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**Working alongside: Communicating visual empathy
within collaborative art therapy**

ABSTRACT

The terms working alongside, parallel art making, painting together, and joint activity, have been used to describe an innovative and experimental phase in art therapy practice that involves the art therapist's arts-based response towards the client either in one to one or groupwork contexts. This method involves the art therapist's art making within the relational dynamic and is done so to extend an arts-based connection with the client and further non-verbal communication through visual arts media. The approach described enables the therapist to enter a shared creative space using art as an improvised method to connect, interact, reflect, or mirror the client's art process. This article explores the scope of this practice approach and the importance of visual empathy, its contribution to clinical formulation, and the role of clinical supervision in reflecting on the artwork to gain access to intersubjective experiences between the therapist, the client, and their creative collaboration.

Keywords: *parallel art making, visual empathy, ostensive communication, co-production, collaborative, copying-attunement*



Figure 1: Working alongside, drawing paper with pencil 29.7 x 21cm. Photo by Michiyo Zentner

INTRODUCTION

There has been a growing recognition of the value in making artwork alongside some clients in various context and clinical environments. This way of working requires inclusion of non-verbal communication and improvisation using the arts in response to clients who may experience verbal communication as intrusive or triggering, and for clients who may have limited range or avoidant verbal engagement preferences.

The particular response art described in this article is initiated by the client's invitation for the therapist to make art in parallel whilst she remains engaged in her own autonomous art making, mostly in silence, throughout the session over a period of several months. The therapist reflects on art making in response to the non-verbal atmosphere of the therapeutic environment and discussion in supervision encourages an experimental approach. The vignette describes the subsequent creative movement from parallel art making to mirroring/copying and joint activity, as the therapist seeks to relate through the client's art making process.

The author's discomfort with the relational dynamics is acknowledged in supervision and used to consider possible strategies that the client may be using to regulate anxiety levels by remaining in silence whilst drawing intricate mandala images. In response to this therapeutic

relationship, mostly limited to visual communication, several theories are reviewed including ‘joint attention’ (Isserow 2008), Franklin’s ‘visual empathy’ (2010), ‘ostensive communication’ (Springham & Huet 2018), ‘contingent response’ and ‘marked mirroring’ (Marshall-Tierney 2021), to help consider the therapist’s non-verbal communication through art.

Working alongside: A review of the literature

Making art alongside clients in art therapy is an approach that has been considered and experimented with as documented by Wadeson (1980, 2003); Moon (1999); Franklin (2010); Carr (2014); Furneaux-Blick (2019); Marshall-Tierney (2014, 2021). The introduction of this approach has a spontaneous element as the invitation usually comes from the client, sometimes from the therapist, and usually in response to a non-verbal communication preference. Sometimes it can be used as a reciprocal and responsive exchange between the individual client and their therapist, and the literature shows that it has potential to support the therapeutic relationship and facilitate a creative interaction and non-verbal communication. The approach has been used in the assessment of children as in the iconic ‘squiggle game technique’ (Winnicott, 1968; Stefana & Gamba 2018), and in ‘dyadic art therapy’ when working with a child and parent (Rieger & Patishi 2017; Gavron 2013). Parallel artmaking or working alongside clients or patients has also been used in art therapy with adults as described by Wadeson (2003), Franklin (2010) and Carr (2014). There is growing evidence for the value of engaging, interacting, building empathy, and producing collaborative artworks for some individuals (Marshall-Tierney 2014, 2021; Havsteen-Franklin 2014) and groups (Satiel & Elliott 2002; Teoli 2021).

Artmaking alongside the client engages the therapist in a relational dynamic that is directed towards creative expression, the dynamics of this creative interaction has been described by McNiff as a ‘parallel, cooperative process’ (McNiff 2020) which uses art as a collaborative exchange that may be used to facilitate: *‘mutual creation and more comprehensive communication through the arts’* (McNiff 2009:163). During this exchange the client may direct or guide the image-making process

(Marshall-Tierney 2014), or they may commission the therapist to design and make a specific image (Carr 2014). At other times the therapist may initiate their art response through non-verbal cues or creative experimentation, using art materials to connect and relate with the client (Havsteen-Franklin & Camarena Altamirano 2015), or the therapist may make art alongside, in collaboration with, or under the gaze of the client (Marshall-Tierney 2021).

