

Art Therapy – A Review of Methodology

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Officially founded as an independent science in the United States in the late sixties, Art therapy, although still borrows the theoretical fundament of psychoanalysis, has its own distinctive characteristics. This paper attempts to review the methodology of art therapy. When not aiming at the overview of art therapy history, it presents art therapy's most pivotal features, including its difference from art education, non-verbal communication, metaphoric meaning and relationship-oriented character. The levels of Expressive Therapies Continuum (ETC) as developmental steps and the use of art therapy media are also presented in this paper.

Keywords: *art therapy, art education, symbolism, non-verbal communication, metaphor, Expressive Therapies Continuum (ETC), art therapy media*

“Emotion, which is suffering, ceases to be suffering as soon as we form a clear and precise picture of it”

Frankl, V.E. (1959). Man's Search for Meaning. New York: Pocket Books, p. 117.

1. Definition of Art therapy

1.1. Art therapy

Art therapy is based on the idea that the creative process of art making is healing and life enhancing and is a form of nonverbal communication of thoughts and feelings (American Art Therapy Association, 1996, in Malchiodi, 2003, p. 1). Art therapy is based upon the theory that early trauma or developmental conflict may not be accessible through typical verbal language but rather is stored in the unconscious in pre-verbal forms of sensory, kinesthetic or imaginal cognitions and associated emotional experiences represented in symbolic language (Robbins, 2000; Wadson, 2010). The process of accessing these pre-verbal ways of knowing and experiencing requires the development of an intentional therapeutic relationship or holding environment in which the therapist attunes to, joins with and mirrors the pre-verbal consciousness of the client. Using emotional presence and attunement the art therapist selects relevant art processes to mirror the clients emotional and relational state and consequently nurture the emergence of metaphoric and symbolic language that re-constructs the personal narrative of the client (Gerber, 2014; Robbins, 2000). Outcome studies showed that long-term individual art therapy was effective in promoting cognitive and emotional development, enabling relationships and lessening destructive behaviors in adults and children (Alders & Levine-Madori, 2010, Dudley, 2004; Evans & Dubowski, 2001; Henley, 2001; Klorer, 2000, 2005; Klorer & Robb, 2012; Kornreich & Schimmel, 1991; Kramer, 1977; McGregor, 1990; Ponteri, 2001; Smitheman-Brown & Church, 1996; Spring, 2001; Tipple, 2003).

The first master's degree in art therapy in the USA was offered at Hahnemann Hospital and Medical College (now Drexel University) in Philadelphia in 1967 (Westwood, 2010). Until that point art therapy was taught in New York City by Margaret Naumburg, and in Washington, D.C. at the Washington School of Psychiatry. Art therapy was finally able to stand as a legitimate discipline incorporating elements of both art and therapy in 1970 when

the American Art Therapy Association held its first annual conference (The First AATA Conference Program, 1994).

1.2. Art therapy vs. Art education

According to Rubin (1978), "Perhaps one of the ways in which art therapy differs from art in other contexts is the importance of the relationship between the therapist and client(s). For creating art within a therapeutic relationship is different from drawing by oneself or working in a class. It is a kind of special protected situation, where one person creates an environment, physical and psychological, in which one or more others can fully explore, expand, and understand themselves through art. In this relationship, the child voluntarily exposes himself to another, and learns to look with that other person at his creative statements and at himself. Often there are few or no words, yet the being together and sharing of both process and product offer protection, validity, even permanence, to the event, which could otherwise be so vulnerable, so fragile (Rubin, 1978, p. 270).

