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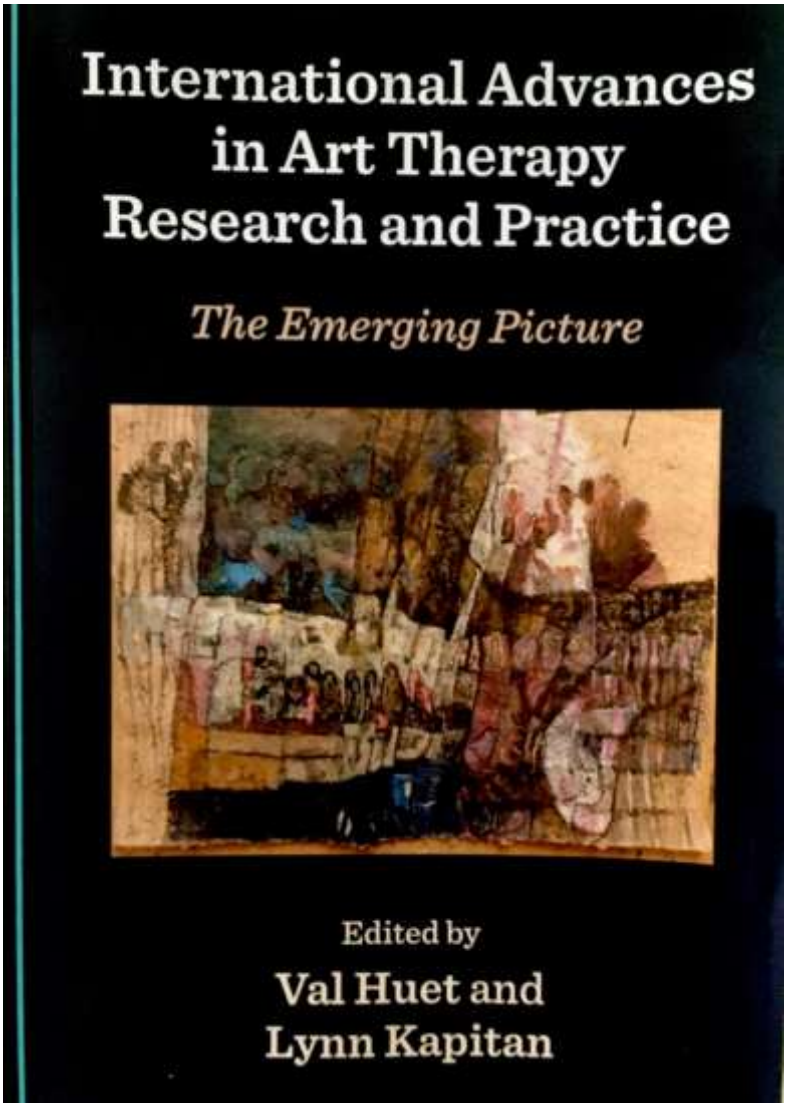
The principles of art-based research design in International advances in art therapy research and practice *(Nash, G. 2021 pp.103-111)*



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THE PRINCIPLES OF AN ART-BASED RESEARCH DESIGN: RESPONSE ART AND ART THERAPY RESEARCH

GARY NASH

In this chapter I describe the principles of an art-based research design based on the growing literature and research practices in Britain and North America. I introduce the principles of art-based research through a research project that places art made by the art therapist in response to clinical work as the subject of inquiry. I use a current research process as a working example of art-based research methods in practice. The art-making processes described occur within a practitioner-research framework and an art-based paradigm.

The art-based research described in this chapter derives from my art therapy practice and visual arts response to the clinical work. The research process gathers therapist's clinical artworks, extends the scope to include artworks from a cohort of art therapists, and methodically studies the resulting visual imagery.

