Exploring the Variant Experiences Through Which Racial/Ethnic Minorities Select Art Therapy as a Career

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EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH RACIAL/ETHNIC MINORITIES SELECT ART THERAPY AS A CAREER

by

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A Dissertation Submitted to the Faculty of Old Dominion University in Partial Fulfillment of the Requirements for the Degree of DOCTOR OF PHILOSOPHY IN EDUCATION

OLD DOMINION UNIVERSITY
August 2018

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ABSTRACT

EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH RACIAL/ETHNIC MINORITIES SELECT ART THERAPY AS A CAREER

Mary Ritchie Roberts
Old Dominion University, 2018
Chair: Dr. Nina Brown

This study implemented a phenomenological approach to the inquiry of the career decisions of racial/ethnic minorities leading to selection of art therapy as a career. Gottfredson’s Career Theory was used to design interview questions to elicit the perspectives of ten racial/ethnic minority members about their career choice of art therapy. This study used post-intentional phenomenological qualitative coding of data to understand the decisions and contributing factors to racial/ethnic minorities selecting a career in art therapy. The findings suggest factors including: personal characteristics, interests, personal and professional beliefs, cultural beliefs, influential people, social contexts, experiences, and encounters contributed to racial/ethnic minority participants choices of selecting art therapy as a career. Participants shared experiences through the life stages of childhood, adolescence, and adulthood. Overall, the career choice experiences and perceptions of racial/ethnic minority art therapists were like literature about white art therapists. Factors differing from the majority were the personal characteristic of determination and some cultural beliefs.

Keywords: counseling, career counseling, career decisions, racial/ethnic minority art therapists, art therapy
Copyright, 2018, by Mary Ritchie Roberts, All Rights Reserved.
This dissertation is dedicated to my mother, grandmothers, and mother-in-law, all empowering, independent, supportive, and pioneering women.
ACKNOWLEDGEMENTS

I would like to acknowledge Dr. Nina Brown for her guidance, support, feedback, and encouragement as my Dissertation Chair. Her commitment to my growth and support of my interests empowered me to complete this dissertation. I greatly appreciate Dr. Myran, methodologist, for pushing me to explore phenomenological research in depth, which led me to untapped resources in qualitative research and an approach that allowed me to visualize the complex natures of phenomenological inquiry to apply to this study. I am grateful for Dr. Schwitzer’s time and commitment to provide positive and growth-oriented feedback, which led me to consider alternative perspectives. I am thankful for the collaborations of Vanessa Abbey, MS, Danielle Jweid, MS, ATR, and Eric Brown, PhD, MDiv, NCC as research team members and auditor, respectively.

I am eased and supported by my cohort, class of 2017, who adopted me, a part-time student, into their full-time group. Class of 2017, thank you for making this process fun and lasting. Special thanks go to Sandy Griffith, PhD, for being a partner in motivation and writing and a friend.

I appreciate my EVMS colleagues for their patience throughout my doctoral studies. I am grateful for their encouragement during these last months of completing my dissertation.

I appreciate the reassurance of my closest family members. I am grateful for friends long lasting and new that have been steadfast, patient, and inspiring.

Finally, without my partner, I would not have been empowered to engage in this journey. Will’s dedication to balancing our lives with care, joy, family, and sailing has allowed me to progress thus far. Thank you.
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CHAPTER I

INTRODUCTION

This chapter introduces the study and discusses the problem, background, and rationale for the study. The theoretical approach to research is discussed preceding the presentation of the research questions and definitions of key terms. Delimitations are identified.

Statement of the Problem

The increasing number of racial/ethnic minorities in the United States informs the need for the art therapy profession to consider the lack of racial/ethnic diversity in the field. It is predicted that by year 2050, racial/ethnic minorities will represent 50% of the United States population (Hall, 1997), which will in turn increase the racial/ethnic diversity of clients and patients served by art therapists. The profession of art therapy remains racially/ethnically homogenous while providing service to racially/ethnically diverse clients across the continuum of mental health care (Elkins & Deaver, 2015). Recruitment strategies of minorities to higher education address common needs and trends among minorities, yet it does not explore the personal lived experiences to inform how one tracks into a profession. Increasing racial/ethnic minorities in the art therapy profession would provide for more matching in therapist-client dyads. The values, beliefs, and lived experiences that attracted racial/ethnic minority art therapists to the art therapy profession were explored and may inform recruitment to art therapy as a career, assist career counselors to propose art therapy as a career path, implications for art therapy education programs’ recruitment practices, and inform therapist-client dyad matching in clinical art therapy practices.
Purpose of the Study

The purpose of this study was to understand racial/ethnic minority art therapists’ perspectives and how they selected art therapy as a career. By understanding the lived experiences of racial/ethnic minorities through: stages of life personally and professionally, connections to art making, creativity, healing, and altruism, which led to selecting art therapy as a career, allowed themes to emerge and correlate to the literature. The multi-phase process included qualitative inquiry, consultations with art therapy experts for consensus building, auditing of the research protocol, and constant comparison and phased data analysis. It is important to identify characteristics of art therapists to identify, recruit, and retain diverse individuals in the profession of art therapy. Art therapists serve unique needs of patients needing mental health services. Art therapists therefore increase access to mental health services for diverse patient populations with multiple cultural differences (AATA, 2014, Feen-Calligan, 1996; Lumpkin, 2006).

Background and Rationale

Historical and Contemporary Context

Formally emerging in the 1940’s, art therapy is a mental health profession in which an art therapist facilitates the use art media, the creative process, and the resultant artwork to improve client’s optimal health including and not limited to wellness, corrective emotional growth, emotional healing, managing symptoms of mental illness, and personal insight and growth (American Art Therapy Association, 2016). Art therapists have requisite knowledge of and skills in usage of visual language, art making, and the creative process, integrated with application human development and psychology theories and techniques of (AATA, 2017). Based in art and psychology, art therapy is a hybrid profession. MacGregor (1989) reviewed 300 years of
intersecting relationships between art and psychology. Psychiatrists in the early 1920s published artworks of the mentally ill (Prinzhorn, 1922, 1995). Vick (2003) identified that psychiatry has been most aligned with art therapy. Art products were explored as understandings of mental illness and health (Arnheim, 1954).


The founding of the American Art Therapy Association in 1969 propelled publications of art therapy and evolved art therapist professional identity. Elkins & Stovall (2000) reported in an AATA membership report the most often integrated theoretical approaches: psychodynamic, Jungian, object relations, art as therapy, and psychoanalytic. In modern art therapy, Lusebrink (1990; 2004) developed the Expressive Therapies Continuum (ETC), which was expanded by Hinz (2009). The ETC describes the interactions of the processes and materials of art making in the brain. The Expressive Therapies Continuum is a hierarchical framework to understand the four levels of functioning in the brain, which include: Kinesthetic – Sensory, Affective – Perceptual, Cognitive – Symbolic, and Creative. The integrated psychology theory and
understanding of brain functioning of art processes and materials are distinct characteristics of the knowledge of art therapists.

Art therapy education, like counseling education has developed, is moving from approval by the Education Program Approval Board to accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP; 2009, caahep.org, CACREP, 2016). Art therapy education programs prepare art therapists for clinical practice. Through clinical practice and art therapy supervision, art therapists may earn the Registered Art Therapist credential (ATR). In addition, art therapists may demonstrate minimum competencies through the Board Certification Exam leading to the ATR-BC credential. In addition, the Art Therapy Credentials Board (ATCB) credentials art therapy clinical supervisors (ATCS) who have demonstrated requisite competency and experience in providing art therapy supervision (ATCB, 2015). The Art Therapy Credentials Board reports over 5000 registered art therapists in their database (ATCB, 2017). Not all art therapists are registered art therapists (ATR). Employment and practice are not dependent on registration. The ATCB does not report demographic data related to registered art therapists.

There have not been statistically significant changes in the number of members or composition of the AATA membership from 2007 to 2013 when considering: gender, race/ethnicity, age, education, years employed in art therapy, and credentials/licenses held. Elkins and Deaver discuss the lack of racial/ethnic and gender diversity and increasing numbers of art therapists obtaining licensure. There were a majority of female (93.4%) and Caucasian (87.8%) respondents. Racial/ethnic minorities represent approximately 12.2% of the AATA membership.
Art therapists work with a variety of populations including individuals with: neurocognitive and developmental disabilities, depression, anxiety, post-traumatic stress disorder, behavior disorders, and other mental illnesses (Elkins & Deaver, 2010, 2013, 2015; Elkins & Stoval, 2000; Elkins, Stoval, & Malchiodi, 2003). Art therapists work in a variety of settings including: hospitals, psychiatric acute, residential and long-term care facilities, non-profit organizations, shelters, detention centers, schools, and outpatient practices (Elkins & Deaver, 2010, 2013, 2015; Elkins & Stoval, 2000; Elkins, Stoval, & Malchiodi, 2003). Art therapists serve children, adolescents, adults, couples, and families in individual and group settings. Assessments are conducted and documented, and treatment plans are documented. A challenge of the art therapy profession is documenting outcomes through research (Kaiser & Deaver, 2013).

Members, pioneers, and contemporaries of the profession value credentials and licensure for markers established for competence. Overtime, the profession has mirrored competencies after the counseling profession and developed a comprehensive definition that includes the following: (a) knowledge of the profession (history, theoretical approaches, training, ethics); (b) philosophy of the profession (artist-therapist, therapeutic alliance between patient, art, and therapist, and creative process); (c) professional roles and scope of practice; (d) altruistic attitude; (e) engagement behaviors; and (f) interaction (Riley & Kapitan, 2009; Roberts, 2017).

synthesized the conceptual and research literature for art therapist professional identity that informed research of a conceptual model of art therapist professional identity (see Figure 1) and identified that connections to art making and creativity, beliefs about the power of art as healing, and identification of the combination of altruism and art were distinguishing factors for art therapists (DuBeau, 1993; King, 2011; Malis, 2014; Oppegaard et al., 2005; Perdue, 2016). Roberts (2017) developed a conceptual model of art therapist professional identity; a limitation of the study was a lack of minority art therapist participants. The study did not lead to understanding key components of racial/ethnic minorities selection of art therapy as a career.

**Figure 1.**  
Conceptual Model of Art Therapist Professional Identity (Roberts, 2017)

The basic questions for qualitative inquiry incorporated concepts from the literature and interviews of minority professionals in the field. While the literature is rich in conceptual
knowledge, there has been no research to discover and describe the intersections of personal and professional characteristics of racial/ethnic minority art therapists without bias in creating the conceptual framework of art therapist professional identity. Current research contributes to an existing conceptual model for art therapist professional identity, which may inform a depth understanding of minority art therapist professional identity (see Figure 1) and inspire understanding of racial/ethnic minorities seeking art therapy as a career.

**Perspectives of Racial/Ethnic Minority Art Therapists**

Racial/ethnic minority art therapists have shared their personal and professional experiences (Awais & Yali, 2013; Boston, 2005; Doby-Copeland, 2006; Lumpkin, 2006; Talwar, Iyer & Doby-Copeland, 2004) for advocacy. In common, each have marginalized experiences like and not limited to: obstacles of internalized oppression, discrimination in education institutions and worksites, not receiving a letter of reference for graduate school from a white professor, unequal pay, voicing concerns for racial/ethnic minorities who were terminated based on white cultural values, a professor touching her hair, awareness of code switching between family, neighbors, and whites, loss of publication opportunities, not being accepted or denied participation into academia, self-marginalization by choosing to teach over practicing art therapy, and that often others, including AATA, look to people of color to build bridges for cultural competency. In addition, several have identified values and beliefs related to their heritage of interconnectedness, community, harmony, love, and resiliency. Some shared that elders have expressed disapproval of therapy because of a lack of understanding and mistrust of how therapy can facilitate change. Several have identified the value of being able to quickly build rapport with racial/ethnic minorities. All have shared disappointment about not being able to recruit more racial/ethnic minorities to the art therapy profession and sited concerns for the
economy and uncertainty of art therapy employment as contributing factors for racial/ethnic minorities to seek other professions. The profession has a dominant “mono-cultural perspective that may be antagonistic” and unresponsive to minority (culturally diverse) populations (Talwar, Iyer, & Doby-Copeland, 2004, p. 45). The AATA membership and art therapy profession need to be inclusive and representative of the individuals and committees we serve (Awais & Yali, 2013; Doby-Copeland, 2006; Talwar et al., 2004).

Important to art therapist professional identity is the challenge to recruit art therapists of color. Feuling this study is the challenge of identifying the characteristics of minority individuals who may be interested in an artist-therapist helping profession. The potential similarities and differences, if any, of racial/ethnic minority art therapists within the profession (Awais & Yali, 2013; Boston, 2005; Doby-Copeland, 2006; Lumpkin, 2006; Talwar et al., 2004; Tavani, 2007), particularly related to combinations of altruism and connections to creativity, symbolic expression, and art making (Brown, 2008; Kapitan, 2010; Lumpkin, 2006; McNiff, 2000) should be described to understand how individuals track into the art therapy profession. There is a lack of research of and related to racial/ethnic minority art therapists.

**Significance of the Study**

The need to understand racial/ethnic minority art therapists is grounded in the current literature exploring racial/ethnic matching in therapy dyads. The growing research related to racial/ethnic matching of therapist-client dyads is controversial in its outcomes of racial/ethnic matching predicting treatment outcomes (Berger, Zane, & Hwang, 2014; Farismadan, Drafhi-Lorenz, & Elis, 2007; Knipscheer & Kleber, 2004; Meyer & Zane, 2013; Thompson, Bazile, & Akbar, 2004; Zane et al., 2005). However, researchers have identified that racial/ethnic matching in therapy dyads increases comfort, and cognitive matching in client-therapist dyads is related to
positive treatment outcomes (Farismadan, Drafhi-Lorenz, & Elis, 2007; Knipscheer & Kleber, 2004; Meyer & Zane, 2013; Zane et al., 2005). Other researchers emphasize culturally responsive treatment interventions including and not limited to using: the client’s own words, native language, interventions that are aligned with client values, empathy, genuineness, and culturally sensitive communication (Benish, Quintana, & Wampold, 2011; Griner & Smith, 2006; Smith, Rodriguez, & Bernal, 2011).

The art therapy profession may be informed by the research of racial/ethnic and cognitive matching in therapist-client dyads, which notes improved treatment outcomes when clients experience more comfort and are cognitively matched with therapists (Farismadan, Drafhi-Lorenz, & Elis, 2007; Knipscheer & Kleber, 2004; Meyer & Zane, 2013; Zane et al., 2005). The art therapy profession may be able to improve client treatment outcomes through racial/ethnic matching when therapist-client dyads share common beliefs, values, and ways of thinking. Thus, building a diverse workforce may increase multiple perspectives of art therapists for cognitive matching of art therapists with art therapy clients. To date there are few studies to express the perspectives of collective and diverse conceptual characteristics of art therapist identity (Crawford et al., 2014; Crooks, 2013; DuBeau, 1993; Feen-Calligan, 2005, 2012; King, 2011; Oppegard et al., 2005; Orkibi, 2010, 2012, 2014; Perdue, 2016; Malis, 2014; Tavani, 2007) and none about racial/ethnic minorities choosing art therapy as a career. Informed by Gottfredson’s Career Theory of Circumscription and Compromise (1981), the lived experiences of racial/ethnic minority art therapists may inform the design of recruitment programs and career paths to enable more minorities to consider art therapy as a career. By understanding what attracted current racial/ethnic minorities into a career in art therapy, art therapy educators, recruiters, counselors,
mental health counselors, and career counselors may be able to share and identify what may attract others, when they begin the processes of career discernment.

The intent of this study was to determine the characteristics and variables that attracted minority art therapists to the art therapy profession. Because art therapy remains a seemingly culturally homogenous field that serves culturally diverse populations it is important to understand how diverse art therapists have tracked into the field including their values, beliefs, and practices connected to creativity and healing. The art therapy profession is 90% white females and has remained consistent for over 30 years (Elkins & Deaver, 2010; 2013; 2015; Elkins, & Stoval, 2000; Elkins, Stoval, & Malchiodi, 2003; Gordon, & Manning, 1991; La Brie & Rosa, 1994; Manning Rauch & Elkins, 1998; Pearson, Walker, Martinek-Smith, Knapp, & Weaver, 1996). Little progress has been made to recruit and retain culturally diverse people (Awais & Yali, 2013; Shortliffe, 2004; Vick, 2007). Determining if racial/ethnic minority art therapists and their connections to art making, creativity, healing, and altruism are the same or if they are unique, may inform the collective understanding of how racial/ethnic minorities select art therapy as a career.

**Overview of Proposed Study**

A research approach informed by the tradition of phenomenological research sought to discover and describe the meaning and essence of racial/ethnic minority art therapists’ experiences leading to art therapy as a career choice, while making all attempts to understand racial/ethnic minority art therapist identity from the viewpoint of the racial/ethnic minority art therapists (Horrigan-Kelly, Millar, & Dowling, 2016; Moustakas, 1994; Vagle, 2014; van Deurzen, 2014). Humans are inseparable from their everyday existence; describing the everyday ordinariness, essence, and being in the world that racial/ethnic minorities experience leading to
becoming art therapists informed the theoretical framework of this study (Horrigan-Kelly et al., 2016). The knowledge was co-constructed being with and between the participants (co-researchers) and researcher. To understand the essence and values of the participants, the contextual influential factors were explored. This researcher practiced reflexivity through reflective art and writing responses to bracket biases and understand participants’ classificatory systems (Miles, Huberman, & Saldana, 2014; Moustakas, 1994, Vagle, 2014). The objective was to reveal the essence of racial/ethnic minority art therapists’ experiences in selecting art therapy as a career through qualitative data analysis to identify themes and patterns of values, beliefs, and attitudes. The study produced thickly described themes and contributing factors through the perspectives of racial/ethnic minority art therapists about art therapy career selection through phenomenological reduction. The study proposed to provide a thick description through the lived experiences of racial/ethnic minority art therapists understood through Gottfredson’s career theory and art therapist professional identity and to search for multiple, partial, and endlessly deferred combinations of essences and manifestations that came into being which were de-centered.

Purposive sampling was employed to solicit racial/ethnic minority members of the profession that are known to this researcher (Miles et al., 2014). Literature informed the decision to use purposive sampling based on the increased likelihood that within the context of a relationship, minorities may be more likely to participate in research and the sample could evolve once investigation began (Miles et al., 2014, Vagle, 2014). Sequential selection of participants led to similar and different individuals, which created comparisons and revealed facets for study (Miles et al., 2014; Vagle, 2014). Ten minority art therapist participants were interviewed. Through the discourse during interviews, participants had the chance to describe
their values, beliefs, and experiences uninhibited by assumptions to increase trustworthiness. Contact with the participants included authentic and genuine rapport building to provide a closer relationship with participants to uncover and describe their experiences. During this investigation, it was imperative that this researcher separated from a previous study of art therapist professional identity and refrained from subjective interpretations (Miles et al., 2014; Moustakas, 1994; Vagle, 2014).

Open-ended interview questions were constructed to explore the experiences of the participants (co-researchers). The usefulness of this research tradition was to build trustworthiness through shared knowledge in which the participants were empowered as co-researchers with encouragement to own their ideas about how their experience and biases informed the research topic. Interviews were conducted and audio recorded; audio recordings were saved on secure digital devices and once transcribed, audio recordings were destroyed. A research team composed of this researcher and two professional art therapists analyzed transcriptions through qualitative coding of common themes.

A systematic analytical process was employed to uncover the perspectives of racial/ethnic minorities in developing art therapy as a career choice. Themes were defined and organized into clusters through consensus building with the research team. Determinant clusters were then understood in the context of Gottfredson’s Career Theory (1981) and an established model of art therapist professional identity. A research team, this researcher and two professional art therapists, assisted to identify the clusters in themes and agreement facilitated by the rigorous methods of the researcher. Additionally, the research was evaluated by an auditor who provided a cross-analyses of the data to support or reject the themes and clusters of ideas noted in the
participants’ (co-researchers’) reflections on their experiences related to selecting art therapy as a career (Miles et al., 2014; Patton, 2002; Ponterotto, 2005; Vagle, 2014).

The phenomenology tradition was partnered with a social constructivist perspective to first hear the perspectives of the participants, learn from these perspectives, and partner with the participants to develop common themes and clusters to the understand selecting art therapy as a career. Benefits, limitations, and implications for themes and clusters identified were applied to counseling, career counseling, art therapy education, art therapy clinical practice, the mental health profession, national organizations, and future research.

**Research Questions**

1. What are the factors influencing the decisions of racial/ethnic minorities to pursue art therapy as a career?
   a. What are the personal characteristics, social experiences, contexts, and potential variables of art therapists that inform career choice?
   b. In what ways, if any, are the various components of an art therapist professional identity, such as, art making, creativity, healing, and altruism intersecting with minority art therapist professional identity?
   c. What are the possible relationships between art therapist professional identity and racial/ethnic minority art therapists’ decisions to become art therapists?

**Definitions of Terms**

**Definition of Profession**

The term *profession* has been used to identify careers that require specific education, training, and skills, and to reference the individuals who are employed in a specific profession.
A profession is a workforce having a distinct body of knowledge, a professional association, accredited training programs, credentialing such as licensure, ethical principles, legal recognition, and other distinguishing standards (Ritchie, 1990; Myers & Sweeney, 2001). Once these defined characteristics establish a profession, the individual’s professional identity can then be formed.

**Definition of Professional Identity**

Professional identity seems to be defined by not only professional training, but also by personal traits aligned with the skills, values, beliefs, and context common to one workforce group (Gray, 2000; Nugent & Jones, 2009; Weinrach, Thomas, & Chan, 2001). It is noted that professional identity is complex and within the sameness of a profession there are common core attitudes, values, beliefs, practices, and competencies (McElhinney, 2008).

**Definition of Art Therapy Profession**

Art therapy is a mental health profession. An art therapist facilitates client’s using the creative process through visual art media and the resulting artwork to improve quality of life including and not limited to wellness, growth, emotional healing, managing symptoms of mental illness, and personal insight for change. Art therapists are trained in the knowledge of and skills in usage of visual language, art making, and the creative process, partnered with application of theories and techniques of human development, psychology, and counseling. (American Art Therapy Association, 2014)

**Definition of Art Therapist Professional Identity**

Art therapist professional identity is made of characteristics of the following components: knowledge of the profession, philosophy of the profession, professional roles and scope of practice, altruistic attitude, engagement behaviors, and interactions in the profession (Akmane &
Märtinsone, 2016; Crawford et al., 2014; Crooks, 2013; DuBeau, 1993; Feen-Calligan, 1996, 2005, 2012; Hluska, 2016; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2013; Perdue, 2016; Roberts, 2017; Ulrich, 2008). Each component has distinct variables that define art therapist professional identity with unique connections to the belief and values of art making and altruism such that the creative process is healing and that the art therapist has skills, theoretical knowledge, and attitudes to prescribe the creative process for healing.

**Definition of Racial/Ethnic Minority Art Therapist**

For this study, racial/ethnic minority art therapists will be defined as non-white females and males and include: males and females that identify as non-white or as persons of color.

**Delimitations**

The purpose of this study was to understand racial/ethnic minority art therapist identity. Despite the dearth of literature directly related to art therapist professional identity, this study did not attempt to understand each characteristic claimed by conceptual literature as related to art therapist professional identity. This study did not examine if and why racial/ethnic art therapists should be racially/ethnically matched in therapy dyads. This study did not explore empirical measures of art therapist professional identity. Instead, the focus remained on the intention to begin at the foundation of ordinary and unique experiences of racial/ethnic minority art therapists by describing and classifying the essence, experiences, and perspectives that led them to pursue a career in art therapy. Common themes may inform future research intersecting with the literature.

**Summary**

The purpose of this study was to phenomenologically explore racial/ethnic minority art therapists’ factors that influence pursuing art therapy as a career. Conceptual literature discusses
art therapist professional identity and racial/ethnic minorities have made a call for diversity in the profession, yet there has been no research to understand or describe racial/ethnic art therapists’ career choices. Research questions to understand the essence of racial/ethnic art therapists’ experiences explored: What are the factors influencing the decisions of racial/ethnic minorities to pursue art therapy as a career? What are the personal characteristics and potential variables involved in this professional identity? In what ways, if any, are the various components of an art therapist professional identity, such as, art making, creativity, healing, and altruism intersecting with minority art therapist professional identity? What are the possible relationships between this professional identity and minority art therapists’ decisions to become art therapists? The phenomenology tradition was partnered with a social constructivist perspective to co-construct the essence and description of racial/ethnic minority experiences leading to art therapy as a career choice based on Gottfredson’s Career Theory (1981). This study proposed to identify common themes and evaluate the benefits, limitations, and implications for counselors, career counselors, art therapy educators, clients, the mental health profession, national organizations, and future research.
CHAPTER II

LITERATURE REVIEW

This chapter reviews the literature relevant to racial/ethnic minority art therapist professional identity. EBSCOhost databases, Google scholar, Internet search, review of sources in articles reviewed yielded scant research of racial/ethnic minority art therapist professional identity. The theoretical framework was discussed and applied to how it informed the study and recruitment of racial/ethnic minorities to higher education programs are reviewed. There is no research about the experiences of racial/ethnic minority art therapists. This chapter reviews the research findings about racial/ethnic minorities in mental health professions and the relationships to clients, cultural intersections of art therapy and minority statuses, art therapist professional identity, and personal identity motivations for becoming an art therapist. The quality of the research and findings were critically reviewed. The usability of the findings was noted to inform the protocol for this study. Interwoven and identified in the review of the literature are the conceptual viewpoints defining art therapist professional identity, which ground some of the context for this study.

Theoretical Framework

The theoretical framework for understanding racial/ethnic minorities’ career choice of art therapy is informed by Gottfredson’s Theory of Circumscription and Compromise. Gottfredson’s theory is a career developmental theory based in social constructionism. The theory posits that career choice develops as young people decide what occupations fit and don’t fit with their developing self-concept (Gottfredson, 1981). The theory describes the processes and stages of individual experiences leading to career choice which require a high level of cognitive capabilities. The belief that cognitive growth is crucial to how one develops a cognitive map of
careers and perceptions of self, which is then used for evaluating the fit of various professions. This theory seems to fit with the complexity and hybrid nature of the art therapy profession and how one may select it as a career. For instance, an individual selecting art therapy as a career must synthesize and organize complex occupational information as a function of the analysis of the fit of the profession for the individual.

Gottfredson (1981) identifies that genetic characteristics play a role in forming a person’s personality—likes, interests, skills, and values. Environmental influences moderate individual genetic characteristics. While genetics and environment mold a person, Gottfredson’s theory identifies that the individual has an active choice and can change his/her own environment. Thus, within the boundaries of their own environment, individuals find paths and niches to express their personalities in a self-creation process towards career selection. The self-creation process leading to career choice includes the processes of elimination and circumscription. Racial/ethnic minorities selecting art therapy as a career seem to be described in this theory. Art therapy is a small profession that combines unique interests in creativity, healing, and altruism which are highly influenced by the intersectionality of culture and the complex nature of the hybrid identity. Any individual selecting art therapy as a career will need to have the cognitive capacity to understand, perceive, and discern his/her fit for the profession.

Gottfredson’s concept of circumscription suggests that one’s decisions are guided by developmental stages in which self-concept characteristics emerge. The four stages are orientation to size and power (ages 3-5), orientation to sex roles (ages 6-8), orientation to social values (ages 9-13), and orientation to internal, unique self (ages 14+), and final process of compromise (Gottfredson, 1981). Each stage and process inform questions to understand the experiences of racial/ethnic minorities. For instance, the following questions may be inspired
from this theoretical model: first stage) What adult roles in your life influenced your decision to select art therapy as career? second stage) How does being an art therapist match your gender? third stage) How does being an art therapist reflect your beliefs about status, culture, money, risk, failure, and/or work ethic? What abilities did you have that led you to choosing a career in art therapy? fourth stage) How have your interests, abilities, values, and personality contributed to selecting art therapy as a career? What aspects of the art therapy profession fit your personality? final process: compromise) Have you made any compromises in selecting art therapy as a career? What compromises have you made to select art therapy as a career?

While Gottfredson’s theory may be difficult to operationalize for empirical research, it seems to pair with the approaches in phenomenological research to understand the essence of one’s experiences. The stages of development offer a perspective to explore lived experiences of racial/ethnic minority art therapists from a developmental theoretical framework. Understanding the lived experiences and essence of career decisions of racial/ethnic minority art therapists may assist career counselors and other mentors in identifying the common experiences of youth as they begin processes of circumscription and compromise about their own careers. In addition, Gottfredson’s theory lends to understanding multiple and diverse cultural contexts in how racial/ethnic minorities may select a career in art therapy (Leung, 2008).

**Recruitment of Racial/Ethnic Minorities in Higher Education**

The field of psychology —clinical psychology and school psychology have sought to understand how or factors related to racial/ethnic minorities choosing careers in psychology. Zhou, Bray, Kehle, Theodore, and Jenson (2004) reviewed demographic characteristics of students in school psychology programs, barriers for racial/ethnic minorities in seeking graduate education, recruitment strategies, and implications for training and practice. Zhou et al. discussed
factors that influenced minority student recruitment, matriculation, and retention in education programs, such as: inadequate preparation for graduate education, few targeted recruitment strategies, engaging the interests of minority students, and institution climate and policies. Zhou et al. recommend strategies for recruiting diverse students and faculty, yet do not provide empirical or theoretical support for their recommendations. In review of the literature of the various calls for diversity across mental health professions, few have studied the essence of the experiences of racial/ethnic minorities leading to career choice. Research should focus not only on the barriers to increase ethnic diversity across mental health professions; it should also focus on the affirmative characteristics, factors, and unique experiences that attract individuals to a mental health profession.

Maton, Kohout, Wicherski, Leary, and Vinokurov (2006) explored minority students of color and the psychology graduate pipeline. Maton et al., like previous works reviewed, identify the need to develop policies and practices to recruit and empower achievement for racial/ethnic minority students. Maton et al. used existing National Center for Education Statistics data for master’s degree, PsyD and PhD programs. Data from 693 departments were coded and analyzed. Comparative descriptive statistics were used to note that in 1989, minority students earned 8% of all PhD degrees as compared to minorities representing 24% of the US population. The percentages of racial/ethnic minority students receiving bachelor degrees in each year from 1989 – 2002 was analyzed, which illustrated a pattern of increasing diversity from an overall 13.6% to 24.3%. However, after 2000, numbers plateaued. Minorities seeking master’s degrees increased from 11% to 23%. Of interest is that the percentages of minority faculty is lower than students (6.9% in 1989 to 12% in 2003). Maton et al. call for research to determine the factors that are unique to selected professions and those that are common across professions to understand
racial/ethnic minorities’ career choices. A limitation of the statistical analysis is that it cannot explain the lived experiences and essence of how and why racial/ethnic minorities select careers in mental health.

Meridith and Baker (2007) discussed the underrepresentation of racial/ethnic minorities in clinical psychology as compared to the individuals they serve as the rationale for a study to understand the factors associated with selecting a career in clinical psychology from undergraduate minority racial/ethnic perspectives. To develop an understanding of the views of becoming a clinical psychologist, the authors applied Q methodology to facilitate the multiple narratives from students arrangement of attractive to unattractive concerns about the training process and profession. The Q methodology is a process of sorting and pattern analysis. Thirty-seven racial/ethnic minority participants completed Q-sorts, which were analyzed. The factors influencing the selection of clinical psychology as career that emerged were: a) a good job, b) attracted by specific goal, c) predominantly white, d) risks of the career, e) the risks are not worth it, and f) going against the family. While the study identified factors influencing career selection, it did not seem to describe the experiences of racial/ethnic minorities in selecting a career. In addition, not exploring the lived experiences leading to career selection seems to have limited the applicability of the data to recruitment or making implications for designing education and client programs.