Malchiodi (1998) mentioned: "Art therapy supports the belief that all individuals have the capacity to express themselves creatively and that the product is less important than the therapeutic process involved. The therapist's focus is not specifically on the aesthetic merits of art making but on the therapeutic needs of the person to express. That is, what is important is the person's involvement in the work, choosing and facilitating art activities that are helpful to the person, helping the person to find meaning in the creative process, and facilitating the sharing of the experience of image making with the therapist" (p. 1). This viewpoint dramatically distinguishes art therapy from art education and activities per se. Besides that, art therapy has been influenced by psychological theories including psychodynamic, developmental, humanistic and cognitive behavioral and therefore various approaches have been developed. These theoretical approaches and therapeutic aspects have brought art therapy specific characteristics that are not included in art education or art activities themselves.

2. Two leading models of Art therapy

2.1. Art in therapy of Margaret Naumburg

The integration of Freudian thinking about the dynamics of unconscious communication with its facilitation through the images and symbols of art was primarily initiated by Margaret Naumburg. In the Walden School founded in 1915 by herself (1928), Naumburg recommended that all her teachers undertake analysis and she encouraged the children in "spontaneous, free art expression" which produced "original and amazing images" seemingly "created from their unconscious". This led to Naumburg's (1928) conviction that, "such free art expression in children was a symbolic form of speech basic to all education... that such spontaneous art expression was also basic to psychotherapeutic treatment" (p. 30).

Naumburg (1958), actually referred to as the founder of art therapy, based her "art psychotherapy" theoretical framework and its methods on releasing spontaneous art expression; it has its roots in the transference relation between patient and therapist, and on the encouragement of free association. Naumburg used art as the means for clients to visually project their conflicts. For Naumburg (1958), the value of therapeutic art, "is based on the recognition that man's most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words" (p. 511). But while taking the technique of free association from psychoanalysis, Naumburg did not agree with the Freudian's stress on putting subjective experiences into words. In contrasting the two approaches Naumburg stated that "In art therapy the patient's unconscious imaged experience is transposed directly into an

actual pictured image” whereas in psychoanalysis “such inner visual experiences must be retranslated from an imaged into a verbal communication” (Naumburg, 1966, p. 2).

Naumburg proposed once patient had created nonverbal spontaneous imagery they would make verbal associations to their pictures. She also believed that art therapy, like psychotherapy, takes place within a transference relationship, but she departed from traditional analytic techniques in that she insisted that the patient sit upright, take an active rather than dependent role, and analyze and interpret his or her own imagery (Junge & Asawa, 1994, p. 24-25). Margaret Naumburg’s formulation clearly focused on the *therapy* part rather than the *art* aspect. And as we see, Naumburg emphasized the interpretation of the client’s artwork.

2.2. Art as therapy of Edith Kramer

Edith Kramer developed the term “art as therapy” (Ulman in Rubin, 1987, p. 281). Her premise was that the art process itself allowed the client to recreate primary experiences and feelings, thereby offering the opportunity to “re-experience, resolve and integrate conflict” (Ulman in Rubin, 1987, p. 280).

Kramer’s theoretical model focused on art *as* therapy, rather than *in* therapy as Naumburg suggested (Junge & Asawa, 1994, p. 31). Although Kramer used psychoanalytic theory to form her approach to art therapy, she separated the role of the art therapist from that of the psychotherapist in no uncertain terms. Viewing her work as a rather special form of art class, she called her clients “students” and stated that the art therapist must be skilled as artist, teacher, and therapist: “The art therapist... communicates with his students via the students’ paintings and this communication has therapeutic value... But he is no psychotherapist, and it is not his function to interpret deep unconscious content to his students... The basic aim of the art therapist is to make available to disturbed persons the pleasures and satisfaction which creative work can give.” (Kramer, 1958, p. 5). Kramer cautioned that the art therapist “will not, as a rule, directly interpret unconscious meaning, but... will use his knowledge to help the child produce art work that contains and expresses emotionally loaded material” (Kramer, 1971, p. 34). Not advocating the uncovering of conflicts or the attacking of defenses, Kramer’s primary focus is on the use of *art* to enhance sublimation, the process that was defined by Freud as a defense mechanism of the ego in which primitive asocial influence is transformed into a socially productive act (Junge & Asawa, 1994, p. 34-35). Kramer emphasized the art process itself.

