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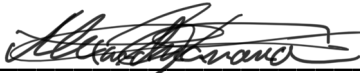
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Therapeutic Presence in Online Art Therapy During a Pandemic:
Emerging and Shifting Orientations to Practice

Amy L. Lister

A thesis submitted in partial conformity with the requirements
for the graduate level Diploma from the
Toronto Art Therapy Institute

Abstract

This sequential mixed-methods research weaves together grounded theory, phenomenology, action research, arts based research and the theory of therapeutic presence (TP) to explore the relationship between art therapy, the online context and the experience of therapeutic presence as a precondition to positive and effective therapeutic alliance and outcomes. This research study focuses on the lived experiences of Canadian student art therapists practicing online art therapy in the context of the COVID-19 pandemic lockdown and explores what helped and hindered therapeutic presence within online art therapy. It integrates new insights that emerged from the data with findings from previous studies, culminating in a framework offering practices for before, during and after sessions that help cultivate the conditions for fostering therapeutic presence during online art therapy. Limitations of this study include the lack of client participants and limited diversity of voices in the data. Suggestions for future research are provided, including the call for further studies exploring TP and intersectionality, as well as looking at ways of applying this research to support the continued evolution of online practice in ways that continue to foster and deepen TP within art therapy.

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"The more we socially distance ourselves from one another, the more we also require social connections and community…we will need to redefine how to connect with each other and provide support during these exceptional times" (Toll & Mackintosh, 2020, p.3).

Chapter One: Introduction

The overall goal of this research is to explore the experience of therapeutic presence (TP) by student art therapists and clients in online art therapy sessions during the COVID-19 pandemic. The purposes of this sequential mixed methods research are: a) to help expand understanding and contribute to literature about how TP is experienced by art therapists and clients during online therapy, and b) to inform the development of frameworks and practices for building and sustaining TP in art therapy sessions within an online environment.

Contexts

The COVID-19 pandemic has resulted in heightened stress for many people, and therefore, the need for mental health services has also been even more in demand, placing "additional strain on a mental health system where demand for care has outweighed supply for years" (Centre for Addiction and Mental Health [CAMH], 2020, p. 4). As a result, many therapists have shifted their services online to increase accessibility and meet the mental health needs of their clients and communities (Gratzer et al., 2020; Knetchel & Erickson, 2020). There is a documented increase in depression and anxiety across Canada which is being referred to as an "echo pandemic" (Dozois & Canada Mental Health Research, 2021, p. 1). The top two recommendations promoted by CAMH (2020) for supporting the mental health of Canadians during the pandemic conditions were: provide a range of mental health resources, supports and care, and support and expand virtual mental health services.

Delivering art therapy online responds to both of these recommendations. This shift to online delivery has the potential to alter the scope of accessibility and the effectiveness of art therapy for clients. A number of studies shows that online therapy can be as effective as face-to-face therapy (Barak et al., 2008; Cowpertwait & Clarke, 2013). In some cases, reduced effectiveness in online therapy can negatively impact therapeutic goals (Trachtenberg et al., 2020; Weinberg & Rolnick, 2019), and can contribute to therapists experiencing self-doubt within the therapeutic relationship (Aafjes-van Doorn et al., 2020; Connolly et al., 2020).

Art therapy research, specific to previous epidemics, such as Ebola and SARS, shows the benefits of art-making during a public health crisis (Potash et al., 2020). Keaveny (2020) suggests that art therapists have a professional responsibility to integrate digital tools within art therapy practices. Thus, the current pandemic amplifies this call to action.

Dr. Shari Geller, a Toronto-based psychotherapist, researches therapeutic presence and its positive impact on therapeutic effectiveness. She defines it as the ways through which "the therapist's presence and consequent in-the-moment physical, emotional, and cognitive awareness…[reflect]… the client's multilevel expression and act as a receptor and a guide to the process of therapy" (Geller & Greenberg, 2012, p. 8). Geller and Greenberg (2002) developed "an empirically validated model of therapeutic presence… and… a psychotherapy measure, the therapeutic presence inventory" (as cited in Geller, 2018, p. 109). This study utilizes the inventories within the data gathering process while also drawing on qualitative research design elements (Cresswell, 2007). Research also shows how TP is a vital and necessary factor in building positive therapeutic relationships and engaging in impactful therapy (Colosimo & Pos, 2015; Geller et al., 2010; Geller et al., 2012; Geller, 2018;), including art therapy (Schwarz et al., 2018), making it relevant to research within the current online context. Building on prior

research examining online therapy, the goal of this study is to answer the following question:

What enhances or inhibits the experience of therapeutic presence for therapist and client during art therapy sessions in an online context?

Rationale

There was a pre-existing mental health crisis in Canada prior to the arrival of COVID-19 according to CAMH (2020), and the pandemic exacerbated mental health challenges, compounding stressors, creating more barriers to accessing help, and further escalating the urgency of needs (Mental Health Commission of Canada [MHCC], 2020). As of December 2020, there were over 260,000 COVID-19 cases in Canada (Government of Canada, 2021), over 4,000,000 cases and over 46,000 COVID related deaths as of November 2022 (Government of Canada, 2022). Many COVID-19 survivors are experiencing long-term mental health impacts. Essential workers, such as nurses and doctors, are experiencing anxiety, depression, and distress (Wu et al., 2020) as are people across different occupations around the globe (Shah et al., 2021). Groups experiencing multiple vulnerabilities and types of marginalization, such as, those who are impoverished; dependent on personal care and accessibility supports; inadequately housed; and/or racialized, have been experiencing additional barriers to wellness (CAMH, 2020). Some examples include inequitable access and availability of culturally informed mental health care during this pandemic, leading them to be more susceptible to stress, depression, anxiety, and COVID related death, amplifying existing systemic and social justice issues (Datlen & Pandolfi, 2020; Carpendale & Toll, 2021; Gupta & Aitken, 2022; Public Health Agency of Canada, 2021). A study conducted by Jenkins et al. (2022) "provides critical evidence that populations who experience structural vulnerability are reporting disproportionately worse mental health due to the COVID-19 pandemic compared to those with relative privilege" (p. 10). Taken together,

these findings illustrate the need for an equity-oriented population-based response to mental health that prioritizes prevention and wellness promotion, in addition to treatment and maintenance, to redress disparities and promote mental health and well-being nationally and globally.

It was projected that during the 2020-2021 year, there would be between 400 and 2,000 suicides in Canada influenced by pandemic conditions (McIntyre & Lee, 2020). According to a recent poll, half of Canadians have reported that their mental health has worsened since the beginning of the pandemic, with 44% feeling worried and 41% feeling anxious (Angus Reid Institute, 2020). While surveying Canadian workers in 2020, 81% reported experiencing negative impacts to mental health as a result of the pandemic (Morneau Shepell, 2020). These statistics highlight the importance of giving immediate attention to increasing access to therapy and optimizing its effectiveness. Since mental health services, such as art therapy, are in demand, and TP plays a contributing role to their impact, research about TP in online practice is warranted. This study assists in gaining greater understanding about how therapists can shift and develop their practice to build and maintain TP in an online context, supporting expanded access and enhanced effectiveness of therapeutic services for clients.

Intersectionality & Self-Reflexive Statement

The hope is that this study may in some way help to highlight the opportunity that mental health professions, such as art therapy, have to interrupt (and not perpetuate) harmful colonial structures and dynamics within practice as a shift to online and more sustained hybrid models of service delivery is occurring. To acknowledge the power imbalances and the oppressive social divisions that can exist in and around the therapeutic relationship, and to make the best effort possible to avoid perpetuating oppressive social dynamics, an intersectional approach that

explores multiple areas of difference is used in this study (Collins & Blige, 2016; Eastwood, 2021; Kuri, 2017). Savneet K. Talwar (2010), professor of art therapy at the University of Chicago in the USA, writes:

> The result of work informed by poststructuralism, postmodernism, critical race theory, queer theory, cultural theory, and feminism has been the rejection of universal and essentialist modes of analysis. This means that qualities that once underpinned binary constructions of gender (women/men), race (Black/White), and sexuality (heterosexual / homosexual), or that advocated for a classless society (equal opportunity as synonymous with the "American Dream"), become intersectional markers of identity rather than singular, essential categories that define individuals. Instead of inherent characteristics, race, class, gender, and sexuality are organizing principles of a society that position members of various groups within its opportunity structure. By moving away from essentialist categories issues of difference are transformed because there is no "universal truth" that needs uncovering. (p. 12)

To this end, Neil Springham & Ioanna Xenophontes (2021), UK-based researchers and leaders in psychological therapies, promote "co-production as people who use and provide art therapy services working together to develop theory in such a way that values both the consensus and differences between each perspective" (p. 1).

The term, 'people of the global majority' will be used in this research to refer to racialized people. This is a term coined by Rosemary Campbell-Stephens (2020), a Black professor and scholar who identifies as, "Black, of African Caribbean descent and heritage, specifically, Jamaican parentage… British [nationality]" (para. 5). Her work in London, UK,

focuses on educational leadership, the term 'global majority' arose from her teaching and writing, referring to, "people who are Black, African, Asian, Brown, dual-heritage, Indigenous to the global south, and or, have been racialized as 'ethnic minorities'" (para.5). Creating space for voices of the global majority in leadership, education, and practice across the field of art therapy benefits the profession by offering diverse perspectives, approaches and lived experience to enriching service quality (Timothy & Umana Garcia, 2020). I humbly bring awareness of the disproportionate power I hold as a white-bodied researcher and art therapist and bring to this work. I also bring my commitment to seek out, shine the light on, listen to, learn from, and be led by clients, colleagues, and scholars of the global majority in support of their reclamation and healing efforts that will nourish conditions of justice, equity, and belonging required for all peoples to flourish.

As a researcher, I bring multiple identities to this inquiry process. I am a female, white-bodied person who expresses gender in a fluid way and identifies as non-binary. I am married, parenting two school aged children and am grateful to call Tkaranto, otherwise known as Toronto, home. I live in an inter-generational family context where I recently began to play the role of caregiver to my parents in support of their changing health needs. I live with an invisible disability of severe anaphylaxis that sometimes threatens my life acutely and the rest of the time hovers in the background. I am university-educated and experience more financial and educational privilege than the generation that came before me in my family line.

I am learning and changing how I live and work in order to more fully honour the Dish with One Spoon wampum inter-nation peace agreement, meant to protect the lands, waters and the living beings where I call home (Ottenhof, 2020). As a Canadian-born settler, I am an uninvited guest here. In turn, I work hard to use the privilege and power I have to advocate for

equity, social justice, and land-back efforts while living within the traditional gathering place of

the Haudenosaunee, the Anishinaabe, the Huron Wendat, the Mississaugas of the Credit, the

Métis and many other nations, who have shared and protected these lands through peaceful

agreements since the beginning. I acknowledge my complicity with the legacy of neglecting this

agreement. I am working to consciously embody a commitment to changing my own

behaviours, as an expression of my belief in the justice, truth, reconciliation, and potential for

reparation and peace within the vision of this agreement, made in the spirit of respecting the

earth, all living beings, and their place in the web of life. I commit to challenging the roots of

white body supremacy within myself and within art therapy by: 1) integrating on-going listening,

learning, unlearning, and loving action with Indigenous Elders, leaders and teachers of all

backgrounds and identities to continuously inform my reflexive practice to grow cultural

competence (including awareness of my own cultural lineage) and support ethical practice; 2)

using anti-oppressive, trauma-informed frameworks that promote justice, equity, diversity and

inclusion, and centre diverse, embodied ways of knowing and being; and, 3) engaging in

embodied mindfulness and liberation practices to offer accessible and inclusive TP for healing

and to ensure safe and effective use of self as an art therapist. Together, as we shift from using

models rooted in colonial hierarchy, racism, and patriarchy to those of interconnectivity and

inclusivity, art therapy can shift from privileging cognitive and rational expertise to valuing more

diverse embodied ways of inquiring and understanding; individualistic to more collective ways

of being; and human-centred caring to caring for ecological systems that include us humans and

the more-than-human world. These shifts support co-creating the therapeutic conditions needed

for all peoples and cultures to flourish, and for healing, reconnection, reconciliation, reparation

and regeneration to be possible. I commit my life and work to unsettling, learning and aligning my way of being more fully with this vision.

My background in mindfulness and somatic practices leads to my curiosity about TP specifically, and what, if anything, can be done to help deepen and enhance it for clients and therapists, while engaging in art therapy online. Therefore, I have an inherent bias toward the value of embodiment and its role in TP in art therapy practice and have relied on the survey, interview data, and the objectivity of my reader and my thesis supervisor to counterbalance this bias in the analysis of the research data. Also, I bring an awareness of my intersectionality to the process and noted how it may inform and also, may impede, my perspectives. I leaned on the counsel of faculty, researchers, colleagues and peers, to be extra eyes, ears, hands, hearts, and brains to challenge my thinking, contribute wisdom, and enrich the process and the work with their diverse identities, lived experiences, insights, and questions.

As a Registered Psychotherapist (Qualifying) and a student art therapist-researcher, I acknowledge the forms of power and privilege I bring with me to this research. I am committed to engaging in an anti-oppressive, decolonizing practice, supporting the long-term expansion of access to mental health services to people in more equitable ways, and contributing to the decentering of white bodied supremacy and the centering of Indigenous ways of knowing and being, to support the effectiveness and enhancement of art therapy education, research and practice.

Context of Research

In 2020, the Toronto Art Therapy Institute (TATI) launched a virtual clinic with student art therapists offering art therapy services online (Toronto Art Therapy Institute, 2021). The clinic agreed for the researcher to conduct this study with student art therapists and clients who

volunteered to participate. All of the participants in this research were student therapists working at the TATI Student Art Therapy Centre (formerly TATI Online Clinic). Below is some information about the clinic:

> The TATI Online Clinic operated from September 2020 to January 2022, and endeavored to offer affordable and accessible mental health services to the community, while expanding practicum opportunities for art therapy students, during the challenging and uncertain time of the COVID pandemic. Services at the Clinic were provided by students at the Institute, who received training and supervision by experienced art therapists registered with the Canadian Art Therapy Association and the College of Registered Psychotherapists of Ontario or the Ontario College of Social Workers and Social Service Workers. We offered arts-based, brief therapy, focusing on creative self-expressions, processing emotions, and skills-building on self-care and problem-solving. Over the course of 16 months, 45 students worked at the clinic, and supported over 350 art therapy participants in over 2700 art therapy sessions. (TATI, 2021, para. 2)

It is important to note that most of the clients who received services through the clinic are between 25-34 years of age living in Canada, with over 50% living in the Greater Toronto Area (personal communication, Patricia Ki, November 2021). Therefore, the implications drawn from analyzing the data in this research would likely best apply to working with clients of the same age and demographic. Also, it is noteworthy that **no clients participated in the survey or the interviews.** It is hypothesized that the possible reasons for lack of response may be due to the fact that student therapists may not have felt comfortable asking clients to participate in the first place in case it added another stressor to their lives during pandemic conditions and being concerned that their power as therapists could leave clients feeling obliged to participate.

Another reason could be that clients were asked and simply did not have the time or interest in filling out the survey.

Definition of Terms

Online Therapy

The terms 'online therapy', 'virtual therapy', "telepsychotherapy" and 'telehealth therapy' will be used interchangeably in this study. According to Knechtel and Erickson (2020), online therapy "is defined as therapy that is conducted by a licensed psychotherapist over the internet" (p. 1). In the literature, the following terms are found: online therapy, online counselling, teletherapy, telepsychotherapy, distance/remote/virtual therapy, video therapy, cyber counselling, web counselling, internet-based therapy, telehealth, etherapy and itherapy (Barker & Barker, 2022; Collie, 2022; Knechtel & Erickson, 2020; Poletti et al., 2021; Walters, 2022; Winkel, 2022). Often these terms are used in contrast to face-to face therapy and or to telephone therapy. In many research studies, the terms therapy and counselling are used synonymously. In terms of online art therapy, terms such as internet art therapy, distant art therapy are found in the literature (Collie, 2022; Biro-Hannah, 2021; Malchiodi, 2018; Potash et al., 2017; Collie & Cubranic, 1999).

Therapeutic Presence (TP)

In relation to TP, other terms used to describe similar phenomenon in the literature include, 'co-presence' and 'co-location' (Beaulieu, 2010; Howlett, 2021), 'I-Thou' (Buber, 1958; Bugenthal 1978, 1983, 1986), 'therapist offered conditions' (TOC) (Rogers, 1951, 1957, 1980), 'mindfulness' (Germer, 2005; Hick, 2008; Williams, 2018) and 'affective digital presence' (Matthews, 2021).

Ethical Considerations for Research with Human Participants

Kuri (2020) highlights how strong training in ethics that many creative arts therapists bring to their practice offers strength and ethical rigour to current research within the field. Alders et al. (2011) write:

> Art therapy is evolving to meet the ever-changing demands of diverse societies and populations. Research, theory, practice, and education are interwoven in contexts of ethical conduct and standards. By engaging in profession-wide debate and evaluating professional codes of ethical practice on a continuous basis, the future practices of art therapy can be ensured and conscientiously established. (p. 169)

The hope is that this research study will contribute to the evolution of ethical use of technology, online therapeutic practice, and education about the use of technology in therapy and in therapy oriented research to ensure ethical research and practice across the profession. Throughout this study, steps were taken to ensure ethical process. This section outlines the steps and care taken to uphold the guidelines for research with human subjects as outlines in the TATI's Student Manual (2019) throughout the process.

The inherent and potential risks for both clients and student art therapists who took part in this study were identified as the following: a) the possibility that uncomfortable feelings may arise while completing the survey and or while being interviewed; and b) increased stress due to added tasks within an already busy day during pandemic conditions. Additionally, specifically for student art therapists, it was outlined that there was the potential to be hesitant to withdraw or refuse involvement in the study due to fears of negative impacts to their academic results or career prospects. Specifically for clients, it was noted there may be concerns about refusing or withdrawing due to fears of losing access to the clinic's services. Therefore, it was emphasized

throughout the process that student art therapists and clients alike were invited to participate and were done so without any pressure and equipped with knowledge of how to withdraw participation. The possible benefits to participants in this research study were identified as offering: a) an opportunity to pause and be reflective; b) a chance to contribute to student therapist and/or client learning; and c) a chance to contribute to the improvement of online art therapy practices, potentially benefitting both future clients and future art therapists.

To ensure ethical research practices, there was on-going consent seeking in this research process. Consent was sought out at three points in the research: beginning with the information and consent statement at the top of the research survey, again before conducting interviews with participants who volunteered, and lastly, the researcher obtained consent verbally a final time when engaging in member checking with interviewees to share a written summary of their contribution to the study. This confirmed the internal reliability of the themes and points highlighted. The potential risks or concerns involved in participation in this study were addressed in the informed consent and confidentiality form (see Appendix A), including a clear message about how to stop participating and a description of the steps that the researcher was taking to protect the privacy of participants. Before interviewing student art therapist participants, the researcher verbally asked and confirmed that: a) they did not need to answer any questions that they were uncomfortable answering; b) they were aware that they could withdraw consent and were informed about how to withdraw from the study; and c) that the researcher offered extra time if needed to debrief following the interview.

The researcher set up systems to ensure that personal information and data would be collected, stored and destroyed in accordance with the Personal Health Information Protection Act (PHIPA) regulations, the Personal Information Protection and Electronic Documents Act

(PIPEDA), and the Canadian Institutes of Health Research (CIHR) (2005) best practices for protecting privacy in health research. This included using the researcher's personal Survey Monkey account for the administration of the survey, the researcher's personal Zoom Pro account for the interviews and using the researcher's password protected and secure storage for safely keeping participant contact information, research interviews, and notes private until the study was complete and the data destroyed. The information and consent letter (as shown in Appendix A) clearly states that: a) I, the researcher, am a practicum student at the clinic; b) by filling out and submitting the survey participants are giving permission for the information they provide to be used in the study; and c) they can withdraw consent by contacting the researcher in writing by June 25, 2021 at 11:59pm ET. Also, at the end of the survey, people were invited to provide their email address if they wanted to consent to being contacted for a 20-30 minute interview to discuss their experience of therapeutic presence within online art therapy.

To disseminate the survey, the Director of the Clinic communicated with student art therapists at the TATI Online Clinic inviting them to a) pass on the information about this research study to all of their clients when they meet for sessions, and to b) send a link, via the clinic's online platform, to the survey to fill out after one of their sessions. The researcher was available to answer any questions the student art therapists may have had before sharing information about the research with their clients and throughout the study. Once results were received from participants who opted to fill out the survey, the researcher contacted those who provided their email addresses to schedule an interview time and sent them a specific research consent form regarding the interview for the study (see Appendix D). The interview was conducted over the researcher's Zoom Pro account, and not via the online clinic account, to protect confidentiality. To avoid dual relationships and conflicts of interest, the researcher did

not complete the survey or send out the survey to their own clients. It is notable to mention that student therapists at the clinic usually only have access to identifying information about their own clients. As such, the consent form clearly states that in this case, the student-art-therapist-researcher may know identifying information about all research participants.

As the researcher, I took the following measures to ensure that this personal information was kept strictly confidential: storing all consent forms, completed surveys and recorded interviews on a password protected server; using a platform secured by encryption for conducting and recording interviews; and ensuring that all information collected was destroyed upon completion of the research report writing.

Research Data

The research data revealed the central role that mindful artmaking, verbal expression and embodiment play in developing TP while practicing art therapy online. The art material, the body and the computer (or screen) are portals to facilitate the encountering of both therapist's and client's imaginal presence, embodied presence, and digital presence, yielding a co-created and shared experience of TP. This study introduces and explains a new theory called the Online-Onland Art Therapy Therapeutic Presence (OATTP) framework. It emerged from the data and proposes ways for it to inform online art therapy by illustrating the roles that therapists and clients play and the practices that help them to contribute to co-creating TP that is so fundamental to therapeutic efficacy.

Chapter Two: Literature Review

In this study I examine the factors that enhance or inhibit the experience of TP for therapists and clients during art therapy sessions in an online context. The areas examined in the literature review relevant to this exploration include: a) mental health needs during the pandemic; b) therapeutic services delivered online; c) online art therapy during a pandemic, including the benefits, concerns, theoretical frameworks and history of art therapy using technology; d) the role of TP in therapy; e) TP in art therapy; f) therapeutic presence inventory (TPI) as measurement tool, a review of its strengths, and a critique through an intersectional lens; g) recommendations for practices for fostering TP within art therapy on-line; and, h) recommendations that emerged from this literature review. Since 100% of the respondents in this study reported 'art making', 'verbal expression' and 'embodiment' as key to their experience of TP during on-line art therapy, parts of the literature review focus on these concepts.

Mental Health Needs During the Pandemic

There was a significant increase in depression and anxiety across Canada during the COVID-19 pandemic, now being referred to as an "echo pandemic" (Dozois & Canada Mental Health Research, 2021, p. 1). The COVID-19 pandemic increased the needs for mental health services and therefore, strained the already overextended health care system in Canada (CAMH, 2020). Many clinicians and therapists transitioned to delivering care online in attempts to maintain continuity of service and to expand access at a time of intense need (Gratzer et al., 2020; Knetchel & Erickson, 2020). During this time, CAMH (2020) recommended expanding virtual mental health services and the range of resources, supports, and care provided to Canadians.

The pandemic exacerbated mental health challenges in Canada by compounding pre-existing stressors, creating more barriers to accessing help, and further escalating the urgency of needs (CAMH, 2020; MHCC, 2020). In addition to pre-existing service requirements, there are now groups of frontline and essential workers experiencing anxiety, depression, and distress (Wu et al., 2020). Others workers across various occupations also report similar stressful experiences and requiring mental health support (Shah et al., 2021). Studies show that marginalized communities and underserved groups have been most vulnerable during the pandemic due to inequitable access and lack of available culturally informed mental health care; as such, they remain more susceptible to stress, depression and anxiety, further exacerbating existing systemic and social justice issues (CAMH, 2020; MHCC, 2020).

Canadian statistics show rising projections for suicides in Canada influenced by pandemic conditions (McIntyre & Lee, 2020). Canadians have reported worsening mental health during the pandemic, with 44% feeling worried and 41% feeling anxious (Angus Reid Institute, 2020). In 2020, 81% of Canadian workers reported experiencing decreased mental health as a result of the pandemic (Morneau Shepell, 2020). The need for immediate attention to increasing access to therapy and optimizing its effectiveness is clear.

Therapeutic Service Delivered Online

There is much research examining the advantages, disadvantages, and recommendations around therapeutic services delivered on-line (Aafjes-vanDoorn et al., 2020; Banack, 2021; Barak et al., 2008; Connolly et al., 2020; Cowpertrait & Clarke, 2013; Dunn & Wilson, 2021; Gratzer et al., 2020; Hadjistravrospoulos et al., 2018; Knetchel et al., 2020; Poletti et al., 2021; Rodgers et al., 2021; Susman, 2021; Weinberg & Rolnick, 2019; Usiskin et al., 2020). One study by Poletti et al. (2021) states, "Overall, our results show that telepsychotherapy can be used to

treat successfully common mental-health disorders. Telepsychotherapy effectiveness was indeed reported to be comparable to in-person treatment" (p. 9).

According to the literature, there are many benefits to delivering and accessing therapy online. First, it has shown to decrease barriers and increase accessibility for many clients and has helped to decrease stigma, time, and travel time required to access therapy; in many cases, has helped to increase service delivery in underserved populations and geographically isolated communities (Barker & Barker, 2022; Cipoletta & Mocellin, 2018; Cuijpers et al., 2009; Richards & Vigano, 2013; Simpson & Reid, 2014; Weiss et al., 2018; Winkel, 2022;). Dozois and Mental Health Research Canada (2021) put out a call for mental health professionals to modify their services to ensure increased accessibility, community focus, pleasure, and mastery-orientation to support people during the pandemic. Interestingly, Simpson and Reid (2014) did a systemic literature review that showed that the therapeutic alliance online with therapists is rated as moderate to high by clients and is almost the same as to face-to-face. They suggest that the space and distance involved in online therapy offers a bolstered sense of safety for clients and promotes engagement. Clients can experience an increased sense of control and empowerment related to their sessions when there is use of technology as a result of the physical distance; they may therefore feel able to be more accountable and capable of communicating effectively in sessions (Berger, 2017; Callahan & Inckle, 2012). Studies indicate that people who experience social stigma also benefit from online therapy (Nagarajan & Yuvaraj, 2019), along with clients experiencing sexual dysfunction, low self-esteem, body image issues, struggles with shame (Barker, 2020; Cipoletta & Mocelin, 2018; Glasheen et al., 2016; Richards & Vigano, 2013; Simpson & Slowey, 2011). Chen et al.'s (2021) research shows how telepsychotherapy benefits people who feel intimidated by another person's physical presence or worry about the impacts of

their words or presence on their therapists. There have been studies that indicate that certain groups, such as children, teens, and young adults, may find therapy more appealing when delivered online due to their familiarity with using technology (Barker & Barker, 2022; Nagarajan & Yuvaraj, 2019; Orengo-Aguayo et al., 2018). Finally, Cuijpers et al., (2009) conducted a meta-analysis comparing face-to-face treatments with computer-aided psychotherapy across sessions with people diagnosed with various disorders and found that the outcomes of the two formats were equivalent.

Rodgers et al., (2021) conducted a study during the COVID-19 pandemic and concluded that person-centred therapy could effectively accommodate, address and adapt to psychotherapy practice online. Banack (2021) examined emotion-focused therapy and described four elements to its successful practice in an online setting, which included: setting the stage; intentionally creating space for transitions; adjusting enactments; and bringing special focus to therapeutic presence (p. 303). Dunn and Wilson (2021) encourage therapists to think about online therapy as giving voice expression in therapy in similar ways as historical letter writing and telephone therapy practices offered, in that they are 'at a distance' and inclusive (not reliant on complex devices or expensive internet connections to participate). They also address how different theoretical orientations inform therapists' assessing, contracting, relating and experiencing presence in online therapeutic spaces. Susman (2021) tackles implications of technology and therapy by addressing themes that impact therapeutic experience, such as poor connection, disembodiment, bonding, forms of communication, intimacy, and transition, concluding that although therapists much expanded ability to serve clients online, she advocates strongly "for the irreplaceability of meeting in body" (p. 327).

Along with the many benefits of online therapy, many challenges also exist. In a study by Simpson and Reid (2014), it states that online therapy is not suited to all clients equally and is not recommended for certain individuals, such as those who struggle with emotional dysregulation, dissociation, avoidance, paranoia, rigid thinking, or effects of childhood abuse. Barker and Barker (2022) collected data from 114 professional counsellors across modalities in the United States and discovered that varying degrees of preparedness were experienced across counsellors, the therapeutic experience was greatly impacted by the functionality of technology, and many reported that therapy was more effective in person. From the counsellors' perspectives, clients were described as being "disengaged and distracted rather than comfortable and open" (p. 66) and online therapy efficacy was associated more with "client characteristics and treatment approaches than with diagnoses and treatment goals" (p. 66).

Art Therapy Delivered Online During the Pandemic

Delivering art therapy online responds to both recommendations made by the CAMH (2020). This shift to online delivery has increased the scope of accessibility of art therapy for many clients in Canada. Art therapy research conducted during Ebola and SARS epidemics revealed benefits to art-making during public health crises (Potash et al., 2020). AlDaleel et al. (2022) demonstrates that art therapy delivered online during the COVID-19 pandemic resulted in a 36% decrease in anxiety amongst participants. Keaveny (2020) promotes the idea that it is the professional responsibility of art therapists to be exploring online methods digital platforms and technologies within art therapy practices. The COVID-19 pandemic has echoed and amplified this call to action.

It is pertinent to examine the history of art therapy using technology. The delivery of art therapy using technological platforms for telehealth purposes is nothing new. Gretchen Miller

(2017) describes the digital roots of art therapy. Biro-Hannah (2020) writes about how art therapy has been using digital technology in different capacities since the 1980s. In Canada, Kate Collie and Davor Cubranic developed what was called 'distant art therapy' or was also referred to as 'internet art therapy' (Collie, 2022). In 1997, they delivered in an asynchronous way using email and attachments with images (Collie & Cubranic, 1999). Delivering art therapy via videoconferencing and other mediated communication platforms became quite common suddenly during the COVID-19 pandemic (Barker & Barker, 2022; Biro-Hannah, 2020).

