A CRITICAL REVIEW OF CURRENT CREATIVE ART THERAPY LITERATURE

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by

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Art therapy is a human service profession utilized in personality assessment, treatment, rehabilitation, and education. It "is a discipline within the mental health field that uses visual arts as a tool in psychological counseling (Meheran, 1987)." An art therapist must have the knowledge of visual symbol production, skills in crisis intervention, understanding of normal and abnormal behavior, and experience with creative expressions in art in order to develop diagnostic assessments and treatment plans. These plans for treatment are incorporated into a total therapy program developed by a variety of professionals such as psychologists, counselors, and medical doctors.

Art therapy originated in the 1930's and has grown slowly, but steadily. During the 1940's, Adrian Hill in Great Britain and Margaret Naumburg in the United States were responsible for the transition of art therapy from a theory to a profession. The educational programs and requirements have grown from two master programs in 1970 to seventeen accredited programs and over 80 other schools that offer classes or programs; the American Art Therapy Association (AATA) that was founded in 1969, recorded 433 active members in 1976 (Ulman, 1976) and expanding to just under 3000 active members in 1988 (AATA).
Despite the unification and growth in this field, art therapists have not reached consensus on a precise definition due to the spectrum of activities utilized in art therapy. A practical scheme for dealing with this definition problem is "creative art therapy" and "expressive art therapy." Just as one hears about "the arts" or "fine arts," "expressive art therapy" refers to using a variety of "the arts" for expression. These range from poetry to dance to theatre to music, whereas creative therapy is working solely with painting, drawing, photography, and sculpting. At times this distinction is clear, and at other times it is confusing. The terms "creative art therapy" and "expressive art therapy" were created for this paper in order to better delineate the differences and to offer a solution for the ambiguities in the existing literature. If the general public is unsure of or hears conflicting definitions, then those in professions linked with art therapy will be affected. This paper will cover research and studies about "creative art therapy."

Within the field of creative art therapy, therapists' approaches vary. Two main subdivisions are readily accepted: ART PSYCHOTHERAPY, in which art is a means of nonverbal communication paired with the psychotherapeutic
process of associations and interpretations used to understand and work through emotional problems; and ART AS THERAPY, which uses the art experience and the process of creating art to reconcile contradicting beliefs within the patient and between the patient and society. The artwork is deemed special for its psychological value of being created (Ulman, 1976).

These two interpretations were derived from different predecessors (Simon, 1975). The first was a psychological viewpoint of the value of art and the latter was (more or less) the artists' brainchild. Both approaches are concerned with communication and dealing with one's problems, but art as therapy focusses on the private internal processes the client experiences during therapy. Whereas art psychotherapy emphasizes interpretation and interaction throughout the session (Simon, 1975). The two viewpoints are responsible for the difficulties of defining art therapy, although today most creative art therapists in both schools accept each other's professions. Compromises and allowances have been made, although how it is defined determines who will benefit from creative art therapy along with the types of procedures to be used and the kind of results to be expected.
Creative art therapy has been applied to a number of patient populations including blind, autistic, schizophrenic, abused, drug-addicted, and abandoned individuals of many ages, races, religious sects, geographical areas, and socioeconomic levels (Dennis, 1966; Alland, 1983; Di Leo, 1983). Generally, creative art therapy is universal, but that probably stems from the fact that art is universal. Humans have been drawing and creating artworks since before written history—otherwise, anthropologists and archaeologists would have very little information to determine the lifestyles of lost cultures. The images and creative useful items found by archaeologists help to communicate the lifestyle to us today, just as art today helps people communicate ideas and emotions.

Because many different groups have been introduced to creative art therapy, a very wide variety of media has been required. From computer art to pencils, paints, and clay, many combinations are possible to form with the materials. These materials are carefully chosen and experimented with in order to prevent problems that specific populations may encounter with certain media. For instance, elderly populations and persons with muscular disorders such as cerebral palsy have a difficult time manipulating clay due
to lack of muscle strength and coordination, and other media ought to be explored.

