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Just Scratching the Surface: The Exploration of Countertransference of a Christian Art Therapy
Intern Through Reflective Visual Journaling

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Intern Through Reflective Visual Journaling

By

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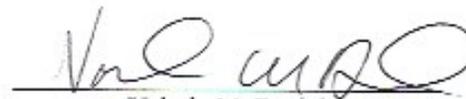
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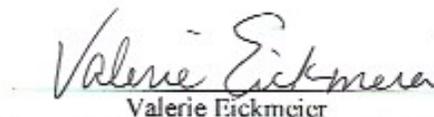


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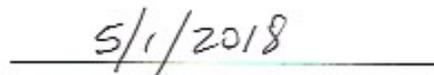


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ABSTRACT

This phenomenological art-based study explored the lived experience of a Christian art therapy intern's countertransferential experience using reflective visual journaling. The emerging art therapist participated in a 7-week reflective visual journaling process at a metropolitan hospital in the final semester of her advanced internship. The participant had 30 minutes of reflective visual journaling at the end of each week. At the end of the study, the participant engaged in a thematic analysis with her art therapy thesis supervisor. Codes were generated, and core themes were drawn from both the written words and visual images included in the reflective visual journaling process. The key findings in this study supported the use of reflective visual journaling to be helpful in identifying how the participant's Christian beliefs impacted her countertransference within the therapeutic setting. This study also found that the participant's beliefs were innately present in her practice, and that this process yielded much more to professional identity formation as well. The discussion of results was based on the themes that were found in the study that influenced the countertransferential experience. These themes consisted of the presence of God, grace and love, physical and emotional pain, emotional and spiritual strength, holding the space, three entities, and hope.

Keywords: Art Therapy, Religion, Christianity, God, Countertransference, Psychology, Art Based Research, Visual Journaling, Reflective Visual Journaling,

DEDICATION

This work is dedicated to my mom and dad—for raising me to know and love the Lord and for encouraging me to go after my dreams. I dedicate this to my husband Daniel, for always being present to support me, uplift me, pray with me throughout this process and carry me to bed when I physically and mentally could not go on. And finally, I dedicate this to the Lord, the one whom I owe all my strength and ability to throughout this process.

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TABLE OF CONTENTS

ABSTRACT.....	i
DEDICATION.....	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	ix
CHAPTER I. INTRODUCTION.....	1
A. Operational Definitions.....	3
CHAPTER II. LITERATURE REVIEW.....	7
A. Psychotherapy and Religious Beliefs.....	7
B. Psychology and Christianity.....	8
1. Creation.....	9
2. Sin.....	10
3. Love.....	11
4. Common grace.....	12
5. Five views.....	13
a. The Biblical counseling view.....	13
b. The levels-of-explanation view.....	13
c. The integration view.....	14
d. The Christian psychology view.....	15
e. The transformational psychology view.....	15
C. The Collective Unconscious and Religious Beliefs.....	16
D. Countertransference and Religious Beliefs.....	16

E. Countertransference and Art Therapy	18
F. First-Hand Experiences.....	20
1. Non-secular	20
2. Secular.....	21
G. Art-Based Research	22
1. Art as reflection.....	22
2. Reflective visual journaling.....	24
3. The creative process, spirituality, and religion.....	26
CHAPTER III. METHODS.....	27
A. Design.....	27
B. Participant.....	27
C. Investigational Methods.....	27
D. Delimitations and Limitations.....	28
E. Procedures and Data Analysis.....	28
CHAPTER IV. RESULTS.....	30
A. Analysis of Written Journaling	31
B. Analysis of Visual Journaling	32
CHAPTER V. DISCUSSION.....	34
A. God.....	34
B. Grace and Love.....	35
C. Physical and Emotional Pain.....	37
D. Emotional and Spiritual Strength	39

E. Holding the Space40

F. Three Entities.....42

G. Hope44

H. Chosen View of the Participant.....45

I. Art, God, and the Participant’s Identity.....46

CHAPTER VI. CONCLUSIONS AND RECOMMENDATIONS47

A. Recommendations.....48

 1. Clinical application.....48

 2. Future research48

REFERENCES.....50

LIST OF TABLES

Table 1. *Weekly Codes and Occurrences*.....31

Table 2. *Condensed Codes*32

Table 3. *Themes*32

Table 4. *Materials Used Each Week*33

Table 5. *Patterns in Art*33

CHAPTER I

INTRODUCTION

Religious beliefs within the field of psychology has been a continued topic of conversation. Bergin (1991) shared that there is significant discussion in the field of psychology concerning religious beliefs of therapists and psychotherapy, however, there has not been a formulated consensus as to how these beliefs impact therapy (Bergin, 1991, p. 394). Several authors sought to explore the benefits and limitations of incorporating personal religious beliefs of the therapist into the therapeutic setting. This exploration has been in effort to make the therapist aware of potential countertransference that could be brought to the therapeutic relationship (Bergin, 1991; Beutler, 1979; Bilgrave & Deluty, 2002; Carlson & Erickson, 1999; Hawkins & Bullock, 1995; Larzelere, 1980; Peterson, 2011; Saunders, Petrik & Miller, 2014; Zeiger & Lewis, 1998). As the therapist brings much of the self into the therapeutic setting, this is an important realm to explore.

The topic of self-awareness within the practice of art therapy is a factor that is heavily stressed in literature. Many theorists have noted the importance of art therapists' exploring and gaining self-awareness as a means of deeper understanding of countertransference in the therapeutic setting (Schofield, 2014; Agell & Ulman, 1992; Deaver & McAuliffe, 2009; Fish, 2012; McNiff, 1983; McNiff, 2011; Bardot, 2008). As a road for exploration, McNiff (1983) encouraged personal art making, stating that it provides for, "a pilgrimage into the self" (p. 51).

While the literature has provided an overview of personal religious beliefs and self-awareness, few studies have examined first-hand experiences of art therapists' religious perspective, countertransference, and whether artistic reflection could aid in this process. A phenomenological art-based study was designed to explore the lived experience of a Christian art

therapist's countertransferential experience through the use of visual journaling. The purpose of this phenomenological art-based study sought to add to the existing literature on Christianity and art therapy. Additionally, this can serve as a framework for further study. It was anticipated that personal insights would be identified through an exploration of countertransferential experiences in the therapeutic relationship with individuals with enduring neurological diseases.

Operational Definitions

Art therapist— Defined by the American Art Therapy Association (2017),

Art therapists are master-level clinicians who work with people of all ages across a broad spectrum of practice. Guided by ethical standards and scope of practice, their education and supervised training prepares them for culturally proficient work with diverse populations in a variety of settings. Honoring individuals' values and beliefs, art therapists work with people who are challenged with medical and mental health problems, as well as individuals seeking emotional, creative, and spiritual growth.

Art therapy— Defined by the American Art Therapy Association (2017),

Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making-creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change.

Art-Based Research— Provides the researcher a personal mode of understanding by knowing the significance of certain experiences through personal artistic creation and exploration (Carolan, 2001, p.203).

Collective unconscious- A deeper dimension of the unconscious that includes the “collective experience of one’s ancestral humanity” (Kim, 2016).

Common grace— “The concept that God’s loving care for a broken creation is evident in all sorts of ways every day” (McMinn, 2006, p. 299).

Countertransference— In the context of this study, countertransference is “an abbreviation for the totality of our responses to our work—emotional, cognitive, and behavioral” responses—that are prompted by patients of the art therapist within an art therapy session (Bowman, 2017, p. 155).

Christianity— Christianity holds the core belief that Jesus Christ was born to the virgin Mary, died on a cross for the sins of all people, and was raised from the grave on the third day. Individuals have the opportunity to believe in Him in acknowledging that Jesus Christ is the one true God (John, English Standard Version). This emphasis on Jesus Christ being the one and only God and desires to have a personal relationship with each person is what differs Christianity from any other religion.

Memos— “Memos are the written records of the researcher’s thinking, both conscious and preconscious realizations as the research and researcher grow” (Glasser, 2013, p. 2).

Memoing— Memoing is the act of building an “intellectual capital memo bank of ideas and concepts” at the start of one’s research (Glasser, 2013).

Phenomenological Research— Phenomenological research emphasizes the individual’s subjective experience. It seeks the individual’s perceptions and meaning of a phenomenon or experience and calls upon the researcher to suspend theories, explanations, hypotheses, and conceptualizations to be able to understand the phenomenon (Mertens, 2015, p. 247).

Reflective journaling— “An activity that facilitates students’ integration of course content, construction of new knowledge, and application of new knowledge” through written word (Deaver, 2009, p. 116).

Reflective visual journaling— The combination of focused art making and reflective written journaling in response to one’s own lived experience (Deaver, 2009).

Religion— “A specific, institutionalized belief system that may or may not be an expression of spirituality as practices by its adherents” (Carlson et al., 2002, p. 159).

