

Creative Arts Therapists Report Lower Collective Self-Esteem but Higher Job Satisfaction Than Other Professionals

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Abstract

Some creative arts therapists see themselves as members of a marginalized profession compared to established health-care professions that have more political clout. This study compared job satisfaction and professional collective self-esteem (CSE) in a sample of 288 Israeli professionals: 158 creative arts therapists (of whom 48% were art therapists) and 130 clinical psychologists and social workers. Results confirmed that creative arts therapists reported significantly lower professional CSE but higher job satisfaction compared to the group of psychologists and social workers. Professional group affiliation moderated the association between job satisfaction and CSE, such that this association was only significant for psychologists and social workers. The study has implications for further demonstrating the effectiveness of the creative arts therapies and the necessity for legislative legitimization.

Some creative arts therapists see themselves as professional outsiders (Kim, 2012; Stewart, 2000) or as members of a marginalized profession (Johnson, 2009). This perspective could lead to feelings of powerlessness or professional envy toward other health-care professions that are more established, have greater public and institutional recognition, and have more political clout (Bouchard, 1998). This specific status of the creative arts therapies warrants investigation of this understudied issue. This brief report examines differences in perceived collective self-esteem and job satisfaction between a group of creative arts therapists and a group of clinical psychologists and social workers in Israel.

Professional Collective Self-Esteem

According to social identity theory, people strive for a positive collective identity in addition to a positive

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personal identity (Tajfel, 1981). Within this framework, collective self-esteem (CSE) refers to the feeling of self-worth that individuals derive from being part of a group in terms of their perception of the worth, value, and importance of that group. When a group is valued positively with respect to relevant comparison groups, the collective identity of a person affiliated with this group is positive (Luhtanen & Crocker, 1992).

Studies have shown that high professional CSE is correlated with professional outcomes such as better relationships with clients and more job satisfaction among mental health counselors (Yu, Lee, & Lee, 2007), as well as lower professional burnout among school counselors (Butler & Constantine, 2005). In the creative arts therapies literature, music therapists' CSE positively correlated with job satisfaction and negatively with burnout (Kim, 2012). The CSE of 158 creative arts therapists, of whom 48% were art therapists, was positively associated with their sense of doing meaningful work and with experiencing positive emotions, and was negatively associated with experiencing negative emotions (Orkibi & Bar-Nir, 2015). This study also showed that the association between creative arts therapists' CSE and general subjective well-being was mediated by two sequential mediators: their work engagement followed by their job satisfaction.

Current Status of Creative Arts Therapists in Israel

The creative arts therapies—art therapy, bibliotherapy, dance movement therapy, drama therapy, music therapy, and psychodrama—are professionally organized under the Israeli Association of Creative and Expressive Arts Therapies (YAHAT), which was founded in 1971. In 1986, the profession was officially recognized by the state when the Medical Professions Licensing Department at the Ministry of Health (MOH) started issuing a Status of Recognition Certificate to practitioners (who graduated from training programs recognized by the MOH), which entitled them to work in public state institutions. However, in 2005 the Supreme Court ruled that without a statutory law to permit the issuance of the certificate, employers' demands for proof of this certificate as a requirement for hiring creative arts

therapists violated the basic (i.e., constitutional) right of freedom of occupational choice. Subsequently, the MOH stopped issuing this certificate and a tedious process of legislating the creative arts therapies profession began, along with the process of academic accreditation. As a result, in 2010 the MOH and the Council for Higher Education of Israel established uniform standards for a master's degree in the creative arts therapies that is intended to be the entry level to the profession when it is legislated. In January 2019, YAHAT petitioned to the Israeli High Court of Justice in Jerusalem against the MOH, demanding the MOH complete the legislation of the CAT profession (a court hearing is scheduled for September 2019).

Although the profession has not yet been legislated by the state, creative arts therapists currently work in the health, welfare, rehabilitation, and education systems. However, until the profession is legislated, no positions are formally designated for creative arts therapists in most public institutions. Creative arts therapists work alongside other professionals whose status has already been legislated, including clinical psychologists and social workers, as well as the eight allied health professions that were legislated in 2008 and 2011. This status difference can create tensions between professionals because being legislated means being recognized. It also affects having formal positions, career promotions, and the right to professional development in the public systems. The Israeli situation resonates with Feen-Calligan's (1996) analysis of the growth of art therapy in the United States as compared to the evolution of social work, medicine, and psychology, where higher education, research, and licensure have contributed to their professional legitimacy.