3. Characteristics of Art therapy

3.1. Non-verbal communication

Nonverbal communication is our most basic form of communication and it is how caregiver and infant initially connect in the first years of life (Schore, 2003). Since thoughts and feelings are not strictly verbal and are not limited to storage as verbal language in the brain, art therapy is particularly useful in helping individuals communicate their stories that may not be readily available through words. For some individuals, conveying a memory or story through artistic modality is more easily tolerated than verbalization.

According to Dewey (1934), “If all meanings could be adequately expressed by words, the arts of painting and music would not exist” (p. 74). When it comes to emotions, art forms transfer our internal messages more authentically, yet diversely, than verbal means. Noted art philosopher, Langer (1942), calls the internal world *feeling* and argues that the form of art is designed to convey this feeling to others. According to Langer (1942, 1953), art’s form is comprised of the visual, structural elements of the artwork such as color, line, composition, etc. Langer believes that artistic form may be used to represent internal feeling

in a structural way. Form is the structure of the art, and it is this structure to which we respond when we view, hear, or otherwise experience it.

Art therapy and other healing practices incorporating creative expression become very useful, particularly in settings where talking or writing is not possible, or conducive to healing. A young child or disabled person may not be able to speak or have adequate vocabulary. A victim of a crime may find security using creative expression as a tool to protect oneself (Glazer, 1998; Henderson, 2007; Rogers 1993). A perpetrator of a crime may find solace in using creative expression as a tool for healing, displacing or avoiding shame and guilt. When working with clients, the process of creative expression allows one “to enter into an organic, spontaneous process that comes from a deep and usually non-verbal place” allowing “the client and therapist to hear and respond to the voice of the soul”, as Rowe references Signell, 1996 (Rowe, 2008, p. 121). Non-verbal expression through a painting may be, in and of itself, a corrective experience.

3.2. Metaphor as therapeutic means

“Feeling without symbolization is blind; symbolization without feeling is empty” (Gendlin, 1962, p. 5).

Moon (2007) says that “all artworks are metaphoric depictions of the people who create them” (p. 3). Metaphoric imagery can provide clients and therapists psychological insights that go beyond linear rationality. “In response to clients’ metaphors, I often create stories or poems about the images, and encourage clients to do the same” (Moon, 2007, p. 4).

Artwork allows the client to express symbolism, metaphor and feeling with much of the freedom of dreams. Simultaneously with art, the person moves in and out of the repertoire of practical and psychological skills, which are part of being an aware growing person. Keyes (1983) finds that “... Using art materials to make images and connecting them to feelings and body states brings into the open emotions and thoughts that have been only vaguely sensed. Closure becomes possible for unfinished issues that push for resolution” (p. 104).

The concepts of signs and symbols are explored by theorists in a wide variety of disciplines. Humans use a system of signs to communicate about both concrete and abstract concepts. A sign is generally considered to be a stand-in; one says “cow,” for instance, rather than going to the field, tying a rope around a cow’s neck, and leading it into the room. A symbol represents something deeper – the experience of larger and more complex concepts, which are harder to reduce to signs.

In general, psychological theorists tend to be more interested in symbols (meanings) than signs (names). What Freud (1965) called symbols are actually closer to signs; they serve as stand-ins (e.g. the famed cigar). Jung’s (1933) symbols represent a deeper, ineffable, mystical process in which the psyche works to heal and defend itself. Lacan (2002) and Kristeva (as described in Borch-Jacobsen, 1991; Bowie, 1993) also wrote extensively about symbols, in particular their semiotic meaning and the interplay between internal signs and external symbols.

Speech does not seem to be a natural mode for communicating connotation. Where verbal and visual signs fall short, art can function as a symbol and, as Langer (1942, 1953) and others (Borch-Jacobsen, 1991; Bowie, 1993) would argue, may do so in a way that is more powerful and more effective than verbal signs alone.

