

# The Impact of Education and Exposure on Art Therapist Identity and Perception

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## Abstract

*Students who enter a creative arts therapy program without prior exposure to a patient population experience a complex developmental journey towards creating their own identities as art therapists. In this study, 21 graduate students were asked to draw how they saw their patients and how their patients saw them. The directive was repeated 3 times throughout the course of their graduate degree education. Participants completed a qualitative questionnaire that documented their decision to pursue an education in art therapy, their population of interest, how their perception of these two areas changed over time, and a postgraduation quantitative questionnaire. A within-group repeated measures ANOVA was conducted; results showed an increase in the importance of supervisory relationships, self-awareness, and professional identity. Stress levels also increased as students approached completion of the program. The article addresses how educators and site supervisors can enhance the professional identity development of future generations of art therapists.*

## Introduction

The mind creates images as a reaction to the world in which we live; these images become our interpretation of reality through a combination of feelings, attitudes, and beliefs (Viney, 1983). Images are used to develop a perceived understanding of those with whom we have minimal or no interaction and may in turn influence our mental processes and behaviors (Shapiro & Chock, 2003). Many students who are accepted into a creative arts therapy graduate degree program never have been exposed to a patient population nor have seen an art therapist actively facilitating a session. Students have diverse backgrounds and usually arrive with an undergraduate education that

emphasized psychology or fine arts. Therefore the patient population and the profession of art therapy are only educated perceptions.

Images, archetypal or experienced, stay in our unconscious and are used as a basis for determining how to react in presenting interactions with the world. The mental image of the patient/therapist interaction that a person incorporates into his or her unconscious affects how that person acts in a professional role. Mental health professionals need to examine existing assumptions and biases towards patients in order to correct false images in their perceptions (Schultz & Leslie, 2004). As a result, such images become meaningful in students' perceptions of their patients and in their anticipated engagement in the therapy session.

The creation of a visual expression of one's mental imagery, which engages a type of nonlogical thinking that enters a person's inner world and expresses his or her subjective reality or internal representation, is a strong indicator of perception (Epstein, 1989). By identifying one's mental imagery, one can begin the process of developing a new perceived reality. Individuals tend to base perception on real life experiences or on the experiences of people they know (Shapiro & Chock, 2003). Biases and stereotypes resulting from personal experience can affect a person's overall processing of information (Schultz & Leslie, 2004); therefore, direct exposure to an experience can affect attitudes and perceptions of reality (Shapiro & Chock, 2003). As students experience direct interaction with a patient population, their mental images are challenged and redefined.

Self-awareness in the patient/therapist experience can significantly affect the student's perception of the patient and of the student's own role as a therapist. Self-awareness occurs when the attention of an individual focuses on the thoughts and behaviors of the self, which allows the individual to become more perceptive of attitudes and beliefs. The in-session self-awareness of a student can deter the therapeutic process just as much as it can enhance it; it is important that the developing self-awareness of the student be supported in the supervisory relationship in order to provide both insight and understanding into the student's overall perception (Fauth & Williams, 2005). Self-awareness also can coincide with the development of professional identity, which can be altered based on interactions with patients (Feen-Calligan, 2005).

With the large number of factors that influence patient/therapist perceptions, students are bound to experience feelings of anxiety and doubt during their field experi-

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ences. Students need to express and positively manage feelings during therapy sessions in order to cope with stressors and to further develop their identities as therapists (Williams, Polster, Grizzard, Rockenbaugh, & Judge, 2003). Supervision provides a safe space for students to practice processing feelings that arise in the therapeutic setting.

Gussak and Orr (2005) stressed the importance of transitioning the student from an educational setting to a professional environment by utilizing open communication and putting theories of the field into practice. Supervision aids the student in enhancing professional identity and forming a better understanding of the patient/therapist relationship (Orr & Gussak, 2005). Professional identity is further developed as students become more comfortable with their skills and techniques while they continue to experience therapy first hand (Feen-Calligan, 2005). These newly developed perceptions and identities can be communicated in visual form through the creation of artwork.

Fish (2008) explored the role of art making amongst students during art therapy supervision and determined that its effectiveness heavily relied on the quality of the supervisory relationship. Providing a safe, therapeutic environment during supervision allowed students to further explore their artwork and better relate it to their experiences within the field (Fish, 2008). Wadeson (2003) believed that creating artwork in response to one's patients is an important element in providing sufficient supervision for students and helping them ventilate feelings and learn to utilize their own artwork as a coping mechanism for stress.

