The Arts in Psychotherapy 98 (2026) 102429

Contents lists available at ScienceDirect

The Arts in Psychotherapy

journal homepage: www.elsevier.com/locate/artspsycho

Adapting through adversity: The transformation of art therapists' professional identity☆

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ARTICLE INFO

Keywords:
Art therapist
Crisis
Dialectical approach
Professional identity
Qualitative research

ABSTRACT

Professional identity, constantly reshaped by social and technological change, comes under increased pressure during crises. The COVID-19 pandemic and the war in Ukraine profoundly disrupted healthcare systems, and art therapy was no exception. This study examines how these overlapping crises have reshaped art therapists' professional identity, focusing on dialectical processes of contradiction, adaptation, and the restructuring of therapeutic roles and self-concept. Semi-structured interviews were conducted with 31 Latvian art therapists working across diverse settings. Reflexive thematic analysis, guided by a dual-dialectical framework drawing on Hegel and Badiou, identified five key tensions: disconnection versus belonging; vulnerability versus responsibility; tradition versus innovation; collaboration versus distinctiveness; and doubt versus confidence. Through reflection and adaptive strategies, art therapists integrated these contradictions, strengthening and sustaining their professional identities. Hegel's dialectics accounted for gradual synthesis, while Badiou's concept of rupture captured abrupt redefinitions, together showing how professionals maintain and reshape identity during disruption.

The formation of professional identity (PI) is a continuous and dynamic process, shaped by sociopolitical and technological forces (Ruijters & Simons, 2020). While most change occurs gradually, crises such as the COVID-19 pandemic (World Health Organisation, 2020) and other sociopolitical upheavals accelerate this process, compelling professionals to rapidly adapt. Such moments destabilise established roles and generate urgent, unfamiliar demands. In arts therapy, this tension is particularly evident. Published research shows that art therapists (ATs) face interruptions to core aspects of their practice while striving to preserve therapeutic presence and professional integrity (Gaddy et al., 2020). These accounts provide insight into how PI is reconstructed under pressure. Examining how ATs negotiate these contradictions sheds light on the dynamics of identity formation in times of crises (Jue & Ha, 2022; Nassif et al., 2025).

PI refers to an individual's evolving self-concept, shaped by internalised roles, norms, values, and behaviours that are specific to a profession and its context (Feen-Calligan, 2005, 2012; Machorrinho et al., 2025). It guides behaviour and decision-making while building on prior knowledge and experience (Caza & Creary, 2016). PI develops through dialectical tensions as professionals negotiate conflicts between internal values and external demands (Akmane & Mārtinsone, 2016; Bouchard, 1998; Jarvis-Selinger et al., 2012). In this process, professionals reconcile personal traits with changing professional expectations, producing a more coherent identity that sustains authenticity while allowing flexibility (Kapitan, 2012; Machorrinho et al., 2025).

Several core attributes shape PI. Formal education and continuing professional development provide foundational knowledge and skills, while professional practice enacts and tests these competencies in real-world contexts. Values and ethics anchor this process, supporting self-regulation, boundaries, and responsibility (Eyal-Cohen et al., 2020; Feen-Calligan, 2005; Fitzgerald, 2020; Kim et al., 2013).

Socialisation also plays an important role in PI. Participation in communities of practice – through mentors, peers, and interdisciplinary collaborators – builds a sense of belonging and clarifies roles (Feen-Calligan, 2005; Machorrinho et al., 2025). The ongoing negotiation of shared norms and work on professional boundaries helps align

☆ The authors gratefully acknowledge the Rīga Stradiņš University research assistants for supporting data collection and transcription.
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https://doi.org/10.1016/j.aip.2026.102429
Received 23 September 2025; Received in revised form 6 February 2026; Accepted 7 February 2026
Available online 9 February 2026

one's personal and professional self. Because identity forms in relation to its context, it is inherently relational and context-dependent (Feen-Calligan, 2012; Machorrinho et al., 2025). When social expectations shift, successful integration strengthens adaptability, whereas unresolved contradictions risk destabilising identity (Hercelinskyj et al., 2014; Machorrinho et al., 2025).

Prior research, including within arts therapy, has predominantly conceptualised PI as a gradual developmental process, emphasising socialisation, role acquisition, and long-term adaptation (Akmane & Mārtinsone, 2016; Elkis-Abuhoff et al., 2010; Feen-Calligan, 2005; Machorrinho et al., 2025; Orkibi, 2012). Although these studies provide valuable insights into gradual adaptation and role negotiation, they do not fully address compounded, crisis-driven disruptions, and none have applied a dual-dialectical framework, as adopted here.

Crises such as the pandemic, the rapid digitalisation of work processes, and the war in Ukraine destabilised arts therapy, disrupting norms, formats, and roles (Feniger-Schaal et al., 2022; Pipere et al., 2025). A sudden digital pivot increased isolation and emotional strain (Agres et al., 2021; Kantorová et al., 2021; Shi & Jing, 2022). Remote practice introduced ethical risks (Keisari et al., 2023; Shi & Jing, 2022), blurred boundaries, increased emotional load, and weakened peer support (Chandler & Maclean, 2022; Shoemark et al., 2022). In some contexts, institutional de-prioritisation further undermined professional recognition (Gaddy et al., 2020). Under these conditions, PI became contingent, shaped by demands for adaptation, boundary renegotiation, and renewed legitimacy (Atsmon et al., 2022; Chandler & Maclean, 2022; Keisari et al., 2023).

In arts therapy, PI research has mainly focused on training, socialisation, role clarity, and long-term development (Akmane & Mārtinsone, 2016; Feen-Calligan, 2012). Studies during the pandemic-era document the rapid adoption of telepractice, alongside challenges of legitimacy, boundary management, and professional recognition (Kantorová et al., 2021; Keisari et al., 2023; Shi & Jing, 2022). However, little is known about how PI is reshaped when crises overlap, or how gradual integration interacts with abrupt turning points. Existing studies rarely integrate continuity and disruption within a single analytic lens.

This study, therefore, examines how Latvian ATs navigated compounding disruptions and redefined PI, tracing the interplay between the internal and external tensions responsible for driving change.

Theoretical context and framework

Understanding PI in a crisis requires a framework that encompasses both stability and change. In this research, we study professional change through the two complementary dialectical registers of Hegel and Badiou. With Hegel, we conceptualise immanent contradiction and determinate negation, through which tensions internal to practice generate development without external rupture. With Badiou, we conceptualise evental rupture and fidelity; rare breaks that cannot be derived from prior terms but instead inaugurate new procedures and commitments. Taken together, Hegel elucidates patterned, intra-situational transformations, whereas Badiou marks discontinuities and their truth-procedural consequences. We use these dialectical perspectives as interpretative lenses, rather than *a priori* codes (Badiou, 2005; Hegel, 1977; 2010).