Religious practice— A set of activities done by religious individuals such as praying, meditating, attending Bible study groups, and church services for the purpose of worshiping God (Rossi & Scappini, 2014, p. 256).

Self-awareness— “Knowledge of (one’s) own cultural heritage and the potential effects of their background on work with clients” (Bender, Negi & Fowler, 2010, p. 35).

Self-reflection— “A means by which students may develop self-awareness, the ability to care for self, and a growing awareness of self in relationship with others” (Williams, Gerardi, Gill, Soucy, & Taliaferro, 2009, p. 36)

Sin nature—The act of being born into sin as the result of human’s rebellion from God’s original perfect creation design (McMinn et al, 2006).

Spirituality— “The human experience of discovering meaning, purpose, and values, which may or may not include the concept of a God or transcendent being” (Carlson, Kirkpatrick, Hecker & Killmer, 2002, p. 159).

Thematic analysis— The identification of themes within a study (Povee & Roberts, 2014, p. 30).

Transference— “Possible ways the client experiences the therapist based on previous relationships with the self and others that exist as internalized structures in the client's unconscious” (Zeiger & Lewis, 1998, p. 419).

Value neutrality-- The act of being impartial with one's values (Peteet, 2014).

Visual journaling— “A notebook with unlined pages in which individuals record their experiences using both imagery and written text” (Deaver, 2009, p. 615). This personal reflection allows for the experience of both emotional satisfaction and cognitive awareness (Mercer, Warson & Zhao, 2010).

CHAPTER II

LITERATURE REVIEW

Psychotherapy and Religious Beliefs

Bergin (1991) sought to explore the values and spiritual dimensions that are inherently woven into the client and therapist relationship. He suggested that values from an individual's own beliefs are always present within the psychotherapeutic process. The goals that are set within therapy are implicit values that come from the therapist and client. Thus, it is important for the therapist to be mindful of the personal religious beliefs they bring to therapy so they are aware of how they are presenting themselves (Bergin, 1991; Carneiro, 2013; Bowman 2017; Zieger & Lewis, 1998; Beutler, 1979; Belgrade & Deluty, 2002). Carlson and Erickson (1999) emphasized the importance of self-awareness around personal religious beliefs and its impact on patient interaction to avoid the hazards that may occur due to diversity in opinion and religious belief. Additionally, therapists need to be aware of how their religion impacts their approach, as well as what position the religion holds in their present cultural surroundings. Bergin (1991) recommended that religious beliefs should be considered more thoroughly in research and practice of psychologists—by doing so, the therapist must seek to be cognizant of the spiritual dimensions of human existence.

Beutler (1979) spoke to the concept of persuasion within psychotherapy. Beutler (1979) suggested that patients who engage in psychotherapy experience some form of persuasion of values from the therapist's beliefs. It then becomes increasingly important to challenge the posed beliefs of the client with hopes of stimulating differentiation amongst behavioral, emotional, and cognitive facets. (Beutler, 1979, p. 438). This research demonstrates the need of therapists to be aware of their own desired outcomes within the therapeutic session. Based on personal belief

systems of clients, it is imperative that therapists are highly aware of set goals and outcomes within the therapeutic session to maintain and respect client autonomy. (Beutler, 1979, p. 438).

In Belgrade and Deluty's (2002) mixed methods study, 233 practicing psychologists reported that their religious beliefs inform their practice. This study supports the work of Carlson and Erickson stating that spirituality is at the core of all human functioning (Carlson & Erickson, 1999). With this information, Bowman (2017) recommended that curiosity and awareness need to be sought on the behalf of the therapist and the client. Bowman (2017) went on to stress the importance of reflection regarding internal and external observations around spirituality (p. 160).

Peterson (2011) shared that the integration of Christianity and professional practice happens within the therapist through a caring perspective. This means that the Christian therapist is acknowledging that individuals are all created in the image of God, and by simply being present and intentional, one is able to understand their true needs (p.118). Providing viewpoints from Christian therapists allows further evidence and understanding of patient views within the therapeutic setting. The participants in this study experienced their Christian beliefs within their clinical work to have taken place through how they see and relate to the patient (Peterson, 2011, p. 118). Carencro (2013) shares that, "In a principally Christian capitalist society like the United States which hosts many cultures and values, it is crucial for therapists to be aware of how their own values and agendas affect their relationships with clients" (p. 137).

Psychology and Christianity. Peteet (2014) shared, "Christians believe that the experience of God's unconditional love empowers people to love both others and themselves" (p. 1193). Just as each religion holds certain values with high regard, Christianity holds love and grace as a framework in the realm of therapy (Peteet, 2014). When a Christian therapist works in

this framework, both love and grace are experienced and given to others. This allows the therapist the luxury of deeply empathizing with his or her clients on that level.

McMinn et al. (2006) also suggested that the fundamental acknowledgement of sin is an important part of therapy, due to Christians believing that all people are born into a sin nature and that sin has “affected every area of our lives: intellectual, spiritual, emotional, physical and so forth” (p. 298). To acknowledge sin, would be to acknowledge the origin of sin in the book of Genesis in the creation account. Pascoe (1980) stated that, “Attention to the human origin, nature and destiny (purpose) is at the root of all psychological theory and investigation” (p.13). It is vital to note that, “A Christian theology of sin does not leave a person in the state of despair or distress, but points towards a gracious God who offers forgiveness, acceptance, and love” (McMinn et al, 2006). Therefore, the grace bestowed by God offers love to all people in their personal sin that is developed from being born into a sin nature. In the same way, the grace bestowed through therapists with the help of God, who dwells within them, allows love to flow into the therapeutic relationship.

Creation. Crooks (2013) expressed that, “For many, understanding God as Creator is an integral part of their faith” (p. 20). Christians believe that, “In the beginning, God created the heavens and the earth...and God saw that it was very good” (Genesis 1:1, 31, English Standard Version). All things were made through him and without him nothing was made (John 1: 3-4, English Standard Version). “By creating humans, God revealed himself as the creator, as the only and absolute origin of all things” (Pascoe, 1980, p. 17). The book of Genesis shares that the creator, God, made the earth in the span of 6 days, and on the seventh day He rested. (Genesis 1 and 2, English Standard Version). It was on the sixth day that “God created man in his own image, and in the image of God he created him; male and female...” (Genesis 1:27, English

Standard Version). Tan (2011) expressed that “Humans are created beings fashioned into God’s image. Fallen with a sinful nature and striving to find meaning, people are also redeemable, dwellable by God’s spirit, and transformable for God’s purposes” (Tan, 2011, p. 329). Being in the image of God also suggests that we can “represent God to each other” by following his commands (Crooks, 2013, p. 21). After the creation of man and woman, there came “the fall.” This was when God specifically told Adam and Eve not to eat from the tree of “Knowledge of Good and Evil” and they deliberately followed their own interests and desires and sinned, causing creation to lapse into a broken state of being (Genesis 3, English Standard Version).

Sin. The story of Adam and Eve in the Bible is an essential belief in the life of Christians, because it marks God’s creation of the earth and all its inhabitants. This account also exhibits how God’s original design was tainted by sin (McMinn, 2006; Geneses 1-3). “This implies that God valued human agency enough to create humans with a capacity to choose between following God and following their own self-motivated desires” (McMinn, 2006, p. 296). Christians believe that all humans are born into a sinful nature due to the fall of man in the book of Geneses in the Bible (McMinn et al, 2006; Romans 5:12-14; Psalm 51:5; Genesis 3). Through this sin that is intrinsically woven into the fabric of human existence, individuals can never fully be good, which is why God’s grace is so humbling (McMinn et al, 2006, p. 298).

The view of sin is what sets this framework of love and grace of Christian therapists apart from the initial belief of person centered humanism. Person centered humanism, based on Carl Roger’s postulations is based upon the belief that “people are essentially trustworthy and have vast potential for understanding themselves and resolving their own problems without direct intervention” (Corey, 2013). It is through God’s love and grace that there is healing, and humanism sees that one’s healing potential is merely from one’s own strength. The key

foundations of humanism and psychology from the Christian perspective are different, but other aspects within the theories can be seen to align. With this knowledge of sin being apparent from the beginning of creation, it allows individuals to have a better grasp on why love and grace are important to Christian therapists.

Love. “The Christian story is first a story of a loving God who delights in a good creation. Even though creation is tainted by sin, creation is still good and God still loves it” (McMinn et al. 2006, p. 299). The Bible records many instances where love is found to be the most important characteristic that a person can emulate. The Bible defines love in 1 Corinthians 13:4-8, stating:

Love is patient and kind; love does not envy or boast; it is not arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice at wrongdoing, but rejoices with the truth. Love bears all things, believes all things, hopes all things, endures all things. Love never ends (ESV).

