Arts* Therapies" in the UK) it seems inevitable to further ponder whether or not movement, in and of itself, is indeed an art form. In this respect, Carr (1987) conceptualizes the art of dance as an *action* that defers from sheer physical movements

in that it is intentional and meaning-laden. For Carr, "human movements acquire significance or meaning only 'under the aspect of intentionality' when construed as something like deliberate actions" (p. 351). Burke (1989) comparably claims that "'action' is a term for the kind of behavior possible to a typically symbol-using animal (such as man) in contrast with the extrasymbolic or non symbolic operations of nature" (p. 53). Interestingly, Chace (1964/1993) proposed that, "Dance therapy is the specific use of rhythmic bodily *action* (emphasis added) employed as a tool in the rehabilitation of patients" (p. 247). Langer (1953) points out that pure physical movements are the materials from which a dance is created; however, in dance, pure movements transform into gestures - a symbolic form; thus symbolism is an essential characteristic of dance.

Moreover, it is well recognized that what "makes" a particular sequence of movement "a dance" greatly relies upon the context within which a movement is performed (McFee, 1992), and more particularly on a given cultural context (Capello, 2007). In this respect Capello points-out that "realizing that what we see in a dance is shaped and conditioned both by our *own* home culture and that of the dancer's, we cannot assume that movements will mean the same thing in another culture" (p. 50). Likewise, Chang (2009) maintains that "what we see when we watch movement is necessarily influenced by the psychological orientation of our culture, professional habits, and the diversity of our life experience" (p. 305). In light of the above, I suggest that dance, as an art form, is *an intentional rhythmic action that embodies and communicates meaningful symbolized forms that are context and culture bound*.

Because this discussion attempts to compare AT, DMT, and DT, it is necessary to elucidate the way in which dance, as a Western formal art form, relies upon skills and competencies. In this regard, it is pertinent to acknowledge that "training to be a dancer is a long, intense, and difficult process" (J. Taylor & Taylor, 1995, p. 32).

Dancers undergo physical and mental training that cultivate technical skills, flexibility, posture, balance, endurance, strength, focus, coordination, memorization of dance patterns, etc. This partial list further highlights that "dance is an activity that requires many hours of practice to attain a high level of mastery and artistry" (J. Taylor & Taylor, 1995, p. 30). Likewise, other scholars assert that "although a great dancer must be both an artist and a technician, the technical component is absolutely indispensable" (T. Noice & Noice, 2006, Dance section, para. 1). In fact, the celebrated American dancer and choreographer Agnes De Mille (1952) gives credence to this perspective when she says:

> The effort involved in making a dancer's body is so long and
> relentless, in many instances so painful, the effort to maintain the
> technique so grueling that unless a certain satisfaction is derived from
> the disciplining and the punishing, the pace could not be maintained.
> (as cited in J. Taylor & Taylor, 1995, p. 32)

Rigorous training and lifestyle is not only typical to ballet dancers, but also to modern dancers. Martha Graham, the founder of modern dance in the US, confirms this argument when she says: "Being a dancer was an act of total commitment costing not less than everything" (as cited in J. Taylor & Taylor, 1995, p. 21).

Regarding dance expertise, T. Noice and Noice (2006) explain that, "the relatively greater contribution of practice-derived technical skill in dance becomes one defining difference between the two [performing] art forms" – dance and acting (Dance section, para. 1). Thus dance, as a formal art form, requires specific practice-derived skills that must be mastered in order to apply principles and techniques that demonstrate competency.

Interestingly, admission requirements for DMT training have changed over the years. Closer to the inception of the profession DMT training programs were mainly intended for dancers and dance educators who held a bachelor's degree (or its equivalent) in dance, together with a solid knowledge of various dance styles and techniques (Espenak, 1981, p. 161). To illustrate, in a 1969 paper the authors wrote: "we assume that dance therapists have attained an adequate, well-rounded, formal dance background which includes modern, folk, improvisation, etc." (Schmais & White, 1969; para. 1). Comparably, in a 1978 panel discussion, "What's in a plié: The function and meaning of dance training for the dance therapist," panelists strongly endorsed the importance of DMT candidates' background in anatomy and kinesiology, Eastern arts, and body methods - on top of dance training background that encompasses "several 'styles' of modern, ballet, folk; a strong emphasis on creative study, especially improvisation; and much performing experience" (Myers, Kalish, Katz, Schmais, & Silberman, 1978, p. 33). At the same time, however, panelists "agreed that the question of 'how much' dance training students should have in preparation for graduate school is impossible to answer on other than an individual basis, through personal interview and audition" (p. 32). Still, Stark (1980) mentioned that, "a proficiency in dance and course work in the physiological and mechanical aspects of movement is essential" (p. 16) as an undergraduate preparation for DMT training. These requirements have likely stemmed from the view that it is the dance that defines what dance therapists do, whose identity is of both "dancers *and* therapists" (Schmais & White, 1983, p. 2).

