Stacking the Deck

Self-Care for Art Therapists with Chronic Mental Illness

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Abstract

It is known that many people who choose the helping professions do so based on their own history of trauma, mental illness, relational issues and dysfunctional family dynamics; this manifestation is referred to in the literature as the wounded healer. This heuristic research study focused on the researcher who lives with chronic mental illness and her utilization of art self-care cards and journaling to process thoughts and feelings while working with clients who also experience chronic mental illness. This researcher hopes to contribute to the knowledge that art and journaling facilitate not only self-care but also clarity in processing countertransference. Through the processing of countertransference and the overlap of similar experiences with clients, the therapist’s own issues were stirred and needed defining and reflection without stigma attached. This researcher hopes to foster the reduction of stigma toward the art therapist diagnosed with chronic mental illness and create a more open dialogue between art therapists and supervisors. This research can also open dialogue among teachers, professors and peers within the art therapy community with a goal of higher levels of self-care being required in school and work settings.
Dedication

This work is dedicated to the founders of the profession of art therapy. To my wife and daughter for supporting me through this four and a half year journey. To my mother for her support of the family during this time. The researcher is grateful to her professors at Saint Mary-of-the-Woods, Jill McNutt and the researcher’s art therapy supervisor, Marnita Patton. Lastly this paper is dedicated to all of the people who live with chronic mental illness and strive to be more than the label.
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CHAPTER I

Introduction

Many art therapists entered the field of art therapy because of their own history of personal struggles and had used services to help or heal themselves. This phenomenon is known in the literature as the “wounded healer”. Art therapists struggled with many of the same mental health issues, chronic health issues and relationship issues as the clients they serve. This may affect their professional identity as the stigmas of society impact them professionally and personally. It is also important for the art therapist to consider the effects of these issues related to countertransference and how this might affect the client. Based on this premise, an art therapist as a wounded healer was prone to accumulate stress, possible instability of managing their own mental and physical health, compassion fatigue and difficulty understanding countertransference.

The importance of self-care, primarily through art and journaling in maintaining balance and understanding, was an important aspect of staving off the negative effects of working as a wounded healer in addition to increasing resiliency (Zerubavel & Wright, 2012). The literature discussing the use of art and journaling as self-care by the art therapist with a chronic mental illness (CMI) was sparse. It was seen as imperative that the field of art therapy began to have a more open dialogue about the mental health of those providing services to assist in reducing stigmas both for the art therapist and the client. The art therapist using art as self-care provided further evidence of the power of art therapy to heal and care for oneself, be it as a client or an art therapist (Huet & Holttum, 2016).
Problem Statement

The level of research available on the effects of art as self-care and for countertransference clarification was limited. In addition, there was little written about the art therapist/therapist with CMI treating clients with CMI. It was known that when working with populations that are in distress, the listener experienced some level of stress, sadness, anxiety and even depression. At times, compassion fatigue was seen to be triggered by a single interaction with a client (Figley, 1983). Self-care for the art therapist and other mental health workers was described as imperative.

Research Questions

There were three questions this study aimed to answer. 1. Does the making of art self-care cards and journaling by the art therapist diagnosed with CMI change or effect management of her mental illness, stave off compassion fatigue and assist in understanding countertransference while working with clients diagnosed with CMI? 2. Will the use of creating art self-care cards and journaling allow the art therapist to feel less stigma surrounding being a wounded healer with CMI? 3. Will this process allow the art therapist to feel more comfortable in advocating for more art therapists to be transparent with their CMI within the art therapy community?

Basic Assumptions

There are multiple assumptions that formed the basis for this study. First, there are other art therapists and mental health professionals living with CMI that could benefit from the use of art and journaling as self-care to assist in managing their CMI stress and understanding of countertransference in addition to growth in resiliency. Second, in order for the study to have been effective, there was the assumption that the researcher, who has lived with chronic mental
illness for 20 years, would be working with clients who have the same or similar diagnosis. It was further assumed that creating self-care cards and journaling could help all mental health professionals with processing information and the emotional responses to that information. Lastly, it was also assumed that it is imperative for art therapists to continue creating art to help their professional responsibilities, physical and mental health.

**Statement of Purpose**

The purpose of this heuristic study was to investigate the effects of using art self-care cards and journaling on both the self-care of art therapists with CMI and to increase effectiveness of working with countertransference. The use of art making and journaling was the tool that allowed the art therapist to express and process thoughts, feelings and experiences of working with CMI clients in an attempt to reduce stress, maintain mental health and increase resiliency. The study will add to the limited resources of art and journaling used as self-care for the CMI art therapist. This heuristic study exposed the art therapist and her CMI in an attempt to decrease stigma related to having CMI as an art therapist within the profession.

**Hypothesis**

It was anticipated that art as a self-care tool in creating the self-care cards with a journal entry would strengthen the researcher’s resiliency by providing containment to process emotions, relieve stress, stave off compassion fatigue and strengthen boundaries. The transparency the researcher exhibited was expected to show her on-site art therapy supervisor, professors and ultimately her peers, how to help reduce the stigma and shame associated with being an art therapist with CMI treating clients with CMI.
Definition of Terms

Compassion Fatigue: The state on a continuum of burnout where an art therapist becomes stressed by the pressure in working with clients resulting in absent-mindedness, exhaustion, physical illness, indifference and anger (Ledoux, 2015).

Chronic Mental Illness: The experience of living with an incurable mental health condition that seriously impairs the person in areas of their life such as occupational, educational, relationships, physical health, or ability to care for one’s self or others. The diagnosis can be based on these documented symptoms of impairment, or hospitalization in the previous two years (Fish, 2012). A professional diagnosis of a chronic mental illness will also specify mild, moderate or severe (American Psychiatric Association, 2013).

Countertransference: The experience of the art therapist while working with clients in a therapeutic setting whereby the reactions of the therapist are coming from issues that the therapist may not be aware of until working with that client in therapy. These responses can also come for deeper unconscious material that is uncovered in the therapeutic relationship (Fish, 1989).

Resiliency: Resiliency is the ability in a person to reestablish balance after a difficult occurrence and to be able to incorporate it into the framework of one’s overall life experiences (Langer, 2004).

Response Art: A visual response created by the art therapist in relation to working with clients, which gives the art therapist the ability to reflect, process and understand both herself as the art therapist and the experience with the client (Havsteen-Franklin & Altamirano, 2015).
**Self-Care:** The self-motivated application of a variety of undertakings directed towards assisting an art therapist in processing emotional responses, stressors to working with clients over time and to ensure that balance and resiliency are nurtured (Barnett & Cooper, 2009).

**Self-Efficacy:** A quality in which a person believes and has conviction in their ability to realize specific actions for the purpose of accomplishing an explicit outcome (Gam, Kim, & Jeon, 2016).

**Stigma:** According to Dudley, stigma is “stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms” (as cited in Ahmedani, 2011, p. 2).