Havsteen-Franklin (2014) refers to artworks made by the therapist alongside clients in adult psychiatric clinical contexts as *'the therapist's method of using art media to communicate or influence relational dynamics. This has arisen as a pragmatic method to help the patient to communicate and make use of art therapy'* (2014:107). The author developed this paper as an employer-led initiative to establish guidelines for art therapists who may consider making response art in their clinical work with patients in the National Health Service. A survey of therapists showed that parallel art making was taking place in individual work at the request of the patient and in groupwork as *'a way of making image-based metaphors to contextualise feelings that they perceived happening in the group setting'* (Havsteen-Franklin 2014:107). The paper was intended to provide initial guidelines to clarify the practicalities and the competencies required for in-session art making in response to the relational work. The methods described by Havsteen-Franklin (2014) are developed further by Havsteen-Franklin & Camarena Altamirano (2015). They describe the process of making art alongside a client as *'an attuned visual response to the experience of being in the room with the patient, usually conducted while the patient is making a visual image'* (2015: 54). This article describes how relational change can be affected using art media. The clinical vignette shows how art materials and artmaking can be used when words are not available, where there may be conditions of high affect arousal, and/or avoidant attachment patterns, the client group and context is an acute psychiatric setting.

Joint attention, mirroring, and visual attunement

The term 'joint attention' is used by Isserow (2008) to describe a shared experience within art

therapy whereby therapist and client are involved in the underestimated function of looking together, usually at the client's artmaking and artworks, formulated within the dynamic triangular relationship in art therapy theory. The theme of joint attention whilst using art materials to engage in a shared experience is described by Havesteen-Franklin & Camarena Altamirano (2015) through the art therapist 'presenting and talking carefully about the nature and characteristics of each material' (2015: 61). In the example given the shared experience of watching the therapist use plasticine appeared to create a reflection of the client's affect and behaviours, and a response towards non-verbal cues such as the client's facial expressions in response to the therapist's artmaking. The handling of art media is linked to a non-verbal attunement between the therapist and her client and is described as an identifying as well as reflective process and *'the development of a therapeutic alliance through identifying and mirroring emotional experiences in a less confrontational way with the arts media'* (2015: 61). This art-based approach developed to facilitate a safe and containing space as well as providing a supportive and non-confrontational dynamic within the relationship. The authors found that the therapist's artmaking offered a way of building a non-verbal dialogue embedded in the relationship due to the closeness, proximity, and physical handling of materials between therapist and client. According to Franklin (2010) the benefits of the art therapist's artmaking also include the transmission of visual expressive technique and 'modelling an art process' (2010: 163). Franklin promotes the idea of being mindful of the therapist's verbal, visual, behavioural, and somatic cues within the relational field, seeing them as a central element to manage the ambiguity of layered expression within the visual arts.

Franklin (2010) refers to the interrelated themes of attachment, attunement and 'empathic art' making (2010: 161). He describes how the therapist's active participation in artmaking introduces a new dynamic to the traditionally static position of therapist as witness, moving the therapist into a role of arts practitioner whereby the client becomes the observing witness. He refers to neuroscience research on 'mirror neurons' that provide a 'physiological' based theory of empathy to further develop an understanding of the therapist's use of making 'empathic art' in the therapeutic

relationship. Franklin develops the idea of ‘visual empathy’ in which the therapist’s mirror neurons are activated by what is witnessed in the non-verbal creative space. After filtering through the multimodal cues, the therapist offers an ‘isomorphic visual response’ as the least intrusive way of responding to the client’s artistic style or visual ‘handwriting’ (2010:163) as an empathic art process.

