Aesthetic Empathy and Art-based Learning:

Pedagogigal Scaffolding in Art Therapy Education

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Abstract. This chapter establishes the integration and viability of integrating art-based learning in graduate art therapy coursework. It presents a case study of a graduate art therapy course, Art Therapy for People with Severe Mental Illness (ATPSMI), where creating art during the class helped students to develop an empathetic relationship via aesthetic and reflective self-awareness. For the students, academic learning goes hand-in-hand with clinical training. While clinical internships provide the ground for clinical practice, academic courses have the potential to allow students to further their clinical knowledge through self-awareness. The translation of counseling to art therapy and vice versa can be complex and presents specific challenges for instructors when integrating a visual pedagogical platform. Educational scaffolding included films, artworks, and academic articles as well as the inclusion of visual art-making. Visual literacy provided students with a means to develop their visual voice through numerous empathetic encounters. Such encounters allowed students to negotiate perceptions of self and others as well as their perception of the lived experience of persistent mental illness (PMI). The author presents four art-based learning strategies along with student work: 1) constructed visual responses to films; 2) visual responses to articles; 3) personal stance on supportive services; and, 4) integrative, self-reflective visual response.

Keywords: aesthetics, empathy, art therapy, pedagogy, persistent mental illness, recovery

In the field of art therapy (AT), students are not only learning a discipline, they are practicing to become mental health practitioners (Junge, 2014). Graduate AT students are typically immersed in foundational classes that bridge the fields of psychology, AT, and the visual arts. While each field has a unique approach to visual aesthetics, this article will focus primarily on AT, the aesthetic framework used in teaching a graduate arts therapy class, and the ways in which art-making can help students learn skills essential for clinical practice.

Specifically, this article will examine a graduate course, Art Therapy for People with Severe Mental Illness (ATPSMI), and the ways in which visual literacy (VL) not only enhanced academic content, but helped students develop an experiential empathy necessary for clinical practice. The class consisted of nineteen female graduate expressive arts therapy students, between the ages of 22–60. Central to this class was the active utilization of personal art-making in the classroom, which served as a reflective base for integrating didactic course material, other's narratives and artworks, and guest speakers. Art-making further served as a means of sensorial contemplation that extended thinking through a personalized emotional response. Developing a reflective art-making practice is an important aspect of graduate AT studies that extends to professional practice (Deaver, 2011, 2012; Fish, 2012). Typically, classwork in AT graduate studies focuses on theoretical and clinical issues pertaining to the therapeutic needs of specific populations; understanding these populations allows students to distinguish sometimes subtle and varied needs of specific agencies and clients. Art therapists must also establish a

therapeutic relationship with the client; this is essential both in terms of therapeutic art-making and sharing and exploring the work after completion. To do this, relational care and aesthetic sensitivity must be extended via empathy and compassionate regard for the Other (Franklin, 2010). Art making as an integrative process allows for a subjective sensory exchange be-tween self and Other. For this class the creation of responsive visual art-making provided empathetic encounters with those deemed as the Other in society. The process of viewing, creating and reflecting on art helped students achieve a state of empathy when considering future clinical interactions with people with severe mental illness --— both in terms of their lived experience and the transformational capabilities of art-making. Art-based experiences established visual know-ledge and meaning making as an interactive dialogue based in VL (Watson, 2014).

In the context of AT education, VL can be imagined to include not only factual knowing, but an embodied, emotional knowing that can be termed an empathetic aesthetic (Deaver, 2012). By looking at course design and examples of student work, this chapter explores the potential to expand the conception of teaching VL to include the concept of empathy in aesthetics.