Art-Based Research

Over the past 40 years, the focus on clinical and academic research has drawn on existing research paradigms within which to frame art therapy research questions and to define research methods (Gilroy, 1992, 1996; Gilroy & Lee, 1995; Wood, 1999, 2013). Often those paradigms are shaped by the clinical environments in which we work as well as the academic institutions where we train. Art-based research offers an approach to research design that is complementary to, and may work in parallel with, existing research paradigms. It particularly lends itself to art-based inquiry within a visual arts discipline such as art therapy.

McNiff (1998, 2008, 2013) pioneered art-based research in the field of art therapy and asserted a clear position regarding the centrality of the creative experience at the heart of art therapy practice. McNiff's (2008) definition includes the integrative and collaborative nature of art-based research:

> Art-based research can be defined as the systematic use of the artistic process, and the actual making of artistic expressions in all the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people they involve in their studies. (p. 29)

Accordingly, artistic expression provides a vitally important way of acquiring and communicating information about human experiences, which underpins our attempts to define what we do as art therapists and also as practitioner-researchers. McNiff has asked art therapists to value art and creative knowledge and to use these resources systematically to study human experience and phenomena. Doing so extends the creative methods of art therapy into formal and systematic research processes.

Principles of Art-Based Research

1) Art-Based Research Starts with Art

A defining feature of art-based research is that we start with art. We build a research hypothesis, questions, and focus of inquiry in relation to the art media and relational interactions with and through artistic expressive events. Research, whether in therapy or in learning contexts, seeks to understand how we learn, develop, and communicate through art. An art-based research design allows art to lead the research process; this idea recognizes art making as a form of inquiry with both

the "creative process and the artwork created as sources of new learning and surprise" (Atkins & Snyder, 2018, p.118).

2) Art-Based Epistemology

The epistemological focus is always in relation to how people experience art and how creative expression has something unique to contribute to art therapy research questions and knowledge base. An art-based research design begins by defining an aesthetic epistemology (Henzell, 1995; McNiff, 1998), which derives from the experience of creativity, is evidenced by the artworks and processes that emerge from creative experiences, and recognizes that art is a way of knowing (Allen, 1995).

3) Research as Collaboration

Collaborative research has great potential when we see creativity in teaching, learning, and personal therapy as a collaborative and relational act. Kossak (2018) envisioned research in art therapy as a collaborative process that "takes into account a co-constructed knowledge that is at the core of art-based research" (p. 70). He suggested that when art therapists base research design on their own experiences of the art made by others, it is helpful to develop a study of art making and the resulting artworks from the position of both creator and viewer. Both the artist and the viewer of art have their own unique experiences, sensations, responses, and interpretations towards the art being made or witnessed. As the viewer, the therapist not only steps back to see the finished artworks made by clients, but also is intrinsically connected to its construction as each mark is witnessed, and every energetic gesture unfolds. Art-based research encourages all participants of creative art making to participate in self-reflective observation, reflective narration, and feedback. This is the basis of a collaborative practitioner-research paradigm.

4) Research Methodology

The research of art-based processes arguably requires art-based methods of inquiry. McNiff (2013, 2018) described the documentation of artistic process and the presentation of the research outcomes with visual methods that observe, witness, and absorb the affective, emotive, and chaotic tensions within the act of image making. Underpinning this approach is an understanding that these art-based methods of observation, participation, imagination, and creative response enter the researcher into a creative event. When we feel it from the inside, we experience the sensations triggered by the physicality of art making or the visual stimulation aroused when witnessing art being made.

Visual methodologies include the original artworks made in therapy and sketches derived from or extending the original artworks. A one-canvas painting method developed by Miller (2012) develops an artwork over time and with multiple applications in response to clients, their artwork, or related clinical and visual themes. As another example (Nash, 2020), I have explored post session impressions and imaginative associations as directly expressed through the therapist's "reflect piece imagery" (p. 39). The use of digital recordings of the different artwork formats also acts as a visual record of the creative process and forms an invaluable part of the research process.