The bible also states that all these characteristics are from God, due to Him being the very origin of love, in the expression that “God is love” (1 John 4:8). And because God is the very essence of love, He shows this to his creation through the grace of the giving of his son to take away those sins that became evident at the beginning of creation from the disobedience of man.

For God so loved the world, that he gave his only Son, that whoever believes in him should not perish but have eternal life. For God did not send his Son into the world to condemn the world, but in order that the world might be saved through him. (John 3:16-17).

The purpose of life through the lens of Christianity is to know God relationally through believing in Him, and by doing so, becoming more like Him (Pascoe, 1980, p. 17). The call then for

Christians is to bring others to Christ as well. Therefore, the greatest way to love others well is to first love the creator God (1 John 4:7).

Common grace. Common grace should not be mistaken by God's saving grace, but rather "God's loving care for a broken creation that is evident in all sorts of ways every day... and professional psychologists need not share the particular Christian beliefs with their clients in order to be instruments of common grace" (McMinn, Ruiz, Marx, Wright & Gilbert, 2006, p. 299). Daalen (2012) shares that, "The concept of common grace provides insight into the mystery of goodness in and through people who have turned away from the Creator God; therefore, it gives insight into potential blessings that come through secular psychotherapy as well" (p. 230). Though common grace is not specifically stated in scripture, it is implicitly present (Daalen, 2012). McMinn et al. (2006) states,

...I am convinced that good therapy works because it is a place that emulates grace. It is a place of acceptance and mercy, a place where sin and the consequences of sin can be openly explored without the fear of judgement. This frees people to look honestly at themselves, to become more open in their own relationships, and to move forward into richer and deeper connections with those they love (p. 299).

This too could suggest that the unconditional positive regard—which is the acceptance and caring attitude from the therapist—could be evident in therapy from this view of grace (Corey, 2013). Unconditional positive regard is also an expression of common grace in that the therapist realizes we have flaws, but something is likable in all of us. Thus, grace and love are innately incorporated into the practice of Christian therapists because these virtues are the foundation of their purpose in life. How these are integrated into psychological practice is based on how an individual chooses to acknowledge and implement therapy. Just as individuals were created with

the ability to choose, Christians are presented with the ability to choose which view they will use to approach the therapeutic process. These views will be addressed based upon Johnson and Myers (2010) book, *Psychology and Christianity: 5 Views*.

Five views. Johnson & Myers (2010) addressed differences in approach to the combination of Christianity and psychology. The five views describe different levels of acknowledgement of psychology within Christianity. The five views are: The biblical counseling view, The levels of explanation view, The integration view, The Christian psychology view, and The transformational psychology view. These views merely represent the most distinct and “clearly articulated evangelical approaches to psychology and counseling to date” (Johnson & Myers, 2010, p. 38).

The Biblical counseling view. This view consists of the belief that psychiatry and psychology are secular and do not encompass Christianity. The biblical counseling view states that truth within the bible is sufficient to all spiritual needs. It is taught that genuine Christian counseling is led by pastors in the Christian community and repentance of sin is the primary treatment for all human experiences. The view is held that God is the solution to all individuals’ difficulties and the “Christian faith *is* a psychology... (and) Christian ministry *is* a psychotherapy” (p. 245). Biblical counseling differs greatly from psychotherapies in the way that they approach the care and cure for the soul (Johnson & Myers, 2010, p. 245).

The levels-of-explanation view. This view describes a sharp distinction between the levels of psychology and theology. “All levels of reality are important (Physical, chemical, biological, psychological, social, and theological)” (Johnson & Myers, 2010, p. 33). Therefore, to blur the boundaries of any of these levels would be confusing and a misunderstanding of reality. For example, “Psychology is one important perspective from which we can view and understand

ourselves, but it is not the only one” (Johnson & Myers, 2010, p. 52). Psychological science can yield many correlations between human development, family structured biblical truth and it “challenges us to revisit certain assumptions, mindful that all truth is God’s truth and therefore, truth is to be welcomed and not feared” (Johnson & Myers, 2010, p. 75). All levels use different modes of investigation and to keep the levels separate would be the best way to eliminate bias and respect the integrity of the scientific method (Johnson & Myers, 2010, p. 33).

The integration view. This view is more open to modern psychology than the biblical counseling view and more integrative than the levels-of-explanation view. Johnson and Myers (2010) stated that, “Integration means approaching the discipline and profession of psychology with a commitment to having one’s Christian convictions shape every aspect of one’s work” (p. 125). Integrationists believe that Christian theology and psychology hold importance. Noting, that both disciplines address, “in different ways, the nature of human beings, how they develop, what has gone wrong with them and how they can overcome what has gone wrong” (Johnson & Myers, 2010, p. 35). Since the Bible does not go into deep detail about helping humanity, integrationists lean towards psychology in hopes that it can contribute in the understanding of the entirety of human development and interaction (Johnson & Myers, 2010, p. 125). “Because all psychology is infused and shaped by metaphysical and moral presuppositions, we also expect that we may need to modify and reshape what we learn from psychology in light of our Christian beliefs” (Johnson & Myers, 2010, p. 125-126). Integration has largely influenced the evangelical community. James Dobson is just one example of a well-known integrationist who has been involved in Christian radio programs for years, discussing family structure, marriage, and children.

Dobson was one of the “most visible, popular and influential ‘experts’ on the topics of parenting and discipline for children” (Buttner & Fridley, 2007, p. 131). He is well known for “‘pro-family’ political activism of Focus on the Family, the organization he founded.” He was first a child psychologist and wrote several books that approach biblically based discipline measures through the lens of tough love. Dobson’s Focus on the Family radio broadcast is now broadcasted daily to over 1,600 stations. (Buttner & Fridley, 2007, p. 131)

The Christian psychology view. Christian philosophers have developed distinct Christian positions within the realm of the bigger system of psychology. This is thought to bring an alternative paradigm to secular models of therapy. Currently, there is a push for Christian psychologists to develop their own theories within the larger umbrella of psychology because of their beliefs of the creation of humans and their purpose on earth. The Christian psychology view holds the stance that psychology is native to Christianity in itself, thus making it a fundamental factor of faith. By thinking this way, they believe that Christian Psychology should develop their own theoretical views, just as many views in theories exist within psychology itself. This hopes to lend more diversity into the field of psychology (Johnson & Myers, 2010, p. 174-175).

The transformational psychology view. This view was developed by those involved in the integrationist view. They believed that through the progression of their work they developed a view that should become a separate theory. They state that the primary focus is on intellectual, personal, ethical, experiential, and spiritual matters. This means that it focuses on the person and the process—an all-encompassing act. “Science and faith do not involve two separate acts, for doing psychology *truly* is to do it in faith, in the love of God—to contemplate God in the object and the object in God” (Johnson & Myers, 2010, p. 225). This places observation upon the ethical concerns within spiritual formation, care, and direction. This investigates the history of

Christianity to then form a form of soul care from the framework of Christianity. (Johnson & Myers, 2010, p. 38).

The collective unconscious and religious beliefs. Kim (2016) addressed the viewpoints of both Jung and Hall regarding the psychology of the human psyche and religion. The collective unconscious was deemed to be, by Jung, a deeper dimension of the unconscious that includes the “collective experience of one’s ancestral humanity” (Kim, 2016, p. 1251). Hall did not directly use the same terminology when referring similarly to what we consider to be the collective unconscious. Hall considered it to be termed the “racial soul” due to the collective makeup on the deeper levels of human psyche. (Kim, 2016, p. 1252). Religious beliefs have the potential to share a spot in the collective experience of humanity, due to one’s personal beliefs of where this collective experience of humanity begins. Jung expressed that “the collective unconscious functions as the matrix of religious experience” (Kim, 2016, p. 1258). Thus, suggesting that the collective unconscious—what is engrained in the human experience—ultimately sets the stage for religion.

Countertransference and religious beliefs. Countertransference is “an abbreviation for the totality of our responses to our work—emotional, cognitive, and behavioral” responses—that are prompted by patients of the art therapist within an art therapy session (Bowman, 2017, p. 155). There is a growing archive of literature that attends to the topic of countertransference and religious beliefs. “Common types of negative countertransference, nuanced relationships between the patient’s religious transference and the therapist’s countertransference, complexity added by dual roles ... and potential therapeutic richness offered by shared religious imagery” are all found to be present in this archive (Peteet, 2009, p. 165).

Ultimately, countertransference must be observed and reflected upon by the therapist—especially when relating to religion—because the beliefs and values from the practiced religion will impact the therapist’s framework and insight into the therapeutic relationship (Peteet, 2009; Erickson, 1999). In fact, value neutrality within psychotherapy—which is expressed to be the act of being impartial with one’s values—is seen to be a myth by Peteet (2014), “and a majority of US physicians report their religious faith influences their practice” (p. 1190). Since theory is a choice framework that therapist chooses to conduct therapy from, it is suggested that therapy is innately based in values stemming from religious beliefs of the therapist.