Hegel's dialectics explain how identity develops through contradictions that are not erased but are instead integrated into a more coherent whole (Hegel, 1977; Houlgate, 2005; Singer, 2001). This iterative process of *sublation* incorporates new elements while transforming and retaining the old (Inwood, 1992). In art therapy, such dynamics appear when practitioners reconcile foundational values, such as embodied presence, with emergent modalities like digital practice, thereby gradually consolidating PI through the alignment of new practices with enduring values. However, Hegel's dialectic assumes a rational progression, underestimating the disruptive impact of external shocks.

Badiou complements this view with the concept of the *event*: a rupture that compels redefinition before systems can adjust. Events such as the pandemic or war destabilise taken-for-granted assumptions and force professionals to act under uncertainty, inaugurating new commitments and ways of working (Badiou, 2005).

Deleuze likewise treats the event as central, but emphasises the *encounter* that compels thought and reorients practice: "Something in the world forces us to think. This something is an object not of recognition but of a fundamental encounter… It may be grasped in a range of affective tones: wonder, love, hatred, and suffering." (Deleuze, 1994/1968, p. 139). Where Badiou stresses fidelity to a radical break, Deleuze highlights the affective and situated processes through which practitioners and organisations compose new trajectories over time (Badiou, 2005). Together, these lenses capture both the force of the rupture and the slower, context-bound adaptations that follow.

Juxtaposing these perspectives addresses the limitations of each, offering a framework that accounts for both continuity and disruption in identity formation. The dialectical approach has previously been applied in nursing (Fagerström & Bergbom, 2010), social work and education (Roscoe, 2024), and psychology (Fruzzetti, 2022; Linehan, 1993), but not to PI in Latvian or broader European contexts. To the best of our knowledge, no study has applied a dual-dialectical lens in arts therapy research. Applying it here offers novel insight into how professionals negotiate the interplay of continuity and rupture in times of crises.

Materials and methods

Context

In March 2020, following the declaration of COVID-19 as a global health emergency (World Health Organisation, 2020), Latvia declared a state of emergency. Public institutions and schools transitioned to online formats, and healthcare was limited to essential services under mask mandates and restrictions on people gathering (Cabinet of Ministers, 2020). These measures disrupted routine care and increased workload, ethical strain, staffing, and the emotional load on healthcare professionals.

Art therapist is a regulated healthcare profession in Latvia, comprising four disciplines: visual art, music, dance and movement, and drama therapy. Practitioners must hold a master's degree in healthcare with a qualification in one of these disciplines, and work across healthcare, rehabilitation, education, social care, and private settings to support physical and psychological health and social well-being (Mārtinsone & Duhovska, 2023). All four disciplines are regulated under a single professional standard and share the job title *art therapist* (Akmane & Mārtinsone, 2025). Accordingly, the term *art therapist* in this study refers to professionals from all four disciplines.

During the pandemic, ATs in healthcare institutions continued working, while those in other contexts faced greater instability. Work, professional development, and supervision moved online, requiring rapid adaptation to remote modes of delivery. Following the 2022 invasion of Ukraine, some ATs also provided services to refugees and soldiers, further expanding their roles (Pipere et al., 2025).

Participants

Given the exploratory nature and the small size of the professional community, a convenience sampling approach was used. ATs across Latvia were invited to participate. The inclusion criteria were: 1) a relevant degree and qualification, 2) professional experience as an AT prior to January 2020, and 3) practising art therapy at the time of the interview.

The sampling method may have introduced response bias by favouring more accessible or networked ATs, potentially underrepresenting less visible voices. To reduce this risk, invitations were sent to eligible therapists listed on websites of professional associations and were followed up through personal phone calls. Efforts were made

to ensure diversity in terms of discipline, region, work environment, and years of experience, aiming to capture varied professional contexts despite the inherent limitations of the sampling method.

Participants included a total of 31 ATs – 12 visual arts therapists, eight dance and movement therapists, seven music therapists, and four drama therapists. All were women, 28–54 years of age ($M = 40.71$, $SD = 7.66$), with 2.5–20 years ($M = 7.58$) of clinical experience (Table 1). They worked in both the public and private sectors (Table 2). No incentives were provided.

Data collection

In September 2022, the second author prepared an information letter and guide describing the purpose, procedures, confidentiality and data protection protocols, contact details, and interview questions. Participants were asked to reflect on how their PI had transformed from the onset of the COVID-19 pandemic to the time of the interview. This period also included the acceleration of digitalisation and the early stages of the war in Ukraine. The second author subsequently contacted eligible ATs listed on the websites of the relevant associations, first by email and later by telephone; those who agreed received the full information letter and were added to the participant list.

Between October and December 2022, individual interviews were conducted in Latvian in person ($n = 2$), by telephone ($n = 13$), via Zoom ($n = 15$), or in writing ($n = 1$); they lasted 20–45 min, were audio-recorded with consent, and followed a focused and open-ended format with clarifying probes (McIntosh & Morse, 2015). Although the length varied, the focused guide ensured coverage of the most relevant experiences for the research question. Shorter interviews sometimes limited the exploration of tangential or less prominent themes, but participants generally provided concentrated and detailed accounts.

In order to increase data collection capacity, trained research assistants from Rīga Stradiņš University Master of Arts Therapy Programme conducted the interviews and were responsible for verbatim transcription and anonymisation. Their professional background may have supported rapport with participants, although it could also have reduced the likelihood of more critical commentary or follow-up. These potential effects were mitigated through the guide, structured training, and close supervision. The research assistants did not participate in coding or interpretation; instead, the authors conducted the analysis to maintain consistency. The transcripts were stored at a secure repository, and the recordings were deleted.

Data analysis

Data were analysed using Braun and Clarke's reflexive thematic analysis (2006, 2019) to identify explicit and latent themes. The analytical process is summarised in Table 3. Coding and initial theme development were conducted inductively. Dialectical concepts were then applied as an interpretive lens to examine how tensions within themes reflected processes of disruption, contradiction, and integration.

Table 1
Demographic profile of participants by age group and work experience.

Age range	Participants within age group	Work experience within the age group (years)
	n	*M*
28–29	2	3.25
30–34	8	5.69
35–39	3	4.33
40–44	9	10.22
45–49	4	9
50–54	5	8.5

Note. All participants identified as female. *n* = number of participants. Participants' age ranged from 28 to 54 years ($M = 40.71$, $SD = 7.66$). Overall work experience ranged from 2.5 to 20 years ($M = 7.58$).

Hegel's framework sensitised the analysis to integrative developments, whereas Badiou's event theory focused attention on moments of rupture (Table 4).

The first author conducted familiarisation through repeated reading, memoing, and the schematic mapping of patterns and tensions. Manual coding followed, using concise, data-driven codes grounded in the research questions. Related codes were grouped into candidate themes, which were iteratively reviewed and refined for coherence and relevance. Final themes were defined and named to reflect core tensions in PI transformation and were reported in relation to the research question and analytical framework.