At the start of 2020, counsellors and therapists had to adapt to unprecedented conditions while processing crisis themselves in response to the COVID-19 pandemic, and practitioners were doing everything they could to transition online to ensure service continuity (Barker & Barker, 2020; Gunn, 2020; Winkel, 2022; Yalom, 2020). Art therapists experienced a very sudden shift to working online, many for the first time (Clay, 2020; Kalamanowitz, 2020; Potash et al., 2020; Zubala & Hackett, 2020;). Many therapists experienced anxiety and stress during this sudden change in setting and delivery of their services (Aafjes-van Doom et al, 2020). Yep (2020) discusses how the COVID-19 health crisis was a turning point for therapeutic professions. Zubala & Hackett (2020) reveal that over 90% of the art therapists who participated in their study reported that they were planning to continue providing art therapy online, including those not currently doing so. A study by Biro-Hannah (2021) emphasizes the need "to research…to provide clear, practical and theoretical framework for practice" (p. 103). McBride and Worral (2021) describe the sudden change from face-to-face art therapy to online as being similar to changing from shifting gears in a car with an automatic transmission to shifting gears in a vehicle with a manual one. Walters (2022) discusses how art therapists are "reconceptualizing ideas around therapeutic space, accessibility, materials, and client therapist power dynamics" (p. 26).

Thanks to the research done throughout the COVID-19 pandemic, many insights and recommendations are now available to art therapists who are seeking support in effectively shifting to online practice, as discussed in the following paragraphs.

Research shows that there are many benefits to delivering art therapy online. It was used during the COVID-19 pandemic to ensure inclusive spaces, accessibility, and continuity of service all over the world (Arslanbek, 2022; Datlen & Pondolfi, 2020; Miller & MacDonald, 2020; Usiskin & Lloyd, 2020; Zubala & Hackett, 2020). In some regions of the world, research states that taking art therapy online has led to a decrease of stigma associated with seeking mental health support, resulting in higher numbers of clients, and clients experiencing enhanced power and capacity to receive, access, and benefit from art therapy (Gomez Carlier et al., 2020). Biro-Hannah (2021) writes about how group art therapy can mitigate some impacts of the COVID-19 pandemic through offering a collective experience. She writes, "Art making can access non-verbal aspects of experience that are difficult to communicate in words such as visual imagery, bodily sensations, emotions, and feelings… [it] simultaneously engages the body and mind involving communication between the two hemispheres" (p. 98).

There are also some concerns and limitations in certain circumstances, reducing effectiveness and negatively impacting therapeutic goals in online therapy (Trachtenberg et al., 2020; Weinberg & Rolnick, 2019). In some cases, it can contribute to reduced confidence in the therapist within the therapeutic relationship (Aafjes-van Doorn et al., 2020; Connolly et al., 2020). The literature also highlights the lack of specific training, the risks to privacy and client safety, and ethical considerations as key concerns (Kuri, 2017; Miller & McDonald, 2020; Zubala & Hackett, 2020). Certain groups of individuals, such as young adults with learning disabilities, can experience being excluded from technology (Datlen & Pandolfi, 2020; Miller

&McDonald, 2020). Shaw (2020) also points out the importance of considering whether online art therapy is appropriate in each practice setting, since it can cause dysregulation or trigger symptoms for some clients, such as those with body image challenges heightened by being on camera. A research study by the American Psychological Association (APA) (2020) reveals how online therapy can be challenging for therapists when there is limited or no access to non-verbal language. McBride and Worrall (2021) describe three main challenges to offering therapy online as being "a) technology, b) creating group cohesion online, and c) adapting expressive, creative activities to an online format" (p. 19).

Researching online art therapy during the pandemic requires a close look at the theoretical frameworks guiding service delivery to ensure effective therapeutic process and positive outcomes. The literature reviewed highlights the importance of verbal expression and artmaking, along with attention to the body and sensations, mindfulness, and compassion practices, within art therapy when practiced online.

Research in online art therapy from a Canadian perspective includes Carpendale and Toll (2021); Kerekes-Rinn (2020); McBride and Worrall (2021); Proulx (2022); Whitaker, Shaw & Winkel (2022); and Winkel (2022). Winkel (2022) discusses using "cultural humility and competence, creativity and art making as frameworks to create stronger therapeutic alliances" (p. 50) when conducting virtual art therapy. This focus on naming intersectionality and acknowledging place and space within practice is echoed by Carpendale and Toll (2021). They discuss how nature often serves as a holding place of "safety and restoration" (p. 5), for online art therapy participants, welcoming unique identities and geographical differences, while developing an ecological identity and deepening "awareness and experience of resources, both internal and external" (Carpendale & Toll, 2021, p. 5). McBride and Worrall (2021) discuss their

framework for creating connection when working with art therapy groups online using the metaphor of a car and the importance of focusing on shifting, "down to a lower, slower gear in order to allow all members to settle in for the journey" (p. 24). Proulx (2022) discusses her framework, "Squaring the Schaverian Triangle" (p. 111), as a means for navigating the redefined relationship between therapists, clients, artworks and screens while engaging in online art therapy. In art therapy, the Schaverian Triangle describes three key elements to therapeutic work and relationship made up of the therapist, the client, and the artwork, and focuses on transference within the art as the main facilitator of therapeutic impact (Schaverian, 2000). Proulx (2022) writes about how she and her colleague Michelle Winkel expand on Schaverian's work and refer to the 'computer screen' as the space where the client's transference, and the therapist's countertransference get held and expressed and thus, "conceptually squares off the triangle" (p. 112). Whitaker, Shaw, and Winkel (2022) expand this thinking even further by offering an eco art psychotherapy model, bringing together the elements of client, client response, therapist, therapist response through nature as the centre point of encounter.

Some frameworks from the United States include Snyder's (2021) framework and Miller and MacDonald (2020) current art therapy online practice recommendations for using digital technology. Snyder's (2021) "magic circle for change" offers a theoretical approach oriented for supporting children, teens and families through integrating child art therapy, play therapy and family therapy. In this framework Snyder weaves tother Daniel-Wariya's concept of the magic circle (2019) with Landreth's (2012) concept of creating a third space to be used for art therapy online.

Some of the most compelling frameworks within art therapy are rooted in the wisdom of Berger (2022), Shamri-Zeevi and Katz (2021), Haywood and Grant (2022), Datlen and Pandolfi

(2020), and Biro-Hannah (2020), art therapists practicing and researching within the United Kingdom, Europe, Asia, Africa and the Middle East. Ronen Berger (2022), the founder of nature therapy and an instructor at Tel-Hai College in Israel, offers a framework for creating a unique therapeutic environment in collective online spaces with an 'art as therapy' approach by interacting with nature and using the 'screen as stage' framework. He describes using the 'screen as stage' in ways that allow for different points of view and ways of relating for the therapist and for participants involved to play out as if on a stage. He explains, "the use of virtual spaces and the physical absence of the therapist changes the basic concepts of relationships and group dynamics" (p. 79).

Dr. Liat Shamri-Zeevi, a senior visual arts therapist, psychotherapist and instructor, and Aya Katz, an art therapist supervisor and lecturer, both at Ono Academic College in Israel, explore the "new four sided set of relations" (Shamri-Zeevi & Katz, 2021, p. 1) in the online context. Their four-sided reflecting mirror guides the relations between client and therapist while working online as "the therapist, their image, the client and their image all interact" (Shamri-Zeevi & Katz, 2021, p.1). They use the practice of creating self-portraits to help art therapists locate themselves in the virtual space and within the therapeutic relationship space during online art therapy practice..

Sarah Haywood, a clinician and lecturer, along with Bridget Grant, an experienced art psychotherapist and lecturer, both at Queen Margaret University's art psychotherapy program in Scotland, write about their hexagonal relationship model (Haywood & Grant, 2022). It offers a framework for reconceptualizing the important roles imagination, conscious and unconscious relating with art images plays in online art therapy (Haywood & Grant, 2022). Building on Schaverian (2000) and Jung's ideas of transference and countertransference in art therapy, their

model places the image at the centre and highlights the interplay of relationship between art therapist and client conscious and unconscious influences, along with the virtual component, "the virtual alchemical vessel …a symbolic container for multiple and complex projections and transferences, where a mutually transformative process can unfold…[grounding] our understanding of where the therapeutic work is happening" (Haywood & Grant, 2022, pp. 4-5).

When looking at the research related to online group art therapy, Gillian W. Datlen, an art therapist and lecturer, and Chiara Pandolfi, an artist and art therapist, both in private practice in London, England, are focused on supporting people with physical and learning disabilities (Datlen & Pandolfi, 2020). They discuss how, in order to ensure an inclusive, enabling approach in their online art therapy groups for young adults with disabilities, they focus on offering choices throughout the experiential process (Datlen & Pandolfi, 2020).

Research by Edit Biro-Hannah (2020), an art psychotherapist and clinical supervisor in England, highlights the value of polyvagal theory as a foundational element to art therapy with its promotion of engaging socially, offering opportunities for co-regulation and decreasing the intensity of stress responses. Biro-Hannah's framework offers a way to integrate polyvagal theory and other trauma informed approaches within online art therapy groups.

Role of Therapeutic Presence in Therapy

Geller (2020) writes about how TP offers a co-regulating function for clients' emotions, establishing a sense of safety. She writes, "With therapeutic presence, therapists use their selves and their attuned bodily awareness as tools for understanding their clients as well as for perceiving how their responses are facilitating the client's therapeutic process and the therapeutic relationship" (p. 4). She explains how it works by stating that the therapist's "presence is like an antenna, reading the experience of the moment by resonating with clients' experience and

attuning to their own felt experience of the moment" (p. 4). TP is a key common factor necessary in the development of a sense of safety and therapeutic connection, and is shown across studies to increase therapeutic efficacy (Geller, 2020). Krogh et al. (2019), a team of physician researchers, discuss the application of TP within the doctor-patient relationship and they write, "TP is a specific kind of presence that is oriented toward the [client]. It seeks to empathize, to understand, to help, and to achieve well-being. TP is a concept that is grounded within clinical theory and practice" (p. 52). Scott William Kelly, a Hakomi therapist, along with his supervisor at the Australian College of Applied Psychology, Dr. Fiona Ann Papps define TP as "the ability to be fully human and fully engaged with another person emotionally, cognitively, physically, and spiritually, and underpins all efficacious interventions" (Kelly & Papps, 2022, p. 150). Obviously since online therapy does not include in-person encounters, it eliminates the possibility for physiological attunement as traditionally practiced. Therapists experience a limited ability to express their presence in a fully embodied way in online therapy, therefore challenging them to discover what helps to "attune and convey a sense of safety and build trust through presence" in this new online context (Geller, 2020, p.5).

Assumptions

It is important to address a few of the key assumptions made within the discussion about therapeutic presence. First, it reads as though Geller (2020) asserts that a therapist fostering TP is necessary to the development of a sense of safety and therapeutic alliance required to promote efficacy in therapy. I am curious if this is always true, as in the case of horse-human trauma recovery therapy as discussed by Schlote (2019) and Butler (2022), or in other sorts of pet therapy where animals play the role in co-regulation of the client (Scandurra et al. 2021; Hawkins et al., 2022). Is a therapist always required for TP to be present for the client? Second,

if indeed a therapist is required for TP to be present, is the being – playing the role of therapist and fostering TP in the relationship – necessarily have to be a human? Could it not be a horse or a dog or some other living being? If we expand beyond a colonial, anthropomorphic-centred way of understanding and shift into a more interconnected way, to include what Joanna Macy refers to as, the "more-than-human being world" (Edelglass, 2009, p. 428), what might be possible? And lastly, and possibly most importantly, the third assumption about TP is offered up by Kelly and Papps (2022) when they describe it as "the ability to be fully human and fully engaged with another person emotionally, cognitively, physically, and spiritually…" (p. 150). Does this mean that TP is essential to being human and to life? What does this mean for folks who do not experience TP, and or, who do not engage with other people in an emotionally expressive way or a physically expressive way or a cognitively expressive way, or a spiritually expressive way? Are they not fully human? What does this imply for people who may not speak our language or not be able to speak at all; for neurodivergent folks who process and express information in ways that may not always be recognized as emotional, physical or spiritual engagement; for young children who are non-verbal or have limited abilities to express themselves with words and sounds; atheists who may not resonate with any kind of spiritual paradigm? The spirit in which this description of TP was written by Kelly and Papps (2022) is likely shared by many scholars. However, examining research as scholars and being consciously explicit about our intersectionality gives important context to our thoughts and words. Examining research, including our own, with a critical lens, is vital in order to avoid perpetuating patterns of harm and colonial tendencies, such as ableism, ageism, xenophobia, and other forms of oppression, alive within North American social and academic structures.

Rose Dunn, Jennifer L. Callahan and Joshua K. Swift, researchers and lecturers in psychology based in the United States, discuss in their research how mindfulness is a transtheoretical clinical process that contributes to bolstering clinical skills such as attentiveness, non-judgment, and ways to improve client perceptions, which are all relevant and required for fostering of therapeutic presence (Dunn et al., 2013). Dr Abraham Oshni Alvandi (2019) is an Australia-based digital health researcher focused on rural health, technology, artificial intelligence and cognition. In a study on teletherapy, Alvandi proposes a structure for creating presence while practicing therapy online called 'cybertherapogy' that involves interweaving cognitive and emotional elements in counselling to foster TP in a digital space.

Role of Therapeutic Presence in Art Therapy

An art therapist who embodies TP is described as being "able to attend to the movement between his or her own inner self and the self of the client; that is, the to-and-fro oscillations of cognition, feeling, and embodiment, as well as between one's own experience and experiences shared with another" (Robbins, 1998, pp. 12-13, as cited in Schwarz et al., 2018, p. 11). Art therapists and supervisors at the University of Haifa in Israel, Naftali Schwarz, Sharon Snir, and Dafna Regev (2018), discuss the components of the art therapist's TP as being: attentive focus (on the body, emotion, and art), joining with the client, sense of flow in oneself, ability to allow for the unknown to be present, and a sense of being entirely present. The study also examined the art therapists' preparation for TP and the influences on their TP.

Figure 1

Reported Experiences of Presence by Art Therapists – Themes

Components of Art Therapists' Therapeutic Presence	Art Therapist Preparation for Therapeutic Presence	Influences on Art Therapists' Therapeutic Presence
Attentive focus	Preparing for a specific client	Factors emanating from the client's presence
• On the body • On emotion • On art	• Preparing the setting • Preparing mentally • Preparing through supervision and subsequent preparation	Development over time
		Presence and qualities of art materials
Joining with the client	Strengthening through personal enrichment	Accessibility (i.e., accessing what is on one's mind)
Sense of flow in oneself		External factors to the therapeutic relationship
Unknown allowed to be present	• Accumulation of theoretical knowledge • Belief in the therapeutic process • Belief in the power of art	
Sense of being entirely present		

Note. Schwarz et al., 2018, p.15.

Art was at the core of all categories in Schwarz et al.'s (2018) study findings, illuminating how influential it is in enhancing the art therapist's TP. They provide a framework for understanding the components of art therapists' therapeutic presence. Similar to other research studies, they discovered art to be at the core of all categories of their findings and their model helps to deepen our understanding of, "the complex, dialectical nature of art in the therapeutic encounter that can assist in attuning to different facets of art in the therapeutic setting" (p. 17). Although the study was not focused on the digital realm, recommendations offered by Schwarz et al. (2018) may well be able to be adapted for virtual therapeutic settings in future.

Another study that supports the importance of TP and it is associated implications for art therapy practice is by Samantha Schwenk (2022), who discovered how "mindfulness-based art making can develop the skill of being therapeutically present in session with clients" (p. 33). Schwenk explored her own experience, as a graduate student studying to be an art therapist in

Pennsylvania, USA, and discovered that combining daily mindfulness and art making practices helped to reveal personal insights and to nurture her own TP with clients.

Taking a more systems view, UK-based professor of art psychotherapies, Dominik Havsteen-Franklin, professor of art psychotherapies, UK-based researcher Marlize Swanepoel, South African creative arts therapists Jesika Jones and Uné Conradie, propose a families and collective futures model to guide arts-based psychosocial practice in communities impacted by intergenerational trauma (Havsteen-Franklin et al., 2021). Like the previous study, it was not examining virtual art therapy practice. However, its model and recommendations could be adapted for online community-based therapeutic projects and therefore, warrants mentioning here.

Therapeutic Presence Inventory (TPI) as Measurement Tool

According to Geller, Greenberg and Watson (2010), the Therapeutic Presence Inventory (TPI) addressed a gap in existing measures for therapeutic relationships. Its development process was motivated by the fact that the measures in place, the Working Alliance Inventory (WAI) and the Therapeutic Relationship (RI) measures, "excluded aspects of presence" (p. 600). Another noteworthy element about this inventory is that it helps to differentiate mindfulness and presence. It frames mindfulness as a "technique that can cultivate presence" (p. 600) and as an "approach to work with one's own or with the client's internal world" (pp. 600-601). Instead, the TPI frames TP as "an internal and relationship therapeutic stance" and measures the internal and relational elements accordingly (pp. 600-601). Both the original TPI and the adapted one (the original with some additional questions added to give context within the art therapy process) can be found in Appendix C and Appendix F respectively. A letter showing proof of permission from Dr Sheri Geller to use the TPI in this research is found in Appendix E.

It is worth noting and examining the potential biases that may be created through a lack of gender, educational, and cultural diversity of the participants during the development of the TPI measurement tool. It is important to be aware of these biases when applying TPI to avoid perpetuating harmful colonial and patriarchal systemic dynamics within therapeutic relationships and research. A limitation of the TPI-T is that the homogeneity of the expert rater group participating in its development offers a potential gender bias as they were mostly men (seven out of nine raters) and there were no raters who identified as non-binary, gender fluid, or trans to bring perspectives from the gender diverse communities into consideration (Geller et al., 2010). Also, in some ways the approach taken to develop the TPI embodied and perpetuated colonial and patriarchal structures and dynamics through its research orientation. From the beginning, by endeavouring to conduct a "theoretical exploration about how therapists develop presence and how clients can be receptive to their therapists' presence" (Geller et al., 2010, p. 608), the theory seems to assign more power to the therapist than the client by positioning the therapist as the giver and placing the client in a position of the receiver. One could argue that this positioning perpetuates a top down, hierarchical and patriarchal approach to therapy delivery. Moreover, Geller (2010) points out that more than 80% of clients who participated in the TPI development had a college or university education. Geller (2010) writes:

> The sample consisted of 114 clients (39 men, 75 women) who met…criteria for major depression…In terms of education, 26 (22.8%) had completed high school, 65 (57%) had post secondary school or college training, and 23 (20.2%) had a postgraduate degree. One hundred two (89.5%) clients were Caucasian, nine (7.9%) were Asian, and three (2.6%) were Hispanic. (p. 603)

These factors may contribute to a possible bias within the tool. Since almost 90% of the clients who participated were white-bodied, and a high percentage of them held post secondary education, this increases the likelihood of a particular view of the world, promoted by systemic education rooted in colonial values being represented in the development of this measure (Geller, 2010). Also, the influence of white bodied supremacy thinking and ways of being is likely present in this tool, since the expert raters of this tool were also overwhelmingly white-bodied.

The first study in the TPI development process was qualitative, extending from the research of Rogers' therapist-offered conditions and Buber's I-Thou theory of relationship, and explores accounts from experienced therapists across humanistic, emotion-focused, Adlerian and cognitive-behavioural disciplines. making the preposition that 'presence' is essential across all therapeutic approaches (Geller & Greenberg, 2002). The second study is quantitative and resulted in the development of the measure (Geller et al., 2010). The third research study dove into examining the reliability and validity of the TPI measure by placing it in two large randomized controlled studies at two Canadian universities comparing treatment of depression across several therapeutic approaches (Geller, 2012). Geller (2012) examined predictive and construct validity and "good reliability was shown across therapy types" (p. 45). Geller (2012) writes:

> A central finding in this research is that clients reported a positive change
> following a therapy session when they felt their therapist was present with them,
> regardless of the theoretical orientation of the therapy. Clients also rated the
> therapeutic relationship alliance as stronger when they felt their therapist was
> more present with them. (p. 46)

Combined, these three studies revealed that TP "is a foundation for the development of a positive therapeutic relationship and working alliance, as well as positive session outcome across person-centred, process-experiential, and cognitive-behavioural therapies" (Geller & Greenberg, 2012, p. 6).

There is an opportunity for future research to look critically at the assumptions made in the studies mentioned, and specifically, to examine what presence means to different groups across diverse cultural contexts to confirm or challenge the assertion about TP being foundational to positive therapeutic alliance and outcomes. Many voices in the literature highlight similar concerns about the bias present in the discussion of 'presence' and 'mindfulness' within therapeutic endeavors. Rachael Crowder (2016), professor of social work based in Alberta, Canada, challenges us to bridge the gaps between the individually-focused and politically passive mindfulness approaches and the collective-focused and politically active feminist-based orientation to therapy by integrating their strengths and focusing on the points of connection in order to help clients rebuild a sense of self and agency. Santhosh Chandrashekar (2022), professor of communication studies in Colorado, USA, highlights how 'mindfulness' is most often practiced and discussed in a deracialized intersubjective manner and challenges us to reconceptualise it in way that counters racialized exclusion and is resonant with Buddhist understanding. Shainna Ali and Courtland C. Lee (2019), professors of psychology based in the USA, call our attention to the importance of therapists learning about a client's identity as a crucial context to their lived experiences in order to avoid clinical blind spots and to ensure that culturally competent therapy is delivered.

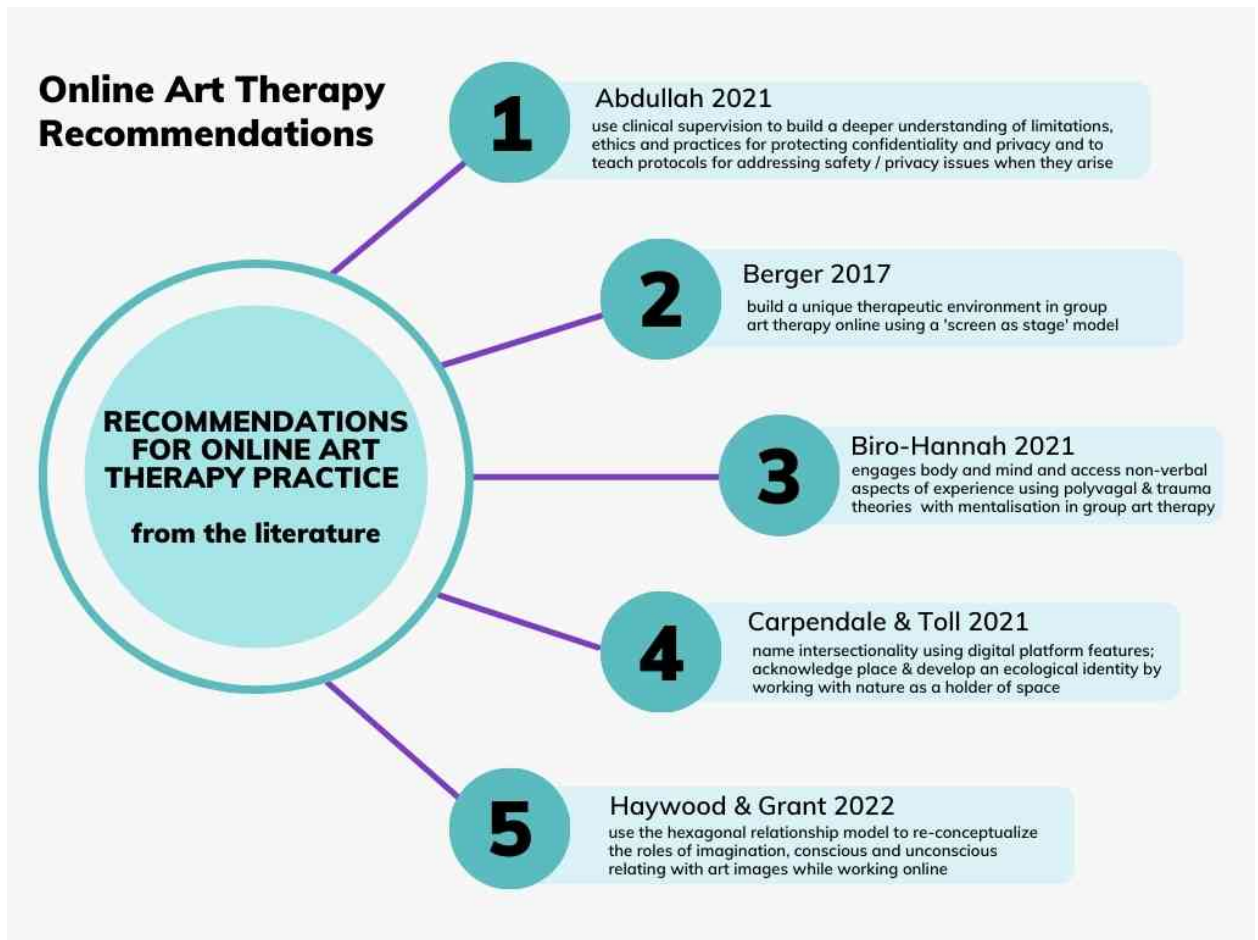**Recommendations for Art Therapy Practice Online from the Literature**

Geller (2021) discusses the importance of TP in online therapy. UK-based lecturer Miranda Matthews (2021), explores a similar idea within the field of arts education with her concept of affective digital presence. She describes this as "the relationships between 'affect' – that is, the emotive, empathic energies that flow through our ways of connecting with others, and the upsurge of digital learning environments, and digital arts practices" (p. 493). Matthews discusses how affective digital presence activates "care for the cultural experiences…with intersectional awareness of their different identifications of race, gender, class, sexuality and disability" (Matthews, 2021, p. 493). More research is needed using an intersectional lens to examine TP within the context of art therapy practiced in online environments.

In her book, *The Art Therapist's Guide to Social Media: Connection, Community & Creativity*, Gretchen Miller (2017) discusses a model of digital community requirements for art therapists that promotes four practices – personal responsibility, digital citizenship, global citizenship and altruistic service – and offers theories, case examples, frameworks, and best practices. Snyder (2021) offers recommendations for taking art therapy practice online when working with children. McBride and Worrall (2021) highlight the importance of simplifying art invitations and activities and offering more time for building a sense of community when running online art therapy groups. Other practice recommendations for art therapy are offered by Abdullah (2021), Berger (2017), Biro-Hannah (2021), Carpendale and Toll (2021), Haywood and Grant (2022), Proulx (2022), Shamri-Zeevi and Katz (2021), and Whitaker, Shaw and Winkel (2022).

In the diagrams below (Figures 2 & 3) I have summarized some key recommendations for online art therapy from the literature. They highlight a number of similar themes as was revealed in this study contributing to the validity of the data.
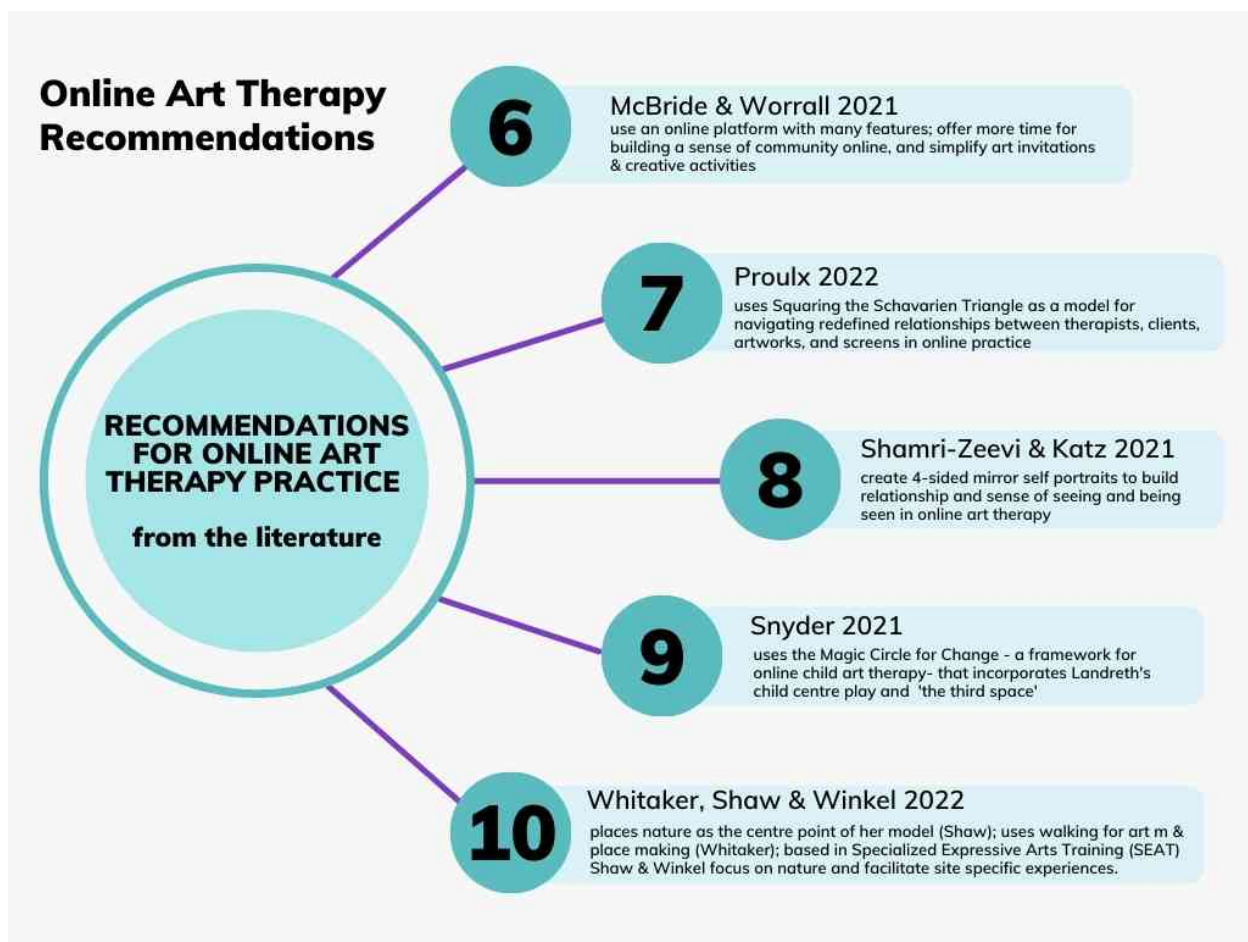
Figure 2

Recommendations for Online Art Therapy

Online Art Therapy Recommendations

RECOMMENDATIONS FOR ONLINE ART THERAPY PRACTICE

from the literature

1 Abdullah 2021
use clinical supervision to build a deeper understanding of limitations, ethics and practices for protecting confidentiality and privacy and to teach protocols for addressing safety / privacy issues when they arise

2 Berger 2017
build a unique therapeutic environment in group art therapy online using a 'screen as stage' model

3 Biro-Hannah 2021
engages body and mind and access non-verbal aspects of experience using polyvagal & trauma theories with mentalisation in group art therapy

4 Carpendale & Toll 2021
name intersectionality using digital platform features; acknowledge place & develop an ecological identity by working with nature as a holder of space

5 Haywood & Grant 2022
use the hexagonal relationship model to re-conceptualize the roles of imagination, conscious and unconscious relating with art images while working online

Figure 3

Recommendations for Online Art Therapy

The Benefits of Art Making

Teoli (2021) highlights the therapeutic value of creating alongside clients through what is referred to as 'companioning artmaking'. Howe and Jones (2021) share a case study that highlights how artmaking used with analytical psychology within a therapeutic community assisted in successfully addressing some key challenges experienced by community members during the COVID-19 pandemic. Roberts (2022) discusses the role of art-making in a program promoting the development of positive self-view in people living with life-limiting illness. Graham and Lewis (2021) write about how in their research artmaking as a mindfulness and self-

care practice facilitated the development of deeper self-awareness and personal understanding

among participants and point to the positive potential such practices hold for informing current

social and cultural structures.