In Meissner’s 2009 article about religion in the psychotherapeutic relationship, he addressed the transference and countertransference experience. Meissner (2009) wrote,

It is claimed that the more similar analyst and patient are in background, education, language, culture, and general pattern of life experience, the more likely it is that they will be able to attune to each other empathetically, but one would have to add conversely that their similarity can also provide the opportunity for significant countertransference problems. These can play an especially problematic role when it comes to matters of religious conviction and involvement (p. 123).

The knowledge and experience that the therapist has encountered can hide the underlying psychic reality that is occurring within the patient’s personal experience. If the therapist over-identifies with the patient’s religious beliefs, it is thought to allow for deeper empathy in therapy, but it could become a stumbling block to the therapist as well (Meissner, 2009). Meissner (2009) suggested that through excessive empathy, due to a therapist’s overidentification, the transference relationship would be blurred, as past parent figures are projected into the relationship with God and the therapist. Thus, Meissner (2009) recommended that the religious

therapist and the non-religious therapist should be cautious of overidentifying or not identifying with a patient because countertransference could impede the analytical process. In the therapeutic relationship, one's own experience of God will likely impact one's view of someone who has a relationship with God as well (Meissner, 2009; Peteet, 2009). A common experience mentioned in both Meissner (2009) and Peteet's (2009) study was the therapist's "disappointment" in the patient's actions that contradict their shared religious beliefs.

Countertransference and Art Therapy

Agell & Ulman (1992) suggested that there are two different poles that art therapists tend to lean towards—the acknowledgment that “yesterday’s relationships with absent others merely introduces unnecessary complications” in the therapeutic process, or the opinion that, “the highest goal an art therapist can aspire to is to become a psychoanalyst who incidentally uses art materials” and between those two poles were individuals who saw that countertransference was a relevant experience within the therapeutic relationship (p. 5). This suggests that there is a range of beliefs within the field of art therapy towards the acknowledgment and use of the countertransference experience. Robbins shared that countertransference, “constitutes as the total emotional response of the therapist to the patient” (Robbins, 2000, p. 147). This demonstrates the complexity of countertransference in the therapeutic relationship. Robbins (2000) stated,

The broader definition maintains that the countertransference phenomenon reflects not only the realistic and neurotic issues of the therapist, but also reactions to the patient's reality and transference that help the therapist better to understand the patient's unconscious behavior, particularly as associated with early object relations (p. 148).

Additionally, Agell and Ulman stated that “self-knowledge,” the understanding of one's own complex life, is a valuable part of the art therapist's training (Agell & Ulman, 1992).

Both Robbins and Ulman (1992) spoke to this idea of “unraveling the tangle” and “untangling” one’s self from the webs created by life. This could be seen as the complexities of the human existence. The history woven into each individual can interfere with one’s ability to relate in an authentic manner due to the past influencing the present moment (Agell & Ulman, 1992). Thus, it is recommended that being aware of one’s own self in the countertransference relationship is highly important (Bergin, 1991; Carneiro, 2013; Bowman 2017; Zieger & Lewis, 1998; Beutler, 1979; Bilgrave & Deluty, 2002).

Notably, Robbins also suggested that within the field of art therapy, therapists are presented with tools of creative thoughts and materials to establish rapport, to allow for more fluid conversations, and to break down boundaries. However, the creative medium can also be utilized as a way, “to mask countertransference reactions and to keep the therapist at a comfortable distance from the very patient he is trying to reach” (Robbins, 2000, p. 151). Consequently, though art therapists are trained to use the powerful tool of creativity within therapy, they can ultimately be bound by the lack of awareness of personal reaction to the materials—unknowingly presenting patients with unsupportive media because it is supportive to the therapist. Robbins (2000) stated,

Each therapist brings to treatment his own particular style, expectations, and attitudes from the past that will have an important impact on the patient’s communications.

Paradoxically, therapists’ effectiveness will be determined partly by their ability to untangle themselves from countertransference reactions so that they can listen and respond effectively to the patient (p. 151).

Robbins (1998) continued to suggest that individuals bring all of their training and tools they develop as an art therapist and they also bring themselves. He stated that it is important to learn

to trust one's self and to be aware of the "experience of what it feels like to be with the patient, because this is another significant source of information..." (p. 88).

Schaverien (2005) added that active imagination within art therapy influences both transference and countertransference, meaning that artwork created in the session by the patient manifests both the transference and countertransference dynamic in the session (Schaverien, 2005, p. 44). This is congruent with the evidence found in Agell & Ulman's (1992) report that the art materials serve as a third entity in the therapeutic relationship. This then could suggest that the artwork provides an "aesthetic countertransference" from the therapist in the session (Schaverien, 2005, p. 47).

First-Hand Experiences

First hand phenomenological research experiences within the field of art therapy are scarcely documented. Despite the limited numbers, the experiences that have been studied and recorded have been seen to yield important information for future research. Both non-secular and secular experiences were found to be present.

Non-secular. Fuchsberg (1993) addressed an experience between an art therapy intern who was a Jew and the client who was a Catholic nun. This case study provided a firsthand view of the experience between two different religions within the therapeutic relationship. Fuchsberg (1993) addressed how personal religious and spiritual backgrounds affect the decisions and actions one makes during therapy—both from the client and therapist (p. 56). Suggestions were made that the client's religion could serve as a block or defense in the therapeutic process (p. 59). Fuchsberg (1993) stated that though the patient in that study did not know the art therapy intern's religious beliefs, she became aware through the way he presented himself and responded to the patient in the setting.

Though beliefs may not be explicitly expressed, how a therapist presents one's self can impact the patient's response within therapy. Fuchsberg's (1993) statements suggested further importance of identifying possible implicit values from the beliefs of the therapist, ultimately yielding to countertransference. Similarly, Zeiger and Lewis (1998) shared that beliefs which influence the personal values of the therapist are unavoidable in the therapy setting. This suggests that the importance of awareness of self and other will benefit treatment and assessment.

Secular. Schofield (2014) wrote about an experience of countertransference within a new art therapist. The art therapist identified the defense of projection identification within this experience and how she used countertransference as a means of self-awareness and a bridge to inform potential feelings elicited by her clients (Schofield, 2014). The artwork provided a "container for the unconscious" and informed her experiences and existential fears (Schofield, 2014, pg. 30). This personal account of desired self-awareness through the focus of the art therapist is an additional need that is essential in the therapeutic setting (Schofield, 2014; Agell & Ulman, 1992; Fish, 2012; Bardot, 2008). Unknowingly, this therapist specifically noticed the same symptoms that the current patient was experiencing. While the artwork posed as a container for the art therapist to observe the lived experience of her patients, this also suggested that it would be a helpful mode of inquiry for the therapist to do the same for her own lived experience.

Agell and Ulman (1992) provided several first-hand accounts of art therapists' encounters with countertransference in a therapy setting. One example provided, stated that Ulman used her awareness of countertransference in one of her sessions, both to understand her patient's motivation, and to detoxify her own "destructive response" (p.5). Fish (2012) also speaks to the

use of response art to inform the understanding and awareness of countertransference with desired growth on the therapist's part.

Art-Based Research

Art as a tool in the research process has become an increasingly useful instrument.

Kapitan (2018) expressed art-based research to be,

...the creation of knowledge using artistic means within a research perspective. This research approach emphasizes the making of artistic forms and their expressive qualities in order to call forth, understand, and examine experience that can not be articulated through conventional means (p. 212).

Art-based research allows what might not be able to be observed through alternative modes of exploration to be identified. A deeper look into specific means of art-based research will be addressed below.

Art as reflection. Several authors have suggested that reflective visual journaling by the clinician could aid in self-awareness of countertransference issues, case conceptualization and inform therapists of their own internal experiences in response to what a patient is bringing to therapy (Deaver & McAuliffe, 2009; Havsteen-Franklin & Altamirano, 2015; Harter, 2007). Due to the discovery that art-making could be a way of knowing, understanding, and resolving conflicts that are not accessible by spoken word, this could be used on behalf of learning about the internal experience of the therapist (McNiff, 2011). Not only can art be a mode of exploration for deeper awareness, but it can also allow for significant self-care through the mode of specific reflection and creation (Harter, 2007).

Harter (2007) spoke to the idea of the therapeutic process being a, "unique co-creation" between the therapist and the client (p. 171). Both persons bring themselves into the therapy

setting to create what is then fashioned into the therapeutic relationship. Therefore, engaging in intrapersonal reflection through the creative process between therapist and client could aid in discovering the therapist's lived experience. If the art therapist engages in this creative process, it would mirror what therapists are asking their patients to embark on each session. Harter (2007) also suggested that, "Limiting ourselves to verbal modes of meaning, may leave important aspects of experience to be constructed only at the most implicit levels, such as physiological processes, automatic behavioral patterns, repetitive memories, and unexpressed emotions" (p. 176). Reflective art is seen by several authors to be a helpful tool to explore what is unachievable through alternative modes of expression (Scott Shields, 2016; Hieb, 2005; Kapitan, 2018). It suggests that the creative process presents as an additional modality of knowing one's own lived experience and possibly the experience of self in relation with other.