Data sufficiency was determined when coding had stabilised, and no substantively new patterns emerged. In line with reflexive thematic analysis, codebook reliability indices were not used; interpretative depth was supported through ongoing memoing and critical dialogue.

Reflexivity and triangulation

Regular meetings, the joint review of coded data excerpts, and critical discussions between the first and second authors supported the development and interpretative depth of the theme (Table 5). The first author (LMS), with practical art therapy experience and qualitative research training, contributed to contextual sensitivity and close engagement with the data. EA, an experienced researcher and certified AT, offered a broader perspective and critical feedback, while KM provided methodological supervision. DHF, an experienced AT and qualitative researcher, critically scrutinised the themes, interpretations, and methodology, offering an independent perspective that enhanced analytical rigour and credibility. This collaboration strengthened the analysis (Braun & Clarke, 2021). Aware of potential insider bias, the researchers maintained analytical distance through critical dialogue, reflection, iterative theme verification, and supervision, balancing any contextual insight with rigour.

Ethical considerations

This study was approved by the Research Ethics Committee of Rīga Stradiņš University (No. 6–1/12–35, 26 November 2020). Informed consent was obtained from the participants.

Results

Five main themes were identified from the experiences of ATs. These themes captured key tensions – disconnection and belonging, between professional responsibility and personal vulnerability, tradition and innovation, collaboration and distinctiveness, and self-doubt and confidence – that emerged as ATs adapted to rapidly changing conditions. See Fig. 1 for a thematic structure and Table 6 for an overview of the coding results.

Theme 1 – from rupture to re-anchoring: rebuilding belonging over time

This theme captures participants' experiences of a disrupted sense of professional belonging and the variety of ways they sought to re-establish affiliation, with experiences ranging from marginalisation and professional invisibility to renewed stability.

Questioning professional belonging

At the start of the pandemic, many ATs, particularly those in private practice or outside healthcare institutions, felt marginalised or questioned their relevance. A participant working in a school described: "If I'm not a teacher, then I'm not really an essential person … I genuinely wanted to continue, even remotely" (P8). In contrast, those working in public healthcare settings were more likely to maintain stability. As one participant noted: "Among other professionals, I feel like I belong; I feel equal. I feel like there is a place for me" (P3).

Table 2
Distribution of art therapists across disciplines and work settings.

Discipline	Healthcare institution *n*	Private practice *n*	Rehabilitation centre *n*	Social care facility *n*	Educational institution *n*	Informal education *n*	Total mentions *n*
Dance and movement therapists	5	4	3	2	–	–	14
Drama therapists	4	2	1	1	–	–	8
Music therapists	3	4	1	2	1	–	11
Visual art therapists	6	6	2	4	1	1	20
Total mentions	18	16	7	9	2	1	53
% of participants reporting to have worked in this setting	58.06	51.61	22.58	29.03	6.45	3.23	

Note. Percentages are calculated based on the total sample ($N = 31$). n = number of participants. One participant may work in multiple settings; therefore, totals exceed the sample size.

Table 3
Overview of the data analysis process.

Phase	Analytic focus	Actions undertaken	Outputs
Phase 1: Familiarising with the data	Immersion and pattern recognition	Repeated reading of transcripts; note-taking; schematic drawings; attending to tone, language, contradictions, and contextual cues.	Initial analytic memos
Phase 2: Coding	Identifying meaningful units	Manual coding using concise, data-driven codes grounded in the research questions; preservation of contextual excerpts; keeping additional handwritten notes.	Initial code set
Phase 3: Developing themes	Pattern construction	Grouping related codes into initial themes; interpretive consideration of (a) immanent contradiction and its reorganisation (Hegelian), (b) evental rupture and fidelity (Badiouian), or (c) negotiated coexistence; identifying possible core tensions within themes.	Candidate themes
Phase 4: Reviewing themes	Coherence and consistency	Iterative review of themes against data; refining boundaries and internal consistency, focusing on tensions relevant to the dialectical framework and the research question.	Refined themes
Phase 5: Defining and naming themes	Conceptual clarification	Articulating core tensions and their role in professional identity transformation; final theme naming.	Final theme structure
Phase 6: Reporting	Analytic synthesis	Describing themes in relation to the research question and theoretical framework.	Results and discussion

Note. Analysis followed Braun and Clarke's (2006, 2019) reflexive thematic analysis.

Instability as a catalyst to redefine belonging

In response to marginalisation, some ATs temporarily left the profession or transitioned to new professional contexts offering greater stability. A participant described: "The pandemic hit and everything stopped. I experienced a monumental crisis … so I started working in another profession" (P17). Another emphasised deliberate transition: "I took five months of unemployment to understand, to clarify – what to leave, and what to keep … but then I started working in a multidisciplinary rehabilitation team in a psychiatric hospital" (P1).

Stability as a protective anchor

ATs who moved or remained in public healthcare experienced minimal disruption, quickly regaining their sense of belonging. Stability provided reassurance and affirmed PI, as a participant stated, "Our institution remained open. We continued to accept patients, even during the restrictions" (P12). Others echoed, "The time of COVID did not affect my identity at all" (P6).

Synthesis. This theme shows that a sense of professional belonging is fluid and shaped by loss, reflection, and renewal during crises. Some sustained or regained their sense of belonging in stable institutions, while others paused or re-evaluated their roles before returning. Recommitment was uneven and often required reflection, experimentation, or transition.

Theme 2 – holding while hurting: containment amid personal vulnerability

This theme captures participants' experiences of balancing responsibility for the distress of others with their own emotional vulnerability, integrating such into a more reflexive professional stance.

Balancing support and vulnerability

ATs became acutely aware of their dual roles as caregivers and as individuals experiencing distress. They faced increasing demand to support clients while also coping with anxiety, fatigue, and uncertainty. A music therapist described, "My long-term patients were very distressed, crying and sought support from me … but I was also scared, and it was difficult to know what I could offer when I was in the same situation myself" (P2).

The intensity of this vulnerability varied according to context and institutional aims. A music therapist reported, "My work as a music therapist is in a healthcare institution, where the primary and priority goal for patients is the restoration of physical abilities. There is not much space left for psychological problems. Of course, these concerns do arise" (P13).

Meeting demand while maintaining self-care

In response to such challenges, the ATs adopted adjustments such as restructuring the workload, revisiting professional boundaries, and prioritising self-care. These measures helped mitigate exhaustion amid reduced peer interactions and institutional resources. One AT explained the need to "reflect on how many clients they work with and how they organise their day, in a way that also maintains their own health" (P29).

The absence of traditional support structures underscored the importance of peer learning and emotional processing; as one participant stated, "Learning methods [in seminars] also allows you to experience personal therapeutic processes … to strengthen any inner

Table 4
Dual-dialectic theme matrix.