In developmental psychology and infant observation non-verbal or ‘ostensive’ communication between caregiver and the infant and has two aspects: ‘mirroring’, and ‘attunement’. Mirroring is defined as the mother’s consistent facial expressions that act as a mirror in response to the child’s visual contact, with congruent facial expressions giving an infant the development of a healthy sense of self. Attunement is defined as the mother’s own re-casted expression in response to her imagined emotional state of the child (Stern, 1985). Springham & Huet (2018) refer to these two aspects of ostensive communication as ‘the interaction of gestures, tone of voice, and gaze direction between caregivers and infants’ (2018: 5) which develops in a sequential manner based on Bowlby’s attachment theory framework. Firstly, there is ‘contingent responding’ which is the accurate gestural mimicking between mother and infant, and secondly, ‘marked mirroring’ in which the caregiver gives an elaborated response to the infant’s gestures (2018: 6).

In art therapy, the art object becomes a focus of attention for both the client and the therapist, resulting in a reduction in direct person-to-person eye-contact and ostensive communication cues. When the therapist’s artwork become the focus of the client’s gaze the effect has been described by Marshall-Tierney (2014, 2021) as increasing the potential for both forms of mirroring gestures to be expressed through the sensitive use of art materials by the therapist: ‘When I make art alongside patients, I am also making my own artwork (and by extension myself) the object of another’s gaze’ (2014: 99). Marshall-Tierney (2021) describes three artmaking scenarios in which he made art alongside, under the gaze of the client, and thirdly, a reciprocal exchange whilst working with modelling clay which involved ‘swapping and alternating artmaking simultaneously’ (2021: 52):

I am suggesting that if the artmaking behaviour of the therapist could be said to be a contingent

response to the service user, then the therapist's artwork might then be a form of marked mirroring. Or put another way, perhaps it is the unambiguity of the therapist's artmaking behaviour that makes therapy safe, and it is the ambiguity of their artwork that makes it meaningful (2021: 48).

Similarly, Furneaux-Blick (2019) describes how making art with clients can generate cooperative responses as the joint activity enriches non-verbal communication and a felt sense of the therapist in the relationship through responding to the client's needs in the here-and-now. Furneaux-Blick describes this art-based communication as 'the creative act becomes the dialogue' (2019: 169) which can strengthen the client's sense of self-confidence within the therapeutic relationship. Using the image to dialogue is demonstrated by Stott (2018) who describes being asked to copy part of the client's image on the same page. This approach is described as a response to communication through art, or 'developing a visual dialogue with the patient' (2018: 46), in the context of working with a client experiencing psychosis and limited verbal engagement. In Stott's retrospective view of her case vignette, she felt fully attuned towards the client's request which seemed to reflect an acknowledgement of what he needed from the therapy relationship. Her agreement to copy his drawing demonstrated her 'responsiveness' through art (2018: 50) that could be considered as an attempt to mirror the client's actions with joint attention, and to show a deepening understanding of the client's perspective, thus providing an empathic art response.

An art response: copying the client's artwork in session

The clinical governance guidelines outlined by Havsteen-Franklin (2014) discouraged the use of copying during artmaking alongside clients in a mentalisation group setting, stating that it is intended for the therapist to offer a different perspective that resonates with group members and 'not to copy images, compositions, or colours' (2014: 111). The client in their case vignette was identified as not benefiting from the intervention and did not demonstrate tolerance within the group therapy format. On the other hand, Stott's work (2018) involved copying and attunement, enabling the therapist to

enter the client's creative space, using art as an improvised method to connect, interact, reflect, or mirror the client's art process. Stott (2018) suggests that copying within collaborative art therapy could improve the therapeutic alliance with a potential development of safer self-realisation for clients with early relational trauma as the therapist attunes to the client's attachment style. The presence or absence of the client's capacity for joint attention, such as looking together, co-ordinating attention and sharing affect around the triadic relationship between the client, the image, and the art therapist is a useful indicator of when the therapist might provide enhanced responsiveness through using an art response (Marshall-Tierney 2014).

