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Abstract

This exploratory descriptive study surveyed clinicians and art therapists about their use of art in the therapeutic setting. The survey was done online eliciting both responses to a questionnaire and also collecting brief narrative elaborations of participants' questionnaire answers in dialogue boxes.

A significant finding is that clinicians and art therapists who participated in this study reported the use of art in a myriad of clinical locations and types of practices, as well as using art for various mental/ emotional difficulties. One unexpected finding is that some participants were adamant in their opinions that art therapy should not be used by those not professionally trained in art therapy. There was a clear implication that those who do use art therapy without such professional training are practicing outside their area of expertise – a violation of many professional ethical codes. A search to find an evidence basis for the assertion that practicing art therapy without professional training causes harm found no such evidence. A suggestion for future research is therefore that studies might be done to support this assertion or refute it.

The Use of Art in the Therapeutic Setting by Graduate Level Clinicians

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master for Social Work.

Alison Ruth Kemple

Smith College School for Social Work
Northampton, Massachusetts 01063

2011

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Chapter I

Introduction

Art therapy is a method of experiential therapy that is utilized by therapists to treat many populations suffering from various psychological illnesses; however, some researchers assert that there is not a reliable method to interpret the art that is made by clients. (See, for example, Catte & Cox, 1999.) It could be concluded that further research must be completed to determine the ways that art is useful in psychotherapy.

Yet, experiential therapies including art are used within many clinical disciplines and settings. The experiential therapies that are utilized within practice today include: art therapy, sand tray therapy, and play therapy, etc. These methods have been deemed useful in therapy as an outlet for the client's emotions, to determine the developmental level of the client, and as a means of understanding the internal world of the client by the therapist. Some researchers have found that art therapy is a modality through which a client can eradicate tension and minimize anxious and depressive symptoms (Coholic, 2009; Isaksson, 2009; Stuckey, 2010; Waller, 2006). Art therapy assessments are often used to determine a starting point for the client who is meeting with the therapist, and thus may suggest an end point and/or evaluation of the treatment or the therapist's efforts. Several assessments were analyzed by Betts (2006) including: Rorschach, Goodenough-Harris Draw-a-Man Test, House-Tree- Person, and the Thematic Apperception Test. The use of art throughout these tests varies; however, the participant is often asked to draw specific items by the therapist providing the test. The drawings are then rated according to the purpose of that individual test. These specific tests were considered questionable due to poor inter-rater reliability. Although these assessments are simple for the clients because they allow all individuals to perform as they are capable, therapists are frequently cautioned that they

themselves as clinicians, must be highly skilled in the administration of the assessments. For some assessments, the skill of the therapist is said not to be a factor: rather it is the test itself that may be unreliable. Catte and Cox researched the use of Machover's Draw-a-Person test and concluded, "...judgments based on a single feature such as the way the head is drawn or the pressure on the pencil are very unreliable" (1999, p. 86). They continue to conclude: "...the similarities rather than the differences among them may render the use of the DAP less than useful as a clinical tool" (1999, p.91).

If art therapy methods are in fact unreliable methods, why are they in apparently wide use today? Advocates who are consulted informally about it contradict the unreliability research, insisting that art has been shown to be useful in therapy to eradicate tension in the client, to allow for more detailed information from a younger or low-verbal client, and simply as a way for young children in treatment to relax and feel comfortable. As a prelude to more systematic study of the efficacy of art therapy, I believe research is needed to survey current therapists' purposes behind the use of art in therapy, the modalities they find useful, and what indications they find about this method's effectiveness.

Chapter II

Literature Review

Art Therapy Defined

Experiential therapies are used within many psychological disciplines and by clinicians with widely varying viewpoints. The experiential therapies that are utilized within practice today include: art therapy, sand tray therapy, and play therapy, etc. These methods have been deemed useful in therapy as an outlet for the client's emotions, to determine the developmental level of the client, and as a means of understanding the internal world of the client by the therapist. Art therapy is an experiential therapy that may be useful to facilitate change within the client seeking therapy. It is mentioned by several researchers that art therapy is a modality through which a client can eradicate tension and minimize anxious and depressive symptoms (Coholic, 2009; Isaksson, 2009; Stuckey, 2010; Waller, 2006).

There are several tenets of art therapy proposed by Waller (2006), and mentioned by other researchers which include: art made with an art therapist represents non verbal emotions; art is a container for powerful emotions; art may be used as a means for communication with the therapist; art by clients can illuminate transference that is occurring between the therapist and the client. As with other forms of therapy, a space must be created that is validating, nurturing, mirroring, and non-judgmental. Art therapy also requires that the client be able to engage with the therapist, and the hope is that instead of acting out against or with the therapist in session—the client would utilize art to communicate these emotions (Waller, 2006).

Forms of art-based therapies include music engagement, visual arts therapy, movement based creative expression, and expressive writing. These methods may be used while in the session, alongside the therapist, in groups, or independently outside of the session. The purpose

of the creation of art in therapy is dependent on the orientation of the therapist (Rubin, 2001). Despite the therapeutic lens of the art therapist, the creative process itself can often be healing to the individual involved, and different modes fit various clients functioning at different developmental levels.

Art Therapy as an Aid to Developmental Assessments of Children/Adults

Art therapy assessments are often used to determine a client's intellectual ability, personality, and/or current emotional state (Picard & Lebaz, 2010). Several assessments are analyzed in Betts (2006). The assessments mentioned include: Rorschach, Goodenough-Harris Draw-a-Man Test, House-Tree- Person, and the Thematic Apperception Test. As mentioned briefly above, these specific tests are considered questionable due to inter-rater reliability issues. "...There is a lack of research evidence to support the reliability and validity of drawing instruments, which weakens the confidence level with which practitioners may use this method to assess the personality or emotional state of the drawer" (Picard & Lebaz, 2010). Again, as noted earlier, although these assessments are simple for the clients because they allow the individuals to perform as they are capable, a therapist must be highly skilled in the administration and scoring or evaluation of the assessments.