5) Art-Based Paradigm

As with other intersubjective and collaborative paradigms, art-based research is able to move the focus of inquiry from the images of others and what they may reveal to a focus on the art therapist-researcher's own visual and creative art responses to the work, the group, or the client-therapist-relationship. This position places the practitioner-researcher centrally within the research design. It opens up a rich seam of visual material as we consider the art responses and art-based evidence of the relational work that we engage with. A relatively new area of practice that falls into this category are the artworks that therapists make in response to their clinical work (Fish, 2012, 2017; Franklin, 2010; Moon, 1999). Response art forms the basis of the research described in this chapter.

Response Art and Reflect Piece Imagery

Art made in relation to clinical work is known generically as response art, clinical art, or counter-transference art. Fish (2012) defined response art as "artwork created by art therapists in response to material that arises in their therapy work. Art therapists use response art to contain difficult material, express and examine their experiences, and share their experiences with others" (p.138). She emphasized how art contains the therapist's experience of clinical material and how the image can be viewed, considered, and examined by the therapist and then explored further in supervision. Accordingly, several features that are unique to response art made by art therapists include the contexts of work created alongside the client, art making in a group, art making privately after sessions have finished and the client has left the room, clinical supervision, and within the therapist's training experience. The purpose and benefits of response art making may also contribute to "self-care, to support with the empathic engagement with clients, and to illuminate countertransference" (Fish, 2012, p.138). The resulting art works can support the practitioner in areas of self-reflection, self-care, clinical formulation, and research.

My own interest in response art has grown out of experiences as a supervisor and practitioner over many years. Throughout this time, I have witnessed how, when therapists have bought their response artwork into supervision, the focus of our verbal narratives is drawn toward the image and what it has to say about the therapist and their experience of the particular client or clinical situation being discussed. Encouraged by this process, I began making images in response to my clinical work and found that the immediate and gestural artworks that I make following a session tend to be loaded with affect and partly processed material. The artworks made post session are described as reflect piece imagery (Nash, 2020) throughout this chapter.

Figure 3.1 is an artwork I made immediately following a highly affective session. The image expresses a tension held within my body, as a sensation that grew throughout the session and that led to a sense of experiencing a persecutory attack and overwhelming fear in the relationship. I took this image and my feelings to supervision and was able to reflect on it over time with my supervisor. The image allowed me to explore the physiological experience of increasing anxiety and a parallel rising sense of fear of attack that existed in the unspoken, unconscious relationship during this session. The shared viewing of the image in supervision enabled me to consider how to hold, engage, and deepen the work. Taking images to supervision has continued to support me to understand the relational work by adding an art-based narrative to the supervisory conversation.

In 2018 I decided to formally research this aspect of art therapy practice and the results of the first phase have recently been published (Nash, 2020). The research places the focus of inquiry in relation to post session reflect piece imagery and gathers further evidence of the value and benefits for the practitioner when making clinical art at the end of a session. The aim of the research is to build an evidence base in this area of practice innovation.

Figure 3.1

Overwhelming Experience of Nonverbal Tension, Rising Affect Evoking Fear in the Therapist

(charcoal and eraser on paper)

Research Design

The study used a quantitative-qualitative research design consisting of a reflective practitioner questionnaire and an art-based research methodology. The methods of inquiry in the first phase involve collated data from the therapist questionnaire, reflections from both therapist's and supervisor's recorded observations, and documented experiences of making and sharing response artworks. A standardized practitioner questionnaire asked respondents (N = 20) to identify whether they made reflect piece imagery, what they found beneficial in doing so, and whether these images were then used in supervision and, if so, how they contributed to the developing supervisory dialogue. The dyadic work was then triangulated through a three-way discussion with an independent researcher/observer and further substantiated with a final evaluative research questionnaire. The study sample was comprised of 20 art therapists who worked in a range of clinical settings and client groups. All research planning and design complied with the professional and ethical code for socioeconomic research as defined by the European Respect Project (Dench et al., 2004) and underpinned by the visual research methods guidance provided by the ESRC National Centre for Research Methods (Prosser & Loxley, 2008).