Both Kramer (1986) and Stott (2018) added their drawings onto the same paper as the client's artwork, however, in the example described in this article the client offered the therapist a sheet of paper, which was an initial step of collaboration, demonstrating how she could communicate a sense of safety within the therapeutic relationship. The clinical vignette provides a unique example of parallel artmaking followed by a creative experiment in which the therapist copied the client's artwork. I will describe how copying the client's artwork promoted an increase in joint attention enabling the client's ostensive communication to be considered as a process of showing and pointing things out with art materials, looking back and forth between mark-making actions and objects, and alternating the gaze between the client's and the therapist's artworks. Such a sequential concept of non-verbal communication is useful to understand how co-production of the therapeutic relationship developed as detailed in table 1.

Working with a client with artistic identities

The client's artistic identity is an important element when considering the following vignette. Crane (1996) describes art therapy with clients who have artistic identities within a psychiatric inpatient department and concludes that art therapy nurtures creativity within the client's image making as 'an aspect of their efforts to orient themselves in the world, and to contact themselves and others' (1996: p.27) rather than restricting their spirit of true expression. The client's sense of artistic mastery

described in the vignette is observed as a management of self-esteem in the context of her long-term psychiatric environment but also provides confidence for relating with others which does not require verbal stimulation.

Introduction to the case vignette

The next section describes a 6-month period of work with Colette (pseudonym), during the art therapy relationship that developed over a two-and half-year period. Colette is an autonomous client with artistic identity in a long-term mental health rehabilitation service within a private inpatient hospital setting. Written consent has been given to use the client images and permission and approval of the use of case information has been given by the employing organisation involved. The client identity has been protected by using a pseudonym. The clinical vignette forms a part of the response art research project described by Nash (2020). All research planning and design for this project 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).

Accompanying through mirroring art making

The aim of art therapy with Collette was to offer regular engagement to express difficult emotions such as anger and anxiety usually expressed in the communal areas, through using her artistic skills within a therapeutic relationship. In the initial phase of the therapeutic relationship, Colette made collages and copied drawings from images of animals and flowers from magazines. Eventually she brought pre-made mandala colouring sheets and seemed to enjoy colouring-in in her own time. She asked that we work in silence and withdrew into her own drawing. She just said “relaxing” when asked how the session benefited her. As her attendance became more consistent, she began to focus on colouring with felt tip pens and drawing her own mandala designs inspired by pre-made patterns. On several occasions she gave me sheets of blank paper or photocopied mandala colouring sheets

and asked me if I wanted to draw or colour-in. I decided to respond to this invitation to communicate my curiosity towards her creative process. She looked at my coloured image at the end of the session and spontaneously commented “that’s nice” but did not elaborate. The following images occurred over a sustained number of sessions from week twenty or ten months into the therapy work (figure 2).



Figure 2: Three images of colouring in made by the therapist, photocopy paper with felt tip pens or pre-printed outlines 29.7 x 21cm. Photograph by Michiyo Zentner

I wondered whether the use of mandala colouring sheets provided safety for her in the therapy with me, however, in supervision we considered whether she was using the colouring-in invitation to occupy my attention and distract the therapist’s gaze. We reflected on my awareness that she seemed to withdraw into silence whilst drawing, which communicated her unspoken wish to enjoy the flow of creativity. We noted my discomfort when I wished to initiate conversation alongside her artmaking and my observation that her mandala drawing created a self-directed energy towards mastery, control, and satisfaction. Mandala drawing in art therapy is not perceived as suitable for emotional expression within standard practice, however it is used in some specific circumstances for peripheral use such as building resilience (Schnitzer 2021). I considered that it was suited to Colette’s need to engage in an image associated with relaxation whilst not giving expression

to her emotional presence via her art.