Aesthetic Empathy and Pedagogy

Aesthetic empathy was the pedagogical foundation for the delivery of the ATPSMI course; viewing and creating art helped students understand and develop this skill. The design grounded the ATPSMI course in self-reflection and social learning practices including learning about the history of mental illness treatment and asylums, interacting with first-person narratives of those with persistent mental illness (PMI), and creating response art to what they had learned. Viewing art and integrating art-making practices in particular allowed students to integrate course objectives in relation to the curriculum objectives. These practices helped students develop and understand empathy through aesthetic exploration, understand how visual artwork can amplify the voice of the Other and, develop a point of view that integrates non-traditional and traditional art materials when working with this population.

Concretized responses in visual art, coupled with group experiences, furnished students with an embodied experience and deepened their learning and self-perception. Meaning and in-sight in art-making can be sequential and built over time and formed through relational dialogue, as it was in this course. The artwork produced in ATPSMI remained present for the duration of the class, allowing continued meaning-making. Most importantly, art-making provided students with a means to coalesce various course material through personalized art-making practice, deterring a separation be-tween self and Other.

As a catalyst for aesthetic empathy, students were exposed to the history of the mental health system beginning with a historical overview of asylums dating back to the 18th century (Cohen, 2017; McGregor, 1989). Typically, the extent of life in an asylum is not connected to current attitudes towards mental illness. However, the history of mental illness provided a starting point for both aesthetic empathy and art-making. In this history, students saw the vitality of art as an indomitable force of the human spirit, which was mirrored in the integration of their own reflective art-making experiences. Fish (2016) emphasized the importance of reflective art making for art therapists as an important means of clinical clarification and self-understanding. Using reflective art-work for encounters with the history of the mental health system helped students to begin to develop their empathy and to grasp the social, political, and emotional challenges facing those deemed mentally ill. This encounter with the history of the mental health system helped students to begin to develop their empathy and to grasp the social, political, and emotional challenges facing those deemed mentally ill.

Studio Art Therapy and the Importance of Social Learning

Learning from one's art-making is a central consideration in graduate AT studies. Not only do students continue to develop art skills, but art-making allows students to value visual self-perception and grapple with concepts in an open creative environment (Elkis-Abuhoff, Gaydos, Rose, & Goldblatt, 2010). Deaver (2012) identified an increase in self-awareness that stem-med from student's art-making experiences coupled with social learning. The open studio-like classroom environment in the ATPSMI course allowed students to be with each other while they made art, which allowed them to witness and integrate other perspectives in a socially connected manner. Furthermore, students learned to value the process of art-making alongside the personal growth of others; witnessing self and other can aid not only in self-awareness but in clinical sensitivity. Including art experientials in a social environment aided the integration of clinical AT skills. In this aspect, students were experiencing the inclusive, non-hierarchical environment that is the hallmark of the practice known as studio art therapy.

Studio art therapy (SAT) historically stems from fine art studio practices and dates back to asylums (Cohen, 2017). In AT, the studio pro-vides a distinct environment in practice that is viewed as contrasted to clinical practice. Overall the tenets of SAT hold principles that art is not pathologizing and non-hierarchical (Allen, 1992). The structure and approach in SAT varies since the approach to art-making is de-pendent and tied to the practitioner their own art-making practices. For this course, the classroom became shaped around the SAT approach that reflected the instructor's art-making practices, clinical treatment experiences, and a long-standing Art Mentoring Group (AMG) with this population (Malis, 2017; Thompson, 2009). A SAT approach allowed students to explore non-hierarchical art-making in an open-ended exploration in response to course material, not unlike the openness of the AMG. In both, the artistic engagement, investment, and motivation stemmed from self-exploration through traditional and non-traditional art materials in an evolving process of discovery and imagination. Additionally, approaching psychological and clinical course material through sensory-based art-making allowed students to establish points of embodied meaning by taking risks when using familiar and unfamiliar art materials (Watson, 2014).