Research Findings

The questionnaire phase sought to establish commonalities and variables in the art-making experience and asked how, when, and why therapists make reflect art and its reported benefits. The information gathered at this stage grounded the research by demonstrating a shared experience of the ways in which response art supports therapists in their work. Based on the questionnaire and interview feedback, the research suggested that when practitioners use art immediately following a session, they experience a discharge or release of affect that seems to clear an internal, emotional,

and somatic space in their body. The internal space created appears to enable the practitioner to rebalance in preparation for seeing the next client. These findings support those of previous documented research (Fish, 2006, 2012; Gartland, 2012).

Self-Care and Vicarious Trauma

Several respondents described an experience of "rebalancing" through art making, raising questions around how making an image after sessions might contribute to the area of self-care and practitioner resilience. One question related to the reported experience that, when made as part of routine practice, the physiological transfer of disturbing affect directly into response art might contribute to the therapist's psychic hygiene. The reported reciprocal flow of unsettling, aggressive, or distressing affect into immediate, gestural artworks following an intensely affective session was a common experience that occurred in the research.

The experience of unsettling internal affect and imagery can be linked to research to vicarious or secondary trauma (Skovholt & Trotter-Mathison; 2016) and is common for therapists when there are unspoken feelings that the therapist remains holding. Vicarious trauma can be triggered in the therapist when fear or alarm is aroused in sessions where disclosure occurs. Disclosure may include increased risk factors, histories of abuse, or the reporting of self-harming behaviours. These powerful experiences can affect the therapist physically through their imagination, empathic attunement, and compassionate feelings towards the client. Using art to externalize a powerful arousal of affect seems to act as a restorative process, assisting the therapist's self-regulation and supporting them in regaining an internal balance.

Figure 3.2 is an artwork taken from the research that shows a visual response to deeply arousing material. I made this image immediately following the session; it is an example of the effect that disclosure of self-harming behaviours had on my internal receptive imagination. This response image enabled me to look at—and externalize—the deep and bloody incisions that I had imagined during the client's graphic disclosure of cutting themselves. Making this image had the effect of projecting the imagined vision onto the page and clearing this disturbing image from my mind. The artwork was hastily made, removed from view, and placed in the drying rack, shelved for reflection later in supervision.

Figure 3.2

Disclosure of Self-harm and Vicarious Trauma

(acrylic on paper)

In terms of application to practice, this finding may be particularly useful for art therapists working across a range of settings and client groups. Response art might be helpful when considering the accumulation of disturbing or traumatic affect, both unconsciously and through the imagery, as witnessed and absorbed over a clinical lifetime.

Response Art and Supervision

The part that imagery can play in facilitating a reflective supervisory dialogue was of particular interest to this research. The questionnaire results suggested that working with reflect art in supervision gives both the therapist and supervisor a distance from which to view subjective experiences through the visual language provided by the artwork. Sharing the imagery in supervision enabled a deeper understanding of nonverbal physiological experiences as the therapist internalizes what had been cathected through the artwork, while supervision facilitates a digestion process provided through reflective dialogue. Further viewing through the artwork also supports the difficult self-reflective process of discussing the ways in which one may have been triggered or aroused in the therapeutic work. By using the therapist's imagery, it is possible for both supervisor and supervisee to explore how to hold these internal experiences and skillfully use or adapt their responses creatively and therapeutically in future sessions.

Contribution to Practice

The artworks and visual methods described in the research were produced by art therapists in response to their clinical work. The examples in this chapter are taken from my own reflect piece imagery. Each image began as an art-based experiment and was the result of new and innovative practice that I had observed in the collaborative work with colleagues, trainees, and supervisees. As I experimented with making a reflect piece and then examined it in supervision, new and subtle variations began to occur. I have attempted to show how each response method derives from a core principle whereby the therapist responds to the dynamic therapeutic experience through making art immediately following the session.