Supervision and a decision to experiment with mirroring creativity

I brought Colette's case to supervision to explore whether her self-directed artmaking and resistance towards reflective dialogue might suggest an avoidant attachment relationship pattern, and how her invitation for me to participate in artmaking alongside had developed in our sessions. I reflected on my experience of discomfort arising from holding an urge to converse alongside her self-directed creative work and feeling excluded by the atmosphere evoked by her self-absorption in autonomous artmaking. I imagined this as an invisible protective shield that enabled her to disconnect from the therapeutic relationship and my attempts to interact with her through her art. I also wondered if giving me mandala colouring sheets provided safety and supported her difficulty with my observational gaze and interaction. We concluded that she seemed to benefit from minimising the potential source of anxiety and mood fluctuation experienced by direct relational contact whilst maintaining proximity through the parallel art making. An experimental intervention was proposed by my supervisor to try using a responsive art making approach by copying her mark-making method in session. This would enable me to shift my gaze between my image and hers as I tracked her drawing and the emerging image. I hoped that copying her artwork and mirroring her mark-making would foster a 'collaborative curiosity' (Havsteen-Franklin & Camarena Altamirano 2015: 58) and increase my visual attunement towards her aesthetic style and creative presence (Franklin 2010). It would also increase my awareness of my non-verbal and 'ostensive communication' (Springham & Huet 2018). The approach would enable me to shift my attention between a focused and sustained gaze on Colette's artwork and then on my own artmaking as I alternate between the two images. I would monitor how Colette responded to this format with the intention of developing her tolerance of this increase in relational proximity within the therapeutic relationship. In the following session Colette gave permission for me to copy what she drew in session (figure 3). As I replicated her artwork, I noticed an increase in her speed and energy as her mandala patterns became more

elaborate and intricate, as though the sense of being witnessed energised her creative process.

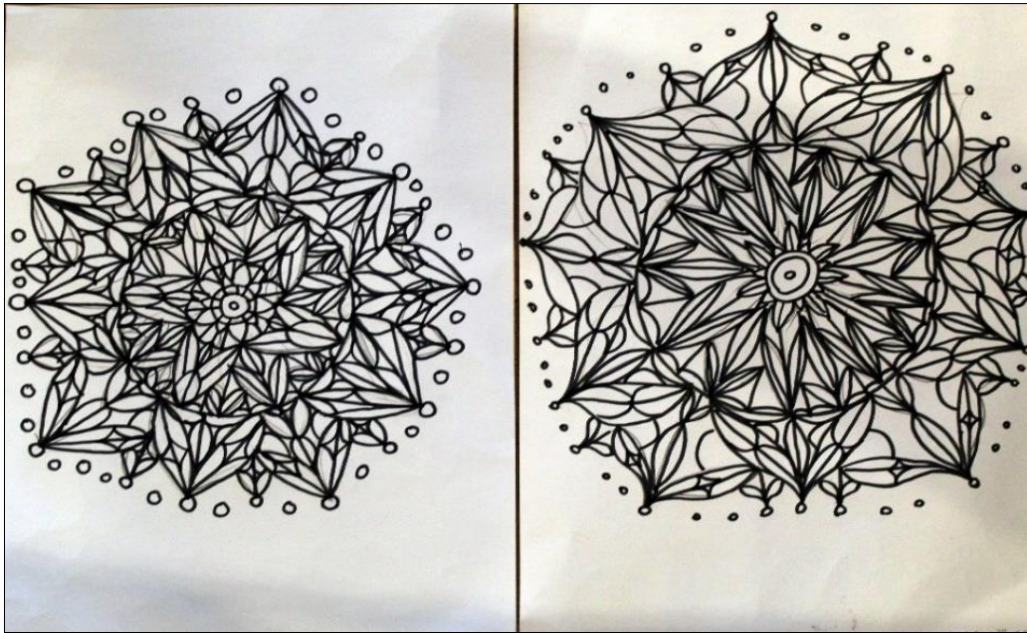


Figure 3: Copied mandala patterns (Colette's on left, mine on right), paper with black felt tip pen 29.7 x 21cm. Photograph by Michiyo Zentner