The studio environment in AT is considered a nurturing environment, where there are no mistakes and growth is incumbent on each individual's pace and approach. Bertling (2015) established social rapport based on empathetic art-making in a learning environment in a way that built awareness and responsibility. Similarly, in ATPSMI no student's art was elevated or critiqued for aesthetic accomplishment, but rather appreciated and valued as unique reflections of personal merit. In this way, the process of art-making is considered intuitive and based in tacit self-knowledge. As an energized community of art-based activity, the studio classroom became "a place of all possibility" (Allen, 2008, p.11), where each person provided an expanded horizon and dense coursework became energized and alive. Wix (1995) described the AT studio-based classroom as based in a 'web-like structure of connectedness' (p.175). Similarly, Franklin (2010) cited the neurological interconnections embedded in relationships. The focus on social milieu-based relationships in SAT is viewed as a relational holding environment (Moon, 2002). As a social network, the studio can be regarded not only as a base for relational aesthetics, but also as a guide that directs practice. Aesthetic creativity is valued as a social act to "foster and deepen bonds with oneself, others, or the larger community" (p.142). Art-making as a social act can provide an alternative path of practice, where the psychological lens of the practitioner is superseded by the relational healing atmosphere of social creativity. This nurturing, creative social environment was key in helping students build an empathetic aesthetic through their art-making.

Empathy and Sensorial Art-Making

In the traditional hierarchy of psychology is typically established through the notion of interpretation --- which in AT could be translated to mean one has more insight into the embedded layers of the artwork than the maker. Different theoretical perspectives can open up possibilities of meaning in art, but providing top down, labelistic interpretations reinforces the hierarchical pull in the therapeutic relationship when working with people with severe mental illness. To counter the pull towards hierarchical thinking, group art-making experiences in ATPSMI allowed students to experience their visual and creative actions within collective visual meaning-making environment. Further-more, students experienced the interpersonal connections as a form of non-verbal social action (Allen, 2008). Empathetic regard of specific course material established a link via the action of art-making, while building introspective reflection.

Empathy is based on a sense of under-standing that reaches beyond the self and enters the world of another. Carl Rogers (1980/ 1985) considered empathy as "temporarily living in the other's life, moving about in it delicately without making judgements" (p. 142). One does not lead in empathy but is rather led by the experience that is cultivated in someone else's experience. Entering the world of another is a slow moment-by-moment process, which in therapy consists of attuning to the unfolding experience (Elliott, Bohart, Greenberg, & Watson, 2011; Kossak, 2015**).** Aesthetics as a vehicle for empathy in AT consists of two approaches: aesthetic sensibility (Henley, 1992, 1995) and aesthetic regard and empathy (Franklin, 2010; Wix, 2010). In both, the experience of making art is based in the response to therapeutic experience through an intuitive approach. Aesthetic sensibility is linked to unconditional aesthetic regard, while Franklin and Wix both emphasize the foundational principles of sensorial art-making as connected to aesthetic empathy. This involves considering and understanding the client's experience and their framework. For art therapy (AT), this also includes the art-making process and encountering the artwork with the client. Such emotional knowing is a felt, embodied and intersubjective experience of the Other (Franklin, 2010).

For Franklin, when viewing artwork gently sensing the other person or object occurs through the slowed-down process of appreciation (Franklin, 2010). AT considers the artwork as an extension of the maker that can viewed as a unique, self-standing autonomous image (McNiff, 1991). As such, comprehending artwork can be viewed as building an imaginative bridge between the self and the artwork: the action of "feeling into" the art as a process of appreciation is distinct and opposed to appraising its formal qualities (Franklin, 2010). To feel and sense the artwork is to view it not through the viewer's eyes, but rather through the maker's eyes.