Theme	Tension	Hegel (Integration Pattern)	Badiou (Rupture Trigger)	Exemplar Quote (P#)	Boundary Conditions (Setting/ Discipline)
From Rupture to Re-Anchoring: Rebuilding Belonging Over Time	Disconnection ↔ Belonging	Sublation through reflection and repositioning; gradual recommitment	Pandemic disrupted organisational anchors	"If I'm not a teacher, then I'm not really an essential … it felt like I didn't matter." (P8)	Experiences of destabilisation were most pronounced outside public healthcare, particularly in private practice, whereas salaried hospital and rehabilitation roles prioritising in-person care provided greater stability.
Holding While Hurting: Containment amid Personal Vulnerability	Professional responsibility ↔ Personal vulnerability	Integration of vulnerability into professional stance; reflexive containment	Moments of crisis intensified and rendered visible shared distress with clients, exposing the limits of professional immunity	"It was difficult to know what I could offer when I was in the same situation myself." (P2)	Lone practitioners were most affected, while team-based settings offered emotional containment and collegial support.
Embodied Presence under Digital Constraints	Tradition ↔ Innovation	Hybrid reintegration: adapting goals, spaces, and methods while preserving core values, negotiating ethical concerns	Sudden shift to telepractice; moments of new protocols	"You really need to think how to adapt so that the creative process can still occur." (P16)	Resistance to telepractice was strongest in dance and movement therapy; adaptation was easier in drama and visual art therapy, while music therapy adapted with constraints related to synchronous and vocal activities.
Boundarying Distinctiveness: How Communities Secure Recognition	Collaboration ↔ Distinctiveness	Clarification of scope, asserting distinctiveness while engaging in teamwork	No strong event identified; changes were gradual and reflective	"Our profession has its limits. We cannot help as much as we would like." (P12)	Collaboration intensified during the crisis; however, remote seminars reduced in-person exchange that would normally replenish professional and emotional resources.
Confidence as Consequence: Learning, Feedback, Recognition	Self-doubt ↔ Confidence	Learning, supervision, and reflection rebuilt confidence and deepened PI, further reinforced by external recognition	Rapid skills acquisition (e.g., digital) and new forms of practice	"My professional sense of self has improved, because I have been forced to learn a lot of new things." (P11)	Professional confidence was reinforced through external validation from clients, peers, and institutions.

resources that were lacking" (P14).

Synthesis. Navigating responsibility and vulnerability allowed ATs to reconstruct their PIs, integrating personal vulnerability into their role. Through reflection, they shifted from experiencing the crisis as overwhelming to recognising it as an opportunity for growth. Viewed dialectically, this pattern suggests an integrative process in which vulnerability was incorporated into professional functioning rather than being eliminated.

Theme 3 – embodied presence under digital constraints

This theme captures participants' experiences of disruption to embodied ways of working and the varied responses to digital and hybrid practice under pandemic conditions.

Co-presence, materials, and the limits of the virtual environment

ATs encountered tension as familiar practices – provision of materials, space management, and subtle non-verbal interactions – were interrupted by external constraints. A dance movement therapist noted, "It does not work. You really need to think about how to adapt so that the creative process can still occur" (P16). Even those who continued in person had to make modifications; as one AT said, "Of course, there were some specific technical things: working with masks and protective gear" (P25).

Adapting to patient needs

Beyond the digital shift, ATs also recalibrated practices to meet changing patient needs, including increased anxiety and emotional distress. They prioritised immediate relief, presence, and flexibility. An AT said, "There was a tendency to seek what helped there and then" (P24). Another AT stressed resilience, noting that "You had to be strong inside and even more flexible to respond to sudden and unexpected negative situations" (P14).

Integrating old and new practices

Many ATs developed hybrid methods, integrating clients' home environments, digital resources, and flexible strategies. A music therapist noted, "I started to integrate more imagery, using visualisations and receptive music therapy" (P10). A drama therapist engaged the clients' surroundings: "We used not only conversation but also the client's space and personal items" (P27). However, despite practising remote therapy, some resisted adaptation, citing a conflict with core principles: "My colleagues and I waited a long time for it to pass and did not adapt. There was a great deal of resistance, and there still is among dance and movement therapists. It seems unnatural, wrong, bad, and unrealistic" (P7).

Ethical uncertainty in professional practice

A subset of ATs linked changes to ethical uncertainty, raising concerns about safety, confidentiality, and containment. "When online work appeared, I also thought a lot about safety in art therapy, because it changes so much. I am not physically with the client. We cannot influence what is happening around them. You do not know who is behind the computer and you do not know what happens to them afterwards, because they are far away" (P17). Institutional priorities often reframed ethics through continuity of care, as mentioned: "There were moments with a sense of risk… others could work remotely, but I didn't have that option" (P20). Challenges with equity and access were also reported, particularly for children and financially strained clients: "We ended therapy with some clients. It's different with children" (P31). "I decided not to announce new groups … People were cautious about additional expenses" (P14). In some settings, telepractice was prohibited altogether: "The institutions didn't allow me to work online; it had to be in person or not at all" (P8). Where adaptation faltered due to client age,

Table 5
Illustrative sample of data analysis.

Theme	Subtheme	Code	Sample Quote
Holding While Hurting: Containment amid Personal Vulnerability	Balancing Support and Vulnerability	Increased anxiety for patients and specialists	"Well, of course, people experienced more anxiety. This was also very noticeable when the war started – people came in with more anxiety. Especially my long-term patients; they were very distressed and crying and sought support from me as their therapist. But I was also scared as a person at that time, and it was difficult to tolerate that and understand what support mechanisms I could offer when I was in the same situation myself" (P2).
	Meeting Demand while Maintaining Self-care	Increased patient numbers and intensity	"This can sometimes be observed, for example, in terms of the number of clients or the intensity of the work – perhaps this need for therapeutic support is felt more strongly precisely due to the impact of these times of change. And, and, and this again makes the therapist reflect on how many clients they are working with and how they organise their workday, you know, in a way that also maintains their own health" (P29).

Note. The illustrative sample code book is not shown as is appropriate to RTA.

digital access, or institutional prohibitions, continuity of care and professional legitimacy suffered, highlighting the need for discipline-sensitive telepractice standards and equitable resourcing.

Synthesis. Crisis conditions required increased flexibility, leading many ATs to adapt embodied practices through digital or hybrid methods while maintaining core professional values. Resistance persisted where online work conflicted with fundamental disciplinary principles or raised ethical concerns; critical voices clustered around embodied constraints and institutional barriers. Most of the participants reported positive adaptation narratives.

Theme 4 – boundarying distinctiveness: how communities secure recognition

This theme captures participants' experiences of intensified collaboration during the pandemic and the parallel need to clarify professional distinctiveness.