The Relationship of Race/Ethnicity in Therapist-Client Dyads

Thompson et al. (2004) conducted a qualitative study to understand what beliefs, attitudes, expectations, values, and concerns of the African American community may affect the service use and perceptions of mental health providers. They sought perceptions from African Americans in an urban Midwestern city during 24 mixed-sexes, 1.5-hour long focus groups
ranging in size from three – 12 participants (n = 201; 134 women and 66 men). The focus groups were facilitated by an experienced researcher, African American, female psychologist. Over six-months, focus groups were facilitated with participants recruited via newspaper and posted announcements. Participants included mental health consumers, consumers’ family members, and individuals with no direct experience with mental health services. All focus group sessions were audio taped and transcribed. A research team of four professionals individually coded the transcripts and then met to identify themes and issues based on their independent reviews, field notes, and debriefing notes. The authors noted limitations that the sample was not representative of African Americans nationally and regional differences may impact attitudes and preferences noted. Also noted was that the incentive may have increased the number of low-income participants.

The results discussed by Thompson et al. (2004) suggested that consensus for reasons for seeking therapy were relative to significant psychological disorders including and not limited to: schizophrenia, depression, substance use, addiction, grief, and loss. The term counseling was preferred over psychotherapy, which seemed to be related to stigma of mental illness. Cultural barriers based on collectivist beliefs to resolve family concerns within the family were consistent for African Americans. In addition, stigma was associated with weakness for seeking mental health services, which for men related to lack of pride and weakness and for women not being the anchor or strength of the family. A core belief that African Americans as a cultural group have and will continue to cope with all adversity seemed related to the stigma and acts of not seeking mental health services. Stigma for seeking mental health services, financial barriers, and a lack of knowledge of mental health services, mental illness, and resources were also common themes for not seeking services. Perceptions of psychologists as older white males, elitist, and
not patient centered were identified. Participants also shared attitudes of mistrust of psychotherapists based on beliefs of stereotypes of African Americans, not understanding African American culture, and fears of the process and purpose of psychotherapy. Increased trust was discussed as resulting from appropriate treatment and demonstration of genuine concern and connecting with the therapist. Overall, participants discussed a desire for quality care, concerns for cost to access, and viewed psychotherapy as invasive, even if it is to have relief from distress. Participants also noted interest in psychoeducation and approaches that had clear goals and results. A repeated emphasis was on the participants’ perceptions that there is a need for psychotherapy from providers that understand the African American community.

Of interest is that over half the participants noted that race was less important that cultural sensitivity (Thompson et al., 2004). Cultural sensitivity to race, socio-economic status, typical daily life stressors of home finances and balancing work responsibilities and family life, as well as experiences of abuse were noted as difficult to discuss. The authors recommended several strategies to build cultural sensitivity of psychotherapists and ways to increase trust with the African American community. Overall, the research seemed thorough with a large sample size. Thompson et al. (2004) seem to suggest that cultural sensitivity is more important than other factors in mixed-race/ethnicity therapeutic relationships. Mixed findings about the importance of race and ethnicity regarding racial/ethnic matching in therapy dyads is consistent with the literature reviewed.

Questions to consider for racial/ethnic minority art therapist career choices and/or professional identity based on ideas from Thompson et al. (2004) may include: a) Describe your image of an art therapist. b) Does race matter in the selection of an art therapist? c) Does gender matter in the selection of an art therapist? d) Does race/ethnicity matter in the selection of an art
therapist? e) What characteristics do you look for in a mental health facility in which you work? f) What characteristics do you look for in therapists that you may refer patients to? g) During the initial phases of art therapy, should art therapists of a different race or ethnicity than their clients discuss race or ethnicity?

Meyer and Zane (2013) investigated the importance of race and ethnicity to clients seeking outpatient mental health treatment as related to treatment outcomes and client satisfaction. Meyer and Zane discussed the varied literature that suggests racial matching in therapy dyads contributes to lower dropout rates, while other studies found no significant differences between racially matched and different therapy dyads. Meyer and Zane examined the client-therapist racial match, the provider’s knowledge of discriminations and prejudices related to specific cultural groups, and the provider led discourse of race and ethnicity in treatment. Outpatient clients were recruited (n = 102) to complete the Cultural Acceptability of Treatments Survey (CATS; Leff, Camacho-Gonsalves, Shin, Cortés, Altschul, Levy, & Elmore, 2003) and the Mental Health Statistics Improvement Program Consumer Survey (MHSIP; CMHS, 1996). Statistical analysis using SPSS was conducted using the following tests: MANOVA, t tests, bivariate analysis, and two-step hierarchical regression analysis. Descriptive statistics were used to describe the participants.

Meyer and Zane (2013) found that clients are less satisfied with mental health treatment when concerns for race and ethnicity are not included in their treatment. The results indicated that racial match and provider knowledge of discriminations/prejudices are significantly more important to racial/ethnic minorities that whites. It is unclear if there was a control for whites racially matched and different providers. Results may have shown no significance in relationships based on norms of dominant culture. Other results suggest the study does not
support nor contest racial matching in therapist-client dyads. The study offers recommendations for cultural competency, which could inform rationale for recruiting racial/ethnic minorities in the art therapy profession to increase diverse perspectives in art therapy practice and understanding of racially diverse clients.

Knipscheer and Kleber (2004) researched the hypothesis that racial/ethnic minority patients prefer racially/ethnically matched therapists. The authors present the analysis of racial/ethnic matching between Surinamese out-patients receiving mental health care in the Netherlands exploring how do Surinamese out-patients value same racial/ethnicity therapists and does racial/ethnic matching predict satisfaction with services. A convenience sampling method recruited 96 participants. Researchers collected demographic information and responses to two questions. Regression analysis was conducted. Results suggested that most Surinamese participants preferred racially/ethnically matched therapists based on improved communication and comprehension of needs. Of interest is that 35% rated empathy, expertise, and common values as more relevant than racial/ethnic resemblance. Knipscheer and Kleber found that racially/ethnically matched patient-therapist dyads were related to increased satisfaction with mental health services. The authors noted that treatment satisfaction is not the same as efficacy and that sharing common views may be more impactful that racial/ethnic matching. It is unclear if the therapists’ views and preferences for clients’ racially/ethnicity matching were explored. This study examined two questions for analysis, which did not offer a more complex understanding of preferences for racially/ethnically matched therapists.

Zane et al. (2005) studied the effects of therapist-client cognitive match for sixty participants. Cognitive match was explored through analysis of coping orientation, problem perception, and therapy goals on treatment outcomes. The participants met diagnostic criteria for
mental health disorders and there was a relatively even distribution of men and women (29:31). The sample included: 27 White Americans and 33 Asian Americans and 18 therapists included: 5 White Americans and 13 Asian Americans. There were also racial/ethnic matches with White Russian Americans in therapy dyads. Results show no therapist effects on any of the assessed outcomes. Demographic data collected included control variables and variables to distinguish the extent of therapist and client cognitive match on coping orientation, problem perception, and treatment goals. The researchers applied the Nam-Powers socioeconomic index to occupation and income to determine socio economic status and administered the following scales/measures: the Perceptual rating scale (PERCEPT; Zane et al., 2005), the COPE scale (Carver, Scheier, & Weintraub, 1989), the Treatment Goals Measure (TGM; Sundland & Barker, 1962; Sundland & Anthony, 1980), The Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984), the Symptom Checklist-90 Revised (SCL-90R; Derogatis, Rickles, & Rock, 1976), the Brief Psychiatric Rating Scale (BPRS; Overall & Gorham, 1962), and the Global Assessment of Functioning (GAF; American Psychiatric Association, 1987). The PERCEPT, COPE scale, TGN, and SCL-90R were administered pre-therapy. The SEQ was administered after sessions one, two, and three. The SCL-90R was administered after the fourth session. Therapists completed the PERCEPT, COPE scale, and TGM, and assessed their clients using GAF scores.

Zane et al. (2005) conducted stepwise multiple regression analysis to understand cognitive matching in client therapist dyads on five continuous variables: “a) perceived controllability of the problem, b) perceived distress associated with the problem, c) active coping orientation, d) avoidant coping orientation, and e) treatment goals” (p. 578). Results described types of therapist-client match prior to treatment resulted in increased treatment outcomes and positive session impacts. Of note is that racial/ethnic match predicted session comfort. Other
characteristics of perceptions of the problem, symptoms, and treatment for cognitive matches were significantly related to treatment outcomes. The results suggested that to understand the experience of clients in therapy one must examine more than race and ethnicity. Cognitive mismatches may obstruct the process and benefits of psychotherapy.

The researchers (Zane et al., 2005) suggested cognitive matching assumptions that racially/ethnically matched therapist-client dyads might have similar beliefs, values, and perceptions. This research provided more evidence for possible needs for cognitive matching and increasing multicultural competency, interpersonal skills to navigate differences, and therapists with attitudes of acceptance of differences than racial/ethnic matching in the therapist-client dyad alone. Art therapists will benefit from understanding the value of cognitive matching and the impact of their own values as related to art therapist professional identity and cultural differences.

Berger, Zane, and Hwang (2014) studied the relationships between cultural competency, therapist characteristics, and therapeutic orientation. Berge et al. conducted study using 221 community mental health clinicians’ responses to a survey, which included demographic questions, Cultural Competence Self-Assessment Questionnaire (Mason, 1995), the Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994), and the Balanced Inventory of Desirable Responding (Paulhus, 1991). Quantitative methods using exploratory factor analysis, descriptive statistics, multiple mediation analysis, and moderator analysis were employed. The researcher’s included appropriate tests for assumptions and extended to regression mediator and moderator analysis as appropriate to avoid Type I errors. Results suggested positive correlations between demographic characteristics and subscales within the measures, which led to one-way ANOVA analysis to compare between group differences of racial/ethnic minorities (non-White).
Berger et al. (2014) found the following: racial/ethnic minority therapists were more personally involved in service area communities of color, were more likely to employ a culturally informed approach in their clinical practice, and perceived their workplace to include culturally sensitive practices more than White therapists. In their study, results suggested that racial/ethnic minority therapists also had more multicultural awareness and better multicultural counseling relationships with their clients than White therapists. Regarding multicultural counseling knowledge and skills, community knowledge, resources, staffing, or agency climate and outreach, there were no statistically significant racial/ethnic differences identified (Berger et al., 2014). Additional regression analysis to understand possible mediator effects of community knowledge, personal involvement, and clinical practice, while controlling for multicultural counseling competencies, gender, treatment orientation, and socially desirable responding was conducted. While the findings suggest that it may be beneficial to recruit racial/ethnic minorities into mental health professions to navigate cultural client encounters and improve client-therapist relationships clients, it is unclear if this has a statistically significant impact for racial/ethnic minority clients. Overall, Berger et al. found multicultural skills and knowledge did not significantly vary based on race/ethnicity or treatment orientation. Based on the research of Berger et al. it is inconclusive if racial/ethnic minorities have a more significant impact on racial/ethnic minority clientele or treatment orientation and multicultural training/competence have a more significant impact.

Farismadan, Drafhi-Lorenz, and Elis (2007) studied the effects of racial/ethnic matching of therapists and clients in the United Kingdom (UK) on therapy outcomes and two variables: working alliance and perceived therapist credibility. The design of the study included surveys
from racial/ethnic minority clients; 80 culturally matched and 80 non-culturally matched therapist-client dyads. Dyad matches included Indian, Pakistani, African Caribbean, and Indian Punjabi. Those who identified as racially/ethnically different dyads included: Black African and Indian, Indian and Middle Eastern, Pakistani and Black Caribbean, and Sri Lankan and Black Caribbean. The resulting sample was 50 participants in each of matched and racially/ethnically different groups after list wise analysis. The anonymous survey included the Brief Symptom Inventory (BSI; Derogatis, 1983), Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), Counselor Effectiveness Rating Scale (CERS; Strong, 1968), and Demographic Questionnaire. The BSI was completed before therapy, the WAI was completed by the third session, and a second BSI, the CERS, and the demographic questionnaire were completed at the end of the last session. Pearson correlations analyzed the relationships between variables. Regression analysis was conducted to understand the predictive relationship of racial/ethnic matching and demographic variables. The $t$ test analysis resulted in significance for higher scores for bond with therapist and therapist credibility in the matched group as compared to the racially/ethnically different group. Through multiple regression analyses, the researchers identified that bond with the therapist mediated the relationship between matching and therapy outcomes. This means that racial/ethnic matching did not significantly predict therapy outcome once bond with the therapist was added as a control in the regression analysis.

Overall, Farismadan et al. (2007) identified that racially/ethnically matched dyads for therapy are associated with positive therapy outcomes at least when minority clients express a preference of matching. The study suggests that factors other than racial/ethnic matching have a greater impact on outcomes of therapy. The researchers suggested that when matching is possible, clients might benefit from being asked about racial/ethnic or other cultural preferences
related to their assigned therapists. A limitation is the assumption that agencies would have the racial/ethnic and culturally diverse workforce to meet matching preference needs of clients. Because racial/ethnic minorities are poorly represented in mental health professions, one may conclude that recruiting racial/ethnic minorities to the art therapy profession may offer the opportunity for racial/ethnic matching and a more positive therapy process and thus, more positive therapy outcome. Research to understand the perceptions of racial/ethnic minority art therapists, who they serve, and their clinical experiences of how, if experienced, cultural matching impacts the therapeutic relationship should be conducted.

**Cultural Intersections of Art Therapy and Minority Statuses**

Moon (2000) identified the ongoing debate of gatekeeping in the profession as also an exclusionary practice that may be characterized as oppression which intersects with other cultural group memberships in such a way that gatekeeping covertly colludes with dominant internalized privilege. Moon identifies the exact debate which is fueling this research. One consideration for understanding art therapist professional identity may be the perceptions of the arts, creativity, or helping perceptions from non-dominant cultural groups vary greatly related to experiences of privilege, access, and cultural norms of dominant cultural groups. For instance, understanding the literature related art therapist professional identity and gender and racial/ethnicity may inform a inquiry into understanding racial/ethnic minority art therapist choices to select art therapy as a career and professional identity.

**Gender**

There is a significant gender disparity in the field of art therapy. Membership surveys of the American Art Therapy Association consistently report that over 92% of all members are
female (Elkins, Stoval, & Malchiodi, 2003; Elkins & Stoval, 2000; Elkins & Deaver, 2010; 2013; 2015; Gordon & Manning, 1991; La Brie & Rosa, 1994; Manning Rauch, & Elkins, 1998). Shortliffe (2004) conducted a qualitative study in the heuristic tradition of Douglass and Moustakas (1985). Shortliffe (2004) identified that 17 professional and interning art therapist participants’ responses suggested that the socialization of gender is perceived to be a considerable factor related to the absence of men from professional art therapy. He developed a 6-question survey and used constant comparative procedures to focus on the intersection of gender in the art therapy profession. He questioned why there are so few male art therapists. Data analysis revealed men’s socialization as a primary condition of the lack of men in art therapy. Factors related to absence of men in art therapy were avoiding stigma and seeking status (financial). It would have been beneficial to identify the converse characteristics that related to engagement in art therapy as a profession versus disengagement for males. In addition, the sample size is small and not generalizable. The views of the researcher seemed riddled with cultural bias with regards to the understanding of gender as non-binary and the use and application of gender role stereotypes versus critical analysis of the impact of social constructions. It seems the researcher did not bracket beliefs, values, and attitudes or integrate literature to support conclusions.

Tavani (2007) administered a 12-item survey to understand the male art therapists’ perceptions of gender, women, masculinity, and minority status. The 112 completed responses of the 249 surveys received had a racial/ethnic distribution of 87% White American, 10% ethnic minority, and 3% not specified. Data analysis applying descriptive statistics resulted in findings that men's perceptions of neutrality related to gender for perceptions of artist, therapist, and art therapist. In addition, men in the field of art therapy, in general feel positively about themselves
in their professional roles. Correlational relationships, factor analysis, or predictive relationships were not explored. Understanding the relationship of age, income, masculinity, job title, and professional membership may have had a predictive relationship with neutrality. Of note is that there was not a discussion about factors that related to gender identity or male gender identification that would deter one from becoming an art therapist, artist, or therapist. The survey method likely did not elicit perspectives, beliefs, and values for a detailed understanding of male perceptions related to gender, masculinity, and minority status which may have limited the development of hypothesis for relationships between variables. It is necessary to consider both positive and negative perceptions of the arts and helping professions to encourage entry into the field or dispel misperceptions. DuBeau (1993) found that sibling position of males in which only 24% were first born may be a correlation in career choice of art therapist. She proposed that first born males may respond to cultural stereotypes to pursue more traditional professions or to avoid professions dominated by females.

Gussak (2008) applied social interactionism as a framework to discuss the interaction of gender identity in the field of art therapy. Gussak examined field observations and participant interviews of eleven art therapists, which included nine females and two males. While the purpose of his study was not to examine gender identity in art therapy, the participants perceptions spontaneously revealed themes related to gender. Three participants directly discussed gender. Themes emerged from Gussak’s study: female predominated field not taken as seriously as male dominated medical profession, that males are paid more than females, men are attracted to the hard sciences, social influences of connections to art in which males would be more attracted to a medial or psychologist identity, and in the profession in the company of females were identified as a male art therapist versus art therapist. Gussak identified a theme that
being a male in the profession is experienced as unique. Gussak proclaimed that accepting and valuing all gender traits will lead to the development of a diverse field of art therapists. Gussak’s findings of the themes related to gender may offer relevant considerations for how to bracket and approach social constructions and unintentional biases with racial/ethnic minority art therapists. It will be important to consider if racial/ethnic minorities also experience, like males (functional minorities in the art therapy profession) that they are unique, with less power and professional identity. A benefit of Gussak’s qualitative research design is that although he was not studying gender, he allowed the perspectives of participants to emerge and was open to the themes that spontaneously revealed themselves.

**Art Therapist Professional Identity**

In the review of the literature, Feen-Calligan (2005) identified six themes related to art therapist professional identity: personal identity (qualities and personal awareness), the art therapist's expertise (training, knowledge, and skills), values and purpose of the profession (creative process is healing, value of art making, imagery, and clinical skills combined), external influences on the profession (licensure, dual identity, cross-training, managed care, third party reimbursement), professional identity development (training, curriculum, supervision, education standards, research, ethics, competency, credentials), and challenges to developing professional identity (dual identity and lack of role clarity). Art therapists have specialized training in the use of art making to facilitate creative expression, which is based on how different processes and media activate brain functioning (Hinz, 2008, 2009; Lusebrink, 1990, 2011).

Malchiodi, 1993, 1996, 1999; McNiff, 1998, 2000, 2005, 2009; Moon, B., 2003, 2006; Moon, C., 2000, 2002; Riley, 2000; Talwar et al., 2004; Teasdale, 1993; Wadeson, 2003, 2004; Wix, 2000). Art therapy has demonstrated efficacy with varied populations (treating: ADHD, depression, anxiety, PTSD, TBI, and more, etc.) as noted in the outcomes bibliography posted on the AATA website (AATA, 2015; Reynolds, Navors, & Quinlan, 2011; Slayton, D’Archer, & Kaplan, 2011). In addition to the collective beliefs, commonalities in art therapists during the decade of the 2000’s are that art therapists are more commonly licensed as professional counselors, mental health counselors, and professional art therapists. Although much of the previous literature discussed conceptual components of art therapist professional identity, there has been some research of art therapist professional identity, which may relate to personal characteristics and lived experiences of art therapists (Akmane & Mårtinsone, 2016; Crawford et al., 2014; Crooks, 2013; DuBeau, 1993; Feen-Calligan, 2007; Hluska, 2016; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2013; Perdue, 2016; Roberts, 2017; Ulrich, 2008). Overall, the debates related to dual identity, hybrid profession, unique personal characteristics, and distinct knowledge, skills, attitudes, theoretical approaches, and engagement behaviors discussed in the conceptual literature have informed the research about art therapist professional identity, but not informed how to recruit and retain diverse art therapists to careers in art therapy.

Crooks (2013) explored through mixed methods investigation how art therapists’ spirituality and/or understanding of God as Creator contributes to identity formation and clinical practice. Data was collected from four Loyola Marymount University graduates. The participants completed a survey, attended an art therapy workshop, which was documented through field notes of participant observations, artwork, transcriptions of discussions, and written reflections collected three weeks post intervention. The data was analyzed through descriptive statistics and
coding for emergent themes. Conclusions suggested that beliefs and understanding of God as Creator may have an impact on an art therapist’s perception of his/her role in clinical work and that there is a relationship between spirituality and creativity that may enhance healing through art making.

Overall, the design of the study (Crooks, 2013) was aligned with the research question, however, there was limited statistical analysis of the 147 responses beyond descriptive statistics. Crooks’s participant sample also lacked racial/ethnic diversity, and therefore, it would be difficult to understand the ordinary practices of racial/ethnic minority art therapists, their beliefs about spirituality, and connections to identity and creativity. The conclusions do not seem to address career choice of personal characteristics other than to note the thematic relationships between spirituality, creativity, identity, and art therapy.

Roberts (2017) developed a conceptual model for art therapist professional identity. Consensual Qualitative Research was conducted to understand the factors and concerns related to art therapist professional identity. Thirteen adult art therapist members of the American Art Therapy Association participated in a demographic questionnaire and individual interviews lasting approximately forty to sixty minutes. Interviews were conducted, transcribed, and transcriptions were sent to participants for member checking before data analysis. Domains and core ideas were identified in the transcribed data by research teams resulting in a code book that was analyzed and collapsed to form the model for art therapist professional identity (see Figure 1). Roberts noted 7 domains of art therapist professional identity: Art, Skills, Knowledge, Theoretical Approaches, Professional Roles, Attitudes and Beliefs, and Engagement Behaviors. Core ideas were identified in each domain. Specific to art therapists are skills with art media, understanding aesthetics and symbolism, theoretical approaches of art as therapy, art
psychotherapy, and the Expressive Therapies Continuum, professional roles as the third in the therapeutic relationship with the client and the art process and product, attitudes and beliefs that art making is healing, and engagement behaviors of participation in art therapy organizations and advocacy for art therapy. It is important to note that all 13 art therapists identified art, art making, and artists as a significant characteristics of art therapists.

Roberts (2017) noted limitations of the study were the homogenous sample of AATA members, which is not representative of the profession. Roberts recommended seeking participants that are AATA members and non-AATA members to have more diverse perspectives. In addition, Roberts recommended purposive sampling to include racial/ethnic minorities in the conceptual model of art therapist professional identity. Key domains to consider for racial/ethnic minority art therapists that are distinguishing personal and professional characteristics are theoretical approaches, creativity and symbolic expression, and art making, which may relate to reasons for selecting art therapy as a career.

Hluska (2016) conducted a mixed-methods study for inductive and deductive analysis of understanding through constructivist philosophy art making as a foundational component of art therapy. An online survey was collected from 137 professional art therapists also members of AATA and five participant interviews were conducted. Areas for graduate level educational practices, professional practices, and personal practices were explored through cross-referencing with art therapy theory, fine arts theory, and learned experiences. Of interest is the variance in the race/ethnicity of respondents (78% White and 14% racial/ethnic minorities) from the most recent 2013 AATA membership survey (2015) (88% White and 10% racial/ethnic minorities); international participants could be a factor in the slight increase in racial/ethnic minorities and the results are not generalizable to the whole profession or AATA membership. Hluska (2016)
did not identify statistically significant relationships between and among variables related to identifying as an artist and art therapy and practice. Frequency counting identified qualitative answers to theories used in art therapy practice resulting in cognitive behavioral therapy, mindfulness, and dialectical behavioral therapy as the most reported. All respondents reported using at least basic art materials in clinical practice. Sixty-seven percent of respondents identified that they make art. Themes identified in interviews were education, learning from therapist-client relationship, self-awareness, and personal art making, and the “studio as authentic living space” (Hluska, 2016, p. 82).

Overall, the results (Hluska, 2016) seem to describe the engagement behaviors and education experiences of participants, rather than components of leading to selecting art therapy as a career. The logic model and design of the study does not seem to adequately relate art making to art therapist professional identity, thus the themes identified seem unrelated. The cultural identities, values and beliefs about art making are not explored, which may have a significant relationship to racial/ethnic minorities selecting a career in art therapy. Racial/ethnic minority experiences were not explored even though there were racial/ethnic minority participants. It is unclear how, if at all, one’s racial/ethnic minority experience informs or influences selecting art therapy as a career.

**Personal Identity Motivations for Becoming an Art Therapist**

**Theoretical Approaches**

Karkou, Mārtinsone, Nazarova, and Vaverniece (2011) conducted a qualitative comparative study of art therapy in the UK, Russia, and Latvia. Karkou et al. conducted a survey through questionnaires translated for each country. Data from 439 art therapists and art therapy students over 15 years was used for factor analysis, which identified that art therapists have a
strong identification with the psychoanalytic/psychodynamic theoretical approaches to art therapy and an equal identification with humanistic and developmental models of art therapy.

Applicable distinguishing factors to understanding art therapists’ beliefs and values were identified: theoretical approach (psychoanalytic, psychodynamic, humanistic), developmental, artistic/creative, active and directive, and eclectic and integrative ideas. The analysis identified characteristics of art therapists in UK, Latvia, and Russia; yet, the uneven sample sizes did not lead to statistical conclusions. Considering the theoretical orientation of art therapists may be a contributing factor to racial/ethnic minorities selecting art therapy as a career because theoretical orientation may be related to values, beliefs, and attitudes.

**Art Making**

Brown (2008) identified the unique quality of an art therapist is the use engaging in art for the creative process is an acquired knowledge. One way for art therapists to maintain their art therapist professional identity may be to continue art making or art making may be a contributing factor to a strong professional art therapist identity. Brown (2008) employed art based research to understand the importance of art making to the professional identity of arts therapists and the possible consequences of non-art making: stress, burnout, clinification, and career drift, on the arts therapist. The study of 45 creative arts therapists illuminated that engaging in the art making process is crucial to their professional identity and personal well being. Brown (2008) identified the following benefits of art making for creative arts therapists: transformation, wholeness, completion, spiritual depth, containment, contemplation, connection, and cleansing. Long term effects when art therapists stop art-making may be: depletion, anger, apathy, disconnection from self, work, and patients. Brown did not explore types of art making and relationship with art therapist professional identity. There were no correlations between race/ethnicity, art making, or
types of art making which, may be culturally informed. Overall, the research about artmaking lacks the intersectionality of cultural considerations in race/ethnicity, gender, socioeconomic factors, ability, spirituality, etc. Understanding the shared and individual beliefs about art making and culture may lead to a better understanding of ethnic minorities choosing a career in art therapy as it relates to art-making.

A qualitative study that explored the experiences and perspectives of six White female art therapists investigated the impact of personal art making on professional identity and clinical practice (Malis, 2014). Interviews were conducted based on narrative methodology. Through data analysis the researcher identified themes related to art therapist professional identity: counselor, artist, and art therapist. Malis summarized that all six participants claimed an artist identity. Malis identified common themes related to art therapist identity: a) challenges of multirole positions b) experiences of being devalued c) connections to art-making d) art making for connection, self-awareness, self-care, validation, and meaning making e) employment and professional experiences, f) clinical practice, g) empathy, relational caring, and visual sensitivity, and h) aesthetic care- valuing the process and product in art making and relating to clients through their art making and the therapists creative imagination and self-knowing.

Malis’s (2014) findings related directly to the foundational theories of Kramer (1971) that there is an aesthetic sensibility in the practice of art therapy. The model of practice includes: aesthetic appreciation, aesthetic regard, and shared experience, which is distinct in the art therapy profession. It is important to understand how racial/ethnic minorities regard aesthetics and relational care in the shared experience of art making with clients. Malis (2014) identified art making as a motivating factor for selecting art therapy as a career. Limitations of Malis’s study are the homogeneity of the all-white female sample, which does not include any diverse
perspectives. A mixed methods approach utilizing a survey for a large sample size may offer both statistical correlations of relationships of aspects of art making to professional identity and thick descriptions of experiences for triangulation of the data. Malis’s findings seem to inform potential inquires with racial/ethnic minority art therapists for understanding their perspectives of selecting art therapy as a career, art therapist identity, aesthetics, and relational caring as a belief and value in facilitating art therapy.

**Personal Characteristics**

DuBeau (1993) administered a survey to investigate who becomes an art therapist. She analyzed 311 questionnaires and compared them to data from previous AATA membership surveys. She found through statistical analysis that there were significant relationships between art therapists and birth order, noting many women art therapists tended to be first born and men 2nd or 3rd born. Her analysis also identified that most art therapists pursued art initially (45% education attainment; 60% personal interest) and had some exposure to therapy or counseling. Although DuBeau broached lived experiences, the limitation of the format of the questionnaire did not lend to data thickly describing lived experiences contributing to the personal and professional identity characteristics ultimately leading to becoming an art therapist. Everyday occurrences were explored through an antecedent like mentorship from a teacher, life time, introduction to the field by a friend, etc. versus personal traits relating to art therapist professional identity as identified in the conceptual literature (connection to art, psychology, and altruism).

Of interest is that 68% of respondents reported that family of origin influence was not a factor in decision to become an art therapist (DuBeau, 1993). Respondents in DuBeau’s study identified the three most significant factors that led to becoming an art therapist: interest in art
(50%), wanting to help others (24%), and seeing the healing of art in their own lives (24%). Of note is the summary of percentages does not statistically examine the significance of the relationship and there was no discussion of why or how the method of statistical analysis was determined. Family of origin influence may be important to consider when interviewing minority art therapists, especially if they have collectivist beliefs and values.

Oppegard et al. (2005) also studied selecting art therapy as a career by distributing a questionnaire to AATA members. Respondents were primarily white (94.75%) females (93.25%), both identifiers have remained consistent in AATA membership (Deaver & Elkins, 2009; 2011; 2013; Elkins & Stovall, 2000). The average age of respondents was 53 who reported becoming interested in the field of art therapy through taking a class, referral from a friend, or by talking with an art therapist. She noted personality fit was also a factor, which included identifying as a listener (61.2%), having strong interpersonal skills and having a desire to help others (78.6%). Oppegard et al. (2005) noted 39.7% of respondents identified as art majors, suggesting some shift in interests in art from DuBeau’s (1993) study. Oppegard et al.’s (2005) investigation into how individuals become interested in art therapy was limited by a fill in the blank format that seemed to prevent a full explanation of the perceptions of how art therapists became interested in the profession. For instance, identification that a class is how one became interested does not fully describe what type of class: art, psychology, or career discernment.

An attempt to understand preference and attitudes was made through survey questions about the daily work of art therapists, however, the preferences and attitude statements seem to fit any profession and are not informed by the literature or a thick description of the daily work of art therapists. For instance, there are no items related to engaging with the creative process, art materials, or art products. Respondents identified personality fit (75.8%) as a primary reason for
pursuing the field, the researcher did deconstruct this category to characteristics. The implication that interactions with art therapists rather than publications or other resources had a greater influence on career choice as an art therapist may be useful in exploring with racial/ethnic minority art therapists. Another limitation is the sample being mostly or limited to AATA members. It may be important to make attempts to include the voice of non-AATA members to reveal the essence of and describe ethnic minority art therapist choices for career.

Orkibi (2010) examined professional identity and career commitment in first year graduate arts therapy students in Israel in a pilot study. Eighty-eight percent of students in two programs participated the Internet based survey (n = 68). Orkibi administered the following measures: demographic questionnaire, My Vocational Situation (MVS; Holland, Daiger, & Power, 1980), Career Commitment Measurement (CCM; Blau, 1989), Occupational Information Scale (OIS; Holland et al., 1980), Barrier Scale (BRS; Holland et al., 1980). Data analysis was conducted using SPSS to perform descriptive statistics, ANOVA, and correlations. The Career Commitment Measurement was used by Orkibi to gain insights into profession related variables for creative arts therapies students, which resulted in a Cronbach’s alpha coefficient of .72, indicating that CCM had a moderately acceptable internal consistency and reliability (2010).