**Wounded Healer:** An archetype representing a person who has experienced trauma and life difficulties who has processed these wounds in a way that allows the person (art therapist) to draw on the personal wounds to assist in facilitating of clients’ healing process (Zerubavel & Wright, 2012).

**Justification of the Study**

The researcher has lived with chronic mental illness for 22 years, specifically a diagnosis of Bipolar 1 Disorder, Anxiety and Post-Traumatic Stress Disorder. Throughout the years the researcher has used various methods of self-care to assist in maintaining balance and in creating resiliency. The researcher began to use art for the first time during therapy and during that time, developed into a professional artist. It was hoped that this study would contribute to the literature on the art therapist with CMI serving clients who have CMI and show that self-care through art and journaling could be effective in relieving stress, processing countertransference and increasing resiliency.
The researcher considered the importance of additional art therapists’ transparency in their own diagnosis with CMI and the potential impact on therapists’ effectiveness and the reduction of stigma for all people struggling with these illnesses while also creating a better support network within the profession. This heuristic study might also help other art therapists not feel so isolated in living with CMI while treating clients. The researcher was an advocate for education regarding mental health through National Alliance on Mental Illness and hoped that this study would help others learn that people with CMI can be effective in the helping professions. It was also hoped that it would help other art therapists with CMIs to attain coping strategies that would increase success as an art therapist.
CHAPTER II

Review of Literature

The Therapist Diagnosed with Chronic Mental Illness

At the center of this study is the art therapist diagnosed with a CMI treating clients diagnosed with CMI. There was very little literature specific to art therapists living with a CMI diagnosis, regardless of the client population of their art therapy practice. However, in the *International Journal of Art Therapy* in 2016, Huet and Holttum published an article on a very similar topic. Their article, “Art Therapists with Experience of Mental Distress: Implications for Art Therapy Training and Practice,” was focused on the positive effect of utilizing mental health professionals with experience as mental health clients in teaching and training positions. For their study, in 2014 they sent questionnaires to 26 British Association of Art Therapists (BAAT) members, receiving 19 completed responses and one additional participant. Of the respondents, 80% stated they had received mental health services prior to beginning training as a mental health professional (Huet & Holttum, 2016).

In addition to identifying that there was a noticeable population of mental health professionals diagnosed with mental illnesses, they went on to question the participants regarding disclosure of their mental illnesses when entering the mental health field. Of the 16 (80%) participants that had used mental health services, only eight, 50%, had disclosed this prior to beginning training. Fear of negative judgment was the number one reason for not disclosing prior to or after entering training (Huet & Holttum, 2016). This, and other reasons for not disclosing, supported one of the purposes of this researcher’s study, to decrease stigma related to having CMI as an art therapist within the profession.
The Wounded Healer

An art therapist diagnosed with CMI was seen as under the broader category of the wounded healer. According to Groesbeck (1975) and Kirmayer (2003), the concept of the wounded healer had its origins in Greek mythology and was found in shamanistic traditions dating back 2500 years. The meaning of the wounded healer was generally accepted to be a person who has experienced pain, suffering and trauma but was able to turn tragedy into empathy, increased understanding and patience in working with people (Zerubavel & Wright, 2012).

Carl Jung was one of the first to claim the word “wounded healer” in relation to the mental health arena, mainly to describe the experience of transference and countertransference (Groesbeck, 1975; Jung, 1954; Sedgwick, 1994). In the early years of looking at the therapist with traumatic issues in their histories, Jung perceived it as a negative quality. Over time he discovered that there is a continuum on which the wounded healer could be found, and if approached and acknowledged, the wounded healer could facilitate deeper healing for the clients and the therapist (Jung, 1954; Zerubavel & Wright, 2012).

The concept of the wounded healer was also described in contemporary literature and there was agreement on what positive and negative attributes defined the wounded healer in relation to being a therapist, although the research was limited (Briere, 1992; Gil, 1988; Sedgwick, 1994). For instance, Briere (1992) identified possible boundary confusion, over identification, and poorly managed countertransference as negative attributes of wounded healers. He also espoused that wounded healers would nonetheless be therapists with unique gifts (Briere, 1992; Zerubavel & Wright, 2012).
In review of the literature on who became a therapist, it had been corroborated by several studies that personal experience with trauma was a significant factor in leading a person to work in a healing field (Barnett, 2007; Barr, 2016; Sussman, 2007). In Barr’s 2016 study, 74% of practicing clinicians were found to have suffered substantial traumatic life events, which were identified as inspiring them to choose careers in the helping fields. Barnett (2007) and Sussman (2007) both ascribed that a primary motivation for some to become therapists can be traced to childhood experiences of woundedness.

The Issues

The literature indicated there were multiple issues facing art therapists. These ranged in category from ethical dilemmas to a negative impact on the art therapist’s own mental health. In this review, the researcher was focusing on compassion fatigue, burnout, secondary traumatic stress, vicarious trauma and countertransference. The discussion of the specific definitions of burnout, compassion fatigue, vicarious trauma and secondary traumatic stress disorder in the literature have overlapped and/or been described as co-occurring. For instance, compassion fatigue was actually used interchangeably with secondary traumatic stress disorder in some cases (West, 2015). There was an effort to define these effects of working in the mental health field so that the facilitation of treatment for therapists could be more effective (O’Brien & Haaga, 2015).

On top of these potential issues facing the practicing mental health professional was the possibility that therapists may have felt impenetrable to personal difficulties because of their extensive training. This caused a disservice to many that chose the helping fields because of the potential for susceptibility to stress and professional impairment due to a history of trauma that is perceived to be resolved. Therapists tended to be somewhat isolated in their work. While focused on the clients, self-care was left behind (Barnett & Cooper, 2009). When the art
therapists or health care providers do not attend to their own issues, any number of these outcomes could occur.

**Compassion fatigue and burnout.** In general, burnout and compassion fatigue were the result of a possible negative reaction to working in difficult or negative, and possibly long-term, emotionally arduous conditions (West, 2015). Burnout fell easily into this generalized description and was primarily the result of long-term exposure to these stressful situations. Burnout showed through the therapist’s experiences of exhaustion, emptiness, and pessimism. While the term burnout had been used to describe these symptoms occurring across many different occupations, the term compassion fatigue was used more specifically in the helping professions. Compassion fatigue refers to the trauma experienced by those who are helping or wanting to help someone who is traumatized or suffering, including those suffering from chronic mental illness (Figley, 2002). Compassion fatigue can occur over time or in a single setting and was found among nurses to cause experiences of “forgetfulness, decreased attention span, exhaustion, physical illness, often leading to apathy and anger” (Ledoux, 2015, p. 2041).