Collette began by copying a pre-printed mandala pattern, and then progressed to add extra swirls or floral designs. Her pace of drawing increased with a stronger grip and pressure against paper. She seemed to be empowered by taking the lead and I experienced the flow of her creativity as well as her skill, technique, and mastery of mandala drawing. This relational dynamic made me feel inexperienced in a space where I usually take a facilitating role. Alongside this feeling I considered a benefit for Collette as it seemed to increase her motivation, confidence, creative energy and focus along with a noticeable reduction in mood fluctuation.

At times I experienced a tension between replicating exactly how she was drawing or colouring and deviating by drawing my own version. This tended to occur when her mood became visibly irritable whilst vigorously erasing pencilled outlines or erratically shifting among several different images. Although I had witnessed these reactions in previous sessions, I imagined this derived from an added pressure due to my observation of her creative process, and visible from my

meticulously replicated image. Although the discomfort was apparent, she did not express an intention to end this way of working.

Intersubjective aesthetics: countertransference and relational dynamics

During the interactions described I experienced an excitement in the initial mirroring of Colette's energetic creative flow. I noticed her skilful and controlled mastery of the elaborate patterns as I actively attempted to copy her artistry. I gradually found my own natural drawing pace slower than hers and felt less able to reproduce the intricate patterns. I shared this with her but did not receive a verbal response. As an example, the following images (figure 4) started with both of us using the same pre-made peacock illustration, I noticed that Collette smoothly transitioned to drawing her own patterns beyond the pre-made template. This evoked uncertainty in my ability to accurately copy and ambivalence as to whether to proceed with the original pattern or follow her improvised design.

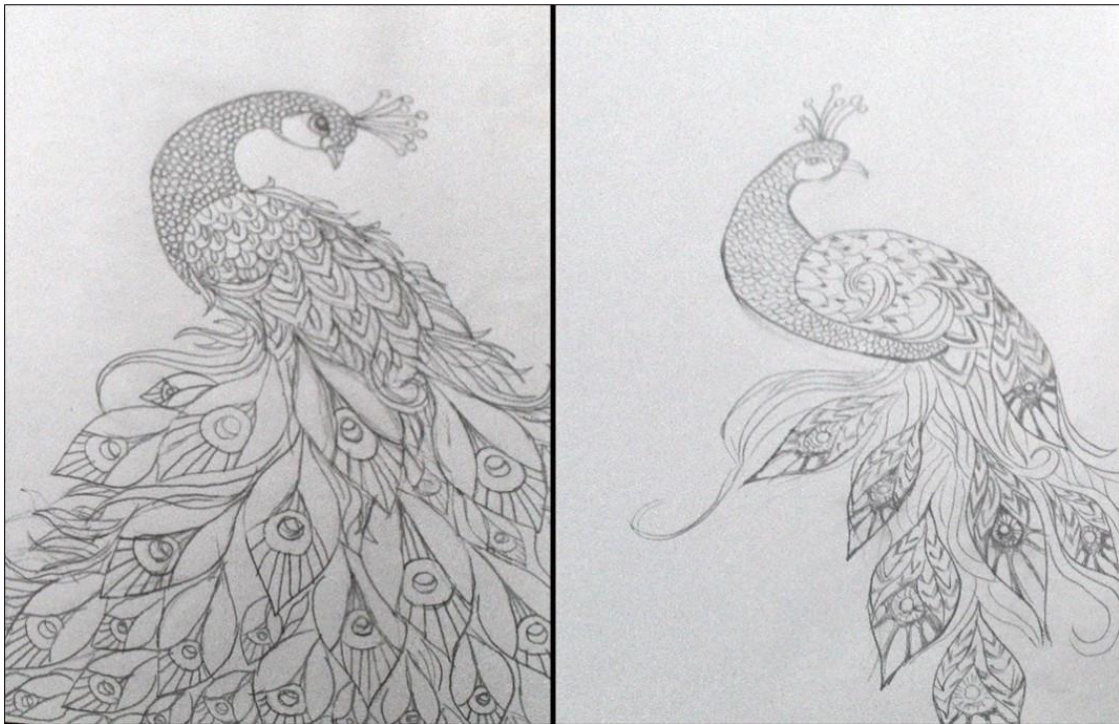


Figure 4: Peacocks (Collette's on left, mine on right), drawing paper with pencil 29.7 x 21cm.

