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Abstract

This article presents an innovation in art therapy research and education in which art-based performance is used to generate, embody, and creatively synthesize knowledge. An art therapy graduate student’s art-based process of inquiry serves to demonstrate how art and performance may be used to identify the research question, to conduct a process of data analysis, and to embody and perform achieved learning. Performing art-based research bridges thinking and action and brings tacit knowing and new awareness to life.

Introduction

In this article we present an innovation in art therapy research and education in which performance is used as an art-based method for generating, embodying, and creatively synthesizing knowledge. Performance, in its broadest definition, is a “showing of a doing” (Grimes, 2003, p. 35). The concept of the performative in research is one of joining action with thinking (Denzin, 2001). Although relatively new to art therapy, scholars from diverse disciplines have turned to art-based research for generating insights, bringing forth tacit knowledge, interrupting conventional thinking, and revealing how social reality is constructed in the performance of everyday experiences (Nelson, 2006; Turner, 1982). Art-based and performance studies are concerned with some of the central questions of our time. As an art-based mode of inquiry, performance is gradually becoming recognized as meaningful in research.

Art-based research in graduate art therapy education offers a valuable alternative to academic expectations that presume that the best means to demonstrate mastery of learning is by completing a social science research project that results in a traditional thesis. For students who are primarily visual learners, convergent and limiting forms of research may create tension and constraints on their creativity. McNiff’s (1998) premise in advancing art-based research is that art therapists need to claim and utilize their artistic sensibilities in the practice of inquiry. In particular we should “take another look at what we do and identify models for research in the existing practices” of art therapists (McNiff, 1998, p. 11). From the first author’s many years of integrating alternative modes of inquiry that have included storytelling, poetic narrative, music, movement, and other forms of performance art, feedback from various audiences have made it clear that art therapists are hungry for the kinds of creative expressions that served to deepens their understandings of art therapy practice. This perceived longing has motivated the development of art-based research options for graduate art therapy students.

The research project described in this paper is the product of a long tradition within Mount Mary University’s art therapy program of art-based research and innovative capstone projects for students to demonstrate their mastery. In addition to creative thesis, social action projects, and art exhibition the faculty developed a performance art option. Students identify a primary focal question related to art therapy practice that is best enacted through performance art in a disciplined and structured manner. A performance project conducted by the second author will demonstrate how art making was used to identify a research question, to guide data analysis, and to present learning outcomes. The research process integrated art therapy clinical work with responsive art making and disciplined scholarly reflection, and culminated in a performance and accompanying contextual essay. The mentoring relationship between the first and second authors offered opportunity to discuss and revise technical aspects related to the performance artwork, as well as to reflect deeply on the clinical implications of the work.

Review of the Literature

Polanyi’s (1967) famous dictum, “We know more than we can tell” (p. 4) supports the idea that art therapy is intimately connected to the healthy expression of feelings and ideas that are difficult to put into words. As compared to explicit knowledge, which is fairly easy to communicate through facts and abstract reasoning, much tacit knowledge remains unarticulated until an appropriate means can be found for explication. Haseman (2006) noted that articulation may be “constrained by the capacity of words to capture the nuances and subtleties of human behaviour” (p. 4). Embodied or action-centered knowing is developed through performance (i.e., learning by doing), using skill, imagination, and innovation to make meaning (Dinham...
et al., 2007). Although not all art is or purports to be research, an artwork may stand alone as evidence of a research outcome, both as a product and a process that emerges from the generation, selection, shaping, and editing of material from artistic practice (Nelson, 2006). The very notion of performativity, as conceptualized by Austin (1975), is that performed actions produce effects on both the performer and the viewer. When art-based research is performed the insights that give form to the work continue to produce effects in the performer’s actions and in the viewer’s perceptions. Performance is a mode that allows the researcher to consciously reflect on practice as well as to bring out tacit knowledge about the focal subject of the research (Nelson, 2006).