This study was derived from past research by Beers (2005) that focused on the perceptions of medical students. In Beers's study, medical students were asked to draw a picture of how they saw their patients and another picture of their perceptions of how their patients saw them. The current study utilized a similar approach and directive but focused on the importance of the supervisory relationship for art therapy students in their educational training, as well as how this relationship affects student perceptions and the development of the patient/therapist relationship. This study also builds on previous studies on the developing identity of the art therapy student. The research followed students over 2.5 years, from their first semester in training through 6 months postgraduation during their transition from students to professional art therapists.

This study evaluated student-created artwork and questionnaire data to explore whether students' patient/therapist perceptions and roles as art therapists change as they advance through a creative arts therapy degree program. Through onsite direct exposure, practicum and internship experiences, and classroom education, the students were provided with opportunities to challenge initial stereotypes and assumptions, to modify perceptions, and to develop their identities as professional art therapists. This research aimed to identify not only the supervisory relationship but also the interconnection between the students, supervisors, and educational program. The goal was to identify specific areas that need to be addressed in order to create a more cohesive relationship and learning experience. The hypoth-

esis was as follows: As students move through their education and fieldsite experiences, they gain self-awareness and professional identity, as well as experience an increased level of stress. This study explored the assumptions underlying this hypothesis and investigated the direct connection to the relationship with the supervisor.

## Methods

### Participants

The participants were 21 female students enrolled in a master's level creative arts therapy degree program in the United States and were actively exposed to a patient population through onsite experience. The participants ranged from 23 to 32 years in age with a mean age of 24.7. Seventeen of the participants were Caucasian, 2 identified as Hispanic, and 2 identified as Asian. Three participants were international students; 2 were from Korea and 1 was from England. Participants were selected on the basis of their enrollment in a practicum course, but participation was not required and students could choose not to complete the questionnaires or to opt out of the study. All 21 participated in the qualitative data collection; however, only 15 participants completed the follow-up quantitative questionnaire. This research was approved through the university's Institutional Review Board and followed the appropriate protocol.

### Materials and Measures

The participants were provided with the following materials: 8 1/2" x 11" white paper, colored markers, colored pencils, chalk pastels, colored paper, glue, and scissors. A qualitative questionnaire after the third meeting asked the participants: (a) Why did you decide to pursue an education in creative arts therapy?; (b) What population did you anticipate working with when you entered the program?; (c) Do you still want to pursue working with the same population? If not, what population do you prefer and why?; (d) Has your perception of the field of creative art therapy changed and if so, how?; and (e) Has your perception of the original population of interest changed and if so, how? A quantitative questionnaire was used to investigate items in the sub-areas of supervisory relationship, self-awareness, professional identity, and feelings experienced throughout their education that were related to stress, being lost, confusion, and degree of confidence.

### Procedure

The participants completed an art directive in three separate supervision meetings: at the beginning of their first practicum experience (Time 1), at the end of the second practicum experience (Time 2), and at the end of an advanced art therapy course after having completed 400 to 700 hours of supervised, onsite clinical field experience (Time 3). After obtaining the participants' informed consent, the course instructor handed each student two pieces of paper and various art materials, and asked them to respond

in visual form to the following directive: "How do you see your patient?" Once completed, participants were asked to respond in visual form to the second directive: "How does your patient see you?" Participants wrote their names, the date, and the directive on the back of their completed artwork and submitted their responses to the course instructor. After the third and final administration of the directive, the participants completed a qualitative questionnaire.

Once all three administrations were completed, each participant's artwork was documented and examined by the authors for content, expressions, and product. We assessed each participant's responses to both directives separately for themes that related to depictions of various items, symbols, numbers, and colors. All three administrations (a total of 6 drawings per participant) were evaluated based on Oster and Gould Crone's (2004) approach to art assessment, which considers drawings to be a significant source for measuring the current functioning and developing sense of self of an individual, as well as for underlying concerns. The art activity offers a means to document and revisit one's changing and developing thoughts and feelings over time and to record shifts in an ongoing experience (Oster & Gould Crone, 2004). In response to ambiguity through minimal direction during the art assessment, the participant can construct meaning as expressed via variations in size, placement, and content of each drawing over time. Minimal direction allows access to necessary images that portray those parts of the person's life that are not accurately being expressed or realized through other means (Oster & Gould Crone, 2004). In this study, the participants' personal symbolic meanings were correlated with their responses to both their qualitative and quantitative questionnaires; these supported interpretations of expression within the artwork of fears, wish fulfillments, and fantasies.