The sample included 96% women (consistent with USA AATA membership surveys; Elkins & Deaver, 2013). The respondents identified that 85% were interested in creative arts therapies as a first career choice. A bit higher than respondents in Ulrich’s 2008 study, 82% identified as engaging in artistic activities, and 66% identified that they create art outside of their creative arts therapy studies. DuBeau (1993) suggested research to identify if family members participated in the arts and Orkibi (2010) found that 68% identified that someone in their family engaged in the arts as a hobby or profession, while most (60%) stated that someone in their
family had not engaged in therapy. Orkibi (2010) found that 22% of students felt that compensation for art therapy was a barrier to selecting the field as a career. In review of the data analysis, the statistical tests seemed appropriate, were descriptive, and identified relationships. Orkibi (2010) proposed that future a mixed methods longitudinal study should be explored to gain more understanding into the professional identity development of creative arts therapies students. Orkibi (2010) seemed to offer useful constructs that may be related to racial/ethnic minority art therapist identity. For instance, understanding the relationships, if any, of family members’ perceptions, beliefs, or behaviors related to art, altruism, and helping may inform reasons for selecting art therapy as a career and how to recruit for the art therapy profession.

King (2011) also studied art therapists by qualitatively examining the themes from lived experiences of six interviewed art therapists that related to choosing art therapy as a career. King identified the following themes: a) childhood attraction and involvement in art and artmaking, b) traumatic event(s), c) lack of emotional processing in family of origin, d) previous profession or job, e) influential people (including academic classes, literature, and articles), f) a role in relationships as either confidante and/or peacemaker, g) spirituality, and h) personal therapeutic benefit from art making. All six participants identified the role of art and art making as significant factors in career choice, including the therapeutic benefits of engaging in art making for self and personal expression. The common belief of these six art therapists was that art making helped them “heal, grow, and live” and was a “driving force to become an art therapist” (p. 52). King (2011) identified the value of art making to participants was that they realized the healing power of art to process life experiences, emotions, and self-concept. King did not delve into the connection of art, art making, or creativity to the values, beliefs, and engagement behaviors with the literature or thick description of the participants’ lived experiences. Again, the
gap in the literature to understand the connection of art making to choices for career selection particularly with diverse art therapists remains unexplored.

**Altruistic attitude.** Altruistic attitude encompasses the disposition of an art therapist to be in helping professions (Robbins, 1985). Personal qualities identified by Levick (1995) in a survey are compassion, empathy, and patience. The AATA brochure Art Therapy: The Profession (2001) documents that "An art therapist must have sensitivity to human needs and expressions, emotional stability, patience, a capacity for insight into psychological processes, and an understanding of art media. An art therapist must also be an attentive listener, a keen observer, and be able to develop a rapport with people (DuBeau, 1993; Oppegard et al., 2005). These characteristics of altruism parallel the qualities of other mental health professions with one distinguishing requirement- understanding of art media.

**Stages of Professional Identity Development**

Akmane and Mārtinsone (2016) conducted a mixed methods inquiry into understanding the stages of professional identity development of arts therapists in Latvia. A questionnaire was electronically administered resulting in 101 respondents. In addition, five focus groups were conducted by sorting of participants. Qualitative analysis resulted in frequency counting of responses and some defining of categories and groupings. Overall, the analysis was simplistic in nature and did not analyze the relationships between variables or groupings or delineate the creative arts therapies professions surveyed.

Akmane and Mārtinsone identified 25 categories and 9 groupings of responses related to art therapist professional identity. The general groupings identified: arts therapies studies, practical professional activity, relationships, previous experience, personal growth and continuing education, profession, internal factors, external factors, and hard to tell/no answer
were consistent with the conceptual literature in art therapist professional identity and some of the domains explored by Roberts (2017). There was little identification of the connections to arts and healing, with creative activity being one aspect of personal growth and continuing education. Personal characteristics included subthemes related to urge to help and moral satisfaction seemed directly related to altruism, humanities, or helping professions. Akmane and Mārtinsone’s (2016) study seems to demonstrate applied models of professional identity development, rather than explore unknown or unexplained components selecting art therapy as a career. When considering factors that hindered arts therapists’ selection of art therapy as career, lack of finance was the most reported concern followed by external conditions (like family and lack of time) and uniformed society. Overall, Akmane and Mārtinsone (2016) seemed to explore factors related to professional identity in the context of professional engagement behaviors and training and did not explore the personal characteristics of connections to the arts, creativity, healing, and altruism leading to selecting a career in art therapy.

Summary

A critical review of the literature discussed the efforts and values of recruiting racial/ethnic minorities to mental health professions and the role/importance of racial/ethnic minority professional identity in mental health professions. There is no research about racial/ethnic minorities selecting art therapy as a career. A conceptual call for diversity in the field of art therapy inspired review of research supporting the rationale for racial/ethnic minority therapists (Awais & Yali, 2013). Rationale to understand racial/ethnic minority art therapist professional selection of art therapy as career is grounded in research related to racial/ethnic matching in therapist-client dyads. A review of the research in racial/ethnic matching in therapist-client dyads revealed controversial findings and positive findings that racial/ethnic
matching and more specifically cognitive matching of beliefs, values, and ways of thinking positive influences client treatment outcomes through increasing comfort in the therapeutic alliance (Berger, Zane, & Hwang, 2014; Farismadan, Drafhi-Lorenz, & Elis, 2007; Knipscheer & Kleber, 2004; Meyer & Zane, 2013; Thomposon et al., 2004; Zane et al., 2005).

Diverse art therapists will likely increase the variety of perspectives to match the beliefs, values, and thinking of clients for improved treatment outcomes. The foundation of building a diverse workforce in the art therapy profession seems to be gaining a better understanding of racial/ethnic minorities experiences leading to selecting art therapy as a career as proposed in this study.
CHAPTER III

METHOD

This chapter discusses the method of exploration of racial/ethnic minority art therapists’ selection of art therapy as a career. This study was informed by phenomenological research tradition to understand and describe art therapists’ professional lived experiences for persons of color, hopefully resulting through a trustworthy understanding of the essence of minority art therapist career selection. From the conceptual model proposed (Roberts, 2017), a phenomenological informed inquiry was developed based on the themes and key ideas related to art therapist professional identity. Finally, this chapter outlines the inclusion and exclusion criteria for participants, sampling methods, procedures including individual interviews, transcriptions, member checking, auditor roles and research team members, data sources, data coding, and data analysis. Statements of assumptions, potential benefits, limitations, and ethical considerations were also noted.

The methodology was inspired by integrating Gottfredson’s Career Theory of Circumscription and Compromise (1981) with principles of Social Constructionism and Post-Intentional Phenomenological research (see Figure 2). As discussed earlier, Gottfredson’s Career Theory informed understanding of career selection from a developmental perspective (1981). Social Constructionism is based on the premise that knowledge is co-created. The notion of the social world is not as fixed and objective or only external to racial/ethnic minority art therapists, but instead impacting them through a deterministic way through social practices (Cohen, Duberley, & Mallon, 2004). From a social constructionist perspective career is not a planned structure, but a journey of lived experiences co-created (Cohen et al., 2004). Post-Intentional
Phenomenological research hopes to explain the multiple intentionalities of a phenomenon, which are explained in greater detail throughout this method (Vagle, 2014).

![Diagram of theoretical frameworks]

Figure 2.
Integration of Theoretical Frameworks (Cohen et al., 2004; Gottfredson, 1981; Leung, 2008; Vagle, 2014)

**Phenomenological Research**

This study proposed a phenomenological research approach to describe and classify the phenomena and characteristics of racial/ethnic minority art therapist professional identity. This study was intentionally pre-empirical and was designed based on a review of the literature, which includes mostly conceptual discussions (Awais & Yali, 2013; Doby-Copeland, 2006; Feen-Calligan, 1996; Gussak, 2008; Junge, 2014, Kapitan, 2010; Levick, 1995; Lumpkin, 2006; Malchiodi, 1993; McNiff, 2009; Moon, B., 2003; Riley, 2000; Talwar et al., 2004; Teasdale, 1993; Wadeson, 2004;), several empirical attempts to describe characteristics of art therapist professional identity (DuBeau, 1993; King, 2011; Oppegard et al., 2005; Orkibi, 2010, 2012;
Perdue, 2016; Tavani, 2007), and more recent qualitative inquiries about art therapist professional identity (Crawford et al., 2014; Crooks, 2013; Feen-Calligan, 2005; Malis, 2014).

The pre-empirical intention of this study was to inform later quantitative methods of inquiry with the hope to confirm any factors identified. Of note is that qualitative inquiry may be considered empirical research as it does aim to describe experiences, answer research questions, and document observational data (Punch, 2009). A phenomenological approach was selected for this inquiry for implications grounded in the perspectives of the participants, which intend to inspire object-centered and more accurate empirical investigations. Furthermore, the phenomenological design a) rigorously described the phenomenon of racial/ethnic minority art therapists selecting art therapy as a career, b) employed phenomenological reduction to identify characteristics, emergent themes, and clusters of experiences, c) explored the intentional relationships between racial/ethnic minority art therapists and career selection, and d) disclosed the essences or building blocks of meaning immanent in racial/ethnic minority experiences through facilitating imaginative variation (Barbour, 2001; Finlay, 2009; Giorgi, 2009).

The paradigm for the research was a combination of post-intentional phenomenology and social constructionism (Cohen et al., 2004; Vagle, 2014). Ontologically, participants expressed multiple realities of experience such that the researcher described and interpreted their shared and unique experiences (Horrigan-Kelly et al.; 2016; Miles et al., 2014; Moustakas, 1994; Vagle, 2014). Interpretation through systematic reflexive and descriptive engagement worked to identify themes and clusters of ideas of the experiences related through racial/ethnic minority art therapists selecting art therapy as a career (van Deurzen, 2014; Vagle, 2014). Epistemologically, the knowledge was co-constructed between researcher and participants (co-researchers). Axiologically, the contextual influential factors were explored to develop a shared understanding
through the essence and values of the participants and research through the context of the researcher and the purposive sampling relationship (Vagle, 2014). Effort was consciously made to understand the participants’ classificatory systems (Moustakas, 1994) in the context of the participant and bracketed by the researcher’s biases through constant comparison (Vagle, 2014). The rhetoric reflected the understanding of the phenomenon through racial/ethnic minority art therapists’ lived experiences. These phenomena led to choosing art therapy as career described through the themes and clusters of ideas from the participants’ perspectives and described the characteristics of minority art therapist professional identity that intersected with career choice. The aim was to uncover and reveal the ordinary occurrences that contribute to selecting art therapy as a career. The method was to interview participants to develop an understanding and description through and to understand the phenomenon of career selection through minority perspectives as related to Gottfredson’s (1981) theory as it intersects with an existing conceptual model of art therapist professional identity as an evaluation for inclusiveness of diverse perspectives. The research participants had an opportunity to share their experiences, values, and beliefs free of assumptions to develop trustworthiness and member check emerging themes. An exchange in defining and understanding the concept of racial/ethnic minority art therapists’ choices to select art therapy as career was valued (Patton, 2002; Ponterotto, 2005; Vagle, 2014).

The phenomenological research tradition provided participants with direct experiential knowledge, including this researcher (Heidegger, 2002; Husserl, 1970; Miles et al., 2014; Vagle 2014). Of note was the selection of Post-Intentional Phenomenological theoretical framework which is an advancement of Husserl’s Transcendental Phenomenological approach of exploring the essence and “Of-ness” of lived experiences and Heidegger’s Hermeneutic Phenomenological approach of exploring being in the world or “In-ness,” whereas, Vagle proposes a three
dimensional description through exploring lived experiences through becoming with plural intentionalities or “Through-ness” (Vagle, 2014; see Figure 3). The

![Diagram](image)

Figure 3.
Phenomenological Theoretical Frameworks described by Vagle (2014).

phenomenological approach provided for a close relationship with the participants to discover and describe their experiences without pre-determined themes or interpretations and seemed to match the process of career selection in becoming an art therapist. The research attempted to refrain from assumptions regarding the phenomenon of racial/ethnic minority art therapy career selection. A priority was to practice reflexivity through researcher notes, visual journaling, and analytic memoing (Miles et al., 2014; Vagle, 2014). Participants were viewed as co-researchers who collaborated to describe their subjective and ordinary experiences, the essences through and connections between self, world, and art therapist choices in career selection (Cohen et al., 2004; Moustakas, 1994; van Deurzen, 2014; Vagle, 2014). Phenomenologists embrace notions that the
researcher must set aside prior explanations of phenomena (Miles et al., 2014; Moustakas, 1994; van Deurzen, 2014; Vagle, 2014). It was imperative for the researcher to acknowledge values and assumptions as continuously becoming, as well as bracket understandings of the phenomena, which is known as *epoche* and “through-ness” (Miles et al., 2014; Moustakas, 1994; Vagle, 2014). In the context of this study, it was important for this researcher to set aside the previous study of a conceptual model of art therapist professional identity to bracket and then solicit the perceptions, beliefs, and values of racial/ethnic minority art therapists to thickly describe their lived experiences through phenomenological reduction (Vagle, 2014). This research design was selected to emphasize the ordinary, multiple, partial, changing meanings that circulate generate, undo, and remake themselves through aspects of racial/ethnic minority art therapist experiences and through the research to take a constant comparative, reflexive, unbiased, and open perspective by refraining from subjective interpretations (Miles et al., 2014; Moustakas, 1994; Vagle, 2014).

**Research Questions**

1. What are the factors influencing the decisions of racial/ethnic minorities to pursue art therapy as a career?
   a. What are the personal characteristics and potential variables of art therapists that inform career choice?
   b. In what ways, if any, are the various components of an art therapist professional identity, such as, art making, creativity, healing, and altruism intersecting with minority art therapist professional identity?
   c. What are the possible relationships between art therapist professional identity and minority art therapists’ decisions to become art therapists?
Participants

Art therapists, art therapy leaders, current art therapy authors, art therapy educators, members of the American Art Therapy Association, and art therapy students throughout the United States and on-line (not limited to the US) who are members of the non-predominant culture of the art therapy profession were invited to participate in this study. All participants were adults between the ages of 18-79. Participants were invited to participate in individual interviews lasting approximately thirty to forty minutes. By inviting diverse art therapists, data collected was correlated with multiple perspectives, and this researcher to identify themes, domains, and core ideas to describe the phenomenon of how racial/ethnic minorities select art therapy as a career. Art therapists who identify as white female or white male were excluded from this study as they are members of the predominant group in the art therapy profession. Non-art therapists were excluded from this study.

Minority art therapists ages 18-79 were sought for this study. Minority art therapists will be defined as non-white females and males and include: females and males that identify as non-white, or as a person of color.

Sampling Method

Purposive sampling was employed to reach out to minority members of the profession that are known to this researcher. As the fieldwork began, the sample evolved with the increased likelihood that within the context of our relationship, participants, particularly racial/ethnic minorities were more likely to refer others and participate in research (Miles et al., 2014). In this same context, this researcher asked for participants to refer other minority art therapists to participate in the study in a snowball model of participant recruitment. Through sequential
selection of participants, similar and different individuals were included, which fostered comparisons and uncovered new characteristics to be examined (Miles et al., 2014). Participants were proposed to be actively and sequentially recruited over the course of seven weeks. Some characteristics that emerged during concurrent data analysis and fieldwork informed within group sampling to explore and describe the characteristics and phenomenon of racial/ethnic minority art therapist decisions to select art therapy as a career. Meaning, as themes emerged or continued to be omitted, purposive sampling was used to attempt to gain multiple perspectives from racial/ethnic minority cultural subgroups. Based on current professional relationships of this researcher it was feasible to recruit participants for this study. Understanding the small numbers of art therapists in the United States and global work force and the depth work of phenomenological research it was likely that the results from data analysis based on this sample design are believable, applicable, and credible to understand racial/ethnic minority art therapists’ career selection choices (Miles et al., 2014).

In addition to purposive and snowball sampling methods, random sampling attempts were made to include unknown voices through this researcher’s social media Linked-In account of over 800 art therapist connections. Advertisements were sent to art therapists via Linked-In postings and messages to try to seek non-AATA members for more diverse perspectives. This researcher also used known emails of the AATA membership through the membership directory to advertise the study. This researcher also considered making connections with the AATA Multicultural Committee to explain and advertise the study and to request member participation. Finally, this researcher considered emailing state AATA Chapters to distribute information about the study.
A description of the study and request for participation was composed and distributed via email to known and unknown racial/ethnic minority art therapists. Personal phone conversations occurred to further explain the study, to enhance relational connections, and to increase participation. This researcher provided email contact information to interested participants for connecting, answering questions about the study, scheduling interviews, completing demographic questionnaires, member checking transcripts, and providing results of the study. Email contacts contained disclosures noting the level of security of the email usage.

**Context**

This primary investigator is a member of the predominant culture common to the art therapy profession- white abled cisgender heterosexual middle-class female. It is important to acknowledge the cultural lens and context that frames this research which includes literature primarily from members of predominant cultural statuses. Roberts’s (2017) study emulated the predominant cultural experiences common to the art therapy profession. In preliminary review of the study, it is evident that perspectives from diverse art therapists have not been fully recruited, which presents opportunities for biased data and little probing of within group similarities and differences. In addition, the research team lacked diversity in that all research team members identified as white even though cultural ethnicity had some variance (European American (2) and Australian).

This study was motivated by the lack of diversity in the Roberts’s (2017) sample along with emerging domains supported by the perspectives and lived experiences of the participants. This study intended to thickly describe the essence and phenomenon of career selection of racial/ethnic minority art therapists. It is necessary to hear the perspectives of diverse participants and to understand and describe how being with others, being in and becoming through life
processes, and experiences in structures influenced becoming an art therapist (Horrigan-Kelly et al., 2016; Vagle, 2014). No research has been completed to understand art therapy career selection by racial/ethnic minorities. A review of the literature, the predominant group of the profession, and this investigator’s perceptions alone do not offer enough variations to understand racial/ethnic minorities’ selection of art therapy as a career and/or intersections of art therapist professional identity such that it leads to a more diverse membership in the art therapy profession.

**Bias and Reflexivity**

A focus of this researcher was to explore my biases and practice reflexivity during fieldwork and data analysis. When engaging with participants, my priorities were to have knowledge of the concerns and values of art therapists, be inclusive in my approach, build rapport with participants, observe and tend to detail, foster comfort, positive regard, and awe with participants, and have empathic engagement with objective awareness while engaging in this investigation (Miles et al., 2014).

To manage biases, my reflexive practices included observational field notes and analytic memoing after each interview (Miles et al., 2014). Analytic memoing included art and written reflections after each interview. The observational field notes and art and written reflections were examined concurrently with fieldwork to bracket biases, unintentional and known, and emerging assumptions based on experiences with participants. I reflected on my own sense-based impressions and flashes of insight as I encountered participants during all phases of the research and documented in the same visual journal which served as the researcher log. In a post-intentional approach, I explored my preconceptions, post-conceptions, and changing views through constant comparison (Miles, et al., 2014; Vagle, 2014). It was imperative to use bridling
to bring skepticism into the analysis to promote the phenomenon defining itself as much as possible (Vagle, 2014). Every attempt was made to see the phenomenon beyond ordinary experiences and understand the meaning of lived experiences of racial/ethnic minority art therapists. In my researcher log, I attempted to document: a) moments when I instinctively connect and/or disconnect to the participant and phenomenon, b) known and emerging assumptions of normality, c) my “bottom lines,” any beliefs, perceptions, opinions, perspectives that I could not let go of, and d) moments of surprise in what I heard, sensed, or observed (Vagle, 2014). Through reflexive practices, I hoped to reveal underlying, moving, changing understandings such that I could understand the partial and fleeting experiences which informed racial/ethnic minorities in selecting art therapy as a career.

I always kept my research log/visual journal with me such that new, emerging, fleeting, and intentional reflections were recorded. I documented initial reflections and post reflections, as well as continued reflections. I made entries after each data collection event. I documented emerging tentative manifestations of the phenomenon for constant comparison. My hope is that this process allowed me to chase “lines of flight” to more thickly describe the phenomenon of racial/ethnic minorities selecting art therapy as a career. Through artistic expressions, concept mapping, diagraming, relating, and dimensional comparison, I hoped to craft text that captured the manifestations of the phenomenon of career selection of racial/ethnic minority art therapists that includes multiple, partial, and varied contexts (Vagle, 2014). My researcher log/visual journal was a place for reflections, restating, and brainstorming about the phenomenon. The researcher log/visual journal was a data source for constant comparison.

As I have engaged in the review of literature and search for a beginning and novice understanding of the experiences of racial/ethnic minority therapists, I have struggled to
compose some sections of the literature review and introduction. I have internally come to barriers in writing for not wanting to speak or be the voice of racial/ethnic minority art therapists, especially with my great sense of unknowing and lack of collaboration and permission. I struggled with language selection of how to identify minority members of my profession- should I write persons of color, racial/ethnic minorities, minority ethnic group, or ethnic minorities?

For this study, I primarily referred to minority members of our profession who identify as non-white as racial/ethnic minorities, with the understanding that at times, I may also use persons of color. My intention was to reflect primarily the value that minority status and membership to the non-dominant non-white group in the art therapy profession is identified as one component of non-dominant status- race/ethnicity and is not inclusive of all non-dominant status memberships. In addition, I want to stress the focus on differences in race and ethnicity to build a diverse profession and specifically state that my values, beliefs, and perspectives are aligned with the anthropological definition of race (AAA, 2016). Emphasis on the statement,

Given what we know about the capacity of normal humans to achieve and function within any culture, we conclude that present-day inequalities between so-called "racial" groups are not consequences of their biological inheritance but products of historical and contemporary social, economic, educational, and political circumstances (AAA, 2016).

One risk is using the term racial/ethnic minority art therapist is that the term may engender a new perception of expectations, assumptions, and characteristics (Gussak, 2008). It will be imperative for me to bracket my experiences through reflexive practices during all parts of this study including and not limited to the implementation of the methodology and data analysis to avoid assumptions or inappropriate marginalizing groupings and classifications of beliefs, values, or attitudes of racial/ethnic minority art therapists.
Boston (2005) offered recommendations that may be helpful to me for bracketing my assumptions and monitoring my unintentional biases. She recommends professionalism and avoiding using language or vernacular that suggests sameness. She reminded me to identify my racial identity, including my development and understanding of my place in context to the racial/ethnic minority community. Her reminder to take time to get acquainted aligns with an open interview process that focuses on building rapport and intentionality in the relationship that is based on trust.

**Research Team**

The research team (RT) was comprised of this primary investigator, and two professional art therapists in our Hampton Roads Community. Another professional art therapist of color was not recruited for the RT due to limitations of my work setting and the work of many art therapists in Hampton Roads; the proposed intention for this RT member was to promote increased exposure, knowledge, and dialogue about biases and unintentional blind spots (Inman, Howard, & Hill, 2012). It could have been a benefit to have a culturally diverse (differing racial/ethnic minorities and this researcher [white female] team to review data, offer diverse understandings of the data, and build consensus among culturally diverse art therapists about art therapist professional identity. One auditor of different race/ethnicity and cultural memberships was recruited to complete an audit of the data, code books, and results. The auditor was selected based on either being in the art therapy profession or having familiarity with the art therapy profession and concerns for diversity in higher education or the art therapy profession.

Participants were considered part of the research team in which member checking was facilitated to seek feedback about the resulting themes and key ideas from the data analysis. It was appropriate to renegotiate dates for member checking or repeated contacts with participants.
(Miles et al., 2014). The diverse team promoted navigating a discourse of initial varied interpretations, which led to a sophisticated synthesis process. Managing the power dynamics inherent in relationships between culturally diverse members and this primary investigator was imperative to build a strong team that with egalitarian consensus-building in the data analysis process (Inman, Howard, & Hill, 2012).

**Procedures**

**IRB Approval**

First, the protocol was submitted to the Old Dominion University (ODU) Institutional Review Board (IRB) for approval of human subjects’ research. Upon approval in writing, recruitment of participants began.

**Recruitment and Informed Consent**

A recruitment email was sent to art therapists known to this researcher who identify as racial/ethnic minorities (see Appendix A). The participants received a brief explanation of the study and a request to reply via email to participate. This researcher responded to interested participants within 24 hours to increase participation. Participants were offered the opportunity to select the interview formats of their preference: telephone, secure online face-to-face, or face-to-face at an appropriate professional location in relative proximity to this researcher and the participant.

Once contacted, this researcher sent the informed consent form (see Appendix B), demographic questionnaire (see Appendix C), and interview questions (see Appendix D) for the participant to review in an email and offered a variety of times to answer questions for clarification and/or schedule the interview. Once a participant selected an interview format and
time based on his/her preferences and convenience, the interview time was confirmed via email (see Appendix E).

On the scheduled date and time, this researcher contacted the participant via telephone, secure online visual connection, or met with her/him in person at the designated professional location. The researcher reviewed the informed consent (see Appendix B). The researcher discussed the audio recording of the interview and informed the participant that the digitally recorded interviews were stored in de-identified password protected files. The interview began with starting two audio recording devices. Two devices were used to prevent the need for redoing any interviews. Both digital copies were saved on to a computer in a password protected file. One recording device was the secure laptop used by this researcher. The participant had the opportunity to ask questions for clarification and decline participation. Once all questions were answered, signatures on the informed consent from were obtained and witnessed, and the interview began.

**Demographic Questionnaire**

The researcher then reviewed the demographic questionnaire (see Appendix C) and provided time for the participant to complete the questionnaire, if it had not been completed. The researcher de-identified the demographic questionnaire using the participant code. The demographic questionnaire included information about the participant’s age, gender, race/ethnicity, years in the art therapy profession, art making preferences, populations served, perceived census of racial/ethnic minorities in client population, credentials, interests, and concerns about the art therapy profession.
Interviews

Next, the 40-60-minute interview began with starting the audio recording devices. A brief confirmation of the audio recording devices occurred. The researcher then facilitated the semi-structured interview, including and not limited to the interview questions and probing questions (see Appendix D). The interview questions related to the research questions without directly asking the research questions. The interview questions were used to facilitate discussion about the participant’s lived experiences of, as, and through becoming an art therapist of color. It was necessary to spend time building a bond with members of minority communities to allow for greater trust and access to the community (Inman, Howard, & Hill, 2012). During data collection, it was important for this primary investigator to consider language differences, voice inflections, and allowance of silences to promote participation and expanded responses (Norlyk, Dreyer, Haahr, & Martinsen, 2011), as well as be genuine and authentic, and resisting attempts at sameness (Boston, 2005). Using active listening skills and intentional probing questions was necessary to promote a climate of sharing with the participant (van Deurzen, 2014).

Questions for interviews, were developed from the themes and domains illuminated from Roberts’s (2017) results of participant responses and emerged to respond to participant perspectives. In addition, questions were informed by post-intentional phenomenological research models that elicit the meaning participants ascribe to their priorities (Gottfredson, 1981; Horrigan-Kelly et al., 2016; Vagle, 2014) and becoming through lived experiences (Vagle, 2014). Pilot interview questions included and are not limited to the following, noting some questions were probing questions and some questions were not asked based on the participants’ answers: a) How did you decide to pursue an education in [art] therapy? b) What is an art therapist? c) What inspired you to become an art therapist? (Feen-Calligan, 2005) d) What social
circumstances influenced you to become an art therapist? e) What personal characteristics contributed to your decision to become an art therapist? f) What encounters contributed to your decision to become an art therapist? g) What types of experiences fulfill your life? What makes you feel alive? What brings you joy? (Norlyk et al., 2011) h) Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005) i) What emotional experiences contributed to decisions you made to become an art therapist? j) What behaviors are important? What personal qualities? k) What beliefs are important? l) Describe the cultural make-up of your clientele. m) What do you believe about the impact of cultural matching and unmatching as related to the therapeutic relationship? Therapy outcomes? n) How do you perceive ethnic minorities in the art therapy profession? Mental health profession o) What are the benefits, if any, of ethnic minority art therapists providing services? What are the limitations, if any of ethnic minority art therapists providing services? p) What role, if any, does creativity play in your decision to become an art therapist? q) How do processes and materials interact in the therapeutic relationship? r) “Has your perception of the field of art therapy changed? And if so, how?” (Elkins-Abuhoff, Gaydos, Rose & Goldblatt, 2010, p. 120) s) Do you think anyone can become an art therapist? t) How has your personal artmaking influenced your choice to become an art therapist? (Malis, 2014) u) What concerns, if any do you have about the art therapist professional identity? (Roberts, 2017)

First, the interview protocol was proposed to be piloted with at least two individuals. The pilot participants did not need to be racial/ethnic minority art therapists, and they could have been racial/ethnic minority art therapists. Piloting further narrowed the number of interview questions to about fifteen questions. The flow, amount of information, language, and wording were to be analyzed through the piloting of interview questions. Questions that elicited similar
Information were to be recomposed, combined, deleted, and reconstructed for succinct interview questions. The researcher was to maintain access to the research questions bank in the event other questions elicited more descriptions or facilitated probing for more information. Information from the pilot interviews was able to be used a participant data in this study.

The final draft interview protocol questions (Appendix D) was used with participants 1, 2, and 3. After three participant interviews, audio recordings were transcribed. Audio recordings of interviews were immediately destroyed after transcription. The primary investigator reviewed the interview protocol and transcriptions to assess the language, flow, and repetitiveness of questions and revised the Interview Protocol Revision 1 (see Appendix G) resulting in Interview Protocol Revision II (see Appendix H). In addition, questions requiring clarification or that risked leading probes were revised with defined probing questions. Initial guiding questions were developed after the first three interviews. Additional questions arose from the first analysis of interviews.

Transcriptions were sent to participants 1, 2, and 3 for review via email for member checking (see Appendix F). Participants replied via email and send revisions, if any. Revised transcripts were printed and filed in secure storage for later data analysis. Early coding occurred to deepen insights and fine tune the understanding of essence through minority art therapists’ lived experiences. Early coding was conducted by this researcher, while the research team completed whole data set recoding. Early coding by this researcher followed Vagle’s (2014) steps in a model based on Giorgi (2014): 1) holistic reading of the entire text 2) first line-by-line reading, 3) follow-up questions, 4) second line-by-line reading, 5) third line-by-line reading, 6) subsequent readings (p. 112). Of note is that subsequent readings were the process of whole data set analysis. It was important to continue to record emotional and sensory responses to the
interviews and transcriptions to attempt to capture the emotional quality of the participants’ experiences.

Before, during, and after each interview simultaneous data collection and analysis began. Use of the researcher log/visual journal, post interview researcher debriefing notes, reflections, first reviews of transcripts for coding, and emerging ideas, brainstorms, bracketing, and bridling occurred. All researcher observations, notes, and experiences were recorded in the researcher log/visual journal. Any talk to text researcher reflections were to be recorded and stored on a secure digital device for transcription and analysis. Voice to text notes/transcriptions were to be explored and considered context, affective experiences, or other subtle themes and patterns that emerged, as well as to be sensitive to omissions.

Participants 4, 5, and 6 were interviewed and the audio recordings were transcribed. Audio recordings of interviews were immediately destroyed after transcription. The primary investigator reviewed and decided how to continue to use Interview Protocol Revision 1 of the interview protocol (Appendix G). Transcriptions were sent to participants 4, 5, and 6 for review via email for member checks (see Appendix F). Participants replied via email and sent revisions, if any. Revised transcripts were printed and filed in secure storage for later data analysis. Coding of transcripts continued, and constant comparisons were made to identify emergent themes and work towards saturation of the data. Reflexive practices, researcher notes, and voice to text reflections continued to be documented and synthesized throughout the process.

The primary investigator continued to schedule and conduct interviews with participants up to a total of fifteen participants, until saturation of the data was reached, or until no additional participants could be identified or interviewed in the eight-week data collection period. All audio recordings were transcribed by the primary investigator. Audio recordings of interviews were
immediately destroyed after transcription. Transcriptions were sent to participants for member checking via email (see Appendix F). Participants replied via email and sent revisions, if any. Revised transcripts were printed and filed in secure storage for data analysis in this researcher’s office at Lester Hall room 304, Eastern Virginia Medical School, Norfolk, Virginia.