For some assessments the skill of the therapist may not be a factor; rather, it is the test itself that may be unreliable. Catte and Cox researched the use of Machover's Draw-a-Person test and concluded, "...judgments based on a single feature such as the way the head is drawn or the pressure on the pencil are very unreliable" (p. 86.). They continue to conclude: "Not only is there a small quantitative difference between the human figure drawings of emotionally disturbed and well-adjusted children but the similarities rather than the differences among them may render the use of the DAP less than useful as a clinical tool" (p 91, 1999). Isaksson, Norlén,,

Englund, and Lindqvist, (2009) utilized the method of tree painting assessments in their analyses of treatment effectiveness in clients. The paintings were useful in learning more about the clients; however, the researchers were unable to find common themes in order to determine an improvement in the symptoms of clients. The pre- and post-treatment drawings by each client differed in the mediums used, line size, as well as major themes. Mattson (2009) attempted to utilize computer programs to interpret different parts of client's drawings. This research was performed in the hopes of avoiding the subjectivity that occurs between therapists who interpret the drawings; however, a human rater was still required in this study to determine that the computer results related to the drawings. This creates an opening for subjectivity, and thus decreases the test's reliability.

Art Therapy as a Therapeutic Intervention with Children

Art therapy is a modality that is often used in treatment with children. Researchers have studied the use of art therapy with children in a number of different ways (Coholic, 2009; Hamama, 2009; Pretorius, 2010; Selekman, 2010; Silver, 1992; Waller, 2006). Sometimes art is used as a method for treatment, meaning that the client creates art during the session with the therapist and it is not interpreted. As mentioned above, art therapy may also be used with children as a method of assessment of developmental level. It may be supplemental to a teacher's testing of a student's grade-level. Art may also be helpful in therapy with children who have experienced trauma. When trauma occurs, a memory may be stored as an affect state. The use of art in therapy may allow a child to create art in order to pair fear-arousing emotions with positive sensory experiences (Hass-Cohen & Carr, 2008). Art may be useful to create a connection of left and right brain functions. For low-verbal children or those who have inadequate vocabulary to

convey the experiences that are troubling them, art may offer a way to process trauma that would not be available to the children otherwise.

Art Therapy as a Therapeutic Intervention with Adults

Therapists working with adults also use art therapy. Although many adults' communication skills may be more developed than children's, they still may benefit from the use of art in therapy sessions. Stuckey (2010) utilized many various forms of art within the therapeutic session to reduce stress in the participants. However, the author of this study did not utilize control groups or follow up with the clients after a period of time, so the researcher was unable to determine the effectiveness of each art-based therapy that was used in the study. Further studies are needed that utilize other methods for gathering data, rather than purely a short-term observational study. A great deal of art therapy may be experienced internally, and these benefits may not always be noticed by the therapist, so that useful studies in future may also need to incorporate client self-reports and parents' reports of children's changed behaviors.

The Ongoing Controversy—Art Therapy's Usefulness in all of the Above Ways

Some therapists interpret art based on the skill of the artwork completed. These therapists may be artists interested in the therapeutic affect of art in the therapy session. To these therapists, the point of artwork is not what is drawn, but the skill required in order to do so. Several writers have discussed the importance of art-based education for the utilization of art within therapy sessions; this would allow the therapist to interpret the skill of the artist, and be able to guide the client to create “skilled” art (Kramer, 1979; Wadson, 1980). Unfortunately, cultural considerations are not often addressed within the context of “skillful” artistry. Individuals from various cultural backgrounds express emotions in different ways, and it is less acceptable for some to discuss their emotions with others outside of the family system (Malachiodi, 2006).

The Need for and In-Depth Conversation with Current Practitioners—How Art Therapy Is Useful/ Not In Their Work

Catte and Cox (1999) suggest drawing as a useful tool for breaking the ice or to focus a discussion between a struggling child and his/her parent (p 91). This may be especially useful for therapists working with children, as the child may feel more comfortable talking while drawing. As shown in the study by Wesson and Salmon (2001), children “given the opportunity to draw while talking about emotionally laden events reported twice as much information as did children interviewed with a verbal interview only” (p. 316). Drawing may offer specific indications about a client's mood for clinicians, such as size variations in tree drawings in the study by Picard and Lebaz (2010), however "...under a free coloring context clinicians should be extremely cautious in any symbolic analysis of color" (p. 188). Consequently, art has been shown to be useful in therapy to eradicate tension in the client, allow for more detailed information from a younger client, as well as provide some insight into the client's mood, but many uses have also been stated by researchers to be invalid. If there is such a range of usefulness of art in therapy, what is it really being used for by the therapist?

Chapter III:

Methodology

The study reported here was a primarily quantitative online survey researching the use of art in the therapeutic setting by licensed clinicians. I have been interested in the different ways that therapists use art with clients, as well as the various modalities used. My study involved some elements of a mixed method project, in that some of the questions in my survey asked for narrative responses. I have analyzed these responses myself with the help of my research advisor, but have not used the help of other transcribers. I have also used the help of the Smith College statistical analyst to handle the quantitative data. There have not been any face-to-face interviews with participants and no telephone contacts. The purpose for the completion of this research survey has been to complete a Master's level thesis utilizing the data I have gathered. I am also required to present the material to a group of individuals or a reader other than my advisor, and could potentially use the information in future research, or future presentations and publications.

The Characteristics of the Participants

I have included participants from all therapeutic disciplines that provide individual therapy to clients and utilize art in their sessions; however, participants must have possessed a graduate level degree. Therapists without graduate degrees were not included. A sample size of at least 50 responses was desired, from diverse ethnic and professional backgrounds.

The Recruitment Process

Participants have been obtained through snowball sampling clinicians utilizing emails found on art therapy association websites, as well as postings to clinicians on Cragislist.org, and links to my survey in a post to my Facebook account page. The procedures and written materials

to be used with human subjects were approved by the Smith College School for Social Work's Human Subjects Review Committee prior to my recruitment of participants. A link to the survey was provided in each email/ posting. The invitation for the survey was posted on Craigslist.org under the "ETC" category, under one "US city" under the Craigslist site. The link for the survey stated: "Graduate- level mental health professionals needed to complete online survey." Once a link was posted in one city, it was discovered that multiple postings of one link were not allowed, thus multiple postings of this listing were not permitted.