The final procedure took place postgraduation. After 6 to 12 months, 15 of the 21 participants completed the quantitative questionnaire evaluating their experiences at three specific times during fieldwork. This process took place after the study's art-making sequence to allow participants to process their experience postgraduation and to review their perceptions in retrospect. The data allowed comparison of the accuracy of what the participants reportedly perceived with the content of their artwork. The results were evaluated with respect to whether there was a shift in perception as a result of education in general, with specific consideration given to the effects of supervision and direct exposure to diverse populations. The students' development of their identities as art therapists was further explored within the results. This information was applied to the participants' created artwork.

## Results

### Quantitative

A within-group repeated measures Analysis of Variance (ANOVA) was carried out on self-reported measures of practicum experiences of those art therapy students who had participated in the original research and had also completed

the quantitative questionnaire after graduating from the art therapy program. A repeated measures ANOVA is used to investigate the variance in mean scores of multiple tests on a single sample (Salkind, 2006). A total of 15 of the students in the sample completed the measure over the three different time periods; thus, a repeated measures ANOVA was the most adequate procedure to explore changes in responses over time. The objective was to determine whether there would be a shift in aspects of self-awareness, stress levels, professional identity, and supervisory relationships over time. A repeated measures ANOVA was also used to identify emotional changes over the course of the practicum experience. An overview of the results based on the questionnaire is presented in Table 1 and graphed in Figure 1. We posited that increases in the following variables would demonstrate a shift in perception related to the patient/therapist experience and to the development of the art therapist's identity as a result of education, supervision, and direct exposure to the patient population. Self-awareness increased from baseline,  $M = 19.62$ ,  $SD = 1.89$ , to field experience completion,  $M = 22.18$ ,  $SD = 1.90$ , and this effect was a statistically significant change,  $F(1, 15) = 17.52$ ,  $p < .001$ ,  $\eta^2 = .53$ . Stress increased from baseline to field experience completion,  $F(1, 15) = 16.78$ ,  $p < .001$ ,  $\eta^2 = .52$ . Professional identity significantly changed from baseline to field experience completion,  $F(1, 15) = 20.60$ ,  $p < .001$ ,  $\eta^2 = .57$ . Lastly, the supervisory relationship trended toward a significant change over time,  $F(1, 15) = 3.89$ ,  $p = .06$ ,  $\eta^2 = .20$ .

Among the emotional perceptions of the students, there was significant change in feelings of being lost,  $F(1, 16) = 4.92$ ,  $p < .05$ ,  $\eta^2 = .23$ , confused,  $F(1, 16) = 48.76$ ,  $p < .01$ ,  $\eta^2 = .75$ , and confident,  $F(1, 16) = 14.22$ ,  $p < .01$ ,  $\eta^2 = .47$  over the course of their education and field experiences. Feelings of being lost and confused significantly dropped from baseline (Time 1) to the completion of field experiences (Time 3); feelings of confidence significantly increased, indicating an inverse relationship between feelings of being lost or confused and feelings of confidence within the program.

### Qualitative

Artwork from each administration of the directives "How do you see your patient?" and "How does your patient see you?" were evaluated for trends and consistencies within the visual representations. Four areas were represented most frequently in all participants' artwork (Table 3): (a) sky or atmosphere, including suns, rays, stars, clouds, and rainbows; (b) human anatomy, including individual body parts and full figures; (c) environment or growth, consisting of flowers, trees, and leaves; and (d) images of hearts. Although additional elements were present, they are not addressed due to infrequent occurrence in the participants' artwork.