Isolation and the loss of creative connection

Isolation reduced opportunities for social and creative exchange while intensifying remote interdisciplinary collaboration. A participant illustrated the gap: "There has been a significant lack of real communication with professional colleagues, since necessary continuing education seminars were held remotely" (P14). Despite this disconnect, ATs continued to engage in interdisciplinary collaboration, with one participant noting, "We share techniques … and we try not to lose this communication with each other" (P24).

Collaboration and boundary diffusion

Collaboration fostered resilience but also raised concerns about diluting identity. ATs exchanged methods and insights, thus supporting one another: "During the pandemic, we were all somewhat separated … but, at the same time, we all worked to help each other" (P17). However, this approach risked blurring the professional boundaries. A participant noted, "It [PI] has become more unstable because there are different things to learn from others… such as what psychologists offer, as well as cognitive behaviour therapy" (P24).

Asserting the boundary of the profession

Amidst complex needs and collaboration, ATs also actively redefined professional boundaries. Recognising limits and strengths became essential. As one AT noted, "We cannot help in the way we'd like to. And yes… the sense of boundaries strengthened, and I became much more aware of those limits. Specifically, professional limits" (P12). Another emphasised the need for broader knowledge: "It would be very useful if specialists, like us ATs, had much more thorough psychological knowledge" (P8). For some, the crisis reinforced clarity: "ATs are, in this sense, more flexible … Flexibility, dynamics, and the ability to adapt, find, and use different methods, while maintaining a certain direction and goal, are already embedded in the foundation of the profession" (P28).

Synthesis. Crises compelled ATs to clarify both their contributions and limits within collaborative contexts. Rather than diminishing PI, this process strengthened distinctiveness through reflecting on boundaries and roles, highlighting the importance of structured collaboration that supports rather than dilutes PI.

Theme 5 – confidence as consequence: learning, feedback, and recognition

This theme captures participants' experiences of initial self-doubt and the gradual rebuilding of professional confidence through learning, feedback, and recognition.

Learning and reconnecting through doubt

The crisis initially triggered profound self-doubt, lowering professional self-worth. This uncertainty gradually transformed into a process of growth through adaptation, learning, and reflection. ATs reported being "forced to integrate and … learn how to use and work with Zoom and all other kinds of platforms" (P10), and described the strain of constant change: "During COVID, it felt like the only thing I wanted was to find a comfort zone" (P30).

Through supervision, self-education, and observation-in-action, many rebuilt confidence and recommitted to their profession. One participant reflected, "My professional sense of self has improved, because I've been forced to learn a lot of new things, be quite curious, as well as talk to colleagues, and supervise my practice" (P11). Seeing the impact also strengthened their resolve: "I really saw that art therapy worked as a wonderful tool … that helps patients to express their feelings… It only solidified my commitment to my profession" (P15). These shifts helped to re-establish efficacy and purpose.

Reinforcing identity through recognition

External validation from clients, colleagues, institutions, and the public further consolidated professional confidence. A participant noted, "I feel that trust in our profession is growing, along with demand and appreciation" (P1). Recognition in healthcare also increased: "[I felt] equal, because during this time, more cried out for help, and ATs were included" (P26). Public understanding also advanced; as one therapist observed, "People realised that it wasn't just entertainment,

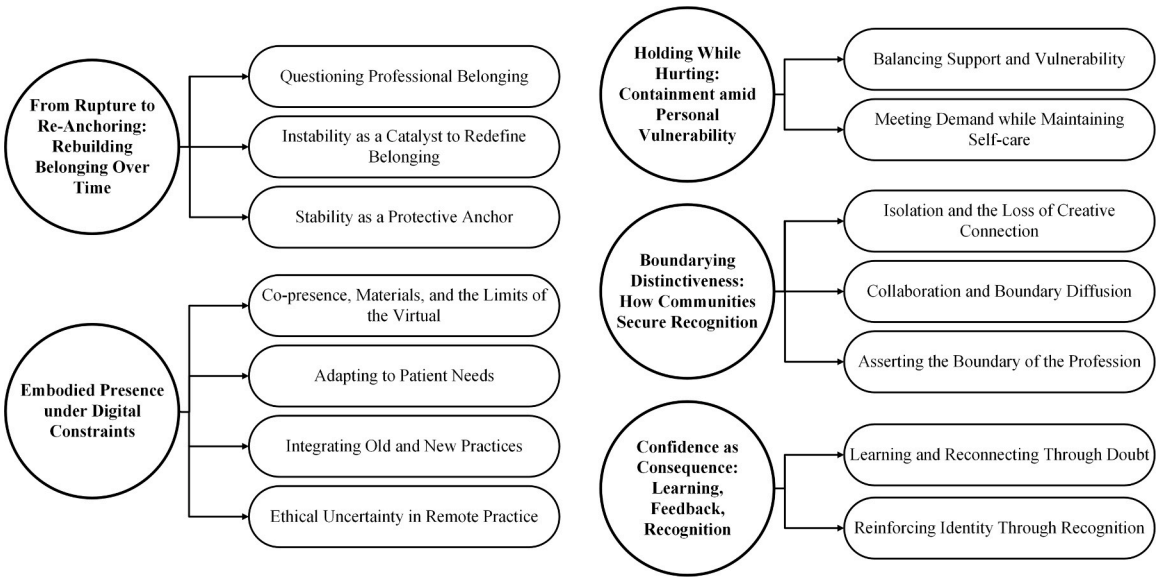

Fig. 1. Themes and subthemes identified in thematic analysis.

and that it really helped us mentally and emotionally" (P17). However, institutional recognition remained uneven. A music therapist noted, "Those institutions that initially didn't allow me to practise remotely continued with the same attitude" (P8).

Synthesis. The crisis reshaped PI by forcing ATs to navigate self-doubt and renewed confidence. The ATs responded with active learning and supervision, while rebuilding relevance. Through reflection and feedback, many reconnected with the meaning of their work. Recognition from clients, peers, and the community further supported their confidence.

Discussion

Changes in PI under crises are best understood as a negotiated transformation rather than a linear adjustment (Atsmon et al., 2022; Jue & Ha, 2022; Adisaputri & Ungar, 2023). Participants described disruptions to established roles, uncertainty about legitimacy, an increased emotional strain, and varying experiences of belonging across institutional contexts.

The first contradictions involved belonging. Crisis conditions fractured organisational anchors outside of formal healthcare, where art therapy often lacked stable contracts, referral routes, team structures, or role priority. Under pressure, legitimacy became contingent and was frequently downgraded, unsettling PI (Shoemark et al., 2022; Jue & Ha, 2022; Singh et al., 2024) and prompting the renegotiation of one's professional role and status.

Conceptually, these patterns can be interpreted through a dual-dialectical lens. In particular, the oscillation between withdrawal and recommitment reflects an integrative process in which prior PIs were preserved while being reorganised in more complex forms (Hegel, 1977). At the same time, crisis conditions disrupted routine professional orders, forcing the renewed adjudication of affiliation and role (Badiou, 2005).