Photograph by Michiyo Zentner

This experience left me wondering whether she was completely absorbed in her own creation or if she noticed my presence and hesitancy, or whether she assumed that I would follow her through intimate observation without needing verbal explanation? My somatic countertransference was discomfort and confusion arising from being left to fathom things out in the uncertainty evoked by the ambiguous process of following her lead. I noticed that the power relationship had altered as Collette led the process and demonstrated skill, imagination, and mastery through her drawing method.

Practice and process

Initially Colette's preference was for me to make my own artwork in parallel with her using colouring-in pre-made patterns, this seemed to allow her to maintain a sense of safety and distance in the relationship. The mirroring experiment allowed me to copy in detail and imitate her mark-making as I sought to keep up with the flow of her spontaneous patterns and intricate designs. In so doing I attuned to her intense focus and energy generated by her creativity, this included excitement, pleasure, difficulty, and tension as her energy increased, struggled, and resolved itself through her drawing. Her leading role resulted in increased confidence and calmness and a relational closeness that was maintained and experimented with on a non-verbal level.

I initially experienced her pace and acceleration as a parallel accompanying and mirroring process, this was followed by a competitive dynamic whereby I tried to keep up with Colette's pace, followed by a decision to deviate and move away from attempting to copy. At these points I felt that I had been left behind in the relationship, and yet these experiences seemed to be safely held within the artmaking process and imagery. As the therapy progressed, her spontaneous reflection upon her difficulty outside sessions emerged when she felt safe while artmaking, however, she was not able to respond to any here-and-now reflection to what was happening in session. Table 1 provides a summary of the three-phases and two artmaking methods described:

INSERT TABLE HERE

Client:	Therapist:
<ul style="list-style-type: none"> – attends session regularly and briefly verbalises positive feedback (“relaxing”) about attendance. – engages in art making autonomously and mostly in silence – expresses discomfort in verbal reflection of artwork or life in general after being prompted by Therapist. 	<ul style="list-style-type: none"> – offers verbal interaction to promote reflection – notices Client's avoidance from Therapist's gaze on Client's artwork and verbal interaction – imagines that Client's avoidance as preventing potential anxiety and mood fluctuation.
(1) Client offers Therapist a sheet of blank paper or colouring sheet	
<ul style="list-style-type: none"> – starts to make some brief positive comment (“that's nice”) on Therapist's artwork. – remains content with Client's self-absorbed art making and Therapist's parallel art making in silence. – does not show interests in Therapist's attempts of modelling reflection upon art making. – does not wish to elaborate or expand comments on neither Client's nor Therapist's artwork in response to Therapist's invitation. 	<ul style="list-style-type: none"> – responds to Client's offer by receiving the sheet of paper or colouring sheet and make artwork or colouring in session – notices Client's increase in communication. – notices Therapist's decreasing gaze onto Client's artwork – notices Therapist's own discomfort from less opportunities for triangular relationship – discusses above difficulties within clinical supervision and explores optimal aesthetic distance within the therapeutic relationship
(2) Therapist asks Client for a permission to copy Client's art making	
<ul style="list-style-type: none"> – responds positively to the suggestion and allows Therapist to copy as making artwork – starts to draw artwork in much more skilful and elaborate manner and stronger grip and faster pace than the time before (2) takes place. 	<ul style="list-style-type: none"> – notices Therapist's own difficulty when dividing gaze between Client's artwork and Therapist's own artwork and slower drawing pace than Client's. – Therapist's confusion arising from Client's leading the relational dynamics – notices Client's increase tolerance of Therapist's gaze on her artwork. – Client's energised gesture in art making.