Metaphor means “to carry across” in Greek. Without metaphor, language conveys isolated undimensional experiences. With metaphor, language is a tool that allows us to model a universe of infinite possibility. As it shatters old paradigms, metaphor releases new energies and stimulates new experiences. In placing a “radiant obstacle in the path of the obvious” (Cox & Theilgaard, p. 139 in Gorelick, 1989) metaphor can change the perception of events and interpretation of experience. In sum, metaphors convey and link the basic

elements of our nature, including the unconscious, defenses, relationships, the reframing of old experiences and learning of new ways, self-actualization, and transcendence (Gorelick, 1989). Metaphor is the “common carrier” that ensures that each school of psychotherapy is represented in all others, and all in each. The CATs have the distinction that our central concern is the creation and application of metaphor itself. Tolaas (1991) proved that metaphor has physical and social nature and is conceptualized during the first year of life.

For Moon (2007), “visual metaphors foster opportunities to support, inform, engage, offer interpretations, provoke thought, and gently confront clients in ways that are potentially safe and psychologically non-threatening” (p. 15). Artistic metaphors are indirect expressions and, therefore, less confrontational and psychologically threatening than direct statements. An artwork is an externalized object once removed the client. Consider the difference between asking a client to “explain why you are defensive” and asking the same client to “draw walls.” The content of the client’s expressions might be similar in both instances, but the affective experience could be markedly different. The act of drawing a wall can be a safer, less anxiety-provoking way to deal with personal defenses. This quality of safety depends upon both the art therapist’s ability to keep within the structure of the metaphor and the client’s capacity to trust the art-making process. Artistic metaphors also provide opportunities for clients to reframe their experiences by looking at situations from new perspectives and making them concrete in visual images. Beside that, when an art therapist creates art alongside the client, the act of working together encourages a relationship that goes deeper than words.

As metaphor is one of the most common literary devices, it can be found in almost any text. Some metaphors found in The Bible are alluded to and referenced in many other texts, so it pays to be familiar with them and understand what is being said. For example, “*I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing.*” (John 15:5). Jesus knew that people often learn best when they are able to move from what is known (familiar) to what is unknown (unfamiliar). By using metaphors Jesus showed that he was the master teacher by using comparisons and contrasts of things that were familiar to his audience. He made the complex simple and easy to understand. Buddha was another great master teacher by using metaphors: “Just as a candle cannot burn without fire, men cannot live without a spiritual life” (Buddha). Metaphors can also be found in quotes of notable people: “A good conscience is a continual Christmas” (Benjamin Franklin), or “Conscience is a man’s compass” (Vincent Van Gogh).

3.3. Relationships oriented

Human beings are, by nature, social (Vygotsky, 1987). We need and depend upon relationships with others in order to survive and develop. Interpersonal relationships are the foundation and theme of human life, and most human behavior takes place in the context of the individual's relationships with others. Psychologists believe that the human's omnipresent relationship context strongly influences each individual's behavior and his or her development over the life span (Reis, Collins, & Berscheid, 2000).

Clients seen in art therapy frequently complain of feeling disconnected and alienated from themselves or other people. At other times, they may feel overwhelmed or persecuted by them. For many art therapists, the origins of these difficulties reside in past relationship problems (Edwards, 2014, p. 43).

Robbins (2000) indicated that “... In art therapy, we are constantly working to make aesthetic expression a complement to self-expression in one’s relationship with others. In that process, the art therapist works with an individual’s character defenses and slowly helps him to digest emotionally the full impact of the symbolic communications so that there is a real awareness of what is being said in symbolic form and of how the client can manifest that in ongoing relationships with others” (p. 23).

According to Robbins (2000), “In essence, the therapist creates a holding environment in which empathy is the basis of communication. Empathic contact becomes a bipolar bridge that respects the defenses while addressing the wish to be understood” (p. 27).