Unlike the creative arts therapies, the Psychologists Act was enacted in Israel in 1977. Any individual who aspires to practice psychology in Israel must, by law, obtain a license from the MOH and register with the Registry of Psychologists. The recognized academic requirements include completion of a 3-year bachelor's degree in psychology or the behavioral sciences followed by a 2- to 3-year master's degree in psychology that includes a practicum of at least 160 hr. A permanent license and registration at the Registry of Psychologists is issued to those who successfully meet these educational and training requirements. However, to practice psychology, individuals must obtain the title of Specialist Psychologist by completing a paid internship of 2 years (full time) or 4 years (part time) in an approved institution with one of six areas of specialization (clinical, developmental, social-occupational-organizational, educational, medical, and rehabilitation). After this internship, candidates must pass a national exam in that specialization. The Council of Psychologists, a statutory council acting under the Psychologists Act (1977), is responsible for the internship process. Three years after receiving the title of Specialist Psychologist, individuals can start the process of qualifying to become a Supervisor.

Psychologists in Israel are affiliated with the Israel Psychological Association, founded in 1959, and work in both the public and private sectors.

The social work profession was legislated in Israel in 1996, almost 20 years after psychology. The law states that to practice social work, individuals must be registered in the Registry of Social Workers, which is under the auspices of the Ministry of Social Affairs and Social Services. To be eligible to be a social worker, individuals must have a bachelor's degree in social work from an accredited institution of higher education. The Council for Social Work was founded as part of the Social Work Act of 1996, and similar to the Council of Psychologists, it advises the ministry on issues related to the profession. The master's degree in social work (MSW) provides further development and professional specialization of social workers, but it is not obligatory for registration or practice. The Social Workers' Organization was established in 1937 in Mandatory Palestine, before the founding of the State of Israel in 1948. Because most of the work is with underprivileged populations, many social workers work in the public sector.

Thus overall, psychology was the first to be recognized by law in Israel, followed by social work, and the creative arts therapies profession still remains legally undefined and almost completely unsupervised by the state. Psychologists receive the highest wages and are attributed the largest number of positions, whereas social workers and creative arts therapists are engaged in a constant struggle over salary and jobs.

This study examined the differences between creative arts therapists and clinical psychologists and social workers, which together represent two more highly established professions in Israel. Based on previous studies and the differences in the professional status of these professions in Israel, the following hypotheses were posited and tested:

- Hypothesis 1: Creative arts therapists would report lower professional CSE than psychologists and social workers.
- Hypothesis 2: Professional group affiliation would moderate the association between job satisfaction and CSE.

Method

Research Design

A quantitative survey study collected via online software was used, because this medium produces quantifiable data, increases respondent flexibility, and is convenient and economical (Sue & Ritter, 2012). The study was authorized by the University's Human Research Ethics Committee.

Table 1. Means, Standard Deviations, and *t*-Test Results for Intergroup Differences

Variables	Total		CAT		P&SW		<i>t</i> (286)	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Collective self-esteem	4.11	0.56	5.11	0.88	5.34	0.87	2.21*	0.26
Job satisfaction	5.21	0.88	4.23	0.54	3.97	0.56	-3.93**	0.47

Note. Total = for the entire sample ($N = 288$); CAT = creative arts therapists ($n = 158$); P&SW = psychologists and social workers ($n = 130$).

* $p < .05$. ** $p < .001$.

Participants

Participants were recruited via e-mail invitation sent to professional e-mail lists through relevant organizational unions, online billboards, and professional discussion groups. The sample was composed of 288 professionals: 130 psychologists and social workers (of whom 58% were psychologists), and 158 creative arts therapists (of whom 48% were art therapists, 17% were dance movement therapists, 13% were drama therapists, 10% were psychodramatists, 7% were music therapists, and 5% were bibliotherapists). Of the entire sample, 14% were men, reflecting the profession's gender distribution. Half of the participants (50%) had more than 10 years' experience in their profession. Participants identified themselves as belonging to one of five age groups, ranging from 20 to 60+. The largest age group, 38.5% of the sample, was aged 30 to 49. According to the prestudy sample size estimation, considering a Type I error of $\alpha < .05$, and an effect size = 0.10 (η^2), this sample provides a power of 0.85.