Table 1: A summary of the three-phases and two artmaking methods

Art based intersubjectivity: issues arising when working alongside.

The case vignette demonstrates how working alongside can initially allow a creative space to develop between client and therapist, offering a meeting point when there is a mutual period of creativity, or working in parallel. The intention of altering this dynamic and introducing an approach that allowed

the therapist to alternate her gaze by copying, enabled her to use a responsive position that gave greater opportunity to develop an interactive relationship within the shared creative space. The act of copying in this instance, directed the therapist's ostensive communication towards the art materials, mark-making, and image being created by the client. The therapist's gaze tracked the client's hand movements and contingent responding through the hand of the therapist as she attempted to copy and attune to the client's gestures and technique.

The introduction of using art as a response within the relationship allows and invites the client to approach and engage with the art therapist through their art objects by giving direction, either verbally with instruction or non-verbally by offering materials and paper. The case example demonstrates the non-verbal intensity expressed through an aesthetic dynamic, evoking feelings of uncertainty, inadequacy, or a response to increase technical speed in an attempt to keep up. The tensions described raises questions and challenges around maintaining aesthetic distance whilst art making alongside.

In response to these dynamic challenges Marshal-Tierney (2014) introduced two over-arching principles that therapists are encouraged to follow: firstly, to be authentic and make art that engages and interests one and secondly, to be prepared to let go of ownership immediately and for it to be available for the client to use (Marshal-Tierney 2014). This reflects McNiff's approach whereby he seeks to 'stay both attached and detached from my expressions, all the while perceiving them as secondary to my primary focus on the other person' (2009: p.163). The case example shows how the dynamics of attunement, and resonance are experienced when working alongside, and that using this approach requires a supervisory focus on considering how to find a balance and an 'optimal' aesthetic distance. The parallel artmaking introduced too much distance from the client and the mirroring and copying felt too close as the therapist tried to keep up and was drawn into the client's dynamic creative process.

Conclusion

This art therapy practice innovation paper describes a collaborative therapeutic relationship with a client who introduced parallel art making as a way of engaging with art therapy and maintaining a distance with her therapist. The introduction of copying or using a mirroring approach, is described as the author worked alongside and developed a visual arts dynamic interaction with the client. This approach was client-led as she also took the initiative and directed the sessions and the relational contact through art. The vignette describes how the therapist communicates an acknowledgement of the client's art making process by offering her own visual feedback as a variation of collaborative response art in session.

An important factor to consider is that when art therapists make art in-session with an individual, or in a group process, the triangular relationship is radically altered as the therapist shifts from the position of an attentive, observing witness, to one where the therapist uses the material qualities of visual arts media to connect and build a working alliance. A parallel shift occurs as the client may become the observing witness, or sometimes an active participant directing the therapist's artmaking. At times a shared or reciprocal exchange may take place as image making develops a call and response interaction, at other times a non-verbal tension arises as described in the case example of copying and accompanying the client's drawing.

The therapist's art making is presented as a way of offering a flexible relationship to questioning complex and unpredictable situations with the client and help the therapist to hold the client in mind and develop visual empathy. The approach can be seen as offering a non-verbal form of relating which supports the client to share her creativity and develop wellbeing while being held by an 'enhanced level of responsiveness by the therapist' (Marshall-Tierney 2014).

This article is a contribution to the innovative practice whereby visual arts media can be used to engage, reflect, and interact with clients in art therapy. The authors' intention is to support practice in this area of dynamic collaboration and to develop greater alliance and empathy with the people we work through the therapist's use of arts media, creative improvisation, and empathic art. The findings

suggest that art therapists who use this approach may require further support through supervision, training, and published research when using response art within the relational dynamic of a one-to-one art therapy relationship. We hope that this paper contributes to a further development in this area of art-based clinical practice.

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