Intersubjectivity extends past empathy to intersubjective shared states. Franklin (2010) defines shared states in aesthetics as an inclusionary process of felt knowing that extends to the senses. Skaife (2001) ties aesthetics and social relational aspects of art-making in AT to Merleau-Ponty's notion of embedded physical experiences of meaning-making. Intersubjectivity from a phenomenological perspective involves a reflexive relationship with a physical experience; art-making constitutes a sense of self with an engaged interactive process. Empathy is embedded as a felt inclusionary experience (Gendlin, 1978) that includes the senses as the basis for an intersubjective encounter (Franklin, 2010; Rova, 2017). A purposeful extension of the Other necessitates the inclusion of the senses. Embodied engagement includes the artist and the witness/viewer via the implied action involved in the art-making (Freedberg & Gallese, 2007; Maglaglan, 2001). Making and viewing artwork become linked in mirrored observation and aesthetics becomes tied to taking in the image in an intersubjective experience of self and Other (Skaife, 2001).

Bridging art-making with relational, clinically-oriented practice is a central aspect in the education of art therapists. Response art (RA) allows the therapist to understand their patient's thinking and subjective states through physicalized visual language. As a practice, RA is used in clinical supervision beginning in graduate school (Deaver & Shiflett, 2011). Creating art in

response to clinical interactions allows the therapist to experience and objectify a situation or circumstance. Clinical know-how is based upon acknowledging subjective feelings, yet maintaining a distance in order to gain insight. This in turn allows the therapist to self-supervise the impact of specific moments of therapeutic encounters (Fish, 2012, 2017; Franklin, 2010). RA additionally allows the practitioner to deconstruct and construct circumstances and experiences through the self-story of the therapist, which integrates with the narratives of another. Creating visual images is a state of receptivity, which allows the maker the possibility of holding contradictory and uncomfortable information or experiences through the containment of the image (Fish, 2012). As a practice, RA integrates the therapist's self-awareness and self-understanding with objectivity and subjective knowing which are particularly important in clinical practice. Creating response art in the ATPSMI course allowed students to understand this critical AT practice in a personal, embodied way.

Developing Awareness of Recovery and Mental Illness

The course objectives included: understanding the historical context between creativity and mental illness; gaining an empathetic understanding of the person with mental illness and their family members; exploring research that challenges the notion of chronicity, and; be-coming familiar with the phases of recovery. To this end, students learned the historical significance of mental illness and integrated the recovery model through first-hand accounts. Also, appropriate art therapy interventions were learned in the context of art therapy programs in current treatment settings. Students in ATPSMI had varied degrees of understanding mental illness: some had internship experience with other age groups, namely children or older adults, while others had worked in both inpatient and outpatient sites with adults. Several students had family members with mental illness and some students had lived experience which was not disclosed to other students. To provide common ground for understanding, students worked with first-hand narratives of people with severe mental illness. While it is important that clinical training addresses ways in which the complexities of diagnosis are comprehended and understood, the inclusion of these first-hand narratives in the coursework provided a window into the lived experiences of severe mental illness. Presenting students with a historical timeline of European and North American treatment of those deemed mentally ill, coupled with first-hand accounts in the context of the recovery movement, allowed for a complete picture of the whole person.

Part of the basis for including these first-hand narratives is the recovery model in mental health. The recovery model addresses the symptoms that people with persistent mental illness experience in conjunction with the impact of the system of care, which is viewed as impacting the well-being of the person (Rapp & Goscha, 2006). Persistent Mental Illness (PMI) results in the ongoing need for services, such as medication, supportive social services, and in-patient/ outpatient care. Mental health services tend to have a deep impact on those with PMI, and the need for ongoing services often coincides with the degree of agency experienced.

PMI impacts the trajectory of a person's life, often diminishing a person's sense of self-worth (Deegan, 1996). Spaniol, Gagne, and Koehler (1999) further identify that stigma and discri-mination occur on multiple levels. Agency is often impacted by the degree of dependency on mental health providers. This can induce a type of self-stigma (Whitley & Campbell, 2014). Additionally, treatment interventions do not consider the coping mechanisms of the individual as strengths. Historically, a person's symptoms were viewed as problem-based: the patient's relationship to and perspective on their symptoms was discounted and often viewed as a part of the problem. They were not seen as an important perspective or a source of resourcefulness.