Nature of Participation

Participants clicked on the link in the email to complete the survey. Participants must have read the inclusion criteria to determine their eligibility for the study, and their agreement with the informed consent before completing the survey. I requested information from participants about themselves in the survey, and will attempt to characterize my sample in terms of its demographic characteristics later in this report.

Once clicking "agree," participants were able to enter the survey; if they did not agree, then they were thanked for their interest in my study, and not connected to the rest of the survey. In the survey, in addition to the demographic information mentioned above, information was also obtained about the therapist's use of art in the therapy session. The questions were answered in the form of a questionnaire type survey, which should have taken participants under 30 minutes of their time. Data gathered through the use of an online survey on surveygizmo.com were studied to determine patterns in responses by individuals.

Risks of Participation

The participant was unlikely to experience risk, stress, short-term or long-term harm through participation in this survey; however, the involved time might have been considered an

inconvenience. Although there were only 12 questions, some asked for a brief narrative response. Still, it should have been possible for all to complete the survey in less than 30 minutes.

Participants' privacy was protected in two ways. Identifying information about respondents was removed by the survey provider service before the compiled data were sent to the researcher, so that the quantitative responses could be considered truly anonymous. While some qualitative vignettes might have contained identifying information, the plan was that such information would be held in confidence and carefully disguised if used illustratively in this thesis report or other disseminations.

Benefits of Participation

Participants participated in the development of knowledge, which may be helpful to future therapists regarding the use of art in the therapeutic setting. The survey encouraged clinicians to reflect deeply on their own use of art in therapy with clients, and perhaps to consider changes in their practices, which clinicians may not otherwise have the impetus to do. No financial compensation was offered for participation.

Informed Consent Procedures

As noted above, upon opening the online survey, participants were greeted with a "welcome" page on which they were asked two questions to determine their eligibility for the study. If "no" was answered to either of these questions, the participants were automatically directed to a page that thanked them for their interest in participation, and stated that they were not eligible for the survey. If they answered, "yes" to all questions, they were automatically sent to the informed consent. The participants could then choose to go on with the survey, and by doing so they were stating their knowledge regarding the purpose of the study, as well as their

rights as participants, and their agreement to participate in the study. Participants were encouraged to print a copy of the Consent form for their records.

Precautions Taken to Safeguard Confidentiality and Identifiable Information

As discussed above, specific identifying information about participants was not gathered through the use of this survey; this survey was anonymous as to its quantitative responses. My research advisor has had access to the data after identifying information was removed. Vignette or narrative data are presented as a whole, and detailed qualitative responses that respondents provided in the comment boxes have been edited to omit identifying information.

The Voluntary Nature of Participation

Participation in this survey was voluntary and participants could refuse to answer any question. Participants were able to withdraw from the study at any point before completion of the survey. However, after the survey was completed and submitted, it was not possible to identify the particular survey, thus it would have been impossible to destroy specific completed materials.

Chapter IV

Findings

The purpose of this study was to examine the use of art in the therapeutic setting by licensed clinicians.

Demographics

The data from 89 participants were used for this study, although a total of 104 individuals attempted to complete the study and did not either complete the online survey in its entirety or did not meet the qualifications for its completion.

Of the 89 participants who completed the survey, the majority of whom were ages 20-30 (22.7%), 31-40 (26.1%), and 51-60 (26.1%). Fewer participants were 20-30, 41-50, 61-70, and 71-80. The reported ethnicities of participants were more uneven. 92.0% of participants reported that they were White; the other 8% was divided between Hispanic or Latino, Asian, Black or African American, American Indian or Alaska Native, or other. The demographic characteristics of the respondents are illustrated in Table 1 below.

Table 1

Demographic Characteristics of Art Therapy Survey Respondents
n=89

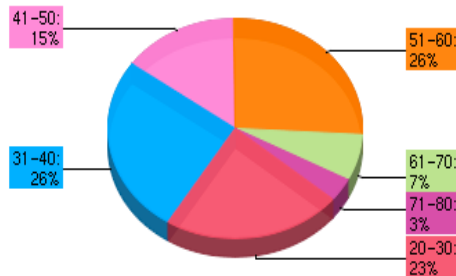
Age

20-30	22.7%
31-40	26.1%
41-50	14.8%
51-60	26.1%
61-70	6.8%
71-80	3.4%

Ethnicity

	Count	Percent %
American Indian or Alaska Native	1	1.1%
Asian	3	3.4%
Black or African American	1	1.1%
Hispanic or Latino	3	3.4%
White	81	92%
Other	2	2.3%

Age



Through the observation of Table 2, below, it is evident that participants report the utilization of art in a myriad of locations and types of practices. Respondents were instructed to “choose all that apply”. It appears that among these responses, art therapy with individuals was the most popular with participants of this study.

Table 2

Art Therapy Survey Respondents’ Identified Locations and Types of Practice

Location and Type of Practice	Count	Percent %
Children	52	59.1%
Adolescents	59	67%
Adults	69	78.4%
Individual	72	81.8%
Couple's	24	27.3%
Family	41	46.6%
Groups	59	67%
Independent Practice	40	45.5%
Corporate Structures	1	1.1%
Art Studios	4	4.5%
Nursing Homes	4	4.5%
Mental Health	61	69.3%
Rehabilitation	9	10.2%
Medical/ Forensic Institutions	17	19.3%
Community Outreach	13	14.8%
Wellness Centers	8	9.1%
Schools	22	25%

Survey respondents were instructed to choose the level of education that is most applicable to his/her experience. The most popular reported degree for this survey was a Masters in Art Therapy, with 75% of participants selecting.

Does the participant's location/type of practice effect how he/she utilizes art in therapy?