The main problem with the field of art therapy is that there is very little objective evidence that clearly supports the effectiveness of art therapy. This leads to a lack of confidence of it as a successful therapy. The scarcity of empirical literature is partly due to the problems discussed previously concerning the vague definition of art therapy, how it is to be done, and what type of results can be achieved when it is used. By not pursuing valid studies to illustrate art therapy's success, the general population and persons in related fields will never respect art therapy as an occupation, or as a reliable form of treatment (Gibson, 1975; McNiff, 1986). It already has gained the respect and confidence of the people who work with it (Gibson, 1975); piles of case studies have shown personal success in isolated cases. The strength of valid empirical research that utilizes control groups and objective methods is vital to the future of art therapy. The survival of art therapy as a method of diagnosis and treatment relies on the acceptance of it by others (Simon, 1975; Gibson, 1975; Oster & Gould, 1987). And to be accepted, we must present strong evidence of its worth. As
a means toward this end, this manuscript reviews the current empirical literature.

In order for creative art therapy to become an established method of treatment, it must gain recognition and support of other allied health and human service professionals (Gibson, 1975; Oster & Gould, 1987; AATA, 1988). This needs to be approached first by producing valid research, and second by publicizing what creative art therapy is and how it works. This strategy allows creative art therapy a supportive base from which it is able to expand (McNiff, 1986). Research in the sciences and humanities has followed a consistent path of gradually adopting more qualified and quantified studies. If creative art therapy is to flourish, the research techniques need to challenge other professionals and illustrate where and how this mode of treatment is effective.

Originally, creative art therapists wrote and published case studies. This method can be informative and interesting; however, case studies are vulnerable to extreme bias of the therapist along with the relatively uncontrolled environments where the therapy occurs. Findings of case studies also do not generalize satisfactorily to other clients with similar problems. Therefore, erroneous conclusions may be drawn concerning the application of
clinical case studies, a legitimate problem carried over from psychoanalysis, one of the "parent theories" of art therapy. One effective way of utilizing case studies is to survey a group of similar cases in order to "create generalizations about groups of individuals (Yin & Herald, 1975 as cited by Light & Pillemer, 1984)."

Creative art therapy needs to provide data that is recent and valid. This is a difficult task because art never has lent itself to classifications and boundaries (McNiff, 1987). The problem stems from the fact that art is a projective test. Even in a completion art test when guidelines to the task are clear, a client's interpretation of what is there and how he/she should finish it, depends on his/her past experience and current emotions. It is not delineated like a multiple choice MMPI, but rather the range of responses is large which produces results that are specific to each individual person. The client creates a piece of artwork from a variety of supplies combined with an inner motivation or idea. Thus even a Rorschach test or TAT is more standardized than the art produced during creative art therapy.

One way to deal with these problems is to assess a client's adjustments before and after therapy by using a battery of personality and psychological assessments. This
would illustrate differences in the client that are assumed to be related to the therapy encountered between testings. The scores produced would allow other professionals to understand and easily see the results of the therapy. Another solution is to develop new methods of research that are devised for the creative art therapy situation (Rubin, 1984; Dalley, Case, Schaverien, Weir, Halliday, Hall, and Waller, 1987; McNiff, 1986; Rosal, 1988). One of the major research problems is that for tight empirically-based laboratory experiments to show creative art therapy is effective, we must infringe upon the clinical environment.

Unusual characteristics in the artwork of people who are experiencing similar problematic situations have been investigated in order to produce diagnostic criteria for particular patient populations (Wester, 1967; Rowe, 1974; Wadeson, 1980; Bergland, 1982; Koppitz, 1984; Rubin, 1984). For example, in several studies comparisons were made of typical artwork for a specific type of client, and were recorded along with the individual's progress rates (Zierer, 1976; Silver & Lavin, 1977; Horovitz, 1983).