AT provides an important link in the treatment and recovery for those who experience PMI (Malis, 2017; Van Lith, Fenner, & Schoflield, 2011). Spaniol's (2012) approach to AT treatment was utilized in the ATPSMI course as a way to addresses the stages of recovery which provided an integrated approach to treatment considerations. This model includes the beliefs and self-

perceptions of the person at the time of treatment and allows for an inclusive approach to treatment. As a layered approach to therapy this involves identifying the degree of current crisis, how the client is learning to live with mental illness, and addressing the integration of well-being. The recovery model has been adapted in numerous PMI art therapy programs (Malis, 2017; Van Lith, Fenner, & Schoflield, 2011). Parr (2005) established an art-based program that linked social connection and creativity, underscoring the importance of wellness. A common thread in these programs is recognition of art-making as providing creative agency, decision-making, and problem-solving, resulting in a restored sense of empowerment. Viewing and responding to first person narratives of PMI helped students to understand art-making and the recovery model.

Empathetic Pathways: Art-based Learning Experiences

A review of four art responses used in the ATPSMI class highlight the relevancy of RA, empathy, and intersubjective response. While the range of art responses varied, the use of found objects is highlighted in almost all of the examples of student art. Found objects allowed students to problem solve and develop meaning making through sensorial engagement (Camic, Brooker, & Neal, 2011). Selecting and incorporating objects is meaningful and often interfaces with personal narrative. While the majority of response art was done in the classroom with others, the final assignment was done individually and used to highlight and integrate course material in a final paper.

*Response to Narratives.*The first RA assignment was based on the viewing of two films: *Between madness and art: The Prinzhorn Collection* (Beetz, 2008) and *Outsider: The Life and Art of Judith Scott* (Bayha, 2006). Each film had a unique historical narrative that focused on the artists and artwork created by people in mental institutions. Beetz's (2008) historical documentary of the Prinzhorn Collection introduced visual and biographical footage of Out-sider artists and Franz Prinzhorn within the social and political climate of Germany before, during, and after the Second World War. Bayha's (2006) film included footage of Judith Scott as a child with her twin sister before being institutionalized and her life afterwards. Both of these films allowed students to comprehend history from a distanced and familiar perspective.

In order to experience the art of Judith Scott, students were asked to randomly select a found object (branches, bricks, and household items) and wrap this with yarn. This experience involved a deep and sensorial engagement with the materials. Beginning with the found object and the manipulation of the yarn, string, and fabric, the constructed engagement became meaningful. A visual range of technique and expression occurred from whimsical engagement (Figure 1 and 2) to a direct reference of Scott's life (Figure 3).

In Figure 1 a plastic shoe form was selected and yarn and fabric were used to weave and connect different areas of a foot. The foot-like form expresses a sense of whimsy in the way that the toes are emphasized and enlarged, as well as establishes a tension in the way in which the toes are connected to other areas of the foot. Detailed attention can be seen in the amount of layering, the assortment of colors, and the use of felt to cover the original plastic shape

Figure 1. Untitled by T. Adams (yarn, wire, and felt over plastic). (2017)

In Figure 2 a hubcap was chosen to weave iridescent fabric which emphasized a central area. In Figure 3 the weaving and threading process was revisited in the final reflective artwork by wrapping five small orbs representing family members. Returning to this process in reflective writing allowed the student to have a deeper understanding of this practice: "As I wrapped, I discovered something new about the technique that had been lost on me with the large hubcap; the act of wrapping each bulb in the yarn I'd selected was quite calming ... relaxing, and meditative" (Nelson, 2017, p.5).