With greater acceptance of experiential knowing through doing, there is growing recognition that artists are rigorously creative in their research (Nelson, 2006). As McNiff (2014) asserted, arts therapies “expand the limits of discursive language and logical thought and bring the full spectrum of aesthetic expression and knowing” (p. 1), as well as enlivening and transforming energies that bring health and well-being. Despite the effectiveness of art-based methods in engaging research questions that arise from art therapy practice experiences, however, some students may express concern that such approaches might not be viewed as valid scholarship. Franklin (2013) suggested that the belief that “anything created is Art and [that one should] not focus a critical lens on such unexamined responses” contributes to cynicism about art as research (p. 88). One solution to this dilemma is to model artistic approaches to learning throughout the curriculum so that students have a sound basis for understanding and considering art-based methodologies, when appropriate, for their culminating research projects.

Perceptual and visual knowledge, as achieved through making and communicating with images, has long been recognized as primary to thought and expression (Hocks & Kendrick, 2003). In art therapy education art practice can be a component of any learning experience, regardless of subject matter, as a way of identifying questions, reflecting upon practice theory, and demonstrating understandings of course material. Artistic and interactional experiences in the classroom help students ground their knowing on relational aesthetics (C. H. Moon, 2002) whereby the artworks they produce “not only are shaped by, but also shape, human perceptions and experiences” (p. 140). The outcome of such research is not the factual content of social science; rather, it is process and relational knowledge derived from the interplay of artistic and relational encounters that yield new insights and understandings (Nelson, 2006). In today’s world of accelerating change it is critically important for art therapists to utilize relational knowledge to develop their capacities to feel, imagine, interpret, and respond empathetically to their diverse clients and surroundings (L. Kapitan, personal communication, August 15, 2014).

There is some consensus that art making is essential to teaching and learning in art therapy education (Deaver, 2012; Fish, 2008; McNiff, 1986; B. L. Moon, 2003; Schreibman & Chilton, 2012). Brennan (2011) recommended that graduate educators revisit the role of master’s level research and ground it in inquiry that fits with students’ developmental and practitioner needs. In her survey of art-based learning strategies in graduate art therapy education Deaver (2012) found that nearly all survey respondents endorsed art-based learning strategies for their unequivocal educational and personal benefits to students. Moreover, 73.9% of respondents reported that individual art making was integrated into their students’ research course. Although this is encouraging, the subjectivity of art-based inquiry has been a concern for some art therapists, as is a perceived lack of validity (McNiff, 2013). Bolt (2006) suggested that studies involving the creative arts are not as valued because their findings cannot be replicated in the usual sense. However, if, as Kossak (2013) pointed out, dominant research paradigms are allowed to always take precedence, “how will new forms or ways of thinking become valid in the eyes of those who hold the power or even those within the field” (p. 25)?

Art-Based Research: Six Phases of Development

In advising art-based student research and performance projects it is useful to consider three primary components. Kapitan (2010) explained that art practices can be utilized (a) to identify the focal question or questions for research, (b) to generate and analyse the data, and (c) to articulate and present the findings to others. In our program’s model the scope of inquiry involves six interdependent phases. First, students complete a master’s level art therapy research course that overviews a breadth of methods, helps students identify compelling questions from their engagement in artistic reflection, and culminates in a research proposal that is approved by faculty and the university’s human subjects committee. Second, students gather data in the context of their fieldwork and immerse themselves in the search for deeper knowledge regarding their focal question. In the third phase, students reflect on possible meanings of the data. In phase four they develop their proposal’s preliminary review of the literature by integrating newly emerging ideas and relevant source material as they also carry out initial data analysis. Fifth, the students identify the capstone option that best fits with both their learning style (e.g., visual, verbal, kinaesthetic, etc.) and the results of their inquiry. They meet regularly with their project advisor to discuss their progress and to envision how they might present their results. For example, they may map out the elements of a performance piece or create artworks for exhibition, which also serves to further their analysis and insights from the project. Finally, for non-thesis options, students begin writing the contextual essay and culminate the project, whether as a public performance, group art exhibition, or social action project. The essay provides a context for the artistic products in relation to art therapy history, theory, literature, and professional practice.

We present the following as an example of art-based inquiry in graduate art therapy education. The second
author (Hoffman) chose the performance art option for her capstone project. Excerpts from her contextual essay are interspersed within the narrative of the first author’s (Moon) advisory experience in mentoring her art-based inquiry from data gathering to culminating phases.