At the structural level, institutional stability functioned as a protective anchor, indicating that legitimacy is not only negotiated but also structurally conferred. In public healthcare, referral protocols, salaried contracts, statutory scopes of practice, and multidisciplinary governance afforded recognition and continuity, buffering identity (Gaddy et al., 2020; Shoemark et al., 2022; van Veelen et al., 2025). Recommitment trajectories indicate that a sense of belonging depends on the alignment of institutional scripts with personal agency.

However, belonging cannot rely solely on individual resilience (Kim et al., 2013). Practitioners and trainees need reflective opportunities to sustain PI (Shamri-Zeevi & Katz, 2022; Feen-Calligan, 2005, 2012; Machorrinho et al., 2025). Systems-level provisions are also essential, including formal recognition in the private and community sectors as essential workers, integration into crisis planning, and clear commissioning and referral routes. Institutions should establish flexible roles. Without deliberate structural support, professional belonging risks being eroded, undermining individual well-being and the cohesion of the arts therapy field (Machorrinho et al., 2025; Kim et al., 2013; Panaccio & Vandenberghe, 2009).

Alongside issues of belonging, the crisis intensified an enduring tension in arts therapy between personal vulnerability and professional responsibility, as therapists were required to subdue others' distress while working under conditions of uncertainty for themselves (Gaddy et al., 2020; Gavron & Inoue, 2024; Singh et al., 2024). Managing personal vulnerability is a recognised aspect of art therapy practice (Gam et al., 2016; Huet & Holttum, 2016). Under non-crisis conditions, such strain is unevenly distributed and typically buffered by institutional containment, supervisory support, and stability in other domains of life.

Under crisis conditions, these dynamics were significantly amplified. ATs described the simultaneous destabilisation of multiple domains, including personal concerns (health-related fear, uncertainty) and professional challenges, such as service instability, rapid transitions to telepractice, ethical ambiguity, and altered therapeutic containment (Jue & Ha, 2022; Feniger-Schaal et al., 2022; Keisari et al., 2023). In this study's sample, such convergence occurred across diverse work settings and positioned many ATs in a shared condition of vulnerability at the same historical moment. Rather than introducing a novel professional dynamic, the pandemic amplified and foregrounded an existing contradiction.

These experiences, however, varied across employment contexts, even though heightened strain was reported in both institutional and private practice settings. Institutional arrangements (e.g., stable contracts, referral streams, team-based work) often provided containment and buffering, but without eliminating personal vulnerability. Outside these structures, shocks such as changing patient flow, income insecurity, ethical decision-making, and shared anxieties with clients were largely absorbed individually. Lone practitioners, therefore, shouldered greater risks, particularly of burnout (Gam et al., 2016; Jue & Ha, 2022; Jue & Kim, 2023; Amiri et al., 2024). These findings point to the limits of coping for an individual in the absence of structural support.

These contextual disparities contributed to a further contradiction in

Table 6
Overview of data coding results.

Theme and Subtheme	Description	Illustrative codes
From Rupture to Re-Anchoring: Rebuilding Belonging Over Time		
Questioning Professional Belonging	Disruption of perceived legitimacy, role clarity, and professional inclusion across work contexts.	Uncertainty about who I really am; Reflections on one's professional work and way of practising; Felt that I belonged
Instability as a Catalyst to Redefine Belonging	Occupational instability prompting reflection, withdrawal, or transition in renegotiating professional affiliation.	The crisis prompted a change of workplace; Left work for several months; Started working in another profession
Stability as a Protective Anchor	Institutional continuity and structural support functioning as stabilising conditions for professional belonging.	Professional identity was not affected; Continued working in the same way as before the pandemic
Holding While Hurting: Containment amid Personal Vulnerability		
Balancing Support and Vulnerability	Simultaneous negotiation of responsibility for clients' distress and therapists' own emotional vulnerability.	Heightened anxiety; Sense of uncertainty; Doubts about the ability to help the client
Meeting Demand while Maintaining Self-care	Adaptive regulation of workload, boundaries, and self-care to sustain professional functioning.	Increased need to take care of oneself; Seeking support mechanisms for oneself; Concerns about burnout
Embodied Presence under Digital Constraints		
Co-presence, Materials, and the Limits of the Virtual Environment	Disruption of embodied, material, and relational dimensions of practice under remote or restricted conditions.	Searching for ways to work effectively online; Difficulty perceiving the client's body language online; Working with protective equipment during sessions
Adapting to Patient Needs	Practice recalibration oriented toward immediate client needs amid heightened distress.	Shift toward "here-and-now" therapeutic goals; Increased patient anxiety and emotional expression needs
Integrating Old and New Practices	Hybridisation of established therapeutic methods with digital and environmental practice elements.	Adaptation and expansion of therapeutic techniques; Hybrid and remote formats integrated into ongoing practice; Prolonged resistance to adapting to remote work
Ethical Uncertainty in Professional Practice	Ethical concerns related to safety, confidentiality, containment, and equity in altered service delivery.	Safety and confidentiality concerns in remote work; Lack of protective equipment and infection risk; Institutional restrictions on remote work
Boundarying Distinctiveness: How Communities Secure Recognition		
Isolation and the Loss of Creative Connection	Reduction in professional exchange, shared learning, and creative collegiality.	Reduced contact with colleagues; Physical and emotional isolation; Professional interaction shifted to remote seminars
Collaboration and Boundary Diffusion	Expanded interdisciplinary collaboration accompanied by perceived boundary blurring.	Working together to support one another; Sharing knowledge and learning from colleagues; Blurring between related professions
Asserting the Boundary of the Profession	Active clarification of professional limits, competencies, and distinct contributions.	Recognition of professional limits; Need to expand psychological knowledge; Natural ability to adapt and integrate different methods
Confidence as Consequence: Learning, Feedback, Recognition		
Learning and Reconnecting Through Doubt	Transformation of professional uncertainty through learning, reflection, and skill development.	Acquisition of new digital skills; Increased engagement in supervision and self-education; Strengthened confidence in professional value and identity
Reinforcing Identity Through Recognition	Strengthening of professional confidence through external validation and institutional acknowledgement.	Increased recognition of art therapy beyond entertainment; Feeling valued and respected as a therapist; Greater trust in the profession within healthcare and society

Note. Descriptions summarise the analytic focus of each subtheme and are illustrative rather than exhaustive.

the capacity to remain a "good" AT while being personally overwhelmed. Rather than prompting detachment, participants described a process of self-inquiry and the integration of vulnerability into PI, allowing one to be more deeply attuned to clients' experiences (Huet & Holttum, 2016). Vulnerability was thus not eliminated, but reworked into a more reflexive professional stance.