A chi square analyses was ran to see if there were differences in what art therapy is utilized for, by each location/type of practice. The following had significant differences:

A chi square analysis indicated there was a significant difference in the use of art therapy to get further detail for those working with couples, compared to those not working with couples (chi square(1,76)=6.708, p=.01, two tailed (continuity corrected)). A higher percent of t hose working with couples (95.2%)indicated that reason for utilization than those not working with couples (61.8%).

A chi square analysis indicated there was a significant difference in the use of art therapy to interpret for those working with families, compared to those not working with families(chi square(1,76)=5.267, p=.022, two tailed (continuity corrected)). A higher percent of those working with families (64.9%)indicated that reason for utilization than those not working with families (35.9%).

A chi square analysis indicated there was a significant difference in the use of art therapy to get further detail for those working in independent practice, compared to those not working in independent practice (chi square(1,76)=5.954, p=.015, two tailed (continuity corrected)). A higher percent of t hose working in independent practice (87.5%)indicated that reason for utilization than those not working in independent practice (59.1%).

A chi square analysis indicated there was a significant difference in the use of art therapy to interpret for those who checked community outreach, compared to those not in community

outreach (chi square(1,76)=4.849, p=.028, two tailed (continuity corrected)). A higher percent of those working in community outreach (83.3%) indicated that reason for utilization than those not working in community outreach (43.8%).

A chi square analysis indicated there was a significant difference in the use of art therapy to interpret for those working in schools, compared to those not working in schools (chi square(1,76)=4.211, p=.04, two tailed (continuity corrected)). A higher percent of those working in schools (71.4%) indicated that reason for utilization than those not working in schools(41.8%).

The rest of the chi square analyses were not significant, or could not be run due to a violation of an assumption necessary to use chi square that no more than 20% of cells can have an expected value of less than 5.

Table 3

Art Therapy Survey Respondents' Reported Levels of Education and Discipline

Graduate Level Education

	Count	Percent %
Masters in Social Work	9	10.2%
Masters in Art Therapy	66	75%
Masters in Mental Health Counseling	8	9.1%
Masters in Counseling	8	9.1%
Masters in Marriage and Family Therapy	6	6.8%
Registered Art Therapist (ATR)	29	33%
Art Therapist (Board Certified) (ATR-BC)	34	38.6%
Doctorate in Psychology	3	3.4%
Doctorate in Counseling	1	1.1%
Other	24	27.3%

The majority of survey respondents report that they have training in art therapy (92%) and that they consider themselves artists (85.2%). Further results are illustrated in table 4 below.

Does the type of graduate education have an effect on whether the participant considers him/herself an artist?

To look at the effect of degree on whether they define themselves as an artist a crosstab of degree type, using only two categories (clinical degree versus art degree) was performed. A chi square analysis, a statistical test of difference, could have been done but for the fact that 25% of cells had an expected value of <5 , which violates an assumption of chi square that no more than 20% of cells can have an expected value <5 . In this case, this was true because one cell was small, with a cell count of only 4. This cell contained the category of people with art degrees who do not define themselves as an artist. If the chi square assumption is ignored, there is a significant difference between the groups (chi square=4.736, $p=.030$, continuity corrected). A larger percent of those with art degrees consider themselves artists (90.7%) than those with clinical degrees (62.5%).

Does the type/level of graduate education affect whether the participant possesses training in art therapy?

For this question a chi square of degree type was run (two categories) by training in art therapy (y/n). The statistical assumption for chi square was again violated. Fifty percent of cells had an expected value of <5 . This is due to the fact that most respondents had training in art therapy. Only five of those with clinical degrees said no (31.3%) and none of those with art degrees said no.

Table 4

Art Therapy Survey Respondents' Frequency of Reporting Specific Training in Art Therapy and Statement Regarding Being an Artist

Training in Art Therapy

	Count	Percent %
Yes	81	92%
No	7	8%

Consider Self An Artist

	Count	Percent %
Yes	75	85.2%
No	13	14.8%

To examine whether degree type and training in art therapy influenced participants' tendency to answer the question about uses of art therapy differently, a chi square of degree type (two categories) by training in art therapy (y/n) was run. However, the chi square statistical assumption was again violated. Fifty percent of cells had an expected value <5. This is due to the fact that most respondents had training in art therapy. Only five of those with clinical degrees said no (31.3%) and none of those with art degrees said no. A larger percent of those with clinical degrees said no to this question, but though the percentage is larger, it is based on such a small number that it may not be meaningful.

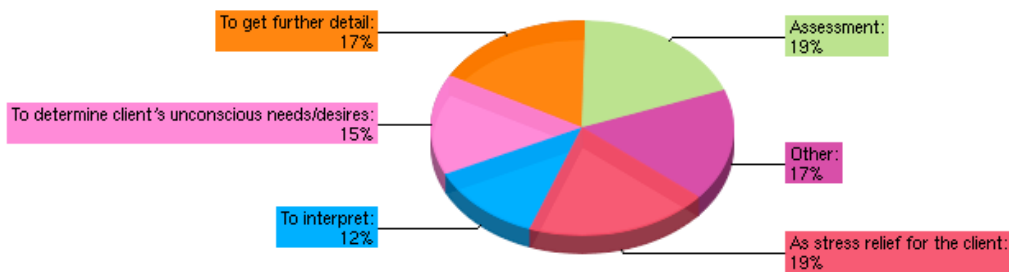
Participants could choose more than one response to the question about the uses to which they put art in their work. Over half 46 (52.3%) of survey respondents reported using art “to interpret,” and 57 (64.8 %) used art to determine clients’ unconscious needs or desires. The high number (63 of 89 or 71.6%) who reported using art for still “other” purposes suggests that participants in this survey had quite varied ways in which they tended to use art clinically.

Table 5

Art Therapy Survey Respondents’ Reported Use of Art in Therapy

	Count	Percent %
As stress relief for the client	73	83%
To interpret	46	52.3%
To determine client's unconscious needs/desires	57	64.8%
To get further detail	65	73.9%
Assessment	71	80.7%
Other	63	71.6%

The following figure presents the responses to the question about how participants used art graphically. It can be seen that the numbers for each use were endorsed by over half the respondents.