**Secondary traumatic stress and vicarious trauma.** Secondary traumatic stress and vicarious trauma were terms used to describe the experience of a helping professional that has experienced secondary trauma related to a client’s trauma. The response to these situations creating secondary traumatic stress could be similar to the signs of post-traumatic stress disorder with symptoms of avoidance, re-experiencing and intrusive cognitions in response to the client’s trauma (Ivicic & Motta, 2016; O’Brien & Haaga, 2015). This term was often used interchangeably with compassion fatigue, as both were responses to experience with traumatizing material. The distinction of vicarious trauma was that the trauma created reactions such as hyper-vigilance, weariness and a change in the therapist’s perception of self and others as
a result of experiencing repeated negative and traumatic dialogues with clients (Ivicic & Motta, 2016; O’Brien & Haaga, 2015).

**Countertransference.** Sigmund Freud (1959) first referred to countertransference in 1909 in response to difficulties a counterpart was experiencing with a client. He explained that countertransference is an unconscious emotional reaction that a therapist may have which is triggered by a client’s transference (Freud, 1959). Transference is defined as the process where the client assigned past emotional relations onto the therapist as if the therapist were a sibling, daughter, aunt, etc. (Lewis, 1992). Johansen (1993) offered another definition of countertransference of “includes all of the emotional reactions of the therapist toward the patient” (p. 87). In traditional therapy these unconscious emotions would be talked through with another therapist or analyst (Stefana, 2015).

Countertransference in the art therapy setting had been attributed to an even deeper experience of these psychological phenomena. Countertransference had rarely been studied in relation to art therapy. Based on the concept that creating artwork allowed unconscious material to flow more freely, deciphering this imagery was a powerful tool in contending with countertransference (Fish, 1989).

In an exploratory study, Kielo (1991) attempted to discuss how art therapists used post-session art to process countertransference. The conclusion of the study based on interviews of the art therapists was that they did not rely on post-session art making on a consistent basis. However, what they did find useful were the themes that emerged from the study which were enhanced empathy, clarification of feelings, discovery of unconscious messages and for investigation into their relationship with the clients (Kielo, 1991).
**Stigma.** The role that stigma played in the field of mental health was important for an art therapist to explore, and if not explored could cause harm to the art therapist and the clients. Russinova, Mizock and Bloch (2017) stated, “at present there is indisputable evidence about the profound impact of stigma on the symptomatic, functional and psychological recovery of individuals with serious mental illness” (p. 2). The experience of stigma developed when a person met prejudgment and judgment, and anticipated stigma denoted an individual’s worries of encountering bias and discrimination due to their mental illness (Russinova et al., 2017).

There was societal stigma, internalized stigma and self-stigma. According to Livingston and Boyd (2010), internalized stigma was tied significantly with reduced hope, self-esteem, self-efficacy, empowerment, quality of life, and social support. In addition, internalized stigma could result in a patient not adhering to treatment and experiencing increased symptom severity. Self-stigma is described by Corrigan and Roa (2012) as a person “endorsing stereotypes about themselves” resulting in self-discrimination (p. 2). Corrigan, Kerr, and Knudsen (2005) described public stigma as society’s validation of negative stereotypes about mental illness, resulting in prejudice and discrimination towards those with mental illness. This public stigma was documented in the study by Doukas and Cullen (2011) which showed that although transparency reduced overall stigma, some public stigma still existed in the workplace for those who chose to be open about their diagnoses.

The art therapist’s attitude towards CMI needed to be explored just as any other bias one might face in working with a specific population including LGBTQ, cultural groups and different races. It was part of the ethics of the profession to hold oneself to a high standard of self-knowing. The art therapist could be vulnerable to these types of stigmatization if they were someone who suffers from CMI and kept it hidden. These experiences were seen as able leads to
countertransference, compassion fatigue and burnout that the art therapist was not able to process on a deeper level because of the lack of transparency based on fear of the stigma of all types.

**The Solutions**

**Self-care.** In general, it was recommended in many helping professions for self-care to be a part of a clinician’s professional and personal life. This recommendation was related to many aspects of a mental health professional’s development and balanced life. Ethically it was found in two national organization’s ethical standards. The American Psychiatric Association’s (APA) *Ethical Principles of Psychologists and Code of Conduct* states, “psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (APA, 2017, General Principles section, para. 2). In the *Code of Ethics, Conduct and Disciplinary Procedures*, the Art Therapy Credentials Board, Inc. (2016), under Professional Competence and Integrity, statute 1.2.8 states, “Art therapists must seek appropriate professional consultation or assistance for their personal problems or conflicts that may impair or affect work performance or clinical judgment.”

While the therapist was held to an ethical standard of self-care, it was also beneficial to create a culture of self-care within one’s whole life. The benefits were many and included self-awareness, self-acceptance and self-compassion (Barnett, Baker, Elman, & Schoener, 2007). It was suggested that an art therapist’s (mental health therapist’s) professional identity was created during graduate school and that during this time it was imperative that the student ingrain the concept of self-care into that professional identity. Examples of self-care included exercise, meditation, dancing, playing music, attending a comedy club performance, healthy eating and getting adequate sleep (Barnett & Cooper, 2009).
An important benefit to both the art therapist and the clients when implementing self-care as part of the professional identity was improved self-efficacy. One way of describing self-efficacy, according to Bandura (1993), was “people’s beliefs about their capabilities to exercise control over their own level of functioning and over events that affect their lives” (p. 118).

Using self-care to create balance gave an art therapist, mental health professional and intern improved self-efficacy and allowed the therapist to take on challenges and events more successfully (Gam et al., 2016).

Although there have been studies on the relationship between stress coping strategies and burnout, art therapists were very rarely the subject of the studies. This was pointed out in one of the rare studies that used art therapists as the specific target group, “Influences of Art Therapists’ Self-Efficacy and Stress Coping Strategies on Burnout,” by Gam et al. (2016). One key finding in their study was that burnout was most greatly affected by the chosen stress coping strategy, suggesting that the methodology that an art therapist chose to utilize in coping with stress could either cause burnout or keep it from occurring (Gam et al., 2016).

**Art as self-care.** For the art therapist, using art and journaling as a coping strategy for self-care has been found to be an effective measure to support empathy, understand artwork in response to client’s work, process countertransference and facilitate the processing of difficult and stressful material presented during the therapeutic experience (Fish, 2012). While in the internship portion of art therapy training, art making was seen as a valuable tool to use during supervision to allow the on-site art therapy supervisor to get a deeper understanding of what the intern art therapist is experiencing (Fish, 2012).

Responsive art making could also be done within the session with a client and some art therapists find this very productive to both the client and the art therapist. Moon (1999) believed
strongly in this type of facilitation and pointed to three areas of importance in the creation of art within the therapeutic setting. First to help establish empathic relationships. Secondly, as a way for art therapists to express the powerful feelings resulting from their clinical experiences. Lastly as a way to initiate creative and informative dialogue with clients.

Curl (2008) found that creating artwork and journaling showed improvement in mood, specifically of the depressed state. The study found that the art/movement group had the most improvement on all six scales of “The Profile of Mood States” (Curl, 2008, p. 164). A study conducted by Foster (1992) found that using collage as an art making intervention with seniors gave them the ability to tell their stories and express emotions, giving them power, inner freedom and happiness.