Measures

Collective Self-Esteem Scale. This 16-item scale measures individuals' collective identity based on their membership in a particular group (Luhtanen & Crocker, 1992). The scale's reference to a professional group was modified to "creative arts therapies" as was done in a study on students (Orkibi & Bar-Nir, 2015). Responses are made on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), where higher scores indicate higher CSE. Studies have shown good internal consistency, with alphas ranging from .83 to .88, and good test-retest reliability ($r = .68$) for the total score. In this study, $\alpha = .87$ for the total scale.

Job Satisfaction. A 5-item version of the Index of Job Satisfaction was used to measure job satisfaction (Judge, Locke, Durham, & Kluger, 1998). The scale assesses individuals' overall job satisfaction as inferred from their attitudes toward their work. The items were scored on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Good validity and reliability were documented (Judge et al., 1998) and in this study $\alpha = .79$ for the total scale.

Procedures

The e-mail invitation included a letter explaining the study and its purpose and a link to the online survey. Logging in to the online survey signified consent to participate in the study. Survey completion was anonymous and took about 20 min.

Data Analysis

A preliminary multivariate analysis of variance indicated there were no differences between psychologists and social workers on CSE ($p = .15$, 95% confidence intervals [CI] $[-.076, .652]$) and job satisfaction ($p = .96$, 95% CI $[-.255, .203]$). Thus, psychologists and social workers were pooled into one group representing members of more established professions ($n = 130$) for the purpose of comparison with the group of creative arts therapists ($n = 158$). A *t* test for independent samples was performed to examine the differences between these two groups on the variables. A PROCESS SPSS macro with 5,000 bootstrap samples and 95% CI was applied to examine the moderation effect (Hayes, 2013). This macro provides a robust estimation and easy interpretation of interaction effects by probing the relationship between predictor and outcome as a function of the moderator levels.

Results

Hypothesis 1: Creative Arts Therapists' Professional CSE

To test Hypothesis 1 that creative arts therapists would show lower professional CSE than the group of psychologists and social workers, a *t* test for independent samples was calculated. As shown in Table 1, creative arts therapists reported significantly lower CSE than the group of psychologists and social workers, with a small effect size as indicated by the Cohen's *d* value (Cohen, 1992).

A closer follow-up analysis of intergroup differences in each of the 16 CSE items revealed that creative arts therapists scored significantly higher on three negatively worded items: "Most people consider my professional group, on

average, to be more *ineffective* than other professional groups” (Cohen’s $d=0.28$), “Overall, my professional group membership has *very little* to do with how I feel about myself” (Cohen’s $d=0.46$), and “The professional group I belong to is *unimportant* to my sense of what kind of a person I am” (Cohen’s $d=0.38$). They also scored significantly lower on four positively worded items: “Overall, my professional group is considered good by others” (Cohen’s $d=0.24$), “In general, others respect the professional group that I am a member of” (Cohen’s $d=0.26$), “The professional group I belong to is an important reflection of who I am” (Cohen’s $d=0.27$), and “In general, belonging to my professional group is an important part of my self-image” (Cohen’s $d=0.42$). For brevity, only effect sizes are reported and these values indicate small to medium effect sizes (Cohen, 1992).

The creative art therapists reported significantly higher job satisfaction than psychologists and social workers, with a medium effect size. Closer follow-up analysis of intergroup differences in each of the five job satisfaction items revealed that creative arts therapists scored significantly higher on two items: “Most days I am enthusiastic about my work” (Cohen’s $d=0.46$), and “I find real enjoyment in my work” (Cohen’s $d=0.41$); and significantly lower on one item: “I consider my job rather unpleasant” (Cohen’s $d=0.45$). These values indicate small to medium effect sizes (Cohen, 1992).

Hypothesis 2: Professional Group Affiliation

To test Hypothesis 2 that professional group affiliation would moderate the association between job satisfaction and CSE, Hayes’s (2013) PROSESS macro was employed (Model 1). The interaction term was significant: $\beta = 0.61$, $\Delta R^2 = .036$, $p < .001$. As illustrated in Figure 1, the strength of the correlation between job satisfaction and CSE differed between the two groups. Job satisfaction significantly correlated with CSE for the group of psychologists and social workers ($\beta = 0.75$, $p < .001$, 95% CI [.487, 1.00]), but not for the group of creative arts therapists ($\beta = 0.14$, $p = .27$, 95% CI [-.106, .377]). Accordingly, group affiliation moderated the association between job satisfaction and CSE.