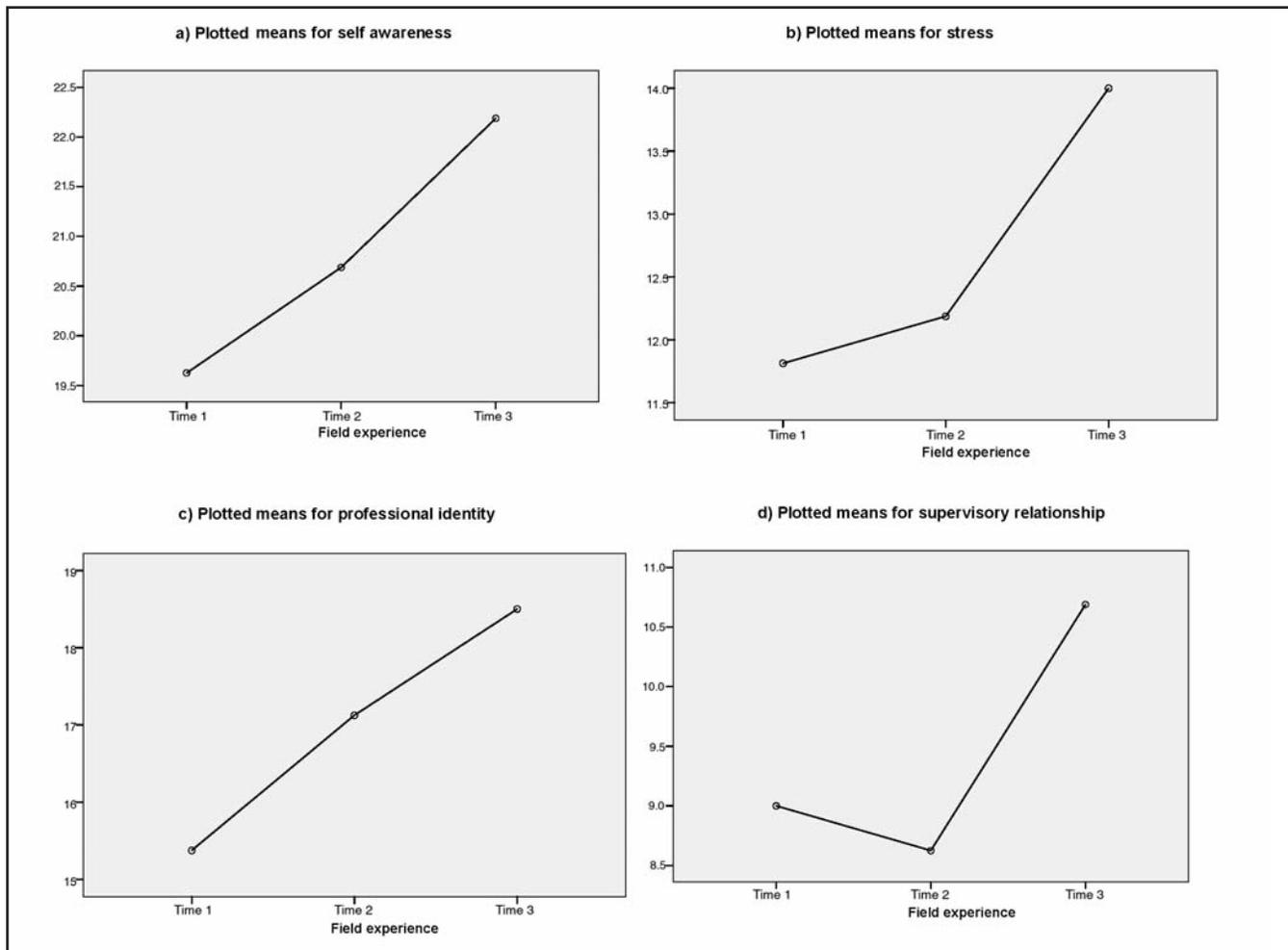
## Discussion

Results from the repeated measures ANOVA indicate that participants' beliefs regarding self-awareness, profes-

**Table 1** Means and Standard Deviations for Student Experiences Over Time

Construct	Time 1	Time 2	Time 3	df	F	ηp2
	Mean, SD	Mean, SD	Mean, SD			
Self-Awareness	19.62, 1.89	20.68, 1.70	22.18, 1.90	15	17.52**	.53
Stress	11.81, 1.64	12.18, 1.97	14.00, 1.59	15	16.78**	.52
Professional Identity	15.37, 2.12	17.12, 1.62	18.50, 1.59	15	20.60**	.57
Supervisory Relationship	9.00, 2.85	8.62, 2.55	10.60, 2.24	15	3.89	.20

Note: \*\* =  $p < .01$ , \* =  $p < .05$



**Figure 1** Line Graphs Representing Student Experiences Over Three Field Experiences

sional identity, and supervisory relationships changed over time. The four facets of self-awareness, stress, professional identity, and supervisory relationship were all evident within the students’ artwork; the qualitative results were consistent with the quantitative results.