Applying Badiou's concept of the event, the pandemic can be understood as disrupting established professional coordinates; participants' accounts of working while being distressed reflect the ethical and subjective consequences of this disruption, exposing the limits of professional immunity. As Deleuze reminds us, "We speak of consciousness and its decrees, of the will and its effects, of the thousands of ways of moving the body, and of dominating the body and the passions – but we do not even know what a body can do." (Deleuze, 2001, p. 18). In this sense, identity was defined less by emotional distance than by willingness to act within uncertainty, opening capacities not previously foregrounded in practice.

Resilience was consequently reframed, not as toughness, but as the

capacity to work with contradiction. It was sustained through reflection, peer dialogue, supervision, and, where available, structured resources (Elkis-Abuhoff et al., 2010; Curtin et al., 2022). Although rarely named explicitly, creativity as a professional resource may have supported adaptation (Orkibi, 2016; Li et al., 2019). Access to such resources was uneven, and more isolated ATs lacked spaces for processing, thus increasing professional instability. This situation challenges the resilience discourses that individualise endurance rather than recognising institutional responsibility.

Accordingly, preparedness should prioritise systemic rather than individual solutions. The curriculum and supervision should cultivate reflective capacity, normalise ethical decision-making in times of uncertainty, and embed trauma-informed peer support. Since responsibility and vulnerability were not always reconciled – particularly where institutional support was weak – identity strain often persisted.

As regards sample selection, its all-female composition warrants brief consideration. Arts therapy, as with other caring professions, involves substantial emotional labour (Hochschild, 1983), and in Latvia, this occurs within the context of high female workforce participation alongside persistent expectations of domestic and care responsibilities, often described as a "double burden" (European Parliament, 2015). However, explicit references to the strain of gendered roles were limited in the study's data. Only one participant described difficulties balancing professional work with childcare during lockdowns, while another experienced hybrid work as facilitating an earlier return following maternity leave. Gender thus appears to function primarily as a socio-cultural backdrop rather than a primary driver of PI change in this study. The strain described in Theme 2 may, therefore, also reflect an intensification of the largely invisible emotional labour characteristic of feminised caring professions under crisis conditions.

Analytically, to avoid reifying binaries, gender was approached as performative and context-bound rather than essential (Butler, 1990). Future research should combine gender-diverse sampling with an intersectional analysis to examine how responsibility, vulnerability, and autonomy are negotiated across settings and employment forms, how gender norms shape PI and emotional labour in the arts therapies, and how tracing our researchers' assumptions shapes analytical interpretation.

Turning to digital practice, the rapid transition to remote practice destabilised the framework of art therapy. Not only were co-presence, environmental control, and material mediation lost, but also the assumption that these were indispensable to the legitimacy of art therapy (Shamri-Zeevi & Katz, 2022; Zubala et al., 2021). This disruption exposed a guidance gap for hybrid care, which required discipline-sensitive telepractice standards and targeted digital competencies. Similar concerns have arisen on an international scale: ethical unease around confidentiality, safety, and equity (Choe & Carlton, 2019; Zubala et al., 2021), alongside the need for digital upskilling (Baglione et al., 2021; Kronenberg et al., 2024).

Consequently, the digital shift challenged prior norms and prompted practitioners to rework established practices while preserving core professional values. Practitioners re-scripted the therapeutic frame by drawing on home contexts, adopting online tools, and recalibrating goals, in order to preserve core values while altering methods of work. Hybrid practice mainly gained legitimacy through safeguards (consent, risk protocols, documentation) and method adaptation, aligning with other reports (Agres et al., 2021; Feniger-Schaal et al., 2022; Kantorová et al., 2021; Leandertz et al., 2021). This process was integrative rather than substitution-based. However, for more embodied disciplines, teletherapy remained a tolerated workaround rather than a synthesis (e.g., dance and movement therapy). In Badiou's terms, the pandemic and the war acted as events that fractured continuity and demanded a reconstitution of professionalism, transforming pragmatic adjustments into decisions about what counts as art therapy.

However, while discipline-related differences emerged primarily in relation to embodiment and digital adaptation (Theme 3), tensions related to vulnerability, containment, and workload (Theme 2) were predominantly shaped by institutional mandates. Although the study did not aim to compare arts therapy disciplines systematically, the data revealed practice-specific adaptations linked to disciplinary constraints. For example, music therapists described clients' loss of access to instruments and the inability to create music simultaneously during remote work, which prompted a shift toward more receptive, imagery-based, or verbally supported interventions. Similarly, visual ATs reported the loss of materials, sometimes only working with pencil and paper. These differences do not constitute exhaustive disciplinary patterns but rather reflect situated responses to crisis conditions, highlighting how PI was negotiated through material and embodied constraints.

Meanwhile, the crisis also intensified collaboration, as practitioners increasingly provided support to one another (Leandertz et al., 2021; Curtin et al., 2022). This underscores identity as being relationally co-constructed, and not sustained independently (Machorrinho et al., 2025; Rasmussen et al., 2018). However, collaboration also stressed boundaries: some perceived diffusion and set explicit limits, while others reaffirmed distinctiveness without any prior diffusion. These encounters functioned as *micro-events* that redefined scope at the margins of practice. Boundary work varied depending on the setting and sometimes remained unresolved, warranting longitudinal exploration. Previous research shows that tasks outside the core remit erode boundaries (Billings et al., 2021; Kim et al., 2013), while clear tasks and differentiation support identity (Friedland et al., 2019; Brown et al., 2000). Therefore, interprofessional curricula should include explicit training in boundary negotiation.

Rebuilding confidence relied on three inputs: renewed commitment, external recognition, and institutional legitimacy. Professional commitment supported proactive behaviour, targeted up-skilling, and openness to change. Reflection and observation-in-action helped increase self-belief and role clarity, strengthening PI (Eyal-Cohen et al., 2020; Elkis-Abuhoff et al., 2010; Holland et al., 2012). Recognition and affirmation from clients, peers, and the public consolidated these gains (Akmane & Mārtinsone, 2016; Friedland et al., 2019; Feen-Calligan, 2012). For some, institutional legitimacy proved decisive: competence without recognition only yielded partial recovery, and confidence remained fragile where validation lagged (Feen-Calligan, 2005, 2012). Structural investment, such as supervision networks, role integration, and hybrid care guidance, is, therefore, essential. Perseverance alone should not be conflated with stability; without institutional recognition, resilience risks becoming an individualised coping mandate, rather than a sustainable professional resource.

Even so, although many tensions became workable equilibria, not all contradictions produced a synthesis. Ethical questions were difficult to navigate due to limited guidance; constraints in the embodied method made digital delivery an imperfect fit, and uneven institutional recognition dampened confidence. The accounts were weighted toward adaptive narratives with critical voices, around embodied discipline limits and institutional barriers. This points to targeted needs: ethics guidance in hybrid work, discipline-sensitive training, and policies extending recognition beyond public healthcare to community and educational settings.