The data set had emergent themes with saturation, the phenomenon of racial/ethnic minority art therapist career selection was described, and characteristics defined based on the existing data set in a concise version of a final code book, a visual representation of the phenomenon with narrative definitions were documented in matrices. The emerging themes were sent to participants for member checking and responses to clarify or confirm the first-round data analysis. No participants were selected based on specific needs to clarify statements or to seek clarification from all participants. The visual summary and definitions were presented to participants via email (see Chapter 4). Additional participation was renegotiated based on the availability and interest of the participant. Participants again had the opportunity to voluntarily participate and some declined participation. Participants were asked to perform another action of member checking to respond to the resulting data. Findings were developed based on the findings of the research team along with probing questions. Participant responses were reviewed by the research team to understand and explain the phenomena and characteristics of career choice by racial/ethnic minority art therapists. Continued constant comparison of the data occurred. The Colaizzi-Style Method of coding and data analysis continued with a) “organizing formulated meanings into clusters of themes, b) exhaustively describing the investigated phenomenon, and validating the exhaustive description by each participant” (Vagle, 2014, p. 110).
Member checking of emergent themes seemed to result in saturation of the data, otherwise a cross-checking focus group was proposed to participate in the study. The focus group would have been made up of three – five racial/ethnic minority art therapists (proposed Multicultural Committee, AATA asked to review and respond to the results). The data would have been shared and perspectives, opinions, lived experiences, and reactions would have been invited for comments. The focus group would have meet for up to 120 minutes to review and discuss the described phenomenon and essence of racial/ethnic minorities selecting art therapy as a career. This meeting was proposed to occur through an Adobe connect meeting. A recruitment email would have been sent to the Multicultural Committee or other identified focus group members inviting them to a meeting time and place (see Appendix K). Questions to guide the focus group would have been developed based on the resulting data. Questions would have focused on facilitating discussions to verify the characteristics, social experiences, contexts, and potential variables that explain racial/ethnic minority art therapists’ choices of career in art therapy and any intersections with art therapist professional identity. The cross-checking focus group would have been audio and video recorded. All audio and video recordings would have been stored digitally in password protected files on the primary investigator’s digital device. The audio recording would have been transcribed, after transcription the audio recording would have been immediately destroyed. The video recording would have been reviewed to document focus group subtle non-verbal and verbal responses to verify consensus among cross-checking focus group members. Once the video recording had been reviewed and noted it would have been immediately destroyed. The transcription and notations of the cross-checking focus group would have been sent to the focus group participants for review and member checking via email (see Appendix F). Participants would have replied via email and sent revisions, if any. The revised
transcripts and notes were to be printed and filed in secure storage for data analysis. After transcription and notations, the research team would have reviewed the emerging themes and cross-checking focus group transcription to finalize clusters of themes for a thick description of the phenomenon of selecting a career in art therapy by racial/ethnic minorities.

At least one auditor (A), proposed to be a professional art therapist, was to review the transcripts, code book versions, and audit trail to increase trustworthiness. After an audit was conducted, common themes and key ideas that have consensus with the RT and the auditor were used to build overall description of the essences and phenomenon through which art therapy career selection occurs for persons of color. Themes and characteristics identified were compared to a conceptual model of art therapist professional identity (Roberts, 2017) as they relate to the research questions to identify factors contributing to career selection.

**Benefits and Limitations**

The description of the essence and phenomenon of racial/ethnic minorities selecting a career in art therapy and a confirmatory comparison to an existing model of art therapist professional identity has potential benefits and risks to art therapy and counseling. A phenomenological inquiry may offer a thick description of the perspectives of art therapists of color, not yet shared in the structure of research. The intention may be to help the predominant culture understand racial/ethnic minority art therapists’ perspectives and meanings selecting art therapy as a career. By collecting multiple perspectives, the natural experiences and characteristics of ethnic minority art therapists and how their career choice in art therapy emerged may be described. By identifying these characteristics, the profession may be able to identify and recruit diverse individuals to the profession, which may in turn build a strong profession supported by a collective identity. The benefit of the post-intentional
phenomenological research grounded in social constructionism and guided by Gottfredson’s Career Theory was a designed inquiry based on theory that may be more reflective of racial/ethnic minorities. The theoretical framework of the study embraces understanding of multiple contexts of lived experiences and perspectives of racial/ethnic minorities which are not necessarily linear.

It was possible that once data analysis was completed that there would be no characteristics to describe the essence of racial/ethnic minority art therapist professional identity. The impact of no resulting clusters of themes describing the variables, characteristics, or phenomenon of career selection by racial/ethnic minority art therapists would suggest a more simplified model of art therapist identity or perhaps art therapist identity is so complex that an inquiry informed by a phenomenological approach would be inadequate to fully explain, describe or explore the perspectives of racial/ethnic minority art therapists. In addition, simplification or over complexity may further marginalize racial/ethnic minority art therapists. One limitation may be the lack of application of Complexity Theory (Horn, 2008) and the confining marriage to the three theories integrated in this study’s framework. It was particularly important to carefully develop interview items such that they were reasonable to discuss and closely relate to the research questions to describe the essence and phenomenon of art therapist professional identity of persons of color. Another limitation was the period of data collection based on the structure and confines of doctoral study and this researcher’s education plan.

**Ethical Considerations**

Applying Miles et al.’s (2014) guidance for ethical decision making in qualitative research, I examined the worthiness, implications, my competence, informed consent, anonymity, benefits and costs, potential harm or risk, management of the data and conclusions,
authenticity and trustworthiness, integrity and quality of the research, and applications of the results. Ethically, it was important to consider the worthiness of this study to avoid exploitation of the participants. Based on the perspectives of racial/ethnic minority art therapists, it was valuable to understand and describe their experiences through selecting art therapy as a career. The art therapy profession continues to have a predominant culture of white females (Elkins & Deaver, 2015) and exploration of racial/ethnic minority art therapists’ lived experiences through career choice offered valuable insights into how, if, or why the profession should recruit diverse art therapists. This researcher has moderate and growing competence in qualitative research. I have conducted two qualitative studies and supervised several master’s thesis studies. It was important to seek mentorship and compose a team of experienced researchers to guide the research.

The study was submitted for review to the Old Dominion University Institutional Review Board. Upon approval in writing, the study was conducted. Ethically, this study was conducted with best practices in maintaining anonymity of participants and confidentiality of potentially identifying information. All data was de-identified to protect anonymity. There was no cost to participants. There were no known benefits or risks to participation in this study. The greatest risk was the disclosure of identifying information, which was managed through de-identification of all data and secure storage in a locked cabinet in this researcher’s professional office. Time spent during research activities was up to 90 minutes per participant which included recruitment, interviews, and member checking. Next, some participants could have declined identification of associations with specific education programs or other possibly identifying affiliations due to either specific restriction from the host university to participate in research or the small numbers racial/ethnic minorities in the art therapy profession. Responses to some items were optional.
I was authentic in my interactions with participants to build trustworthiness. I navigated the discourse of differences, especially racial/ethnic differences with openness, awareness, and respect, and made attempts to be culturally responsive. To tend to the integrity and quality of the research, I prepared for fieldwork by understanding the essence of phenomenological research. I also prepared to extend the recruitment and data analysis time frames to improve the quality of the research. When composing the discussion of results, I solicited feedback from other experts to prevent misuse of the applications of the results.

Demographic factors were used for descriptions of the participant population as it related to the construct of art therapist professional identity. All recruitment media assured participants that participation was confidential and voluntary, with participation indicating consent. Participants were assured that their confidentiality, demographic information, privacy, and anonymity were protected. They were assured that lack of participation did not in any way result in negative consequences. Furthermore, participants could be removed from the study. Participants created a confidential code for tracking responses in the event the participant wished to be removed from the study. All participant data was securely stored in digital and computing devices that were password protected and password locked. Any audio digital data was destroyed immediately after transcription and transcriptions were securely stored in locked cabinets of the researcher.

It was important for this primary investigator to continuously practice reflexively to understand culturally different perspectives and engage responsibility with diverse participants. Face-to-face or online virtual interviews could have been appropriate to establish rapport. It was important to take the time to explore unclear questions or concepts with participants. Clarifying how the use of diverse perspectives was used in the data developed trustworthiness of the data.
For instance, it is important to use the perspectives of diverse art therapists to describe the essence through lived experiences in selecting art therapy as a career for racial/ethnic minorities. To most accurately describe the lived experiences of diverse art therapists, direct quotes were used to define and operationalize themes and key ideas (Inman, Howard, & Hill, 2012).

**Data Sources**

Data sources and collection processes included bidirectional reflexive practices are described in Figure 4. Participants were invited to participate in individual interviews to explore

![Diagram of Data Sources](image-url)

*Figure 4.*

Data Sources
guiding questions. Questions in understanding were clarified with the participant during the interview or review of the transcript through member checking. Understanding cultural differences in using language was considered in interpretation of the data for coding themes and repetitive patterns (Miles et al., 2014). A demographic questionnaire was used to collect information to develop a description of the participant group, which was used for discussion of the findings. The primary investigator recorded observational field notes during interviews to document nuances in responses that may not be translated through transcriptions of audio recorded interviews. The researcher kept a researcher log/visual journal to document reflexive practices, sensory responses, reflections, brainstorms, and post-interview responses. After each interview, I engaged in reflexive practices for bracketing by creating analytic memos through art and written reflections in response to the participants, interview data, and experiences. Member checking results were used for triangulation to build trustworthiness and credibility of the data. The cycles of data analysis also became data sources, which led to matrices for condensing data (Miles et al., 2014).

Data Analysis

After ten interviews were conducted, recorded, transcribed, reviewed, and printed, the research team members began the cycles of coding and individually coded each transcript. The research team met for analysis and included this primary investigator and two professional art therapists of any ethnicity. The varied ethnicities of research team members provided for diverse responses and analysis of the data to build credibility for the results. The RT met to review each participant’s transcribed interview. This primary investigator facilitated the training process for coding transcriptions for whole data set analysis. The Colaizzi-Style Method of coding and data analysis was employed: a) reading the descriptions, b) extracting “significant statements,”
c) formulating meanings, d) organizing formulated meanings into clusters of themes, e) exhaustively describing the investigated phenomenon and validating the exhaustive description by each participant (Vagle, 2014, p.110).

After individual coding of the whole data set, the research questions were reviewed with the team, along with the conceptual model of art therapist professional identity (see Figure 1; Roberts 2017). Next, RT spent up to 15 minutes discussing each participant’s data to build consensus about the emergent themes, potential variables, social contexts, and clustering ideas which were recorded on a contact sheet for one participant (see Appendix I). Responses from research team members were solicited to hear multiple perspectives and this primary investigator recorded notes on the contact sheets. This researcher noted and confirmed through consensus building commonly shared themes and key ideas, as well as discrepancies, questions for future inquiry, and new information or ideas. Evaluation of the data was concerned with the salient text and unsaid statements. Pauses, inflections, broken sentences, repeated statements, silences, cadence, and rhythm in speech was relevant to understand (Miles et al., 2014; Moustakas, 1994) responses to the data and emerging themes.

Second round participant responses were analyzed for categories and themes in common, which described characteristics and potential variables related to selecting art therapy as a career. Characteristics and themes were correlated with key domains and core ideas that are common in the literature. Code book versions were created from the contact sheets and then directly from the data Thompson et al. (2004) and specific support from participant transcriptions. Code books were collapsed and synthesized into multiple versions to thickly describe the phenomenon of ethnic minority art therapists selecting a career in art therapy and intersections with art therapist professional identity.
The auditor (A), a professional counselor, reviewed the transcripts, code book versions, and audit trail to increase trustworthiness. After an audit is conducted, common themes and key ideas that have consensus with the RT and the auditor were used to build overall descriptions of the essences and phenomenon of the decisions of racial ethnic minorities to select art therapy as a career. Themes and characteristics identified were compared to a conceptual model of art therapist professional identity and used to thickly describe the phenomenon of the selection of art therapy as a career by racial/ethnic minorities (Roberts, 2017).

Once the phenomenon of racial/ethnic minority art therapists’ career selection was described and characteristics defined in a concise version of a final code book, a visual representation of the phenomenon with narrative definitions was documented. The visual summary and definitions were presented to participants via email (see Appendix I). Participants were asked to perform another action of member checking to respond to the resulting data. Participant responses were reviewed by the research team to understand and explain the phenomena and characteristics of racial/ethnic minority art therapist career decisions. Of note was the repetition of the description of the data collection process and data analysis as simultaneous data collection and analysis occurred throughout the study. The data analysis description describes the constant comparison process again as it mirrors data collection, yet in data analysis, the focus was also on the emerging themes and subtle meanings transcending through the experiences of the research and engagement with participants.

After transcription and notations, the research team reviewed the conceptual model and to finalize the clusters of themes that thickly describe the phenomenon of career selection by racial/ethnic minority art therapists. Existing literature was used to corroborate the perspectives of Roberts’ (2017) findings. The triangulation of participant perspectives from this investigator,
to participants, and to the literature was used to increase authenticity and credibility of the multiple meanings of thematic framework, index and chart the phenomenon, and map and interpret the phenomenon for a synthesized explanation of how racial/ethnic minority art therapists select a career in art therapy (Pope, Ziebland, & Mays, 2000). Additionally, the comparison of themes and key ideas from Roberts’ (2017) inquiry provided multiple sources of varied data to increase overall trustworthiness developed through consensus of the varied participants’ perspectives. An overview of the data analysis process and integration of

Figure 5.
Data Analysis
post-intentional phenomenological theory is noted in Figure 5. This researcher used a variety of mapping techniques, case matrices to display explore, describe, order, explain, and synthesize the data (Miles et al., 2014). In addition, this researcher considered perspectives from themes and variables for negative case analysis and cross analysis. It was important to consider patterns of causation, particularly related to Gottfredson’s Career Theory to generate meaning through partitioning variables and clustering themes.

Summary

A qualitative inquiry based in post-intentional phenomenology and social constructivism was facilitated to understand the perspectives of 10 racial/ethnic minority art therapists selecting art therapy as a career during interviews based on Gottfredson’s Career Theory. The proposed study was submitted to the ODU IRB and began once written approval was obtained. This researcher engaged in reflexive practices to bracket for assumptions, unintentional biases, and already gained knowledge about art therapist professional identity and cultural encounters with racial/ethnic minority art therapists.

Racial/ethnic minority art therapist participants were recruited through purposive sampling of known racial/ethnic minority art therapists via email and LinkedIn connections, noting the value of building relationships to increase participation in research and sharing during the interviews. Individual semi-structured interviews lasting up to 60 minutes were conducted to explore and describe the essence through racial/ethnic minority lived experiences in selecting a career in art therapy. Interviews were audio recorded and transcribed. After transcription, audio recordings were immediately destroyed, and transcriptions were stored in a secure lock file in this researcher’s office.
Constant continuous comparisons were completed by this researcher. This researcher coded transcribed interviews in a series of three participants, collected clusters of themes, and evaluated and revised research questions after every three participants. In addition, a research team including this researcher and two other professional art therapists were formed for whole data set analysis. Final coding and consolidation of common themes resulted in a code book which was reviewed and collapsed for synthesis of the data by the research team. The resulting themes were used for member checking for saturation which seemed to be reached with interviews alone. The resulting themes and definitions thickly described the phenomenon of racial/ethnic minorities selecting a career in art therapy. The resulting themes were compared with the existing model of art therapist professional identity (Roberts, 2017). An auditor reviewed the transcriptions, code book, and resulting themes for trustworthiness. The data was reported in a findings chapter and the analysis with existing literature was reported in the final discussion chapter.
CHAPTER IV

FINDINGS

Introduction

Description of the Chapter

This chapter reviews the research design, guiding theory, researcher characteristics, and the iterative processes used to increase trustworthiness, and then describes the findings resulting from data analysis from exploring the variant experiences through with racial/ethnic minorities selected art therapy as a career (Bowen, 2005). The processes of data collection and analysis are described. The systems for tracking emerging understandings from the data are described. After a description of the participants, data will be presented in order of the research questions. The findings are presented in a narrative format to define the themes, subthemes, components, and factors that describe the essence and phenomenon of the variant experiences through which racial/ethnic minorities’ select art therapy as a career. In addition, tables and figures that network themes are used to summarize the data. The purpose of this chapter is to present the data in a logical order leading to understanding. A discussion of the data as it relates to the research questions will follow in Chapter V.

Research Design and Guiding Theory

This study was guided by a Post-Intentional Phenomenological (Vagle, 2014), theory in which the thoroughness of participant experiences in selecting art therapy as a career was explored. The exploration was guided by Gottfredson’ (1981) career theory which inspired a framework for the interview questions to elicit information about the factors contributing to the variant experiences of racial/ethnic minorities who select art therapy as a career. The participants were viewed with a Social Constructionism (Cohen et al, 2004) lens in which participants helped
to co-create knowledge through their social practices. A career, from a social constructionist perspective a career is conceptualized as a journey that is an expression of one’s self and experiences with others.

The purpose of this study is to describe the phenomenon of racial/ethnic minority art therapists’ career selection. The following research questions were used to inspire an interview protocol to understand the variant experiences through which ethnic minority art therapists select art therapy as a career.

**Research Questions**

1. What are the factors influencing the decisions of racial/ethnic minorities to pursue art therapy as a career?
   a. What are the personal characteristics, social experiences, contexts, and potential variables of art therapists that inform career choice?
   b. In what ways, if any, are the various components of an art therapist professional identity, such as, art making, creativity, healing, and altruism intersecting with minority art therapist professional identity?
   c. What are the possible relationships between art therapist professional identity and racial/ethnic minority art therapists’ decisions to become art therapists?

**Data Collection**

**IRB Approval**

First, the protocol was submitted to the Old Dominion University (ODU) Institutional Review Board (IRB) for approval of human subjects’ research. Notification of approval in writing was received December 15, 2017 and recruitment of participants began.
Recruitment of Participants and Sampling Procedures

Ethnic minority art therapists were invited to participate in this study. Minority art therapists ages 18-79 were sought for this study. Minority art therapists are defined as non-white females and males and include: females and males that identify as non-white, or as a person of color. Participants were invited to participate in individual interviews lasting approximately thirty to forty minutes.

Purposive sampling was employed to reach out to minority members of the profession that are known to this researcher. This researcher asked for participants to refer other minority art therapists to participate in the study in a snowball model of participant recruitment. Through sequential selection of participants, similar and different individuals were included. Participants were actively and sequentially recruited over the course of eight weeks, instead of the planned seven weeks. As themes emerged or were omitted, purposive sampling was used to attempt to gain multiple perspectives from ethnic minority cultural subgroups.

In addition to purposive and snowball sampling methods, random sampling attempts were made to include unknown voices through this researcher’s social media Linked-In account of over 800 art therapist connections. Advertisements were sent to art therapists via Linked-In postings and messages to try to seek non-AATA members for more diverse perspectives. This researcher also used known emails of the AATA membership through the membership directory to advertise the study. This researcher provided email contact information to interested participants for connecting, answering questions about the study, scheduling interviews, completing demographic questionnaires, member checking transcripts, and providing results of the study.
A recruitment email was sent to art therapists known to this researcher who identify as racial/ethnic minorities (see Appendix A). A description of the study and request for participation was composed and distributed via email to known and unknown racial/ethnic minority art therapists. Questions and inquiries were responded to via email and no phone conversations were required for clarification. The participants received a brief explanation of the study and a request to reply via email to participate. This researcher responded to interested participants within 24-48 hours. Participants were offered the opportunity to select the interview formats of their preference: telephone, secure online face-to-face, or face-to-face at an appropriate professional location in relative proximity to this researcher and the participant.

**Informed Consent and Interview Preparation**

Once contacted, this researcher sent the informed consent form (see Appendix B), demographic questionnaire (see Appendix C), and interview questions (see Appendix D, G, or H) for the participant to review in an email and offered a variety of times to answer questions for clarification and/or to schedule the interview. Once a participant selected an interview format and time based on her preferences, the interview time was confirmed via email (see Appendix E).

On the scheduled date and time, this researcher contacted the participant via telephone or meet with her in person at the designated professional location. The researcher reviewed the informed consent (see Appendix B). The researcher discussed the audio recording of the interview and informed the participant that the digitally recorded interviews were stored in de-identified password protected files. The interview began with starting two audio recording devices. Both digital copies were saved on to a computer in a password protected file. The participant had the opportunity to ask questions for clarification and decline participation. Once
all questions are answered, signatures on the informed consent from were obtained and witnessed, and the interview began.

**Demographic Questionnaire Development**

The demographic questionnaire was developed during the creation of the protocol. Many of the questions were used in previous studies by this researcher to confirm identity as an art therapist. The demographic questionnaire offered information about the participants which will be described later in this chapter. The researcher reviewed the demographic questionnaire (see Appendix C) and provided time for the participant to complete the questionnaire, if it had not been completed. The researcher de-identified the demographic questionnaire using the participant code.

**Interviews, Transcriptions, and Reviews**

Next, the interview began with starting the audio recording devices. A brief confirmation of the audio recording devices occurred. The researcher facilitated the semi-structured interview, including and not limited to the interview questions and probing questions (see Appendix D). Interviews took between 25 and 62 minutes. The interview questions were developed during the design of the protocol, inspired by the literature and theories driving the research, and reviewed by the dissertation committee. The interview questions were reduced and proposed to be piloted.

First, the interview protocol was piloted with two participants by this researcher. The pilot interviews clarified the questions but did not narrow the number of interview questions. The flow, amount of information, language, and wording were analyzed, and it was determined to keep all questions and to continue with the semi-structured format. No questions elicited similar information. Verbal approval was sought and given from the Eastern Virginia Medical School
Institutional Review Board (EVMS IRB) permitting students to engage in research as participants (but not as researchers). Therefore, the pilot interviews are included in the data set.

After the first two interviews, a question about the barriers to selecting art therapy as a career was added to the protocol (see Appendix G). One participant recommended discussing barriers; based on the social constructivist philosophy of co-researcher, I elected to ask the question in the interview and add it to the protocol. The question about barriers seemed to elicit ideas from another perspective about career choice.

In addition, after the pilot interviews, I began asking the interview questions out of order based on participant responses, eliminating some questions, and asking probing questions in a semi-structured format. Interview notes and order of questions were documented for each interview (see Appendix M). The rationale for the order of questions was based on active listening, in which this researcher used active listening and content reflection strategies to then ask the next question based on content from the previous responses. Some new questions were added (see Appendix G) and some questions were relocated to the end of the interview as probing or extension questions if needed as a question bank. Information from the pilot interviews was used as participant data in this study.

The interview protocol questions (see Appendix D) were used with the first two participants, and the second protocol questions (see Appendix G) were used with the third through ninth participants. I recorded notes on the interview protocol of here and now thoughts, reactions, and the ordering of the questions as they were asked. After three participant interviews, audio recordings were transcribed by this researcher. Audio recordings of interviews were immediately destroyed after transcription. Due to the fast pace of the interviews and time-consuming transcriptions, this researcher decided to complete the reviews of the interview
protocol simultaneously and not with additional research team members. The interview with participant two inspired conscious effort to seek information about family perceptions and age when one discovered interests, values, or beliefs to compare with Gottfredson’s theory. One participant recommended a question about the barriers to the profession, which contributed to a revision in the interview protocol (see Appendix G). Research team members were not added until after March 14, 2018 for the coding of the whole data set.

Transcriptions were sent to participants 1, 2, and 3 for review via email for member checking (see Appendix F). Two participants sent comments via email. Revised transcripts were printed and filed in secure storage for later data analysis. Early coding was conducted by this researcher, while the research team completed whole data set recoding later (after March 15, 2018). Early open coding by this researcher followed Vagle’s (2014) steps in a model based on Giorgi (2014): 1) “holistic reading of the entire text 2) first line-by-line reading, 3) follow-up questions, 4) second line-by-line reading, highlight, and labeling of codes, 5) third line-by-line reading, 6) subsequent readings and the beginning development of code book one” (p. 112). I recorded emotional and sensory responses to the interviews and transcriptions to attempt to capture the emotional quality of the participants’ experiences and understand the encounter with participants in my researcher log.

Before, during, and after each interview, simultaneous data collection and analysis began. Use of the researcher log/visual journal, during interview researcher notes, reflections, first reviews of transcripts for open coding, and emerging ideas, brainstorms, bracketing, and bridling occurred. All researcher observations, notes, and experiences were recorded in the researcher log/visual journal. Talk to text was not utilized as I always had my researcher log with me. I
would jot down thoughts as they occurred about or between participants. I responded to all interviews with a visual expression after transcribing the interviews.

Participants 4, 5, and 6 were interviewed and the audio recordings were transcribed. Audio recordings of interviews were immediately destroyed after transcription. This researcher reviewed and decided to continue to use Interview Protocol Revision 1 (see Appendix G). Reoccurring themes, identification of less importance and relevance of the question, “how do processes and materials interact in the therapeutic relationship?” led to omitting that question in some subsequent interviews, although the protocol was not revised until after participant nine. With some participants, I asked new questions versus probing questions.

Transcriptions were sent to participants 4, 5, and 6 for review via email for member checks (see Appendix F). Participant four replied with confirmation of the transcription and sent the informed consent form and questionnaire completed. Transcripts were printed and filed in secure storage for later data analysis. Open coding of transcripts continued by this researcher and constant comparisons were made to identify emergent themes and work towards saturation of the data. Reflexive practices, researcher notes, and jot thoughts text reflections continued to be documented and synthesized throughout the process.

Participants 7, 8, and 9 were interviewed and the audio recordings were transcribed. Audio recordings of interviews were immediately destroyed after transcription. This researcher reviewed and decided to continue to alter Interview Protocol Revision 1 (see Appendix G) to reorder the question and condense the number of questions resulting in Interview Protocol Revision 2 (see Appendix H). Transcriptions were sent to participants 7, 8, and 9 for review via email for member checks (see Appendix F). Participant seven replied with confirmation of the transcription. Transcripts were printed and filed in secure storage for later data analysis. Reviews
of the transcripts resulted in a revised interview protocol for participant ten, ultimately streamlining the order of questions and number of questions (see Appendix H). Transcriptions for participants seven, eight, nine, and ten were coded as a group by this researcher during round one coding. Open coding of transcripts continued by this researcher and constant comparisons were made to identify emergent themes and work towards saturation of the data. Reflexive practices, researcher notes, and jot thoughts text reflections continued to be documented and synthesized throughout the process.

The research continued to schedule and conduct interviews with participants up to a total of ten participants, as saturation of the data seemed to emerge, and eight weeks of the data collection period had passed. Saturation was defined as few, if any, new themes emerged, and confirmatory themes seemed to begin to cluster with frequency of two – five participants verbalizing similar themes throughout the interviews. During simultaneous analysis, cross case analysis identified some variances and outliers in the ten participants, few new themes emerged with the tenth participant, and emerging themes seemed to be verified between participant cases, suggesting saturation of the data.

Two participants did not follow through with the interview scheduling, one participant declined due to her schedule conflicts. Seven of the ten participants emailed completed consents and questionnaires before the interview. Two participants gave verbal consent, which was transcribed in the interview. The demographic questionnaire was completed verbally with two participants. One participant gave verbal consent and emailed the consent and demographic questionnaire after the interview, which shifted the order of interview transcriptions and simultaneous analysis, meaning the fourth would have been de-identified to the third if I had received the consent and demographic questionnaire earlier. I transcribed all interviews to be
fully immersed in the data. Due to waiting to receive the consent form, I decided to delay transcription of the fourth interview and moved to the next interview to transcribe the third. Audio recordings of interviews were immediately destroyed after transcription. Revised transcripts were printed and filed in secure storage for data analysis in this researcher’s office at Lester Hall room 304, Eastern Virginia Medical School, Norfolk, Virginia.

Because the data set seemed to have emergent themes with saturation, recruitment and follow-up with participants ended after transcription and coding of the tenth interview by this researcher and week eight of data collection.

**Researcher Characteristics & Reflexivity**

Overall, I found that I was able to verbally connect with most participants, maintain a researcher and observer stance, build collaborative co-researcher comfort, hold positive regard for participants, and have empathic engagement with objective awareness during the investigation (Miles et al., 2014). I noted my emotional and cognitive reactions to each participant in the researcher log and reviewed the interview notes in attempts to understand how and if my experiences of the participant influenced the questions, sequence of questions, or probing questions. Of note, is that during an interview with one participant, I seemed to be having difficulty with the seemingly outlier and surface level responses evidence by my attempt to share information from the literature review. While this may have informed or influenced some of the participant’s responses, the responses seemed to continue to be somewhat surface level and tangential to the questions being asked. I responded to this experience in the reflective journal in which I noted, “the interview seemed flat” (see Appendix L, 2nd entry, p. 193). At least one participant’s data is a good example of a negative case for analysis and useful to describe variant experiences through with racial/ethnic minorities select art therapy as a career, which
informed the themes of the study by inspiring the theme of “career switcher” and key ideas about recruiting racial/ethnic minorities to the art therapy profession discussed later in this chapter.

**Researcher log.** A focus of this researcher was to explore my biases and practice reflexivity during data collection and analysis. When engaging with participants my priorities were to elicit the concerns and values of art therapists, to build rapport with participants, observe and mind detail, promote comfort, positive regard, and wonder with participants, and have empathic engagement with objective awareness while engaging in this exploration (Miles et al., 2014).

To manage biases, my reflexive practices included observational field notes and analytic memoing during (see Appendix M) and after each interview (see Appendix L) and interview transcription. Analytic memoing included written reflections after each interview and art reflection after each transcription, as well as additive thoughts and conclusions in response to interviews and between interviews. The observational field notes and art and written reflections were examined concurrently with fieldwork to bracket biases. I also reflected on my own sense-based impressions, insight, and emerging ideas as I experienced participants during all phases of the research documented the same visual journal which served as the researcher log.

I always kept my research log/visual journal and interview notes with me. I documented initial reflections and post reflections, as well as continued reflections. I made entries after each data collection event. I documented emerging tentative manifestations of the phenomenon for constant comparison. The researcher log/visual journal was a data source for constant comparison. My reflective journal mostly seemed to express my own experiences in the cultural encounter with each participant, my efforts to process my reactions to the participant, and my perceptions of the interactions of privilege, access to education, and concepts of multicultural
understandings. In addition, the reflective journal seemed to note the shifts in responses from questions about personal characteristics, beliefs, personal experiences and encounters to talking about perceptions of racial/ethnic minorities and cultural matching and unmatching. The shift identified through reflection is changes in comfort in my listening to questions about race/ethnicity and/or each participant’s comfort in discussing race/ethnicity or answering the questions. A word count, pause count, and filler word count may be appropriate for further analysis of the experience of the process of the interviews.

Maintaining the reflective journal provided me the space to bracket the cultural encounters of the interviews, externalize emerging ideas, externalize ideas about multiculturalism, and maintain focus on the process of selecting art therapy as a career for the student. The themes in the reflective journal identify intersections of privilege including socio-economic status, ethnicity, age, and immigrant status (see Appendix L).

Researcher and interview notes and reflections seemed to prove useful to focus and to explore my biases and practice reflexivity during fieldwork and data analysis. Analytic memoing included art and written reflections after each interview. The observational field notes and art and written reflections were examined concurrently with fieldwork to bracket biases, unintentional and known, and emerging assumptions based on experiences with participants. I avoided using language or vernacular that suggests sameness. I identified my racial identity, including my development and understanding of my place in context to the racial/ethnic minority community as appropriate with participants, particularly with one participant (Boston, 2005).

In addition, the purposive sampling seemed crucial to the recruitment design. Six participants were known to this researcher. I seemed to experience validation as a researcher and the engagement in the interviews seemed to enhance and enrich my professional relationships
with these participants. Each shared unique variant experience and my perception is that some sense of knowing me allowed for more transparent responses to the interview questions.