Phase One

Hoffman’s research initially intended to explore the impact of mask making on her therapeutic relationships with adolescent male clients. From her fieldwork experiences, she had identified a professional need to understand the nature and appropriate boundaries of intimacy that develops within the therapeutic alliance. The roots of her inquiry took hold while in a supervised art therapy internship at a residential treatment facility for adolescents. One of the artistic tasks she had offered her clients was the creation of masks using plaster-infused gauze. The mask-making process generated enthusiastic participation from the adolescents, who often resisted other forms of artistic self-expression. However, their enthusiasm was mixed with Hoffman’s feelings of discomfort about the experience, which compelled her to examine the dynamics more closely. In her contextual essay she wrote:

When I was in the moment with a client, making a mask of his face, a feeling of discomfort often emerged. The uneasiness had different qualities each time a mask was created on a new client. The discomfort stemmed from three phenomena: (a) feeling anxious that I was too close in [physical] proximity to the boy, (b) the strangeness I experienced when touching their faces to smooth out the plaster, and (c) the unexpected awkwardness of intimacy in that context.

Mask making, of course, can be a close encounter between two individuals. The art therapist and client may be working together at less than an arm’s length distance. Physical contact was involved: Hoffman applied the wet gauze to the teen’s face and then smoothed the plaster over its contours. There is potential for such a material to arouse sexual fantasy. Moreover, the person whose face receives the mask must remain still, creating an opportunity for controlled and passive vulnerability. In clinical supervision Hoffman examined all of these dynamics as well as the measure of openness and trust that the adolescents offered back to her in order to successfully create their masks. The artistic task of creating plaster masks, with its various levels of trust and contact, embodied the focus of Hoffman’s inquiry.

Hoffman developed a proposal for conducting a 6-week project under the supervision of her field supervisor that utilized art-based inquiry and narrative case research. She chose these methods because her purpose was to explore in-depth the process of mask making within a naturalistic experience of the clinical context. Hoffman anticipated that her inquiry would lead her into a better understanding of the dynamic of touch for these particular clients. Art making was the primary means of generating research data. Her proposal was reviewed and approved by the human subjects committee.

Phase Two

Hoffman began the project after identifying four clients who were participating in the facility’s art therapy program. The mask-making sessions were conducted as part of the clients’ regular art therapy sessions and the treatment team was informed of the clients selected. Signed release forms from the participants were obtained after they reviewed a description of Hoffman’s research interest in using mask making in the context of the therapeutic relationship. The participants were free to decline to participate and, because it was part of ongoing treatment, all records related to the project were kept strictly confidential. The inquiry was focused on Hoffman’s insights and learning as an art therapist in training; presentation of her results would be limited to her own artistic and written reflections.

Hoffman first explored how mask making—a medium that had generated unexpected feelings in her—impacts the development of intimacy in the therapeutic relationship. She gathered her observations of the clients, their mutual art therapy experiences, and her post-session reflections. During the 6-week project, Hoffman offered her clients the option of creating a mask of their faces with her assistance. The directive was appropriate for the client treatment goals; for example, the youth were interested in making masks to express self-identity, creativity, and social roles. In a subsequent session Hoffman was able to experience having a client assist in creating a mask for her face when the opportunity arose. To conclude the project, Hoffman met with each individual to finish decorating the masks while reflecting together on the experience.

Phase Three

After immersing herself in field research activities, Hoffman entered a period of creative incubation that involved unhurried study of the data she had gathered, including careful review of clinical notes, journal entries, and reflection on the meanings of her artistic data (i.e., client masks, therapist mask, and subsequent masks she made as a reflection on the process). Data analysis also proceeded from her intentional responsive art making (B. L. Moon, 1999) about thoughts and feelings stimulated by the inquiry. These considerations became the focus of biweekly discussions with Moon, her advisor. Polanyi (1964) asserted that discovery does not always occur through deliberate and calculated mental efforts, “but more often comes in a flash after a period of rest or distraction” (p. 34). In this phase a process of intellectual reorganization occurs from which essential nuggets of learning emerge. Through her review of the data, responsive artworks, and narrative analysis (Leavy, 2009), Hoffman realized that although therapeutic boundaries were certainly important in her inquiry, her most significant insight was that mask making regulated intimacy in such a way that it strengthened trust in the therapeutic
alliance. Mask making contained and transformed fear and anxiety into healthy emotional contact.