Journaling. Using art as a self-care tool to process experiences and information had also been described as a problem-solving technique. This became a valuable tool when sifting through the process of countertransference with a client. Journaling had been specifically identified as a helpful method of processing stressful situations.

In a study of college students participating in writing therapy and art therapy, those in the writing therapy group had fewer visits to medical clinics than those in control groups. This evidence of the positive physiological effect showed that journaling was effective in promoting health and coping skills among college students (Pizzaro, 2004).

In Pennebaker and Francis’s 1996 study, where students were directed to write based on any topic about their first year at college, the authors found that participants had better grades and fewer hospital visits when they explored the topic in depth and honestly processed traumatic situations.
Hope. “Hope has clinical benefits; illness seems to wane when the person is hopeful” (Corrigan, 2014, p. 423). Corrigan’s (2014) article discussed hope as an avenue to promoting well-being even though the mental health system tended to focus on the outcome of treatments rather than the ongoing process. The overall concept of the article was centered on the concept of false hope and concludes that although hope is a path towards wellness, the limitations of hope must be considered, that hope cannot be the sole method for treatment.

Park and Chen (2016) on the other hand, viewed hope as a cornerstone to positive psychology. They saw a shift in the mental health field away from the singular concept of recovery to a focus on personal growth and the benefits that result from the development of self-awareness and insight. Snyder, Lehman, Kluck and Mons (2006) indicated that hope would increase positive emotions and preserve productive behaviors in people with mental illness.

Support System. Another impactful piece of the recovery and personal growth puzzle was a support system. The support system could have both negative and positive impacts on someone diagnosed with CMI. Veseth, Binder, Borg, and Davidson conducted a study in 2016 to identify themes resulting from experienced therapists interviewing clients with Bipolar Disorder. A common statement from the therapists conducting the interviews was that they cared about the clients. “I am very fond of many of my patients, and I think [there are] positive effects of this” (Veseth et al., 2016, p. 443). Many of the therapists who participated in the study voiced awe and admiration towards their respective clients for the way in which they took ownership of their recovery and managed their illness on a day-to-day basis.

The impact of caring for clients was made evident in series of interviews conducted by Hejtmanek (2016) in an adolescent psychiatric custody facility. The boys interviewed stated that they participated in the therapeutic process “because of relationships they have with important
staff members and other confined boys” rather than because of requirements or procedures (Hejtmanek, 2016, p. 318). The interviewees were all positively impacted by the staff members and other residents who cared for and supported them. With this support system in place, they were able to transform and/or change their behavior for the better. All three attributed their improvement to the relationships, the support system, they were able to create and maintain during their custody.

A study conducted in 2003 by Hamada, Ohta and Nakane examines the effect of the family support system on the patient, and the effect of the patient on the family unit. The subjects consisted of 67 males and 54 females on a small island in Japan. Of these patients, a high percentage of the families stated that they supported the patient in regards to their mental illness, with medication, and observation of symptoms. However, a lower percentage supported the patient in social scenarios. In addition, 70% of the patients did not receive support from the family in psychological needs such as listening and personal support. The results of the study showed that the families experienced a high level of hardship attributed to caring for the patient. Examples of this were feeling unappreciated and concern regarding the opinions of neighbors and the community. Overall the study found a relationship between the family and the recurrence rate of mentally ill patients.

Klingemann & Bergmark (2006) extended this concept to the world at large. Their paper concludes that the legitimacy of professional interventions “will depend largely on the relationship between the professional and the lay referral system.” (p. 1230). The concept was that the general increased knowledge of those with mental health diagnoses and reliance upon support systems outside of the mental health field could decrease the perceived legitimacy of
mental health professionals. The lack of trust in professionals led to a deeper reliance upon the lay support system.

**Summary**

There are only a few studies concerned with the number of art therapists diagnosed with chronic mental illness. The studies that exist showed enough people in the helping fields living with mental illness to warrant further research into practical and effective ways these professionals can process trauma, stress, and countertransference and stave off the effects of burnout, secondary trauma, compassion fatigue and stigma. This researcher intended to show that self-care cards and journaling were effective art therapy strategies for coping with stress and also mitigated and reduced the negative effects in art therapists.
CHAPTER III

Methodology

Participants

This heuristic study employed the researcher as the subject. The researcher’s on-site art therapy supervisor also participated in the study during the data analysis phase.

Research Design

This was a heuristic study approved by the Internal Review Board of St. Mary-of-the-Woods College on July 27th, 2017. The phases of a heuristic study as defined by Moustakas (1990) were initial engagement, immersion, incubation, illumination, explication, creative synthesis and validation. This heuristic study relied on the researcher’s internal frame of reference and individual experience. This methodology was driven by the researcher’s journey of self-discovery and inner-awareness.

Research Instruments

The research instruments utilized in this study were weekly creations of eight-inch by five-inch self-care cards and corresponding journal entries. The cards and entries described the researcher’s state of mind before, during, and after the process of creation. The researcher chose to use acrylic paint, chalk pastels, oil pastels, colored pencils and collage from magazines, paper, and found objects for the mediums to create the cards. The choice to be open to a variety of mediums allowed the art therapist the opportunity to move freely among the expressive therapies continuum (Hinz, 2009). The paint allowed for fluidity and for the ability to evoke emotion and was expressed on the affective component of the continuum. Chalk pastels, oil pastels, card stock also fall on the affective area of the continuum. Collage, colored pencils and found objects such
has wood or stone were more resistive for the researcher to use and allowed for a more cognitive experience (Hinz, 2009).

**Data Collection**

The researcher created at least one self-care card each day of her internship for a period of five weeks. The researcher sat quietly and reflected mindfully on her day and her feelings at the moment. The researcher then allowed spontaneous creation using the mediums she was drawn to in the moment to contain her experience of the day, process emotions and thoughts. The researcher then spent time journaling based on the self-care card. There was no time limit for the activity and at least one card was made for each internship day. The self-care cards do not contain any identifiers in order to protect confidentiality. In addition, journal entries included in this completed report had any identifiers redacted.

**Data Analysis**

The researcher and her on-site art therapy supervisor analyzed the collected data (self-care cards and journal entries) to identify themes at the end of the five-week research period. In using the model of heuristic research several conversational interviews and dialogues took place. This approach to collecting data supported the flow and rhythm of the study, built a strong sense of trust between the researcher and supervisor allowing for deeper expression and awareness of the material being analyzed (Moustakas, 1990). The on-site supervisor read and studied the self-care cards and kept notes on thoughts, observations and questions related to the art and journaling. This discussion was ongoing over the five week period.