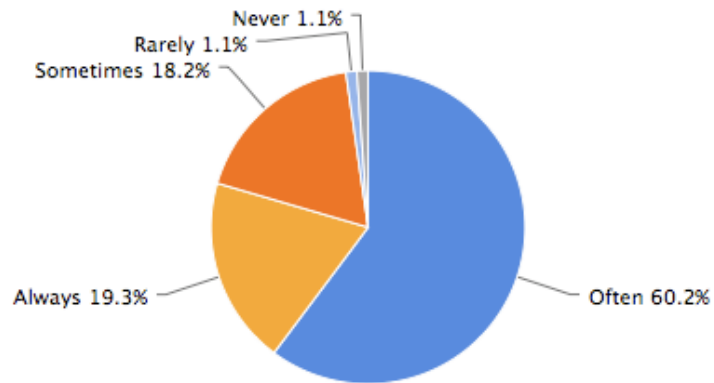
Participants were asked to indicate how often (never, rarely, sometimes, often, always) they used art in work with clients for various clinical indications. The frequencies for each indication are illustrated in the Table and figures following.

Table 6

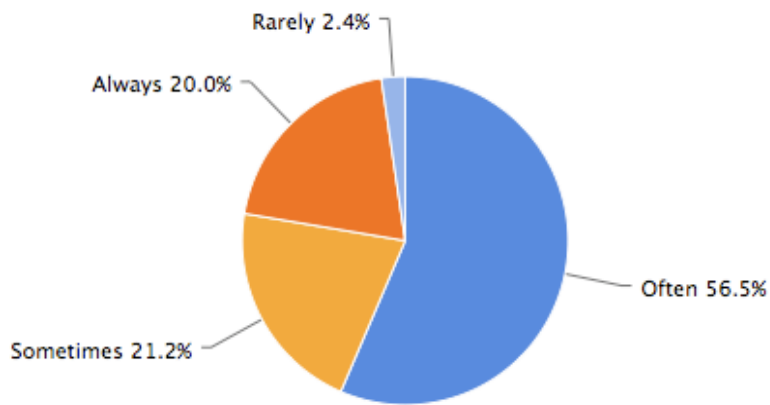
Art Therapy Survey Respondents' Reported Mental/Emotional Difficulties of Clients for Which Art is Used

	Never	Rarely	Sometimes	Often	Always	Total
Anger	1.1% 1	1.1% 1	18.2% 16	60.2% 53	19.3% 17	100% 88
Loss	0.0% 0	2.4% 2	21.2% 18	56.5% 48	20.0% 17	100% 85
Depression	0.0% 0	2.3% 2	13.6% 12	60.2% 53	23.9% 21	100% 88
Worry	0.0% 0	1.1% 1	18.4% 16	58.6% 51	21.8% 19	100% 87
Anxiety	0.0% 0	0.0% 0	10.2% 9	65.9% 58	23.9% 21	100% 88
Trauma	0.0% 0	3.4% 3	18.2% 16	54.5% 48	23.9% 21	100% 88
Abuse	1.2% 1	7.0% 6	20.9% 18	47.7% 41	23.3% 20	100% 86
Addiction	10.7% 9	14.3% 12	20.2% 18	34.5% 29	20.2% 17	100% 84
Assessment Development	2.3% 2	7.0% 6	27.9% 24	39.5% 34	23.3% 20	100% 86
Assessment mental status	3.5% 3	11.6% 10	22.1% 19	43.0% 37	19.8% 17	100% 86