The following case vignette illustrates how these facets may influence a graduate art therapy student’s development. Abby (pseudonym) was a 24-year-old participant in the study. A creative arts therapy graduate student with an undergraduate degree in psychology, she decided to pursue a career in creative arts therapy after observing an art therapist. Her populations of interest were children and adults

with disabilities, and older adults. Although she believed that as a creative art therapist she could provide a safe environment for freedom of expression, she had little knowledge of the profession and its theories. It was apparent that Abby’s original perceptions of art therapy, her role as an art therapist, and her patients changed as a result of her education, field site experience, and supervisory relationship.

Abby’s original drawing in response to the prompt “How do you see your patient?” (Figure 3a) depicted a large question mark with a face in the middle. The question mark is an appropriate symbol for a student entering into a new profession and represents a high level of feeling lost and con-

Table 2 Significant Student Feelings During Their Three Field Experiences

Construct	Time 1	Time 2	Time 3	df	F	ηp2
	Mean, SD	Mean, SD	Mean, SD			
Lost	2.76, 1.39	2.59, 1.17	1.82, 1.01	16	4.92*	.23
Confused	2.76, 1.30	2.41, 1.06	1.59, 0.87	16	48.76**	.75
Confident	2.41, 1.06	3.06, 0.82	4.29, 0.47	16	14.22**	.47