Figure 2. Untitled by K. Nelson (fabric, yarn, wire on steel hubcap). (2017)

Figure 3. Untitled by K. Nelson (yarn over ornaments). (2017)

In Figure 4, a magazine was selected, which directly related to Judith Scott who prized and often coveted magazines as special items. The magazine form remains somewhat discernable and is wrapped with soft orange gauze and felt. Sections are embellished further with wrapped colored yarn. Green felt tabs indicate different sections. The use of soft textiles and materials transports the image from an everyday object to something that invites an encounter and interaction. This object manifests a sense of joy that corresponds to how Judith Scott treasured magazines (Bayha, 2006). This student further reflected on the artwork of Prinzhorn artists and wrote, "This artwork really seemed to tell us more about living with the burden of mental illness than anything text books or teachers could ... I feel a lot of the times that humanity, personhood is lost in having a severe mental illness. The art gives voice to that person, allows them to express their truth" (Fisher, 2017, p. 3-4). Viewing both films and further reflection through art-based processes allowed students to concretize their perceptions of witnessing and empathy.
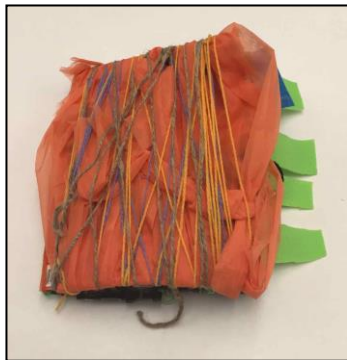

Figure 4. Untitled by E. Fisher (wrapped magazine with fabric, felt and yarn). (2017)

Response to Readings. Group discussions based on assigned readings occurred throughout the ATPSMI course. One specific assignment utilized individual RA to articles that addressed current issues of race, gender, and socio-economic issues that affect those with PMI. Students did not discuss the articles with one another before the art-making and discussion. Two interesting comparisons emerged in which visual similarities occurred in the groups.

Figure 5 displays three two-dimensional drawings, each done by a different student. Each one has a circular focal point. In each drawing, the embellishment of the circle includes jagged and graphic indicators that sometimes appear eye-like. One image includes the word 'CONTROL' written horizontally across the circle. Students were surprised at the similarities of the images and discovered that they had also had shared perspectives and feelings on rehospitalization even though their artwork focused on different sections of the article. Figures 6 and 7 were both based on a different article that addressed the issue of housing and the inadequacy of the mental health system. Issues of vulnerability are connected to PMI, homelessness, hospitalization, or incarceration.

Figure 5. Group Discusion (watercolor and markers on paper). (2017)

Figure 6 was created from a base of a small sectioned shallow box; the partitioned areas are used to depict various homes. Small clusters of objects fill each section; however, the inclusion of words draw attention to one specific area. Three clustered cut-out words and phrases vary in size, color and text; the largest word "HOME" partially covers "I SURVIVED" and the phrase "WITH PILLS" is located below.

In Figure 7, home is approached ironically on a Sorry game board. Each corner depicts a potential cycle in housing and PMI: hospitalization, a homeless person's tent, home as a resting place (nest) and incarceration. Each area is made with varied materials illustrating a contrasted sensorial response. The most con-

Figure 6. Untitled by T. Adams (mixed media on found object). (2017)

trasted areas are the metal box with black and white figurines inside and the nest embedded with colored flowers that surround a game piece. The former appears rigid, isolated, and cold, while the later gives a sense of warmth and contentment. From the center of the board extends a wire with an attached fortune cookie saying, "A new environment makes all the difference in the world." Both of these three-dimensional artworks describe the challenges that create multi-faceted problems with the notion of home for those in need of significant mental health services. Each artwork is a visceral response that relates to social and multilayered psychological challenges that describe the daily reality for people who experience PMI.
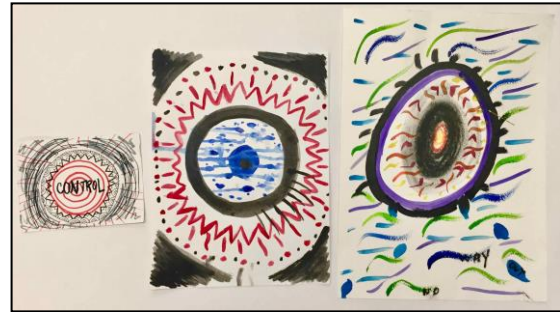
Response Art to Clinical Issues, Recovery and Growth. A medication regime is individualized and is a daily reality in managing symptoms of a PMI diagnosis. Although mental health counselors cannot prescribe medications, they see clients on a regular basis and provide supportive services. A counselor's understanding and personal stance towards medication is an important factor in their ability to explore since it has the potential to impact the therapeutic relationship. An art-based exploration was designed in the ATPSMI class using empty medication bottles (Figure 8).