Zubala et al (2021) highlight how online art therapy increases comfort with client

participation in therapy and artmaking. Ahn and Park (2021) share a case study about a client

who found the lack of in-person contact with a therapist in online art therapy offered a sense of

expansive space and increased ability to focus on her inner experience and her artmaking.

Havsteen-Franklin and Altamirano (2015) summarize the power of online artmaking and

therapeutic process by stating, "the process of linking verbal and non-verbal domains in a

collaborative way is at the heart of the art therapy process and enables change where using words

alone would most likely have failed" (p. 63).

Shamri-Zeevi and Katz (2021) raise the issue of seeing and being seen within online art

therapy, underscoring important issues that inform therapeutic efficacy. For example, the

disruption and shifting of eye contact, visibility and relationship between the therapist, the client

and the art, along with the challenges presented relating to availability of art materials and the

varying degree of safety around self-expression experienced by clients in home spaces. They

recommend the practice of creating four-sided mirror self-portraits that facilitate the interaction

between the therapists, the therapist on-screen image, the client and their on-screen image as a

way to build relationship and shared sense of 'seeing and being seen' during online art therapy

sessions. Shamri-Zeevi and Katz (2021) reveal three themes in their research: locating oneself in

the online setting of art therapy; the image of the art therapist as reflected onscreen and in the

self-portraits; and the therapist-client relationship. These offer some clues for art therapists as to

where attention can be focused when working to build rapport and connection with clients online.

Embodiment Practices

Geller and Greenberg (2002) emphasize the importance of embodied practice in the development of therapeutic presence within psychotherapy as they write, "With presence, the therapist is using the body as a sensor of what is occurring in the therapist and the client and in the relationship itself" (p. 69). In a research study focused on TP in teletherapy, Geller (2020) recommends that therapists cultivate a mindfulness and compassion based practice to "help to strengthen qualities of attention, awareness, warmth, compassion, and sensitivity which are the basis for attuning and understanding clients' experience, and in turn strengthen the therapeutic relationship" (p. 3). Geller and Porges (2014) discuss how embodiment in preparation for psychotherapy practice supports the nervous system to be open and ready to foster TP. They suggest that "neural exercises that promote the neuroception of safety for both therapist and client can include slow exhalations following deep abdominal breathing…social play [such as group drumming], improvisational music, being in nature, yoga, meditation" (p. 189).

Adams and van Manen (2006) explored embodiment, virtual space, and interpersonal relationship in online contexts. It is important to note that although therapy is delivered online, both the therapist and the client are embodied in whatever physical spaces they are joining the session from, making it a hybrid practice, merging physical and virtual relational elements. Feninger-Schaal et al. (2022) examined the creative art therapies, including embodied practices such as, movement, music, drama and other expressive arts modalities, during an early period of the COVID-19 pandemic lockdown and highlighted the experiences of therapists in the transition to online practice. They wrote about the need to shift embodied communication when online to

make use of visual art-making materials or digital art-making tools to support expression, instead of relying solely on the body movements and or the voice and music alone as traditionally done with in-person movement therapy or music therapy sessions.

In her article, "Being seen digitally", Eila Goldhahn (2021), psychotherapist and movement teacher based in Germany, writes about how "camera-witnessing, a practice derived from the silent witness of Adler's Discipline of Authentic Movement, can inform and enhance the way in which digital media are used for therapy and teaching" (p. 87). In a study, conducted by Israeli Sheerie Lotan Mesika and Hilda Wengrower, both dance movement therapists, along with a colleague and medical doctor Hagai Maoz, all participants who were psychiatric patients living with depression participated in dance therapy groups that moved online due to COVID-19 pandemic, and provided favourable responses, especially when conducted via a device outside in the open air (Mesika et al., 2022).

Research exploring conscious dance practices, many rooted in North America, such as 5Rhythms, Soul Motion, Core Connexion, Continuum Movement practices to name a few, have shown that they can contribute to enhancing quality of life through decreasing psychological distress and increasing mindfulness (Laird et al., 2021). Rugh et al. (2022) explore the positive impacts of participating in online dance classes during COVID-19 pandemic and suggest that effective movement experiences can be provided online helping to ameliorate mood and promote social connectivity. Sheppard and Broughton (2020) conducted a systematic review of active participation in music and dance and concluded that it is an effective way for individuals and population groups to "maintain and promote health and wellbeing across the life course" (p. 16).

There are many body-based practices rooted in cultural contexts of the Global Majority outside of North America that offer a similar impact, such as Yoga traditions rooted in India, Qi

Gong and Tajiquan (Tai Chi) traditions rooted in China, and Bharata Natyam, a form of South-Indian classical dance, among others (Bajekal, 2021; Crowder, 2016; Rodrigues et al., 2022). Rodrigues et al. (2022) demonstrate how online Tajiquan and Qi Gong practices are "vegetative biofeedback therapies that allow the practitioner to control the functions and processes of the body through specific movements or stances, breathing techniques, and meditative exercises" (p. 1), and assist in reducing "the psychological impact of home confinement and social distancing" (p. 1). A study by Bajekal (2021) looks at how Bharata Natyam facilitates embodied transcendence by exploring the relationship between the mind, body, emotions and spirit through South Indian Classical dance being offered in a dance movement therapy space. Crowder (2016) encourages us to examine embodiment practices with a feminist lens as well to ensure they are not perpetuating or reinforcing misogynistic norms. She states that "feminism and mindfulness have points of congruence as well as much to offer each other where they diverge" (p.24), and makes a case for using a mindfulness based feminist therapy (MBFT) to weave together self-compassion and mindfulness with feminist-based, justice, and social change work with groups who have experienced violence and oppression (Crowder, 2016). Clearly there is much room for improvement and innovation beyond the traditional top down, colonial, patriarchal models of therapy, and thankfully, there are ample approaches emerging for therapists to choose from that move us from a 'power over' to a 'power with' paradigm.

In summary, there are a vast array of embodiment practices for art therapists to choose from to support self-care; safe and effective use of self; interrupting patterns of harm within colonial systems; collective care; and calming the nervous system in preparation for being open and ready to develop TP in online art therapy sessions with clients. They also can be woven into therapeutic sessions online as a way to bridge the gap of proximity.

Embodied Intersubjective, Intersectional, Anti-Colonial, Anti-Oppressive Approaches

Clearly, the body is an essential component to the development and maintenance of TP online. To avoid perpetuating harmful patterns and repeating colonial and white-body-supremacy structures in practice, it is recommended that embodied intersubjectivity be integrated as we adjust to and establish new practice norms within the art therapy field that welcomes and respects the wisdom that moves through diverse bodies. Embodied intersubjectivity can be defined as "everything that shapes the client and therapist's interaction moment to moment expressed via feelings, movement, breathing pattern, sensation, image and words. It also incorporates history, gender, class, power, race, what is happening in the world, and the physicality of the meeting place including light, space, perspective and sound" (Carroll, 2021, p. 2). Dalla Lana School for Public Health (2022) at the University of Toronto offers some online tools for supporting the exploration of intersectionality and could be used by therapists and clients alike. One such tool is called the Power Flower and helps to highlight our points of intersectionality and offers a visual representation of how these points of intersection impact our experiences of power and privilege, or the lack thereof, in our current context. Also, the Canadian Centre for Diversity and Inclusion (2017) published "Exploring My Power and Privilege Toolkit" available online. Co-Founders of Continuing Health Consultants Dr. Roberta K. Timothy and Mercedes Umana Garcia (2020) writes from a critical intersectional lens and is spearheading the Black Health Matters: National and Transnational COVID-19 Impact, Resistance, and Intervention Strategies project that is bringing voices of African/Black front line health care workers and essential workers into health research. Timothy and Umana Garcia (2020) presents *anti-oppression psychotherapy* (AOP) as a model that integrates an anti-colonial, intersectional perspective. They write, "Difference is not associated to a category of "otherness"

to be only explored by like-minded people but rather a reality of the different locations of client, therapist, and community, based on dynamic factors of identity that include race, gender, sexual orientation, age, disability, class, immigration status, spirituality/religions, and Indigeneity, among others" (Timothy & Umana Garcia, 2020, p. 5). Norris, Williams and Gipson (2021) also offer a powerful call to art therapists, and those who educate art therapists and scholars. They challenge us all to embrace Black aesthetics within art therapy practice in their article "Upsetting, Undoing and Uncanonizing the Arts Therapies" by ceasing to centre the white gaze in academia and affirm Blackness by supporting Black authorship, ownership and reclamation to "reinstate the authority and legitimacy of Black people as knowers and creators" (p. 7).

This recent shift of a critical mass of art therapists to online practice opens up an opportunity to consider others shifts in practice that will promote justice, equity, diversity and inclusion within the art therapy profession. Carroll (2021) discusses how there is a power shift happening as psychotherapy practice moves online, contributing to a democratization of therapy, facilitating more choice on the part of the client, for example, around how and when to enter and use the therapeutic space and how to engage in the process of therapy (mic/video on or off), and sometimes having favourable economic impacts as well, helping to "address issues of privilege and inequality" (p. 3).

Hamrick and Byma (2017) issue a call to action to all white-bodied art therapists to "dismantle toxic whiteness in themselves and in art therapy's organizational and political structures" (p. 106). Bedi (2018) recommends "traditional healers and Indigenous healing practices and integrating them with culturally adapted counseling and psychotherapy to reduce international mental health disparities" (p. 96). Talwar (2015) calls on art therapy as a profession to bring culture, diversity, and identity exploration to the centre of relationship and trust building

in therapeutic practice. Talwar et al. (2018) offer a critical art-based inquiry as a way to engage

in intersectionality reflexivity within art therapy, supporting the embodiment of a social justice

framework to draw attention to oppressive power structures and barriers that clients face, and

turn to valuing experience-oriented narratives more, thus helping to interrupt colonial and

patriarchal tendencies often present within therapeutic practice. Kuri (2017) also emphasizes the

importance of applying an "intersectional framework to art therapy practice in a manner that

acknowledges power, reflexivity, and the social construction of meaning" (p. 118), as a way to

acknowledge and possibly, interrupt patterns and experiences of oppression.

There are rich resources available to assist in the decolonization process of art therapy

practice. In her dissertation, "Indigenous Wholistic Theory for Health: Enhancing traditional-

based Indigenous health services in Vancouver", Marsden (2005) contrasts Indigenous

worldviews with Christian Residential school doctrines rooted in Western ideological norms to

assist in gaining awareness about where tensions exist, where harm happens and how integrating

traditional Indigenous worldviews could open and deepen opportunities for healing. Blue et al.

(2015) offer notes of caution and recommendations for Non-Indigenous counsellors in Canada

working with Indigenous clients to avoid perpetuating harms toward community strengths while

making recommendations to assist in building trust in respectful ways. Jon Johnson (2015)

discusses how "at the root of many social, health, and environmental crises afflicting the Western

world lies in a fundamental cosmological disconnection from *the land* and that learning to

reconstitute meaningful, storied connections to places constitutes a necessary step down that

other pathway towards the Eighth Fire of Anishinaabe prophecy" (p. 281). Marsh et al. (2015)

examine the blending of Indigenous and Western healing approaches and their findings state that

therapeutic interventions "must honour the historical context and history of Indigenous

peoples…strengthening cultural identity, community integration and political empowerment" (p. 1) in order to facilitate healing in respectful and effective ways. Lu and Yuen (2012) offer a decolonizing framework specifically for art therapy practice. They described how traditional Indigenous ceremonies, movement and grounding practices and art creation were integrated into a program for Indigenous women healing from violence and offered a forum for participants to be witnessed in community and to "act as their own agents of social change and justice" (p. 192). Building upon the earlier works of Elder and art therapist, Fyre Jean Graveline, and inspired by models designed by scholars, Jen Vivian (2013), an Inuit art therapist, provides a model for guiding Indigenizing art therapy practice. She offers a framework that explores spiritual, emotional, physical, mental and four layers of relational domains of being (relationship with the natural world, self, family and community) designed to apply to working with Indigenous and non-Indigenous clients alike.

More recently, in November 2021, Dr. Fyre Jean Graveline, Jean Tait, and Jen Vivian, Canadian Art Therapists, presented the workshop "Emergence Beyond Our Colonial Shadow: Two Circles Working Relationally" at the Canadian Art Therapy Association's annual conference (Graveline et al., personal communication, November 19, 2021). This launched a process of dialogue and collaboration around decolonizing art therapy in Canada, partly through creating ally circles to actively support the Indigenous Circle's Indigenization of art therapy.

To help interrupt the cycles of oppression inherent within colonial structures, it is essential to address ethical considerations by taking an anti-colonial stance and considering possible historical trauma in order to promote trauma-recovery in research and practice, especially for Indigenous clients who experience ongoing systemic violence and discrimination (Napoli, 2019; Norris et al., 2021; Van den Berg & Allen, 2022; Vivian, 2018; Whyte, 2020).

The severing of Indigenous peoples from their culture, their lands, and their way of being, contributed to personal and collective crises. Dolan and Kawamura (2015) offer a model for cross cultural competence, guiding and supporting practitioners with attending to ethical considerations when working with culturally diverse clients. Kerekes-Rinn's (2020) Cultural Competence Model builds off of Dolan and Kawamura's theory to focus on working in Indigenous communities. It discusses the importance of self-reflexivity before commencing therapeutic work to ensure safe and effective use of self and ethical cross-cultural practice. Her model supports counsellors and therapists to navigate working within communities with culturally diverse populations, by exploring one's own worldview and learning about the client's, in order to determine culturally appropriate art therapy interventions.

Research shows a synergistic relationship between Indigenous worldviews and the arts (Archibald & Dewar, 2011; Muirhead & de Leeuw, 2015; Vivian, 2013; 2018, 2019; Weinberg, 2018). Weinberg (2018) writes about how in "traditional Indigenous communities, the arts are integral to daily life. Indigenous people may be involved in activities such as feasting rituals, dancing, and beading, as well as in cultural expressions of ceremonial practices, identity, and lineage. The processes associated with creative arts are perceived as protective factors that support individuals and communities from illness" (p. 17). She goes on to explain that the "circle is both a symbol and archetypal form that illustrates an Indigenous worldview, showing how life evolves within its deep connection to the natural world…[these] relational, collectivist, and communal ideas can assist Indigenous… children to feel more secure, and can help build resiliency for their communities" (p. 16).

An Indigenous art therapy model using the Medicine Wheel and drawing on the Seven Sacred Teachings was created by Vivian (2013). Weinberg (2018) explains that "The Medicine

Wheel engages a person physically (through art materials), spiritually (through connections with nature), emotionally (through creative expression), and mentally (through mindfulness). It is not an authoritative model, but an open and trusting relationship, in which the art therapist also learns from their client" (p. 5). Using community-based participatory research, Barwin et al. (2013) also show how traditional workshops and teachings within Indigenous communities are a form of self-care and serve to support individual and community wellbeing and capacity building. As Weinberg (2018) suggests, with any Indigenous teachings it is vital that non-Indigenous art therapists avoid colonial extractive tendencies by ensuring that they foster meaningful relationship with Indigenous Elders, knowledge keepers, and colleagues, and only use Indigenous teachings when a blessing, along with explicit guidance on how, when, where and with whom such information may be used in practice are offered.

Collective narrative practices within art therapy may lend well to the interconnectivity at the root of anti-colonial practices. Julie Epp (2013), a Canadian art therapist, carried out promising intergenerational work within the Tamil Community of newcomers in Scarborough, Ontario, and her practices may align with an anti-colonial approach. She writes, "Narrative therapists view problems as separate from people and assume that people have many skills, they are already using to reduce the influence of the problems in their lives. They work to help clients externalize problems in order to gain distance from them and also to view them as products of culture and history, rather than individual problems" (p. 13). Epp suggests that Denborough's practice of collective narrative practice shows promise for working with groups facing common issues and therefore may be a helpful addition to trauma-informed group art therapy work within Indigenous communities especially when incorporating the imagery and metaphor within art making. Past research has shown that combining narrative and art therapy approaches resulted in

building "intergenerational alliances within the community" (Epp, 2013, p. 15). More recent research has specifically been exploring the Indigenization of social change work (Mitchell, 2018), and of education and art therapy (Garcia, 2021; Kapitan et al., 2011; Kerekes-Rinn, 2020; Toll & Mackintosh, 2020; Vivian, 2019). Garcia (2021) discusses how Indigeneity involves exploring the "Indigenous body" (p. 384), being embodied in the self, the land, the "tribal body" (p. 384), connected with the nation, language, rituals and ceremonies, and the "autonomous body" (p. 384), that promotes the power of Indigenizing as a view that includes, but extends beyond, race, ethnicity, and cultural roots and revitalizes ancient connections between cosmology, land, and humans. For these reasons I believe art therapy holds great potential to act as a holding space for anti-colonial, anti-oppressive, trauma-informed therapeutic practice. Joanna Macy and Molly Brown's (2014) book, *Coming Back to Life: The Updated guide to the Work That Reconnects*, offers ways to navigate deepening global crises and the denial and despair within us. The practices can help to move from paralysis into creative action, to bridge gaps in proximity when working online, and to connect people across the expanses of diverse intersectionality through rooting in planetary consciousness and focusing on what connects us. Macy and Brown (2014) offer ways of developing and nurturing an ecological self that acknowledges our interconnectedness with each living being within one living breathing Earth. Partnering the increased client agency and choice with therapist awareness, transparency about socio-location and identity, and embodied practices that resource therapists from within and connect them with nature and the planet, may assist in interrupting colonial and white-body-supremacist patterns of oppression and exclusion within therapeutic practices, offering up new and renewed ancient, life-sustaining, co-creative ways of being.

Chapter Three: Methodology

Therapeutic presence, action research, phenomenology, grounded theory and arts based research have informed the design and implementation of this sequential mixed methods research study. The first step was gathering and analyzing quantitative data using self-report surveys online that combined the validated TPI (see Appendix B & C for the original TPI survey questions and rating scale for client and therapist versions) (Geller, 2012), with some customized open ended questions (see Appendix F & G for the adapted versions used in this research study), followed by collecting qualitative data through conducting interviews over zoom (see Appendix H for interview questions used for student art therapist participants). The questions within the interviews were informed by the themes and patterns that emerged from the quantitative data analysis. This allowed for some context and nuanced perspective relating to research data offering an expanded understanding of what was helping and hindering student art therapists' experience of TP while practicing art therapy online during the COVID-19 pandemic. The themes that emerged within the interviews were shared with research participants to give them a chance to confirm, add, or change their responses as they saw fit in order to further verify the findings. Several theoretical approaches were used to make meanings of the research data from that point.

Overall, this study is grounded in the core theory of TP (Geller, 2012), examining the client and therapist experience of TP during art therapy online using quantitative self-report surveys and qualitative semi-structured interviews. I used the TP theory and action research model to inform the design of the study, and phenomenological and grounded theoretical approaches to analyze the data. Once analysis and research writing were underway, arts-based

elements were introduced to the research process to inform the presenting and disseminating of the results.

Action Research

Kapitan (2018) explains action research as an approach that promotes reflection-in-action by the practitioner. Kapitan writes, "Action researchers focus on knowledge acquired through social change, participation and empowerment…its overall purpose is change" (p. 155). In this study, the research is being used to inform ways to improve one's practice, to change or increase understanding of one's practice, and to change or improve the online environment in which art therapy is practiced. While the researcher was responsible for the research design and implementation, it is inspired by action research, revealing issues along the way, and orienting towards executing practical solutions to solve them. Kapitan asserts that action-based participatory research "links social reform with empirical science" (p. 169), and compares it to how art therapy connects with people's creativity to effect change by helping to create conditions of safety and psychological freedom, making it "a method of liberation and a practice for imagining social change" (p. 169).

Phenomenological Approach

According to Kapitan (2018), the purpose of phenomenological research is "to understand the meaning and nature of an experience… to reframe inquiry from the 'why' or 'how' of an experience to the 'what' that is happening before any explanations are organized around it" (pp. 184-185). Moustakas (1994) also describes the phenomenological approach to research as being focused on discovering what an experience means to a person and gaining an understanding of the essence of it. *This research study explores the meaning and nature of therapeutic presence within art therapy practiced online as experienced by student art therapists*

and clients during pandemic times. Key characteristics of phenomenological research include: a) reflections, questions and focus systemically; b) explorations of lived experience and the intentional relationships between people and phenomena involved to reveal its essence and meaning; and c) critical thinking and reflection through "continual examination of the strengths and weaknesses of findings" (Kapitan, 2018, p. 186). Carpendale (2008) describes five key concepts (description, reduction, essence, intentionality and world) of hermeneutic phenomenology as outlined by Merleau–Ponty within the context of religious studies. These concepts informed the unfolding relationship between the researcher and the research throughout this study.

In this study I reflect upon, question and focus on the lived experience of TP by student art therapists and clients. I explore how the online context, the collective context of the pandemic times, people and the practice of art therapy and TP intersect to reveal the 'essence' of experiences and the meanings assigned to them (Figure 4).

Figure 4

Contextualizing the Phenomenological Focus of this Study
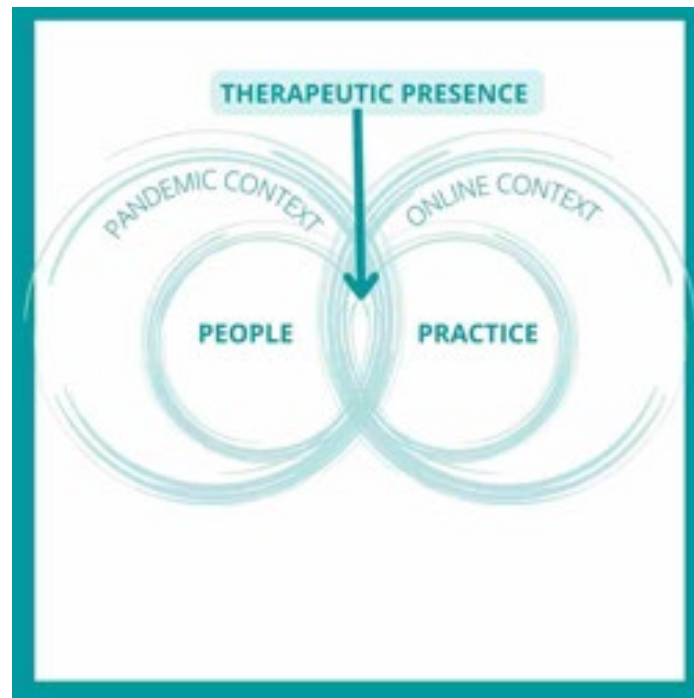
Grounded Theory Approach

Grounded theory helps us to generate a formal framework of understanding for specific experiences and allows us to process information and data in a way that encourages noticing what is there, the context, what patterns or connections emerge and attempts to explain them with as much accuracy as possible (Kapitan, 2018). It can generate a new theory that explains a particular experience, phenomenon or dynamic within a specific context (Kapitan, 2018). In this research, I engaged in a "field tested, systemic inquiry" (p. 137), looking at student art therapist perspectives of what hinders and enhances the experience of therapeutic presence while delivering art therapy online.

In this research I began with a broad open-ended question, "What enhances or inhibits the experience of therapeutic presence for therapist and client during art therapy sessions in an

online context?" Then, I chose a setting and group of people – the Toronto Art Therapy Institute's Online Art Therapy Clinic (2021) and their student art therapists and clients – to engage in my research. The next step was conducting a literature review about what research currently existed on areas of interest to this study. The following areas were addressed: mental health needs during a pandemic; therapeutic services delivered online; art therapy during pandemic times or public health crises, including the benefits, concerns, theoretical frameworks and history of art therapy using technology; the role of TP in therapy; the role of TP in art therapy; TP as experienced by student art therapists and by clients online; the TPI as measurement tool – reviewing its strengths and critiquing it through an intersectional lens; and recommendations for fostering TP within art therapy online.

In alignment with grounded theory as described by Kapitan (2018), in the data analysis, I applied 'open coding' to identify categories and concepts to the survey data. I then applied theoretical coding, also known as axial coding, to identify themes by determining the relationship between the concepts and categories and their properties. Finally, I applied selective coding, limiting themes to those that point to a central 'core category' to inform a theory.

Art Based Research

According to Kapitan (2018), arts-based research (ABR) creates knowledge using art as a means within a research process or project. She writes, it "celebrates and privileges the practices and perspectives of the artist – whether artist-client, artist-therapist, or artist-researcher- within the larger concerns of the research… grounded neither in in the mathematical language of quantitative research nor in the words of qualitative research but in the symbolic language and forms of arts practice" (Kapitan, 2018, p. 213).

In this study, the researcher created arts-based responses to the data analysis to help present and disseminate findings. A series of digital images were created to explore and express themes revealed in the research. This is an attempt to make the results more understandable, accessible, and practically applicable for art therapists and other mental health practitioners who are working online or in a hybrid manner. It is meant to offer a starting place for conscious, creative reflexivity around opportunities to shift professional norms in ways that invite art therapists to unsettle and practice anti-colonial ways of thinking and being, and to enter into relationship with self, clients, technology, and the Earth in ways that embody and express interconnectivity, belonging, inclusivity, and collectivity.

Data Analysis Process

Since I took a phenomenological approach to analysis, in this section I explore the data, the literature, and what came up for me as the researcher when reflecting upon it all. Below is a description of my process.

1) I read the survey results, and noticed the themes that emerged. I noted the elements that confirmed my assumptions, as well as surprising elements that arose and invited more curiosity and exploration. I made note of anomalies.

2) I made word clouds for questions that allowed for descriptive answers. (See Figure 5 & 6)

Figure 5

Word Cloud 1: The Art Therapist's Experience of Moments Lacking in Therapeutic Presence

Note. Word cloud automatically generated by Survey Monkey from the research survey data in response to question 30 - What was it like for you in the moments when you felt that your client was not present with you?

Figure 6

Word Cloud 2: The Art Therapist's Experience of Moments Full of Therapeutic Presence

Note. Word cloud automatically generated by Survey Monkey from the research survey data in response to question 29 – What was it like for you in the moments when you felt that your client was present with you?

3) I designed questions to add to the interview process to offer an opportunity to expand understanding and perspective on the themes emerging around experiences of TP while practicing online art therapy during the COVID-19 pandemic.

4) I listened to the interviews, transcribed them, and noticed patterns that emerged leading me to identify categories.

5) I checked each summary of the interviews with each research interview participant to validate and ensure accuracy.

6) I wrote out the answers to each question from the interview and mapped out categories for each one.

7) I added and cross-referenced the categories from the survey data themes identifying relationships and patterns.

8) I noted the core themes that emerged for each section.

9) I created a document tracking how these themes were (or were not) indicators of what helped and what hindered therapeutic presence during online art therapy. I included verbatim quotes from participants.

9) I returned to the literature review data.

10) I returned to the data analysis process and sketched out visual connections I was noticing, captured new questions and practice possibilities I was wondering about, and refined my thinking about a new theory emerging for online art therapy practice.

11) I designed a visual that illustrates a framework for practicing art therapy online in a way that helps to foster TP.

12) I returned to the literature review data to add research on three categories that emerged in the research process and made a few alterations to the framework visual to ensure alignment, consistency, and coherence of concepts and language.

Chapter 4: Discussion of Findings

The findings of this research study are explored in this section. It includes: the survey and interview data, including key categories and themes that arose; some new questions revealed in the data analysis process; insights into what helps and hinders the cultivation of TP in online art therapy; the introduction to the 'Online-Onland Art Therapy Therapeutic Presence Practice Framework' as a new approach to online or hybridized practice; and some implications and proposed ideas for practice, before, during and following online sessions.