Note: \*\* =  $p < .01$ , \* =  $p < .05$

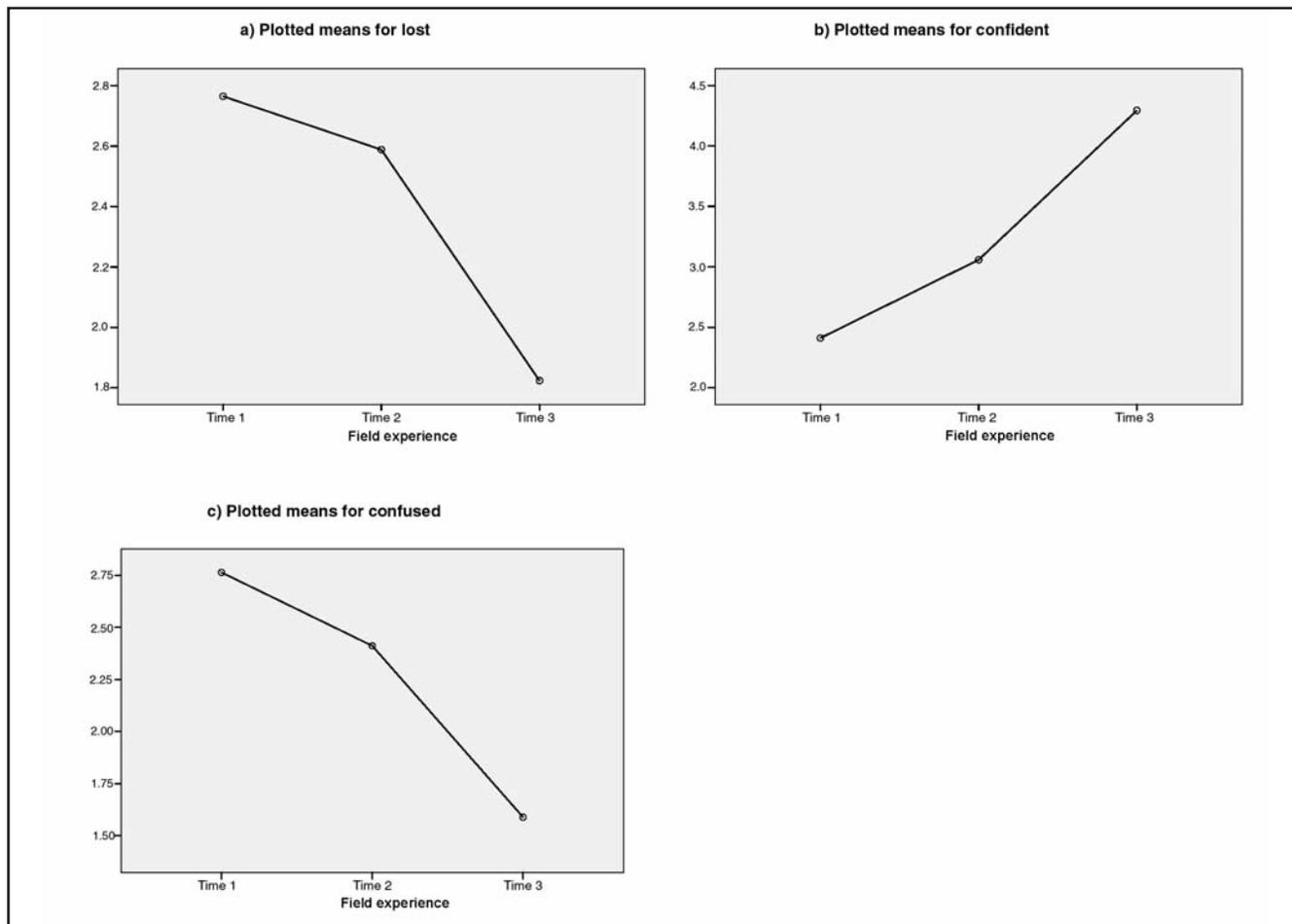


Figure 2 Line Graphs Representing Student Feelings Over the Three Field Experiences

fused, and indicates a low level of confidence as well. This interpretation was supported by Abby’s follow-up questionnaire, in which she reported high levels of stress and anxiety as she entered her first practicum. Abby gave a high rating on her quantitative questionnaire to the level of support she received from her supervisor, showing the importance of supervision in her transition through her initial practicum experience. Her uncertainty around how she viewed her patient might have stemmed from her lack of experience and hands-on engagement during her first practicum.

Abby’s second “How do you see your patient?” drawing (Figure 3c) depicted four flowers that served as an environmental metaphor for growth. These symbols became more frequent in the drawings of the study’s participants as they progressed through their educational program; the

symbols could relate to increased self-awareness, changed perceptions, and growth of professional identity. In her follow-up questionnaire, Abby reported a decrease in anxiety during her second practicum experience and a high level of support from her supervisor.

The increase in Abby’s developing identity as an art therapist continued in her third “How do you see your patient?” drawing (Figure 3e), in which she depicted a flower in full bloom surrounded by the natural environment. Abby’s progression allowed her to view her patients with the potential to grow and transform through both the art therapy process and the patient/therapist relationship.

When looking at Abby’s responses to “How does your patient see you?” a similar progression in professional identity is apparent. Her first drawing (Figure 3b) depicts the

Table 3 Frequency of Visual Representations in Artwork

Image Category	Time 1		Time 2		Time 3		Total
	A*	B**	A*	B**	A*	B**	
Human figures/body parts	17	14	9	9	13	13	75
Flowers, trees, leaves	1	3	4	5	6	4	23
Suns, rays, stars, clouds, rainbows	10	18	14	16	9	10	77
Hearts	0	3	3	4	3	4	17

\*Response to the directive *How do you see your patient?*  
 \*\*Response to the directive *How does your patient see you?*



3a



3b



3c



3d



3e



3f

Figure 3 Abby's Artwork

profile of a person with heavy emphasis on the ear. Professional identity can hold a connection between intellectual knowledge and emotional empathy for patients. Abby's emphasis on the ear suggests that she viewed herself as being available, open, and empathetic to her patients. The depiction of the ear also resembles a cocoon, which could symbolize her future growth and development as a professional. Despite her use of this metaphor, Abby reported a lower level of self-awareness that caused her to be somewhat ambivalent about whether she trusted her therapy skills.

Abby's second drawing of "How does your patient see you?" (Figure 3d) consists of a large colorful butterfly spreading its wings. The symbol of the cocoon has now grown and transformed into a butterfly, serving as a metaphor for growth and developing identity. The development of self-awareness, which showed an increase in Abby's follow-up questionnaire, is greatly affected by the supervisory relationship. As seen in her artwork, Abby's connection with her patients is more comfortable, which allows her to increase her empathic understanding and ability to support her patients' growth, as well as to better function in the role of an art therapist.