Miller (1995) stated that "art is a deeply personal way of knowing" (p. 177). "Although images may be describable in words, the description remains only one possible facet of an experience" (p. 177). Art then functions as a way of knowing beyond the self, in a way that is not yet known to the creator. Miller (1995) stated,

Not only is art a way of experiencing implicit, ambiguous, complex aspects of the self (such as countertransference), it is also a way to reach beyond the self, setting aside preconceptions and connecting with external reality, and with other people, from new perspectives (p. 177).

Art could be considered an alternative perspective, but also an alternative or additional entity of knowledge that resides deep within the psyche, yearning to exist in the external environment.

Miller (1995) shared that "creativity requires living in the tension of the opposites" (p.135). If one were to consider countertransference as being a sort of tension from the opposite

emotion that is expected to be encountered, art could in fact be a mode of discovery. Miller (1995) also shared the concept of the creative process being a death and birth process, much like the nonlinear process of art making. Countertransference is shared to be much like a tangle—being nonlinear— therefore, art could aid in a similar nonlinear action in bringing to the surface unconscious experiences within countertransference. Miller (1995) recommends that art therapy provides the bridge to seeing more clearly and it becomes an exercise in showing what is real. This suggests that the researcher, through the mode of artistic reflection, could experience what is real—even if it is not perceived prior to the reflection process.

Reflective visual journaling. Many individuals indicated that they have benefitted from the experience of creating either a visual journal, reflective journal, or in this case—the method to be used in this study—reflective visual journaling. Deaver (2012) expressed that, “The combination of art making in the classroom and in the studio, as well as in visual journals is thought to increase students’ abilities to integrate diverse concepts, conceptualize clinical work, process and work through internship experience, and develop their personal identity” (p. 158).

Visual journaling is, “A notebook with unlined pages in which individuals record their experiences using both imagery and written text” (Deaver, 2009, p. 615). It allows for the experience of both emotional satisfaction and cognitive awareness to be had (Mercer, Warson & Zhao, 2010). Reflective journaling is “an activity that facilitates students’ integration of course content, construction of new knowledge, and application of new knowledge” through written word (Deaver, 2009, p. 116). Reflective visual journaling is then, the combination of both visual and reflective journaling. It is the blend of focused art making and reflective written journaling in response to one’s own lived experience (Deaver, 2009).

Shields (2016) expressed, “The journal is a place to record and explore ideas through text

and image in an attempt to create tangible evidence of understanding as a process, not a product” (p. 4). Sackett and McKeeman (2017) shared that 10 counseling students who were asked to use this as a mode of stress reduction and investigation were surprised by how “transformative and empowering” the experience was for them (p. 243). Shields (2016) mentioned that though it is helpful to begin with a guiding question, the goal is not to answer the question, but merely engage the question in the search for new understanding. Notably, this experience of interacting with and creating in the journal is based on the process instead of the product. Deaver (2009) spoke to the reflective visual journal as being a helpful tool for exploration of self. Additionally, Messenger (2016) shared that the journal provides “a voyage of discovery where ideas, imaginings and observations can be brought into existence” (p. 136). It has been found that having the ability to, “informally write, draw, and think around ideas and observations,” allows for active engagement in data, as well as providing additional “layers of thinking” during the research process (Scott Shields, 2016, p. 17). This type of journaling ultimately provides an additional individualized way to explore self-experience and the experiences of others. Messenger (2016) shared that “journals provide the means for revealing patterns, organizing devices associated with, for example, key influences, hidden issues and challenges” (p. 136).

Within Harter’s (1995) article, “Weismann (1970) described language and visual art/imaging as different modes of thinking and communicating” (p. 175). Thus, the integration of both visual art making, and written language allows for a multifaceted approach to research. Language is experienced in a linear fashion and can be practiced through a dimension of documented time. Images are nonlinear and allow for experienced documented space. In a culture that is so dictated by time, the linear mode of research and development is highly

encouraged. The use of art— a nonlinear and nonverbal medium—could expose the lived experience to awareness that was never able to be achieved prior (Harter, 2007).

The creative process, spirituality, and religion. McIver (2015) addressed creation of art to be a spiritual practice. The therapist—McIver—spoke specifically to the awareness within her body that was present through the interaction with clay (McIver, 2015, p. 87). McIver (2015) expressed that “each time I come back to the pieces, and sit with them, I learn more...I must continue to surrender to the pieces and experience, in order to embody them more wholeheartedly and to know my psyche’s calling for surrender to God” (p. 88). The experience within her psyche is addressed through explaining how her creative process turned into a spiritual experience. The creative process is stated to be more than a product, but a journey of coming to know more of self and God through the aspects of the pieces that are revealed during each involvement with the process.

Heinz (2009) shared that, “Because humans were created in the image of God, a divine and definitive creator, our basic human nature is believed to be creative” (p. 169). With the awareness that basic human nature is creative because of being “made in the image of God”, all beings have an innate connection to the creator. Creativity could serve as a scaffolding to communication with the divine creator or communication about this creator through the gift of creativity. Creativity as a connection could allow for not only communication with self, but also for the exploration into one’s own spiritual or religious experience and countertransference.

CHAPTER III

METHODS

Design

A qualitative art based phenomenological study was conducted using reflective visual journaling. According to Van Lith (2008), phenomenology “aims to assist people who are trying to find themselves in the world through visually expressive self-projections and looking inward to create new meaning” (p. 25).

Participant

The researcher was the subject of this study. She is a 22-year-old, Caucasian, female art therapy graduate student. At the time of the study, she was in her final semester of graduate school. The participant was at her advanced internship site for 3 days a week for a total of 24 hours. The participant is a Christian and has been personally exploring how religious beliefs inform her identity as an art therapist.

Investigational Methods

Reflective visual journaling is the combination of focused art making and reflective written journaling in response to one’s own lived experience and was used to document the researcher’s lived experience as an art therapy intern (Deaver, 2009). It was anticipated that utilizing this tool of inquiry would stimulate personal awareness that would not have been able to be done through other modes of inquiry. This reflective visual journal was used for addressing countertransference in relation to overall patient experience at the clinical internship site of the researcher (Deaver, 2009).

Delimitations and Limitations

Purposeful delimitations have been put in place in this study. Choosing the researcher as the only subject within this study makes the results of this study not generalizable. The study includes the internship experience as a whole, utilizing a caseload of approximately 20 clients. The researcher was the main subject as opposed to alternative research participants. This was done with hopes to promote personal awareness of the researcher as the art therapy intern. Purposeful reflection of the whole internship experience with a full case load was done as opposed to focusing on specific patients. This was done in hopes to encounter countertransference with many individuals from different walks of life. There was no obligatory boundary on the type of art materials used within this visual reflective journal, as the only limitations that were posed in the artistic process were self-imposed—allowing for new vantage points within the journal (Scott Shields, 2016).

Limitations for this study included patient participation rates—ultimately impacting the hours of interaction the researcher will receive in a week. An additional likely limitation within this study was the researcher only interacting with individuals on the outpatient basis and mostly with individuals who have lasting neurological disorders. This could have impacted the results of the study—limiting the spectrum of individuals with differing diagnoses that are encountered in the setting, causing the study to be difficult to replicated in the future.

Procedures and Data Analysis

The researcher participated in 30 minutes of reflective visual journaling at the end of each week for a total of 7 weeks. The process took place in a consultation room at a metropolitan hospital. The journal and materials were secured on-site. The following materials were provided: 9x12 water color paper journal, a roll of brown paper, cardboard, acrylic, tempera, and water

color paints, chalk and oil pastels, slick sticks, thin and thick markers, colored pencils, tissue paper, magazines, scissors, glue, and hospital latex gloves. The prompt that was used throughout all the journal entries was: “What am I coming to know about myself as I work in this clinical practice?” (Williams et al., 2009).

After the completion of the 7-week reflective visual journaling process, a thematic analysis was conducted by the researcher and her thesis advisor. A thematic analysis is the identification of themes within a study (Povee & Roberts, 2014, p. 30). There were six steps within this thematic analysis. Those steps consisted of— “(1) Become familiar with the data, (2) Generate initial codes, (3) Search for themes within data, (4) Review the themes, (5) Define the themes, and (6) Write up the findings” (Maguire & Delahunt, 2017). The themes that were found by the researcher and her advisor were then categorized and compared to the existing literature in the final stage of this six-step process.

Memoing is the act of building an “intellectual capital memo bank of ideas and concepts” at the start of one’s research (Glasser, 2013). “Memos are the written records of the researcher’s thinking, both conscious and preconscious realizations as the research and researcher grow” (Glasser, 2013, p. 2). This technique allowed the participant to explore personal bias. This was completed prior to the start of the visual journaling and throughout the thematic analysis. Results of this were not reported, although, they did inform the understanding of the results and influenced the discussion.