Findings

Thesis Research Survey and Interview Data Analysis

Upon analysis of the survey and interview data, using a coding process, the following 28 categories emerged: body; verbal; focus on art making; comfortable space; safety supports; power dynamics; materials; session notes review; preparing; mindfulness practice; inspiration; spiritual practice/rituals for creating sacred space; information; awareness; connection; grounding in the body; holding space for self; holding space for other; physical presence; space; technological issues; art making; therapist presence; paying attention differently; connection; trust; transformation; and self-care. Figures 7 & 8 show visual mind maps showing some of the relationships between a collection of examples from the initial 28 categories.

Figure 7

Data Analysis: Mind Map of Relationships Between Key Categories
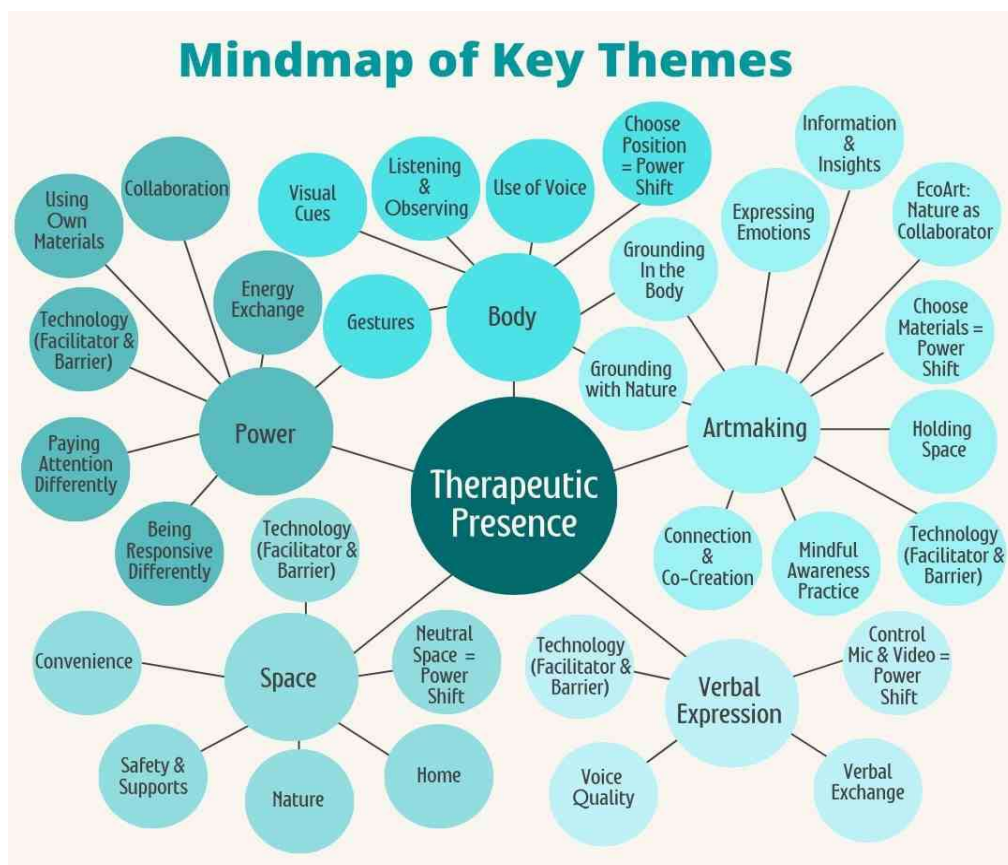
Note. Digital response art made by Amy Lister to map out connections between major themes and subthemes that arose in the survey and interview data.

Through further coding, these led to 5 concepts: artmaking; verbal expression; body; space; and power. There are some noteworthy details within the research that offer some context to the results that emerged in this study. First, it is important to note that student art therapist respondents were at different phases of the therapeutic journey with clients when responding to the research survey (see Appendix J for photos of the survey and interview data being coded and see Appendix K for survey results). Out of 11 respondents, four had 0-2 sessions, three had 3-5 sessions, and four had 6 to 8 sessions with their clients at the time of responding to the survey.

All respondents reported having moderate to complete awareness of internal flow of 'experiencing' during the client session. Secondly, there were a few results in the data that were of interest. In the survey, question 8 read "There are moments when I was so immersed in my client's experience that I lost sense of time and space" and the answers were spread from 'a lot' to 'not at all'. Question 9 read: "I was able to set aside my own demands and worries to be with my client" and the answers were spread from 'completely' to 'moderately'. Question 18 read: "I felt fully immersed with my client's experience and yet still centred within myself" and the answers were spread from 'a little' to 'quite a lot'. What accounts for such wide discrepancies among these answers? It is hypothesized that perhaps all three of these conflicting results may be related to stress and an inability to put aside own worries in home workspaces during pandemic conditions due to pets, children, housemates, spouse, noises and other distracting interruptions.

Another noteworthy result was from question 25, which read: "What about art therapy practice online hinders therapeutic presence?" Five of the respondents reported online context hinders it 'quite a lot' or 'a lot'. The other six reported that the online context hinders therapeutic presence 'moderately', 'a little' or 'very little'. Also, question 26 reads: "What about art therapy practice online helps therapeutic presence?" Six respondents reported that the online context helps foster therapeutic presence 'quite a lot', 'a lot' or 'moderately'. The other five respondents reported that it helped 'a little' or 'very little'. Based on the split in the responses to these two questions it is noted that close to half of the participants were aided by the online context in experiencing TP and the other half were not. A new question emerged here. *How do we assess and identify, both clients and therapists, who is best suited to provide and to receive art therapy online and who is not?*

Another noteworthy result was revealed by question 28 that read: "What contributed to therapeutic presence online?" *All eleven of the respondents reported that art-making and verbal responses contributed to their experiences of TP during art therapy online.* Seven people reported body, and seven people reported facial expression as being important to TP online. Four respondents reported breath as important, and another four respondents indicated that vocal quality is important, and one person reported flexibility to do the session over chat function with clients who prefer to work with mic and video off as being important when fostering TP in online art therapy practice. Interestingly, along with the benefits of the non-verbal nature of artmaking, 'verbal expression' was also reported to be pivotal to experiencing TP during online art therapy by all research participants in this study. After making response art during the analysis of the interview and survey data, *nature* emerged as a factor touching four out of five key categories as shown in the image below.

Figure 8

Nature Emerging as an Element Connecting with Key Categories
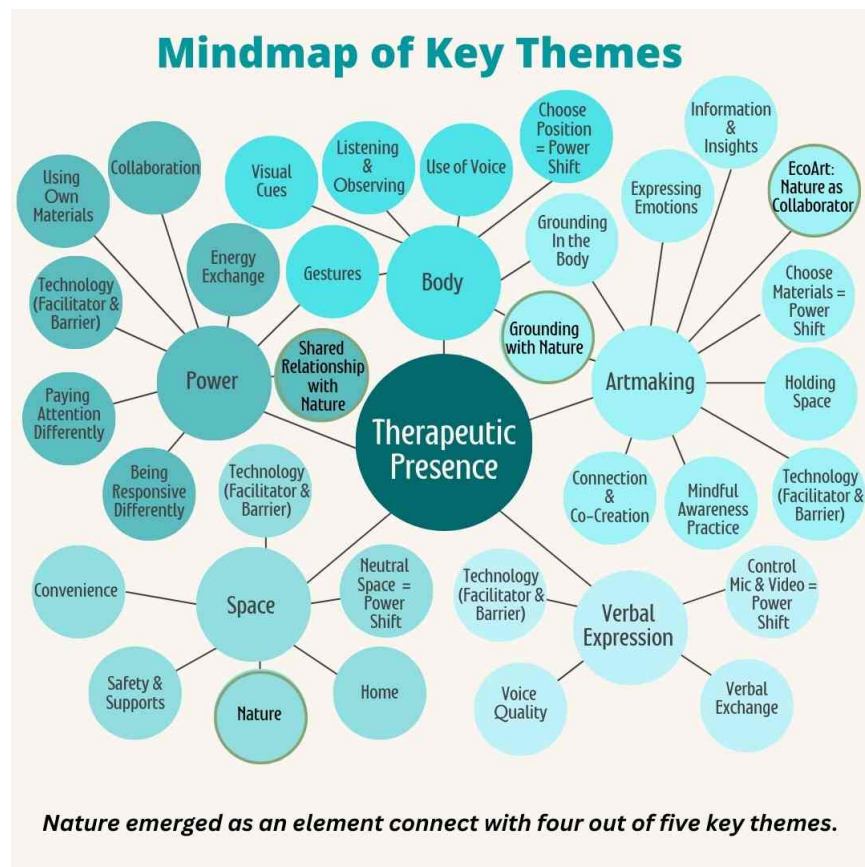
Note. Digital response art made by Amy Lister to highlight an emerging element connected with four key concepts that arose in the survey and interview data.

Nature emerged as an element that connected with every key category, including, power, art making, body and space. The only key category it did not directly map to was verbal expression. In terms of power, the image that emerged from the research of two ships sailing in the night held by one ocean or sea could be understood as a metaphor for a holding space- one that holds both therapist and client in the vulnerability and uncertainty of the dark, helping to illustrate how in theory both share power (and powerlessness) in the online art therapy experience.

In relation to art making, one participant noted asking their clients "what can you find outdoors in the park?" And another comment spoke to the value of searching for found objects in nature and placing them "on my desk…they are kind of whimsical…they kind of help me to think metaphorically or creatively with curiosity".

Nature seems to have a core role to play for some people in relation to embodiment and nurturing one's own presence. Within one interview a participant described using rocks and natural objects to connect with presence before her sessions with clients. She said, "I have a nice beautiful rock that I found…that I have beside me that I will lay my hand on….it brings me into my body as opposed to being in my head". During the interviews, a comment was shared about the power of rocks to inform presence. A participant shared how she is, "working with the image of a boulder… about what it would mean to sit like that boulder in therapy, calmly, grounded, sitting just with presence". This same participant expressed her questions around the transitioning from online to in person practice by stating, "I have a big presence online… how will that translate into being in person?" She continued by describing the rock as being like medicine working on her and preparing her and her presence for future in-person encounters with clients.

Another interview participant commented on the use of poetry focused on nature being helpful in connecting with artwork in sessions and in calling in presence before and during sessions. They shared how they have witnessed with clients how poetry can be linked with presence. She explained, "I've been really into Mary Oliver's poetry recently… and I have a found that have been relevant… so… through poetry… [I'm] calling presence, a sense of presence for clients". Later, she reiterates this point by stating, how poetry, "has been very helpful for finding that sense of presence and reducing the chaos". Another comment was shared

in the interviews about the effectiveness of using nature's elements and art materials together. She recommends to her clients the benefits of, "using all of your senses at once" as a grounding practice. She explains how, "[lighting] a candle while you're listening to music and having that visual kind of thing with a sense of touch with whatever you are working with…brings you back into your body".

To examine how the online context helps to foster TP surveys were conducted with 11 student art therapists. The responses were reviewed to inform the creation of some questions for the semi-structured interviews with three student art therapists. Photographs in Appendix J illustrate part of the early process of coding and mapping themes from the survey and interview data on flip chart paper. Following analysis and summarizing the data, the interview responses shared by each interviewee were member checked with each of them separately to ensure accuracy and validity.

Ways That Online Context Helps Foster Therapeutic Presence

Together, the data from the eleven completed surveys and the three semi structured interviews revealed that the online context fosters TP in many ways. First, it offers multiple channels and ways of communicating. For example, it offers the options of using a chat function, having video or screen off, and having the microphone muted with video on. It offers the option for both therapist and client to meet in a space that may be more comfortable than an office. It offers the client a more leveled playing field in terms of space and power dynamic since both client and therapist are most often in a physical location of their own choosing. Instead of the therapist welcoming the client into an office or studio, when meeting for art therapy online the client has the agency to decide, if, when and how far they will invite the therapist into their personal physical, emotional and energetic space. The online context also offers access to

therapy without travel; therefore, likely decreases stress, time, money and effort required to attend therapy sessions for many clients. It offers the option of using a computer as an artmaking tool and some believe that it offers a greater opportunity for therapists to be making art or response art alongside of the client in session. Due to the client and therapist having their respective physical spaces connected via the digital space, some student art therapists shared that it felt like it may be easier to make art alongside clients without it invading their space or triggering self-conscious feelings that can occur in a studio space when sitting at the same table as an art therapist while making art. Working online also offers the opportunity for increased inclusivity in practice by using the computer as an assistive device to support a student art therapist to decrease anxiety through using a script on the screen if needed, or to support a therapist or client with various learning and accessibility needs by using talk to text functions, closed captions, and other functions as needed during sessions. It was noted in the research that different client situations (i.e., different personal circumstances) make the online context either contribute to increasing someone's presence, sense of safety and comfort, or decreasing it. Also, clients living in rural areas may experience a barrier to inclusion if internet is patchy, slow, or unavailable. Lastly, participants noted that what is needed to create connection online, in terms of physical and emotional expression, is different than what is needed to foster a sense of connection in person in a session.

Figure 9

How Therapists Can Facilitate Therapeutic Presence

Note. Digital response art made by Amy Lister as a way to make sense of the findings. This image captures an interpretation of how the unique ways of being that seem to support TP while engaging in art therapy with a client in a shared physical space versus in a digital space connect with nature's elements. Understanding that expressing presence with a rock-like quality in physical face-to-face spaces and expressing it with a water-like quality online may help support art therapists in understanding how to effectively shift their way of being across contexts to nourish TP.

Geller and Porges (2014) use the polyvagal theory to explain how providing choice of a diversity of means for working together, in person and online, can serve the needs of diverse nervous systems more fully. In an online training for psychotherapists titled "Clinical Applications of Polyvagal Theory," Porges explained how being in 'ventral vagus' would be like being home and how the sympathetic and dorsal vagus states could act as a 'home away from home' when not in ventral vagus (S. Porges & D. Dana, personal communication, October 20, 2022). He explained how some people default to dorsal state which involved a shut down, collapse, and withdrawal from the world, while others will default to sympathetic state which is entering into fight or flight mode, often resulting in lots of activity, doing, problem-solving if in fight mode, and lots of avoiding if in flight mode. It could be hypothesized that for those who default to dorsal state, online therapy may be very welcomed since it does not require leaving home, travelling or being in the same room as another person. For people who default to sympathetic flight mode, there is the possibility that online art therapy may feel frustrating if they are often seeking connection, physical contact, and in-person energy exchange for co-regulation. One student art therapist shared about her concerns of transitioning from online to in person practice and offered her ideas around what she thought might help her make that transition effectively. Her words along with data from the surveys and response art made by the researcher informed the themes captured about this topic in Figure 9.

The research data in this study supports the notion that offering online art therapy expands options for access and offers a range of possibilities for working with neurodiversity, thus supporting provision of services and expanding the possibility of meeting a more diverse range of client (and therapist) needs, preferences, and ways of being.

Ways That Online Context Hinders Therapeutic Presence

The research also revealed that the online context hinders therapeutic presence in multiple ways. From the data some examples of challenges emerged. They include: 1) *lack of control over the client's physical environment* and experience of the shared space; and 2) *limited relationship feedback* due to a small screen acting as the point of view and due to limited physical, audio, and visual feedback for periods of time during a session.

For example, the therapist has little to no control over the client's experience of physical space. They cannot prevent interruptions, solve many technical issues that may arise, and often cannot see artmaking as it is happening, and cannot provide art supplies. Much like Eckel (2020) described for clients in their research study, in this study the student art therapists addressed the challenges to building a sense of connection and safety that came with technical glitches, resulting in interruption to the synchronization of sound and facial expressions. Also, it was highlighted that the client and therapist point of view is limited to the screen offering much less feedback and information than within in-person therapeutic sessions. Moreover, there can be long periods of time without feedback for the therapist, for instance, when the client is making art quietly, and sometimes doing so with mic and video off. This was reported to be very unnerving for some student art therapists, leaving them with a sense of 'driving blind'. It has also been noted before, and warrants mentioning again, that different personal situations and circumstances make the online context contribute to, or take away from, a sense of safety, comfort, and presence, for clients and therapists alike.

It is important to note that although some of the online contexts were described as hindrances to fostering TP, one unexpected positive consequence resulted. The research data revealed that *with shifts in practice came shifts in power*. Specifically, it was noted that there was

a shift in power between the therapist and client, resulting in the client having more agency, power, and choice when working with a therapist online. Figure 9 maps the specific shifts of power between therapist and client within art therapy sessions happening within an online context noted in this research study.

Figure 10

Shifts in Practice, Shifts in Power
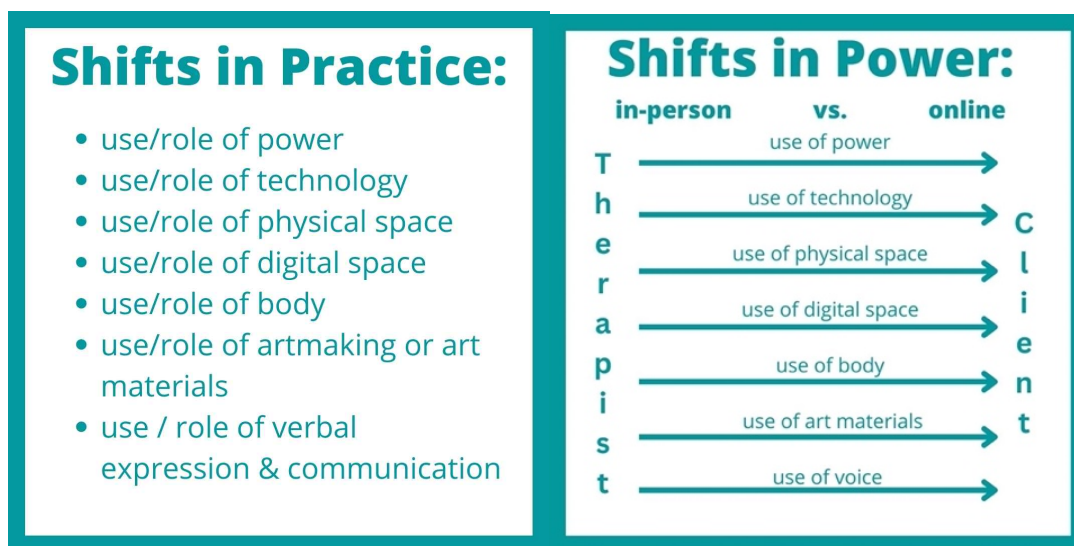
Note. Digital response art made by Amy Lister as a way capture themes revealed in the research data and the respective implications for practice across in-person and online contexts.

Shifts in Practice Online Yield Shifts in Power

Traditionally, in an in-person art therapy session, the therapist owns the process. Now in an online context, the therapist and client co-own the therapeutic process, space, art materials being used, and the amount and timing of feedback exchanged. When asked about the ways that the online context for art therapy impacts the experience of presence, all three student art therapists who were interviewed commented on the shift in the power dynamics between therapist and client. One student art therapist discussed the online space as levelling the power between client and therapist and spoke about the benefits of that. She stated, "seeing somebody

in their own home, and them seeing me in my home is a balancing, as though we have two human beings that are meeting in space…and I believe that is a huge contributing factor to my therapeutic presence". Another student art therapist addressed this same theme in their interview by discussing the challenges that arose for them with a shift in power, described as a "loss of control", happening in art therapy sessions online. They shared, "the online format means that there is a level of factors that you're not going to be able to control, which I think takes away from the therapeutic presence". The third student art therapist who was interviewed commented on their experience of power when working online in this way, "I am out of control of the space, which I don't know if I have the right to be in control of it, but [working online] makes me feel out of control of the space".

From a social justice lens, one could argue that the shift in power that occurs in art therapy online has the potential to: offer an increased chance for the client to experience their own agency in the therapeutic process; experience sharing ownership with the therapist with respect to informing the experience of their own physical space; and also, be empowered to choose their own art making materials.

During an in-person session the art therapist has the power to welcome the client into the studio space. Although the art therapist will often lead an artmaking process, when practicing online, the client holds the power around if they would like to or how much they would like to invite the therapist into their process and creative space through use of the technological settings by turning the microphone and/or video on or off.

Another significant shift is that while practicing in-person, the art therapist can receive lots of feedback through observing the client's body, facial expressions, breathing, gestures, and verbal sharing throughout the session. However, when practicing online, the client can determine

how much of this feedback is accessible or received by the therapist and it may be very limited. Therefore, being grounded and centred becomes a vital competency for therapists even more so when practicing art therapy online, as it may often feel like having to "drive blind" or to "work in the dark" as was described in one interview. In another interview, a student art therapist spoke specifically about feeling like "two ships passing in the night who don't get to connect" when technological issues arise in therapy sessions online. Another commented on how working online, "makes it harder being an energy receptive sort of person…being able to have that same sort of sense that this person is super connected with their artwork…since that kind of intuitive awareness is based on energy…online I rely on seeing the client's shoulders drop, hearing their breath slowing down, and their vocal pitch as it lowers".

Besides the individual shifts in art therapy practice from in-person to online, there are also some system shifts occurring. One example is how the art therapy field has traditionally viewed the computer as a delivery system and now it is beginning to view it also as a holding space and a tool for artmaking (Cuijpers et al., 2009). Figure 10 outlines some possible implications of these power shifts on the role of art therapist in contrast with the traditional in-person context.

Figure 11

Role Shifts for the Art Therapist

Note. Digital response art made by Amy Lister as a way capture some possible implications of the power shifts noted in the research on the role of art therapist across in-person and online contexts.

Metaphors, Imagery and Functions of Art

In this research some metaphors and imagery arose during the interviews illustrating what it can be like to offer art therapy online for the art therapists. The first metaphor that arose was a participant describing her process of being playful with a client by using the square space "as a

screen…a television or movie screen" and elaborated to describe *the screen being like a keyhole or a portal*. The interviewee shared:

> I'll use the camera. I invited somebody to make a keyhole out of a piece of art that
> they made and look through the keyhole. So, I will actually go up to the screen and
> say, "let's peer through the keyhole."

Another example was *art as window to connection and TP* and *art as bridge to connection and TP*. This participant shared:

> I think of art as a huge use of metaphor… when a client is using their art, to me,
> I'm feeling it as like they're using a metaphor to explain something about
> themselves…which I think is the whole point of therapeutic presence is that
> you're really engaged with someone and you're understanding them… [the art] is
> allowing me to understand them more… I think art is…a window into connecting
> with someone.

One participant described the therapist and client art-making being like *two musicians riffing*. She describes:

> For me it's like music… my term is riffing. It's response and co-response…we
> use the art as a diving in point… we're working with one another in this process
> of riffing. What is said to me, I respond, and they respond. And I've noticed that
> that seems to really help engagement and really help with the therapeutic presence
> because it involves listening, actively listening. There is no moment to disengage
> because it is an active process. Neither of us can do that - if we are not fully
> present and fully listening to what the other is saying. So, I have used the analogy

of two musicians who understand the scale that they're working…and we are able

to dialogue in that way spontaneously.

Another metaphor described the process as *two ships passing in the night* – both therapist and

client engaging in artmaking in their own spaces with limited access to sight, sound, or felt sense

of the other's experience. The interviewee explains:

I'm working with a person right now and we were supposed to connect last week,

but they couldn't get their audio or video working. And that's happened before.

And it feels like a failure on my part because I don't have that sort of ability to

help them troubleshoot in a way that makes sense…If it was in person, it would

just be somebody showing up, and then they're present with you, and that's the

end. But there's this sort of like two ships passing who don't get to connect sort of

feeling about it...When online, it is difficult to troubleshoot because we don't

actually know what we're dealing with, is it technology? Is it somebody using

technology as an excuse?...[making it] easy for therapists to feel a little less

competent when working with technology.

Figure 12

Data Analysis Revealed Metaphors and Imagery
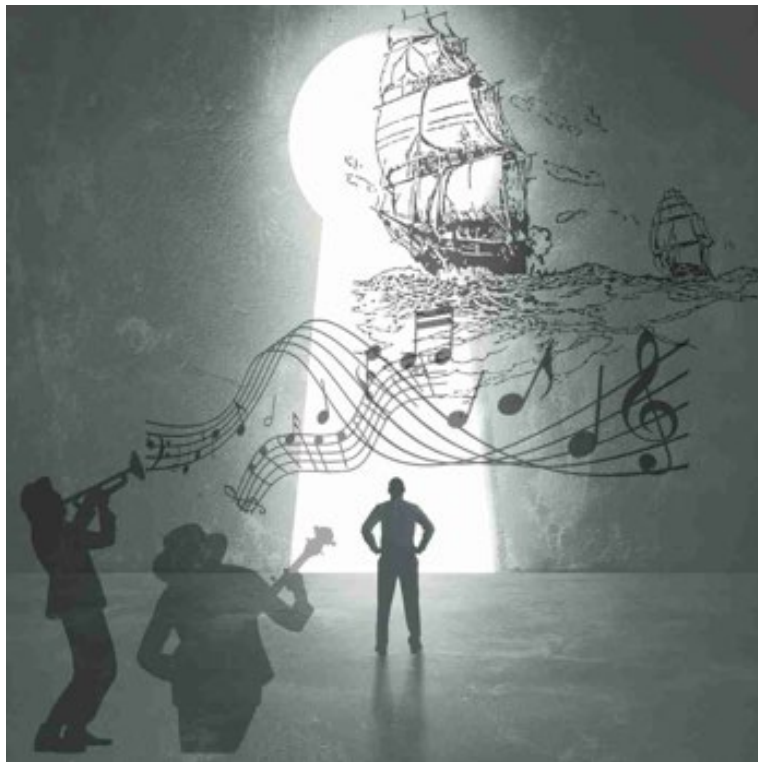
Note. Digital response art made by Amy Lister as a way capture the three main metaphors for art therapy online - musicians riffing, two ships passing in the night and art therapy as window or keyhole - that came out in the research interviews illustrating the experience of student art therapists practicing during COVID-19 pandemic conditions.

Participants also highlighted different functions that art played in art therapy online. One described art as being a buffer to the intensity of feeling emotions, expressing emotions, and being vulnerable. Another person described art as a facilitator of presence. Another description stated that art acts as a holder of space for both client and therapist in the session and between sessions. Other metaphors were shared by interview participants, unsolicited, to describe what art therapy online felt like for them as student art therapists. These are shared in three vignettes.

Upon analysis of the interview data, three vignettes (shown with visual imagery in Figures 13, 14, 15 and in more detail in Appendix I) were created to illustrate each interview participant's unique perspectives on the experience of TP while offering art therapy sessions in an online context. Observations were made about: experiences and indications of TP; what helps and hinders the development of TP; practices that help to cultivate TP; and the role of art making in TP are reflected by three student art therapists.

Figure 13

Vignette 1 - Art as a Window to Connection
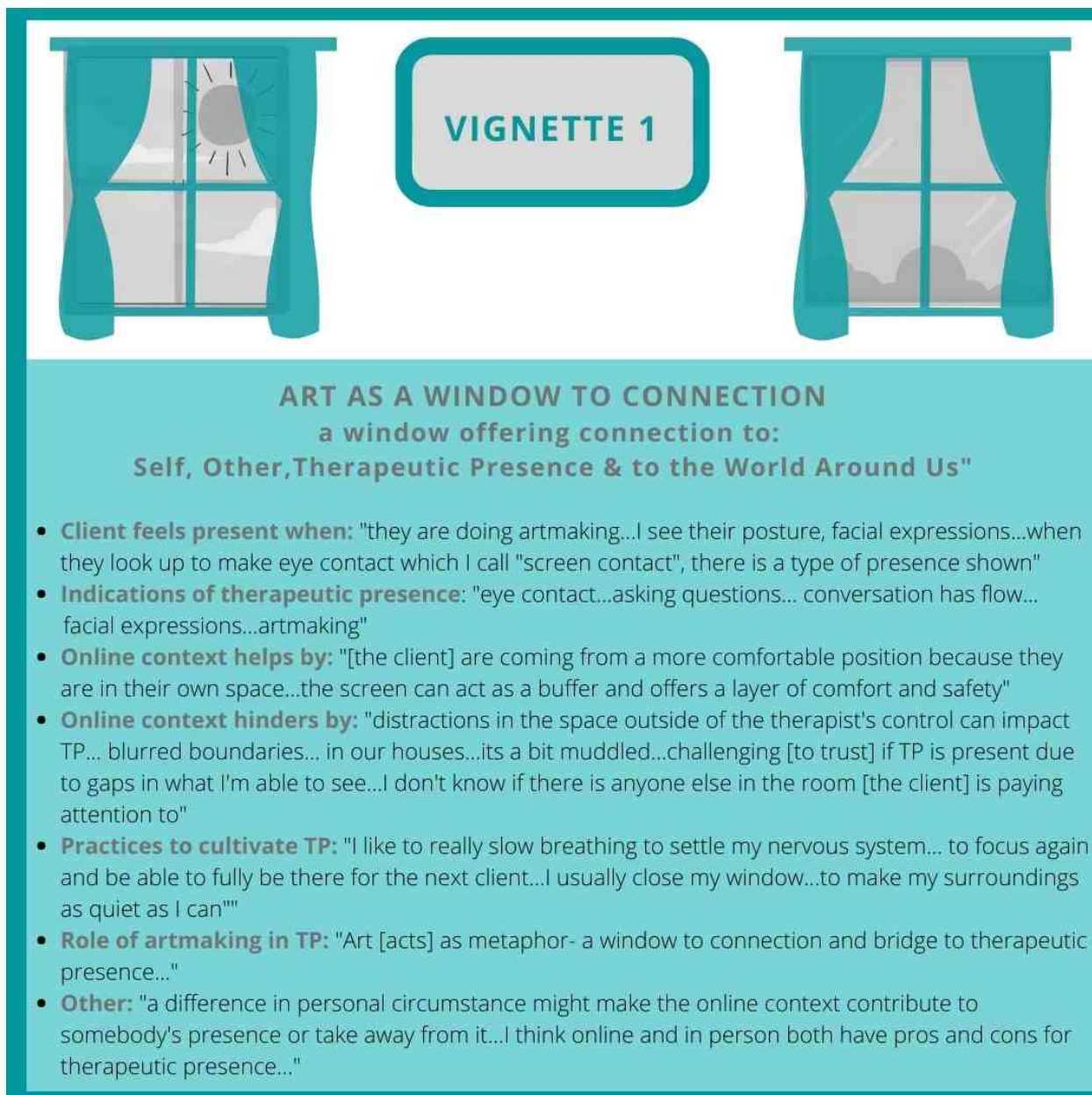
Note. Digital response art made by Amy Lister illustrating Vignette 1 inspired by the words of

Interviewee 1.