Jerome Frank, in his classic work (1973), has described the “essential features” shared by all effective psychotherapies: (a) the helping relationship that offers caring and empathy and mobilizes hope, (b) a special setting that provides shelter from ordinary demands, (c) an optimistic philosophy of life and a rational explanation for the problems, (d) powerful procedures that demonstrate the powers of the therapist, arouse the patient’s emotions, and permit him or her to demonstrate mastery.

4. Functions of Art therapy

4.1. Art therapy as a therapeutic process

There are several significant interpretations of the ways art may be used in the therapeutic process. Ulman (1975) points out that in the broadest interpretations art therapy is the use of any visual materials “in some attempt to assist integration or reintegration of the personality” (p. 3). The various forms art therapy seem to take may in large part emerge from the setting in which it is practiced. For example, art in clinical settings has produced psychoanalytic applications, while art in educational settings has produced an emphasis on the integration of cognitive and emotional processes to enhance development, motivation, behavior, and learning (Williams & Wood, 1977, p. 5).

Deny (1972) has encompassed an eclectic position into his art therapy techniques. With an emphasis on the client’s needs, he suggests that art may be effective in a wide range of behavioral processes, including “... catharsis, increase or decrease in effective communication, self-disclosure, and changes in attitude and behavior” (p. 118). He further elaborates on art therapy techniques under six headings: exploration, building rapport, expression of inner feelings, self-perception, interpersonal relations, and the individual’s place in his world. These categories, each describing a different focus, suggest one approach to guiding the art therapy process (Williams & Wood, 1977, p. 6).

4.2. Art therapy as a developmental process

Art therapy uses the knowledge of a child’s developmental stages to assess the psychological makeup and normative progression of the child or adult (Gerber & Lyons, 1980) in order to develop an art therapy treatment plan. It involves sensitivity to the child’s psychosocial developmental status and attempts to identify the conflicts and issues, cognitive, emotional and behavioral that may be preventing progressive development (Gerber & Lyon, 1980; Lowenfeld, 1947).

Rubin (1978) calls the creative process a learning experience (p. 268). In art, even a child may have what Maslow calls a “peak experience” (1959), or may feel a sense of heightened awareness and aliveness, what Ulman calls “a momentary sample of living at its best.” (1971, p. 93). Through art, a youngster may experience not only the momentary release of tension through a discharge of surplus energy, but the release of unconflicted energy, newly available for constructive use, through the sublimation and resolution of conflicts once draining his resources. Through art, a process in which one is in touch with all levels of consciousness (Kubie, 1958), and with external stimuli, one’s level of awareness may be enlarged, expanded, deepened, and sharpened. “This openness to experience may itself be experienced: first, as a mood; secondly, as understanding; and thirdly, as expression.” (Kaelin, 1966, p. 8)

A child can, in art, develop autonomy and independence, taking responsibility for both process and product. He can learn to choose, to make, to act, to revise decisions, to appraise

and evaluate, and to learn from past experience. In art a child can experiment symbolically, may try out in both process and product feelings and ideas which may eventually become possible in reality. He can manipulate media which do not talk back, enabling him to experience a kind of power and mastery at no risk. He can master tools and processes, and can feel competent. He can learn to accept his regressive/aggressive symbolic self, and can come to value his creative/productive self, leading to a deep feeling of self-worth. He can discover, develop, and define his uniqueness, creating in and through his art a sense of himself as special. He can experience the pleasure of an aesthetically fine product, the joy of sharing it with a loved one, the pride in the affirmation of another (Rubin, 1978, p. 269).

Kagin and Lusebrink (1978, in Lusebrink, 1990, p. 92-95) and later Hinz and Lusebrink (Hinz & Lusebrink, 2009) formulated a conceptual model of expression and interaction with media on different levels constituting the Expressive Therapies Continuum (ETC). This model consists of four levels organized in a developmental sequence of image formation and information processing. The first three levels reflect the developmental sequence and increasing abstraction in information processing in the following sequence: kinesthetic/sensory level (K/S), perceptual/affective level (P/A), and cognitive/symbolic level (C/Sy). The fourth level, the creative level (CR), can be present at any of the previous levels and may involve synthesis of all the other levels.