Other avenues which provide logical support for creative art therapy use are: outcome evaluation studies, normative studies, and descriptive studies (Wadeson & Carpenter, 1976). These are all possible alternatives to
strictly controlled experimental situations. Some have argued that the reason behind avoiding controlled research is that creative art therapy is a human service profession that places people and their problems first. They consider the stress of an experimental situation harmful to an already troubled individual. From this position, ethical concerns for the clients put strict research efforts on hold, but while we wait, the public and other professionals become more skeptical of art therapy's effectiveness. Also, as mentioned above, it is highly possible that creative art therapy needs to develop its own new and original methods of research and assessment of the therapy's success (Wadeson, Gantt, Junge, & Lusebrink, 1988). Creative art therapy may be too diverse and far-removed from behavioral psychology to use the same focus and methodology, although this does not imply that cooperative research between creative art therapy and other disciplines is impossible or invalid.

**Diagnostic uses of Creative Art Therapy**

Another use of creative art therapy is in the diagnostic area of psychological and personality assessment. Many drawing tests (DAP, DAT) have been developed for the sole purpose of clinical assessments (Oster and Gould, 1987). These tests range from completing a figure to drawing a directed image. McCarter (1970) completed a
doctoral thesis that examined a drawing-completion test. He provided background material, procedures, and statistical measures. A complete assessment guide written by Oster and Gould (1987) clearly illustrated how to use and with whom to use a battery of drawing tests. They are vital for illiterate people and for children whose insufficient knowledge and expertise of the language limit the effectiveness of other methods (Goodnow, 1977). They do not have to speak clearly in order to communicate how they feel (Levick, 1986, Golomb, 1974, Silver, 1978). Comparisons have been made between diagnoses given by creative art therapists or related professionals from a series of drawings and those done by professionals who utilized more "traditional" and "empirical" methods (Gibson, 1975; Wadeson & Carpenter, 1976; Silver, 1978). The studies show that a creative art therapist can diagnose reliably using his/her methods. In reality, this is an area in which many creative art therapists have flourished and gained respect.

A COMMENTARY, SURVEY, AND EVALUATION OF CREATIVE ART THERAPY METHODS

A variety of opinions have been voiced about creative art therapy and the role it plays in evaluating and counseling people. Simon (1975) suggested that the
dichotomy of the field is too delineated and that competitiveness constantly exists between "art as therapy" and "art psychotherapy." She emphasized the importance of a holistic training in which a therapist would use whatever is appropriate for the client. This would provide an individualized treatment program for each person, something she considered a necessity. The two approaches, to her, represent an expansion of methods of treatment, not limiting dogmatic forces.

Gibson (1975), on the other hand, surveyed mental health clinicians, activity therapists, and creative art therapists in order to arrive at some conclusions about the wide-spread attitude of creative art therapy. She proposed three hypotheses concerning the relationships between those occupations analyzed: 1) all professions should agree on an optimum mode of treatment for a specific disorder. 2) creative art therapy should be ranked above all forms of activity therapy due to its similarities to individual and group therapies. 3) clinical skills are held in higher esteem, and since activity therapy is further removed from clinical than the other methods, it will receive more lower ratings. The results showed that creative art therapy was not as favored or well-known as expected by the experimenter. She concludes that art therapists are more
confident and enthusiastic about their work than the rest of the professionals. This suggests that education of the community and cooperation, not competition, with other mental health professionals should be our goals.

Another study (Zamierowski, 1980) expressed the usefulness of creative art therapy because it allows the brain to produce alpha waves and to connect the hemispheres together. She stated that this induction of alpha waves can enable a learning disabled child, who typically can control only one side, to successfully combine thoughts and actions of both parts. Creative art therapy is characterized by certain inherent qualities that separate it from other disciplines. She lists emotional, cognitive, and perceptual benefits to children with learning disabilities who participate in creative art therapy. Zamierowski (1980) notes that art therapy is an individualized holistic treatment because each case can be client-directed and since the right hemisphere is stimulated, the left one can be "jump-started." Creativity is more integrative and effective than cognitive or behavioral methods. And thus the person treated with art therapy gains in all areas instead of improving in just the area chosen by a different type of therapist.
Creative art therapy is not always evaluated positively. In a review of European literature, Gamna and Bortino (1980), did not support the methods of therapy, the presentation of data, or the journals that published the studies. They stated that creative art therapy has not been shown to be effective and it should be absorbed into the wider framework of occupational therapy as a diagnostic tool. To them, creative art therapy is too restrictive and people are handled in a depersonalized manner. The active participation of the members in this field, according to Gamna and Bortino (1980), is dwindling. They contacted about 5,000 professionals who were supposedly using creative art therapy throughout Europe, Asia, North and South America, and Africa to survey about the use of creative art therapy: the setting, type of patients, duration of its use there...This short questionnaire was returned by only 300 respondents and about half of those were from Italy and France. The author suggested, however, that creative art therapy should expand into areas of marionettes and cinema. They believe that animation provides a more realistic mode of expression, and thus it would prove to be a more helpful means of communication.