At the end of the study, the art therapy supervisor and the researcher came together and had meaningful, open discussion and explorations about the artwork and the journaling. This was an integral part of the process of the heuristic study and the suggested way to analyze data
(Moustakas, 1990). The researcher and her supervisor compiled a list of symbols and images that were repeated throughout the artwork, explored what those images and symbols meant to the researcher and identified prominent themes for discussion. Verbal themes were identified in the journal using the same process and tied together with the visual themes from the self-care cards. These themes were explored to answer the research questions presented.

The researcher created a final piece of art after themes were established and research was complete in order to further process the analysis. Response art or reflective art can assist in assimilating information related to clients’ trauma or diagnosis, create containment, allow for personal growth, lead to understanding of countertransference and assist the art therapist in finding some equilibrium in life (Fish, 2012).

**Ethical Implications**

A primary ethical implication in this study was that of self-harm through disclosure of sensitive private information (Moustakas, 1990). This disclosure was vital to the overall purpose of the study. The expectation that by illuminating the true self, chronic mental illness would become less stigmatized within the field of art therapy.

Another ethical implication was the possibility of disclosure of client information through the creation of self-care cards as artistic response to the researcher’s direct interaction with clients with chronic mental illness. This ethical concern was resolved by the restriction of not using any client names or client specific data in her journal or artwork, and when necessary, only referred to the situation in a general sense.

**Researcher Bias**

Researcher bias was a concern due to the fact that the researcher has already experienced positive results of the use of art in self-care. The researcher has successfully reduced stress and
fatigue through art creation a multitude of times in her life. In order to reduce the impact of bias, the researcher restricted her journal entries and data analysis to be reflections of only the timeframe of the study as a form of bracketing.Bracketing is a methodology by which investigators, or researchers, first identify any assumptions or vested interests they may have in the topic, then set aside, or place these previous experiences and expectations in “brackets” in order to view and analyze the data or results with a clear lens (Fischer, 2009).
CHAPTER IV

Results

Themes

The researcher created eleven self-care cards in total, at least one for each day of internship activity over five weeks. Each self-care session included a journal entry. The creation of the cards was a successful means of creating containment as proposed by the researcher. The researcher and the art therapy supervisor reviewed the cards and journal entries, recording images, symbols and words that were repeated in the art and journals, and found the following themes: support system, hope, stigma, self-esteem and personal trauma.

There were also themes of imagery that stood out in the analysis process related to the themes. Groupings of three represented the family support system. Eyes represented both a feeling of being watched or judged related to stigma; and a protection or being watched over which related to both hope and an increase in self-esteem. Circles and hearts symbolized the family unit and support system and could also represent hope and positive self-esteem. Solid colors and nature components represented a strong base and organic support system. These elements were repeated throughout the eleven cards created during the study. Time is another aspect that is repeated throughout the cards in graphic and text representation. This clearly denoted the researcher’s concern with the stress of deadlines related to her education as well as the time she was spending away from her family.

Upon reflection of the study, the researcher found that the concept of the wounded healer was concurrent with Jung’s (1963) definition that this can be on a continuum and have both positive and negative consequences. The positive aspects of the wounded healer emerged during the creation of the self-care cards. The ability for the researcher to be transparent to the
professor, peers and the art therapist supervisor enhanced the positive aspects of the wounded healer archetype and allowed the researcher to express resiliency during time at internship and exploration of the study.

**Support System.** In seven out of the ten journal entries there were references to the subject’s family. In the imagery this is represented in groupings of threes. The imagery of “threes” was found in the self-care cards from six out of ten days, suggesting that this was a prominent theme. For example, the first self-care card created had a background of blue, with three flowers and three hearts. The groupings of three represented the researcher’s spouse, daughter and self. The researcher recalled feelings of abandonment, misunderstanding, being a burden financially, and causing stress on the family by being out of town.

The self-care card from day one, shown in figure 1, was mixed media and contained the beginning of the creation of the cards. After exploring the card with the art therapy supervisor, it was found to be the foundation of what many of the cards would contain. The use of mixed media was found on each card, which was not typical for the researcher who usually painted or created stained glass mosaics. Hearts, circles, and groups of three were the first symbols to emerge.
Figure 1. Self-care card, day one.

In the journal connected to this card the researcher wrote “I really want to make something pretty.” In examining this card, the researcher observed that the word “time” is written on the card and remembers the sense of feeling the pressure of creating the self-care card. The card created containment for the exploration of countertransference and reminded the researcher that trying to make something pretty is an avoidance technique that no longer serves the researcher but an old coping mechanism that reappeared in response to feelings of being the problem of the origin family and returning to self-diminishing thoughts.

In the self-care card created on day four, shown in figure 2, the graphic themes of time, circles and hearts appeared along with a grouping of three. In the corresponding journal entry, the researcher wrote, “Panic in the darkness. Wanting, pleading to let me live long enough to see
my daughter through. Doubt, should I be with her, my wife and mom, or am I abandoning them? Will I run out of time?” The researcher has faced multiple illnesses during her time in the graduate program. One incident occurred right at the beginning of the internship where she had to delay her start. The researcher has had to process facing death and at times still has intense emotions related to leaving her daughter and wife early.

*Figure 2. Self-care card, day four.*

The theme of family appeared again and fears of not living long enough to see her daughter grow up returned to the researcher. The questioning and guilt about the time away from her family was strong on this day. The researcher’s stepfather was sick and passed away during the internship time period. The researcher found herself questioning things about life and wrote in her journal entry, “Is where I am spending my time valuable? Is what the researcher doing selfish and is it affecting my health and mental health in a detrimental way?”
The researcher was experiencing the heaviness of missing her family, feeling the guilt of the stress she was causing by being out of town. Knowing that it was time limited helped lessen the guilt. Her family understood her and lifts her up but at times she felt the heaviness of the guilt. The researcher was supported by her family, they know the positivity and opportunity for healing that she brought to working with clients with CMI.

**Hope.** In reviewing the self-care cards and journal it was clear hope had been the foundation of the work the researcher had undertaken. This hope was related to all things, but during this study in the creation of the self-care cards the word hope appeared in the journal entries and in the artwork on multiple cards. While the message of hope was seen in multiple cards, in particular entries from days two and seven were primarily related to the concept of hope.

The self-care card created on day two, displayed in figure 3, evolved into a self-portrait that included two sets of three shapes, representing the family once again. Only half of the researcher’s face shows but the part that does show is full of hope. The journal entry also expressed hope and positivity, “The unconscious material flowed, self-care, love, hope, beauty, my life, joy. Hope self-expression, my story continues.”
The researcher found that through keeping a journal while creating the cards, she recorded examples of holding hope for herself, the clients and staff. A co-therapist came up to the researcher and said she wanted to thank the researcher for helping change her thinking about something that she had been trying to accomplish and now she is going for it. The same day, a resident who was discharging came up to researcher and thanked her for a note she had given him telling him to become the CEO of his mental health. It created hope that he could be as successful in recovering from CMI as he had been in his business life. Additionally this ability to be the holder of hope for herself and others began to build the researcher’s self-esteem and it provided a sense of relief on most occasions to both herself and the person with whom she was sharing. This gave her a feeling of higher self-esteem and reduced stigma and stress.
“Today was weird and beautiful and exhausting. It was a good day.” The card in figure 4 that was created on day seven in relation to this journal entry included a charm that had “Hope” engraved on it. The words “for humanity” were written right after the charm, as was “the butterfly effect,” a butterfly charm and a heart recurrent imagery was found in several of the self-care cards. The purple color represented vision to the researcher. The researcher had an innate ability to hold hope for herself and others and saw this as vital to maintaining creativity and life force and to reducing compassion fatigue. The researcher found herself saying “I am holding the hope for you” quite frequently when specific clients or co-workers were having a hard time. The researcher was holding the hope for all of us in this self-care card represented by the butterfly effect, that one small flap of the wings creates a ripple effect across the world.