- The *kinesthetic/sensory* level corresponds to sensorimotor stage of cognitive development (Piaget, 1969) and focuses primarily on the preverbal experiences, the release of energy and expression through bodily action and movement (kinesthetic), as well as tactile and haptic, internal or external sensations experienced by interacting with art media (sensory). Developmentally this is the way in which children process information: they physically manipulate materials to form internal images of them (Lusebrink, 1991; Piaget, 1959; Vygotsky, 1962). Besides that, the rhythm created by the motoric and affective aspects accompanying the act of drawing produces a sense of relaxation and stability. Kinesthetic and sensory information gathered from the manipulation of art materials forms the basis of many experiences, and thus greatly influences the understanding of emotion and the development of memory (Damasio, 1994; Lusebrink, 2004; Siegel & Hartzell, 2003).

- The *perceptual/affective* level represents the interaction between the perceptual and affective aspects of expression and the influence of different media upon that interaction. Individual perceptions of reality are neurologically based, culturally influenced, and different from other individuals' perceptions. In order to have fulfilling relationships it is helpful if people understand the concept of representational diversity and are open to new perceptual experiences (Hinz & Lusebrink, 2009, p. 10). The *perceptual pole* of this level focuses on the form or structural qualities of the expression, such as defining boundaries, differentiating forms, and striving to achieve an appropriate representation for an inner or external experience. Media with high structural qualities (e.g., wood or mosaic) are more likely to evoke an inner organization in the individual than fluid media (e.g., watercolor) where the individual has to impose a structure upon the medium. Art therapy experiences on the perceptual/affective level can be designed to broaden clients' perspectives and increase their ability to see another person's point of view through a new visual language. In addition, everyone should understand and have access to information about their emotional states. Emotions are used in decision making, memory functioning, and motivating behavior (Damasio, 1994; Ekman, 2003; Plutchik, 2003). The *affective* component of this level modifies the form, and the form in turn gives a structure to affect. The innate striving for good gestalts may be countered by emotional expression and distortion of the form created or perceived. Extreme examples of this interaction can be seen in either in the distortion of form in angry expressions or in the containment of anger in a geometrization of form. The use of intense colors and fluid media, such as poster paint, facilitates the expression of affect.

Identification of the forms facilitates the expression of affect and the internalization of structure. The internalization and abstraction of perceptual and affective schemata lead to the following C/Sy level. Experiences on the perceptual/affective level can help clients identify emotions, facilitate discrimination among emotional states, and assist in the appropriate expression of emotions (Hinz & Lusebrink, 2009, p. 11).

- The *cognitive/symbolic* level corresponds to adolescence and the development of formal operational thought (Piaget, 1969). Because adolescents are able to think outside their own experience, and their thoughts have achieved a new level of complexity, they are able to use symbols to represent feelings, thoughts, and events (Hinz & Lusebrink, 2009, p. 12). This level encompasses conceptual and anticipatory operations with images and the corresponding verbalizations describing these operations. The *cognitive* component of this level focuses on analytical, sequential operations; logical thought; and problem solving. Abstractions and concept representation through visual forms are part of cognitive operations. Resistive and structured media, such as pencils or construction paper, enhance operations on the cognitive level. Naming the product, verbalization of the procedure, and internalization of verbal commands constitute part of the cognitive level. Input from the cognitive component of the ETC provides reality feedback in all areas of information processing. The *symbolic* component of this level focuses on intuitive concept formation, realization and actualization of symbols, and the symbolic expression of meaning. The symbols formation per se may lead to the sublimation of more basic drives into culturally acceptable expression, thus leading to the next or creative level. Potentially, everyone can benefit from the ability to understand and use symbolic thought. Symbols provide access to intuitive functions, and serve as reminders that experiences are not entirely conscious and fully understood. Art therapy with the symbolic component of the ETC can aid clients in accessing the wisdom of their bodies or the wisdom of the world, neither of which speak in words. Symbol use can allow clients to maintain a healthy sense of mystery in their lives (Hinz & Lusebrink, 2009, p. 12).