**Iterative Processes**

This study implemented procedures to assure accuracy of the data (e.g., trustworthiness, member checks, triangulation, etc.). The interview questions were piloted with the first two participants and revised. The interview transcriptions were member checked by the participants. The research team reviewed all data, code books, and final themes for triangulation of the data. The researcher reflections were used for bracketing and simultaneous analysis during the data collection, transcription of participant interviews, and development of code book 1. Evidence occurs in the appendices (sample transcripts, researcher logs, field notes, etc.) The data described in the following is cross referenced with code book 4 and reviewed by the auditor for increased trustworthiness and credibility. The resulting themes were shared with participants for an additional member check.

**Research Team**

The research team (RT) was comprised of this primary investigator, and two professional art therapists (RT1 and RT2) in our Hampton Roads Community. Due to the restrictions of my employing university, I was unable to have a graduate art therapy student on my research team for coding and data analysis. Of the two-professional art therapist research team members, one was white Australian, and one was white American. Identifying art therapists in the community that did not have a relationship with my employing university and who had the necessary skills for data analysis was difficult. One auditor (A), who identifies as a Black Male counselor, was recruited to complete an audit of the data, code books, and results. The auditor was selected based on his familiarity with the art therapy profession, counselor identity, research skills,
concerns for diversity in higher education and the art therapy profession, and race/ethnicity. The research team members were recruited and submitted via an amendment to the ODU IRB. Approval of the research team members was granted March 14, 2018.

Data Analyses

Coding and Simultaneous Data Analysis

The Colaizzi-Style Method of coding and data analysis was implemented a) axial coding through organizing formulated meanings into clusters of themes in an excel spreadsheet, b) exhaustively describing the investigated phenomenon through definitions of the resulting themes in this chapter and validating the exhaustive description by each participant (Vagle, 2014), starting and revising in code book 1, and summarizing and collapsing to code book 4. This researcher developed code book 1 from first round transcribed interviews. After IRB approval of the added research team members, the printed interview transcriptions were distributed to the research team who individually coded each participant interview. Of note is one variance, the research team was given the incorrect version of the second transcription. I coded the member checked version of the second interview, however, the research team was inadvertently given the first version of the transcript before member checking. During review of the codes with research team members, the second transcription member checking comments were discussed, which resulted in no new information added to the code book.

The coded interviews were then reviewed with the research team members verbally to note ideas, concepts, themes, and clusters. This researcher then confirmed the data in code book 1 with each research team member’s coding of the data set. Code Book 2 included axial coding and confirmatory markings and additional codes from the research team members. If a code, theme, or statement was confirmed by research team member 2 (RT2) the text was formatted
bold, if confirmed by research team member 3 (RT3) the text was formatted underlined, and if confirmed by all three team members, the text was formatted bold underlined. If new information was added, it was compared to the coding of research team members and the same formatting to note consensus was used.

Once Code Book 2 was completed, I began to organize the data into themes, clusters, and patterns resulting in Code Book 3. Code Book 3 began to collapse and reduce the data while maintaining the specific and variant descriptions from participants. Themes occurring among and between multiple participants (three or more) were categorized, axial coded, and filled with color in the excel sheet. Once the coded themes were grouped, Code Book 3 was reviewed by the research team for agreement and new emerging ideas. Agreement and new emerging ideas were reviewed and discussed for relevance to the research questions, agreements were documented in blue and purple font in Code Book 3. Other ideas, questions for future inquiry, and analysis of the data were documented on the excel sheet in additional information rows. Due to the extensive list of themes, consensus between participant cases, and consensus of the research team, this researcher did not send the themes to the participants for member checking until after code book 4 and the first draft of chapter four was completed.

I reviewed Code Book 3 and the research questions to selectively code to display the data in matrices and visual networks, which were subsequently reviewed by the research team. The research team expressed agreement, confirmations, and questions, along with emerging ideas and understandings, which were documented in emails. The matrices were converted to tables and visual networks were converted to publication format figures, which are inserted throughout chapters four and five. During definitions, descriptions, and confirmation of themes by this
researcher a further collapsed final code book version resulted (see Appendix P: Code Book 4 excerpt).

Once the final code book 4 was analyzed and the themes were displayed in tables and text, the data was sent to participants for review, feedback, thoughts, reactions, and comments for round two of member checking. Three participants responded with affirmation of the themes and data reviewed. Additional thoughts and responses were written by two participants, which are included where applicable in the data reporting and analysis.

Audit

One auditor (A), a professional counselor, reviewed the transcripts, code book versions, and audit trail to increase trustworthiness. After an audit was conducted, common themes and key ideas that have consensus with the RT, and the auditor were used to build overall description of the essences and phenomenon through which art therapy career selection occurs for racial/ethnic minorities.

An auditor has reviewed all the data collection tracking, data, and chapter IV. The auditor report noted that the review of transcripts, code book versions and researcher notes were consistent with the data reported. The auditor examined 25-50% of each category by tracing the theme from the 4th codebook back to the transcripts of participants and stated there was 100% verification from all that he examined. The auditor commended the detailed and specific nature of the code books. The auditor did note in the review of the category: timing and knowing when one became interested in art therapy as a career, that I should be judicious in using quotes from other categories. The rationale of using same quotes is that this category seemed to emerge from cross analysis of categories defined or developed from the research questions, thus there was some overlap in the information contained in that category. In addition, the auditor offered a
clarification of the sub-theme of willing to relocate as another factor that may or may not be in the interests category, but perhaps a social context (Auditor comments Code Book 4). The auditor recommended no changes to the data, themes, or processes and stated that all themes clearly emerged from the data.

**Description of Participants**

The approximate reach through email was approximately forty individuals and through LinkedIn was approximately fifty individuals directly and an unknown number indirectly. Purposive emails resulted in a total of six responses with three participants completing consents, demographic questionnaires, and interviews. LinkedIn posts resulted in a total of nine responses with seven participants completing consents, demographic questionnaires, and interviews. Ten total participants engaged in the research experiences, of the ten, six were known to me and four were unknown. At least two known participants referred other participants, which resulted in two participants competing the study from a snowball recruitment strategy. Nine participants selected phone interviews, one participant met face-to-face in a professional office.

Demographic information was collected via demographic questionnaires completed by the participants. No participants declined the demographic questionnaire and all questions were answered, except for participant six who declined to answer questions related to age. Two participants completed the questionnaire via telephone with me. All ten participants identified as racial/ethnic minorities and female. Four participants identified as Black/African-American, two identified as Asian Indian, two identified as biracial-Asian American, one identified as Taiwanese, Asian, East Pacific Islander, and one identified as Filipino/White. Participants ranged in age from 23 to over 65. Four participants were between ages 23-29 and four participants were between 30-39. Participants were from varied regions of the United States with three participants
from the Mid-Atlantic region and three from the Northeast region. Seven of the ten participants identified living in metropolitan and urban populations.

The participants also described their professional degrees and statuses. Eight of the ten participants have master’s degrees and one has a doctoral degree. Seven participants identified as first-generation graduate students, two not first-generation graduate students, and one did not answer. In their undergraduate education, six participants majored in art or fine art, three majored in psychology, and one in pre-art therapy. Eight of the participants are members of the American Art Therapy Association. The participants identified with the following statuses and credentials: three students, one Registered Art Therapist (ATR), four Board Certified Art Therapists (ATR-BC), two under supervision for ATR, three Licensed Professional Counselors (LPC), one Licensed Creative Arts Therapist (LCAT), and one Licensed Professional Art Therapist (LPAT). Participants with licenses also had art therapy credentials. Half of the participants (five) have practiced art therapy for two or less years, two for five to ten years, two for ten to fifteen years, and one for fifteen to twenty years. Five of the ten participants stated their job title is art therapist, one therapist, one other, one child and family therapist, and two identified as art therapy students. The employment statuses of the participants are three students, four full-time, two part-time, and one job seeking art therapists. The annual income reported by the participants ranges from less than $10,000 to $149,000. Participants reported that the percent of time they practice art therapy in their jobs ranges from zero to eighty five percent: two spend zero to ten percent facilitating art therapy, one 11-20%, two 41-50%, four 51-75%, and one 76-85%.

Participants also identified the annual income of their family of origin, family engagement in the arts, and their own participation in therapy. These demographic factors may
also relate to influencing factors defined based on the emergent themes noted later in this text.

The annual income of their families of origin seemed to have the greatest variety ranging from $10,000 to over $150,000 (of note: one participant did not answer). Six of the ten participants reported that they have family members that engage in artmaking and four stated that their family is not involved in art making. Half of the participants have attended therapy and half reported they have not (n = 10). Of note is that one participant disclosed in the interview that she attended therapy after an adverse life event, but not on the demographic questionnaire, which would increase the number of participants who have attended therapy to six.

**Factors Influencing the Decisions of Racial/Ethnic Minorities to Pursue a Career in Art Therapy**

Informing this study is the application of Gottfredson’s Career Theory which includes understanding how one may have developed his/her own cognitive map for selecting a career through circumscription and compromise throughout childhood, adolescence, and adulthood (1981). The components of Gottfredson’s Career Theory that informed the interview questions and clustering of factors potentially related to career selection of art therapy are: sex-type, prestige level, and field of work, options based on perceived fit w/ one’s developing self-concept, development and understanding of adult roles, gender roles, social status, income, education level, lifestyle, gender-type, perceived effort or risk of failure, interests, abilities, values, work-life balance, personality, and compatibility with knowledge, access, information, know-how, and social connections (1981). Coding, reviewing, and collapsing codes and themes resulted in factors influencing the decisions of racial/ethnic minorities to pursue a career in art therapy guided by some of the factors identified by Gottfredson (1981). Influential factors identified by the research team include: personal characteristics, interests, personal and
professional beliefs, cultural beliefs, influential people, social contexts, experiences and encounters.

**Personal Characteristics**

Personal characteristics are defined as distinctive traits or ways of being to describe the make up the person. Personal characteristics were self-identified by participants and noted by research team members. Personal characteristics that describe racial/ethnic minority art therapists from the data analysis are: altruistic, artistic and creative, empathic and listener, and determined. These personal traits noted also describe the majority white art therapists (DuBeau, 1993; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2010; Roberts, 2017).

**Altruistic.** Participants expressed characteristics of altruism, devotion to the welfare of others through statements in the interviews (altruism, n. d.). A desire to help people was expressed by all participants with quotes half that directly expressed the desire to help others such as, “want to help people,” “I can be someone to reach back, to help others,” “my inclination to understand and help people,” “drawn to the inside process of helping people,” “love different kind of giving…altruism,” “innate helper,” and “wanting to help others.” Interestingly the other half of participants seemed to express the desire to help others through indirect associations identified by the research team: “human services…working with people,” “interest in working with children… marginalized children,” “interested in people's stories,” “engaging in the art process with others was meaningful to me… help them,” and “art with clients.” The research team identified the term clients are implied helping based on professional terminology.

**Artistic and creative.** All participants also expressed self-identification of being artistic, an identification of or related to the arts (artistic, n. d.) such as interest in the arts, art, visual art, art making, and/or art history (creative, n. d.). Most salient is the identification of being an artist
and art making. One participant identified familiarity with art and art history. Six participants identified as creative or desire to be creative and engaging in creativity, which may be considered as the ability or power to create. Statements of identifying “expressed creativity,” “being creative, free spirit, odd ball,” and “creative,” in addition to “trust the [creative] process” and “creativity” suggest personal identification with the characteristic of being creative.

**Empathic and listener.** Six participants identified the ability to understand and be sensitive to the feelings of another (empathy, n. d.). Directly identifying empathy or making statements like, “I am super empathic,” or “I tried to understand the experiences of others” described participants as empathic. In addition, identifying self as compassionate was also considered by the research team of or related to being empathic. Listening, hearing others with thoughtful intention (listener, n. d.) was identified by four participants. Direct identifications and descriptions of listener were stated, “I am a good listener,” “listener,” “approachable, others sharing,” and “not talkative” [listen].

**Determined.** Nine participants expressed becoming resolved for self-fulfillment even if they were not aligned with family values or cultural expectations by selecting art therapy as a career. Such resolve may be perceived as being determined (determined, n. d.). Examples of participant determination are perhaps their efforts to overcome barriers: one participant was determined to have an arts career and selected art therapy partially because “I knew I could not make it as an artist for my lifestyle, [and art therapy seemed like a] more legitimate profession.” Other participants identified influences from other people as challenging,

“I had a lot of people tell me I should go for something else when I was applying for schools, that art would never pay the bills. I am just the kind of person that if you tell me I can't do something that I want to do, then I will prove that I can do it, but to myself.”
Similarly, another participant had a “desire to be different from cultural traditions and family,” considering it to be a “burden to be like [her] parents” and therefore was determined in her pursuit of her “personal and private goals, with or without parental support.” Another participant shared, “I was not aligned with [my] parents… pushed traditional successful careers (doctor, lawyer). I felt rebellious to what they wanted” and determined for self-fulfillment to seek a career in art therapy. A different participant displayed determination to seek a career in art therapy despite family beliefs: “no money in it,” “negative view of therapy,” and her family acting “slow to support” and “skeptical.” Another participant also had family members who were “not supportive” because of a “low value on education” and “pressure to start a family,” which took determination to pursue a graduate degree in art therapy. Another participant recognized the “bravery to go against your family's wishes,” particularly when she was “not aligned with Catholic [beliefs]” and was “driven towards non-judgmental, accepting worldviews.”

Interestingly, two immigrant participants expressed freedom from cultural expectations of prestige by coming to the United States, “US gave me distance, …freedom to pursue Psychology,” stating, “I would rather do this, than something mainstream and well known if that means that somehow my soul is not happy” and another noting her “art about freedom.” These varied participant experiences seem to express the essence of determination to move past barriers from influential people, beliefs, values, and expectations.

**Interests**

Interests are identified as feelings that cause special attention to objects or subjects (interests, n. d.). All participants identified interest in the arts, art, visual art, art making, and/or art history. Seven participants identified interests in psychology specifically, one participant identified interests in people, which may be interpreted as like psychology. Seven participants
specifically identified an interest in helping others including specific groups. Eight participants specifically related to combining their passions for art and psychology and an interest in the unique combination with statements like “combine” or “merger.”

**Beliefs**

Participants expressed beliefs, accepted, true, opinions about art therapy from personal and professional perspectives (belief, n. d.). The expressions of beliefs seem common to all art therapists and not distinct to racial/ethnic minority art therapists (Roberts, 2017). In addition, beliefs from cultural values and accepted truths were also shared.

**Personal and Professional Beliefs.** Beliefs expressed as valued for art therapists were: art making is healing, art making can help others, and the art product communicates. Art making is healing was noted in statements like, “art helped me,” “people can grow and recover through art,” “art gave me a presence, healing, therapeutic,” “art is healing,” “creative process is healing,” “believing it does work- art is healing,” “trust the creative process,” and “art… shape[s] pain into something else” by six participants. Four participants directly expressed beliefs that art making can help others by stating, “art can help others, beneficial,” “art can be healing,” “art if [it helped] me, then can help others,” “help others,” and “belief that it could be healing for others.” One participant seemed to indirectly suggest art making is healing in the statement, “creativity as a resilience has a powerful impact.” Another belief important to art therapists is that the art product communicates, which was expressed by six participants who captured the essence in a variety of statements: “everyone has a story,” “[to] express ideas,” “… [it’s] not about beautiful artwork, it’s about your message and expression,” “voices heard and expressed through art,” “art communicated,” “everyone has a voice,” “storytelling,” “art is an expression of you,” and “important to hear voices of minorities.” Personal characteristics of
creativity, empathy, compassion, and accepting and understanding others are valued and may intersect with beliefs.

**Cultural Beliefs.** Shared beliefs that may be representative of minority cultures were expressed by participants. Negative views of mental health services and therapy, beliefs and values that it was not acceptable to go outside of the family for help, and collectivist attitudes were expressed by participants. Three participants identified that stigma and negative views of mental health services and therapy with statements like, “stigma” of getting help or about mental illness, “therapy is for ‘crazy’ people.” “…not comfortable going to therapy,” “family member feared losing job if seeking help,” “therapy is silly, therapy is not necessary, family can handle it together,” “family beliefs… negative view of therapy,” “slow to support [my career choice],” “therapy is not important,” “mental illness not treated,” “you don't need help,” and “you shouldn't need help.” Another cultural belief expressed by at least nine of the participants was the tenant that it is not acceptable to go outside the family for help through messages like, “house business is house business,” “do not share outside the family,” “keep secrets in the family,” “[in my family,] silence was expected in a lot of difficult situations,” “did not discuss [family depression],” “no one knew,” “no one talked about it,” “keep in family,” “private family matters,” “…outsider, not appropriate to disclose private issues with outsider,” “no opportunity to mention [talk] about mental illness,” “[mental illness was] dismissed,” and “not encouraged to go to counseling, or go outside for help, it's looked down upon.” Collectivist values of keeping things in the family, belonging to family or others, and valuing family influences were expressed by seven participants.
Influential People

Educators, parents, spouses, family, and friends were identified by participants as influential in their identity development and how participants may have been swayed for or against selecting art therapy as a career. Influential people put forth both positive and negative forces on participants in the career decision making process (influential, n. d.). Experiences shared about influential people does not seem to be related to racial/ethnicity and may be more typical of all art therapists.

Types of Influential People. Five of ten participants were influenced by educators such as a teacher, “guidance counselor” (now termed school counselor), or academic advisor, and/or professor in high school or college who introduced them to the profession of art therapy. All participants identified family members as influential. Four participants identified influences from friends that tracked them towards selecting a career in art therapy: making art with friends and being introduced to the field by a friend. Seven participants specifically identified positive and negative influences from parents and four specifically identified positive support and influence from their mothers. Two participants recognized their spouses and one family members in general as influential.

Positive Influences. For four participants, some influential people recognized their artistic traits early in childhood, others supported arts engagement. Two participants were influenced by family members benefiting from therapy.

Negative Influences. Some participants experienced family members that discouraged arts career and arts interests, while another had family members discourage less prestigious study in psychology. Many participants had family members discourage a career in mental health due to stigma and negative views of therapy. Eight out of ten participants experienced family
negative influences in questioning the financial feasibility of an arts career noting “art career will not pay the bills,” which seemed to rule out being an artist and track towards selecting art therapy as a career.

**Social and Contextual Factors**

Social and contextual factors may be understood as the external conditions, encounters, or experiences that influenced participants decisions to select a career in art therapy (Gottfredson, 1981). The research team identified several social and contextual factors expressed in the essence of the voices of participants: unaware of the profession of art therapy, choices for career switching, economy, low employment rates, geographically convenient, diversity and inclusion, experiences and encounters, and life stages. Overall, there were no consistent social and contextual factors noted by participants. The social and contextual factors shared did not seem related to race/ethnicity. All participants described a sense of not knowing or being unaware of art therapy and how, upon learning about art therapy found the combination of art and psychology a fit for career. Five participants shared selecting art therapy as a career was a switch from a less fulfilling or desirable career. Two participants identified the economy and perception of needing to continue in school as a social factor in deciding to pursue art therapy as a career. Three participants identified art therapy education programs as geographically convenient. Experiences and encounters are integrated as a subtheme of social and contextual factors. All participants identified multiple and similar encounters and emotional experiences that will be described and defined below. Three participants identified as immigrants to the United States.
Emotional Experiences and Encounters

Emotional experiences and encounters provided the participants with knowledge, skills or practice that informed selecting art therapy as a career. Each participant described personal encounters that led to self-awareness and understanding that art therapy would be a fit for career. White art therapists also seemed to identify similar lived experiences (Brown, 2008; DuBeau, 1993; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2010; Roberts, 2017).

Personal artmaking. Participants identified personal art making experiences that informed their understandings of art as healing and art for communication. Personal art making is art making based on interests, noted above. Nine participants identified art making for personal processing and healing with statements and experiences like: “Realizing art as healing … Know what it [art is healing] feels like,” “[I] would work through things in painting,” “[art is my] saving grace, my Zen space,” “values emotional aspects of art,” “to process things in my life, art process for me,” “awareness, could help through art --related to friends,” “art is healing to relieve dissatisfying work…paint to relieve stress or anxiety,” “[to] process losses,” “[art making] was cathartic,” “engaging in process was meaningful,” “helped throughout life.” One participant stated, “[art making] was not influential,” “I had fiber art skills for utilitarian purpose, not expression, not for personal healing.” Five participants identified personal art making for communication. Subthemes of communication were expressed by participants’ testimonials: “communication and self-expression,” “communication- distinctive non-verbal expression, [which is] not about beautiful artwork, it’s about your message and expression,” “voices heard and expressed through art,” “arts to release pent up things…art expressed emotions…art communicated,” “don’t have to verbalize…release…express negative emotions: stress,
frustration, anger, sadness…[art] helps me express,” “communication, expression- going through a tough time,” and “expressed anger in artwork…[sublimated] into good art.”

**Adverse life experiences.** Adverse life experiences are lived encounters that may cause harm or impede the adaptive journey of a person and from which a person build knowledge and context for life’s decisions (adverse, n. d.; experience, n. d). Nine participants identified adverse experiences related to art therapy as a career choice, meaning the participants and research team related the lived experiences that may cause harm to self-understanding, knowledge, and decisions to select art therapy as a career. Examples of accounts of adverse life experiences are described by participants. One participant identified she “went to therapy.” She grew up in a “single parent home” and experienced “father absence,” which required her to “care for brothers.” When she was a teen, she was affected and “upset about Mike Brown being shot, [and] the lack of indictment.” Another participant disclosed the “loss of [her] aunt, [who was] murdered by [her] uncle.” In addition, her father’s death at early age made it difficult to handle. She related that “art [was] my go to, to cope with loss of family members.” A different participant identified “difficulties with family” and a “desire to be different from cultural traditions and family,” from which she experienced it as “burden to be like [my] parents.” Another participant described varied experiences throughout her life beginning with an account of her being “home sick making art as a child” and then later having difficulty transitioning to US. She described that while it was “liberating to be in US,” she was initially “depressed when first moved to US” and identified “family history of depression.” Another participant identified adolescence as a challenging time in which she seemed to be witnessing friends with emotional and life problems and was also using “art to understand self-identity,” particularly her biracial ethnicity. Another participant shared that her “career [was] not satisfying” because of “limited
creativity,” which led to a decision to “career switch.” A later participant shared adverse accounts of health concerns and losses in the family. She related that she used art to process “losing friends” because of “childhood health concerns” of “asthma” and medications making her “hair fall out.” In addition, she experienced as a “five-year-old… death in family.” One participant discussed as an adolescent she was “grounded for summer” and she recalled being “furious…[and] expressed [her] anger in art.” The last participant identified experiences of "discrimination” because of being the “only girl, Korean, and different,” which made her feel “isolated.” While participant one did not relate her adverse life experiences to selecting a career in art therapy, she did disclose an adverse experience in childhood as stressful, [her] parents’ divorce. She identified that her “faith helped, not art.”

**Attended therapy.** Five participants reported they attended therapy and five reported they have not. One participant disclosed during the interview that she attended therapy after loss of a family member and not on the demographic questionnaire, totaling the number of participants who have attended therapy to six. In addition, the participant attended therapy after understanding the benefits for her younger cousin. This subtheme is derived from the demographic questionnaire and participant interviews. It is possible that some participants attended therapy in response to adverse life experiences and some engaged in personal art making in addition to or instead of attending therapy.

**Art is healing personally.** All ten participants identified emotional experiences of art for healing from distress, trauma, loss, anxiety, or growth for identity and relationships. Participants accounted experiences of personal art making related to a variety of stressors. One participant identified that she could “see art helping, I understood how art could be healing.” “Art is healing, [my] safe place, [to] help to cope with harsh world realities, [and that] art has been my therapy
was described by another participant. The next participant described how “artistic expression in the US was liberating,” allowing her “to answer personal questions from [her] upbringing,” which she was “trying to get away from.” Another participant directly identified that “art helped me…to release pent up things…to express emotions.” Another participant described that “art [helped] to understand self-identity,” exploring her Asian culture and that the “bonding experience of making art together” and “creating something with each other [friends and mother] was really special.” She could see that the “creative process is healing for her and her friends who needed to “release” “negative emotions: stress, frustration, anger, sadness.” Whereas another participant did not relate artwork to adverse life experiences, she did identify that “doing artwork” facilitated by the art therapists had her “feeling good about art, people, and school.” She identified that the art making was “relaxing, calming” and that the “art therapists [were] calming.” She even added that the experience was so valued (helpful) that she “still has the artwork,” which influenced her desire to select art therapy as a career. Another participant directly identified “art is [a] healing experience” that she would “do art” to “paint, [to] relieve stress or anxiety” and she would “feel better after art.” She described art making as an “escape” that was helpful from her work environment. A later participant shared that “art, expressing was my comfort…for exploring my anxiety.” She disclosed that she “didn't know how it worked” and that she would use art personally to “process losses,” and “art for self-exploration.” The next participant identified that “creative activities… were something to help,” “art classes and sports helped.” She noted, “I did well in art.” I found that I “expressed anger in artwork,” which sublimated “into good art” and “the [art making] was cathartic.” Another participant testified that she “bonded through art making,” which “healed isolation from childhood.” She described that,
“[art] met a need of mine…the more I made art, the less angry I was… I felt better… art as healing.”

**Made art with others/witnessed art is healing with others.** Six participants shared accounts of when they made art or used art with others and a sense that art making was healing for others. Participants engaged in the following encounters of art making with others: “worked at summer camp for underprivileged youth,” “painting [with] friends, like a finger print” helped one participant to understand how art expressed personal characteristics and could be helpful to understanding self and others, “volunteer service” facilitating arts, “feeling good about art, people, and school,” “used art with patients…art for non-verbal clients…didn't know how it worked,” and “working with students [and] high school friend…make art with friend…bonded through art making.”

**Connection: belonging.** Four participants identified connection and relation related to emotional experiences. A sense of belonging developed from emotional experiences that informed selecting art therapy as a career. Participants described bonding experiences related to “in therapy, someone will listen to me,” ”be in touch” or seeking to connect with others and connect with self, “art therapy decrease[ing] isolation and increases belonging,” in which “art helps with belonging,” and “leaving feeling good about the open house experience” (from which “I felt good and welcomed [connected].”

**Emotional benefit from helping others.** Four participants identified personal emotional benefits from helping others. Testimonials like, “I can help somebody… [it’s] a win, win for me,” “helping others helped me too [and was] motivating for [my] career,” through art the “bonding experience” with my friends was “really special,” and “to get [un]stuck…I used art
Idea: one could help others through art/creative process. Six participants identified thinking through noticing the healing power of art for self, and idea or belief that they could help others or that art would help others. Participants verbalized statements like, “I am sure I could help other people,” “realization it could be useful for others in healing,” “I know if it can do that for me, keeps me sane, [a] saving grace, then there's a chance that I can do that for others,” “art to process for me, can help others, [which was] motivating for career,” seemed to help to “make art with friends…led to career choice… bonding experience of making art together,” “used art with patients … art for non-verbal clients…didn't know how it worked,” and “working with students… [and my] high school friend.”

Became aware of art therapy as a career. Participants identified spontaneously throughout the interviews different ways in which they became aware of art therapy as a career and the sense that art therapy as a career was unknown to them. Themes of knowing or realization of career were noted throughout the interviews condensing into an overall theme of became aware of art therapy as a career as an encounter for selecting art therapy as a career. The ways in which racial/ethnic minority art therapists became aware of the profession seem typical for all art therapists (DuBeau, 1993; King, 2011; Oppegard et al., 2005).

One participant described the she had repeated confirming experiences in elementary school and adolescence including; art making, being introduced by her “guidance counselor” to art therapy, working at a summer camp for underprivileged youth, and support from her mother. Another participant learned about an art therapy program close by and became aware of art therapy, acknowledging her mother supported even if she didn’t understand the career fully. A
third participant “learned art therapy was a professional field” from a “guest speaker in art class” and began “planning for career when noticed it was a fit.” Another participant realized that if “art to process for me, [then] can help others, [which was] motivating for career” and decided this was the “perfect next step.” She then interviewed for an art therapy program, loved it” and began her pursuit. One participant’s mother introduced her to the field of art therapy and her academic advisor confirmed her aptitudes and help her prepare. Another participant became interested from an advertisement in the newspaper about an open house for art therapy education during which she learned about “art and psychology merged” into one discipline. Another participant researched art therapy after experiencing art making personally beneficial for life and work stress. A later participant identified a professor of psychology who encouraged art therapy training, which led her to research and her need for supervision led to investigation into career. Another participant gave the account that she always knew since adolescence that she wanted to be a therapist. In college, she became aware of art therapy from a friend's sister who she perceived as credible, because of her similar career goals. Lastly, another participant was introduced to art therapy by a professor in college.

**Life stages**

Racial/ethnic minority art therapists identified experiences and spontaneously related them to age, school years, or life stages. As the accounts clustered, the research team agreed with themes of the life stages of childhood, adolescence, and adulthood which will be related to Gottfredson’s Career Theory in chapter five. Again, these experiences do not seem unique to racial/ethnic minority art therapists.

**Childhood.** Childhood captures testimonials related to young child, below the age of 12, and elementary or grade school. Eight participants identified making art as a child as significant,
by naming elementary school, grade school, first grade, or an age below 12 and referencing growing up. One participant identified childhood interest in becoming a psychiatrist and another participant identified since elementary school she was an empathic listener.

**Adolescence.** Adolescence refers to accounts described from middle school, high school, teenager, or teen years. Eight participants identified an awareness of interests leading to career choice in middle school and high school, to teen ages, and to adolescence.

**Adulthood.** Adulthood refers to descriptions from college and mid-life. There could be some debate that college is a part of adolescence, which is welcomed and not likely to impact the understanding of the data. College seems to be a common time of career discernment for participants. In addition, college is a time of selecting coursework based on interests leading to degrees in which seven participants attended college in late adolescence-early adulthood and three in adulthood. Adulthood may be identified during undergraduate study in which six participants majored in art or fine art, three majored in psychology, and one in pre-art therapy. Career switchers seemed to identify adulthood as an important time.

**Altruism, Art Making, Creativity, and Healing Intersecting with Racial/Ethnic Minority Art Therapist Professional Identity**

Research question 1.b. proposed to explore the potential relationships, if any, of the various components of an art therapist professional identity, such as, art making, creativity, healing, and altruism intersecting with minority art therapist professional identity. The intersection of altruism, art making, creativity, and healing with racial/ethnic minority art therapist professional identity may be identified as a process as related to Gottfredson’s Career Theory (1981) which are explicated and synthesized in chapter five. The themes of altruism, art making, creativity and healing are documented here as findings in the data. Altruism is identified
throughout the data as a personal characteristic for a devotion to and desire to help others of all participants. In addition, art making was also identified by all participants through personal characteristics of being artistic, engagement in personal art making, and interest in art and art history, before selecting art therapy as a career. Six participants seemed to identify or value creativity as a concept. All ten participants identified emotional experiences of art for healing from adverse life events. In addition, six participants identified art making for others was healing. Again, these beliefs and connections are consistent with art therapist professional identity and other studies of selecting art therapy as a career (DuBeau, 1993; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2010; Roberts, 2017).

**Perceptions of Racial/Ethnic Matching and Differences in Therapist-Client Dyads**

The following data relate to the interview questions that emerged from the literature about racial/ethnic matching in therapist-client dyads. The context of exploring the variant experiences of racial/ethnic minorities selecting art therapy as a career was grounded in the rationale of the potential benefits of racial/ethnic matching. Awareness of and beliefs about racial/ethnic matching in therapist-client dyads was explored. The literature discussed racial/ethnic matching and, as research results evolved, cultural matching (considering multiple statuses of culture). The term cultural matching was used in the study to broaden the scope and elicit the participant voices related to understandings and beliefs about racial/ethnic and cultural matching that may directly or indirectly influence selecting art therapy as a career. The literature reviews racial/ethnic matching in therapist-client dyads as related to the therapeutic relationship and therapy outcomes and the findings suggests cultural matching and cognitive matching may be more impactful that racial/ethnic matching alone (Berger, Zane, & Hwang, 2014; Farismadan, Drafhi-Lorenz, & Elis, 2007; Knipscheer & Kleber, 2004; Meyer & Zane, 2013; Thompson et
The data presented below are the perceptions and beliefs of racial/ethnic minority art therapists. The implications of the perceptions of racial/ethnic minority art therapists and the social and cultural contexts of the art therapy profession will be discussed in chapter five.