As Leavy (2009) noted, “one of the major strengths of using visual methods of analysis and interpretation is that they call attention to the interpretive phase of research, which, due to conventions and practical restraints, is often rushed” (p. 213). In addition to making art to reflect on her research experiences Hoffman began to construct narrative accounts of these interactions with clients, from which to identify emergent themes and bring coherency to the range of research elements. Thus, art making can be utilized as a method of data analysis.

**Phase Four**

Next, Hoffman revisited her preliminary review of the literature from her research proposal and added new sources that she deemed relevant after having completed the data analysis described above. A helpful component of this task is the ongoing creation of an annotated bibliography that summarizes the reference material and documents the students’ own thinking about the literature’s relevance to their study. Hoffman located her experiences in the theories and practices of her profession. The annotated bibliography also served as the framework for the literature review chapter in the contextual essay.

**Phase Five**

Hoffman now was well grounded in her project and gaining mastery of art therapy, which is the aim of the students’ capstone projects. In phase five she determined that she could best present what she had learned by creating a performance artwork that would illuminate the nature of the therapeutic alliance she had experienced. She met regularly with Moon to discuss her insights in the context of creating her performance. She also began outlining the contextual essay (i.e., introduction, literature review, method and description of the performance, and summary reflections) that accompanied the performance.

Early on Hoffman decided that she wanted to create a dramatic reenactment of the process of creating the masks. The parameters set by the program are that (a) the duration will be 10 to 15 minutes; (b) the performance can utilize spoken word, projected images or video, creative movement, audio soundtrack, lighting, and/or visual art; and (c) other actors or performers are not allowed as part of the performance, nor is the audience active in any manner.

Hoffman was one of six students who had chosen performance art as their capstone project. They collectively decided to meet weekly to practice their developing work and to offer one another critical feedback. Through these practice sessions they also identified how they could help each other by managing the lighting, stage setup, and control of the audiovisual components of one another’s performances. Approximately one month before the public presentation, Hoffman presented a “draft” performance to the faculty and her performance art peers. The draft offered another opportunity for critical feedback, thus allowing revision prior to the final presentation. Hoffman gave the faculty a brief explanation of her research project and its emphasis in the performance on how mask making had elicited feelings of closeness and discomfort within herself that she had not expected.

She then proceeded to present the draft performance. She positioned herself on a black stool in darkness on the stage with a table prepared with mask-making materials. Silence pierced the room as a spotlight above gradually brightened. Hoffman began by sitting very still and gazing out into the audience (Figure 1).

The stillness was intended to give the audience time to create a connection with the performer and to potentially experience the low-grade sense of anxiety Hoffman had felt in her initial mask-making encounter with her clients. An instrumental soundtrack signaled the beginning of performing the mask-making process. Unfortunately, as the music’s volume increased there was a technical problem and the sound momentarily dissipated and then spiked. This distraction disrupted the flow. Once the sound level was adjusted, Hoffman slowly applied lotion to her face, neck, and shoulders while projected images appeared on a large screen behind her. There were 15 images of different (non-client) individuals’ hands touching her shoulder. These images were projected in the background to create a mood in the audience that paralleled Hoffman’s particular discomfort and feelings that she had needed to understand as an art therapy intern. In this way Hoffman intentionally used an aesthetic element in the performance to address her challenging feelings. Then, in a deliberate and ritualized manner, she applied strips of plaster to her face, creating a mess of dripping plaster on her clothing and onto the floor. As she continued laying strips of plaster to cover her face

![Figure 1 Offering Connection](Image)
and shoulders, the dripping plaster served to heighten the audience’s experience of unease. Hoffman continued adding strips of plaster intermixed with applying water to smooth out the plaster fully. Once her face was fully covered, she paused and was still (Figure 2).

Next, she slowly removed the mask, which provided a moment of relief for the audience. With a black linen cloth, she removed the excess plaster from her skin. Finally, as the music and light faded, she reapplied lotion as if restoring her equilibrium. She then sat motionless in front of the audience as a way to bring the performance to a close (Figure 3).