- The *creative* level of the ETC may exist at any or in all levels, and often serves an integrative function. It emphasizes the synthesizing and self-actualizing forces of the ego and self. Jung (1964) stated that all persons show a tendency to grow toward wholeness, bringing to light their uniqueness and individuality, and for him, this tendency was best displayed by the creation of a mandala. According to Johnson (1990), creative experiences can destroy a “false self” developed in response to shame, and can reinforce an authentic sense of self. The sublimation is an example of a creative act. The creative act culminates in an affective experience of closure and a sense of unity between the medium and the message. In all types of creative experiences, the artist feels intense joy, which May (1975) defined as “the emotion that goes with heightened consciousness, the mood that accompanies the experience of actualizing one’s own potentialities” (p. 45).

A well-functioning individual is able to process information on all levels and with all components or functions of the ETC. However, most individuals seeking therapy would not consider themselves functioning optimally, but rather as experiencing problems with living. The ETC helps therapists conceptualize these problems in at least two ways. Problems with living that can prompt individuals to seek psychotherapy occur when people are blocked from receiving or processing information from one or more components of the ETC. Difficulties also can arise when individuals demonstrate strong preferences to process information exclusively with one component. When information processing strategies are limited by being blocked or overused in a restricted manner, decision-making skills are impaired and life choices often are too narrowly defined (Hinz & Lusebrink, 2009, p. 14).

The ETC can be used to assess clients’ preferred and blocked levels of information processing and to prescribe desired therapeutic experiences. The structure of the ETC can help creative arts therapists assess both their clients’ favored components and significant

obstacles to optimal functioning. This assessment information is gathered through evaluating media preferences and styles of interaction with the media, as well as graphic indicators and expressive elements from final art products. Further, therapists can use information from the ETC to guide clients through experiences designed to eliminate impediments to effectively using any component, or to reducing overdependence causing rigid functioning. Clients' social and occupational functioning can be improved by removing obstacles, and increasing flexibility in the ways information is processed and decisions are made. (Hinz & Lusebrink, 2009, p. 15).

Questions posed to the client can be primarily directed at expression on different levels of the ETC in the following manner (Lusebrink, 1990):

- “What are you doing?” “What do you want to do?” “Can you act it out?” are directed to responses on the kinesthetic level.
- “What do you sense?” brings the focus of attention to sensation.
- “What do you see or perceive?” directs attention of the perceptual aspects of the expression.
- “How do you feel?” focuses on affect.
- “How do different parts relate to each other?” “What are the necessary steps to solve the problem?” and similar questions address cognitive operations.
- “What does it mean to you?” or “What associations do you have with it?” elicit elaborations on the symbolic aspects of the expression.

It is best to avoid questions using *why* because they tend to lead to rationalizations.

5. The Use of Media in Art therapy

The manipulation and purposeful grasping of art therapy media can often be experienced as a non-verbal language (Hass-Cohen, 2007). Naumburg believed that positive therapeutic outcomes could be achieved solely through the use of pastels and poster paints (Naumburg, 1966). Robbins and Sibley (1976) stressed the importance of offering an ample assortment of media (p. 207). However, it is the purposeful manipulation of the art media and the art production that play the therapeutic role in art therapy, not solely the art media per se. For instance, in one study, creating collage images was associated with decreased negative mood, but merely viewing and sorting pictures was not (Bell & Robbins, 2007). Drake et al. (2011) compared writing and drawing (both with black pen) to ameliorate negative mood and found significantly more positive effects for drawing than writing. Curl (2008) studied the effects of drawing and collage, carried out with either a positive or negative mental framework, and found that both art tasks, paired with a positive cognitive focus, reduced stress.