CHAPTER IV

RESULTS

It was hypothesized that if the researcher, as the Christian art therapist, studied the personal experience with countertransference through reflective visual journaling, the therapist would learn more about how personal religious beliefs inform interactions with patients. It was also proposed that through those potential findings, the field of art therapy will have additional research as to how an art therapist's personal religious beliefs impact the therapeutic relationship. From this proposition, a heightened sense of self-awareness on the therapist's part was hoped to be achieved.

The memoing prior to the study provided a starting point to discuss how personal values and biases influence the researcher within a study. The words that were recorded within the memos were thoughts that were not innately present in the study. Factors such as being a Christian, an artist, a trained art therapist and student all were documented prior to the study. These identity markers provided a guide for potential biases and how they may have contributed to both the experience and content evoked from the reflective visual journaling.

After the completion of the seven-week study, the participant and her thesis advisor reviewed each week's reflective visual journal. The advisor read the written reflection of each week aloud for both to hear. After, they placed a sheet of tracing paper over the written text and highlighted key words or phrases that appeared. Some words were based on repetition, others were chosen due to the word or phrase standing out to the participant. The words and phrases were then recorded and discussed regarding the content of the word and connections to the words or phrases to memos. Additionally, the words or phrases were compared to each subsequent week. The participant and the thesis advisor met two times. In the first meeting, three of the seven weeks were observed and codes were created. In the second meeting, the final four week's

codes were completed. The artwork was then viewed as a full body of work at the end of the second meeting along with all the codes from each week.

Analysis of Written Journaling

Table 1

Weekly Codes and Occurrences

WEEK 1. Strength (6) God (2) Heart (4) Pain (3) Search for Safety (2) Safety (4)	WEEK 5. Perspective (4) Roots (3) Pain (2) Lord (2) Strengthening (1) Jesus (1) God (1)
WEEK 2. Alone (1) Bearing Someone's weight (1) The Lord (1) Strengthening (1) Hold the Space (1)	WEEK 6. Life (3) Gracious Heart (1) Accept (2) Acceptant (1) "Am I truly?" (2) Own heart (1)
WEEK 3. Support (3) Supporting (1) Safe Place (1) Christ (2) Pain (2) Saved (1)	WEEK 7. Expect (1) Expectations (1) Expecting (1) God (1) Sinning (1) Humbled (2) Faith (1) Experience (1) Experiencing (1) Grace (1)
WEEK 4. Save (1) Saving grace (1) "Hands and Feet" (1) "Hope Seems to be nonexistent" (1) God (4) Fallen World (1) Lord (3)	

Based on the weekly codes reported in Table 1, an analysis was conducted over the full 7 weeks to identify similar words and word occurrences in the study to condense codes (See Table 2) which were used to inform themes. The small numbers in Table 2 are the condensed codes that correlate with the numbered themes in Table 3.

Table 2

Condensed Codes

Strength/Strengthening ^{4,5}	Perspective ^{1,2,3,4,5,6,7}
God, Jesus, Lord, Christ ^{1,2,3,4,5,6,7}	Roots ^{1,2}
Heart/Hearts ⁴	Life ^{3,4,5,7}
Pain ^{3,4}	Grace ²
Support ^{1,2,3,4,5}	Love ²
Hands and feet ²	Experience ^{1,2,3,4,5,6,7}
Hope/Hopefulness ⁷	
Hold the Space ^{4,5}	

Table 3

Themes

1. God
2. Grace and Love
3. Physical and Emotional Pain
4. Emotional and Spiritual Strength
5. Holding the Space
6. Three entities
7. Hope

Analysis of Visual Journaling

The available materials within the space during the study were 9x12 water color paper journal, a roll of brown paper, cardboard, acrylic, tempera, and water color paints, chalk and oil pastels, slick sticks, thin and thick markers, colored pencils, tissue paper, magazines, scissors, glue, and hospital latex gloves. Those listed in Table 4 are the materials that were chosen to be used in the study.

Table 4

Materials Used Each Week

Week 1.	Oil pastels, super tip markers
Week 2.	Collage materials, stick glue, scissors
Week 3.	Sharpie markers, water color paint, pair of latex gloves, hot glue, paper,
Week 4.	Collage materials, super tip markers, stick glue, scissors
Week 5.	Water soluble pastels, super tip markers, cardboard, hot glue
Week 6.	Watercolor paint, pencil, colored pencils, super tip markers, collage materials, stick glue
Week 7.	Water color paint, oil pastels, brown paper, stick glue

*Watercolor paper used for all weeks

Along with the themes (See Table 3) that were observed within the written journaling portion, there were notable patterns within the art that were found. Those patterns are listed in

Table 5.

Table 5

Patterns in Art

Clusters of three seen within artwork
Trees are included in 4 weeks
Life exhibited in all images
Week 3 is only abstract image
Written words embedded in images aligned with codes.
Last 3 images utilized whole page
Weeks 1, 3, and 7 have prominence of hands

CHAPTER V

DISCUSSION

The results in this study were chiefly impacted by the personal beliefs that the participant brought into both the reflective visual journaling process, and the course of generating themes. Both the curiosity of the thesis advisor and the participant's own personal foundational lens yielded what was discovered in the themes. This phenomenological art-based study was designed to explore the lived experience of a Christian art therapist's countertransferential experience. It was engaged through the broad question of: "What am I coming to know about myself as I work in this clinical practice?" (Williams et al., 2009). The themes that were found were not based on answering this question directly, but rather using it as a guide in the study. Therefore, the gathered themes were based on the influential factors of the countertransferential experiences. The literature that was reviewed appeared to impact the reflection process of the participant greatly at the time of the study, so there appeared to be several correlations to the literature reviewed and the data collected. The themes that were found in Table 3 above are used to guide the discussion of this study.

God

God served as a core aspect within the reflection pieces each week. God, Jesus, Lord and Christ were all used interchangeably to refer to the one God whom the participant believes in. The interchangeable names within each reflection were explicitly mentioned 17 times within the seven weeks. However, that does not include the indirect references to God that were also used. God was referred to be the strengthener, teacher, purpose giver, and a relational being. Lord was expressed to be a foundation, strengthener, a companion, teacher, transcendent being, and commander. Christ was accessible and was presently desired to be shown through the

participant. Finally, Jesus was expressed to be relatable and the great essence of empathy. All these characteristics of one God were found present in this reflective visual journaling process. These hold importance when considering His presence within the participant and how she interacted in the therapeutic setting.

With the acknowledgement of God being at the core of the Christian therapist's interactions, correlations begin to be seen with Bergin's (1991) suggestions that personal religious beliefs within the therapist are innately experienced in the therapeutic setting. This caused the researcher to be mindful of her own beliefs in relation to goals, just as several authors have emphasized this in the past (Bergin, 1991; Carneiro, 2013; Bowman 2017; Zieger & Lewis, 1998; Beutler, 1979; Belgrade & Deluty, 2002). As Pascoe (1980) addressed the concept of human origin, nature, and purpose as being the core root of all psychological theory, this is seen to align with beliefs found within this study. The participant expressed that where an individual's roots reside sets the stage for the person's perspective. This was particularly addressed within a created image of roots of a tree. The symbol of a tree in the field of art therapy is chiefly observed as a representation of self. The tree as a symbol of self is an important factor to consider in a phenomenological study that is exploring the self and one's presence in the therapeutic environment. Trees appeared within 4 of the 7 weeks of the visual journaling portion of the study. This analogy of roots yield greatly to the perspective that an individual's foundational truths and beliefs impact growth and perspective. In the participant's own experience, God impacted her growth and perspective as an emerging professional.

Grace and Love

Both grace and love were explicitly found 4 times throughout the seven reflections. These words seemed to hold a significant weight in this reflection process. Grace and love were

observed to be an underlying theme when the participant was approaching herself and her patients. In the reflection pieces, love was desired to be given to others due to Christ's command to love all people. Being in relationship with God throughout this therapeutic process allowed the participant to be internally encouraged and strengthened by Him to love others from the lens of Christ. This is congruent with Peteet's (2014) expression that God's unconditional love experienced by the therapist empowers the desire and ability to love both others and themselves well (p. 1193). The participant expressed that because of God's saving grace for her, she felt compelled to offer similar grace to each one of the patients she encountered. It was seen that both grace and love were more than just purposefully reflected upon, but fundamentally practiced without conscious awareness until the analysis portion of the study. This study supported the reviewed literature in that grace and love were held as a framework within the therapeutic process when approaching it from the Christian perspective.