*Figure 4. Self-care card, day seven.*
Written on the back of the day eight card was, “learning happens no matter the direction, there are no wrong directions.” There were two self-care cards from this day at practicum. The first, shown in figure 5, had a solid background that set a tone of groundedness. It had a centralized image of a circle, which was found in most of the self-care cards. The words on the self-care card created a second boundary of containment. This was mixed media with a wooden mandala, that gave a three dimensional effect.

Figure 5. Self-care card, day eight.

Included in the journal entry for this day the researcher writes:
There is a message for me today. One of the clients said I helped them so much today, they did not think they would be able to approach the horse “but your support, breathing techniques and the worry stone we made helped me be able to conquer this fear.”

The client telling the researcher this really lifted the researcher’s spirits and made her mindful that sometimes she was helping just by staying present with someone who was in a challenging place.

**Stigma.** The theme of stigma was evident in multiple cards and journal entries. A clear example is the prominent subject of the self-care card from day six, shown in figure 6, Frida Kahlo. The journal entries ranged from recognition of societal stigma in action to inner reflection on personally experienced effects of stigma. It was not surprising that stigma appeared as a theme considering it was one of the research questions: “Will the use of creating art self-care cards and journaling allow the art therapist to feel less stigma surrounding being a wounded healer with CMI?”
On the self-care card for day six, seen in figure 6, was a cut up piece of cardboard from a box that contained a bottle of perfume. Breaking up the stigma, the card also depicted the themes found throughout the cards with hearts, feathers and circles in addition to movement. This card reflected the desire to reduce all types of stigma. The researcher looked to Frida Kahlo as an inspiration. As a person who struggled with mental health issues, addiction and physical pain, she used art to cope and as her voice as a woman in the art world in Mexico. The researcher had gone to a retrospective of the artist’s work recently and saw that Frida Kahlo was using art as a life healing modality. The researcher talked about this with clients and ran a group named “Wise Women,” in which the artist was introduced. The group then made flower headbands as homage to the ones Kahlo wore daily.
On the second card from day eight, shown in figure 7, the researcher writes, “someone couldn’t pay and they just said discharge him.” There was no real discussion about this situation and that day the client in question was gone. It took time to process that there are systems in place that prevent people from getting the help they need. Words found in the entry from this day, regarding the discharge of this person, were frustration, discounting, privileged, social justice and disrespect.

*Figure 7. Self-care card, day eight.*

This was the second card in response to this internship day. Again the background was solid but some of the black shows through in streaks. The themes of hearts, circles and feathers are present and the card reads “we are here briefly, floating on a cloud, the bird flies by leaving a
feather of higher consciousness caught with the heart while floating on a cloud.” This day was full of many aspects of being an art therapist in the milieu. Self-esteem, support, reduction of stigma and personal trauma could all be seen in the themes of this card. Combined with the journal entry, the card relayed a message of rising above the stigma associated with mental illness, reaching a higher consciousness, above the world, which discounted and disrespected those in need.

**Self-Esteem.** The theme of self-esteem was present throughout the five-week study. It was especially clear in the journal entries, but was also seen in the imagery in some of the cards. Strong solid lines, confident use of mixed media and self-portraiture all denote positive self-esteem and self-confidence. The cards and journal entries from day three and day nine stood out in particular as symbolic of high self-esteem.

In figure 8 is the self-care card from day three, which had recurring symbols of bursts, circles, eyes and mixed media. In the journal entry for the day the researcher wrote:

> Realizing giving back to myself through art and journaling is a gift – feeling the clients, self-care stuff, longing to have something beautiful for myself, warrior energy, I am fearless and I have overcome and fought, I feel self-efficacy, self-esteem, the old low self-worth fading, I am changing this.

The researcher remembered this feeling of a dance between old limiting beliefs or internalized stigma and new empowering beliefs manifesting in the work with clients and the self-care cards and journaling. The imagery in the card suggested a breaking through, a power and increasing self-confidence.
In the self-care card displayed in figure 9, the recurring symbols of circles, mixed media, self-portraiture and burst were present. In addition, there was a rocky base and writing that says, “hold on.”

Anxious and tired is how I am typically feeling before I get to create. When the novelty of me wears off they push me away – it doesn’t bother me it makes me feel like they are actually doing the work.

The overall imagery of the card depicted the researcher climbing a rocky slope towards the sun, symbolic of a goal. Although the text said, “hold on,” the card had a victorious or encouraging tone. It was not a command to keep from failing but rather an inspiration to keep succeeding.

The researcher noted several times that her stress and anxiety level were moderately high before
creating the cards. The theme of pressure to get them done was apparent in the beginning but after a couple of sessions, creating the cards and journal entries became a release and containment for the day’s work. She held on and broke through initial barriers to successfully complete the study.

*Figure 9. Self-care card, day nine.*

**Personal trauma.** Personal trauma is a clear theme that had strong imagery in several of the cards. Bursts, which are found in nine out of the eleven cards, could be depictive of a breaking through or power, or alternatively of an underlying current of past trauma. Additional containment was found in five out of the eleven cards, which can be a response to past trauma being triggered, requiring additional protection to provide a feeling of safety during the process of creation.
In the day five self-care card, shown in figure 10, there were multiple layers of containment, eyes and a burst, which were all recurring symbols in the cards. In the journal the researcher writes “today was rough, it feels like the needs can never be filled, how do you leave, I stayed 13 hours, a client said they see their qualities in me, trigger, need containment.” The researcher remembered feeling the never-ending pull to keep helping even when her time is over for the day. On this day there were some serious life endangering situations and while no one asked her to stay, the researcher could see that there was a need. In her writing she questioned what she would have done if she was at home working and she needed to pick up her daughter. Would she have left or made arrangements for her daughter to be picked up. The researcher’s family was a theme and a constant throughout her journaling.

*Figure 10. Self-care card, day five.*
In the self-care card depicted in figure 11, the symbols of feathers, eyes, hearts and mixed media continued in addition to a figure standing on rocky structures. There was a lot of movement in this card which was a response to triggered trauma and, was in all of the cards, a symbol of hope being held. In the journal entry from this day the researcher referred to being very anxious before starting the card:

[Name removed] cat is dying, other staff are having personal issues and I can see the effects - I am questioning the accountability that therapists have to each other after they have finished all of the requirements. Do they continue to be supervised?