Perceptions of Racial/Ethnic Minorities in the Art Therapy Profession

Eight participants identified racial/racial/ethnic minorities are underrepresented in the art therapy profession. They voiced “not enough of us, need to be more,” we are “underrepresented,” and it will “take time to increase numbers.” One participant shared she and her work with the national organization is “striving to bring more minorities into the field.” There are even fewer male racial/ethnic minorities. Another participant expressed, “[we] need more racial/ethnic minorities to share perspectives for teaching [and]education.”

Four participants identified concerns for perceptions of racial/ethnic minority art therapists being unqualified and these perceptions may be expressed by both majority and minority groups. Concerns for competence and qualifications were expressed with statements like: racial/ethnic minority art therapists “need for acceptance and understanding,” “eventually, you will see my work [competence],” some are “intimidated” in the profession, and there may be a “stereotype” which “questions qualifications.”

Other ideas from participants note the potential of “less opportunities for growth…less visibility” in the profession. In addition, participants seemed to acknowledge that “art therapy may appeal to some more than others,” and that “it took a lot to be an art therapist.”

Perceptions of Racial/Ethnic Matching

Overall, participants shared mixed views about the impact of racial/ethnic matching in therapist-client dyads. While some participants acknowledged racial/ethnic matching may make
a difference, other participants expressed sensitivity and hesitance to only valuing racial/ethnic matching. Sensitivity and hesitance might be understood by statements like, “mixed feelings…can’t ever match culturally… same ethnicity does not necessarily match” and “culture is more complex, matching is hard to do,” “depends on individual client,” and “should not be issue if [there is] cultural competence [in the therapist].”

Eight participants identified sense of familiarity as comfort in the therapeutic relationship when matched racially/ethnically or similarly. Comfort was expressed through participant descriptions of “feel comfortable to disclose certain things,” “same culture may help understanding,” “comfort to interact,” “shared humanity…something in common,” “ethnic minority art therapist may represent own ethnic identity,” which may be “positive…help identity,” “match may increase comfort and ease…to try something new, “understand cultural experiences better,” “more attunement, more validation, more exploration,” and shared beliefs and values “comforted.” The experience of comfort is consistent with the literature about racial/ethnic and cultural matching (Zane et al., 2005).

Four participants suggested that ethnic matching may facilitate learning experiences for both client and therapist. Participants made statements that suggest ethnic matching promotes “understanding” and “learning experiences” or “educational.” Another participant valued ethnic matching so that, “somebody like you showing you something different.”

**Perceptions of Racial/Ethnic Differences in Therapist-Client Dyads**

Participants identified in racially/ethnically different therapist-client dyads, the clients may be more hesitant to share, cultural competence may help the therapist navigate the relationship, and the racially/ethnically different therapist-client dyad is an opportunity to grow. Three participants identified concerns for clients being hesitant to share with a racially/ethnically...
different therapist or a therapist of majority race/ethnicity. One participant explained, “[the client] may not want to be viewed negatively by other culture, this may not be conscious,” with “someone different [the client] may hold back” and feel “not understood. Another participant described “ethnic minorities may not want to present themselves as less than in front of someone that is not their skin color, because then that would-be kind of admitting stigmas that are already against black people” to explain hesitancy to share in the therapeutic relationship. Another participant simply identified clients in racially/ethnically different dyads “may be hesitant to share.”

Five participants identified needs for multicultural skills to navigate differences. Cultural competence was themed based on participants’ descriptions of culturally sensitive and multicultural informed behaviors. One participant described the essence most clearly when she stated, “I really don't think we can” racially/ethnically or culturally match. She described a focus on “shared humanity” because “there will be a lot that is not shared…all we can really do is teach humility and receptivity.” Another participant identified the need for ways of communicating in racially/ethnically different dyads to navigate discomfort. Another participant called for “common ground regardless of skin color.” A later participant recognized racial/ethnic differences in dyads “start a little more curious.” Finally, another participant suggested that racially/ethnically different dyads may encourage connections and engagement in being part of a larger community.

Four participants, like racially/ethnically similar dyads, also identified that racially/ethnically different therapist-client dyads may provide an opportunity to learn and grow. Cultural competence can facilitate a “health place” in ethically different dyads and individuals can “learn together” through exposure to expand ideas of diversity beyond skin color.
Therapy Outcomes

Little change, opportunity for cultural sensitivity, and help in the initial stages of treatment were the possible impacts identified by participants related to therapy outcomes of racially/ethnically matched therapist-client dyads. Overall, participants seemed unaware or uninformed of evidence-based outcomes related to racial/ethnic matching. One participant identified her knowledge of concepts of racial/ethnic and cultural matching and studies with veterans that demonstrate therapy outcomes are not dependent on cultural matching of veteran mental health providers, despite assumptions that veteran providers are necessary. Little change in therapy outcomes was identified by six participants. Five participants described strategies for cultural sensitivity/multiculturalism. Three participants identified that racial/ethnic matching and similarity may improve therapy outcomes in the initial stages of treatment.

Benefits of Racial/Ethnic Minority Art Therapists

Nine participants identified and described cultural competency as a benefit of racial/ethnic minority art therapists providing services. The benefits of racial/ethnic minority art therapists providing services was explained through descriptions of cultural sensitivity and skills with statements like, “overcome cultural stigmas and assumptions about therapy,” to “understand marginalization…and internalized systems of oppression…the unspoken rules of society,” and “change beliefs, that it is okay to not keep secrets in the family…to go outside the family for help…to make it more culturally acceptable to go to therapy…overcome cultural oppression to seek help”, and “just having an open and curious mind to learn about each other…healthier…the mismatch of culture between us…can be a health place.” One participant shared the essence of cultural competence as embracing “shared humanity.” Another participant noted the “advantages to work with minorities is educational for therapist and client” and another participant, similarly
discussed “developing awareness… find common concerns.” One participant identified benefits of “multicultural understanding… more attuned… more aware of certain experiences.” A later participant directly identified “cultural competency” as the benefit of racial/ethnic minority art therapists.

Eight participants allude to or directly identify increased comfort in the therapeutic relationship as a benefit of racial/ethnic minority art therapists providing services. Participants shared their beliefs that being a racial/ethnic minority will “increase comfort in therapeutic relationship,” or shift beliefs to “maybe therapy is a good thing” by acknowledging I do need help, and “if I see someone similar” there will be “connection,” “because of skin color” or “kinship because of accent.” One participant noted similar ideas that “introducing” a client to art therapy, may experience a “certain level of comfort and ease… because they see somebody else who looks like them mirroring” or engaging them in the therapeutic process and the perceived “assumptions of knowing.” Another participant noted “increased trust,” which would suggest increased comfort as a benefit. Participants suggested a benefit of comfort through statements like: “accepting, respecting dignity of all,” along with “relatedness… more attuned to racial/ethnic minorities… increased validation, and a sense of “belonging.”

Six participants seemed to suggest that racial/ethnic minorities in the art therapy profession will make minorities more visible. Benefits may be: “increase in the number of ethnic minority clients,” make “art therapy more accessible,” and to “cut through stigma that black people don't need therapy.” One participant noted benefits of “reaching out… mentoring… embracing and helping new professionals.” Another participant discussed the “need for more moderate voices in the art therapy profession” as related to social action, and that more minorities may provide more variety in voices. Another participant noted the need for “more
representation” and “more diversity” in the profession. A later participant noted “exposure for non-minorities” to minorities could be valuable.

**Limitations of Racial/Ethnic Minority Art Therapists**

In addition to benefit, limitations of racial/ethnic minority art therapists were also explored. The limitations noted were clustered around concerns for culturally sensitive practices in the therapeutic relationship and recognition of additional cultural factors of potential bias. Six participants identified stereotypes and assumptions as a risk as limitations of racial/ethnic minorities providing services. One participant noted the risks with the use of “code language” in the therapeutic relationship. Some participants noted concerns for “assumptions” based on salient minority status, for instance, “black therapists may not relate to black people” and there may be “challenge[s] for neutrality.” Five participants noted the “stereotypes” or beliefs that influence therapeutic relationships related to competency of majority versus minority individuals for both majority and minority clients and a need for “recognizing differences” within and between groups. A limitation may be unconscious bias or “countertransference in matching” which may impact the therapeutic relationship if not explored. Of concern is a limitation in action of noticing (RT1 & RT2) one participant with possible expressions of unintentional prejudice/discrimination against racial/ethnic minority clients, "us" against "them" language in description.

Three participants noted discomfort for majority clients in the therapeutic relationship: “take longer to build trust,” when one is “not respecting dignity,” “not accepting,” and directly that a “non-person of color may feel uncomfortable.” Other limitations of racial/ethnic minorities providing art therapy noted: "assumptions based on socio-economic status,” “Black sheep effect-holding other blacks accountable for not making the ethnic group look bad,” “both majority and minority may have perceptions that ethnic minorities are not qualified,” racial/ethnic minorities
“not [seen] as professional,” “ethnic minorities may favor majority culture or assume professional experience,” and racial/ethnic minorities “might need more support in training,” “to learn predominant cultural structures,” and “to adjust to institution of graduate school or therapy.”

**Perceived Barriers to selecting Art Therapy as Career**

Perceived barriers to selecting art therapy as career were explored after a participant suggested considering these factors for a greater understanding of the experiences of racial/ethnic minorities. A question was added to the interview protocol (see Appendix K) to understand pre-career selection barriers perceived by participants. There are varied barriers to selecting art therapy as a career noted by the participants. Barriers include: the profession is unknown, art therapy is a luxury or elitist profession, limited job opportunities, a need for research, low compensation, and challenges for immigrants.

Eight participants directly noted that the art therapy profession is “unknown.” Two participants noted experiences of “always explaining,” and four participants discussed a need to “educate others about the therapeutic value of art therapy,” “a lot of people just have no idea what it is.” Four participants noted needing an “advocacy consultant” and “needing exposure.”

Four participants discussed experiences of the profession related to the financial barriers and expense of education. One participant noted the impact of social class, observations of predominantly “upper middle class” in the profession, as if “art therapy is a hobby.” Research team members clarified an overall theme related to financial barriers as the profession being luxury or elitist due to the high expense, the predominantly middle-class white female make-up of the profession, and the participant responses “are you going to be okay financially, versus doing something that makes you really happy.”
Four participants noted limited job opportunities: “few art therapy positions,” “kept part-time,” “challenges moving into the workforce,” “concerns about finding a job,” “make your own job,” “saturation in some markets,” “work multiple jobs,” “off hours,” and “financial disparity.” Another contributing factor to employment barriers is “low compensation,” which three participants identified.

There participants identified the need for more research. Participants noted the need to “justify how art therapy works,” “need research,” and the profession needs “more education about art therapy…it’s effective…and research based.”

Three participants noted the challenges for immigrants. International barriers to study are: “moving, visa, legal status, tuition, lack of financial aid, immigration,” “difficulty with job search, advocacy, labor laws, self-protection, first generation barriers and challenges, lack of mentors to guide,” and “no work visa…not knowing the system.” One participant noted the overall “challenges of immigrants.”

**Recommended Recruitment Strategies**

In addition to understanding the barriers, it seemed intuitive to seek recommendations from participants about how to attract racial/ethnic minorities to the art therapy profession. Therefore, the following data is directly from the interview protocol and may be additional information which is a contextual subset adjunctly related to the research questions and may explain some aspects of the phenomenon of career selection. Participants recommended a variety or recruitment strategies of racial/ethnic minorities to the art therapy profession. Strategies include going to schools, racial/ethnic minority groups, and community events, distributing information through a variety of media outlets, providing mentoring, workshops, open houses, and other professional and service meetings, international recruitment, and increasing diversity
in art therapy education programs. Six participants recommended recruitment at schools, “presentations to middle school and high school classes, “go to schools, colleges,” specifically, historically black colleges and universities (HBCUs). Five participants recommended going to racial/ethnic minority groups. Three participants recommended community events and organizations like churches and other mental health service providers. Four participants recommended information distributed in publications (tangible): brochures and information tables, newspaper ads, and publications by racial/ethnic minorities. Two participants recommended mentoring, workshops, open houses, attending other professions meetings, undergraduate classes, middle schools, and high schools to describe how art therapy helps people provide what art therapy might look like. Four participants recommended international recruitment by promoting support for international students, hosting international open house or workshop about art therapy and education program, and engage in international service. One participant recommended recruiting diverse faculty and making minorities visible in the education programs and career. Other ideas are to offer undergraduate introduction to art therapy classes at diverse universities and include a “diversity officer” in education programs.

**Cultural Competency**

Participants described a variety of thoughts, behaviors, and concerns for multiculturalism and cultural competence, thus culture competency is an emergent theme that permeates the data. Cultural competency intersects with and not limited to social and contextual factors, cultural matching and unmatching, emotional encounters and experiences, barriers to the art therapy profession, and recruitment strategies.
Summary

Participants were recruited through purposive, snowball, and convenience sampling. The participants completed the research activities. The data was collected via individual interviews and a demographic questionnaire. The interviews were transcribed, and audio recordings were destroyed immediately after transcription. During the data collection process, simultaneous data analysis occurred by this researcher while making notes on interview protocols, individual reflections, and beginning code book 1. This researcher completed member checking and added content to code book 1. A research team completed analysis of the data confirming themes and adding new ideas which was consolidated into code book 2. Code book 3 began to collapse and confirm themes, which was shared with the research team. A final code book 4 was generated through reading and rereading of the data to form supported themes. The data generated several themes: Description of Participants, Personal Characteristics, Interests, Beliefs, Influential, People, Social and Contextual Factors, Emotional Experiences and Encounters, Life stages, Altruism, Art Making, Creativity, and Healing Intersecting with Racial/Ethnic Minority Art Therapist Professional Identity, Perceptions of Cultural Matching and Unmatching in Therapist-Client Dyads, Perceived Barriers to selecting Art Therapy as Career, Recommended Recruitment Strategies, and Cultural Competency. Each theme is defined by subthemes which were defined in this chapter. Finally, all themes were confirmed by the research team, sent to participants for a second round of member checking, and verified by an auditor.
CHAPTER V
CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Description of Chapter

This chapter discusses the synthesis of the data to respond to the research questions. A brief overview of the study introduces the chapter to set the context of the research questions. The research questions answers are interpreted in context of the literature. The limitations of the research design will be explained and recommendations for future research will be discussed.

Purpose, Rationale, and Inquiry

The purpose of this study was to understand racial/ethnic minority art therapists’ decisions to choose art therapy as a career. There is an absence of research to understand how and what factors influence the career choices of racial/ethnic minority art therapists. Exploring the lived experiences and factors that attracted racial/ethnic minority art therapists to the art therapy profession may inform counseling, career counselor, counselor educators and supervisors, practices of national organizations, and the existing knowledge-base and future research.

This post-intentional phenomenological study seeks to contribute to the understanding of the experiences of racial/ethnic minorities’ career choice of art therapy (Vagle, 2014). The design of the study is based on phenomenological approach influenced by Social Constructionism (Cohen et al., 2004) to co-create knowledge with the participants and Gottfredson’s Career Theory (1981). The study was guided by the research question: What are the factors influencing the decisions of racial/ethnic minorities to pursue art therapy as a career? Three guiding sub-questions were:
a. What are the personal characteristics, social experiences, contexts, and potential variables of art therapists that inform career choice?

b. In what ways, if any, are the various components of an art therapist professional identity, such as, art making, creativity, healing, and altruism intersecting with minority art therapist professional identity?

c. What are the possible relationships between art therapist professional identity and racial/ethnic minority art therapists’ decisions to become art therapists?

I facilitated semi-structured interviews with ten racial/ethnic minority art therapists to elicit the lived experiences and perspectives which contribute to selecting art therapy as a career. The interviews were transcribed by me and coded by me and a research team in a multi-phased process. The transcriptions and findings were sent to participants for member checking and all data was reviewed and confirmed by an auditor.

Summary of Findings

Description of Participants

Ten participants completed the interviews and first round member checking; three participants completed the second-round member checking. All ten participants identified as female racial/ethnic minorities between the ages of 23 to over 65. Participants were from varied regions of the United States and varied race/ethnicity (Black/African-American (4), Asian Indian (2), biracial-Asian American (2), Taiwanese-Asian-East Pacific Islander (1), and Filipino/White (1). Seventy percent of the participants identified as first-generation graduate students. Sixty percent studied art as opposed to Oppegard et al., (2005) findings of white art therapists of 39.7% and DuBeau’s (1993) findings of 45% who studied art in undergraduate education. Furthermore, in this study, 30% studied psychology and 10% studied pre-art therapy in
undergraduate education. Fifty percent of the participants identified their job titles as art therapists, thirty percent identified as art therapy students, and ten percent identified as job seeker. Fifty percent had licenses and art therapy credentials. Income varied among the participants from $10,000 - $149,000 annually. Family of origin annual income also varied from $10,000 - $149,000. Sixty percent of participants identified that they had family members that engaged in art making, which is less than to Orkibi’s (2010) findings of 68% that identified a family member engaged in the arts in some way.

Factors

Personal characteristics, interests, personal and professional beliefs, cultural beliefs, influential people, social contexts, experiences and encounters were contributing factors to racial/ethnic minorities selecting art therapy as a career identified by the research team. Each factor included multiple components through which one may begin to understand the experiences of racial/ethnic minorities in selecting art therapy as a career as one developed through the life stages of childhood, adolescence, and adulthood.

Personal characteristics. All participants (100%) expressed the personal characteristic of altruism, in which they have a desire to help others and working with people. In DuBeau’s (1993) study she found that 24% of participants expressed they want to help others as a motivation factor that led to becoming an art therapist and Oppegard et al. (2005) found that 78.6% of the respondents expressed having a desire to help others. All participants (100%) in this study also expressed being artistic, creative, or interested in the arts during childhood. Art making and varied media were identified by 100% of the participants in the demographic questionnaire. Hluska (2016) found 67% identified they make art at the time of her study; it is unclear if participants engaged in the arts in childhood. Malis (2014) also identified her six
participants identified as artist, yet it is unclear if arts engagement began in childhood. Malis did identify that art making was a motivating factor for participants to select a career in art therapy. Personal characteristics of being empathic (60%) and a listener (40%) were expressed by the participants. Malis (2014) found empathy and relational caring as themes from her six white participants. Oppegard et al. (2005) noted that 61.2% of respondents identified as a listener and King (2011) found the role of confidant as a theme from her six white participants. DuBeau also noted the value of being a keen listener from her survey (1993). Ninety percent of racial/ethnic minority participants in this study expressed determination in the process of becoming an art therapist. No other studies reviewed identified a theme of determination (DuBeau, 1993; King, 2011; Malis, 2014; Oppegard et al., 2005; Perdue, 2016; Roberts, 2017).

**Interests.** All participants identified interests in the arts, art, art making, and art history. DuBeau (1993) found 50% of art therapists expressed interest in art. Orkibi (2010) found that 85% of participants were interested in creative arts. Psychology was an interest of 70% of participants and other researchers did not report interests in psychology, whereas 70% of participants identified interests in helping others and other researchers found 78.6% (Oppegard et al., 2005).

**Beliefs.** Racial/ethnic minority art therapists expressed personal, professional, and cultural beliefs. Sixty percent of racial/ethnic minority art therapist participants expressed art is healing a belief and factor in selecting art therapy as a career. As well, King (2011) found similar beliefs that art heals from her six white participants, which were driving factors in their choices to become art therapists and DuBeau found that 24% of participant noted seeing the healing power of art as one of the top three factors in selecting art therapy as a career (1993). Racial/ethnic minority art therapists further explained through their experiences that art

Racial/ethnic minority art therapists expressed cultural beliefs of the stigma of getting help (30%), it’s not acceptable to go outside of the family for help (90%), and collectivist values (70%). Thompson et al. (2004) discussed that cultural barriers to resolve conflicts within the family were consistent for African Americans.

**Influential people.** Influential people place both positive and negative forces on racial/ethnic minorities as they select art therapy as a career. Educators and school counselors were influential for 50% of racial/ethnic minorities. DuBeau (1993) also noted the influence of teachers introducing participants to the field of art therapy. Family members were influential in the career decision making process for 100% of the participants, whereas DuBeau (1993) found that 68% of white participants stated family of origin was not an influence in their career decisions. Forty percent of participants identified positive influences from family members in childhood and 80% shared they experienced negative family influences probing the feasibility of a career in art therapy.

**Social and contextual.** Social and contextual factors were not consistent among the participants. A sense of not knowing or being unaware of art therapy and how, upon learning
about art therapy found the combination of art and psychology a fit for career was expressed by 100% of the participants. Other researchers identified 76% participants noted a personal sense of a fit for career (Oppegard et al., 2005). Some participants described a desire for a career switch to art therapy (50%). A poor economy may have contributed to electing to continue in school as a social factor in deciding to pursue art therapy as a career for 20% of participants. Thirty percent of participants are immigrants to the United States. Geographically convenient education programs influenced 30% of participants to select art therapy as a career.

**Emotional experiences and encounters.** Ninety percent of participants identified personal art making for processing and healing to “work through things,” to “process things in my life” before selecting art therapy as a career. One participant recalled that she only made art for utilitarian purpose before becoming an art therapist. King (2011) also identified childhood involvement in art and art making and personal benefit from art making as themes from all six white participants. Malis (2014) found art making was a motivating factor through which white participants chose a career in art therapy. Other researchers have not clarified art making experiences leading to career selection of art therapy because they seemed to make here and now inquiries about art therapist professional identity (Hluska, 2016; Orkibi, 2010). Oppegard et al.’s (2005) study was limited to closed questions, which did not allow for the context of development or time before career selection. Communication through art was described by 50% of the participants as experiences that lead to the belief that art making communicates and is healing, which led to selecting art therapy as a career. Factors in selecting art therapy as a career were also adverse life experiences which were identified by 90% of the participants. Participants described that through art making they processed a variety of experiences from parental separation, violence, loss, emotional difficulties, childhood health concerns, work stress, and
acculturation stress. One participant identified that although she experienced a childhood adverse experience of divorce she was not helped by art, but by her faith. Sixty percent of participants identified attending therapy before selecting art therapy as a career. Healing personally through art for a variety of stressors is an emotional experience that was disclosed by 100% of the participants, which influenced selection of art therapy as a career. Before selecting art therapy as a career, 60% of participants shared experiences through which when they made art with others or witnessed others making art, they also witnessed the healing power of art making. Connection and bonding experiences were described by 40% of participants as motivating to selecting art therapy as a career. In addition, 40% of participants described the experiences through which helping others also gave them an emotional benefit that motivated to choose the art therapy profession. The understanding that one could help others through art and the creative process was an influential experience through which 60% of participants selected art therapy as a vocation. Another contextual factor influencing selecting art therapy as a career for racial/ethnic minorities is becoming aware of the art therapy profession. All participants shared varied experiences through which they learned about the profession; knowing about the profession led to investigation into art therapy as a career path and to a compromise of some sense of personal fit.

Other interview questions solicited perceptions of racial/ethnic minorities in the art therapy profession and beliefs about cultural matching and unmatching the therapist-client dyads, which offered multiple perspectives both affirming and contradicting cultural matching. Benefits and limitations of racial/ethnic minority art therapists providing services were explored. Finally, through embracing participants as co-researchers, questions about barriers to selecting art
therapy as a career and recruitment strategies which were posed by participants were investigated.

**Life stages.** Eighty percent of participants identified making art as a child and one participant shared her childhood interest in becoming a psychiatrist. Awareness of interests in adolescence that lead to career choice was identified by 80% of participants. All participants identified interests as driving factors for selecting education that led to a career in art therapy and 60% were young adults/college age when tracking through academic choices to select art therapy as a career.

**Perceptions of Racial/Ethnic Matching and Differences in Therapist-Client Dyads**

Among 80% of participants is the perception that racial/ethnic minorities are underrepresented in art therapy profession was noted through statements like, “we need more” and “there are not enough of us.” Forty percent of participants expressed concerns that both the majority and minority groups have perceptions that racial/ethnic minority art therapists are unqualified. Mixed views of racial/ethnic matching in therapist-client dyads were expressed by participants. Comfort in the therapeutic relationship facilitated through racial/ethnic matching was a perception of 80% of participants. Zane et al. (2005) found that racial/ethnic match predicted comfort. Perceptions that racial/ethnic matching promotes understanding was shared by 40% of participants. Participants shared perceptions of racial/ethnic differences in therapist-client dyads that the clients may be more hesitant to share (30%), cultural competence may help the therapist navigate the relationship (50%), and the racially/ethnically different therapist-client dyad is an opportunity to grow (40%). Little change in therapy outcomes (60%), strategies for multiculturalism (50%), and improved therapy outcomes in the beginning stages of treatment (30%) were perceptions of racial/ethnic minority art therapists. Increased cultural competency
and sensitivity was a benefit of racial/ethnic minority art therapists providing services expressed by 90% of participants. Increased comfort in the therapeutic relationship was identified by 80% of participants. Sixty percent of participants suggested a benefit may be making minorities more visible in the art therapy and mental health professions. Limitations of stereotypes (50%), assumptions of understanding (60%), and discomfort in the therapeutic relationship (30%) were also shared. Racial/ethnic minority art therapists shared perceived barriers to selecting a career in art therapy which included: unknown profession (80%), luxury or elitist art therapy profession (40%), limited job opportunities (40%), a need for research (30%), low compensation (30%), and challenges for immigrants (30%). Racial/ethnic minority art therapists also suggest recruitment strategies to diversify the profession: going to schools (60%), racial/ethnic minority groups (50%), and community events (30%), distributing information through a variety of media outlets (40%), providing mentoring, workshops, open houses, and other professional and service meetings (20%), international recruitment (40%), and increasing diversity in art therapy education programs (10%).

Discussion

Factors Influencing the Decisions of Racial/Ethnic Minorities to Pursue Art Therapy as a Career

Informed by Gottfredson’s Career Theory, the findings were sorted to identify the factors influencing the decisions of racial/ethnic minorities to pursue art therapy as career. The influencing factors were: personal characteristics, interests, personal and professional beliefs, cultural beliefs, influential people, social contexts, experiences and encounters. Gottfredson identified the development of a career choice begins in childhood (1981). Participants related factors to times of their lives (childhood, elementary, adolescence, middle school, high school,
college) as key points for memories in reflecting and identifying personal characteristics, interests, social contexts, influential people, and other factors that may have influenced their selection of art therapy as a career.

**Personal characteristics.** Self-descriptions and traits of racial/ethnic minority art therapists’ personal characteristics include: altruistic, artistic and creative, empathic and listener, and determined. All participants identified interests in the arts, particularly visual arts and art making, most identified interests in psychology and helping others, and most specifically expressed desires to “combine” art and psychology. Determined was one personal characteristic that was voiced by 90% of the participants. This factor differs from other studies (Crooks, 2013; DuBeau, 1993; Hluska, 2016; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2010; Perdue, 2016; Roberts, 2017). Identifying a personal characteristic of determined through which one selects art therapy as a career may suggest the need to overcome historical marginalization or epigenetic stress (Crews et al., 2012; Nestler, 2016). The essence through which racial/ethnic minorities select art therapy as a career may be through determination to navigate the compromise of their interests, skills, beliefs, influences, and barriers. Attempts to understand the phenomenon of systemic oppression on the career decision process for racial/ethnic minorities may be an opportunity for culturally responsive practices in counseling, mental health counseling, career counseling, and art therapy. It is important to consider that white art therapists may not have had to consider the need for determination to make career decisions to be art therapists, thus it may not have been an expressed theme in other studies with white art therapist participants. Or other researchers may have been influenced by their own assumptions or bias in data analysis such that what was not affirmatively expressed was not reported as data.
**Influential people.** Often participants expressed that throughout childhood, these emerging personal characteristics were recognized by adults—family and friends, particularly being artistic and caring for others which aligns with Gottfredson’s theory of influential people affirming personal characteristics in childhood leading to career choice (1981). For instance, over half of the participants identified family members engaging in art making, perhaps, this was an influence to validate identification with the arts, along with recognition for being a creative artistic child. Whereas DuBeau’s study stated that family was not influential (1993). The impact of influential people could be expressed through the phenomenon of cultural beliefs and values related to collectivism—valuing family, as opposed to some trends for white to be more individualistic (McAuliffe, 2012). Many participants identified that educators, parents, partners, family, and friends were both positive and negative influential people in their decision making for art therapy as a career, with mothers and friends seeming to have the most frequency of influence.

**Interests.** All participants expressed a desire to help others and seemed to suggest an awareness of this desire in adolescence, and one participant in childhood. Self-awareness of individual interests seemed to become apparent in one’s personal characteristics and become a driving force in the process and development of career selection as noted by Gottfredson (1981). For participants, these common interests are art (100%), psychology (70%), and merging them together to help others (70%) (see Figure 6). The desire to help others may be understood as the orientation to social values during latency and early adolescence in which one may designate some jobs as acceptable (Gottfredson, 1981). One’s interests in art and helping others begins to make art therapy a viable career choice.
Process in childhood and adolescence of recognizing interests and capabilities

**Social experiences and contexts.** As one develops, personal characteristics and interests leading into adolescence and the awareness of other social and contextual experiences seem to shape career decisions (Gottfredson, 1981). Overall, there were inconsistent social and contextual factors which varied from being unaware of the art therapy profession, to choices for career switching, low employment rates, geographical location of education programs, concerns for diversity and inclusion, other life experiences, and life stages. When applying Gottfredson’s career theory, it may be that the barriers to the art therapy profession contributed to a greater dilemma in selecting art therapy as a career because it may have been perceived as unacceptable or too much risk (1981).

Participants identified, not only personal characteristics and interests, but also a conscious awareness of abilities, values and beliefs, and social experiences that orientated them to an internal and unique self which then helped them process career selection (Gottfredson, 1981). All participants explained the experiences of not knowing of art therapy and some sense of relief when learning about the combination of art and psychology for a career fit (to one’s unique self) of art therapy in later adolescence and adulthood. Perhaps the “not knowing” about the field of art therapy is a salient factor in career selection, and this is likely for both majority and minority groups.
**Emotional experiences and encounters.** Self-awareness and tracking towards art therapy as a career was informed by emotional experiences and encounters such as: personal art making, adverse life experiences, attending therapy, art was personally healing, making art with others, bonding experiences through art making, emotional benefits from helping others, the idea that one could help others through the creative process (art), and becoming aware of art therapy as a career. As participants shared the above factors, they identified common experiences in childhood, adolescence, and adulthood leading to selecting art therapy as a career. Participants seem to rule out unacceptable options in favor of their developing self-concept and seeming fit for career (Gottfredson, 1981).

**Beliefs.** Beliefs expressed by participants are that art making is healing, the art making can help others, and the resulting product communicates, along with other values and beliefs in creativity, empathy, compassion, and accepting and understanding others. Most participants expressed cultural beliefs were aligned with collectivism, noting in their family origin it is not acceptable to go outside the family for help. In addition, negative views and stigmas about mental health services and therapy were shared. The awareness of beliefs seemed to contribute to the dilemma of how to identify a career compatible with their self-concept, yet, the lack of awareness of art therapy as a profession made a fit seem difficult to access. Gottfredson (1981) notes that individuals may sacrifice roles they identify as compatible with who they are in favor of what they find more easily accessible for career. This sacrifice may support why some participants were identified as career switchers, finding the profession of art therapy after already pursuing another field of work.

**Barriers.** It is particularly interesting to consider Gottfredson’s career theory and the stage of compromise which presents the components of a career selection dilemma that may rule
out a career: limited knowledge on how to access the career, lack of information, lack of aptitude, lack of helpful social connections (1981). The stage of compromise seems to capture the potential barriers noted by racial/ethnic minority art therapists in this study: the profession is unknown, art therapy is a luxury or elitist profession, limited job opportunities, a need for research, low compensation, and challenges for immigrants. These barriers seem consistent with Gottfredson’s suggestions that accessibility, social status, income, and lifestyle are factors that contribute to career selection. Participants shared that the profession is unknown, the challenges of immigrants suggest barriers to accessibility, and art therapy is a luxury or elitist profession, limited job opportunities, and low compensation seem to suggest barriers of social status, income, and lifestyle.