After the performance, the faculty offered feedback concerning the extent to which the performance had successfully conveyed Hoffman’s learning. The feedback she received focused on two primary areas: technical (i.e., related to the formal elements of the performance) and content, which related to the feelings, thoughts, and practice issues raised by the artwork. One faculty member commented that the soundtrack she had chosen sounded rather like an afternoon TV special for children and had gotten in the way of Hoffman’s intention to create an intense mood for the audience. Another commentator suggested that Hoffman might consider using no sound at all and letting her actions speak for themselves. Eliminating the soundtrack might amplify Hoffman’s presence as a silent witness, which seemed central to her evolving understanding of the intimate exchange of art and empathetic awareness in the therapeutic relationship.

Feedback also raised content issues regarding how the clinical and ethical aspects of the presentation were being communicated to the audience. Faculty members commented on the provocative nature of the performance from material that produced such strong effects within the therapeutic relationship. In the give-and-take that ensued it became clear that Hoffman had grasped the potential quandaries inherent in interacting in such a way with adolescent clients. Her tacit knowledge was now available to her for future examination and refinement of her ethical and clinical skills.

In the weeks remaining Hoffman focused on incorporating the feedback, finalizing the contextual essay, and preparing for the final evaluative and public performances. After much consideration Hoffman decided to try performing the piece entirely in silence at the next practice session with her peers.

Phase Six

The last phase of Hoffman’s art-based research project were the culminating performances to present her learning. In the period between the draft and final performance when the faculty would evaluate her mastery, she honed her presentation. In some ways this process is similar to the editing and revising that thesis students go through. As most writers know, the first draft is just to get the ideas out of one’s head. We write the second draft so that the ideas make sense to us, and complete the final revision so that the ideas make sense to the reader. Likewise, Hoffman’s performance underwent many revisions. She integrated the faculty’s feedback from the draft performance and from her peers in their practice sessions, all the while further articulating and learning from the layers of knowledge the performative medium offered. Finally, she presented the performance to the faculty for an evaluation.

In conversation with Moon near the end of the process Hoffman commented that she was surprised that her project had become less about the technique of mask making and its potential for fostering closeness in the therapeutic alliance. In her contextual essay Hoffman acknowledged a deeper understanding of the role of trust:
It takes courage and openness to be willing to have a plaster mask made of one’s face, especially for therapeutic purposes. Mask making involves a great deal of trust and the therapeutic relationship cannot help but be influenced by this process.

Although understanding the parameters of intimacy certainly was important, Hoffman now saw that her primary learning had to do with her own emotional risk-taking and the feelings of vulnerability she experienced as a therapist in training. Thus, the performing of art-based inquiry led to learning that was significantly richer than mere technique. She had grappled with a personally compelling clinical and ethical issue, the understanding of which her performance required her to embody and enact.

Finally, in celebration of her work, Hoffman gave a public performance at an art therapy symposium. The performance space was packed with nearly 200 attendees. Their rapt attention throughout the performance, and enthusiastic applause at its conclusion, were testament to Hoffman’s thoughtful and skilled articulation of her art-based research.

Conclusion

This article is intended to serve as an introduction to performing art-based research as an innovation in graduate art therapy education that addresses practitioner-in-training needs. The second author’s research project integrated art therapy clinical work with responsive art making and disciplined scholarly reflections, culminating in a performance artwork and contextual essay. Integral to the process was the mentoring relationship in which the form and content of the performance artwork served as a focus for locating tacit knowledge and reflecting deeply on the clinical implications of the research questions posed. Thus, a new professional was able to embody achieved learning in a form that eloquently articulated the depth of firsthand experiences with clients in a way that honored them. Performing art-based research bridges thinking and action and brings new awareness to life. As Leavy (2009) wrote, “Arts-based researchers are not ‘discovering’ new research tools, they are carving them. And with the tools they sculpt, so too a space opens up within the research community where passion and rigor boldly intersect out in the open” (p. 1).

As the first author has written elsewhere (B. L. Moon, 2013), it is clinically beneficial to use all of our reasoning capabilities as art therapists, including a diversity of artistic ways of knowing, in order to understand clients’ creative expressions and to communicate those understandings. The same holds true for research inquiries. If we as art therapists are hesitant to embrace art-based methods in our research, we might risk losing the essence of what our field has been built upon (Kossak, 2013). We know that our work does not rely solely on linear verbal interactions between clients and therapists; hence, it makes perfect sense that art therapy researchers continue to use artistic sensibilities to raise questions, generate and analyze data, and convey outcomes.

References