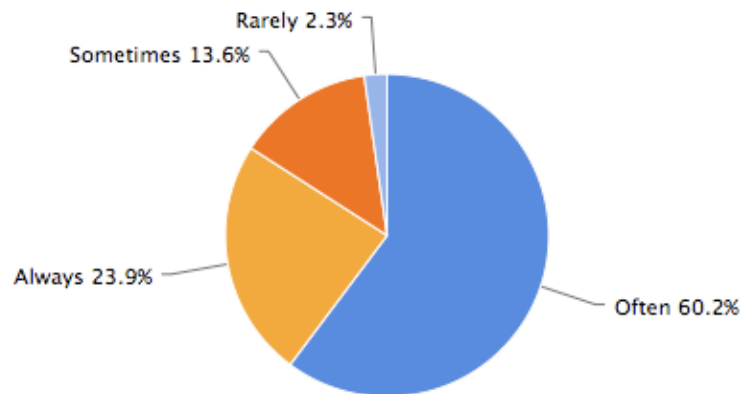
Anger



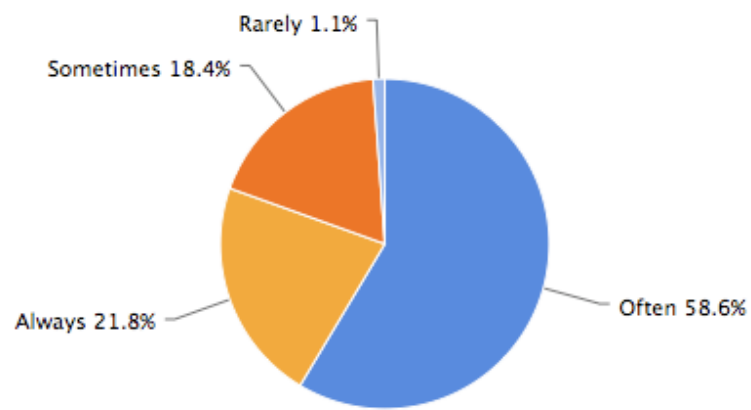
Loss



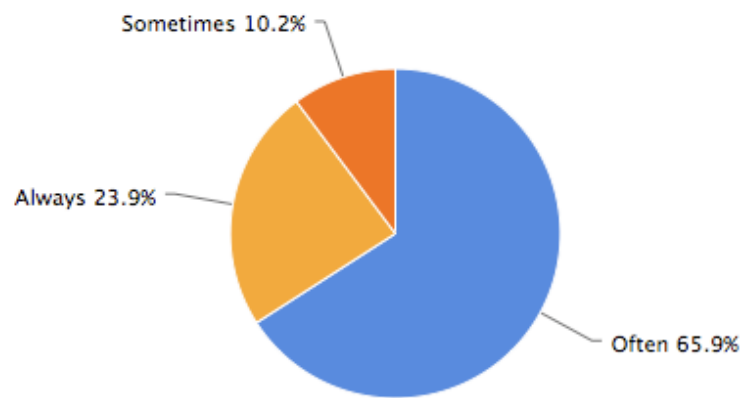
Depression



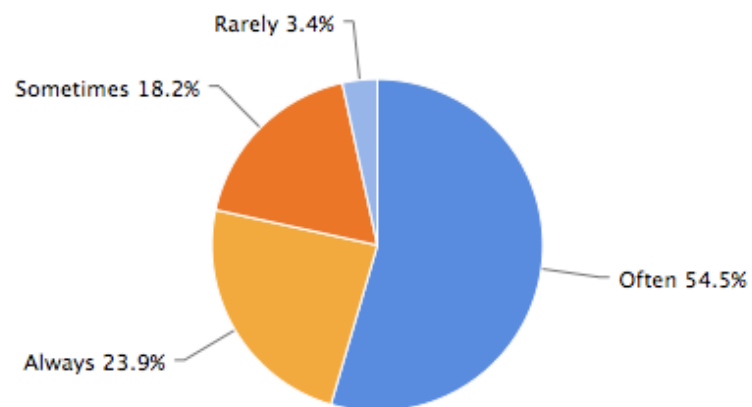
Worry



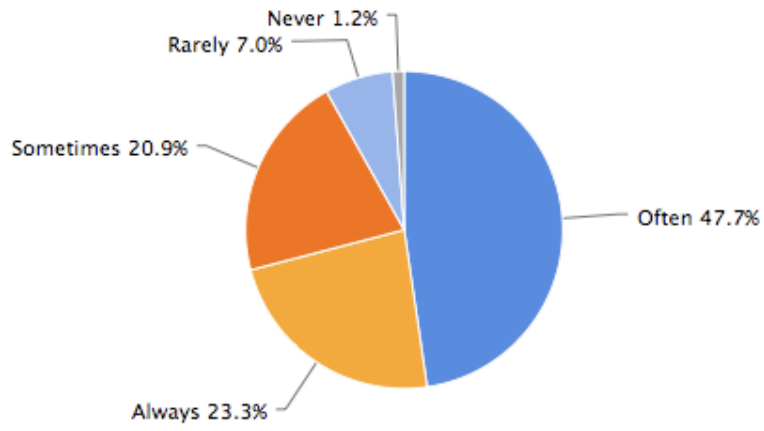
Anxiety



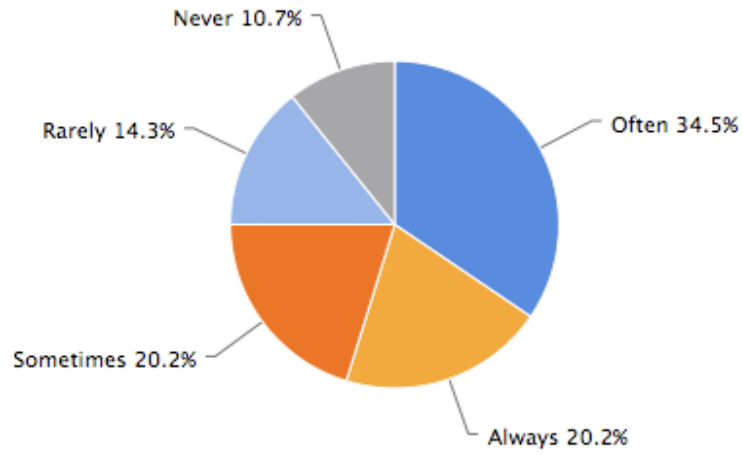
Trauma



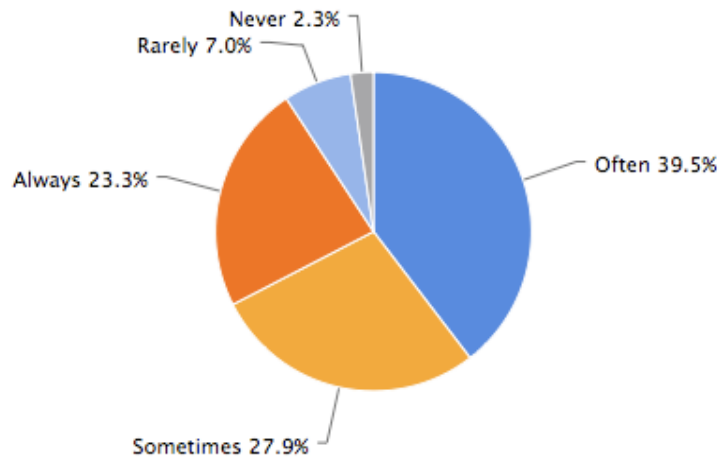
Abuse



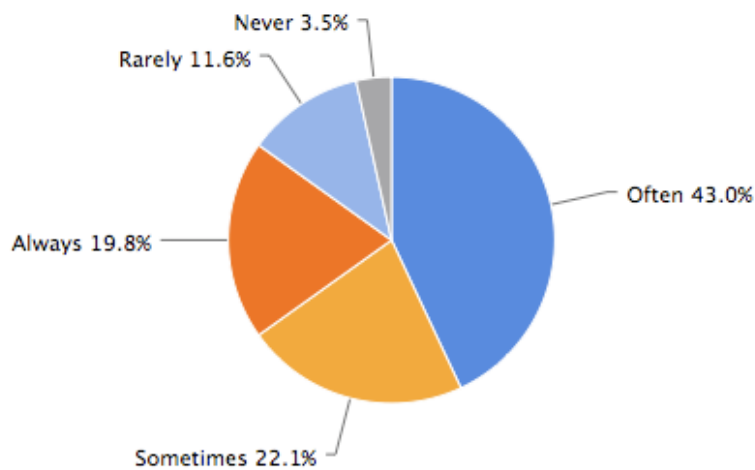
Addiction



Assessment of Development



Assessment of Mental Status (e.g. Psychosis, other Cog. Issues)