Nevertheless, this discussion does not intend to suggest the DMT candidates are currently required to have a formal background in dance. In fact, as one senior DMT educator clarifies, "we are not looking for technical skill per se. Some very strong dancers who excel in technique have been inappropriate for DMT training" (L. Hervey,

personal communication, November 03, 2010). Nowadays, DMT training programs are open for candidates who have a wider range of undergraduate trainings and more diversified body-related experiences. From a financial perspective, broader admission requirements appeal to a larger pool of applicants and consequently, are more profitable for training programs. From the practice perspective, it is possible that the alleged decrease of dance and the rise of movement within DMT practice (Bruno, 1990), enabled training programs to attract a more diverse pool of applicants who have body-related experiences other than formal dance training. Such extensive body-related experiences may include physiotherapy training, experience in the Feldenkrais method, Alexander technique, Eastern arts (e.g., tai-chi, yoga), gymnastics, and others.

Regarding admission requirements, the Chair of the American Dance Therapy Association's (ADTA) education committee explains that the prerequisite set by "each program is different. This differs from AATA, where the prerequisites are specified to a greater degree" (L. Thompson, personal communication, October 19, 2010). The ADTA website notes that "extensive dance experience and a liberal arts background with coursework in psychology are recommended" (ADTA, 2009, Prerequisites for graduate training, para. 1). Here, by defining prerequisites as recommendations, as well as using the term *extensive* for one's dance experience, the professional association sets a qualitative requirement that entrusts the assessment of candidates' competency in dance and movement in the hands of the training programs.

My review of the six ADTA approved training programs revealed that five out of six programs indicate dance experience as a prerequisite for training – however to varying degrees of specification. To illustrate, on the one end Lesley University in Massachusetts requires "dance experience" (Lesley University, 2010, MA in DMT, Prerequisites section) and on the other end Columbia College in Chicago set

prerequisites that correspond with the ADTA post-training requirements for professional registration: "5 years concentrated study in at least one dance form such as modern, ballet, jazz, tap, improvisation, ethnic or folk, leading to competence in the basic fundamentals of dance, e.g. rhythmic and spatial clarity, kinesthetic awareness, and movement dynamics" (Columbia College Chicago, 2010, Checklist: DMT&C). In addition to this prerequisite, three out of six programs require candidates to participate in a scheduled audition, otherwise termed dance movement assessment interview or review. Moreover, DMT programs in the US typically require anatomy, kinesiology, and/or psychophysiology courses (3 credits each) as prerequisites – again, to a varying degree. Out of the six ADTA approved programs, three programs require at least one of these subjects as a compulsory prerequisite. In one program, completion is required prior to graduation. In another, these courses are merely suggestions for successful application, and one program does not indicate any course requirements.

In contrast to the ADTA, the Association for Dance Movement Psychotherapy in the UK (ADMP-UK) prescribes the following entry requirement for its five approved training programs:

> Continuous experience of at least one dance or movement form for
> a period of two years and exposure to, and experience of, a variety
> of dance and movement forms…. An ability to improvise, relate,
> and communicate through movement in both dyadic and group
> interactions in addition to an ability to improvise and use
> movement symbolically and expressively. (ADMP-UK, 2009,
> Criteria for accreditation, sub-section 3.5, articles 2-3)

Considering the above, it appears that with or without the dilution of dance within DMT, and despite program-specific variations, on the whole, admission requirements

for DMT training are considerably defined in the US (i.e. dance styles, movement interviews, and courses) and are highly prescriptive in the UK.

In summary, as art forms, both visual art and dance require specific practice-derived skills that should be mastered in order to apply principles and techniques that demonstrate considerable competency. In contrast, as suggested in the Discussion chapter, dramatic skills and techniques are of less importance for the essence of "skillful" acting characterized by the ability to portray a "life like," truthful and believable performance. Thus, between visual arts, dance, and drama, the latter appears more accessible than the formers.

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