Regarding professional experience, prior research indicates that PI develops over time, with early-career professionals typically reporting greater uncertainty, and later-career professionals, greater role consolidation (Akmane & Mārtinsone, 2016). In contrast, the present findings suggest that pandemic-related disruptions cut across career stages, with institutional context exerting a stronger influence than years of experience. Examination of professional experience revealed no clear or consistent career-stage differences: early-career participants reflected some normative professional development, while highly experienced practitioners also reported pronounced vulnerability and shared anxiety with clients. Overall, identity experiences clustered more strongly around the institutional context and the employment setting than

around professional seniority.

The dual-dialectical framework clarified how ATs navigated professional transformation in a crisis. Hegel's view traces how opposing forces, such as vulnerability and responsibility, can integrate into a more coherent identity, while Badiou clarifies ruptures that prompt re-evaluation and change (Badiou, 2005). Together, they captured both gradual synthesis and abrupt transformation, reflecting the non-linear nature of identity reconstruction.

This approach showed that participants actively engaged in tension rather than passively enduring disruption. However, dialectics also assumes synthesis. Data suggests that some contradictions, such as ethical concerns or blurred boundaries, were only partially addressed or remained unresolved, indicating that synthesis can be contingent or delayed. Furthermore, the framework captures subjective and relational dynamics, offering limited insight into institutional or policy constraints, thus indicating the value of supplementing dialectics with structural perspectives.

Accordingly, the findings complicate assumptions in both theories: Hegelian synthesis was disrupted by resistance and the attempt to return to earlier roles, while Badiou's rupture often coexisted with gradual revision. Rather than a fixed schema, context-responsive dialectics better reflect PI, which may resist neat classification as either synthesis or rupture, and benefit from a dialectical approach that accounts for both persistence and change.

Finally, this discussion directly responds to the gap identified in the introduction: while prior research mainly conceptualised PI as gradual adaptation, our dual-dialectical analysis demonstrates how, under crisis, identity reconstruction also unfolds through ruptures and provisional syntheses. By combining Hegel's notion of *sublation* with Badiou's *event* concept, this study offers a fuller account of how PI evolves under disruption, contributing new theoretical and empirical insights into the transformation of arts therapy in times of uncertainty.

Limitations

This study has several limitations. Firstly, the small size of the professional community limited representativeness, although efforts were made to include diversity across disciplines, regions, and work settings. Secondly, the Latvian context may have shaped responses and could limit transferability, although evidence suggests that PI transformations during crises follow comparable patterns across contexts (Nassif et al., 2025). Therefore, the findings may be relevant beyond Latvia, although not to regions with markedly different settings. Thirdly, as the authors are within the professional field, insider perspectives may have influenced interpretation despite reflexive strategies and analytical distance. Fourthly, all the participants were female, reflecting the gender distribution of the profession in Latvia and internationally, which may have shaped themes by emphasising relationships, empathy and community. Male ATs were invited but declined. This should be considered when applying the findings to settings with a different gender balance. Fifthly, although participants varied in terms of discipline, age, and experience, the study did not examine discipline- or career-stage differences systematically, and no clear or consistent career-stage patterns emerged.

Methodological constraints also warrant attention. Firstly, reliance on self-reported experiences is vulnerable to recall bias and emotional filtering, which may have led participants to over-emphasise favourable changes in PI. Supplementing such with diaries, artwork, or observations could help triangulate data and reduce bias. Secondly, offering multiple interview formats introduced variation in rapport, non-verbal cues, and technical quality, which may have affected consistency. Although this flexibility promoted comfort, future studies might standardise formats or use member checks to enhance reliability. Finally, the temporal scope only captured a short-term identity change; longitudinal designs are needed to examine whether adaptations persist over time.

Despite these limitations, the rigorous design, the theoretical framework, and the careful methodology support the credibility of the findings. The study offers valuable information and a foundation for future research.

Future directions and practical recommendations

Future research should test transferability across diverse cultural and institutional contexts and further refine a context-responsive dialectical lens to conceptualise PI as a dynamic process shaped by tensions between persistence and change. As the first study to apply a dual-dialectical framework in arts therapy, this work highlights the need to further develop and test this lens across settings and professions, particularly its capacity to capture both continuity and rupture in PI formation. Longitudinal or mixed-method designs, including diaries, personal artwork, or observation, could trace how contradictions are mediated over time and how adaptation influences identity, resilience, and quality of care in hybrid practice. Comparative studies of public and private practice contexts could inform more tailored policy, supervision, and support structures responsive to differing institutional realities. In addition, comparative research across arts therapy disciplines and work settings could clarify discipline-specific needs and experiences during periods of crisis. Finally, examining social and cultural gender norms on ATs could offer another important direction for future research.

Practically, the findings call for stronger institutional support, flexible roles, and crisis planning mechanisms that sustain professional belonging. To address the heightened vulnerability of private practitioners, the policy-level recognition of art therapy beyond public healthcare systems is needed, including access to state-funded services that support continuity of care. During crisis conditions, public funding mechanisms could reasonably contribute to supervision costs for private practitioners, recognising supervision as a safeguard for PI, ethical practice, and quality of care. Professional associations should actively facilitate supervision networks and informal peer-learning groups to reduce isolation and strengthen reflective capacity. Discipline-sensitive hybrid practice guidance (e.g., containment, consent, materials), ethics protocols, and digital training are essential to ensure safe and effective hybrid care across different settings. Interprofessional curricula should further address boundary work to protect the distinctiveness of art therapy while supporting collaboration.

Conclusion

This study shows that PI of Latvian ATs was transformed rather than diminished during overlapping crises. Through contradiction and redefinition, practitioners sustained their professional selves while negotiating disruption, showing PI to be contingent and resilient at the same time.

Conceptually, the dual-dialectical framework highlights how a change in identity involves both gradual integration and sudden rupture. This perspective extends existing debates on PI by demonstrating how ATs actively reconstruct their roles under compounded pressures, not merely preserving but reshaping their distinct contribution to care.

More broadly, the findings suggest that the vitality of a profession lies in its ability to balance continuity with adaptability. For art therapy, this balance will remain essential as crises, digitalisation, and social change continue to reshape practice. These conditions underscore the need to embed digital competencies, reflective capacity, and boundary work training within professional education and policy frameworks. Future research should test the transferability of this dialectical lens across professions and contexts, tracing how PIs are reshaped under conditions of global uncertainty.

CRediT authorship contribution statement

Linda Muižniece-Slesare: Writing – review & editing, Writing – original draft, Visualization, Methodology, Formal analysis, Data

curation, Conceptualization. **Elīna Akmane:** Writing – review & editing, Supervision, Methodology, Investigation, Conceptualization. **Dominik Havsteen-Franklin:** Writing – review & editing. **Kristīne Mārtinsone:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Declaration of Generative AI and AI-assisted Technologies in the Writing Process

During the preparation of this work, the authors used OpenAI ChatGPT, model 5, to edit and improve the language. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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