Qualitative/Narrative Responses from Participants

There are several implications that might be derived from the opinions elicited in this study via the dialogue boxes wherein respondents were given the opportunity to amplify their questionnaire replies. Quotations from these narrative replies are often vivid, and give a sense of how impassioned, though often divided, respondents could be. For example, participants were split in their opinions about whether therapists should attempt to interpret the art of their clients. A sample response reflecting this in the qualitative answers is from respondent 40, who said, “ I do not interpret the client’s artwork. The client is encouraged to look at their own artwork and self-reflect on the meaning of their art via open-ended questions that I ask them.” Respondent 42 expressed not only that s/he did not interpret, but also that the mere question might be reflective of harm that could be done to a client by a therapist who interprets. This respondent said, “I may collaborate with the client as they [sic] interpret their own artwork. We look at the artwork! It concerns me that you ask this question. The misuse and misunderstanding of interpretation of art

is naïve and dangerous.” Given the vehemence of this person’s opinion, it is instructive to note that others had a completely opposite viewpoint. Participant 61 responded, “Yes. I look at subject matter, color, line quality, composition, change over time in these qualities and client feedback/interpretation.” A strong statement also came from participant 70, who said “ I have been an art therapist since 1978. This is a very complicated questions [sic]. I look at the art content itself, the manner in which the art was created, and then the metaphors that are in the art symbols. Additionally, I compare it to the client’s previous and current artwork, to look for any changes/deviations from the past.” Another therapist (participant 74) also advised “...be careful how you use the word interpret, we should not engage in ‘reading’ artwork as you would read a palm.”

Chapter V

Discussion

This study originated with my own deep personal interest in art and the therapeutic uses to which art can be put. I hoped to survey a fairly large number of those who identify as users of art therapy in order to gather information about the actual lived experiences of those who do this work. I also hoped to survey an approximately equal number of clinicians who use art therapy and art therapists who use art clinically. As was evident, many more art therapists responded to the survey, so this initial aim was not met. This result will be discussed further as a limitation in the study below.

Strengths and Limitations of the Current Study

A strength of the approach taken in this project was to make use of both qualitative and quantitative data, which were gathered through the use of the online survey. This was perhaps more convenient for participants and time-efficient for me as a researcher. However, one or two participants noted uncertainty about what a specific question was asking. Had I pilot-tested the questions in advance, such uncertainty might have been avoided, or had the data been gathered through face to face interviews, there would have been an opportunity to clarify unclear questions, as well as to request respondents to elaborate on answers they gave. Pilot testing would have also allowed me to accurately provide future participants with a precise estimate of the amount of time that it might take them to complete the study. Several participants mentioned that the study took them much less time than anticipated. Participants may have found the choices for the quantitative questions limiting, and may not have had the option to choose their applicable answer. Participants may have also felt that the space given for their qualitative responses was not large enough in length.

The sample was adequate for the purpose of this study. However, it was not diverse in that the majority of survey participants were art therapists, rather than an equal representation of art therapists, and therapists who utilize art, who are not art therapists. It is unclear whether possible participants were confused by the qualifying question, which asked whether they utilized a form of art in therapy with their clients. This may have turned away some therapists who may have felt that they were required to be an art therapist to participate. As geographic data were not gathered from participants, it is unknown whether the sample is diverse in geographic location of participants.

Expected and Unexpected Findings and Suggestions for Future Research

Apart from the somewhat expected finding that art can be and is used in a wide variety of ways and for many different purposes, there was one finding that emerged which surprised me very much. When I received an email directed not just to me but to my Research Advisor stating that the use of art therapy by those not specifically trained as certified art therapists could be at least inappropriate or perhaps harmful, I was both surprised, as I have just said, and also uncertain. A section from the email states, “It has come to my attention from colleagues across the country that your survey promotes the notion that art therapy can be performed by those not trained in the field.” And additionally, “You have created quite a stir in the art therapy community with your survey. I’m hoping you understand our concern that there are people calling themselves ‘art therapists’ who are ‘practicing art therapy.’ This would be like a person with a few years in college calling themselves doctors and treating patients -- patients who think they are being treated by someone with a **skill and expertise that the practitioner does not possess**. I have worked for 35 years as an art therapist, and I can assure you that once a person understands the depth of our training they have a great respect for what we do, and most of them

stop calling themselves art therapists.” Needless to say, I was quite taken aback by the vehemence of this response. I wondered “Is there actually an evidence base on which art therapists who make this assertion are relying?” If so, the myriad numbers of clinicians trained each year in mental health programs who use art as a modality are perhaps practicing outside their area of expertise – a clear violation of the ethical code to which social workers, at least, subscribe. If not, art therapists are perhaps going well beyond what is supportable in stating so categorically that those without specific training are doing wrong. I have been unable to find research documenting the need for specific art therapy certification or training to date. In the absence of such evidence for the conclusion that such training is essential, I would suggest that future research could fruitfully be done to support or question the validity of the assertion that specific training is needed. If training is indeed essential, future research could also be helpful in specifying exactly what is needed, and what is enough or not enough.

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Appendix A



Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

March 21, 2010

Alison Kemple

Dear Alison,

Your second set of revisions have been reviewed and they are fine except that you still say in the first line of your letter to professionals (Appendix B) that you are completing the survey. Please correct this. We are now able to give final approval to your study with the understanding that you will correct Appendix B and send a copy of that corrected document to Laurie Wyman for your permanent file.

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann Hartman".

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

Appendix B

Hello Fellow MSW Students!