Discussion

This brief report examined differences between creative arts therapists and two professions recognized by law in Israel, clinical psychologists and social workers, regarding their perceived CSE and job satisfaction. The findings indicated that creative arts therapists in this study had significantly lower CSE than psychologists and social workers. Following the Luhtanen and Crocker (1992) CSE conceptualization, a closer examination of the scale items suggested that this difference stemmed in particular from two interrelated aspects that reflect low CSE. One is creative arts therapists’ belief that people

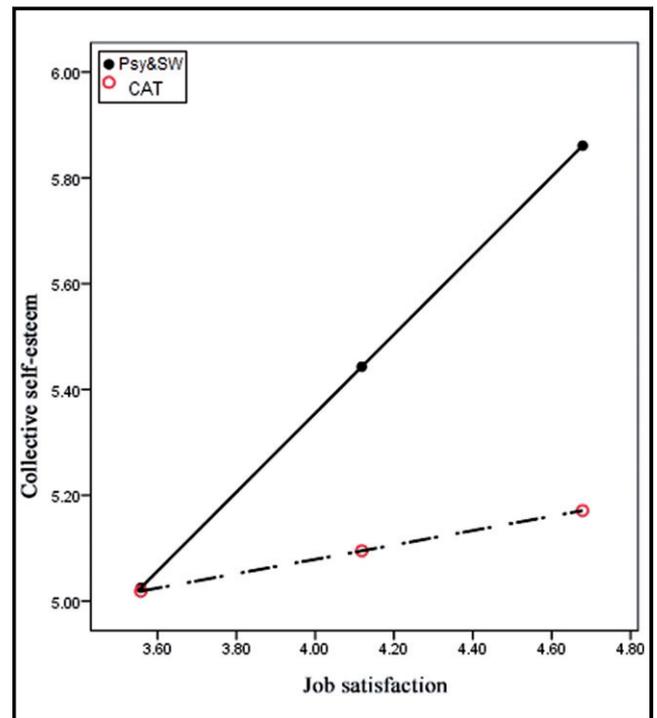


Figure 1. Association Between Job Satisfaction and Collective Self-Esteem by Professional Group Affiliation

underappreciate the profession in terms of its worth, value, importance, and effectiveness. These concerns underscore the importance of efforts to demonstrate the effectiveness of the creative arts therapies and to articulate their distinctive contribution to health care services and the needs of society (Feen-Calligan, 1996).

The second is the creative arts therapists’ responses that their professional affiliation was not important to their general self-concept or how they generally felt about themselves. Some creative arts therapists might internalize the negative views about their professional group or affiliation, as has been suggested for other fields of research (Katz, Joiner, & Kwon, 2002). This internalization could lead to the alienation of professional affiliation from their general self-concept and act as a self-enhancing strategy that serves the need to protect and enhance self-worth (Jones, 1973), which can be intentional or unconscious (Shepperd, Malone, & Sweeny, 2008). Moreover, a lack of profession-specific licensure, and the recognition of legitimacy by public institutions and insurance companies, might prompt some creative arts therapists to become members of professions that are already licensed (Feen-Calligan, 1996).

However, these findings are mitigated by the fact that creative arts therapists reported more job satisfaction than psychologists and social workers, and their job satisfaction was not significantly correlated with CSE. High job satisfaction can coexist with low CSE because the former refers to therapists’ actual experience on the job (i.e., feelings of enthusiasm and enjoyment), whereas the latter refers to a global perception of the profession in

general and in reference to other professional groups. This might suggest that job satisfaction is not affected by general upward social comparison, a process where people compare themselves to others who are viewed as better, thus posing a threat to the individual's self-evaluation and inducing feelings of insecurity or inferiority (Suls, Martin, & Wheeler, 2002).

Although the cross-sectional data in this study preclude temporal, directional, or causal inferences, the findings on the association of CSE with positive outcomes (Orkibi & Bar-Nir, 2015), and its role as a protective factor that buffers negative outcomes (Mason, Lewis, Winstead, & Derlega, 2015) call for future studies to examine CSE enhancement strategies. These could focus on enhancing therapists' beliefs in the effectiveness of the creative arts therapies profession and their confidence in advocating its value to other health-care professions, to regulators, and to policymakers.

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