A new client arrived with a diagnosis of dissociative identity disorder with severe sexual abuse history. The client had seventeen personalities, the three prominent ones being a six-year-old girl, a teenager and a young adult male. This triggered a memory that the researcher had of being in a group in her twenties to recover from being sexually abused. There was a peer in the group that had the same diagnosis and was very self-injurious, just as the researcher’s client. The researcher had a flashback during a session remembering this and the stress that she experienced being in a group with this peer. Creating the self-care card gave the researcher the space to create and have containment around the memory, write about it and the ability to work through the countertransference with her art therapy supervisor. Her journal entry described this experience. “New client with DID and abuse, triggered a memory of a woman in a group when I was in my 20s recovering from abuse. I want to work with her but it is a little scary as well.”

After creating the card the researcher felt a sense of calm, the journal entry also states “sometimes it is hard to sit down and reflect on the events of the day but after I do I feel relaxed and there is containment of the anxiety and stress of the day.” The hope that the researcher
experienced as a result of being able to support and be supported at the internship site allowed for an increased sense of self-esteem and cut through the triggered trauma.

Figure 11. Self-care card, day ten.

Summary of Results

Through analysis of the results, the researcher and her art therapy supervisor identified five clearly defined themes. Support system related to both previous and current support systems as viewed by the researcher and their impact on her levels of stress. Hope was identified as a positive impact on the researcher’s emotional well-being and ability to work through the stress experienced during her internship while stigma had a clearly negative impact, increasing stress and anxiety. Self-esteem surfaced as a key factor that increased during the study and with the process of creating self-care cards and journaling. Personal trauma from the researcher’s past was triggered by work with the clients, but she was able to process through the emotions and
stress by creating the self-care cards and journaling. Overall, the creation of self-care cards and journaling helped increase the effects of the positive themes like hope and self-esteem, while reducing the stress and impact of the negative themes like stigma and personal trauma. These results are further discussed in relation to previous studies in the next section.
CHAPTER V

Discussion

Themes

Support System. One of the first residents the researcher worked with during the research time period was very religious with delusions related to God and newly diagnosed with schizophrenia. During the sessions the resident expressed his sadness that his family would just “put him away,” because they did not like the fact that he was living his life based on Christianity rather than Catholicism. He felt like he was a financial burden and that he created stress in the family system. The first self-care card, which had three flowers and three hearts representing the researcher’s family, was created on the day of the first session with this resident. In analyzing the first self-care card, the researcher found that it was through counter-transference that she was experiencing similar feelings of abandonment, misunderstanding, being a burden financially, and causing stress on the family by being out of town. The researcher upon illumination recognized that the resident’s fears triggered both the researcher’s past when she felt she was a burden and the present where she feels the pressure of the extra stress placed on the family.

In the study conducted by Hejtmanek (2016), “Transformation in Adolescent Psychiatric Custody,” the research found that the adolescents reported that the major change agent in their improving to the point of being discharged was the engagement in the relationships with staff who they felt cared. The residents reported that the staff who worked with them even when they were resistant or acting out made them feel cared for. This was reported as more important than the therapeutic skills they implemented to control their behaviors.
The researcher found that she had a deep understanding and empathy for her clients and herself, understanding the weight of feeling like a burden and the residents having a feeling of being sent away because their families did not want to “deal” with them. Hamada, Ohta and Nakane (2003) determined that the family of mentally ill patients directly affect the treatment and recurrence of mental illness, regardless of culture or ethnic background. This is evidenced in the researcher’s experience by the difference in her stability throughout her life. In earlier years, the researcher did not receive strong support from her family of origin, resulting in less stability and more episodes of mania and depression. It is those feelings of abandonment by her family of origin that surfaced during the self-care work. In contrast, in later years, with her own family providing significant support emotionally, spiritually and socially, she has experienced fewer and less impactful episodes of mania or major depression.

**Hope.** The concept of hope regarding recovery from CMI had been lacking as inclusion in treatment of people with CMI even though there are many evidenced based research studies showing the efficacy of including hope as part of a rehabilitation treatment plan (Corrigan, 2014). The emphasis of the majority of psychiatric help has been concentrated on symptom lessening and a return to function that the client experienced before the inception of the illness (Park & Chen, 2016). Based on the results of this study, an important skill that the treatment team must adapt to instill a sense of hope for clients is the concept of how people with mental illness should be treated with respect as human beings as opposed to being treated as the illness (Farkas, 2007; Young & Ensing, 1999). In addition, therapists should be open to the concept of building up clients’ hope as a method to increase chances for recovery (Jacobson & Greenley, 2001).
The researcher found that hope consistently appeared in the self-care cards and journal entries and was the foundation and motivation for her life and for serving her clients. This was corroborated by the research of Snyder, Lehman, Kluck and Monsson (2006). In every session the researcher accesses an inherent state of hope for the client, holding that space for them even when they could not for themselves. The researcher also found herself carrying this strength into her relationships with her co-workers. The ability to project hope on to any person in any situation allowed for deeper, more meaningful connection with everyone in the working environment.

This inherent belief system brought many people in the environment to come and share difficulties with the researcher including fellow therapists and other employees. This was also found by Park and Chen (2016) who researched positive psychology and hope as a means to rehabilitation and recovery. Being able to encourage and shine the light on the hope gave the researcher more self-confidence, more hope for herself and deeper connections. This hope helped the researcher push through some of the stress and overwhelming anxiety of her internship.

**Stigma.** There are three types of stigma related to mental illness: internalized, public and self. Many of those diagnosed with mental illness experience all three types of stigma. “At present there is indisputable evidence about the profound impact of stigma on the symptomatic, functional and psychological recovery of individuals with serious mental illnesses” (Russinova, Mizock, & Bloch, 2017, p. 2).

The researcher entered the study with a history of living with CMI for 20 years. During this time, the researcher experienced public stigma, internalized stigma and self-stigma, such as was seen by Livingston and Boyd (2010), Corrigan and Roa (2012), and Corrigan, Kerr and
Knudsen (2005). The researcher experienced the effects of public stigma by family, friends, co-workers and mental health professionals. The researcher has internalized this stigma, which in turn has created some self-stigma, the impetus for this study’s initial engagement of the heuristic research.

The researcher held the belief that more transparency was required in the mental health and art therapy field in order to help reduce all three types of stigma. Although there was still some stigma in the workplace, the model of addictions therapists being transparent about their former addiction or recovery can be pointed to as a success model in general (Doukas & Cullen, 2011).

Stigma was a theme found in the self-care cards and journal entries. It was also reported in the research of Russinova, Mizock and Bloch (2017). The general concept was centered around the researcher’s perspective of clients being treated with less thought and planning based on the severity of the diagnosis they had been given and the way that the clients are treated as a result of insurance rules and limitations.