REVIEW OF RESEARCH LITERATURE
CASE STUDIES

Overall, the case study method dominates the creative art therapy literature, although other more objective techniques are becoming more common. Case studies have limited value in the research world, but they do contribute informative and descriptive accounts of situations in which creative art therapy is applicable (Light & Pillemer, 1984). But, because a case study covers an isolated example of one therapeutic situation applied to an individual personality, the relevance of how one method pertains to another study is uncertain. The conclusions drawn from a series of case studies may not be valid since the conditions probably varied greatly. Also, how a therapist presents the material is vital to the amount of research value a study contains. For example, a case study that has followed a specific type of preliminary evaluation or therapy commands more attention in the field of research than a purely story-like descriptive technique. A sampling of several case studies that follow the more research-oriented procedure were reviewed (Zierer, 1975, Zierer, 1976; Bergland, 1982; Horovitz, 1983).

Zierer (1976) administered the same five steps of her evaluation to all the clients, and she also presented empirical evidence that supported her method of therapy.
The case studies she introduced illustrate the practical applications/implications of the theoretical and empirical evidence that she previously examined (Zierer, 1973 as cited by Zierer, 1976; Zierer, 1975 as cited by Zierer, 1976). Bergland (1982) addressed her geriatric pilot study in a very similar manner. She qualified her study by combining previous research that examined: the life review process (Butler, 1963 as cited by Bergland, 1982); the conflict between ego integrity and ego despair (Erikson, 1959 as cited by Bergland, 1982); the intergenerational sharing of cultural experiences and values (Kuhn, 1977 as cited by Bergland, 1982); several creative art therapists experiences with geriatric patients (Dewdney, 1973 as cited by Bergland, 1982; Zieger, 1976 as cited by Bergland, 1982; Jungels, 1979 as cited by Bergland, 1982). She presented a useful format in order to examine the geriatric population that consisted of two populations at separate institutions. The first of these groups contained women at a long-term state facility, and the second encompassed men and women at a short-term private hospital. The participants were introduced to creative art therapy and produced a lifeline complete with personal memories along with a drawing of their choice. Then, in the following sixteen weeks for the first group, and eleven weeks for the second group, the
subjects produced art in a structured developmental order of topics. At the end of the study, the lifeline and free drawing exercise was repeated. Statistical evaluations were completed on the differences between the two lifelines and free drawings by independent raters who illustrated a significant level of consistency. The persons at the short-term home improved the organization of their artwork much more than those at the long-term facility. Fourteen subjects' data was presented in a chart format, all of these were controlled for age, sex, and diagnosis. Then, Bergland (1982) employed the empirical data in a representative case study. This illustrated how the creative art therapy experience affected one person out of these groups in order for the reader to grasp the type of changes that occurred.

A different type of emphasis found in case study research involves recording consistent longitudinal data. This tedious process allows the individual's progress to be closely monitored. A developmental approach may be able to detect the turning points during the therapy, like those shown in the series of case studies by Horovitz (1983) and Powers and Langworthy (1978). Horovitz (1983) worked with children in a therapeutic nursery school and this progress report method enlightened other professionals who cared for the children about their level of functioning and stability,
both of which are vital information when the children's welfare is concerned. The bases for her technique of treating the children were well-documented throughout her study. Powers and Langworthy (1978) presented goals of the therapy treatment program prior to their case studies. They also utilized a developmental approach of recording behavioral changes in order to determine if the goals were being achieved. These methods are less reliable than the standardized administration procedures that were previously explained, but it is better than the simplistic, over-generalized case reports that at one time were the rule, not the exception, in the field of art therapy.