Students embellished a selected bottle that represented their thoughts and feelings towards medication. An array of visual attitudes were created inside the containers such as: filling bottles with beads/gems, dried flowers, self-care messages enveloped in felt (Figure 9), and skulls. The outside of the bottles consisted of labels and additional materials that included information on side effects (Figure 10), and humorous statements about taking ongoing medications (Figure 11). Students identified their personal challenges with medication experiences; one student discovered a negative attitude that she had not consciously recognized, while another acknowledged the mixed message of stigma and stability that medications can provide. The range of visual exploration in the RA created a basis for discussion that involved the challenges of taking daily medications and both the positive and negative impact of psychiatric medication.

Figure 7. Untitled by M. Matteson (mixed media on game board). (2017)

Figure 8. Responses to medication (varied media with prescription bottles). (2017)

Self-Reflective Visual Response. In order to visually summarize and integrate course material students were asked to select one small ornamental object and embellish/construct/deconstruct/integrate the overall course. This final artwork was then used as an integrative process in a reflective paper that allowed students to revisit their initial position on mental health and recovery.

Figure 9. Untitled by S. Hage Obeid (rolled felt and paper in prescription bottle). (2017)

Figure 10. Untitled by L. Pai (mixed media on prescription bottle). (2017).

Figure 11. Untitled by T. Adams (mixed media and prescription bottle). (2017)

Figure 12 enacts an inside/outside understanding of PMI. The art work represents a transformative process that occurred during ATPSMI. The student wrote:

The barriers represented by the outer ornament are real but once I was able to make it past assumptions, past a lack of knowledge, I was able to discover and be invited into a warm and colorful world. The inner ornament also represents to me a feeling of respect and a comfort of being held. Together, the two ornaments also represent the experience recovery in that sometimes more than others, the end point of recovery can be visible but sometimes it cannot. Recovery takes a great deal of time, effort, and care just as taking the inner ornament out takes a great deal of effort and care. Once an individual is able to get past internalized stigma and other barriers in their life, recovery slowly appears. (Pai, 2017, p.3)

Figure 12. Untitled by L. Pai, (mixed media). (2017)

Figure 13 reflects a similar but distinct definition of recovery. Relating this image to recovery Evaleena Fisher (2017) wrote:

Figure 13. Untitled by E. Fisher (mixed media). (2017)

I look at the lotus as a beautiful symbol of recovery and of overcoming and living with mental illness. People with mental illness are living in the murk, each day fighting to bloom in less than ideal conditions. Their ability to get through the mud, to bloom despite all they deal with, to create anew each day is recovery to me. (p. 5 – 6)

Both artworks include an extension of the self as an empathic embrace of another's lived experience. People who experience PMI were understood by another student as being "placed outside a crucial circle of belonging" (Matteson, 2017, p. 2) with the recognition that art can serve "to receive kindness, revitalize those who have lost so much ... where nearly everything is beyond their control. In a sense, when the possibility of creativity and love remains, or is reclaimed, there is wellness and recovery" (Matteson, 2017, p. 4). Finally in linking and becoming the voice of a final artwork, a student wrote:

I am seasonal, and on the surface appear put together. It seems that no one acknowledges the epic life events, and messy plaster and scars (scotch tape) that hold me together. However, I am not just surviving- but thriving now. Even the celebration of Christmas used to cause me the most sense of trauma, signaling loss; but I tried to work with the suggested prop and here stood it is representing a stage of my double week experiential both as an expressive arts student and a person with significant lived experience. (Anonymous, 2017, p. 2)