**Self-esteem.** Throughout the research process, the researcher was on a journey of the continuum of self-esteem. The researcher was open about her CMI to her art therapy supervisor, cohort peers, and professors. As the study went on, the researcher felt more confident and found that her experiences gave her a different understanding of how her clients felt in the milieu. She understood the feeling of being a burden to family friends and society. In the cards from day eight the researcher explored the frustration with the insurance in regards to mental health care, in addition to deep exploration of people being treated like people and not as a diagnosis. The researcher found herself empowered, with more self-confidence and a natural ability to hold a great amount of hope for herself and others in the same situation. The researcher found that at
times she felt more comfortable within the milieu with the clients than she has in other group settings. This required the researcher to be very aware of her role in the milieu, checking in with her art therapy supervisor consistently. The affirmation that the researcher received from her art therapy supervisor that she was doing well appropriately encouraged and empowered the researcher to work deeply with clients.

The strongest self-esteem came from the internal knowledge that people with CMI can recover and lead fulfilling lives. This was also found by Veseth, Binder, Borg, and Davidson (2016). The social integration model at the researcher’s internship site mirrored the field’s stance on the meaning of recovery in symptom reduction through medication and the secondary meaning of recovery in which the person was able to attain “a process of restoring a meaningful sense of belonging to one’s community and positive sense of identity apart from one’s condition while rebuilding a life despite or within the limitations imposed by that condition” (Veseth et al., 2016, p. 438). The researcher found that in accomplishing both recovery goals personally, she was able to build her self-esteem through the work with the clients and through the self-care cards.

**Personal Trauma.** This researcher art therapy intern, found that old trauma was triggered by certain situations and clients. These triggers of old trauma included a client that came in with a diagnosis of dissociative identity disorder with severe sexual abuse history. Using the self-care cards gave voice to the memory and once again gave the researcher a sense of self-esteem while remembering how far she has come from those early days in therapy.

A second form of trauma that has come up is the abandonment by family members. There were several clients in the milieu whose parents wanted them to stay there long term. The researcher had experiences of countertransference with this specific issue. In the journal it can
be found to be a recurring theme. The feeling of being cast aside or put away came up in relation to these clients. The processing of this was important and containing the imagery and writing helped to process these feelings and gave reflective distance, helping the researcher to understand how far along on the journey she was and how these experiences have helped her to become a better art therapist.

Lastly the researcher explored her relationship with her daughter who turned seven during this time. Seeing these mainly young people with so much trauma, addiction and mental health issues created a conversation within the researcher questioning how her daughter is developing and what might affect her in this world, within our family. The researcher became aware of how her behaviors, words and actions could affect her daughter. During this time the researcher’s mother became a widow and an old pattern of the pull of the researcher to take care of her mother reappeared. It was powerful to explore all of these issues during the internship experience. These three areas of trauma related material required the researcher to be vigilant in processing through the art and journaling and working through things with a therapist, art therapy supervisor and family.

**Final Piece**

The researcher chose acrylic paint on canvas to create the culmination artwork, shown in figure 12. The canvas measures three feet by four feet and is many times larger than the self-care cards used to create during the study. The colors were chosen intuitively and included different shades of blues, pinks, white and some orange. The researcher used brushes and her hands to adhere the paint to the canvas. This painting was created in a single sitting over several hours. The process began as the researcher chose to paint a light skim coat to tone down the white canvas as she usually does when creating a painting.
The blending of the colors happened organically on the canvas itself. The feeling that the researcher had while creating the painting was one of freedom, expansiveness, movement, limitlessness, power and humbleness. After completing the painting, shown in figure 12, the researcher analyzed the elements, movements and feeling that were depicted and expressed in the work. If the researcher had to label it, it would be a vast sky with no end in sight, full of all of the spectrums of color, some elements of rocky waters or high winds; a place to become rejuvenated and renewed to go back into the world again. The growth, resiliency, transparency, purposeful self-care and reflection have helped the researcher understand how important it is to continue to make art and that the freedom to be honest about the challenges the researcher faces to the appropriate people was extremely helpful in development of the researcher’s art therapist
identity. Upon reflecting on the painting, the researcher has deepened her knowledge of herself and gained an understanding of the amount of life circumstances she has overcome to be able to assist people in healing through art and psychology.

**Limitations**

This study was for a limited duration of five weeks and included only one subject. The singular subject also reduced the ability to generalize the results of the study beyond the subject’s diagnosis, leading to the recommendation to conduct further research with a larger group of subjects with diverse diagnoses. The researcher and the on-site art therapy supervisor looked for themes that emerged from the journaling and images, making the process subjective. The subjective nature of the process was reduced along with bias from previous experience with self-care cards and journaling through bracketing.

**Recommendations**

The researcher recommends that the topic be further researched to counteract the limited number of subjects. In addition, this heuristic study could be replicated in another setting and or populations, possibly with art therapists with different diagnoses or working with different client populations. To reduce the bias of the participant having previous positive outcomes from using art as self-care, the targeted participants of a future study could be limited to those who have never used art in this way. The research could easily be built upon using other art activities as well rather than being limited to self-care cards and journaling.

This study could be helpful to helping professions outside of art therapy, including nursing, mental health counselors and teachers. Publication and teaching presentations of this study, including images, could be a powerful tool for clinicians to understand mental illness from the practitioner’s experiences.
Conclusion

The research supported the hypothesis that art making and journaling used as a coping skill had assisted the researcher in reducing stress, staving off compassion fatigue and allowed the researcher containment for her emotions and thoughts. Through art making and journaling the researcher was able to see countertransference more readily. The researcher found an increase in self-esteem as a result of this study through being transparent with her professor, peers and art therapy supervisor. The ability of the researcher to explore thoughts, emotions, feelings, countertransference, past trauma and the role a support system plays in maintaining mental health had decreased the researchers internalized stigma and resulted in greater self-esteem. The use of art and journaling created a place and time for self-care that manifested in the researcher being able to let go of intense emotions and frustrations that could have led to compassion fatigue. Because the researcher has CMI, she found that she was able to connect to this population in a way that allowed for a stronger rapport with clients.

The researcher also found that by being transparent her resiliency increased and internalized and self-imposed stigma was reduced. The researcher found that creating the self-care cards and journaling allowed for the space to self-care and through that self-care, processing the cards and journaling acted as a mirror allowing the researcher to see her strengths and triggers. The researcher found that the internship experience and the implementation of the heuristic study has provided even more of a passion and a belief that transparency within the community of art therapists in a safe way is incredibly empowering, can provide another viewpoint among colleagues regarding the use of services, managing to thrive with a CMI. The researcher gained a deep understanding of the resiliency she possesses and found that it was more important than ever to share this experience in hopes of helping other providers that may be
struggling to seek support allowing for the reduction of stigma for clients, therapists and society at large.
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