Figure 14

Vignette 2 - Two Ships Passing in the Night Navigating through Artmaking

'TWO SHIPS PASSING IN THE NIGHT' (ORIENTING VIA ARTMAKING)

- **Client feels present when:** "their attention to their artwork and their ability to be present with the artwork in order to find some sort of insight" is present.
- **Indications of therapeutic presence:** "client shoulders drop, breath slows down, and vocal pitch lowers"
- **Online context helps by:** "there is comfort and joy by being in their own physical space....in being able to meet people from my own space...[clients] has greater comfort using materials ...no fear of using too much...skips the dread and anxiety around travel to and from the session...able to be more fully present and show up"
- **Online context hinders by:** "limited access to art materials limits what you can do...interruptions...every time it happens I have a sense of chaos...you have to really pay attention to body language and verbal cues in order to pick up on [client's] energy"
- **Practice to cultivate TP:** "review notes, feel into them, prepare questions, have a directive in mind, use poetry and music to call in inspiration,do mindfulness visualization practice"
- **Role of artmaking in TP:** "connecting people with their art process is a forum for psychoeducation...I explain how using all of the senses at once brings us back into our body"
- **Other:** With technology issues "I dont have a way to help them troubleshoot"

Note. Digital response art made by Amy Lister illustrating Vignette 2 inspired by the words of Interviewee 2 who describes artmaking as being essential to art therapy online equating it as being central to orienting self in the dark and navigating connection.

Figure 15

Vignette 3 - Two Musicians Riffing
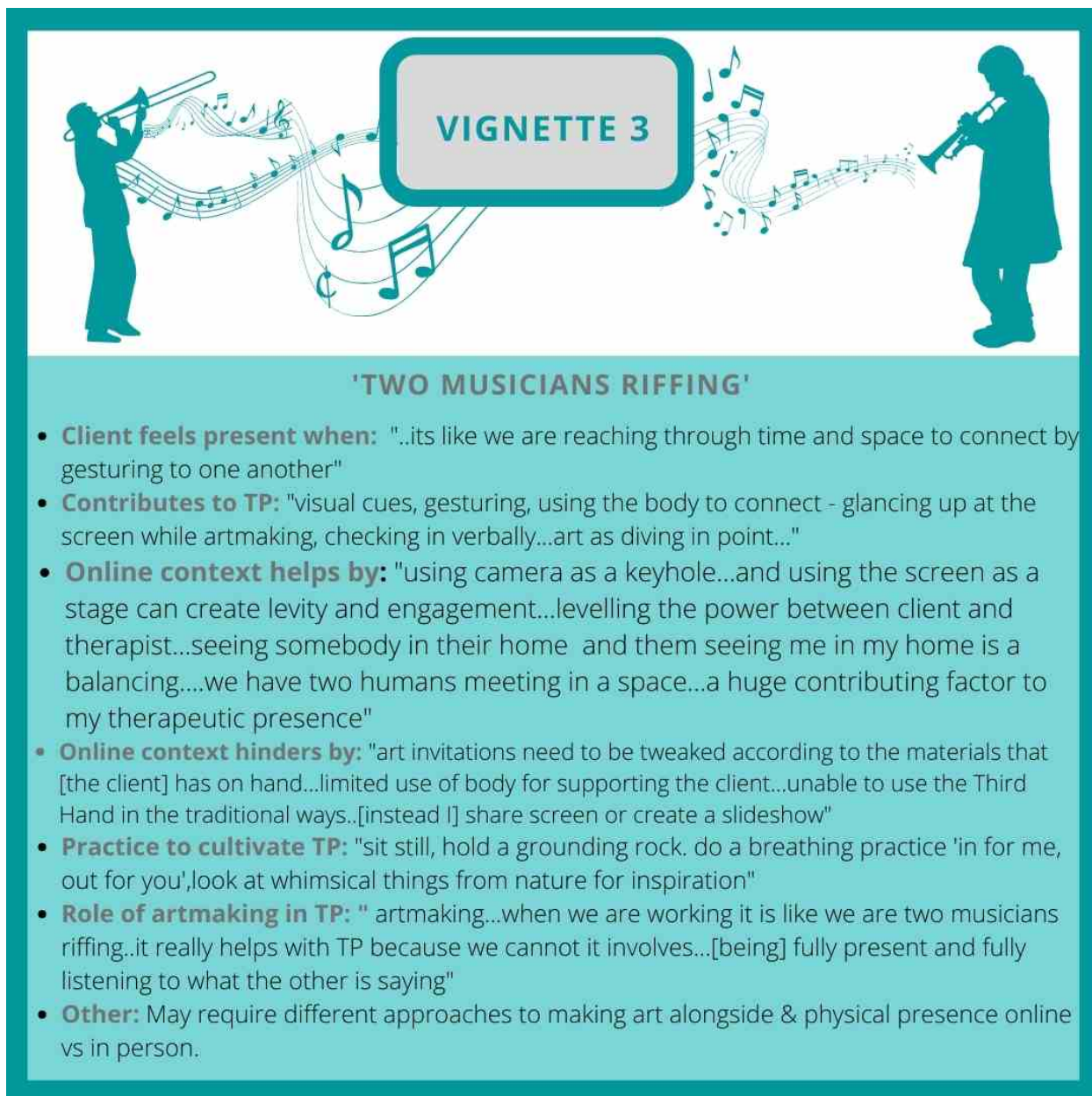
Note. Digital response art made by Amy Lister illustrating Vignette 3 inspired by the words of Interviewee 3.

Prior research along with the results of this study have helped to yield and inform the Online-Onland Art Therapy Therapeutic Presence Practice Framework (OATTP) as a guide and

support to fostering TP while practicing online art therapy. The hope is that this may help to guide art therapists and clients alike to engage in ways that promote and nourish the experience of TP to support therapeutic efficacy while working together in online contexts.

Theory Formation

Upon reflecting on the research data and the literature review, a new framework started to emerge. It was in response to reading "Reimagining Art Therapy in a Digitally-Mediated World: A Hexagonal Relationship" by Haywood and Grant (2022) that the newly imagined framework's form came into my imaginal space. They present a model that illustrates how "digitally-mediated practice can impact the image and art-making in art therapy" (p. 2). From there I made my own sketch of a model that includes the pivotal and converging roles of the client and therapist's body, computer and art materials within an online art therapy session, as was revealed in this study's research data and anecdotes shared within surveys and interviews (see Figure 16). Different spaces seem to elicit differing qualities of presence. The expressing, encountering, relating and energetic exchange that occurs between the client's and therapist's embodied presence, digital presence and imaginal presence, within a digitally-mediated environment, is also supported by a shared ecological presence that emerged in the data as being fundamental to four of five key categories within the research. Together, these elements held, felt, moved, and expressed across varying spaces, results in TP being experienced.

Figure 16

Sketch of an emerging model
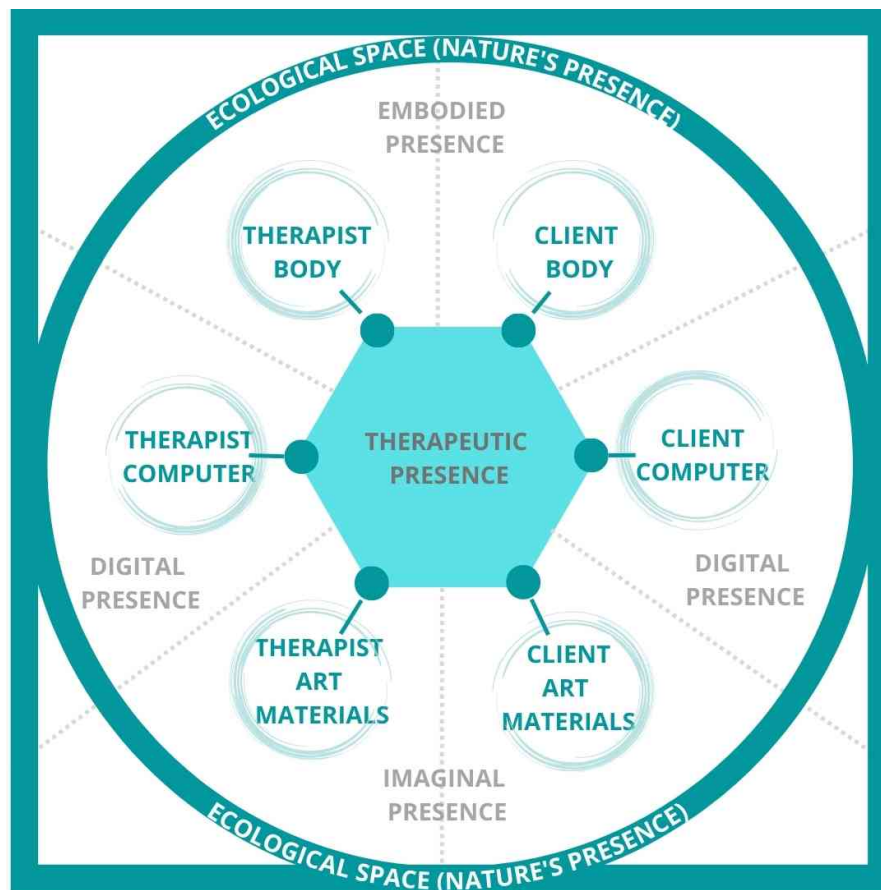
Note. Image made by Amy Lister created to integrate themes from this study's research findings along with Haywood and Grant's (2022) model.

Implications for Theory and Practice of Art Therapy Online

This research revealed several different spheres of space that seem to offer a structure, or a holding space, that contributes to developing TP within a relationship between the therapist and the client while engaging in art therapy online. The image below in Figure 17 illustrates five spheres that emerged in this research: the ecological space (Nature/earth); the embodied space (the body); the physical space (home/office/studio); the digital space (screen/online platform); and the imaginal space (creativity & possibility). These spaces function as relational contact points vital to the development of TP in online practice.

Figure 17

Spheres of space: Portals to expanded relationality

Note. Image made by Amy Lister illustrating the different spaces involved in informing and facilitating the experience of therapeutic presence by noticing - *What is helping us to feel connected? What is helping to hold this shared therapeutic experience right now?*

A New Approach: Online-Onland Art Therapy Therapeutic Presence Practice Framework

When analyzing and cross-referencing the themes that emerged from the surveys and interviews, I drew out the relationships between them and developed an image that illustrates the dynamics and points of contact through various spheres of space made possible by art making and verbal expression, mediated through the client's body and therapist's body. Figure 18 shows how the embodied experiences of artmaking and verbal expression seem to bridge different spaces and facilitate the process of the therapist and client moving into, and within, a relational

space where TP is possible. Specifically, the art-making and verbal expression allows for the client and therapist to make contact concretely through imaginal and digital space.

Figure 18

Online Art Therapy Therapeutic Presence Dynamics
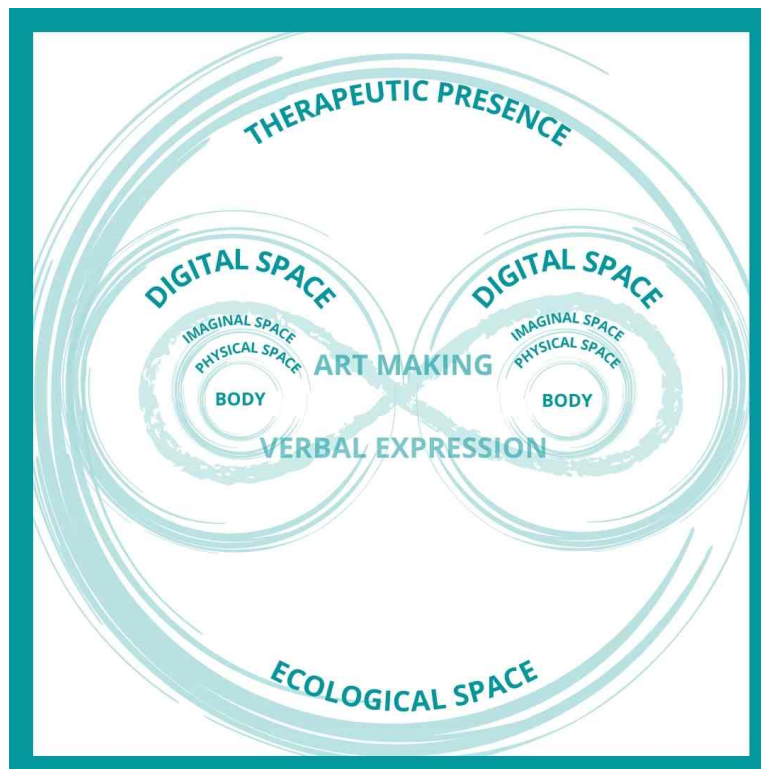
Note. Image made by Amy Lister illustrating the dynamic relationships making therapeutic presence possible through artmaking and verbal expression connecting embodied, physical, imaginal and digital spaces held within a broader ecological space.

The research confirms some of the data revealed in other studies while also offering some fresh possibilities and insights around what could assist therapists and art therapists in practicing within an online environment. *A key observation reflected in the data was the need to shift where attention is placed*, especially during a session. Figure 19 proposes where art therapists could be

placing their attention before, during, and after an art therapy session online in order to promote capacity for TP.

Figure 19

Shifting Attention for Fostering Therapeutic Presence in Online Art Therapy

SHIFTING ATTENTION FOR FOSTERING THERAPEUTIC PRESENCE IN ONLINE ART THERAPY

BEFORE SESSION	DURING SESSION	AFTER SESSION
• Prepare planetary space • Prepare embodied space • Prepare physical space • Prepare digital/mind space • Prepare imaginal space	• Connect through planetary space • Connect through embodied space • Connect through physical space • Connect through digital/mind space • Connect through imaginal space	• Attend to imaginal space • Attend to digital/mind space • Attend to physical space • Attend to embodied space • Attend to ecological space

Imaginal space
digital/mind space
physical space
embodied space
ecological space

Imaginal space
digital/mind space
physical space
embodied space
ecological space

Note. Image made by Amy Lister summarize when and where to focus attention before during and after an online art therapy session to foster therapeutic presence.

Practice Ideas for Fostering Therapeutic Presence Online

To help make the insights and possibilities that emerged within this research easily applicable in day-to-day work with clients, some specific practice ideas are offered. Figure 20 outlines examples of practices that could be explored before, during, and after session in order to actively engage with the spheres of space that promote connection, relationship and cultivation of TP. These practice ideas arose from the survey and interview data. The participant

contributions offer some ideas for where attention and focus may be best placed and which practices may assist in the fostering of TP at various points of the therapeutic process.

Figure 20

Practice Ideas for Fostering Therapeutic Presence in Online Art Therapy

PRACTICES FOR FOSTERING THERAPEUTIC PRESENCE IN ONLINE ART THERAPY

BEFORE SESSION
- Connect with nature / natural elements
- Move/connect with the body
- Remove/limit distractions, protect privacy etc.
- Mute notifications on devices, check notes, etc.
- Call in inspiration via music, poetry, visualization etc.

DURING SESSION
- Grounding using natural objects for sensory stimuli
- Breathing mindful practices
- Space orientation exercises to calm the nervous system
- Use of music or nature sounds to hold space during artmaking
- Art making & objects to tap into playful and creative energy

AFTER SESSION
- Making response art
- Writing notes
- Putting away materials, notes, devices or clearing the space/ resetting between sessions
- Breathing practice to reset energy body
- Holding natural element/object or going outdoors to ground in self.

Note. Image made by Amy Lister to organize different possible practices before, during and after online art therapy sessions to support the experience of therapeutic presence

The three research interviews revealed some practice ideas for fostering TP online. One participant spoke about using computer screens as a TV screen or movie screen to inspire playful, creative exploration. One interviewee spoke about using the camera on a computer as a keyhole to inspire curiosity, play and creativity; and using screen sharing as a way to engage Kramer's (1986) concept of the 'third hand' as needed. These examples describe ways of fostering of *digital presence* and *imaginal presence* in sessions.

One research participant described how as a student art therapist they explored caring for their own needs in the moment, by placing their hands on their body as a way to help ground, calm, and soothe themselves. They described using a similar approach – putting their hand on their body and encouraging the client to do the same – as a way to support a grounding experience in a moment when the client was feeling anxious and ungrounded. Another comment talked about using gestures to invite the whole body into presence, engagement and exchange. Within this framework, each of these examples reflect practices that tend to *embodied presence*.

In terms of attending to *physical presence* one participant described the steps they followed to prepare their physical space before a session, including turning of their phone, turning off notifications on their computer, closing the window to limit noise, and plugging in earphones, to prevent interruptions and limit distractions.

One student art therapist spoke about the role nature plays in grounding their own presence as she describes, "holding found objects from nature or touching a grounding rock" as part of her practice. This is an example of connecting with ecological presence. Porges' (2017) polyvagal theory explains this kind of self-regulating practice as an example of how we can participate in co-regulation as therapists. When a therapist is able to ground and regulate their nervous system, it broadcasts welcome messages that can assist to put the nervous system of another (in this case, a client) at ease (S. Porges & D. Dana, personal communication, October 20, 2022).

Throughout the analysis of the interview and survey data, the following new questions arose:

- Will interruptions continue to be a challenge with online art therapy in post-pandemic times?

- Could technology act as a barrier to presence in other ways, such as, when working online it can be difficult to troubleshoot because we don't know what we are dealing with. For example, we ask ourselves - Is it technology? Is it somebody using technology as an excuse? Is it somebody's energy engaging with technology in such a way that it doesn't work?

- How, as therapists, do we hold space during and after technical difficulties? How do we hold space when interruptions happen? What does this competency need to look like in online practice to maximize TP?

- How do we need to be trained in order to practice online? How will our embodied wisdom guide?

- How does having no prior experience providing art therapy session in person help or hinder creating TP online?

This framework builds on other models and proposes a more holistic approach to online art therapy practice by integrating five spheres of space through which connecting, relating and expressing can occur using three main modes of being - verbal expression, art making and embodying earth/nature's presence.

Nature or earth can act as an extension of the body grounding us and holding us steady. The body facilitates the ability to encounter the physical space of home / office / studio, within that space the screen / online space allows for connection to another person or persons, and together, they can explore creativity and possibilities within the imaginal space. As energy and attention moves from earth through body to physical space through digital space to imaginal

space and back again in relational exchange, this framework suggests that this dynamic allows for a co-created experience of TP.

Within the interview process it was revealed that both in preparation for sessions with clients as well as during sessions, student art therapists reported using nature (found objects such as rocks, or elements such as fire) to ground and to foster therapeutic presence. They also reported tapping into nature in moments when technical difficulties arose. One reported feeling like they were "driving blind" or felt like they and their client were "two ships passing in the night" and it was the shared broader ecological space of Nature holding them, in this example- the ocean, that allowed them to re-centre, ground themselves and participate in fostering TP once again. This could yield new ways of learning to navigate technical challenges when they arise in art therapy practice online.

More specific practice examples can be found in the three vignettes in Appendix I, along with some proposed recommended practices for fostering TP in online art therapy in Figure 20 that emerged from this research. I became curious about exploring the implications and possibilities for relating to nature as a central practice for fostering TP within in-person and online art therapy practice. It is what led to it serving as the foundational ecological space for the online-onland art therapy therapeutic presence practice framework. I compared multiple approaches to art therapy online with the core themes that arose from this research, shown below in Figure 21, to further validate the findings. It also helps to highlight how this new proposed framework offers a well-rounded and rigorous approach that aligns with the themes in other studies.

Figure 21

Comparing Canadian Frameworks for Online Art Therapy

CANADIAN ART THERAPY (AT) FRAMEWORKS
FOR ONLINE PRACTICE - COMPARISON CHART

FEATURES	WHITAKER SHAW & WINKEL 2022	CARPENDALE & TOLL 2021	MCBRIDE & WORRAL 2021	PROULX 2022	WINKEL 2022	OATTP
Body	✓			✓	✓	✓
Mindfulness & Compassion Practices						✓
Verbal Expression	✓	✓	✓	✓	✓	✓
Artmaking	✓	✓	✓	✓	✓	✓
Nature	✓	✓				✓
Digital Space	✓	✓	✓	✓	✓	✓

These six core categories, body, mindfulness and compassion practices, verbal expression, artmaking, nature and digital space, are compared with other research findings from the literature about online art therapy to ensure rigorous analysis. Below Figure 22 & 23 maps out the six core themes across several bodies of research rooted in differing geographical regions of the world to determine if they were location or culturally specific. After comparing and mapping out 5 frameworks rooted in Canada (see Figure 21), two frameworks created in the United States (see Figure 22) and five frameworks developed across Europe, Asia, Africa and the

Middle East (see Figure 23), it seems that the six core themes revealed in this study are valid

across many research studies conducted in multiple locations around the globe.

Figure 22

Comparing American Frameworks for Online Art Therapy

AMERICAN ART THERAPY (AT) FRAMEWORKS FOR ONLINE PRACTICE - COMPARISON CHART

FEATURES	MILLER & MACONALD 2020	SNYDER 2021
Body		✓
Mindfulness & Compassion Practices		✓
Verbal Expression	✓	✓
Artmaking	✓	✓
Nature		
Digital Space	✓	✓

Figure 23

Comparing Frameworks for Online Art Therapy from Europe, Asia, Africa, Middle East

EUROPE, ASIA, AFRICA & MIDDLE EAST ART THERAPY (AT) FRAMEWORKS FOR ONLINE PRACTICE - COMPARISON CHART

FEATURES	SHAMRI-ZEEVI & KATZ 2021	HAYWOOD & GRANT 2022	DATLEN & PADOLFI 2020	HARROP-ALLIN & POLLARD 2021	BIRO-HANNAH 2020
Body	✓	✓	✓	✓	✓
Mindfulness & Compassion Practices					
Verbal Expression	✓	✓	✓	✓	✓
Artmaking	✓	✓	✓	✓	✓
Nature				✓	
Digital Space	✓	✓	✓	✓	✓

This section reviewed the data analysis process; the research study findings, the themes and new questions that arose, and some insights into what helps and hinders the cultivation of TP in online art therapy. It also introduces OATTP a new theory that describes a new approach and proposes some ideas for supporting the cultivation of TP and therapeutic efficacy in online art therapy practice. The results have also been compared with other online art therapy frameworks and findings in the literature to ensure rigorous analysis.

Limitations of Study

This study has six key limitations that are important to be considered. First, most of the student art therapists who participated in this study identified that they have never worked as an art therapist in person so many did not have an ability to compare or contrast their experience of delivering art therapy online with in-person experience in the role of art therapist. Second, all of the participants in this study were student therapists and so it is difficult to know how much or how little of these results will be relevant and helpful for established and experienced art therapists. Third, there is no client input in this study due to having no client survey responses and no client interviews. This is a major limitation of this research. Fourth, the participants all used the same online Owl Practice video platform. Since technological challenges emerged as a theme hindering TP, it is difficult to know whether this could be partially attributable to the specific platform. Repeating the research using a range of platforms, such as JaneApp, Zoom for Healthcare, and Doxy may help alleviate this limitation. Fifth, the data in this research offered limited diversity of perspective since the demographic of clients participating in the art therapy sessions run by student art therapists in this study shared the fact that they were primarily 25-34 years of age and most were located within the Greater Toronto Area in Ontario, Canada and minimal demographic information about the student art therapists was collected. Sixth, the main theory, Geller's Therapeutic Presence, used in this research is noted to be based on mostly the opinions and experiences of white-bodied therapists. Therefore, as pointed out by Ki (2021) and Lawrence and Dua (2005), it is important to note that using such a theory holds the potential to reinforce colonial perspectives and power dynamics, oppressive tendencies, biases, and patterns of harm if used without including a critical intersectional examination of how these factors may impact clients and research findings. In this study, an effort to examine the theory of TP using an

anti-colonial, anti-oppressive critical lens has begun and further on-going in-depth discussion and exploration is required.

Suggestions for Future Research

This study brought to the surface many further questions to be explored around TP and the practice of online art therapy. Will interruptions due to technology glitches and conditions of the home environment continue to be a challenge with online art therapy in post-pandemic times? Could technology act as a barrier to presence in other ways, for example, when it is difficult to troubleshoot because we don't know the challenges that the client is dealing with. It is difficult to find the answer to the questions: Is it technology? Is it somebody using technology as a way to end a therapy session? Is it somebody's energy engaging with technology in such a way that it doesn't work? How do we hold space when interruptions happen? How does this competency need to look in practice online to maximize TP? In cases where someone from a younger generation understands and feels more confident using technology than an older, less technologically savvy therapist, how does this impact the TP dynamic between them? How do we need to be trained now in order to practice online? How will our embodied wisdom guide and teach us about how we can turn those experiences into part of the contained space or part of the therapeutic presence in a way that we have not had to in the past? How does having no prior experience providing art therapy session in person help or hinder creating TP online? Is the view, use of, and relationship with the body in the development of TP the same or different from in-person practice when practicing art therapy online? How do therapists facilitate embodiment practices online? How will creating art alongside of clients be possible and or look the same or different when practicing art therapy in-person? How, as therapists, do we hold space during and

after technical difficulties? Will interruptions continue to be a challenge in the same way when more people return to working outside of the home as pandemic lock down measures continue to lift? Does art therapy's approach to TP change when the power dynamic changes? Over time, as we shift from practicing on land in offices and studios to practicing online in homes or in a hybridized format, how will the profession begin to shift? Could we perhaps shift from 'controlled physical space' to 'holding energetic space together' in online art therapy? What new possibilities are arising for TP within art therapy here? How is the experience of TP changing as we shift from practicing in studio spaces to online?

Future iterations of this research worth exploring could include: repeating the survey and interview questions with clients and student art therapists and including a variety of online platforms; repeating the survey and interview questions with art therapists who are not students and have in-person experience to compare online practice with; repeating the survey and interview with therapists and clients of diverse ages and demographics; exploring the survey and interview questions within other helping professions who work online and in-person and value TP, such as coaching, and teaching; and repeat this research looking at assessing its application with the facilitation of art therapy groups online and or with art therapists who have a hybrid practice (offering art therapy online and in person) to see if findings are the same or different.

Extensions of this research exploration could be looking into some of the questions that emerged in this study, such as:

- If repeated with clients, would their responses be similar or different than those from student art therapists? How would the responses be similar or different if repeated with art therapists who had experience both online and in person?

- Will online therapy shift back to in-person after pandemic conditions change and if so, how will knowledge gained from TP in online practice inform TP within in-person practice?

- Are there new competencies required for effectively delivering art therapy online with TP? If so, how would it be taught?

- What are the implications for supporting TP within online art therapy in neurodiverse ways?

- What are the impacts on client outcomes of art therapists being able to make response art alongside of clients in online sessions as clients do art making?

- What are the client's perspectives on what is needed to create connection and a sense of presence for them while working online?

- And, for both therapists and clients, how do we best assess and identify who are best suited and served by engaging in art therapy practice online?

This study echoes the recommendation made by Cuijpers et al., (2009) that future research examine, evaluate and gain a greater understanding about the therapeutic components of content and delivery of online therapy. There is a need to shift from focusing on solely contrasting online therapy with face-to-face therapy. Instead of examining the online space as a delivery system, further studies could focus on discovering and identifying the unique characteristics, fresh capacities, and opportunities offered by online therapeutic practice (Berger, 2017; Dunn, 2012), as this study attempts to do. It would be interesting to integrate the use of the art therapy working alliance created by Bat Or and Zilcha-Mano (2019) in that examination process. Another option for future research could be repeating Colosimo and Pos' (2015) study examining if or how their four core modes of presence (being-here, being-now, being-open,

being with and for the client offering associated concrete behaviors therapists use to express or embody being present in sessions) are equally effective in online therapeutic contexts or not. Another possibility could be to expand upon the findings of Barker and Barker (2022) looking at the active components of therapy online as applied to art therapy.

Most importantly, the exploration of TP through an intersectional lens within an online art therapy practice context is strongly needed. As Tompkins Rosa (2021) suggests, future research looking at multicultural client perspectives related to therapists making art as a practice in sessions to see if or how it may support or hinder the building of trust and therapeutic alliance. As Rosemary Campbell-Stephens (2020) reminds us, more information is needed from the perspectives of the people of the global majority. More space is needed for their voices and leadership to counterbalance the white-bodied perspectives that continue to be pervasive amongst art therapy scholarship and practice.

Conclusion

The overall goal of this research was to explore the experience of TP in online art therapy sessions as reported by student therapists and clients during the COVID-19 pandemic. This sequential mixed methods research was designed to expand understanding, and the literature, about how TP is experienced by art therapists and by clients during online art therapy. There ended up being no client participants in the study. Thanks to the willing participation of student art therapists, this research has been able to yield some insights into what helps and hinders the experience of TP during art therapy online from the therapist perspective. Some key limitations to the theory of TP and to this study were highlighted and examined. Some recommendations for online art therapy were revealed, and a proposed framework offering some practices to support TP have emerged including a focus on the central role of artmaking, verbal expression and

practices that promote an embodied experience. The Online-Onland Art Therapy Therapeutic

Presence (OATTP) practice framework may help to enhance and deepen the overall efficacy of

online art therapy, including by offering practices before, during and after sessions that can assist

in deepening TP and ways to adjust as needed in order to continue being present and holding

space when distractions, disruptions and elements of uncertainty arise. More research informed

by diverse voices done with attention to intersectionality, anti-oppressive, and anti-colonial

approaches to practice are strongly recommended as we step forward within the changing

landscapes of practice in this new era of hybrid online-onland art therapy.

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Appendix A

Informed Consent and Confidentiality

Study: Therapeutic presence in online art therapy during a pandemic: Client and therapist perspectives.