Grace and love were represented in the therapeutic process as an action, in the form of being present with the patient no matter their walk of life. There was also a love experienced within her manifesting in the personal desire for her patients to experience who she believes to be the ultimate peace giver in life—God. She found that she was presenting grace through Christ for them in her own heart when she knew some did not necessarily believe in God. It was also acknowledged that it was not her place in therapy to try to convince them otherwise. As a Christian art therapist, it is important to know how and when grace and love appear and if they are easier to give to some than others. This is when the tangles of one's own life story become present in the therapeutic process—regardless of what core religious beliefs are held in that individual (Ulman, 1992). Emulating grace to an individual who seeks out therapy will not only allow the patient to feel at ease, but also allow the fear of judgment that is often projected by

society to subside to promote deeper and more authentic personal exploration (McMinn et al, 2006). Once a therapist acknowledges and works through these countertransferential responses in relating better with some than others, more intentional growth could occur not only within the therapist, but also in the therapeutic relationship.

There were two times in which the participant utilized the phrase, “being the hands and feet of Christ” within her reflective process. It was used while the participant was exploring her own God-given purpose in becoming an art therapist while interacting with the question of the study. This phrase of “being the hands and feet of Christ” means to emulate the characteristics of Christ to others through one’s actions. It could also be seen as individuals “representing God to each other” through following his commands and *showing* Christ rather than explicitly *speaking* Christ (Crooks, 2013, p. 21). Emulating God’s loving care for a broken world through the act of common grace is just another form of being the hands and feet of Christ in this field of psychology.

Physical and Emotional Pain

Physical and emotional pain of both the patient and the participant were reflected upon greatly within this study. Pain presented to be the most prevalent experience of each one of the patients in the therapeutic setting. The participant reflected upon her own experience of physical and emotional pain and how it had allowed her to deeply empathize and identify with her patients. What the participant found to be most difficult was the acknowledgement of what the true remedy was for that pain for herself versus the bulk of her patients. The participant found that it was easier to accept the pain of some than others, which is another instance where acceptance is explored. This became a struggle between the participant’s desire for quality of life versus quantity of life for the patients. Consideration of how both terms of quality and quantity

of life might be different for those patients of hers who held similar religious beliefs were also explored.

The therapist's core beliefs (roots) were seen to lend to perspective, and that perspective allowed for purpose beyond the pain. That purpose yields a new lens to see life amidst the pain. The participant came from the Christian view that all pain is a result of "the fall of man" (Genesis 1-3, Eastern Standard Version). This did not mean that the participant viewed the pain to be a result of any individual's specific sin, but rather a result of living in a broken world. The participant's own ability to navigate her pain by focusing the hope of an eternity without it is what has enabled her to press on. It was discovered that this has directly impacted how she desires others to endure the pain as well.

Amongst the literature that was reviewed, Christians believe that God made the earth and all its inhabitants. Though man chose to disobey one command that God had in place, which tainted the world in sin, God still saw that what he had created had purpose (McMinn, 2006; Genesis 3, Eastern Standard Version). The participant reflected upon a time when in her own humanity questioned God in the purpose for both hers and her patients pain. This shows that though there is still hope due to the assurance of God's purposeful promises, even individuals in relationship with God will never fully understand pain and its effects. With this knowledge, it was found that a therapist ought to be mindful not only of her own experience with pain and God, but also the role that God has played amidst this hurt (Messiner, 2009). This lent to a countertransfereential experience that will be an ongoing journey to work through and within relation with God.

Emotional and Spiritual Strength

Emotional and spiritual strength from the Lord were prominently addressed in this study. Though physical pain was clearly mentioned most of all, the strength that was found and reflected upon by the participant was solely emotional and spiritual strength. This was interesting to the participant. With physical pain being so prominent, one would think that that physical pain would need physical strength from the Lord. It is interesting to ponder if one was to surrender the emotional and spiritual piece of the self, if the Lord would provide that physical strength innately through the act of trusting in Him. This could relate to the realization of how interconnected the brain and body are. It could also speak towards the mysteries of the body and the unfathomable God and His abilities to do far more than we could ever imagine.

This also allowed the therapist to wonder several things in relation to her own pain. The participant wondered if she herself was only trusting that the Lord could give her that emotional and spiritual strength, since her own physical pain had been around for so long with no relief. Or the possibility that the participant had not yet relinquished her own desire for control up to God in the physical pain. This could likely suggest that the participant's own experience of her relationship with pain and strength from God has impacted the expectation of the response of her patients when they are desiring to get through difficult times (Messiner, 2009; Peteet, 2009). This set the stage for over-identifying with the patients on the participant's part in relating to those who gain their emotional and spiritual strength from God. This did allow for a more empathetic relationship, however it also showed to cloud the view of many other layers to consider when in treatment (Meissner, 2009).

Overall, this emotional and spiritual strength seemed to be what was sustaining to the participant in this setting, however as it shows, looking deeper into this has allowed possible

countertransference responses to be surfaced while working with others. This is an important factor to identify, because this speaks towards the continued presence of one's beliefs within the therapeutic setting. The participant acknowledged many times within her reflection pieces that she credited most all of her strength to the Lord in allowing Him to provide her with the energy when it may not have been present, or even just the heart to be present when so many other life circumstances were occurring in her own life. This faith and trust that takes place within the act of relinquishing control to God seemed to allow her to be more present. It sustained the participant. What was found is not that the participant was more restricted to relating, but that this emotional and spiritual strength that has been sustained by God actually allowed the participant to be more present in the sessions—to then be able to hold the space more authentically.

Holding the Space

Amidst the first three weeks, the participant's ability to "hold the space" for the patients was present within the reflection process. The "safe place," "search for safety," and "holding the space" all suggest the act of bearing the content that each patient brings to therapy through the participant's Christian lens. The first three weeks appeared to be solely focused upon the therapeutic space. The participant reflected upon how it was sometimes so demanding to bear the weight of other's difficulties. A specific image appeared within this reflection process that was of a human heart with muscles branching from each side. Strength was accredited to God—which has been seen to be an overarching theme throughout this whole study. The participant expressed that the experience of God's support for her in the space allowed the participant to have the strength to be present in holding the space for others.

Just as the therapeutic space was focused on, it appeared throughout the course of the reflection process that the space for the participant to reflect transformed as well. The space provided for reflection showed to transform the ability to explore her own heart more deeply. This presented to be congruent with the therapeutic process. As time progresses in a safe place, patients often will allow themselves to become more open to exploration. This poses to be congruent with the act of establishing rapport with the individual within art therapy that Robbins (2000) speaks to in the gathered literature. Creative thoughts were found to improve the ability for the participant to reflect more deeply as time progressed (Robbins, 2000). This reflective visual journaling process allowed for deeper exploration and visually allowed for a shift and progression in week 4 as it becomes the first and only abstract image—leading for transition in written word. The final three images utilized the full space of the paper, allowing for the full physical space of the paper to support the therapist in the reflection process.

Due to the nature of this study, emphasis has been placed on the experience within the therapeutic setting. It is only to be expected that the topic of being in the space and supporting the other person regardless of personal beliefs would be present. The act of choosing to internally and then externally hold the perspective brought by the patient was still seen by the participant to be dictated by her own core belief system. The study unlocked the curiosity of the ability for the Christian participant to be truly authentically present with her patients—particularly with those who hold differing views. This question was pondered, and it was concluded that throughout life, there will always be individuals who hold separate beliefs than you, however, the ability to continue serving that person with the upmost regard should not be hindered if you are looking out for the best interests of them. However, there will likely always be experiences that cause an individual to either internalize or externalize a response to another based to how they grew up or

what they value and believe—likely resulting in and unavoidable countertransferential response (Fuchsberg, 1993; Zeiger & Lewis, 1998). From this study, it seems that it would be doubtful for someone to be able to hold true “value neutrality” due to all individuals holding some belief and value system no matter what they may be (Peteet, 2014).

Three Entities

While the data analysis was being conducted, both the participant and her advisor became increasingly aware of the use of the number three. This number occurred within the imagery in the artwork, in the gathered codes in the written reflections, and in the conversation with the participant’s advisor about the therapeutic relationship in relation to the study. The largest occurrence within the three entities appeared within the therapeutic experience. They were the following: Participant/Patient/Art; Participant/God/Therapy; Participant/God/Patient; Participant/Patient/Liminal Space. This presence of three yielded further exploration into the dynamics of each entity and how they ultimately impact the therapeutic relationship. Though easily represented here, it appears that this allowed the participant to only scratch the surface of learning how all these relationships are impacted by her Christian beliefs.

The experience of God being the third within the therapy setting is purely based on the internal perceptions of the participant. This acknowledgement of God being present in the setting allowed the participant to be more present, strengthened, and encouraged in a place where she had often felt so alone in bearing her patients emotional weight. Considerable thought has also been given to the curiosity of whether the internal presence of God in the setting provided a barrier in treatment, or a bridge in treatment with those with and without similar beliefs. Both could be viewed as a possibility, but the participant believes the latter to be most accurately experienced. This aligns with the observation Meissner (2009) made in regards to the Lord

allowing for deeper empathy in the therapeutic setting, as well as expressing that the over or under identification with the patients in regards to religious beliefs could cloud the ability to see deeper underlying issues.