Understanding the potential factors influencing career selection of racial/ethnic minority art therapists may guide a potential art therapist profile. If helping professionals understand the potential profile of an art therapist as one develops, perhaps career counselors, mental health counselors, school counselors, and other influential persons can support racial/ethnic minorities in their selection of art therapy as a career. Visualizing Gottfredson’s Career Theory applied to racial/ethnic minority art therapists may clarify the characteristics and experiences of a racial/ethnic minority art therapist (see Figure 7).

**The Various Components of Art Therapist Professional Identity: Art Making, Creativity, Healing, and Altruism Intersecting with Racial/Ethnic Minority Art Therapist Professional Identity**

The intersections may be described as interests that develop through lived experiences that contribute to racial/ethnic minority art therapist professional identity development, which was fueled by the process of individual identity development and career selection. For these
racial/ethnic minority art therapist participants, selection of art therapy as a career began in childhood when interest in art and altruism were recognized, was fostered and affirmed through adolescence when self-awareness of aptitudes and personal characteristics happened, and was selected in late adolescence or adulthood when the process of compromise is resolved.

Based on Gottfredson’s Career Theory (1981), the process of career selection begins when an individual engages in personal art making as a childhood interest, which is supported and/or encouraged by influential people, primarily parents and family members. This interest grows into an artistic identity, often noticed by an educator/school personnel. Other interests in altruism are also noticed. An individual may experience adverse life experiences such as loss, confusion, depression, anxiety, health concerns, anger, isolation, or dissatisfaction in unfulfilling work that shift beliefs, values, and social contexts to individual needs and perspectives. The individual continues personal artmaking, at times in response to adverse life experiences.
Personal art making shifts to serve a noticeable purpose for engagement in the creative process, communication, expression, processing, or belonging. The process of creativity brings forth new knowledge and a realization that art is healing (see Figure 8). An individual connects the new knowledge that art is healing to self, art making is healing and cathartic, and assists the individual to work through adverse life experiences. An individual may also witness others making art and have a realization that art is healing. The realization as related to career choice is that an individual who understands the benefits of art for healing, wants to share the benefits and develops a belief that one can help others through art making, thus selecting art therapy as a viable career fit. In school, one may begin to explore personal interests and academic interests.

Figure 8.
Process of Realizing Art is Healing

Most participants identified an awareness of personal characteristics and aligned these with potential fields of study (see Figure 6). Searching for fields of study that confirmed personal interests and did not offer sacrifice of a profession, led to the compromise of a combination of art and psychology or selecting art therapy as a career (Gottfredson, 1981).
Relationships Between Art Therapist Professional Identity and Racial/Ethnic Minority Art Therapists’ Decisions to Become Art Therapists

Whereas all the participants are racial/ethnic minorities, race/ethnicity does not seem to have an impact on development of personal characteristics and the process of how one comes to believe art making is healing and select art therapy as a career. The personal characteristics identified in the data for racial/ethnic minorities are consistent with Roberts (2017) study of art therapist professional identity. Instead, how a racial/ethnic minority chooses to navigate cultural beliefs about a career in the arts and financial concerns imposed by influential people seem to be a possible point of intersection or career dilemma/choice for a racial/ethnic minority art therapist. The personal characteristic determined emerged from the voices of participants, which suggested nine participants accounted for becoming committed to self-fulfillment even if they were not supported by family values or cultural expectations in their choice of a career in art therapy. This idea about race/ethnicity not being a factor which informs career selection was echoed by the response of a participant to the themes in the findings, she stated, “in that we might be more similar than different…” (2nd Member Check). Awais (2012) studied perceptions of students to pursue a career in art therapy and identified that “…there was no greater negativity for [students of color] vs. white students. At the end of the survey, many of the respondents had a positive view [of the art therapy field] and this was equally true for SOC and white students.” The participant’s response to second round member checking and Awais (2012) seem to suggest, as also suggested by a comparison of the literature (Thompson et al., 2004) to the variant experiences of participants in this study, that there a few differences between racial/ethnic minorities and whites as they select art therapy as a career.
The decision-making process seemed to be a compromise between personal characteristics, aptitudes and self-efficacy, beliefs and values, interests, financial limitations of art therapy as a career, family and cultural beliefs about the arts and careers with low compensation, and other barriers (Gottfredson, 1981). The essence of the phenomenon of career selection that racial/ethnic minorities experienced leading to becoming art therapists is described by the developmental process and factors of career decision making (Gottfredson, 1981; Horrigan-Kelly et al., 2016). These participants lived through some sense of relief, joy, and excitement in the ordinary experiences through becoming aware of the combination of art and psychology in the field of art therapy. The sense of personal fit influenced career decision more greatly than other factors individually or barriers for these participants.

Limitations

A review of this study reveals several limitations in the design, implementation, researcher, and research team. The limitations noted herein should be considered when evaluating this study for trustworthiness and credibility as well as to inform improved research practices.

Research Questions

While the research questions were thorough, I believe that there could have been more alignment and focus on the process of career selection. There was still some focus on art therapist professional identity, which while confirmatory of the literature, did not need investigation in this study. Instead, question 1.b. should have explored in what ways, if any, are barriers experienced to developing personal characteristics and beliefs in the various components of art therapist professional identity such as, art making, creativity, healing, and altruism as related to selecting art therapy as a career? This may have more directly elicited lived
experiences that influence the dilemmas of arts careers and helping professions. Sub-question 1.c. should be revised to seek to understand how decisions about selecting art therapy as a career occur through development (childhood, adolescence, and adulthood). Exploring perceptions of development, key milestones, and perceptions of when decisions occurred leading to selecting art therapy as a career may have more thickly described the essence of career decisions.

**Sampling**

**Purposive.** Purposive sampling was moderately effective; however, the timing could have had a greater impact recruitment of participants if the study had been proposed before the annual American Art Therapy Conference. Face-to-face invitations, and interviews could have increased the participant sample and increased rapport building during the interviews.

**Social desirability and relationship with researcher.** It is possible that some participants responded to recruitment emails for social approval from this researcher or based mostly on relationship. Although it seemed most participants were genuine in wanting to contribute and express their voices, I wondered how my European American, cisgender, leader, privileged identity impacted recruitment via Linked In, as well as to known individuals. Participants four and six were professional acquaintances, and I seem to have a more bonded relationship with them post interviews and member checking. Two participants were former students, and I wondered about their connections and how that impacted their willingness to participate, as well as their transparency in sharing during the interviews. One former student seemed to be genuinely interested in research and cultural matching and unmatched in therapist-client dyads. While relationship and connection seemed to improve the interview experience it detracts from objectivity in responding and understanding the participants, thus limiting the full
descriptions of the lived experiences of the participants. I attempted to control for this using my researcher log, making notes, and reflecting on each interview.

**Sample size.** While the sample size seems adequate for supporting the data in this study, a larger sample may have explained variant experiences in decision making to capture the essence of career selection of art therapy. In addition, a larger sample size may have offered the opportunity for descriptive statistics of the participant population and possible correlates of the demographic data. A larger sample size could offer a more robust mixed methods research design.

**Data Collection**

**Timeline.** The primary limit to data collection was my self-imposed timelines of 3-5 weeks of interviewing. While I was diligent and fortunate to have responses from a variety of participants across the United States, I could have continued to collect data to also form a focus group to further verify saturation of the data. The dilemma of being immersed in the data by transcribing all interviews myself and using a transcriptionist was difficult; using a transcriptionist may have allowed for more time and personal stamina to continue data collection and form a saturation verifying focus group. I did revise the timeline and extended time to complete the second round of member checking to verify the research team’s analysis with the participants.

**Interview questions.** During data analysis and review of the existing literature, I discovered that I had proposed a few questions for the interview protocol based on Gottfredson’s Career Theory. Had these questions be included in the interview protocol, I may have been able to capture more information about the essence of the process of career selection. The protocol and some probing questions did cover the questions from the introduction for instance, did
anyone influence you? What age were you? What are your beliefs? (see Appendices D, G, & H). The questions from the introduction were: first stage) What adult roles in your life influenced your decision to select art therapy as career? second stage) How does being an art therapist match your gender? third stage) How does being an art therapist reflection your beliefs about status, culture, money, risk, failure, and/or work ethic? What abilities did you have that lead you to choosing a career in art therapy? fourth stage) How have your interests, abilities, values, and personal characteristics contributed to selecting art therapy as a career? What aspects of the art therapy profession fit your personality? final process: compromise) Have you made any compromises in selecting art therapy as a career? What compromises have you made to select art therapy as a career? The questions that would have been most revealing might be “what compromises have you made in selecting art therapy as a career,” which may have elicited information about barriers to and process of decision making.

**Format.** Only one interview was face-to-face, the other nine interviews were via telephone. Face-to-face interviews via in person or an online format may have offered observational data to understand the experiences, context, and meta communication of racial/ethnic minority art therapists about their process of selecting art therapy as a career.

**Data Analysis**

**Coding.** I coded the transcript for participant two with the member checked version, however, I did not send the correct version to the research team. This oversight could have potentially varied the coding. However, after inspection by the research team, it was decided that no new information or factors were added, information was clarified, and meaning was not lost. It seems having the research team review this adverse event provided the best solution to include all data.
**Research team accessibility.** A limitation of this study was the specific inclusion criteria for the research team. Because of limitation of my work institution, I was unable to ask many art therapists in this community to be on the research team due to their affiliation with my academic institution and requirements for work IRB approval to participate in research. In addition, I limited my time frame for data analysis which restricted the number of meetings and shortened the time frame for coding and collaboration with the research team. The research team assessed that saturation was achieved, however, the study would have more credibility if it had been completed to facilitating a focus group that responded to the data. The data was sent to participants for a second round of member checking, which yielded affirmations and little new information.

**Member checking.** A limit of this study is the few participants that responded to the second round of member checking. Only three of the ten participants gave responses to the data analysis findings.

**Display of the data.** A matrix was used to organize the data and confirm data by the research team. The structure of sharing the data was by factors and sub-themes, which then clustered into overall themes discussed. It is possible that the matrix format to display participant perspectives loses some of the essences and experiences of the participants as compared to sharing individual cases and experiences. In addition, the format of data presentation in chapter four may be summative in nature and lack explanations that describe the unique ordinary experiences of the participants.

**Researcher biases and assumptions**

One of the most important considerations of this study is the researcher bias embedded in the foundational nature of the study which is the assumption that race/ethnicity is a factor in
career selection or selection in art therapy as a career. While the foundational construct of seeking the perspectives of racial/ethnic minority art therapists was founded in the literature related to the lack of diversity in the field of art therapy and cultural matching in therapist-client dyads, this study fails to see which minority statuses are factors in selecting art therapy as a career or what minority factors are barriers to selecting art therapy as career. Other minority factors to consider may be socio-economic status, privilege, ability, religion, gender, and the related subthemes that contribute to such minority statuses. In this type of inquiry, Complexity Theory (Horn, 2008) may better inform the research design. Horn (2008) states that complexity theory may provide an opportunity to understand the patterns of experiences and context that are happening, in this case, when career selection occurs, which does not permit us to predict the exact timing or outcome of the decisions but does reveal the characteristics for the likelihood of selecting art therapy as a career.

**Researcher log.** I underutilized the researcher log, which may be primarily due to my avoidance of written journaling in general. While I am an introverted thinker, I have difficulty with the desire and discipline to journal through writing to write thoughts down. I was able to reflect to experiences visually, but these art reflections seem to become more about my cultural encounters than the data. Analysis of the researcher log seemed to be a limiting factor in that it seemed more related to cultural sensitivity than to understanding the phenomenon of career selection. More structured reflection questions to maximize the use of the log could have been helpful.
Implications

The findings from this phenomenological inquiry are not generalizable. The findings may be applied to implications for counselors, counselor educators, mental health professions and national associations, the existing base of knowledge, and future research.

Implications for Counselors

The most relevant findings are the similarities in personal characteristics, interests, personal and professional beliefs, cultural beliefs, influential people, social contexts, experiences and encounters which contributed to racial/ethnic minority participants choices of selecting art therapy as a career to previous studies which had white participants. The implication of this finding is that how individuals select art therapy as a career is not related to race/ethnicity. Developmental experiences among those who select art therapy as a career are similar. Childhood interests in the arts and helping others are in common for people who select art therapy as career. Counselors may be able to enhance strengths, increase client’s self-awareness of strengths, interests, and encourage investigation into careers that fit personal characteristics when exploring through the whole of lived experiences with a client. The implication is that trends to emphasize multicultural differences may not fit for all clients, processes of career selection, or approaches to treatment. Enhancing and building on multicultural similarities may be most impactful to clients for some, especially to create comfort in the counselor-client relationship.

Ninety percent of the participants noted the personal characteristic of determined, whereas determined was not noted in previous research of which participants were predominantly white (Crooks, 2013; DuBeau, 1993; Hluska, 2016; King, 2011; Malis, 2014; Oppegard et al., 2005; Orkibi, 2010; Perdue, 2016; Roberts, 2017). The characteristic determined
emerged from the research team noting barriers that were personally and culturally expressed by participants and the essence of their statements to suggest they possibly overcame barriers primarily from family. Because these findings are not generalizable, counselors could explore family beliefs to understand if influential people, including family, do create constraints on the career decision making process. In addition, family is one cultural factor that may influence how or why one may express determination.

Racial/ethnic minority art therapists disclosed marginalized experiences like the participants in this study in conceptual literature to advocate for others in the art therapy profession (Awais & Yali, 2013; Boston, 2005; Doby-Copeland, 2006; Lumpkin, 2006; Talwar et al., 2004). These authors shared similar experiences of oppression, both systemic and internalized, discrimination in education institutions and worksites, and by the national organization, AATA, that presented as barriers to these participants. Although these findings are not generalizable, the experiences of racial/ethnic minority art therapists expressed in the literature are also affirmed by the voices of these participants, which may possibly communicate the existence and persistence of internalized racism and oppression. It is difficult to know what, if any, impact is present related to historical marginalization or epigenetic stress (Crews et al., 2012; Nestler, 2016). More research is necessary to understand the long-term impacts of internalized and systemic oppression.

Some participants in this study (60%) shared they attended counseling before selecting art therapy as a career. The participants shared collectivist beliefs that most concerns can be handled within the family and it was not acceptable for them to seek help outside the family, which limited their perceptions of seeking counseling, becoming a mental health counselor or art therapist. Implications of these participants’ voices suggest a reminder to counselors to have an
awareness that potential clients may not be as culturally informed as trained counselors and may not be aware of culturally informed mental health services.

**Career Counselors.** Certified Career Counselors (CCC) (NCCC, 2018) may benefit racial/ethnic minority clients by applying Gottfredson’s Career Theory (1981) (NCCC, 2009) to meet competencies to apply theories relevant to the population served. Drawing upon these participants’ experiences which noted influential people, including school personnel and family, that recognized their altruistic personalities may be helpful validation of how to approach children and adolescents as they develop into counselors. For example, validating and fostering noticing the artistic and altruistic personalities combination for children and adolescents who may become art therapists without stereotyping may be empowering for racial/ethnic minorities and consistent with career development policy statement for career counselors (NCCC, 2011). Because interest in the arts is a consistent factor, recruitment and increasing awareness of the art therapy profession could be more targeted to elementary, middle, and high school art teachers.

Career development and choice begins in childhood, career counselors might influence school counselors to emphasize interests in early development. Facilitating the influential people to acknowledge and understand the interests of their children could be impactful in the process of selecting a career. The sense of personal fit influenced career decision more greatly than other factors or barriers for these participants. The findings are suggestive that career counselors could continue to reach out to school counselors and expand to other school personnel like art teachers to promote inclusive experiences and fit for career as children and adolescents develop and are exposed to career information. Possibly expanding to other school personnel like art educators may encourage those interested in the arts to explore arts and counseling career options. Art
educators may also have some awareness of children that have interests in the arts and helping others.

**Implications for Counselor Education**

The literature identified that there are fewer racial/ethnic minority faculty than students (Maton et al., 2006). Participants expressed interest in knowing members of the profession like them, that look like them, and valuing more visibility for ethnic minorities in the art therapy profession. A suggested implication for higher education and counselor educators may be to recruit and retain racial/ethnic minority faculty to create comfort in education programs.

The participants in this study suggested asking racial/ethnic minorities how to increase awareness and/or recruit racial/ethnic minorities to the art therapy profession. Strategies recommended by racial/ethnic minorities to engage in increasing awareness of education programs may be useful to counselor educators and art therapy educators. Although this information is not directly related to the research questions, in viewing the participants as co-researchers, I found it important to seek the voice of the participants to understand experiences through which they believe they may be exposed to the art therapy profession earlier in their development. Several participants stated they had wished they had known about art therapy earlier in their development, one participant identifying middle school/adolescence as an important age in selecting a career.

Developing personal relationships and connections to increase comfort for racial/ethnic minorities to consider art therapy or counseling as a career could be useful. The participants suggested asset mapping geographic areas with minority students like groups, organizations, agencies, schools, etc. Participants also recommended formal and informal presentations, digital media, and print media, building relationships across communities, and publishing art therapy
research as actions to increase awareness of the art therapy profession. These participants’ recommendations are consistent with the literature for recruiting racial/ethnic minorities to higher education (Rogers & Molina, 2006). The implications for the multiple descriptions of discernment experiences by participants from their adolescence suggests that recruitment for careers and possibly graduate school programs could target middle school aged youth so that they can begin to select viable career options that fit their personal characteristics. While these findings are not generalizable to recruitment to all career paths, they do inform recruitment practices that could be evaluated for efficacy.

**Implications for Mental Health Professions and National Associations**

The participants expressed that the art therapy profession has some barriers consistent and some unique with racial/ethnic minority research about career selection (Meridith & Baker, 2007): accessibility to higher education, the profession is unknown, art therapy is a luxury or elitist profession, limited job opportunities, a need for research, low compensation, and challenges for immigrants. This qualitative study is too small to draw definitive implications for mental health profession and national organizations. The profession and national organizations might consider evaluating accessibility to higher education in counseling and art therapy, the extent to which art therapy is unknown, the perceptions of elitism, limited job opportunities and low compensations, the need for evidence-based practice, and experiences of immigrants.

The profession and national organizations, like the ACA and AATA, might consider ways work to consistently to increase awareness of mental health counseling and art therapy. Art therapists may consider presenting and publishing outside of the art therapy profession to increase awareness. Career counselors, mental health counselors, and school counselors informed by career options could increase their awareness of art therapy as a career. The art
therapy profession may benefit from a greater understanding of the scope of unawareness of the profession, which could be researched.

**Implications for the Knowledge-base and Future Research**

This study contributes to the knowledge-base of experiences of how one selects art therapy as a career. Career counselors should consider conducting qualitative research to better understand the complex experiences of career discernment, possibly applying Complexity Theory. Other aspects like gender and family constraints to career choice could be explored. Perceptions of practical careers and socio-economic conditions related to career choice may be useful to research to understand other systems of marginalization and ideas for empowerment. Counselors could conduct research to understand client comfort in counseling relationships, multicultural competencies of counselors providing services, the impacts of cultural sensitivity on treatment outcomes, and how and when counselors navigate the discourse of similarities and differences in the counselor-client relationship. It would be pertinent to explore clients’ perceptions of counselors’ multicultural sensitivity, clients’ and counselors’ comfort in the counseling relationship, and factors that contribute to comfort in the counseling relationship.

In examination of the process of selecting art therapy as a career or any career, there are key combinations of experiences which need further investigation. Explorations of multiple cultural statuses such as other minority factors of socio-economic status, privilege, ability, religion, gender, and the related subthemes that contribute to such minority statuses seem useful to understand the process and barriers to selecting art therapy as a career. Understanding the intersections of cultural beliefs and socio-economic status may be contributing barriers or encouragers to pursue a career in art therapy and other careers in human services. This study identified values of collectivism, cultural beliefs of hesitancy to seek mental health services or
help outside the family, and family of origin income which contribute to the knowledge-base, however, the sample size is too small for statistical analysis or generalizable findings.

The limitations of this study should be considered for revisions and improvements in the research design, data collection, and data analysis. I recommend a narrowed focus to explore the dilemmas of selecting art therapy as a career for other cultural statuses such that the research questions explore the essence and unique ordinary experiences of one part of the phenomenon of choosing art therapy as a career versus multiple complex parts of one’s identity leading to career selection.

A quantitative survey may be difficult to conduct to verify the identified factors and confirm dilemmas in childhood, adolescence, and adulthood for all art therapists and to empirically demonstrate the similarity between both majority and minority art therapists. The United States has from 5000 - 8000 art therapists which would require a sample size of 357-367 for statistical analysis of characteristics of all art therapists. Noting that 12.2 percent of art therapists are minorities in the AATA membership, is important to understand that statistical analysis between groups may be limited by sample size as it would require approximately 275 minority respondents for statistical analysis to have potentially statistically significant results.

School psychology and clinical psychology, like this study have sought to understand factors related to racial/ethnic minorities selection of careers in mental health. Zhou et al. (2004) identified similar barriers and recommendations for recruitment as noted above. The outcomes of recruitment experiences should be studied qualitatively and empirically to evaluate the effectiveness of recruitment practices. In a large sample, between and in group similarities and differences for counseling, psychology, and art therapy could be investigated.
The importance of comfort in therapist-client dyads is supported by research (Farismadan, Drafhi-Lorenz, & Elis, 2007; Knipscheer & Kleber, 2004; Meyer & Zane, 2013; Zane et al., 2005), conceptual and research literature from racial/ethnic minority art therapists (Awais & Yali, 2013; Boston, 2005; Doby-Copeland, 2006; Lumpkin, 2006; Talwar et al., 2004), and 80% of participants in this study. Counseling settings may consider research to further understand the importance of comfort in relationships with clients.

The perceptions of the participants in this study suggested nine of the ten participants had mixed and ambiguous beliefs related to racial/ethnic matching in therapist-client dyads. The existing research is contradictory and seemingly speculative, more research should be conducted to understand similarities and differences in therapist-client dyads.

**Conclusion**

An exploration of the variant experiences through which ten racial/ethnic minorities selected art therapy as a career revealed several possible factors related to career choice. The decisions of racial/ethnic minority art therapists to select art therapy as a career seem related to interests in art and helping others and not related to race/ethnicity. Implications for counselors, career counselors, counselor education, mental health professions and national associations, and the existing base of knowledge, and future research were discussed.
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Appendix A

Recruitment Email

To: Art Therapists
From: Mary Roberts
Date: TBD
Subject: Participant Request: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS

Dear Art Therapist,

I am interested in art therapist professional identity. Recently, I conducted a qualitative study building a conceptual model of art therapist professional identity. The data seemed incomplete due to the lack of cultural diversity in the participants. I am interested in learning about the lived experiences of ethnic minority art therapists. I would like to understand your art therapist professional identity and how your lived experiences contributed to you selecting art therapy as a career.

If you are interested and willing to participate, please reply to this email. I will then contact you to send you informed consent form, demographic questionnaire, interview questions for your review, and a variety of interview formats and times to answer questions for clarification and/or complete the interview. Your participation is voluntary and there is no known risk. Your voluntary participation has no bearing on our professional relationships. Your participation and responses will be kept confidential.

If you are able, please forward this email to any ethnic minority art therapist that you believe will be interested in participating.

Thank you for your time and consideration of my request.

Kind regards
Mary Roberts, EdS, LPC-ACS, ATR-BC, ATCS
Doctoral Student
Counselor Education and Supervision
Old Dominion University
Norfolk, Virginia

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Invariant Consent Document

Old Dominion University

Project Title: Exploring the Variant Experiences Through Which Ethnic Minorities Become Art Therapists

Introduction
The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

Researchers
Mary Roberts, EdS
Doctoral Student
Counselor Education & Supervision
Counseling Department
Old Dominion University

Nina Brown, PhD
Dissertation Chair
Counseling Department
Old Dominion University

Description of Research Study
Some studies have been conducted looking into the subject of career choices of ethnic minorities in mental health professions. None of them have explained the phenomenon of ethnic minorities selecting art therapy as a career.

If you decide to participate, then you will join a study involving research of the lived experiences through which ethnic minorities select art therapy as a career. If you say YES, then your participation will last up to 90 minutes over 2 interviews or reviews of transcripts during a 9-week period via telephone, electronic securing video conferencing, and/or email communication. Approximately 15 ethnic minority art therapists will be participating in this study.

Exclusionary Criteria
You should have completed the demographic questionnaire. To the best of your knowledge, you should not have identified as a white female or white male art therapist or non-art therapist which would keep you from participating in this study.

Risks and Benefits
Risks: If you decide to participate in this study, there are no known risks. All information will be de-identified. The researcher tried to reduce these risks by removing all linking identifiers. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.
BENEFITS: The main benefit to you for participating in this study is unknown. Others may benefit by the results which may inform recruitment practices for the art therapy profession.

**COSTS AND PAYMENTS**
The researchers are unable to give you any payment for participating in this study.

**NEW INFORMATION**
If the researchers find new information during this study that would reasonably change your decision about participating, then they will inform you.

**CONFIDENTIALITY**
All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations and publications, but the researcher will not identify you.

**WITHDRAWAL PRIVILEGE**
It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled.

**COMPENSATION FOR ILLNESS AND INJURY**
If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event harm arising from this study, neither Old Dominion University nor the researchers can give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Mary Roberts, (757)-446-5895, Dr. Nina Brown, (757)-683-3245 or Dr. Jill Stefaniak, Chair of the Darden College of Education Human Subjects Review Committee, Old Dominion University, at jstefani@odu.edu, who will be glad to review the matter with you.

**VOLUNTARY CONSENT**
By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later, then the researchers should be able to answer them:

Mary Roberts, (757) 446-5895, Doctoral Student
Dr. Nina Brown, (757) 683-3245, Dissertation Chair

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should contact Dr. Jill Stefaniak, Chair of the Darden College of Education Human Subjects Review Committee, Old Dominion University, at jstefani@odu.edu.
And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study.

<table>
<thead>
<tr>
<th>Participant's Printed Name &amp; Signature</th>
<th>Date</th>
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**INVESTIGATOR’S STATEMENT**
I certify that I have explained to this participant the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws and promise compliance. I have answered the participant's questions and have encouraged him/her to ask additional questions at any time during this study. I have witnessed the above signature(s) on this consent form.

<table>
<thead>
<tr>
<th>Investigator's Printed Name &amp; Signature</th>
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Appendix C

Demographic Questionnaire

Please complete the following questions. All questions are optional and will be used for general description of the participant population when discussing the results of the study.

1. Age: ____

(Please fill in the blank with how you identify)

2. Gender: ______________________

(Please fill in the blank with how you identify)

3. Ethnicity: ____________________________

4. Which of the following degrees is the highest to date you have earned?
   □ BA or BS □ MA or MS □ MFA □ PhD □ EdD
   □ MD □ Other: (Please specify) ___________________

6. What year did you receive your most recent degree? ______

7. What is your undergraduate educational background or previous major?
   □ Fine Art □ Art Education □ Psychology □ Human Services
   □ Other: (Please specify) ___________________

8. If you have multiple degrees, in what area of focus did you earn your degree(s) beyond your bachelor’s degree?
   □ Art Therapy □ Psychology □ Fine Art □ Education
   □ Administration □ Counseling
   □ Other: (Please specify) ________________________________
9. Was the art therapy education program you attended
   ☐ Approved by the AATA Education Program Approval Board,
   ☐ Not approved, or
   ☐ Do not know if it was approved?

10. Are you a member of a professional organization?
    ☐ American Art Therapy Association (AATA)
    ☐ American Counseling Association (ACA)
    ☐ Other (Please specify): ____________________________________________

11. What credentials have you earned? If any, how many years did it take you to earn the credential?
    ☐ Student Years: ___
    ☐ Under A.T.R. Supervision Years: ___
    ☐ A.T.R. (Registered Art Therapist) Years: ___
    ☐ A.T.R. – B.C. (Registered Art Therapist- Board Certified) Years: ___
    ☐ L. P. C. (Licensed Professional Counselor) Years: ___
    ☐ L. P. A.T. (Licensed Professional Art Therapist) Years: ___
    ☐ L.C.A.T. (Licensed Creative Arts Therapist) Years: ___
    ☐ L.M.F.T. (Licensed Marriage & Family Therapist) Years: ___
    ☐ Other (Please specify): ___________________

12. Have you received additional training outside of your highest degree?
    ☐ No ☐ Yes, (Please specify) ___________________
    ☐ Additional Certifications, (Please Specify) ________________________________

13. Where do you practice art therapy?
    State (please specify): _________________________________________________
    Region of the United States:
    ☐ Northeast ☐ Mid-Atlantic ☐ South ☐ Mid-West ☐ South West
    ☐ Northwest ☐ Pacific Coast
    ☐ Rural ☐ Sub-urban ☐ Urban ☐ Metropolitan
14. How many years have you practiced Art Therapy?

☐ 0-2  ☐ 2.1-5.0  ☐ 5.1-10  ☐ 10.1-15  ☐ 15.1-20
☐ 20.1-25  ☐ 25.1-30  ☐ over 30

15. Where do you currently practice Art Therapy?

☐ Non-Profit  ☐ Public School  ☐ Alternative School  ☐ Intensive Outpatient
☐ In-home  ☐ Group Home  ☐ Residential Facility  ☐ Day Treatment Facility
☐ Prison  ☐ Detention Home  ☐ Transitional Housing  ☐ Assisted Living
☐ Outpatient  ☐ Medical Facility  ☐ Domestic Violence Shelter
☐ Inpatient Psychiatric Facility  ☐ Other (Please specify): __________________________
☐ Art Therapy Educator, graduate education

16. What populations do you currently work with? ________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

17. Describe the predominant (or proportional make-up) ethnic heritage of your clientele.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
18. What is your job title?
☐ Art Therapist ☐ Other (Please specify) __________________________________________

19. What percentage of your working hours is conducting art therapy?
☐ 0-5%   ☐ 6-10%   ☐ 11-15%   ☐ 16-25%   ☐ 26-40%
☐ 41-50% ☐ 51-75% ☐ 76-85% ☐ 86-95% ☐ 100%

20. Which of the following categories best describes your employment status?
☐ Full-time or ☐ Part-time ☐ Retired or ☐ Not Employed ☐ Job Seeking

21. What is your income?
☐ Less than $10,000 ☐ $10,000 to $19,999 ☐ $20,000 to $29,999 ☐ $30,000 to $39,999
☐ $40,000 to $49,999 ☐ $50,000 to $59,999 ☐ $60,000 to $69,999 ☐ $70,000 to $79,999
☐ $80,000 to $89,999 ☐ $90,000 to $99,999 ☐ $100,000 to $149,999 ☐ $150,000 or more

22. What was the income of your Family of Origin- up to age 18?
☐ Less than $10,000 ☐ $10,000 to $19,999 ☐ $20,000 to $29,999 ☐ $30,000 to $39,999
☐ $40,000 to $49,999 ☐ $50,000 to $59,999 ☐ $60,000 to $69,999 ☐ $70,000 to $79,999
☐ $80,000 to $89,999 ☐ $90,000 to $99,999 ☐ $100,000 to $149,999 ☐ $150,000 or more

23. What type of environment did you grow up in- up to age 18?
☐ Rural ☐ Sub-urban ☐ Urban ☐ Metropolitan

24. Are you a first-generation graduate student (you are the first person in your family to earn a master’s degree)?
☐ Yes ☐ No

Please share any comments related to your education and career choice:

25. Who influenced you to pursue a career in art therapy? (relationship)
26. What type, if any, of art making do you practice? (you may select more than one)

☐ Painting  ☐ Photography  ☐ Visual Journaling  ☐ Metal Work
☐ Ceramics  ☐ Mixed Media 2-D  ☐ Encaustic  ☐ Jewelry
☐ Sculpture  ☐ Collage  ☐ Digital/Graphic Design  ☐ Art for Process
☐ Drawing  ☐ Fiber Arts  ☐ Mixed Media Assemblage/Sculpture
☐ None  ☐ Other (Please specify): ________________________________

27. Do you have family members that engage in the arts or art making?

☐ Yes  ☐ No

28. Did you attend therapy or counseling before selecting art therapy as a career?

☐ Yes  ☐ No

Confidential Code:  Middle Initial  ___
Number of your Birth Month  ___
First Initial  ___
Number of your Birth Day  ___
Appendix D

Pilot Interview Questions

1. How did you decide to pursue an education in art therapy?
2. What is an art therapist?
3. What inspired you to become an art therapist? (Feen-Calligan, 2005)
4. What social circumstances influenced you to become an art therapist?
5. What personal characteristics contributed to your decision to become an art therapist?
6. What encounters or experiences contributed to your decision to become an art therapist?
7. What brings you joy about being an art therapist? (Norlyk et al. 2011)
8. Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005)
9. What emotional experiences contributed to decisions you made to become an art therapist?
10. What beliefs are important to you becoming an art therapist?
11. What do you believe about the impact of cultural matching and unmatching as related to the therapeutic relationship? Therapy outcomes?
12. How do you perceive ethnic minorities in the art therapy profession? Mental health profession?
13. What are the benefits, if any, of ethnic minority art therapists providing services? What are the limitations, if any of ethnic minority art therapists providing services?
14. What role, if any, does creativity play in your decision to become an art therapist?
15. How do processes and materials interact in the therapeutic relationship?
16. Has your perception of the field of art therapy changed? And if so, how? (Elkins-Abuhoff et al., 2010, p. 120)
17. Do you think anyone can become an art therapist?
18. How has your personal artmaking influenced your choice to become an art therapist? (Malis, 2014)
19. What concerns, if any do you have about the art therapist professional identity?
20. Is there anything else you would like to share?
Appendix E

Interview Confirmation Email

To: Art Therapist Participant
From: Mary Roberts
Date: TBD
Subject: Participation Confirmation: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS

Dear Art Therapist Participant,

Thank you for participating in the qualitative study: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS. Your interview is scheduled for: Month day, year at Time.