The direct contribution of this research to art therapy practice is in relation to the common experience of positive health benefits, indicated in the research and other literature and supported by the participants of this study. The most impactful experience has been the reported sense of clearing an internal space and regaining a sense of grounding which comes with feeling centered in the work. The research shows that this is a consistent outcome for therapists who make immediate expressive artworks following sessions as physiological affects, either felt or imagined, are channelled into a creative act.

The second area contributes to building empathy through developing the response art between sessions and before or during supervision. Wadeson (2003) referred to this method as a "systematic procedure" (p. 208) of art processing, which I have developed as an experimental approach (Nash, 2020). This method can also be used to focus one's attention onto a memory of each client, remembering their appearance, the last session, and any significant feelings aroused or triggered. An image is then made and reflected upon in supervision and a sense of attunement and empathy develops during this process.

Viewing reflect piece imagery in supervision can amplify what is occurring visually and imaginatively in the experience of the therapist. The feedback from the questionnaire expressed how response art can be used to construct another form of memory of the session, thus aiding and deepening the supervisory process. The verbal reasoning of supervision and the visual exploration of response art form complementary processes. The therapist's body memories are reactivated in the present, giving greater access to both. When using systematic art making, either before or during supervision, verbal and visual narratives interact as the artwork changes over time, forming a creative and aesthetically charged reflective dialogue. This creative–reflective cycle can inform

practice by providing an ongoing narrative that contributes to the practitioner's internal self-supervisory and self-reflective art therapy practice.

With respect to limitations and challenges, art-based research and practitioner-research usually connect and inform each other as one challenge is faced and is converted into a source of learning and development. An integral difficulty when using art works as research phenomena is that of verifying the image or measuring the reported experience in a methodical way. Research requires us to convert the subjective material and particular experiences being studied into unbiased, usefully categorized information or substantiated facts that contribute to knowledge and applied learning.

The research process described in this chapter combined the subjective experience of art making with a methodical approach to verifying whether it was a shared experience, thereby addressing the problem of subjectivity and personal bias. The comparative questionnaire and interview format added useful data on participants shared experiences of using response art making. However, a second problem with art-based research involves converting subjective, art-based experiences into new knowledge that can be applied to clinical practice. The practitioner-research stance supports close connection to practice wherein art-based phenomena are noticed, explored, and developed. This process can be shared in clinical supervision and extended through formal research by which the usefulness and benefits may be evaluated in relation to their implications for clinical practice. The challenge for the practitioner-researcher is to formulate a research design that can engage, record, and give access to the subjective phenomenon active in the creative process.

One limitation of this study is the small sample size and its short duration. However, it is envisaged that the next phase will have a larger cohort of participants and will further examine the physiological affects reported. This will involve a closer study of the artworks to see how the making of response art interacts with body gesture and the expression of affective states, and to examine how art making may contribute to the reduction of heightened affect and the regulation of triggering reactions. The recording and collating of this material will conclude the project towards the end of next year.

Conclusion

An art-based research design is built upon art-based ways of looking and responding to the experiences art therapists have in their clinical practice. Many new initiatives are developing in the area of response art. Artworks are the starting point for art-based research design; in this chapter the imagery derived from an experimental art process that subsequently became an integral part of routine practice. The findings support previous research studies (Fish, 2012; Gartland, 2012) and help open up new questions for research in relation to making art in response to the dynamic clinical work of art therapy. The aims of this chapter contribute to constructing research that is based on the art experiences that form the foundation of art therapy; specifically, to (a) incorporate practitioner-research as a central research paradigm, (b) integrate therapists' creative art making into reflective practice that can inform our supervisory and self-supervisory processes, and (c) elaborate how art-based methods record a range of dynamic art processes that emerge from creative clinical practice.

The experience of art making enables research to evolve and open up unexpected connections between internal physiological experiences and externalized artworks. The inclusion of the therapist-researcher in the inquiry links closely to the phenomena of study and uses the same dynamic and expressive processes of visual art that we facilitate in our work with others.

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