The presence of the art being the mediator between the participant and the patient appeared in two ways—art in session and art being the avenue for reflection outside of session about the therapeutic experience. Each yielded to greater awareness of the therapist and supported the literature of Agell & Ulman (1992) when noting that the art was able to serve as a third entity in the therapeutic process in art therapy. This avenue that was provided for the participant through the creative process allowed for a sense of self-discovery in a way that might not have been achievable otherwise. This also allowed for the participant to experience what her patients undergo each session. All of this is congruent with what Shields (2016), Hieb (2005), Kapitan (2018) and Harter (2007) suggested in the reviewed literature about art and the ability for new discovery and experience that also provides opportunity to mirror our patients' experiences. Art therefore, has been found by the participant to truly lend to a deeper knowing of one's self in this reflection process (Miller, 1995; McNiff, 2011).

The liminal space between participant and patient is dictated by the perspective and interaction of both parties in the therapeutic relationship. Therefore, the transference experienced by the patient is dictated by his or her own life perspective and experience. The countertransference of the participant in this study had shown to be deeply impacted by what the patient brought to therapy. The awareness that was gained throughout the gathering of literature and reflection process allowed the participant to be more conscious of how her beliefs were impacting her approach within the liminal space.

Hope

Hope of the researcher and the patients was addressed within the course of the reflection process. The participant reflected upon the hope—physical, emotional, and spiritual—that she desired each one of her patients to experience through Christ. This was something that came up often in reflecting upon the pain that was experienced by each individual in her caseload. The researcher acknowledged that her search for safety and hope looks much different than some, but this search for hopefulness beyond themselves was still present. This suggests that there appears to be a collective human experience of hope as something to be striven for (Kim, 2016). This has also suggested that it could be of great fundamental knowledge of the therapist to note that internal desire for some hope beyond one's self is present in this setting (McMinn et al., 2006).

The participant exhibited some sense of life within each one of her images. This took form in either nature images, or actual human figures. In the majority of the art reflections, there appeared to be some sort of growth or progression in that life. This could point towards the underlying expectation or desire for growth beyond the one's current situation. This in itself points towards the occurrence of hope for the future. This visual theme coincided with the theme that was gained through the written reflection as well.

The participant mentioned once within her reflection process the concept of living in a fallen world (Genesis 1-3, Eastern Standard Version). This refers back to her foundational truth and belief of the origin of man and how it influences how she views human life. The hope she found that was primarily being desired for her patients was the hope for them to know the Lord. This aligns with what was addressed in the reviewed literature concerning the speaking of the foundational Christian belief to be, to know Christ deeply and relationally and bring others to know him as well (Pascoe, 1980, p. 17). The participant's belief in the Lord as the one and

ultimate savior in this fallen world on earth was innately experienced within her and in her desire for her patients. This countertransferential experience is seen to not be a bad thing, rather a valid desire for the participant to want what is best for her patients in her own heart. This points towards the participant being invested not only in the emotional development of the patients, but acknowledging the spiritual elements of their lives as well—ultimately leading to a more holistic view of the individual. Noting the reality of these internal experiences allows the participant to see where she foundationally stands. It helps her further evaluate how she might respond to patients if they do present with spiritual questions or concerns. Taking an objective view of her own experience has allowed her to see how she might take an objective approach within the therapeutic relationship with her own personal beliefs and values in mind. Robbins' (1998) acknowledgement that every therapist brings one's self into the therapeutic setting, is congruent with what was quite fully experienced in this study by the participant. Trusting and acknowledging those desires and feelings that are experienced within the self, most definitely will lead to a significant source of information within the self as a clinician, and potentially within the life of one's patient (Robbins, 1998).

Chosen View of the Participant

Throughout this study, the participant found herself identifying with the *Integration view* that Johnson and Myers (2010) address in their book. Her belief in God and the characteristics of Him were allowing her to see her patients as more than a diagnosis—allowing her to see them as individuals made in the image of God for a purpose. She also is very confident in the service that art therapy can bring to others who are struggling—physically, emotionally, or spiritually. As Johnson and Myers (2010) expressed that integrationists allow their Christian beliefs to shape each interaction with one's patients, the participant found this understanding to be distinctly

present in how she approached others in the therapeutic setting (p.125). This was discovered as she was coming to learn more about herself and her approach through this study. Not only was her countertransference explored, but this study allowed her to learn much more about herself than she had expected. It allowed her to learn more about who God is and who she is because of Him while working with individuals with lasting neurological illnesses. This study also allowed her to see how her identity both impacts her practice and is impacted by being in the field of psychology working with individuals from all demographic backgrounds.

Art, God, and the Participant's Identity

Throughout this study the participant was reminded of how much she is encouraged and drawn closer to Christ through the creative process. She was reminded that she finds the core of who she is to be planted in Christ and, her identity and creativity is propelled. From that, her approach and perspective of her patients is driven. Believing God to be the creator of all things allowed the participant to see not only the art, but most of all, the people as individual masterpieces, created for a divine purpose. Being created in the image of God means to have a likeness of him within ourselves, —characteristics, gifts, and abilities. The Lord created wonderfully complex human beings with such amazing minds, souls, and bodies. The participant saw that since God is the very essence of creativity—being the creator of all things—would it not make sense to engage in that creative process to better get to know one's self, the Lord, and others? This art based study was found to be tremendously influential for learning more about the self and how her relationship with God impacts her relationship with others in the therapeutic environment (McIver, 2015).

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

This study sought to explore the lived experience of a Christian art therapist's countertransferential experience using reflective visual journaling. It was anticipated that, personal awareness would be revealed through this exploration of countertransferential experiences in the therapeutic space with individuals with enduring neurological diseases. The objective was to then be able to provide a framework for future study and add to the little existing literature on Christianity and art therapy.

This 7-week art-based phenomenological study of the participant, allowed for greater awareness of how her own Christian beliefs impacted her response to her patients of similar and differing beliefs. "What am I coming to know about myself as I work in this clinical practice?" (Williams et al., 2009) is the question that guided the reflection process. It also allowed her to explore and observe what common themes came up in her as a result of working with individuals with enduring neurological illnesses. With the help of her thesis advisor, further awareness of possible unconscious material in the art and written reflections that would have perhaps been missed had the researcher done the thematic analysis on her own. The themes that were generated from this study were gathered and explored. These themes were based upon what was found to produce the countertransferential experience within the therapist. Those themes were the presence of: God, grace and love, physical and emotional pain, emotional and spiritual strength, holding the space, three entities, and hope.

The results of this art-based phenomenological study exhibited the use of reflective visual journaling as a helpful tool in identifying and exploring personal experience and countertransferential responses in a therapeutic environment. This study demonstrated how useful it is to have a co-occurrence of both written word and visual image to help in recognizing

unconscious responses in relation to the participant's Christian beliefs. It was also found that engaging in the creative process allowed the participant to engage with her own creator God and gain strength in this reflection process.

Recommendations

Clinical application. The use of reflective visual journaling can be both an informal or clinical attempt to learn more about how one interacts with those encountered as a therapist. It is recommended that a more in-depth exploration of clinicians' personal religious beliefs are supported, not only for purposes of growing the field of knowledge in this area, but also for growing one's own personal awareness of how religious beliefs impact the clinical experience. This will allow for more of an integrated approach, but a holistic view of both the therapist and the patients that are being seen. This will serve as a mode of self-care in addition to enhancing the clinical competencies through a more personally informed clinician.

Future research. A small body of literature has been conducted based upon first hand experiences of professional art therapists in the field or art therapy graduate students. Even smaller numbers in literature have explored the first-hand experience of how one's religious beliefs impacts the art therapist. Since a primary objective for this study was to provide a framework for future study, it is recommended that others take the leap of faith and explore a topic that is not as informed in the research world.

Time was a limitation in the study due to it being a short-term study of 7 weeks and 30 minutes of reflection time was all that was provided. It is recommended to extend the length of this study and duration of reflection time to in return learn more about one's self. Since this study was based on the overall experience, it is believed that much knowledge was gained, although, more specific discovery could be had if the clinician reflected on specific patient encounters.

The question that was used within the study for the reflective visual journaling process was found to be unspecific to the countertransferential experiences that were encountered. This general question was helpful in professional development; however, it is anticipated that a more specific question would be additionally supportive. It is recommended that in future research, a different question be engaged that would tap in more directly to countertransference.

It is wondered if different themes would be found in this study if different populations were to be engaged. The medical population—especially the medical setting that was reflected upon in this study—presents this piece of mortality that is innately experienced within the individuals due to their illnesses. Therefore, it is recommended to consider this dynamic in future studies.

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