STUDIES THAT APPLY EMPIRICALLY-BASED METHODS

One group of studies utilizes empirical methods, except that variables are not accounted for as in a true experimental study. These studies attempt to follow strict research techniques, such as pre- and/or post-testing, but they also present limited control because of the numerous environmental variables during the therapeutic time between testings. The common characteristic between these applicable studies is preliminary assessments of the subject pool (Rowe, 1974; Silver, 1975; Wadeson & Carpenter, 1976; Silver & Lavin, 1977; Kwiatkowska, 1978; Levy, 1978;
Bergland, 1982; Sandburg, Silver, & Vilstrup, 1984). This diagnostic technique is helpful because in order to demonstrate the usefulness of creative art therapy one needs to have an estimation of the client's ability to function.

The methods of establishing these levels of functioning are varied, but the important factor is that they exist. They are a vital component to valid research. Rowe (1974) worked with adults of intellect below the mental age of two years, and she had to create a system that would evaluate their skills appropriately. Five items that directly dealt with imitation behaviors were assessed before and after treatment. These were chosen according to Piaget's developmental research that illustrated connections between a child's physical and cognitive development.

Another example of modifying the evaluation instrument to the type of patient population is the pilot study of two geriatric wards by Bergland (1982). She chose a time line project that used a series of chronologically-organized topics to construct a creative format for older adults. Levy (1978) examined women in the Kentucky Correctional Institution and initially provided an open environment in order to orient herself to the personalities in the program.
In dealing with the treatment of families, Kwiatkowska (1978) utilized six procedures of evaluating troubled families: individual free pictures, a family portrait, an abstract family portrait, an individual scribble, the joint family scribble, and another free picture. This sequence of drawings produced a valid method of assessing the family’s problems. It also may be adapted to all types of family systems.

Silver and Lavin (1977) selected learning-impaired children with varying degrees of hearing loss and tested their visual, spatial, and motor abilities. More specifically, these tests drew upon their abilities to form groups from illustrations of loosely related objects. The children also had to draw an arrangement of objects in order to indicate their perceptions of spatial relationships. The third task encouraged spontaneity and exploratory learning by allowing the children to experiment with clay and paint mixing.

Several of the studies utilized prepared and standardized stimuli. A useful system of picture stimuli was developed by Silver (1975) in order to evaluate the skills of and follow the developments of children with communication disorders. This standardized technique generated new teaching methods for children with language
and hearing impairments. It also provided a means to objectively document the children's progress because the same cards were shown during different therapy sessions. Silver (1975) also formed a system of evaluating the children's level of cognitive and artistic development by rating the images drawn by the children on three criteria: the ability to select elements with meaningful connections, the ability to combine the elements, and the ability to represent those objects. Therefore, this technique not only allows the population to be pre-tested, but it also shows the progress achieved throughout the therapy session between the testings.

Several other studies applied this method to somewhat different subject populations, but with similar communication difficulties (Silver & Lavin, 1977; Sandburg, Silver, & Vilstrup, 1984). Because of the particular strengths previously mentioned concerning this method, these later studies provide valid data to illustrate the effectiveness of creative art therapy. The therapeutic process can be well-documented due to the fact that the data is gathered longitudinally throughout the treatment program.

The post-therapy evaluation is found in the majority of the literature. Some type of summary concerning the patient's current condition or level of functioning
generally is included, although several studies illustrated excellent techniques to determine the treatment's effectiveness (Rowe, 1974; Silver, 1975; Silver & Lavin, 1977; Kwiatkowska, 1978; Sandburg, Silver, Vilstrup, 1984).

Overall, literature that describes practical applications of creative art therapy is acceptable considering the unexpected situations and problems of a clinical environment. The scarce number of studies that were completed in those conditions were well-handled, and utilized standardized stimuli or procedure in order to present an applicable and valid study. The evaluations before and after therapy are vital to the strength of the data, and any information provided during the treatment is beneficial to the studies.