Please do not hesitate to contact me if something comes up and you would like to cancel and/or reschedule.

Thank you again for your willingness to participate. I look forward to talking with you soon!

Kind regards,
Mary Roberts, EdS, LPC-ACS, ATR-BC, ATCS
Doctoral Student
Counselor Education and Supervision
Old Dominion University
Norfolk, Virginia

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Appendix F

Member Checking Email 1

To: Art Therapists
From: Mary Roberts
Date: TBD
Subject: Member Checking: Transcriptions for interview: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS

Dear Participant,

Thank you for your participation to this point in my study: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS. Attached you will find a transcription of your interview. Will you please review the transcription and clarify or update any information in the interview? You may provide feedback in writing, email, an attached separated document in track changes, or, if you prefer, I can schedule a phone meeting to hear and record your responses.

Please let me know if you are unable to review the attached for any reason. Please let me know if you cannot provide feedback by: month date, year.

Thank you for your continued investment in this research.

Kind regards,
Mary Roberts, EdS, LPC-ACS, ATR-BC, ATCS
Doctoral Student
Counselor Education and Supervision
Old Dominion University
Norfolk, Virginia

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Appendix G

Interview Protocol Revision 1

Revised Interview Questions: 1/8/18

1. How did you decide to pursue an education in art therapy?
2. When did you first think about becoming an art therapist?
3. What social circumstances influenced you to become an art therapist?
4. What personal characteristics contributed to your decision to become an art therapist?
5. What encounters or experiences contributed to your decision to become an art therapist?
6. What emotional experiences contributed to decisions you made to become an art therapist?
7. Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005)
8. What inspired you to become an art therapist? (Feen-Calligan, 2005)
9. What beliefs are important to you becoming an art therapist?
10. How do processes and materials interact in the therapeutic relationship?
11. What are the benefits, if any, of ethnic minority art therapists providing services? What are the limitations, if any of ethnic minority art therapists providing services?
12. What do you believe about the impact of cultural matching and unmatching as related to the therapeutic relationship? Therapy outcomes?
13. How do you perceive ethnic minorities in the art therapy profession? Mental health profession?
14. What role, if any, does creativity play in your decision to become an art therapist?
15. How has your personal artmaking influenced your choice to become an art therapist? (Malis, 2014)
16. Has your perception of the field of art therapy changed? And if so, how? (Elkins-Abuhoff et al., 2010, p. 120)
17. What are the barriers in choosing art therapy as a profession?
18. Do you think anyone can become an art therapist?
19. How can the profession recruit ethnic minorities?
20. What concerns, if any do you have about the art therapist professional identity?
21. Is there anything else you would like to share?
22. Is there anything I didn’t ask that you wish I had?

23. Alternate Questions:
   a. What is an art therapist?
   b. What brings you joy about being an art therapist? (Norlyk et al. 2011)
Appendix H

Interview Protocol Revision 2

Revised Interview Questions: 2/11/18

1. How did you decide to pursue an education in art therapy?
   a. When did you first think about becoming an art therapist?

2. Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005)

3. What personal characteristics contributed to your decision to become an art therapist?

4. What encounters or experiences contributed to your decision to become an art therapist?

5. What emotional experiences contributed to decisions you made to become an art therapist?

6. What social circumstances influenced you to become an art therapist?

7. How has your personal artmaking influenced your choice to become an art therapist?

8. What role, if any, does creativity play in your decision to become an art therapist? (Malis, 2014)

9. What beliefs are important to you becoming an art therapist?

10. How do you perceive ethnic minorities in the art therapy profession? Mental health profession?
   a. How is the number of ethnic minority art therapists important? Tell me more…

11. What are the benefits, if any, of ethnic minority art therapists providing services? What are the limitations, if any of ethnic minority art therapists providing services?

12. What do you believe about the impact of cultural matching and unmatching as related to the therapeutic relationship? Therapy outcomes?

13. What are the barriers in choosing art therapy as a profession?

14. How can the profession recruit ethnic minorities?

15. Has your perception of the field of art therapy changed? And if so, how? (Elkins-Abuhoff et al., 2010, p. 120)

16. What concerns, if any do you have about the art therapist professional identity?

17. Is there anything else you would like to share?

18. Is there anything I didn’t ask that you wish I had?
To: Art Therapists  
From: Mary Roberts  
Date: TBD  
Subject: Member Checking: themes for EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS

Dear Participant,

Thank you for your participation to this point in my study: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS. Attached you will find a document that summarizes the results to date. Will you please review the themes identified and give your response, thoughts, and feedback about the themes and their relationships to selecting art therapy as a career? You may provide feedback in writing, email, an attached separated document, or, if you prefer, I can schedule a phone meeting to hear and record your responses.

Please let me know if you are unable to review the attached for any reason. Please let me know if you cannot provide feedback by: month date, year.

Thank you for your continued investment in this research.

Kind regards,
Mary Roberts, EdS, LPC-ACS, ATR-BC, ATCS  
Doctoral Student  
Counselor Education and Supervision  
Old Dominion University  
Norfolk, Virginia

* This email message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Receipt of this transmission by any person other than the intended recipient does not constitute permission to examine, copy, or distribute the accompanying material. If you received this electronic message in error, please notify the sender of the message. All email correspondence to and from this address is subject to the Commonwealth of Virginia's Records Retention Laws, which may result in monitoring and disclosure to third parties, including law enforcement.
Appendix J

Contact Summary Sheet

Participant: Interviewer: Setting:
Contact Date: Interview Date: Format:
Summary Sheet Date Completed:
Keywords:

Potential Themes:

Emerging Domains: Emerging Core Ideas:

Potential Discrepancies: What discrepancies, if any did you note in the interviewee’s responses?

Additional or New Questions:

Anything else that stuck out as salient, interesting, or important in this contact?

How does this compare to other data collections?
Appendix K

Cross-Checking Focus Group Email

To: Expert Art Therapists, Multicultural Committee AATA
From: Mary Roberts
Date: TBD
Subject: Focus Group Participant Request: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS

Dear AATA Multicultural Committee Member:

I am currently: EXPLORING THE VARIANT EXPERIENCES THROUGH WHICH ETHNIC MINORITIES BECOME ART THERAPISTS in a qualitative study. I am writing to you to request that you consider participating in a focus group to review the results of 15 ethnic minorities art therapists’ interviews. I would like to understand your responses to the results to build credibility for this research about how ethnic minorities select art therapy as a career.

If you are interested and willing to participate, please reply to this email. I will then contact you to send you informed consent form. Your participation is voluntary and there is no known risk. Your voluntary participation has no bearing on our professional relationships. Your participation and responses will be kept confidential.

If you are able, please forward this email to any professional art therapist that you believe has expert or many years of experience, or a passion for understanding ethnic minority art therapists.

Thank you for your time and consideration of my request.

Kind regards
Mary Roberts, EdS, LPC-ACS, ATR-BC, ATCS
Doctoral Student
Counselor Education and Supervision
Old Dominion University
Norfolk, Virginia

* This email message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Receipt of this transmission by any person other than the intended recipient does not constitute permission to examine, copy, or distribute the accompanying material. If you received this electronic message in error, please notify the sender of the message. All email correspondence to and from this address is subject to the Commonwealth of Virginia's Records Retention Laws, which may result in monitoring and disclosure to third parties, including law enforcement.
Appendix L

Researcher Notes and Responses to Participants

1. Discussion notes:
   - 12/19/17: Sat recruitment emails. Scheduled 2 participants.
   - 12/29/17: Scheduled 1 participant. Initial 1 participant.

2. Notes on participant's experience:
   - 12/21/17: 
     - Initial interview notes.
     - Participant's experience.
     - Initial interview notes.

3. Questions:
   - How old were you when you discovered help outside your family was okay?
   - What does being helpful mean to you? What responsibilities are necessary in helping others in your family?
   - What are accessible—what do you believe you could be? How did you get encouraged to be who you are now?
After this participant, I’ve been thinking about barriers to the profession.

Uncanny’s transcending notice when the untold story’s race up into our speaking is less fruit—turns when, turns when. This is hard to talk about. Eventually you will hear my work. I have feet like those who have done how many’s already been observed in AF—autonomous?

Rios 11/3/18

It seems like an informed advocate, leader in the field.

continue to experience microaggressions as a member, faculty, identity.

Armed in anti—activist

Stand against advocacy

Serve & not getting into conflicts

Activism provides peace.

Issues—talked around same issues.

Yet, talk & sexist jokes

But it speaks to community experiences & dilemmas.
who helped me gauge safety for the
morning experience. I’m not feeling
empowered. That was meant to be the emphasis
of the participatory.

Like, you know, on—on these pages
to find English language?

And I say speech becomes broken.
I keep looking for Portal elements.

Privilege

Now only think means the participant
had rich data for some pupils.

24:18

Art healing — integrated biocultural
identity

Try this process — ethnic purity.
Questions: “I am so very hot”
In language, how do to state color
in this untranslatable?
A cultural encounter?
227 hesitant in voice to discuss
— not 3 times.
Someone more to get sense of applicants
Something this?

Saying family values — may be
underrepresented — how to be represented
in higher ed? In multiple?

This interview seemed flat. With some
kind of zest about art, therapy.

Feelings, attention is attention's
ideas & ethnic minority. Participant
very invested in NTM organization
which may not be as related to
this study.
197

2.13.18
- introduced to cut & become interested
- but does not identify himself
- personal characteristics specifically
- "new season"
- personal actually not influential
- discrepancy in other participants
- so different
- not expanded in definition of creativity
- good idea to continue
  - how can this relate to future in other fields?
  - crisis in our culture?
  - perceptions of professionals, caregivers
- density difficult to envision

127.18
3.3.18
- noticed International student -
  - wonder about pride again -
  - education travel
  - foreign language study -
  - work to include it
  - US participant discussed privileges,
    diversity win program
  - family vs privilege?
  - This participant was introverted;
    had multiple perspectives; she was so grand.

3.9.18
- further idea -
  - values not agreed to affect
  - outcomes
- street - parking, parking
- at no longer doable
- well-stated SES deficiencies
- required divide - international
  - US

2813
1.27.18
3.3.18
- act of education, act of pride:
  - international student, introduced to US through study of art
  - did not have, to participate
  - about another art. Grounded in community psychology
  - attitude, but result is similar, of the
    act of pride.
  - not ethnic minority in country of origin
  - limitation of this study? Is biased?

- limitation of this study? Is biased?
3.4.18

Not aligned with religion.

3.9.18

Participant had some similar FoO values; beliefs were connected to science; understanding people not as depth oriented about dynamics related, but also about reality.

3.4.18

Isolation, poverty, beauty...

not aligned with religion.

wanted the support network

nonjudgmental open to uncomfortable cultural competency over cultural matching.

identified, social justice, etc. Other participants.

3.9.18

Isolation, poverty, beauty...
Still some rebellion against family values
- Questions from family
- Communication with patient & professional colleagues

Waiting for DOB approval
- Difficulty finding new PCP. Sometime
- Must transfer.

Reduction from 3-2 members
- from 2-1 audition.

(Inside negative case analysis)

Note: pattern
- (interrelated: symptoms)
- (rarely): labels
- (clusters with broad sections)

Reflect on what the roots leave in common
- pattern code
- into matrix display

Life stage, development, graph of data
- moderates: (family beliefs, cultural beliefs)

VDT = Red
DRT = Underline
High = Regular font
All S = Bold underline
[Handwritten notes]

- Immigrants EM (3.17.16)
  - US PM
  - Career switches
  - SES/predatory
  - Rebellious
  - Mental health:
    - Need for self-esteem development (Figure)
    - Need for familial support
    - Need for cultural identity
  - Causal development of mental health
  - Helpful clues
  - Out helps: help others

- WT: Thinking that N13F may be needing need for expression in
  view of P: M - Central to C: P, exam. cultural awareness

- WT: Immigrants (Lentang, 2012), cultural, traditional, education, healing
  vs. non

- WT: Be of need to reflect on cultural beliefs

[Diagram of a circle]
Appendix M

Researcher Notes During Interviews

Sample 1

Pilot Interview Questions

1. How did you decide to pursue an education in art therapy?
2. What is an art therapist?
3. What inspired you to become an art therapist? (Feen-Calligan, 2005)
4. What social circumstances influenced you to become an art therapist?
5. What personal characteristics contributed to your decision to become an art therapist?
6. What encounters or experiences contributed to your decision to become an art therapist?
7. What brings you joy about being an art therapist? (Nordlyk et al. 2011)
8. Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005)
9. What emotional experiences contributed to decisions you made to become an art therapist?
10. What beliefs are important to you becoming an art therapist?
11. What do you believe about the impact of cultural matching and mismatching as related to the therapeutic relationship? Therapy outcomes?
12. How do you perceive ethnic minorities in the art therapy profession? Mental health profession?
13. What are the benefits, if any, of ethnic minority art therapists providing services? What are the limitations, if any of ethnic minority art therapists providing services?
14. What role, if any, does creativity play in your decision to become an art therapist?
15. How do processes and materials interact in the therapeutic relationship?
16. Has your perception of the field of art therapy changed? And if so, how? (Elkins-
Abuhoff, Graydos, Rose & Goldblatt, 2010, p. 120)

47. Do you think anyone can become an art therapist?

48. How has your personal artmaking influenced your choice to become an art therapist?

(Malis, 2016)

19. What concerns, if any do you have about the art therapist professional identity?

20. Is there anything else you would like to share?

I hope anything I didn't ask you just I had.

How could the profession recruit ethnic minorities?

- Making it available as an option
  for students as early as possible
  - Explain what A.T.

- Boys & Girls Club
- Churches
- Community Events - Booth

...
Appendix K

Revised Interview Questions: 1/8/18

1. How did you decide to pursue an education in art therapy?
2. When did you first think about becoming an art therapist?
3. What social circumstances influenced you to become an art therapist?
4. What personal characteristics contributed to your decision to become an art therapist?
5. What events or experiences contributed to your decision to become an art therapist?
6. What emotional experiences contributed to decisions you made to become an art therapist?
7. Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005)
8. What inspired you to become an art therapist? (Feen-Calligan, 2005)
9. What beliefs are important to you if becoming an art therapist?
10. How do processes and materials interact in the therapeutic relationship?
11. What are the benefits of, if any, of ethnic minority art therapists providing services? What are the limitations, if any, of ethnic minority art therapists providing services?
12. What do you believe about the impact of cultural matching and mismatching related to the therapeutic relationship? Therapy outcomes?
13. How do you perceive ethnic minorities in the art therapy profession? Mental health profession?
14. What role, if any, does creativity play in your decision to become an art therapist?
15. How has your personal artmaking influenced your choice to become an art therapist?

(Mallis, 2016)
16. Has your perception of the field of art therapy changed? And if so, how? (Elkias-
Abuhoff, Graydos, Rose & Goldblatt, 2010, p. 120)

17. What are the barriers in choosing art therapy as a profession?

18. Do you think anyone can become an art therapist?

19. How can the profession recruit ethnic minorities?

20. What concerns, if any, do you have about the art therapist professional identity?

21. Is there anything else you would like to share?

22. Is there anything I didn’t ask that you wish I had?

23. Alternate Questions:
   a. What is an art therapist?
   b. What brings you joy about being an art therapist? (Norlyk et al. 2011)

20. Where else do you see privilege in action in the profession? AATA—organization—nati
   n travelers.

21. What would have improved your experience?

22. Early influences—what impacted your decisions—parents—"not art psychol
   ogy."
Sample 3

Revised Interview Questions: 2/11/18

1. How did you decide to pursue an education in art therapy?  
   a. When did you first think about becoming an art therapist?

2. Describe someone who enhanced or encouraged your career choice or identity. (Feen-Calligan, 2005)

3. What personal characteristics contributed to your decision to become an art therapist?

4. What encounters or experiences contributed to your decision to become an art therapist?

5. What emotional experiences contributed to decisions you made to become an art therapist?

6. What social circumstances influenced you to become an art therapist?

7. How has your personal artmaking influenced your choice to become an art therapist?

8. What role, if any, does creativity play in your decision to become an art therapist? (Malis, 2016)

9. What beliefs are important to you becoming an art therapist?

10. How do you perceive ethnic minorities in the art therapy profession? Mental health profession?
   a. How is the number of ethnic minority art therapists important? Tell me more…

11. What are the benefits, if any, of ethnic minority art therapists providing services? What are the limitations, if any of ethnic minority art therapists providing services?

12. What do you believe about the impact of cultural matching and unmatching as related to the therapeutic relationship? Therapy outcomes?

13. What are the barriers in choosing art therapy as a profession?
14. How can the profession recruit ethnic minorities?

15. Has your perception of the field of art therapy changed? And if so, how? (Elkins-Abuhoff, Graydos, Rose & Goldblatt, 2010, p. 120)

16. What concerns, if any do you have about the art therapist professional identity?

17. Is there anything else you would like to share?

18. Is there anything I didn’t ask that you wish I had?

MN - less known.
- expensive.
- marketing education
- expensive

High School.
7 ethnic minority demographics

down to field -
Appendix N

Sample Transcribed and Coded Interview

Research Team Member 1 – MR

---

Interview Transcript

Name: G7N20
Date of Interview: 1/24/18
Duration: 25:55:12
Interviewer & Transcriber: Mary Roberts

Alright, so, everything is on and recording, I got your consent form and
questionnaire, thank you for that

Um, hmm

Um, so we’ll just get started, um, I might ask the questions in a different
order, some not at all, and I might ask different questions depending on what
you share, um, alright, cool?

Okay, sounds good

So, um, how did you decide to pursue an education in art therapy?

Well, um, in undergrad, before I declared my major, um, I felt really torn
between fine art and I was really intrigued with psychology too, um so, um,
because of where I was located at the time, um, I had my academic advisor
and my mom, they informed me that there was an art therapy program right
down the street from my undergrad college, um, so, I looked up the
requirements to enter the program and I felt like that was kind of a nice in
between for both of my passions.

Nice, um, so, you kind of mentioned maybe in college, when do you think you
first thought about becoming an art therapist, then?

Um, I did my sophomore year

Okay, were there any social circumstances that influenced you to become an
art therapist?

Um, I think, at a really early age, um, I was very empathetic of others, and I was
always asking if everyone was okay all the time, even in elementary school
which was kind of funny, um, but, I think I just kind of took that listener role,
um, naturally, um, and like throughout high school I always had, I always felt
like people were constantly coming up to me for help and things like that, so I
felt like, well, that’s kind of a natural innate thing that I have so, I might as
well make a living out of it. [laughs]

Ha ha that’s a good idea, (laughs) um, so, what about other personal
characteristics, you kind of mentioned this early sense of being empathetic and
listener role, what other characteristics contributed to your decision?

---

Personal Interests
- Fine art (15)
- Psychology (15)

Personal Influenced
- Academic Advisor (4)
- Mom (17)

Timing
- Later Adolescence (25)
- Sophomore Year

Personal Characteristics
- Empathic (30)
- Listener (32)
- Innate Helper (35)

---

Elementary - Empathic, Listener (30-32)
High School - Help Others (34)
Make career out of it (36)
Research Team Member 2 – VP

INTerview TranscripT

Name: G7N20  
Date of Interview: 1/24/18
Duration: 25:55:12
Date of Transcription: 2/11/18
Interviewer & Transcriber: Mary Roberts

1  Alright, so, everything is on and recording, I got your consent form and
2  questionnaire, thank you for that
3  
4  Um, him
5  
6  Um, so we'll just get started, um, I might ask the questions in a different
7  order, some not at all, and I might ask different questions depending on what
8  you share, um, alright cool?
9  
10  Okay, sounds good
11  
12  So, um how did you decide to pursue an education in art therapy?
13  
14  Well, um, in undergrad, before I declared my major, um, it was really
15  between fine art and I was really intrigued with psychology, too, um, so, um,
16  because of where I was located at the time, um, I had my academic advisor
17  and my major, they informed me that there was an art therapy program right
18  down the street from my undergrad college, um, so, I looked up the
19  requirements to enter the program and I felt like that was kind of a piece
20  between for both of my passions.
21  
22  Nice, um, so, you kind of mentioned maybe in college, when do you think you
23  first thought about becoming an art therapist, then?
24  
25  Um, I did my sophomore year
26  
27  Okay, were there any social circumstances that influenced you to become an
28  art therapist?
29  
30  Um, I think, at a really early age, um, I was very empathic of others, and I was
31  always asking if everyone was okay all the time, even in elementary school
32  which was kind of funny, um, but, I think, I just kind of took that listener role.
33  um, naturally, um, and like throughout high school I always had, I always felt
34  like people were constantly coming up to me for help, and things like that, so I
35  felt like, well, that's kind of a natural innate thing that I have so, I might as
36  well make a living out of it, (laughs)
37  
38  Haha, that's a good idea, (laughs) um, so, what about other personal
39  characteristics, you kind of mentioned the early sense of being empathic and
40  listener role, what other characteristics contributed to your decision?
INTERVIEW TRANSCRIPT

Name: C7K20  Date of Interview: 1/24/18
Duration: 25:55:12  Date of Transcription: 2/11/18
Interviewer & Transcriber: Mary Roberts

Alright, so, everything is on and recording, I got your consent form and
questionnaire, thank you for that

Um, umm

Um, so we'll just get started, um, I might ask the questions in a different
order, some not at all, and I might ask different questions depending on what
you share, um, alright, cool?

Okay, sounds good

So, um how did you decide to pursue an education in art therapy?

Well, um in undergrad, before I declared my major, um, I felt really torn
between fine art, and I was really intrigued with psychology too, um so, um,
because of where I was located at the time, um, I had my academic advisor
and my mom, hey informed me that there was an art therapy program right
down the street from my undergrad college, um, so, I looked up the
requirements to enter the program and I felt like that was kind of a nice in
between for both of my passions.

Nice, um, so, you kind of mentioned, maybe is college, when do you think you
first thought about becoming an art therapist then?

Um, I did my sophomore year

Okay, were there any social circumstances that influenced you to become an
art therapist?

Um, I think, at a really early age, um, I was very empathic of others and I was
always asking if everyone was okay all the time, even in elementary school
which was kind of funny um, but, I think I just kind of took that listener role,
um, naturally, um, and like throughout high school I always had, I always felt
like people were constantly coming to me for help and things like that, so I
felt like, well, that's kind of a natural innate thing that I have so, I might as
well make a living out of it, (laughs)

Ha ha, that's a good idea, (laughs) um, so, what about other personal
characteristics, you kind of mentioned this early sense of being empathic and
listener role, what other characteristics contributed to your decision?
## Appendix O

### Code Book 1 (excerpt)

<table>
<thead>
<tr>
<th>Themes</th>
<th>M3S9</th>
<th>R06J15</th>
<th>R10S15</th>
<th>BG22</th>
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<tbody>
<tr>
<td>Guidance Counselor</td>
<td>Family members influenced against artist career. Younger cousin went to therapy</td>
<td>Guest speaker in art class (137-40)</td>
<td>support of husband (191)</td>
<td></td>
</tr>
<tr>
<td>Mother’s support</td>
<td>Mo supports even if she doesn't understand career fully</td>
<td>Father supported artist identity (193); father may be realizing his dream that was stifled by his father (458-64)</td>
<td></td>
<td></td>
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<tr>
<td>Family of Origin</td>
<td>Younger cousin went to therapy</td>
<td>Personal and private goals, with or without parental support (418-431)</td>
<td>Psychology average (83, 85, 86)</td>
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<td>Influential person(s):</td>
<td>Art career will not pay the bills, art therapy seemed more viable</td>
<td>Cultural belief- no money for artists (453-8)</td>
<td>Family questioned art interests (28), encouraged more prestigious schooling (30)</td>
<td></td>
</tr>
<tr>
<td>$ for mo AT more legitimate</td>
<td>Others recognized artistic traits early childhood (mo, gma, auntie)</td>
<td></td>
<td>Family encouraged her to do something more professionally acceptable than psychology (83), art was prestigious (84) competitive art school (85)</td>
<td></td>
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<td>Life Stages:</td>
<td>Adolescence- attended therapy to deal with family crisis, late adolescence, when in college, elementary school- in the arts</td>
<td>Adolescence- 16 y/o (104-5)</td>
<td>Elementary- home sick making art (175-180), 1st grade (177), part of majority culture (318)</td>
<td></td>
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<td>Elementary school- noticed artistic traits, art helped; Took mo longer to nurture but others did from FoO</td>
<td>Middle school aware of stigma of art, artists, art career- doesn’t pay the bills</td>
<td>Elementary- arts engagement 11 y/o (107)</td>
<td>Adolescence- HS- psychology (28)</td>
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<td>Art</td>
<td>Art</td>
<td>art, fine art, artist (105, 110-113)</td>
<td>design (27,30), arts (111)</td>
<td></td>
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<tr>
<td>psychology</td>
<td>Higher education</td>
<td>Psychology (113, 115)</td>
<td>psychology (28)</td>
<td></td>
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<td>notice interests in children</td>
<td>helping people</td>
<td>psychological aspect of art, psychological processes (145-153, 164-6)</td>
<td>Higher education (162)</td>
<td></td>
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<td>art &amp; psychology (20)</td>
<td>really like people, extrovert (112)</td>
<td>love different kind of giving (137-142), altruism (137-142), altruistic service (146-148)</td>
<td>art history (112)</td>
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<td>mean to be different from cultural traditions and family (403-410), burden to be like parents (414-8)</td>
<td>intuitive (112)</td>
<td>combining art &amp; psychology (111)</td>
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<td></td>
</tr>
<tr>
<td>Financial:</td>
<td>art career will not pay the bills, art therapy seemed more viable</td>
<td>Cultural belief- no money for artists (453-8)</td>
<td>Family encouraged her to do something more lucrative (83)</td>
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</tr>
<tr>
<td>Artist financial challenges vs art career, Lifestyle, More legitimate profession, can’t be rich being an artist (43)</td>
<td>combines art, helping people, drive to help others</td>
<td>psychological aspect of art, psychological processes (145-153, 164-6)</td>
<td>Combining art &amp; psychology (111)</td>
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<td>Hybrid:</td>
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<td></td>
<td>Newly married (12)</td>
<td></td>
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<td>Overcoming stigma, younger cousin</td>
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Appendix P

Code Book 4 (excerpt)

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<th>R10S15</th>
<th>8G22</th>
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<tbody>
<tr>
<td>Life Stages:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary school- noticed artistic traits (360), i n the arts, art helped; Took no longer to nurture but others did from FoO</td>
<td>In my grade school years I was involved in art (91)</td>
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<tr>
<td>Adolescence- real art is healing (69-70), attended therapy in adolescence (46-7) High school</td>
<td>Adolescence- attended therapy to deal with family crisis, late adolescence, when in college; Middle school aware of stigma of art, artists, art career- doesn't pay the bills (93)</td>
<td>Adolescence- 16 y/o (104-5) at 16 completing fine arts education (106)</td>
<td>Adolescence- 16 y/o (104-5) at 16 completing fine arts education (106)</td>
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</tr>
<tr>
<td>Art linked to self, thinking and feeling</td>
<td>Learn/realize in HS adolescence art is healing (453, 456)</td>
<td>Adult- young adult, mother did not want her to go too far away for college (380)</td>
<td></td>
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<tr>
<td>Art, artist (342, 353, 431-2), psychology (342)</td>
<td>Art (73)</td>
<td>art, fine art, artist (105, 110-113)</td>
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<tr>
<td>Higher education (69)</td>
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<td>Interests:</td>
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<tr>
<td>notice interests in children, help people (355)</td>
<td>helping people (74)</td>
<td>really like people, extrovert (112)</td>
<td>love different abrum (13) (146-148)</td>
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<tr>
<td>art &amp; psychology (20, 342)</td>
<td>combines art, helping people, drive to help others (73-4)</td>
<td>psychological aspect of art, psychological processes matching artworks to artists like finger prints (145-153, 164-6)</td>
<td>combining a Western worldview of understanding volunteer to self and others (125, 128-132) to answer a lot of questions for me</td>
<td></td>
</tr>
</tbody>
</table>
VITA

Mary Ritchie Roberts, PhD, LPC-ACS, ATR-BC, ATCS

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Education

<table>
<thead>
<tr>
<th>Date</th>
<th>Degree</th>
<th>Institution</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2018</td>
<td>PhD</td>
<td>Old Dominion University</td>
<td>Norfolk, Virginia</td>
</tr>
<tr>
<td></td>
<td>Education: Counseling</td>
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</tr>
<tr>
<td>May 2013</td>
<td>EdS</td>
<td>University of Virginia</td>
<td>SCPS Hampton Roads Campus</td>
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<tr>
<td></td>
<td>Administration and Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 1997</td>
<td>MS</td>
<td>Eastern Virginia Medical School</td>
<td>Norfolk, Virginia</td>
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<tr>
<td></td>
<td>Art Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 1995</td>
<td>BS</td>
<td>James Madison University</td>
<td>Harrisonburg, Virginia</td>
</tr>
<tr>
<td></td>
<td>Art</td>
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</tbody>
</table>

Licensure and Certification

- ATR-BC #99-099: Registered Art Therapist- Board Certified
  - July 12, 1999, Expiration: June 15, 2019
  - Board Certification: March 2013

- ATCS: Art Therapy Clinical Supervisor
  - June 2015, Expiration: June 15, 2019

- LPC #0701003086: Licensed Professional Counselor, Virginia
  - September 2000, Expiration: June 30, 2019

- ACS: Approved Clinical Supervisor, Virginia
  - May 2015, Expiration: June 30, 2019

Positions Held

July 2017 - present
Program Director and Associate Professor
Graduate Art Therapy and Counseling Program
Eastern Virginia Medical School

June 2013 – June 2017
Program Director and Assistant Professor
Graduate Art Therapy and Counseling Program
Eastern Virginia Medical School
The word processor for this dissertation is Mary Ritchie Roberts.