A heart in the middle of the paper represents Abby's third and final drawing for "How does your patient see you?" (Figure 3f). The heart is an archetype representing emotion, passion, and love, connecting to both the medical model of healing and Abby's knowledge of human behavior. The heart, representing Abby, can convey the emotional, empathic connection and rapport that the therapist needs to develop with the client, as well as offering a metaphor for biological healing. Together they can create an equal and strong developing professional identity.

Abby stated that through education and supervision she witnessed the therapeutic value of art therapy over art as a recreational activity for her patients. Through creative expression and in forming a rapport with patients, Abby realized that patients could recover from obstacles that inhibited them from growing as individuals. Abby rated her ability to focus on her patient's therapy as extremely high during her final internship site, indicating growth as a therapist.

The quantitative data also support the progress of a steady development in professional identity (Figure 1c) as students move from the beginning of their practicum experience through the completion of their internships. The supervisory relationship (Figure 1a) helps students address their current perceptions, challenge beliefs, and gain a stronger degree of self-awareness regarding their patients, allowing students to gain insights and develop their professional identities. Abby's awareness of her feelings and skills as a therapist, transitioning through each stage in her education with the support from her supervisor, allowed her to develop into a proficient art therapist. As Abby and other student participants neared the end of their education, there was an increase in their overall levels of confidence (Figure 2b) and a decrease in both the lost and confused categories through their onsite experience and supervisory support (Figures 2a & 2c, respectively).

In the quantitative data, it is evident that the quality of the supervisory relationship greatly impacts the students as

they progress through their education (Figure 1a). The student makes an initial connection with the supervisor in the beginning of the field site experience. As the student endures separation anxiety and is reassured of the supervisor's continuing presence, the student becomes more independent within the field site. The student begins to facilitate art therapy sessions and achieve comfort that the supervisor is nearby for support as needed. As the student nears the end of his or her education, the supervisory connection becomes more important because the student looks to gain all educational information possible from the supervisor before heading into the field alone. Abby, for example, experienced a positive supervisory relationship throughout her education and exposure to the patient population, allowing her to become more aware of herself while in the role of an art therapist and aware of how her overall perception played a role in her patient/therapist relationships.

The qualitative data in the participants' drawings, together with the robust outcomes from the qualitative and quantitative questionnaires, support the hypothesis that the supervisory relationship is extremely important in the development of students' self-awareness and professional identity, as well as having a profound impact on students' levels of stress as they move through their education.

## Conclusion

There were limitations in this study, beginning with the small number of participants from only one university. In future research the data would be greatly enhanced with a collaboration of several graduate art therapy programs, allowing for a better cross section and alleviating biases in geography and program models. Additionally, this study was conducted with only female participants; future studies should include males to accurately reflect the demographics of the art therapy profession. Finally, it would be valuable for future samples to include greater diversity in terms of participants' racial, ethnic, and religious backgrounds in order to explore how these differences may affect the development of a professional identity.

Despite these limitations, participants were able to evaluate their perceptions of their patients, their identities as art therapists, and the relationship between the two. There was a shift as evidenced by the robust qualitative and quantitative outcomes that show an increase in identity, self-awareness, and stress. This shift is made possible through the education program, site supervisor, and immersion in the art therapy field experience. The sharp increase in stress can be connected to the supervisory relationship, which for the student acts as a safety net now coming to an end.

This research is different from previous studies because it identifies that a strong supervisory relationship appears to be the most important factor in supervision, allowing students to let go of old perceptions and to explore a new professional identity. This finding brings to light the importance of screening and evaluating not only the program's field sites but also the supervisors that oversee them. A strong supervisor from the start of a student's

education is important to help the student engage in the training process and develop his or her professional identity as an art therapist. Supervision is important for the growth and development of the art therapy profession as a whole because it supports the next generation in becoming well rounded, knowledgeable, and defined as art therapists.

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## Viewpoints Welcomed!

Viewpoints are short articles that present professional experiences, reflections, art works, or informed response to issues having implications for the field. A brief abstract also is now required. Submission may not exceed 2500 words including references. To have your viewpoint considered for peer review and publication, please submit online at [www.arttherapyjournal.org](http://www.arttherapyjournal.org) following the instructions on the author tab of the website.