STUDIES THAT PRESENT NEW METHODS FOR EMPIRICAL RESEARCH

Several researchers have devised unique and practical techniques especially for empirical studies of the effects of art therapy. They engineered delicate balances of a therapeutic use of art in a stable experimental design. The method utilized by Silver (1975) to determine the cognitive and artistic development of children with communication disorders was ingenious. She manufactured cards with line sketches on them and proceeded to have the children pick out
a few. Then the children were supposed to create a coherent story from the cards. They were judged on the ability to select, to combine, and to represent the elements from the various cards. She assigned point values to the children's drawings, and compared them with the post-test scores. The differences between pre- and post-test scores help to establish that the creative art therapy utilized in between testings was helping the children. This method opened many new options for data gathering in the art therapy situation.

Ziegler (1976) presented an illustration of the dependable diagnoses that the Winnicott's squiggle game provides. He believes it is important for the therapist to be an active participant in the game. This allows direct contact and spontaneous reaction from the patient. The level of the child's muscular coordination and verbal abilities are well-assessed, besides the problems that are troubling him or her. He states that what the patient does not draw are very important to the evaluation. Ziegler (1976) did note the limitations of the game. It does not work very well with perfectionist children because they will not allow the pencil to create a flowing line, but rather force a geometric designs into the game. These are difficult to make a picture from, and casual scribbles did not keep their interest in the game.
Conclusion

My personal definition of what creative art therapy is and who it helps and/or can help is as follows: I believe creative art therapy is successful in demolishing a language barrier. Persons with communication disorders such as autism, muteness, stroke after-effects, seem to be greatly helped. Artistic expression is the link to their inadequate or lost symbolic functioning. This means that any impairment in one's communication system, whether it be total or partial, can be less of a burden by the creation of new channels and outlets for the patient.

Throughout this comprehensive review of creative art therapy literature, the types of research creative art therapy is lacking are readily identified. Comparative studies are needed. If creative art therapy was contrasted against another method of treatment, the strengths and weaknesses of this therapy would be evident. Also, the specific patient populations that creative art therapy helps would be better identified in comparative studies. By presenting other types of therapy in contrast to creative art therapy, respect and recognition of its abilities may result. A therapeutic method that the scientific community has already come to believe in, and that has large quantities of literature supporting it, is useful to
creative art therapists because if their therapy works better on a specific population than the already accepted technique, creative art therapy is validated more than when either case studies are presented or when experiments are run that compare creative art therapy's effectiveness with two different populations. Those studies do not support creative art therapy outside the realm of the art therapy profession. The inter-therapies studies also provide a greater exposure of professionals who normally would never come into contact with creative art therapy. There are two reasons for this increased exposure. The first is that a different variety of journals will publish a comparative study between a therapy they already know about and support, and creative art therapy. Second, more various professionals are apt to read an article written in this manner than ones that do not present a supportive basis that creative art therapy is more beneficial with certain populations. This exposure, knowledge, and support is vital if the profession is to survive and grow.

Another type of useful study that is also, in general, lacking from the literature domain is strict pre- and post-tests. A few experiments have taken measurements prior to or after treatment, but a mere handful have done both. A common methodology in all areas of science is to show that
the treatment condition has effected those who have been tested. In these studies it is vital to have a control group who do not receive any treatment, but who are tested just the same in order to illustrate that other factors, such as the pre-test itself, did not produce the changes shown in the post-test results.

And finally, new methods of research that do not contain the same type of limitations that the previously mentioned methods do, must be developed. Several researchers within the field of creative art therapy have designed alternative procedures that attempt to provide experimentally controlled situations, supportive results for creative art therapy, and environments and tests that are conducive to the creative art therapy environment.

Research is important in order to do effective therapy because one needs to realize some types of therapy are more successful than others in certain situations. The patient seeks out a human service professional because he or she needs help. It is the responsibility of the therapist to have the knowledge of the strengths and weaknesses of the various therapies in order to best help the client. If a clinician does not remain updated with current research, the patient's progress may be impaired. This creates a situation in which researchers and clinicians must overlap
into each others' areas of study and to integrate their knowledge so that those who need counseling benefit from the sum of our efforts.
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