5.1. More structured and less structured media

Art media exists on a continuum from most structured to least structured. At the most structured end are media like graphite pencils and colored pencils. These are media with more inherent structure are called resistive because they resist easy alteration. They are advocated for control (Malchiodi, 1998), create precise lines, and promote a considered and thoughtful experience. Other materials like collage, stamps, and pens or markers would also be considered structured and controlled. Anxious individuals will often feel more comfortable with structured media as this allows them to have a greater sense of safety and control during the art-making experience. The most structured materials are usually provided at the beginning of art therapy treatment to help clients feel comfortable with the process. Pencils

and markers that are easy to draw with and allow for details might be appropriate options for concrete tasks, such as creating picture of self-portrait, or a family doing something together.

Toward the less structured or more fluid media are materials like watercolor paints, oil paint, chalk pastels, and clay. These media can be very expressive but are more difficult to control. They tend to increase the emotional experience and expressiveness (Horowitz & Eksten, 2009; Rubin, 2011). Paint or oil pastels might be more motivating for a directive that involves something like representing how you are feeling, since they may help to deepen the emotional experience and expression. Fluid media are also believed to access unconscious processes, mediated on a preverbal level by the right hemisphere of the brain, and thus aid in the integration of long-term memory (Morley & Duncan, 2007) and trauma recovery (Gantt & Tinnin, 2009).

Many people also find watercolors and other fluid media to be relaxing and encouraging of a more meditative experience. However, fluid media and the resulting emotional vulnerability can be too overwhelming for certain individuals, such as those with severe trauma history or psychosis. In working with ADHD children, painting or wet clay can quickly become an out of control mess if the children have not yet developed enough self-control, patience, and frustration tolerance.

5.2. Media that enhance the Expressive Therapies Continuum

Kagin and Lusebrink (1978) developed information about media variables and incorporated it into the ETC framework. For example, according to Kagin and Lusebrink (1978), materials on the *kinesthetic/sensory* level of the ETC can serve as mere facilitators of action or sensation. Materials on the *perceptual* pole of the *perceptual/affective* level emphasize form dimensions of the media experience. Experiences in which form arises from a background, such as contrasting colored papers or drawing media, help contribute to a *perceptual* experience. Fluid media, as was mentioned above, can evoke *affect*. The use of watercolor paint on wet paper is a rapidly flowing activity that often induces an *affective* experience. *Symbolic* experiences come from ambiguous forms, such as those produced by sponge painting or blot painting. Ambiguous forms encourage organization into recognizable symbols that can be imbued with personal meaning (Lusebrink, 1990). Materials that involve precision, planning, and complicated thought processes evoke *cognitive* experiences. Pencils for drawing involve precision, and planning is involved in the cutting and pasting required in creating a collage.

Other elements to consider in providing art therapy are the size of paper that is used and individual media preferences. Small paper provides a greater sense of containment whereas large paper encourages freedom and expansiveness. Individual preferences for different media should also be kept in the art therapist's mind. Sensory preferences can be an important aspect of personal preference, especially in children. Individuals with tactile defensiveness may be very uncomfortable with clay, play dough, or finger painting.

Conclusion

Art therapy is a human service profession in which art materials, the creative process, and a final art product are the vehicles for therapeutic interaction. Whichever art therapy model is utilized, personal awareness and growth will take place as patients or clients interact with art materials and learn something about themselves from the process of using these materials purposely. Art therapy has several characteristics, including non-verbal communication, metaphoric meaning and relationship orientation. These features, along with Expressive Therapies Continuum levels, bring art therapy both therapeutic and developmental functions.

Effective therapeutic outcomes could be achieved through the appropriate use of art media, which exist on a continuum from most structured to least structured. Art therapist must consider the media being used according to clients' or patients' psychological characteristics, individual preferences and their Expressive Therapies Continuum levels.

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