I am looking for a little help in distributing information regarding my online thesis survey to any graduate level therapists who use art in therapy, you may be working with at your current placements, or know of from your contacts elsewhere. Participants will complete a survey online consisting of 12 questions inquiring about their use of art in Psychotherapy. The survey will take less than 30 minutes of their time.

This includes Master's level and above **licensed** psychotherapists. My study is currently entitled **“The Use of Art by Mental Health Professionals.”**

It is necessary for survey participants to possess a graduate level degree in a counseling-related field, and use a form of art in their therapy with clients.

Would you please either send this link to them directly or their agency **OR** send me their email information so I can recruit them directly. This is a snowball method of recruitment so even if they don't **perfectly** fit the criteria, they may know others in the field who do.

Any help is greatly appreciated!!

Sincerely,

Alison Kemple

<http://www.surveygizmo.com/s3/434236/Art-in-Therapy>

Appendix C

Professionals who use art in Psychotherapy:

I am working on a Master's level thesis with the intent to look at the use of art in therapy by licensed clinicians. Survey participants are required to be Master's level degree and above **licensed** psychotherapists who use art in psychotherapy. My study is **“The Use of Art by Mental Health Professionals.”**

Therapists who utilize art in therapy sessions are required for the purpose of this study. I hope you will be interested in completing my survey; it involves 12 questions and typically takes less than 30 minutes. Participants must read and agree to the informed consent before completing the online survey. If you are willing to offer your responses, click to the link below to access the survey.

Any help is greatly appreciated!!

Sincerely,
Alison Kemple

<http://www.surveygizmo.com/s3/434236/Art-in-Therapy>

Appendix D

Please answer the following questions which determine eligibility for participation in this study.

Do you currently possess a graduate-level degree in a counseling field?

- yes
- no

Do you use a form of art in your therapy with clients?

- Yes
- No

Appendix E

Dear Participant,

I am a second year graduate student at the Smith School for Social Work. I am researching the use of art in the therapeutic setting. I am interested in learning from you about how you use art, and will hope to discover similarities and the differences in ways that you and other therapists use art, as well as the various modalities used. I will complete a Master's Thesis using the data I gather. I am also required to present this material to a group of individuals or a reader other than my advisor, and could potentially use the information in future research, or future presentations and publications.

This project should take under 30 minutes of your time. I am looking at all disciplines that provide individual therapy to clients. You must currently have a graduate degree in a counseling/mental health field and use a form of art in therapy to participate in this study. The questions will be answered in the form of an anonymous survey, and any narrative responses you provide in the comment boxes will be transcribed and analyzed by myself.

There are minimal risks involved for those who participate in this project. The benefits of this project to you as a participant are that you will have an opportunity to provide information regarding your own use of art in therapy sessions, which will allow you look at how you utilize art with your clients, and how it may be helpful and/or not helpful. When the thesis is completed, you will be able to access the results pertaining to other therapists through the Smith College library's website.

This is an anonymous study, as participants' names are not provided even to me as the researcher of the online survey. Quantitative data will be aggregated and presented as a whole in the thesis report, and if you provide brief illustrative quotes or narrative vignettes in the comment boxes, these quotes will be carefully disguised to remove identifying information about you before they are used in my thesis.

All data will be kept in a secure location for a period of three years as required by Federal guidelines and data stored electronically will be protected. If I personally need the materials beyond the three year period, they will continue to be kept in a secure location and will be destroyed when no longer needed.

Participation in this study is voluntary. You may withdraw from the study at any time during the data collection process and may omit answers to any specific question without withdrawing from the survey as a whole. If you desire to withdraw your data from the project, you may simply exit the survey. No data pertaining to you will be retained once you exit. However, once you submit the completed survey, your information cannot be removed because it will not be possible to identify your survey from any other: all information that would identify you will have been removed by the internet survey provider. Should you have any concerns about your rights or about any aspect of the study, you are encouraged to email me or call my cell phone. You are also free to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974 with any questions or concerns.

BY CHECKING “I AGREE” BELOW YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Please make a copy of this document for your records.

Thank you for your participation in this research study.

Alison Kemple

- I Agree
- I DO NOT CONSENT

1.) What is your age?

- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80

2.) How do you describe yourself?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- Other (please specify) _____

3.) Location and type of practice? (please check all that apply)

- Children
- Adolescents
- Adults
- Individual
- Couple's
- Family
- Groups
- Independent Practice
- Corporate Structures
- Art Studios

- Nursing Homes
- Mental Health
- Rehabilitation
- Medical/ Forensic Institutions
- Community Outreach
- Wellness Centers
- Schools

4.) What graduate level education have you had?

- Master's in Social Work
- Master's in Art Therapy
- Master's in Mental Health Counseling
- Master's in Counseling
- Master's in Marriage and Family Therapy
- Master's in School Counseling
- Master's in School Psychology
- Master's in General Psychology
- Master's in Clinical Psychology
- Registered Art Therapist (ATR)
- Art Therapist (Board Certified) (ATR-BC)
- Doctorate in Psychology
- Doctorate in Counseling
- Doctorate in Social Work
- Other (please specify _____)

5.) Do you have specific training in Art Therapy?

- Yes (please specify _____)
- No

6.) Would you consider yourself an artist?

- Yes
- No

7.) How do you utilize art in treatment?

- As stress relief for the client
- To interpret
- To determine client's unconscious needs/desires
- To get further detail
- Assessment
- Other (please specify _____)

8.) How often do you use art therapy for the following mental and/or emotional difficulties or for assessment purposes in treatment?

	Never	Rarely	Sometimes	Often	Always
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of mental status (e.g. psychosis, other cognitive issues...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.) What art media do you use?

- drawing
- painting
- clay
- other (please specify)

10.) How do you select which clients you will utilize art therapy with?

11.) What indicators of effectiveness do you utilize?

12.) Do you interpret the art of your clients? If so, what do you look at?

Thank You! Your insights and information are much appreciated!

<http://www.surveymoz.com/s3/434236/Art-in-Therapy>