Researcher Information:

Amy Lister, Candidate in Graduate Diploma Level Program at Toronto Art Therapy Institute

Email: [removed from document for privacy reasons] Phone: [removed for privacy reasons]

Purpose of the Research: The overall goal of this study is to explore therapeutic presence (TP) as experienced by clients and therapists during art therapy sessions via the internet over videoconferencing. The purpose of this sequential mixed methods research study is to help to: a) expand understanding and the literature about how TP is experienced by art therapists and clients during online therapy; b) contribute to the development of best practices for building and sustaining TP in art therapy sessions online and c) inform future research.

Role and Responsibilities of Research Participants: Participants will be asked to complete a post session survey that will take an estimated 15-30 minutes. Participants who volunteer to provide their email address may be contacted for a 30-minute semi structured interview to be conducted and recorded over zoom.

Risks and Discomforts: There is the possibility of experiencing discomfort when completing a survey that involves recounting a therapy session. Feelings of vulnerability may arise when being interviewed.

Benefits of the Research and Benefits for Participants: This research may contribute to the continued development and adoption of new best practices for conducting art therapy online which may in turn improve or enhance participants' future experiences of art therapy.

Voluntary Participation: Your participation in the research is completely voluntary and you may choose to stop participating at any time. Your decision not to continue participating will not influence your relationship, or the nature of your relationship with the TATI online clinic, the researcher, or the school, either now or in the future.

Withdrawal from the Study: You can notify the researcher in writing in order to stop participating in the study at any time for any reason, leading up to June 25th 2021. After this time, the data will be part of the research analysis and you will not be able to withdraw your consent as the thesis research will be complete and results submitted to the Toronto Art Therapy Institute. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researcher, the school or the TATI online clinic. In the event that you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: The information collected from the surveys will be done so anonymously online and kept on an encrypted server. The interviews will be conducted and recorded via zoom without mention of names or other personally identifiable information. The recordings will be made for data analysis purposes, stored on an encrypted server and will be accessed only by the researcher, Amy Lister, and will be destroyed as soon as analysis is complete. Survey and interview information may be discussed with a supervisor during the analysis phase however no names or personally identifying information will be shared. Confidentiality will be provided to the fullest extent possible by law. The limitations to confidentiality are:

1. There is a reason to suspect child abuse

2. There is a reason to believe that a person may be of harm to themselves or others

3. The researcher is served with a properly executed court order

Questions about the Research? If you have any questions about the research in general or about your role in this study, please contact the researcher, Amy Lister. Any ethical concerns about the project may be directed to the Research Ethics Committee of The Toronto Art Therapy Institute. The Research Ethics Committee can be contacted at: torontoarttherapy@bellnet.ca or by phone at, (416) 924-6221.

Please note: At the end of the survey, you will have the opportunity to provide your email should you be willing to be interviewed for the study. (This email will be seen only by the researcher and used to schedule an interview and to follow up with a summary of your contributions to the study). **By proceeding with completing this survey, you are expressing your consent to participate in this study.**

Appendix B

Therapeutic Presence Inventory – Client ©

Client: _____   Therapist: _____

Session number _____   Today's date _____

Take a moment to reflect on your experience of being with your therapist during today's session and then answer the following questions.

Please rate your PREDOMINANT experience during <u>THIS</u> session: (circle one)

1. My therapist was fully there in the moment with me:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

2. My therapist's responses were really in tune with what I was experiencing in the moment:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

3. My therapist seemed distracted:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

Appendix C

Therapeutic Presence Inventory – Therapist ©

Take a moment to reflect on your internal experience of today's session to answer the following questions. Please rate your **PREDOMINANT** experience during **THIS** session: (circle one)

1. I was aware of my own internal flow of experiencing:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

2. I felt tired or bored:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

3. I found it difficult to listen to my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

4. The interaction between my client and I felt flowing and rhythmic:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

5. Time seemed to really drag:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

6. I found it difficult to concentrate:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

7. There were moments when I was so immersed with my client's experience that I lost a sense of time and space:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

8. I was able to put aside my own demands and worries to be with my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

9. I felt distant or disconnected from my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

10. I felt a sense of deep appreciation and respect for my client as a person:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

11. I felt alert and attuned to the nuances and subtleties of my client's experience:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

12. I was fully in the moment in this session:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

13. I felt impatient or critical:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

14. My responses were guided by the feelings, words, images, or intuitions that emerged in me from my experience of being with my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

15. I couldn't wait for the session to be over:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

16. There were moments when my outward response to my client was different from the way I felt inside:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

17. I felt fully immersed with my client's experience and yet still centered within myself:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

18. My thoughts sometimes drifted away from what was happening in the moment:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

19. I felt in synchronicity with my client in such a way that allowed me to sense what he/she was experiencing:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

20. I felt genuinely interested in my client's experience:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

21. I felt a distance or emotional barrier between my client and myself:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

Appendix D
Informed Consent Form for Interview

Legal Rights and Signatures:

I, _____, consent to participate in the research study entitled: Therapeutic

presence in online art therapy during a pandemic: Client and therapist perspectives,

conducted by Amy Lister. I have read the information presented in the information letter

about a study being conducted by Amy Lister of Toronto Art Therapy Institute. I have

had the opportunity to ask questions about my involvement in this research thesis and to

receive additional details when requested. I understand that if I agree to participate in this

project, I may also withdraw from the project at any time leading up to June 25, 2021 at

11:59pm ET. I have been given a copy of this form. I agree to participate in the study, to

be audio recorded during an interview and to have my feedback used within this

research study. My signature indicates my consent.

Signature: _____

Name of Participant (Printed): _____

Date: _____

Appendix E

Proof of Permission to Use TPI©

Hi Amy

I am so glad you enjoyed the workshop.

It is wonderful that you are exploring what enhances or inhibits therapeutic presence in art therapy.

You are welcome to use the TPI (note: It is Therapeutic Presence Inventory - you have indicator in your proposal)

It is great to be contributing to the growing research on therapeutic presence, in art therapy and executive and life coaching.

Please keep me posted on your ongoing research.

Best, Shari

⋯
--
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Appendix F: Student Art Therapist Survey Questions

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

uence your relationship, or the nature of your relationship
with the TATI online clinic, the researcher, or the school, either now or in the future.

Withdrawal from the Study: You can notify the researcher in writing in order to stop participating in the study at any time for any reason, leading up to June 25th 2021. After this time, the data will be part of the research analysis and you will not be able to withdraw your consent as the thesis research will be complete and results submitted to the Toronto Art Therapy Institute. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researcher, the school or the TATI online clinic. In the event that you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: The information collected from the surveys will be done so anonymously online and kept on an encrypted server accessible only by the researcher, Amy Lister, and will be destroyed as soon as analysis is complete. Survey and interview information may be discussed with a supervisor during the analysis phase however no names or personally identifying information will be shared. Confidentiality will be provided to the fullest extent possible by law.
The limitations to confidentiality are: 1) there is a reason to suspect child abuse; 2) there is a reason to believe that a person may be of harm to themselves or others; and 3) the researcher is served with a properly executed court order.

Questions about the Research? If you have any questions about the research in general or about your role in this study, please contact the researcher, Amy Lister. Any ethical concerns about the project may be directed to the Research Ethics Committee of The Toronto Art Therapy Institute at: torontoarttherapy@bellnet.ca or phone, (416) 924-6221.

Please note: The findings of this study may be disseminated in academic publications and presentations; no identifying information from participants will be included in the research findings. At the end of the survey, you can provide your email if you are willing to be interviewed. By proceeding with completing this survey, you are expressing your consent to participate in this study.

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy
SECTION 1: The Therapeutic Presence Inventory (TPI) - Therapist Version

Take a moment to reflect on your experience of being with your client during today's session and then answer the following questions.
Please rate your PREDOMINANT experience during THIS session.

1. How many art therapy sessions have you had with this client?

☐ 0-2

☐ 3-5

☐ 6-8

☐ More than 8

2. I was aware of my own internal flow of experiencing.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

3. I felt tired or bored.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not at All

○ Moderately

4. I found it difficult to listen to my client.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

5. The interaction between my client and I felt flowing and rhythmic.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

6. Time seemed to really drag.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

7. I found it difficult to concentrate.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

8. There were moments when I was so immersed in my client's experience that I lost a sense of time and space.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

9. I was able to set aside my own demands and worries to be with my client.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

10. I felt distant or disconnected from my client.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

11. I felt a sense of deep appreciation and respect for my client as a person.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

12. I felt alert and attuned to the nuances and subtleties of my client's experience

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

13. I was fully in the moment in this session.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

14. I felt impatient or critical.

- ○ Completely
- ○ Quite A Lot
- ○ A Lot
- ○ Moderately
- ○ A Little
- ○ Very Little
- ○ Not At All

15. My responses were guided by my feelings, words, images or intuitions that emerged in me from my experience of being with my client.

- ○ Completely
- ○ Quite A Lot
- ○ A Lot
- ○ Moderately
- ○ A Little
- ○ Very Little
- ○ Not At All

16. I couldn't wait for the session to be over.

- ○ Completely
- ○ Quite A Lot
- ○ A Lot
- ○ Moderately
- ○ A Little
- ○ Very Little
- ○ Not At All

17. There were moments when my outward response to my client was different than how I felt inside.

- ○ Completely
- ○ Quite A Lot
- ○ A Lot
- ○ Moderately
- ○ A Little
- ○ Very Little
- ○ Not At All

18. I felt fully immersed with my client's experience and yet still centred within myself.

- ○ Completely
- ○ Quite A Lot
- ○ A Lot
- ○ Moderately
- ○ A Little
- ○ Very Little
- ○ Not At All

19. My thoughts sometimes drifted away from what was happening in the moment.

- ○ Completely
- ○ Quite A Lot
- ○ A Lot
- ○ Moderately
- ○ A Little
- ○ Very Little
- ○ Not At All

20. I felt a synchronicity with my client in such a way that allowed me to sense what he/she/they were experiencing.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

21. I felt genuinely interested in my client's experience.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

22. I felt a distance or an emotional barrier between my client and myself.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

SECTION 2: Follow Up Questions About Your Experience

Take a moment to reflect on your experience of being with your client during today's online art therapy session and then answer the following questions.

23. How did you know that your client was present with you? For example, what are some indications that you can see, hear, feel?

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│                             │
│                             │
│                             │
│                             │
└─────────────────────────────┘
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24. To what extent do you think the online context for art therapy supports or enhances your experience of the client's presence?

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

25. To what extent do you think the online context for art therapy hinders or negatively impacts your experience of the client's presence?

○ Completely
○ Quite A Lot
○ A Lot
○ Moderately

○ A Little
○ Very Little
○ Not At All

26. To what extent do you feel that the online context for art therapy helps you to be present in therapy?

○ Completely
○ Quite A Lot
○ A Lot
○ Moderately

○ A Little
○ Very Little
○ Not At All

27. Are there practices or things that you do in advance of therapy or to help cultivate your own presence? If so, please explain.

○ No
○ Yes

[ ]

28. The following contributed to my experience of therapeutic presence in the session. Check all that apply.

☐ Body - client was present in their body, relaxed open posture, settling, signs that they were becoming more in contact with self

☐ Breath - deepens, slows, a deep breath following a response or intervention or shift in feeling

☐ Facial Expression - eye gaze and face soften, gaze was either internal or connected with you

☐ Other (please specify)

☐ Vocal Quality - voice softened and deepened, slow pace between words indicated client was in reflective mode, connected to emotional state

☐ Verbal Responses - focused on further exploration of experience, in sync with your response

☐ Art - the art making process / the art itself / and or, debriefing of the art

[ ]

29. What was it like for you in the moments when you felt that your client was present with you?

[ ]

30. What was it like for you in the moments when you felt that your client was not present with you?

31. Is there anything else you want us to know about what you feel helped or hindered your experience of therapeutic presence during this online art therapy session?

32. Please feel free to share any other thoughts, feelings or reflections about the role of art and art making in relation to your experience of therapeutic presence within an online context.

Thank you very much for participating!

If you have any questions or concerns about the study, contact the researcher at: amy@allintuit.com

Appendix G: Client Survey Questions

Client Survey - Therapeutic Presence in Online Art Therapy

It is estimated that this survey will take approximately 15 minutes to complete. Your participation in the research is completely voluntary and you may choose to stop participating at any time.

The goal of this study is to explore therapeutic presence (TP) as experienced by clients and student art therapists in online art therapy sessions delivered via the internet over videoconferencing during the COVID-19 pandemic.

Your participation in this study will help to expand understanding about how TP is experienced by art therapists and clients during online therapy.

This survey has two sections: 1) the Therapeutic Presence Inventory (used with permission by the author); and 2) follow-up questions about your experience.

Client Survey - Therapeutic Presence in Online Art Therapy

Informed Consent and Confidentiality

Study: Therapeutic presence in online art therapy during a pandemic: Client and therapist perspectives.

Researcher Information: Amy Lister, Candidate in Graduate Diploma Level Program at Toronto Art Therapy Institute. Email: amy@allintuit.com

Role and Responsibilities of Research Participants: Participants will be asked to complete this post session survey that will take an estimated 15-30 minutes. Participants who volunteer to provide their email address at the end of the survey will be contacted for a 20-30 minute semi-structured interview to be conducted over zoom.

Risks and Discomforts: There is the possibility of experiencing discomfort when completing a survey that involves recounting a therapy session. Feelings of vulnerability may arise when being interviewed.

Benefits of the Research and Benefits for Participants: This research may contribute to the continued development and adoption of new best practices for conducting art therapy online which may in turn improve or enhance research participants future experiences of art therapy.

Voluntary Participation: Your participation in the research is completely voluntary and you may choose to stop participating at any time. Your decision not to continue participating will not influence your relationship, or the nature of your relationship with the TATI online clinic, the researcher, or the school, either now or in the future.

Withdrawal from the Study: You can notify the researcher in writing in order to stop participating in the study at any time for any reason, leading up to June 25th 2021. After this time, the data will be part of the research analysis and you will not be able to withdraw your consent as the thesis research will be complete and results submitted to the Toronto Art Therapy Institute. Your decision to stop participating,

or to refuse to answer particular questions, will not affect your relationship with the researcher, the school or the TATI online clinic. In the event that you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.
Confidentiality: The information collected from the surveys will be done so anonymously online and kept on an encrypted server accessible only by the researcher, Amy Lister, and will be destroyed as soon as analysis is complete. Survey and interview information may be discussed with a supervisor during the analysis phase however no names or personally identifying information will be shared. Confidentiality will be provided to the fullest extent possible by law.
The limitations to confidentiality are: 1) there is a reason to suspect child abuse; 2) there is a reason to believe that a person may be of harm to themselves or others; and 3) the researcher is served with a properly executed court order.
Questions about the Research? If you have any questions about the research in general or about your role in this study, please contact the researcher, Amy Lister. Any ethical concerns about the project may be directed to the Research Ethics Committee of The Toronto Art Therapy Institute at: torontoarttherapy@bellnet.ca or phone, (416) 924-6221.
Please note: The findings of this study may be disseminated in academic publications and presentations; no identifying information from participants will be included in the research findings. At the end of the survey, you can provide your email if you are willing to be interviewed. By proceeding with completing this survey, you are expressing your consent to participate in this study.

Client Survey - Therapeutic Presence in Online Art Therapy

Section 1: The Therapeutic Presence Inventory (TPI) - Client Version
Take a moment to reflect on your experience of being with your therapist during today's online art therapy session and then answer the following questions.
Please rate your PREDOMINANT experience during THIS session.

1. How many art therapy sessions have you had?

☐ 0-2

☐ 3-5

☐ 6-8

☐ More than 8

2. My therapist's responses were really in tune with what I was experiencing in the moment.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not at All

○ Moderately

3. My therapist was fully there in the moment with me.

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

4. My therapist seemed distracted.

○ Completely   ○ A Little

○ Quite A lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

Client Survey - Therapeutic Presence in Online Art Therapy

SECTION 2: Follow Up Questions About Your Experience

Take a moment to reflect on being with your therapist today in your online session and then take some time to answer the following questions about your experience of therapeutic presence.

5. The following contributed to my experience of therapeutic presence in the session

☐ Body - leaning forward, relaxed open posture, level of energy in sync with your own, shifted and realigned when out of presence

☐ Breath

☐ Facial Expression -soft, open, curious expression, head nodding/ facial expressions in synch with your experience

☐ Vocal Quality -tone showed interest and space to listen / adjusted vocal quality moment to moment to sync with your own

☐ Other (please specify)

☐ Attentional Qualities - Visual focus on you, ability to maintain details of your history and experience

☐ Verbal Responses - attuned to the present moment, responses feel in sync with what I was expressing

☐ Art - the art making process / the art itself / and or, debriefing of the art

6. What was it like for you when you felt that your student art therapist was present with you? Please explain.

7. What was it like for you when you felt that your student art therapist was not present with you? Please explain.

8. How do you know when you are present with your student art therapist?

9. To what extent do you think the online context for art therapy hinders or negatively impacts your experience of the therapist's presence?

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

10. To what extent do you think the online context for art therapy supports or enhances your experience of the student art therapist's presence?

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

11. To what extent do you feel that the online context for art therapy hinders or helps you to be present in therapy?

○ Completely   ○ A Little

○ Quite A Lot   ○ Very Little

○ A Lot   ○ Not At All

○ Moderately

12. Are there practices or things you do in advance of therapy or during therapy to help cultivate your presence? If so, please explain.

○ No

○ Yes.

13. Is there anything else you want us to know about what you feel helped or hindered your experience of therapeutic presence during this online art therapy session?

14. Please feel free to share any other thoughts, feelings or reflections about the role of art and art making in relation to your experience of therapeutic presence within an online context.

Client Survey - Therapeutic Presence in Online Art Therapy

Thank you for completing the survey!

Appendix H: Interview Questions

1) How did you know that your client was present with you? For example, what are some of

   the indications that you can see, hear, feel? What specifically contributed to your

   experience of TP in the sessions? Body? Breath? Facial Expression? Vocal Quality?

   Verbal Quality? Verbal Response? Art? Other things?

2) In what easy do you think that the online context for art therapy supports / enhances your

   experience of the client's presence? And your own presence?

3) In what ways do you think the online context for art therapy hinder or negatively impacts

   your experience of the client's presence? And of your own presence?

4) Are there practices or things that you do in advance of therapy to help cultivate your own

   presence? If so, please explain.

5) Please share your thoughts and reflections about the role art therapy and art making in

   relation to your experience of TP within an online context. Please give an example or a

   narrative of an experience where artmaking played a role.

6) Is there anything else you want us to know about your thoughts and or experiences about

   what enhances or inhibits the experience of TP for client and therapist while practicing

   art therapy in an online context?

Appendix I: 3 - Interview Participant Vignettes

Vignette 1: A cis-gendered female student art therapist in their late twenties

Client Presence: She described experiencing her client's presence expressed through eye contact, that she described as 'screen contact', facial expressions, conversation flow and asking of questions, and posture and occasional eye contact during art making.

Online context helps experience the client's and one's own presence: She discussed feeling that the clients begin in a more comfortable "because they are in their own space". Also, "the screen offers a buffer" that offers an additional layer of comfort and safety, especially for people who find full eye contact challenging or anxiety provoking. It can also offer the student art therapist a buffer by facilitating the use of a script as a reference point if or as needed.

Online context hinders experience of the client's and one's own presence: She spoke about how when distractions arise in the client's space that are beyond the student art therapist's control, "the focus-ness is gone… and I think it has to seep into the presence together." She discussed finding it challenging knowing and trusting if therapeutic presence is present by stating, "I think I have therapeutic presence, but it could be a false one because there's a lot of gaps in the screen or what I am able to see…I don't actually know if there's anyone else in the room that they're maybe paying attention to". Another challenge for this student art therapist are the blurred boundaries. She shared, "I could have other things around in my room that take away from my presence. When you're in a room, if you were in person, you control what's in the room. But now we are in our houses so it's a bit muddled".

Practice that cultivate one's own presence: She discussed the importance of preparing her physical space. "I usually close my window….I usually try and make my surroundings as quiet as I can…I turn my phone on silent and flip it over". She also reviews previous session notes to remember the context and tune into the energy of that session. She prepares a check in practice to have on hand. "I like to have something specific about last time….about them so they feel my presence and feel that I'm actually listening". And lastly, she discussed engaging in a breathing practice to close the connection with one client, clear the energy, recentre and prep to welcome the next client. She said, "I like really slow breathing to settle my nervous system…I like to do a few really slow, deep breaths to focus again and then be able to be fully there for the next client".

Role of art and artmaking in relation to your experience of TP within an online context:

This student art therapist finds that art serves as a metaphor, a window to connection and a bridge to therapeutic presence. She explained how for her "art is a window into connecting with someone" and continued to say, "when a client is using their art, I'm feeling it as they're using a metaphor to explain something about themselves…it's allowing me to understand them more, which I think is the whole point of therapeutic presence… you're really engaged with someone and you're understanding them". She also discussed how her experience has shown her that art can act as a facilitator or a buffer and gave an example. "I asked [my client] how their week went and they were telling me and I was feeling from how they use their body and their breathing that they were a bit activated….for the check in I asked them to choose a colour to match their mood and was able to ask them to tell me more…". She described the art and artmaking offering a less

direct way of noting the client's emotions and being able to show curiosity about them while maintaining a sense of safety and without intensifying their experience of vulnerability.

Anything else that enhances or inhibits the experience of TP in art therapy online:

For this student art therapist, **a key challenge** for her in experiencing therapeutic presence while engaging in art therapy online was having a lack of control over the physical environment and navigating the interruptions that can occur during sessions. She explained by sharing an example form a recent client session, "someone I couldn't see off of the screen walked into their room and they were like, 'I'm doing art therapy', it took me completely out of the meditation and [our focus]. I think it took us away from each other, in our presence". She concluded by saying, "the online format means that there is a level of factors that you're not going to be able to control, which I think can take away from the experience of therapeutic presence".

A key strength she discussed was the comfort and convenience of the therapist and client being in their own familiar spaces. She elaborated by saying, "there is something about [clients] being in their own home". Also, this student art therapist highlighted the benefits of no travel required to and from therapy session decreasing the stress of considering travel time, and can increase accessibility to therapy for people with dependents, such as parents and caregivers. She stated, " I can only hypothetically think about how the accessibility of online means that perhaps [clients]…log on and off really quickly " allowing it to be easier to coordinate picking up kids from school, or making dinner or fitting in therapy session while fulfilling other caregiving responsibilities in their day or evening.

A last note made by this student art therapist was about how different personal circumstances and client or therapist situations might enhance therapeutic presence or take away from it while doing art therapy online depending on their context. She described, "I think online and in-person have their pros and cons for therapeutic presence…it's going to depend on the client and the therapist if it works or not" and their unique personal circumstances and degree of control over the space they are doing online art therapy sessions within.

Vignette 2: A cis-gendered female student art therapist in their late thirties

Client Presence: This student art therapist described six observations that helped them to experience TP in their online art therapy session. The first was described as, "attention to artwork". The second was the ability to slow down, and she explained how, "their attention to their artwork and their ability to sort of be present with the artwork in order to find some sort of insight" really helped. The third observation was about the role energy and felt sense plays in being able to experience TP and explained how this can also be a challenge. She shared, "I think it's harder being a very energy receptive person and doing [art therapy] online and being able to get that same sort of [sense]… okay this person is super connected with their artwork right now. That kind of intuitive awareness is based on energy". The fourth element was observing physical posture or movement, like seeing a client's shoulders drop. The fifth observation was about the client's breath slowing down. And lastly, when a client's vocal pitch lowers, this student art therapist felt it assisted in experiencing the client's presence within sessions.

Online context helps experience the client's and one's own presence: This student art therapist described working from home being key to facilitating therapeutic presence. She said, working within "an actual space in their home…that is private and safe and contained…there is a feeling of comfort just by being in their own physical space" that helps build the safety needed for therapeutic presence to develop. She reiterated that working from within a physical space at home can help therapists feel safe, able to be comfortable and fully present. She remarked that this was her own experience. She continued to say that she noticed that there was less fear and anxiety expressed by clients around material use. She shared, "one client spoke about uses of

materials and that they would be less likely to use them [in person]…it's like a fear of using too much…". Another observation was that meeting for art therapy online offered less barriers and therefore, less anxiety getting to and from therapy sessions for some clients. The student art therapist spoke about her own experience providing art therapy online, saying, "because of my own fears around travel and all of the COVID things, [online art therapy] completely eliminates that total level of anxiety…You're beginning in a place that sort of skips the dread and the anxiety, and are able to be more fully present and show up."

Online context hinders experience of the client's and one's own presence:
This student art therapist focused on the importance of establishing an energy connection. She said, "You have to really pay attention to body language and verbal cues in order to pick up that same sort of energy" when working online which can be challenging. Another hindrance working online is the limited access to art materials and "limits what you can do" sometimes. And lastly, a big challenge of working online are the interruptions of technology, of peoples' space and attention, and "every time it happens, I [feel] a sense of chaos."

Practice that cultivate one's own presence: This student art therapist had several rituals nad practices involved in her preparation routine, which included: reviewing client notes from last session; sitting with the notes and feeling into them; preparing questions; having a directive in mind; using of music/ poetry to help call in presence and inspiration; using of mindfulness / visualization practice; going through the process with my own body of listening for and noticing what is being called forward; and, thinking of different ways to have clients connecting with artwork through music, poetry or visualization and going through that myself before the session

to see what's been calling or called forward within me. This student art therapist remarked on her rigorous collection of preparation rituals being an attempt to address and transform her "fear or anxiety… around doing a good job, or not wanting to cause harm, and being super present, and still figuring out what that means…"

Role of art and artmaking in relation to your experience of TP within an online context:

This student art therapist discussed using music to ground the body and hold space for artmaking. She shared,   "I feel like anxiety has been more heightened, and feelings of dissociation or needing a sense of grounding or presence has been increased for clients…so coming back to something that's embodied, like music" helps. She spoke about avoiding lyrics when choosing songs to play because, "any music with lyrics is going to call up memory…and take [us] out of the present moment." She went on to discuss an example of an online practice that helps with building therapeutic presence. "Poetry, listening to music or guided visualizations…have been very helpful for finding that sense of presence." A way that this student art therapist integrates music with clients is by saying something like, "Wow, I'm feeling like there's so much that you're holding on to, and I'm wondering if you would like to slow down? Here is a 6 minute song. How do you feel about listening to that?" She also spoke about online art therapy being a forum for psychoeducation. "I always kind of try and explain why we are using all of the senses at once…brings [us] back into [our] body" and into presence. Artmaking practice between sessions is used as a practice for holding space for Self. "I also try to connect people with their art process when they're between sessions….you don't want to bring up something that's going to cause negativity or dysregulation when they're on their own, but change is uncomfortable. Sometimes the invitation to practice is exactly what is

needed…helping to explore ways that they could be holding space for themselves in different ways" through artmaking.

Anything else that enhances or inhibits the experience of TP in art therapy online:

This student art therapist shared about her frustration and sense of helplessness when technological issues arise when working online because she does not, "have the ability to help [the client] troubleshoot." Also, art materials can pose a challenge because "it limits what you can bring [as a therapist] because you're not in the physical space." She continued saying, "[when working online] I am out of the control of the space, which I don't know if I have the right to be in control of it, but [being online] makes me feel of out of control of the space." She used a metaphor pf "two ships passing in the night" for this feeling caused by technological mishaps/ issues that interrupt or prevent connection from happening sometimes in online therapy sessions. The student therapist pointed out one last fact that she wondered may play a role in creating TP online with clients. She said, " I have never actually worked one-on-one in person with somebody, so my only experience is online….in terms of therapeutic presence, the only experience I have is with my own therapy, never me facilitating any sort of art therapy with others. So, I don't know how my views will change in the future when I am able to work with people in person again."

Vignette 3: A cis-gendered female student art therapist in her late fifties

Client Presence: This student art therapist listed the following as factors in experiencing of TP in online art therapy, including: visual cues; use of body, such as gesturing; using body to connect by glancing up at screen during artmaking; verbal check-in; and, art making. She shared some of her online practices of inviting clients to bring in the body by using gestures. She explains, "it's like I'm reaching through time and space to connect to [the client] by gesturing."

Online context helps experience the client's and one's own presence: She found herself using art as diving in point or portal to connection. She described "riffing", engaging in a sort of response - co-response exchange. She explains the term 'riffing' as, "if I play guitar, I'm referring to when two guitar players are comfortable enough to improvise a musical conversation with each other". To be effective at this, she described active listening being key. "We're working with one another in this process of riffing…[it] seems to really help with engagement and really help with the therapeutic presence because it involves listening to what the other is [experiencing]…neither of us can do that if we're not fully present and fully listening to what the other is saying." This student art therapist experiences space as levelling the power between client and therapist. She shared, "seeing somebody in their own home, and them seeing me in my home is a balancing, as though we have two human beings that are meeting in a space, rather than a therapist and a client, and I believe that is a huge contributing factor to my therapeutic presence." She went on to share a few practices she uses, including: using screen as a tv or movie screen to create levity and engagement during sessions with clients; and, using the camera as a keyhole. She described an example, "I invited someone to make a keyhole out of a piece of

art that they made and to look through the keyhole. So, I actually go up to the screen and say, "Let's peer through the keyhole…"

Online context hinders experience of the client's and one's own presence: This student art therapist spoke about how the context of the art therapist's experience and practice matters and may hinder the ability to create therapeutic presence online. She stated, "I want to declare that I have not worked live with the clients so I don't have anything really experiential to compare [offering art therapy online] with." She also spoke about materials as a challenge, saying, "one thing that is hindering is when I offer a directive and the client doesn't have the materials…often directives need to be tweaked according to the materials that someone has at hand." She spoke about the limited ability to use the body to connect with the client when working online and described, "[I will lay] hands on my own body as a way of supporting the client…[or suggest] let's rub our hands together and place them on a part of our bodies that feels tight or uncomfortable in this moment". The last challenge addressed in by this student art therapist was related to the limited ability to use the Third Hand. She commented on how it is not possible to use it in traditional ways and instead engages in screen sharing, "but only in very specific cases".