Conclusion

AT offers a unique perspective to the field of VL that includes a relational connection to self and Other. The approach to VL in the ATPSMI class was largely based on the creation of three dimensional objects, often created from found materials. This approach provided a rich process of engagement, distinct from two-dimensional art-making. The creation of objects, in response to course material allowed students to deepen their experience and encounter both themselves and elements of the Other. AT can be considered an egalitarian approach to art-making, holding the belief that participation is an inclusive endeavor. Additionally an integral aspect of aesthetics in art therapy welcomes the unconscious versus the framework of aesthetic qualities or formal values (McNiff, 2017). Art therapy educators readily embrace classroom experiences and utilize art-based learning to enhance pedagogical material (Deaver, 2012). Often the degree of art-based learning in graduate studies is challenged by the high degree of required course demands. Pedagogy, there-fore, in the field includes the unfolding process of visual creating that reveals the depth of self-perception and understanding. Therefore it is incumbent on the educator to utilize and infuse creative practices throughout the course.

Student work in the ATPSMI course established that continued immersion in RA provided non-verbal ways to process and integrate multi-layered information. The degree of aesthetic investment throughout the course remained high and allowed students to build and communicate with one another about self-perceptions and perceptions of one another. The artwork created throughout the course illustrated the capacity and motivation to embrace specific art techniques used by artists as well as historical, cultural, and institutional challenges faced by those in the mental health system. Students extended themselves through the immersion of self-directed art-making processes. By using found materials, each student found an authentic process that aligned with their felt emotional experiences.

VL focuses on varied forms of cognitive engagement and strategies in developing critical dialogue and meaning making (Westraadt, 2016). Rather than interpreting signs and symbols in works of art, the ATPSMI engaged in the visual decoding and interface between the self and the Other. Multiple meanings were derived through each student's RA as well as written reflections. Duncum (2003) identified a gap in visual cultural studies that lies between seeing and reflecting upon what is seen. The accumulation of artworks created for the duration of ATPSMI allowed students to take risks, revisit art processes and enter a discourse of meaning making. Art-making as reflective knowing invites postmodern multiplicity and grounds it in an embodied source of knowledge.

Highly individual artworks were created throughout ATPSMI. Each student adapted materials, intuited different techniques and took risks by allowing an artwork to form in a gradual unfolding process, where thoughts were 'felt into' as opposed to actions that were cognitively driven. Specifically artworks had a substantial impact based on a subjective encounter with the notion of stigma, which is at the heart of the recovery model (Rapp & Goscha, 2006; Whitley & Campbell, 2014). Additionally, the artwork and reflective writing show the varied degree of visual and emotional risk-taking that was involved. Such risk-taking reflects the aesthetic embrace of embodied, empathetic regard that coalesces with a perceptional shift regarding people with PMI.

The creative studio environment coupled with the careful scaffolding of art-based experiences provided a protected holding space of connectivity necessary for inter-subjective experiences of self and Other (Wix, 1995). An ongoing visual dialogue, established through art-making allowed each student to develop a unique empathetic aesthetic. Aesthetically embodied visual processes can augment and surpass current notions of VL which solely rest in the notion of interactive language and communication (Eisner, 2002). Integrating sensory-based personal art making into a pedagogical platform establishes not only critical thinking, but surpasses cognitive understanding with subjective knowing. As an integrative process subjective knowing is a dynamic means for effecting notable change and growth in a student's knowledge base. Self-knowing coupled with aesthetic sensibilities allowed students to develop images and gain insight through an empathetic base. The art object as a way and means of aesthetic connection to self and Other, evidences the therapeutic capacity and drive to engage and create in the art-making process. Furthermore, the encounter with the created art object in response to personal narratives of recovery and hope, established art-making as a process embedded in aesthetic empathy.

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