Practice that cultivate one's own presence: The student art therapist described engaging in some personal spiritual practices and did not elaborate in order to protect the sacredness of her practices and to avoid them being scrutinized by others. The practices she did share, included: sitting still; holding or touching a grounding rock; engaging in a breathing practice, such as, "in for me, out for you"; and, looking at whimsical things for inspiration to think metaphorically, creatively and with curiosity. She concluded by saying, "I try to get myself into a little bit of a

sacred place where there's not such a boundary between the mundane world and the world of art and metaphor".

Role of art and artmaking in relation to your experience of TP within an online context:

Artmaking can facilitate therapeutic presence being developed between therapist and client when both are able to be present and engaged. One example given was she the student art therapist did bilateral drawing process with a client and it led to a 'riffing' process that led to the development of TP. She discussed a little about the body beforehand, and did some stretches and warm ups to get used to using the full body. She invited the client to choose two colours that flirted with them and then to put on music of the client's choosing. The client expressed missing dancing outside in the park and the student art therapist said, "if it's okay with you, while you're doing [bilateral drawing], I'm going to also mirror your imagery in this sort of way that we're both dancing to the music". The student therapist witnessed the client engage in the process and mirrored as several drawings were made and then asked the client to choose one piece that was particularly meaningful to them and name the emotion associated. She then invited the client to go deeper into that and transform the piece in a way that was even more evocative of that feeling. She invited client then to create a mandala to support containing that emotion and the client created a mandala on the paper on the wall. The therapist expressed a response to the image and curiosity about looking through the hole at the centre of it and the client got excited and took the paper off the wall, cut out the hole and peered through. The student art therapist then invited client to walk through their space and peer through the keyhole. The client shared that they enjoyed it, describing it as "transformative and silly". The role of art and art making in developing therapeutic presence online comes "spontaneously from the art….it [is] just that noticing of what

the client is doing, being present 100% and improvising, not sticking to any particular written out script, but improvising respectfully, always checking in to see if that's okay". This student art therapist experiences TP in art therapy as a gift. "I just wanted to say that I have often felt it's a gift, which kind of also makes me think of presence and present. I feel it is a gift when I work with my clients. I really do".

Anything else that enhances or inhibits the experience of TP in art therapy online:

This student art therapist noted that she is engaged in ongoing learning around noticing and letting go when and as needed to promote therapeutic presence. She shared that something she is working on, "is recognizing when something that I cherish does not work and [to show] a willingness to… let it go because it doesn't work" in this moment with this particular client. She also spoke about the possible shifts in practice she can imagine undergoing when transitioning from online to in-person. She noted about making art alongside clients, "I don't know how I'm going to be in person. I currently create art when my clients are creating art and I don't know how comfortable I will be to do that [in person]". She noted a need to shift physical presence from lots of expression and energy output to create therapeutic presence while working online to less expression and energy output as the therapist to create therapeutic presence when working in person to prevent overwhelming clients. "When I'm online clients are focused on their work and they're not really feeling into my presence with their peripheral vision. But, in person, I may have to be much more still, because they will be aware of minute movements in my body in a what they are not while [online]...I have a big presence online….how will that translate into being in person…I may have to sit back and calm down and ground and be a little bit more solid….I'll have to re-learn how to be a therapist on site".

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Appendix J: Photos of Mapping Themes from Survey and Interview Data

① How did you know that your client was present to you? What did you see, hear, feel?

B – eye contact
V – asking clarifying?s
V – conversation
B – facial expressions
B – posture when artmaking

BODY – eye contact / gaze / nodding / gestures
VERBAL – talking, breathing, laughing
FOCUS ON ART MAKING

F – attention the artwork
F – ability to be present to artmaking
– client presence is an emergent exp "I sense it"
B – shoulders drop
B – breath + speaking slows
V – pitch of voice lowers

B – visual cues – eye contact (vs looking away = distracted)
B – use of body – gestures

② What ways did the online context for AT enhances TP?

C.S – client feels comfortable in their space
S – screen can be a buffer

COMFORTABLE SPACE
SAFETY / SUPPORT
POWER

C.S – therapists who clients have a private contained space are connecting from a place of comfort
S – using own materials (no worry @ using 'too much' 'taking up too much space')

C.S – seeing someone within own home, they see you in yours balances out power dynamic "two humans meeting"
– Screen can be like a stage use my body + gesture to play + feel like we are in shared space
S – sharing screen can act as '3rd hand' for demos
– laying on hands on my own body can help a client

③ In what ways do you think the online context for AT hinders TP?

F – less focused attention due to other things happening in the space
B – less info re. can't see full body
C. – could be a false TP bc of gaps

C – making an energy
B – connection is harder
M – limited access to art materials
– interruptions from family

M – when client doesn't have the materials needed for a directive leads to tweaking
S,B – can't use 'third hand' as much

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③ In what ways do you think the online context for AT hinders TP?

F - less focused attention due to other things happening in the space

B - less info ie. can't see full body

C - could be a false TP bc of gaps in what I'm able to see

SP - space is not as controlled as an office / studio

F - rely on more of a script that I would in person

C - making an energy
B - connection is harder

M - limited access to art materials

F - interruptions from family
SP - roommates → brings a chaotic energy to the moment

M - when client doesn't have the materials needed for a directive leads to tweaking

S, B - can't use 'third hand' as much

M - don't dive as deeply into alternative ways of making art bc it requires lots of effort on their part

FOCUS
BODY
CONNECTION (TRUST?)
SPACE
MATERIALS

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q25 To what extent do you think the online context for art therapy hinders or negatively impacts your experience of the client's presence?

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	18.18%	2
A Lot	27.27%	3
Moderately	27.27%	3
A Little	9.09%	1
Very Little	18.18%	2
Not At All	0.00%	0
TOTAL		11

④ Are there practices or things you do in advance of therapy to help cultivate your own TP?

SP - close window to limit distractions
F - turn phone on silent / turn it over
N - review previous session notes
P - prep a check-in
MPr - really slow breath/energy practice H clients

- prep 2 hrs before
H - reviews 'sit with' client notes
MPr - bring self into mind-state to be w client
P - prep a focus directive
I - draw on poetry/music/nature to call in presence
MPr - for clients + help are grand

MPr - "sit & gather myself"
SP - I call upon my mythological goddesses to guide me
MPr - put my hands on my rock to bring me out of my head + into body
MPr - do breathing practice (info in me out to you)
SP - bring myself into a sacred space
I - have things on my desk to use/look at to 'bring me back' + help me see think creatively + w curiosity

SPACE (prep it)
FOCUS
NOTES REVIEW
PREP CHECK-IN (DIRECTIVE)
MINDFULNESS PRACTICE

INSPIRATION
SPIRITUAL PRACTICE / RITUAL SACRED SPACE

→ SELF CARE - did not specify what that means

ANSWER CHOICES	RESPONSES	
No	18.18%	2
Yes	81.82%	9
TOTAL		11

⑤ Share thoughts, feelings about the role of art + artmaking in relation to your exp of TP w in an online context. Give examples.

- art as a use of metaphor to deepen understanding of something when looking at a client's artwork - allowing me to understand them   IN+AW
- opens more of a window into connecting w someone
  le. choose a colour to reflect your mood in this moment (offers more info or confirming info)

B&/GR
- Artmaking as grounding practice - helps us to return to the body in a grounding way
- use music (no lyrics) to support art making process
- helps to teach clients (psy/mvd) about how it helps bring them back to their body (sensations/ nervous system)
- invite artmaking t sessions to help client practice holding space for self in therapy

IN AW - It helps us engage in noticing being present re-promising

G/B
- Example of Bilateral Drawing
- expressing through movement dialogue + play - silly + transform

TRANSFORMATION
INFORMATION
AWARENESS
CONNECTION
GROUNDING/BODY
HOLDING SPACE (self + other)

⑥ Is there anything else you want us to know about your thoughts/exps of what enhances/inhibits the exp of TP for client + therapist while practicing AT in an online context?

inhibits -
S^C uncontrollable env.
  le. doing meditation + a person/noise interrupts taking us away from the moment

enhances -
lack of travel may help client be more present

"I've never worked in person so I have nothing to compare it to."
PHYSICAL PRESENCE (longing/needed)
SPACE - LACK OF CONTROL/CONTAINMENT
TECHNOLOGICAL ISSUES
ART MAKING (PRACTICES + CHANGES TO WHAT IS POSSIBLE)
THERAPIST PRESENCE (more space for it!)
PAYING ATTENTION (differently)

inhibits -
- troubleshooting is a challenge (technology issues)
  → feels like a failure on my part
S^C - I feel out of control of this space

"I've never worked in person so I don't know how that might change my practice"

enhances -
AM - I currently make art + response art while clients are artmaking + I'm not sure I could continue this practice if in person.
C^S R - allows space for my BIG presence

inhibits -
P.A - Learning to notice when something isn't working + letting it go

Appendix K: Survey Results

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q1 How many art therapy sessions have you had with this client?

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
0-2	36.36%	4
3-5	27.27%	3
6-8	36.36%	4
More than 8	0.00%	0
Total Respondents: 11		

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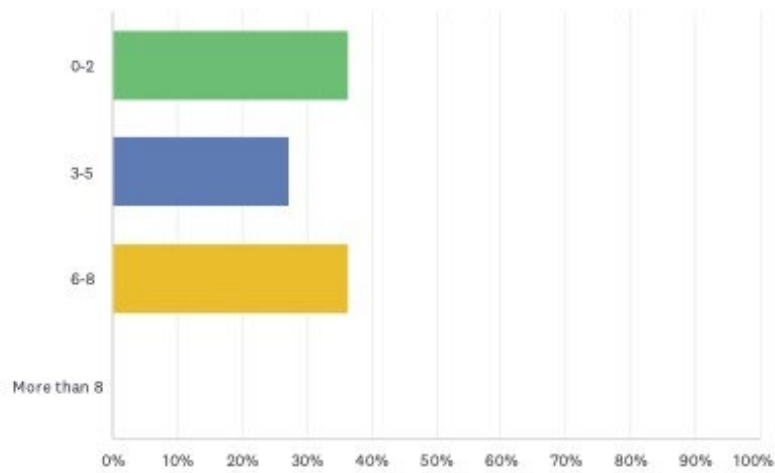
Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q2 I was aware of my own internal flow of experiencing.

Answered: 11   Skipped: 0
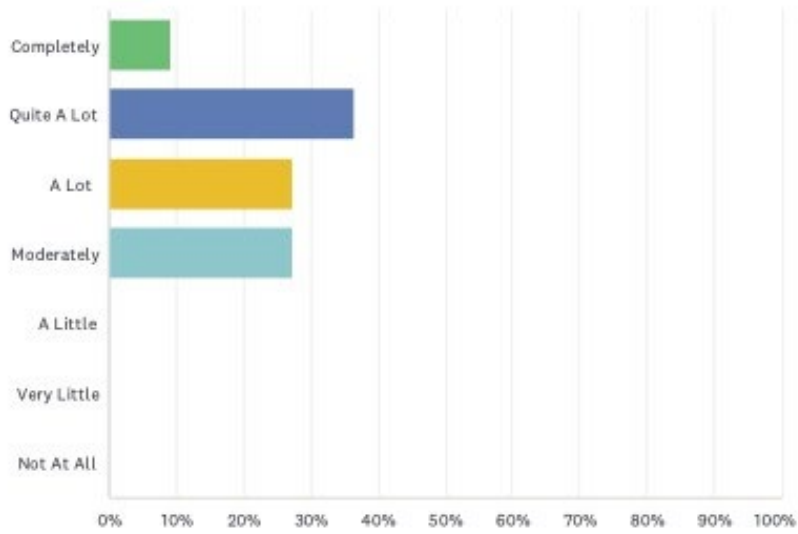
ANSWER CHOICES	RESPONSES	
Completely	9.09%	1
Quite A Lot	36.36%	4
A Lot	27.27%	3
Moderately	27.27%	3
A Little	0.00%	0
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

2 / 32

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy
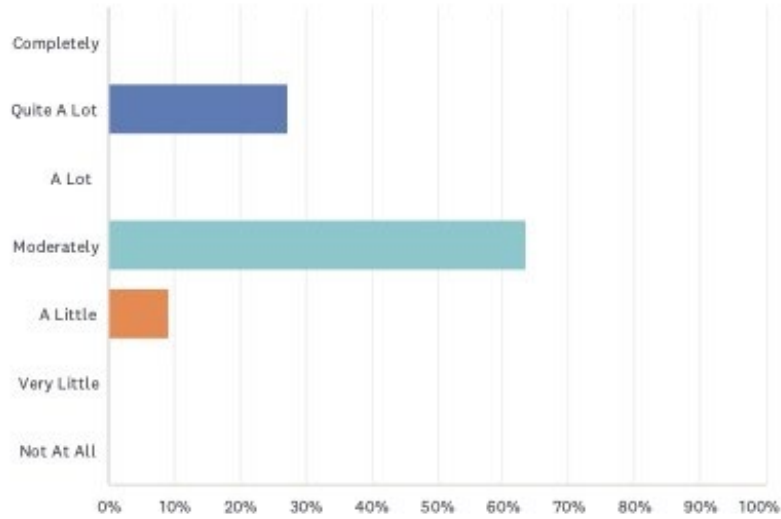
Q3 I felt tired or bored.

Answered: 11   Skipped: 0
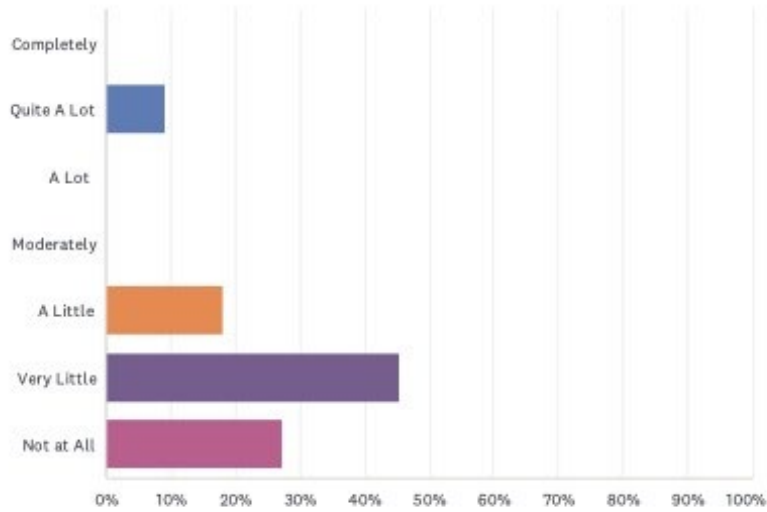
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	9.09%	1
A Lot	0.00%	0
Moderately	0.00%	0
A Little	18.18%	2
Very Little	45.45%	5
Not at All	27.27%	3
TOTAL		11

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q4 I found it difficult to listen to my client.

Answered: 11   Skipped: 0
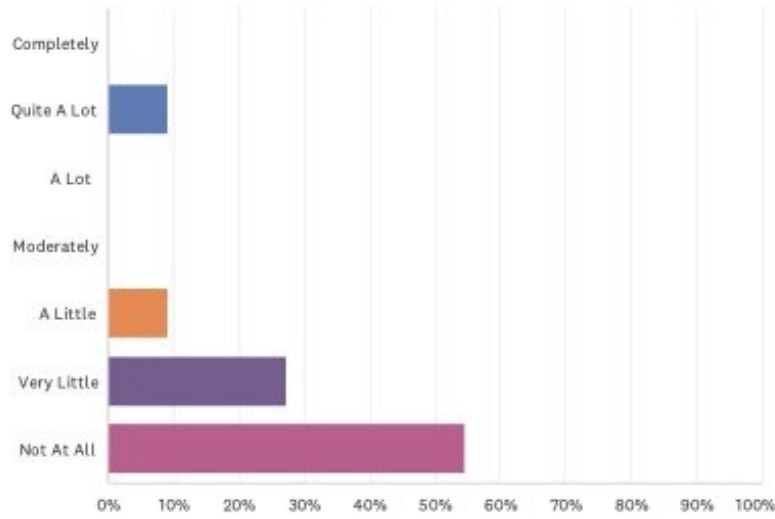
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	9.09%	1
A Lot	0.00%	0
Moderately	0.00%	0
A Little	9.09%	1
Very Little	27.27%	3
Not At All	54.55%	6
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q5 The interaction between my client and I felt flowing and rhythmic.

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	27.27%	3
A Lot	0.00%	0
Moderately	63.64%	7
A Little	9.09%	1
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

5 / 32

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q6 Time seemed to really drag.

Answered: 11 Skipped: 0
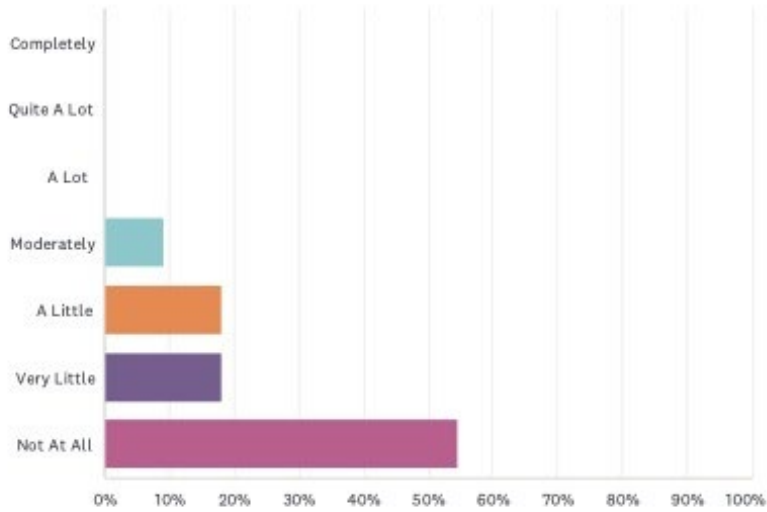
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	0.00%	0
Moderately	9.09%	1
A Little	18.18%	2
Very Little	18.18%	2
Not At All	54.55%	6
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q7 I found it difficult to concentrate.

Answered: 11   Skipped: 0
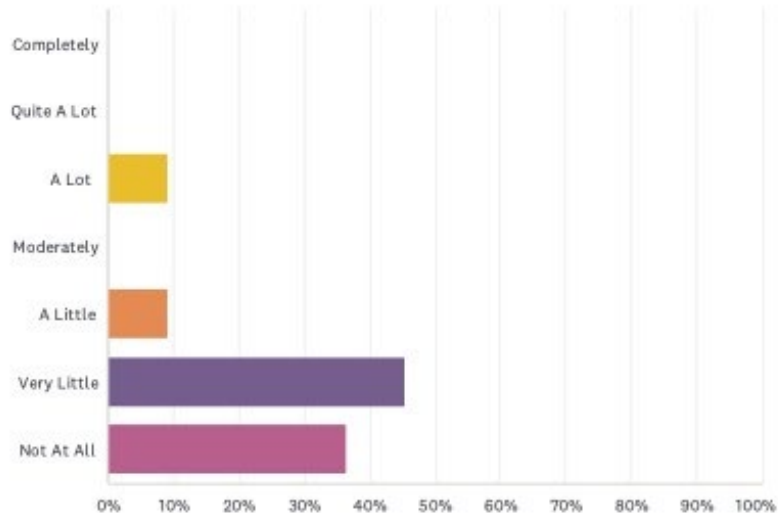
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	9.09%	1
Moderately	0.00%	0
A Little	9.09%	1
Very Little	45.45%	5
Not At All	36.36%	4
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q8 There were moments when I was so immersed in my client's experience that I lost a sense of time and space.
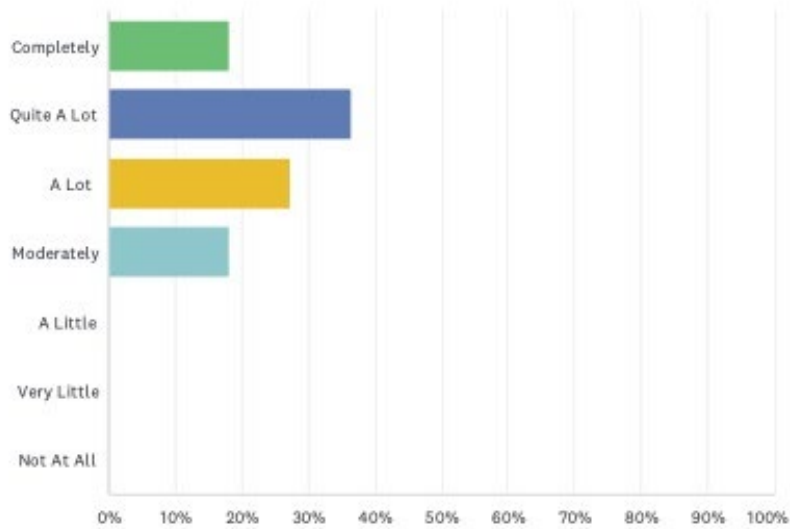
Answered: 11   Skipped: 0
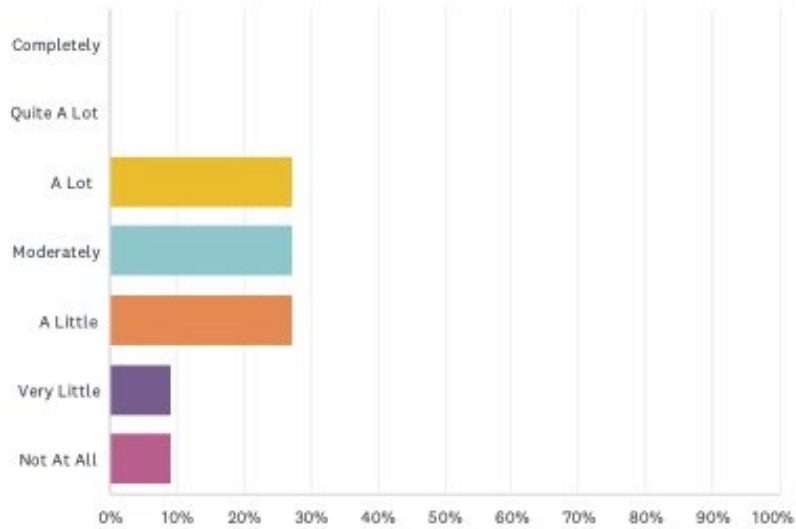
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	27.27%	3
Moderately	27.27%	3
A Little	27.27%	3
Very Little	9.09%	1
Not At All	9.09%	1
TOTAL		11

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Q9 I was able to set aside my own demands and worries to be with my client.

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	18.18%	2
Quite A Lot	36.36%	4
A Lot	27.27%	3
Moderately	18.18%	2
A Little	0.00%	0
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

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Q10 I felt distant or disconnected from my client.

Answered: 11   Skipped: 0
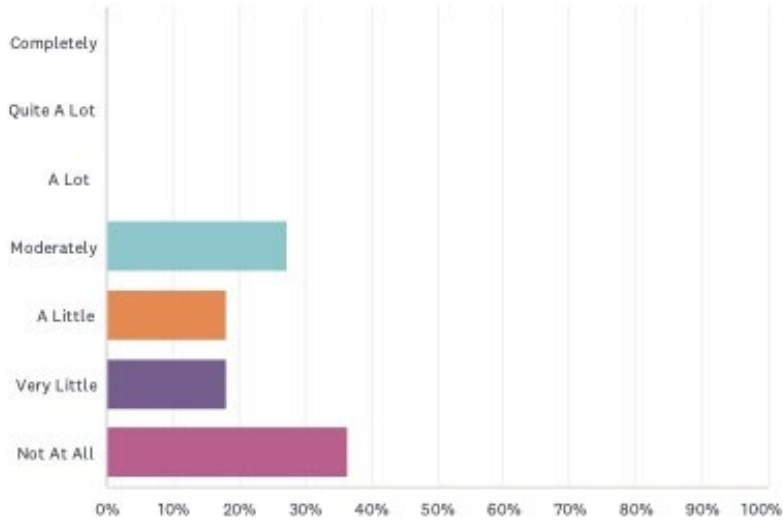
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	0.00%	0
Moderately	27.27%	3
A Little	18.18%	2
Very Little	18.18%	2
Not At All	36.36%	4
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q11 I felt a sense of deep appreciation and respect for my client as a person.

Answered: 11   Skipped: 0
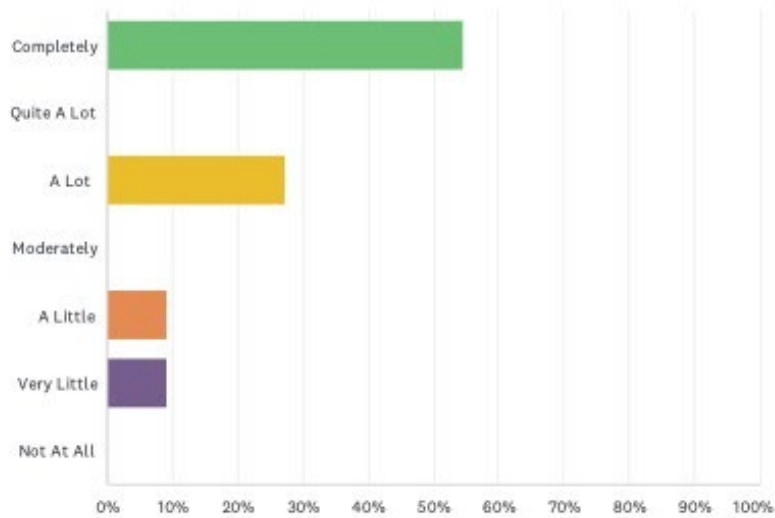
ANSWER CHOICES	RESPONSES	
Completely	54.55%	6
Quite A Lot	0.00%	0
A Lot	27.27%	3
Moderately	0.00%	0
A Little	9.09%	1
Very Little	9.09%	1
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q12 I felt alert and attuned to the nuances and subtleties of my client's experience

Answered: 11   Skipped: 0
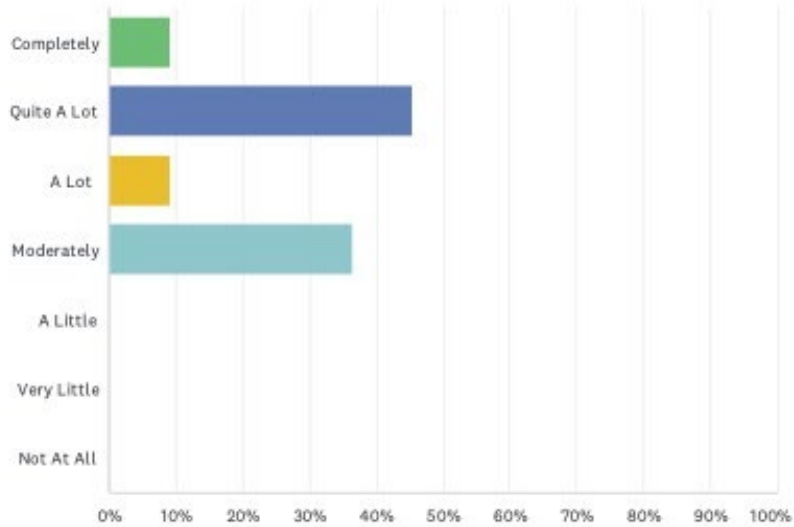
ANSWER CHOICES	RESPONSES	
Completely	9.09%	1
Quite A Lot	45.45%	5
A Lot	9.09%	1
Moderately	36.36%	4
A Little	0.00%	0
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q1 How many art therapy sessions have you had with this client?
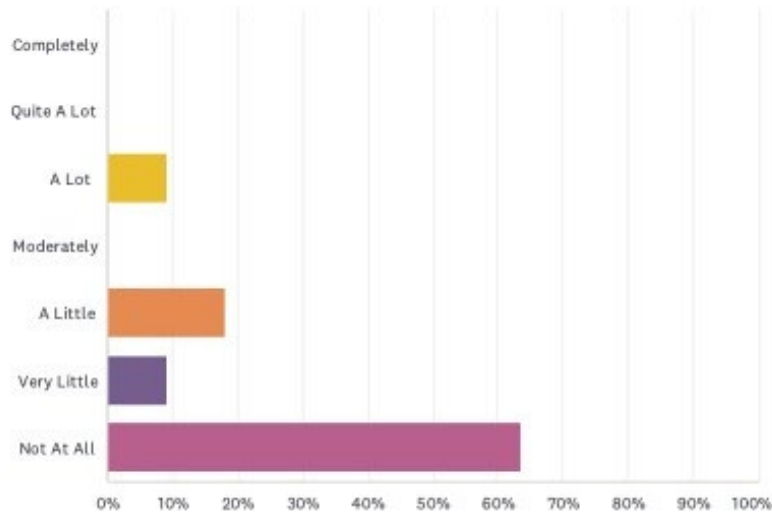
Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
0-2	36.36%	4
3-5	27.27%	3
6-8	36.36%	4
More than 8	0.00%	0
Total Respondents: 11		

1 / 32
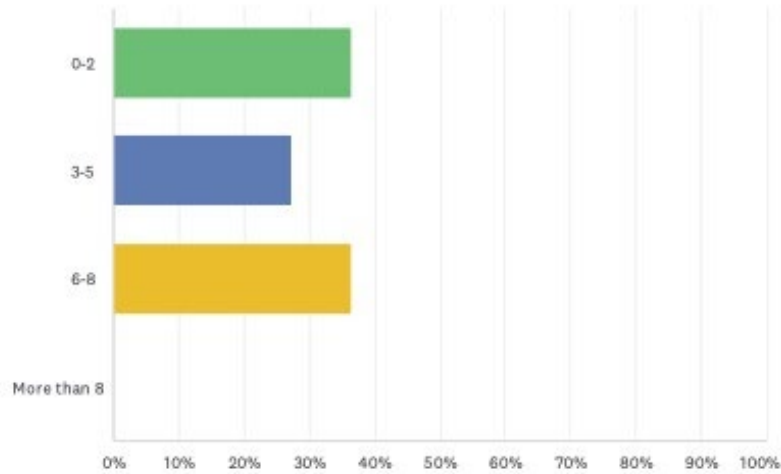
Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

# Q14 I felt impatient or critical.

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	9.09%	1
Moderately	0.00%	0
A Little	18.18%	2
Very Little	9.09%	1
Not At All	63.64%	7
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q15 My responses were guided by my feelings, words, images or intuitions that emerged in me from my experience of being with my client.
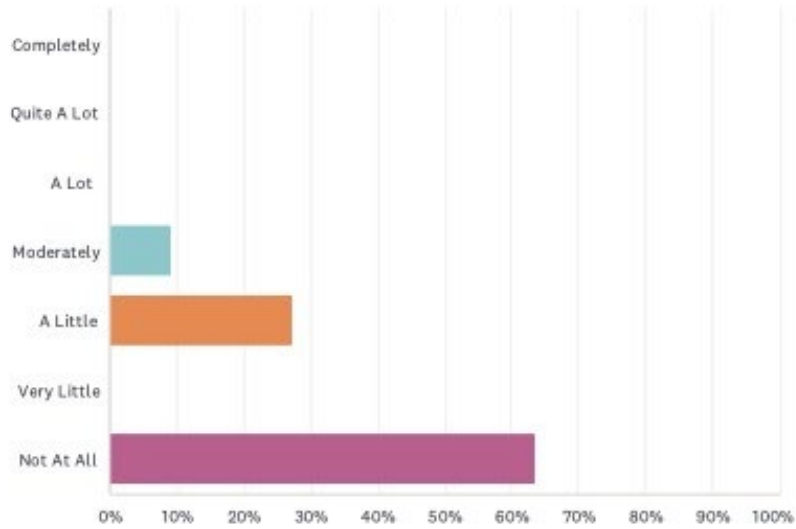
Answered: 11   Skipped: 0
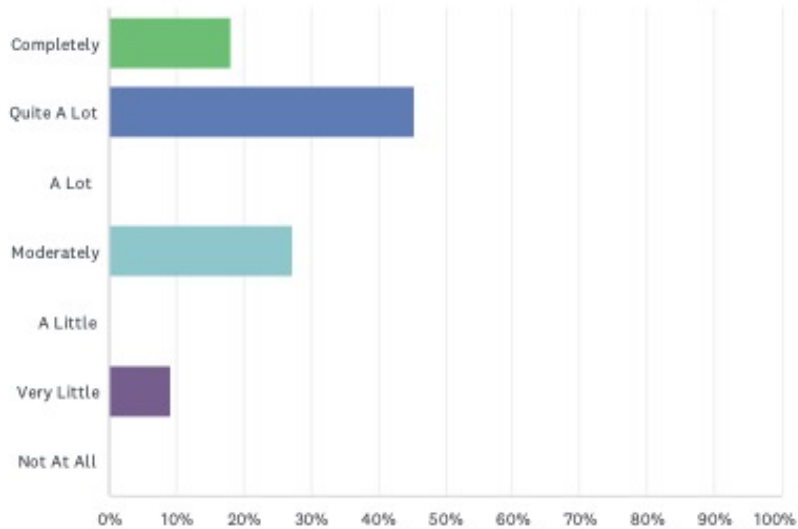
ANSWER CHOICES	RESPONSES	
Completely	18.18%	2
Quite A Lot	45.45%	5
A Lot	0.00%	0
Moderately	27.27%	3
A Little	0.00%	0
Very Little	9.09%	1
Not At All	0.00%	0
TOTAL		11

15 / 32

Q16 I couldn't wait for the session to be over.

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	0.00%	0
Moderately	9.09%	1
A Little	27.27%	3
Very Little	0.00%	0
Not At All	63.64%	7
TOTAL		11

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Q17 There were moments when my outward response to my client was different than how I felt inside.

Answered: 11   Skipped: 0
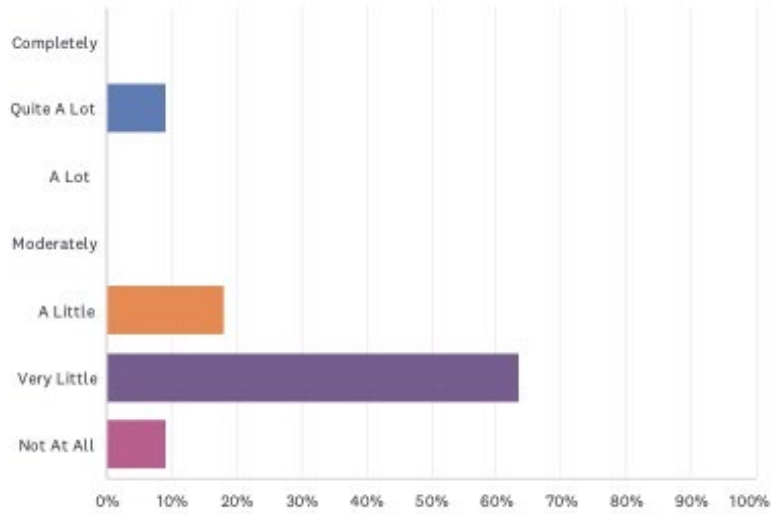
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	9.09%	1
A Lot	0.00%	0
Moderately	0.00%	0
A Little	18.18%	2
Very Little	63.64%	7
Not At All	9.09%	1
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy
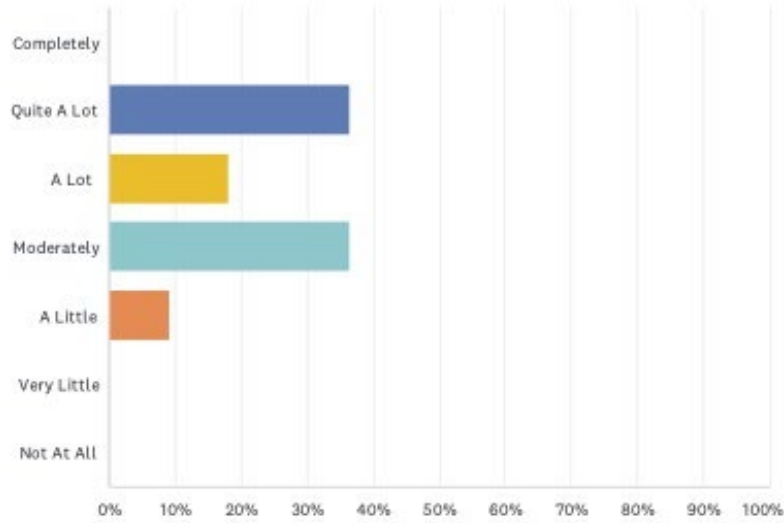
Q18 I felt fully immersed with my client's experience and yet still centred within myself.

Answered: 11   Skipped: 0

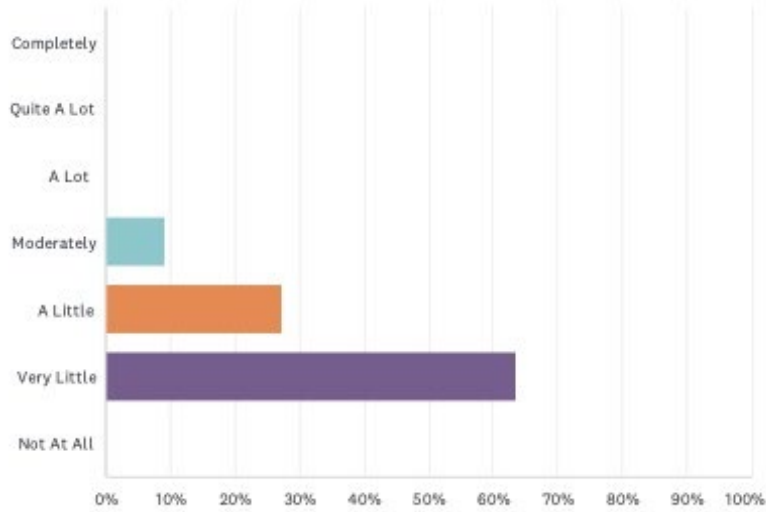| ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	36.36%	4
A Lot	18.18%	2
Moderately	36.36%	4
A Little	9.09%	1
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q19 My thoughts sometimes drifted away from what was happening in the moment.

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	0.00%	0
Moderately	9.09%	1
A Little	27.27%	3
Very Little	63.64%	7
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q20 I felt a synchronicity with my client in such a way that allowed me to sense what he/she/they were experiencing.

Answered: 11   Skipped: 0
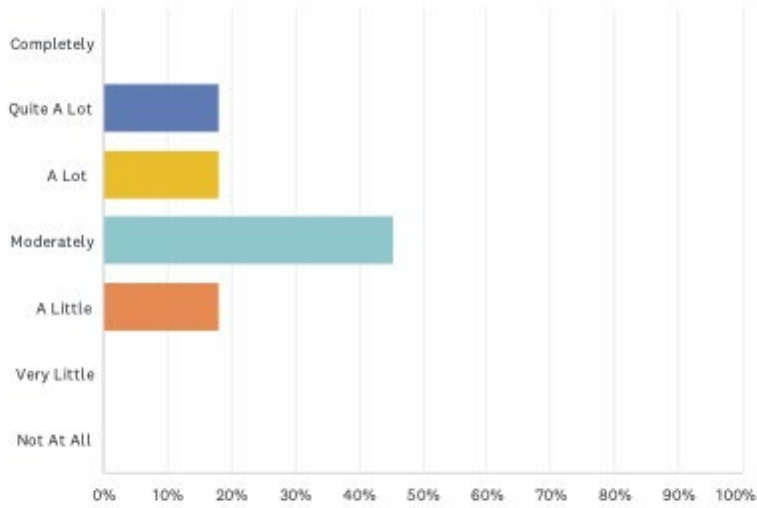
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	18.18%	2
A Lot	18.18%	2
Moderately	45.45%	5
A Little	18.18%	2
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q21 I felt genuinely interested in my client's experience.

Answered: 11   Skipped: 0
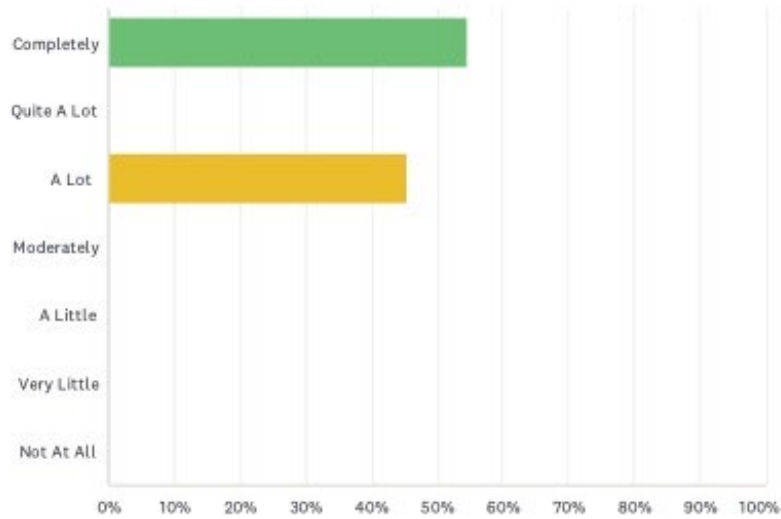
ANSWER CHOICES	RESPONSES	
Completely	54.55%	6
Quite A Lot	0.00%	0
A Lot	45.45%	5
Moderately	0.00%	0
A Little	0.00%	0
Very Little	0.00%	0
Not At All	0.00%	0
TOTAL		11

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Q22 I felt a distance or an emotional barrier between my client and myself.

Answered: 11   Skipped: 0
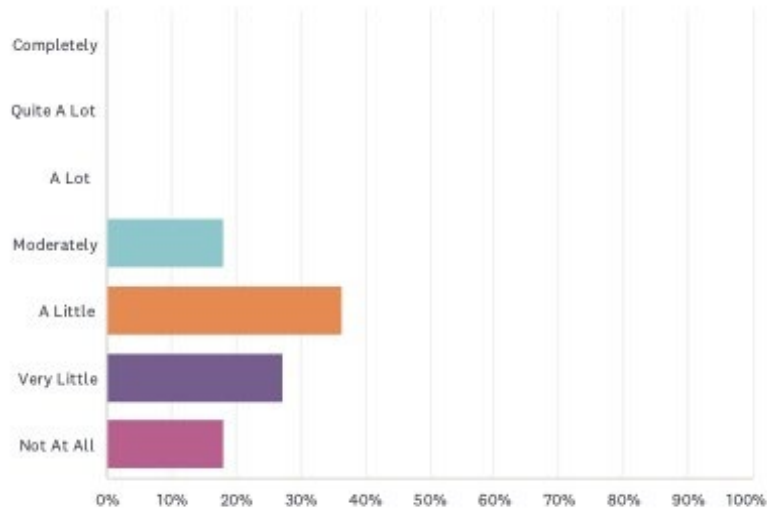
ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	0.00%	0
A Lot	0.00%	0
Moderately	18.18%	2
A Little	36.36%	4
Very Little	27.27%	3
Not At All	18.18%	2
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q23 How did you know that your client was present with you? For example, what are some indications that you can see, hear, feel?

Answered: 10   Skipped: 1

#	RESPONSES	DATE
1	laughing, asking questions	6/18/2021 6:47 PM
2	Stating how the grounding and art exercises landed. Eye contact.	6/18/2021 1:01 PM
3	Pauses for reflection and consideration in viewing artwork or responding to exploration prompts. A sense of excited curiosity.	6/18/2021 11:38 AM
4	Eye gaze upwards at screen, verbalizing in ways that reflected back to me what I had said, asking questions for clarity meant to me that they were engaged	5/27/2021 8:19 PM
5	Based on their responses, and the artwork that they made	5/17/2021 5:17 PM
6	Eye contact (through the screen), not looking elsewhere when we were speaking. Mirroring and sympathetic expressions exchanged while discussing their experience. Active listening observed with head nodding or shaking and thoughtful responses or follow-up questions. Artmaking touched on themes being addressed in the session and the client felt contained enough to share difficult emotions. All interactions felt very genuine.	5/15/2021 11:27 AM
7	My client asked to have the camera off during this session. I was able to tell by her audio, she explained her images and talked through some questions. We decided together the directive a session earlier and the client was excited to do the session. She was more talkative then most previous sessions.	5/15/2021 10:52 AM
8	Saw the client engage in art making. Saw the client becoming emotionally invested in the session Heard the client expressing gratitude for the session Heard the client express gratitude for being comfortable enough to express genuine emotion	5/7/2021 1:03 PM
9	Gazes up to the screen	5/5/2021 3:48 PM
10	Looking up to check the screen, making eye contact, shared laughter, hand gestures, sense of flow when working on art work.	5/5/2021 1:22 PM

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q24 To what extent do you think the online context for art therapy supports or enhances your experience of the client's presence?

Answered: 11   Skipped: 0
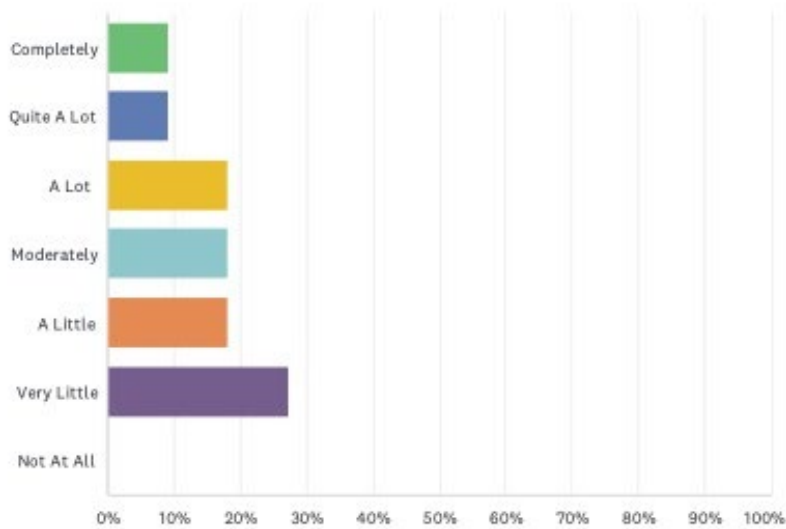
ANSWER CHOICES	RESPONSES	
Completely	9.09%	1
Quite A Lot	9.09%	1
A Lot	18.18%	2
Moderately	18.18%	2
A Little	18.18%	2
Very Little	27.27%	3
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q25 To what extent do you think the online context for art therapy hinders or negatively impacts your experience of the client's presence?

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	18.18%	2
A Lot	27.27%	3
Moderately	27.27%	3
A Little	9.09%	1
Very Little	18.18%	2
Not At All	0.00%	0
TOTAL		11

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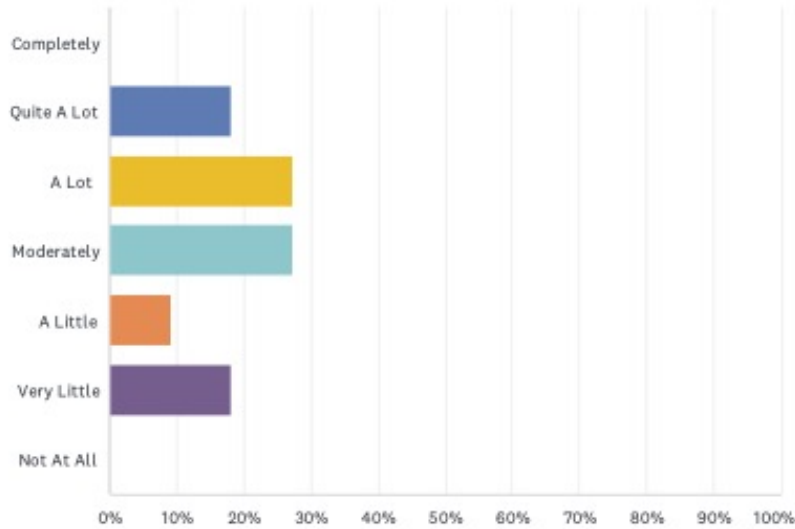
Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q26 To what extent do you feel that the online context for art therapy helps you to be present in therapy?

Answered: 11   Skipped: 0
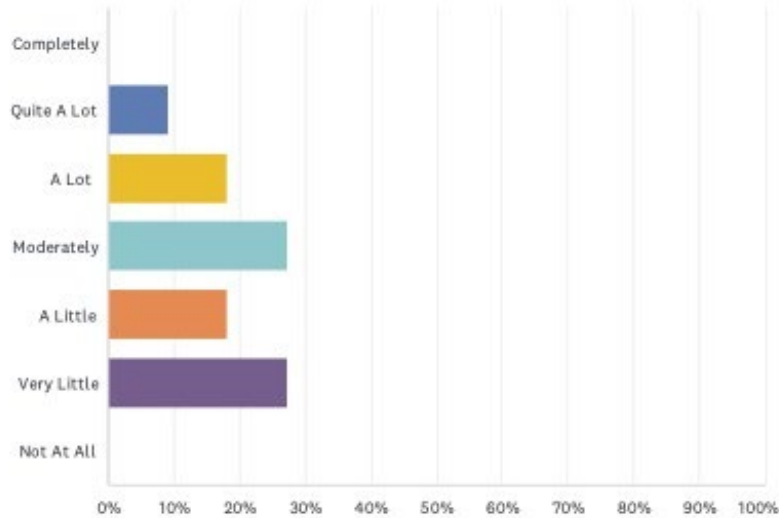
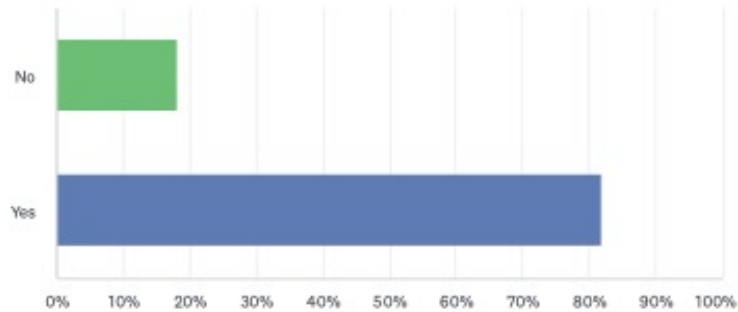| ANSWER CHOICES	RESPONSES	
Completely	0.00%	0
Quite A Lot	9.09%	1
A Lot	18.18%	2
Moderately	27.27%	3
A Little	18.18%	2
Very Little	27.27%	3
Not At All	0.00%	0
TOTAL		11

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q27 Are there practices or things that you do in advance of therapy or to help cultivate your own presence? If so, please explain.

Answered: 11   Skipped: 0

ANSWER CHOICES	RESPONSES	
No	18.18%	2
Yes	81.82%	9
TOTAL		11

| #	YES	DATE
1	Always continue learning; practice self care	6/18/2021 1:28 PM
2	Organizing my space, ensuring phone notifications turned off, letting others know in my home that I am in session (verbally and with Do Not Disturb sign on door)	6/18/2021 1:01 PM
3	Writing of pre-session thoughts, prayer, tech set up in a more ritualistic way	6/18/2021 11:38 AM
4	I have lit incense to make the room calm, reread last session notes, read ideas for this session coming up to get in the zone	5/27/2021 8:19 PM
5	Mindfulness practice, reviewing client notes, breath work	5/17/2021 5:17 PM
6	I will go over notes from the previous session(s) to remind myself what goals the client is working towards in therapy. I will also take time to research art directives which may be helpful for addressing the client's current needs.	5/15/2021 11:27 AM
7	I often do a breathing exercise before session	5/15/2021 10:52 AM
8	meditation, asking for spiritual support	5/7/2021 1:03 PM
9	I set the space up with the things I need- supplies and water. I dress comfortably and professionally. I make sure I'm not rushing home or too busy before getting on the call.	5/5/2021 1:22 PM

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Q28 The following contributed to my experience of therapeutic presence in the session. Check all that apply.

Answered: 11   Skipped: 0
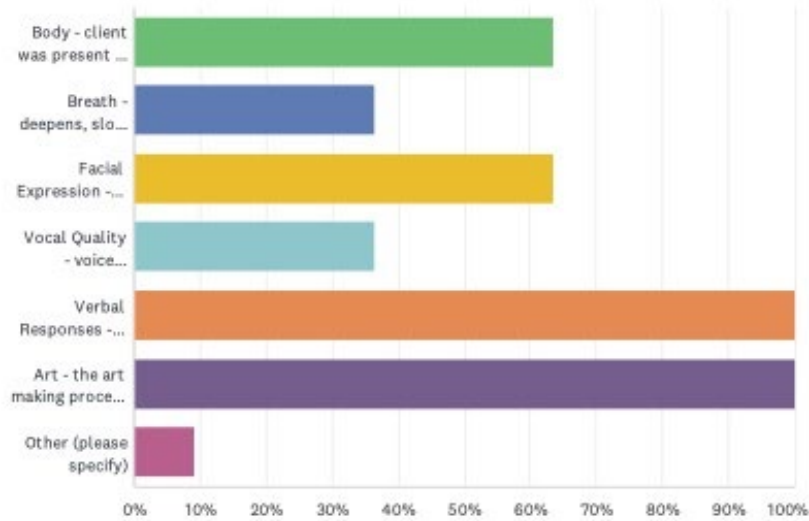
ANSWER CHOICES	RESPONSES	
Body - client was present in their body, relaxed open posture, settling, signs that they were becoming more in contact with self	63.64%	7
Breath - deepens, slows, a deep breath following a response or intervention or shift in feeling	36.36%	4
Facial Expression - eye gaze and face soften, gaze was either internal or connected with you	63.64%	7
Vocal Quality - voice softened and deepened, slow pace between words indicated client was in reflective mode, connected to emotional state	36.36%	4
Verbal Responses - focused on further exploration of experience, in sync with your response	100.00%	11
Art - the art making process / the art itself / and or, debriefing of the art	100.00%	11
Other (please specify)	9.09%	1
Total Respondents: 11		

#	OTHER (PLEASE SPECIFY)	DATE
1	Client kept camera off, unmuted sometimes, mostly typed their responses in the chat	6/18/2021 1:28 PM

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Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q29 What was it like for you in the moments when you felt that your client was present with you?

Answered: 10   Skipped: 1

#	RESPONSES	DATE
1	intuned	6/18/2021 6:47 PM
2	I felt that I was doing a good job and offering appropriate ideas	6/18/2021 1:28 PM
3	It felt that therapy was "working". There is a feeling of the therapy space making a difference.	6/18/2021 1:01 PM
4	I felt the sense of the therapeutic alliance, a calmed excitement of working towards a shared goal. Motivated.	6/18/2021 11:38 AM
5	It felt validating and encouraging in that I am happy to be doing what I am doing for others	5/27/2021 8:19 PM
6	I could see connection to art process, and reflection on process and imagery	5/17/2021 5:17 PM
7	It is rewarding to connect with another human being. I felt trusted and respected, there was also the responsibility to hold space for them and that pressure is both daunting and inspiring.	5/15/2021 11:27 AM
8	It was really nice to see how engaged they were during this session I felt they were more present, and that made me feel validated that I am going in the right direction with them.	5/15/2021 10:52 AM
9	I felt like the client and I were in a sacred space, we were being held gently by something larger than ourselves	5/7/2021 1:03 PM
10	Connected	5/5/2021 3:48 PM

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Q30 What was it like for you in the moments when you felt that your client was not present with you?

Answered: 10   Skipped: 1

#	RESPONSES	DATE
1	annoyed	6/18/2021 6:47 PM
2	I felt that my support was not resonating with them	6/18/2021 1:28 PM
3	I didn't notice this in this particular session.	6/18/2021 1:01 PM
4	Frustrating at the non-responsiveness. Disengaged.	6/18/2021 11:38 AM
5	Anxiety provoking, could feel myself tense up a bit and panic - I think it stems from a lack of confidence at being new to this	5/27/2021 8:19 PM
6	moments where their anxiety was evident, I could sense my own anxiety in being able to help them through and validate their experience	5/17/2021 5:17 PM
7	I feel nervous and worry that I am letting them down or failing them. I worry that I said the wrong thing or missed a moment of attunement. The pressure to fix whatever is amiss kicks in and that energy feels frantic.	5/15/2021 11:27 AM
8	With this client they prefer to do the artwork and not talk at the same time as they tend to be very focused on the artmaking. They often also turn their mic off as to reduce drawing noises. So during this session there was a period of 30 or so min of no feedback from the client. I made sure that I was clear on the directive with them as well as did artmaking myself to keep myself grounded during that time.	5/15/2021 10:52 AM
9	I questioned whether I had asked my question in the correct way to honour the client's experience without inserting myself into their experience	5/7/2021 1:03 PM
10	Distracting	5/5/2021 3:48 PM

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q31 Is there anything else you want us to know about what you feel helped or hindered your experience of therapeutic presence during this online art therapy session?

Answered: 7   Skipped: 4

#	RESPONSES	DATE
1	Online therapy gives the options of muted mic, camera off and text chat. This can be helpful for clients who are nervous/shy/etc., but is difficult for me to notice verbal cues/body language/etc.	6/18/2021 1:28 PM
2	Seeing the process of art making helps in feeling connected to the client and their art making.	6/18/2021 1:01 PM
3	Creating space for silence and consideration really heightened connection and gave a spaciousness for reflection and deeper examination by the client.	6/18/2021 11:38 AM
4	Having notes prepped ahead of time where I can reference to them without the client seeing I'm not totally looking at them the entire time. I WANT them to feel I'm engaged towards them, so its helped to have notes on the screen for nervousness. When I'm less nervous, I'm more able to focus on them	5/27/2021 8:19 PM
5	I feel like not being able to provide art supplies has been my biggest frustration with practicing art therapy online.	5/15/2021 11:27 AM
6	Not at the moment	5/15/2021 10:52 AM
7	Deep listening, leaning in, looking closely for visual clues, not staying to a script but tailoring my responses to meet the needs of the client in the moment Fostering an sense of curiosity and believing with confidence that the client is wonderful being that I have the privilege to meet in this moment	5/7/2021 1:03 PM

Student Art Therapist Survey - Therapeutic Presence in Online Art Therapy

Q32 Please feel free to share any other thoughts, feelings or reflections about the role of art and art making in relation to your experience of therapeutic presence within an online context.

Answered: 6   Skipped: 5

#	RESPONSES	DATE
1	This is a great thesis idea! Good luck! :)	6/18/2021 1:28 PM
2	The online space is hard without the physical presence and observation of the art and art-making process.	6/18/2021 11:38 AM
3	I feel not having the experience of seeing the art being made takes away from the therapeutic presence a bit. I rely totally on what the client says to me about the artwork after and a quick glance at it during sharing. I think presence has a lot to do with the felt energy, and we don't get that through the screen	5/27/2021 8:19 PM
4	Because our point of view is limited to the screen and the angle of the camera, traditional art making happens out of view, however, that allows for a reveal at the end. I always ask something along the lines of, "Would you feel comfortable showing me your image?" That aspect of client control makes sharing feel more intentional. I have only on a few occasions tried doing digital artmaking with clients. In these instances, the client is savvy with computers and would share their screen with me as they worked. This was helpful for feeling present during the artmaking process and changed my role to be more active than only holding space.	5/15/2021 11:27 AM
5	I think artmaking online is a new process with covid and that most people would be used to working in person where therapeutic presence may be stronger but my experience has been all online and I see how much change and growth happens even by doing the art therapy in a non-traditional space. I also think that online allows for both the therapist and the client to work in a space that they are comfortable in. An office can be very different from a home. One downside is the lack of materials clients have however since we are working on a computer we can also use the computer as a tool to make artworks.	5/15/2021 10:52 AM
6	Art can break through barriers to communication when the client feels nonjudged. Art making can break down barriers of communication by helping to quickly open the client to expression of emotions not as easily accessed verbally. Art making can hold a clients emotional experience by allowing some psychological distance from the emotions that emerge. If the therapist directs attention to the specifics of the art image the client might gain some space to regulate emotionally but still stay in touch with what has been expressed.	5/7/2021 1:03 PM