



# Art therapy in mental health: A systematic review of approaches and practices



Theresa Van Lith, PhD, ATR, AThR\*

Florida State University, Department of Art Education, 1033 William Johnston Building, Tallahassee, FL 32306-1232, United States

## ARTICLE INFO

### Article history:

Available online 21 September 2015

### Keywords:

Art therapy  
Mental health issues  
Clinical approach  
Systematic review  
Evidence-based practice

## ABSTRACT

This systematic review aims to develop a bridge between what art therapists know and what they do in supporting those with mental health issues. Research undertaken between 1994 and 2014 was examined to ascertain the art therapy approaches applied when working with people who have mental health issues, as well as to identify how art therapy approaches were used within the clinical mental health system. Thirty articles were identified that demonstrated an art therapy approach to a particular mental health issue. The search strategy resulted in articles being grouped into four diagnostic terms: depression, borderline personality disorder, schizophrenia, and post-traumatic stress disorder. A synthesis of the identified articles resulted in the identification of research areas that need advancement. Future studies could incorporate more details on the art therapy approaches used to enhance transferability of practice. Moreover, adding art therapists' critique about the art therapy approach from their applied perspective, would assist in the development of evidence-based practice that is not just current, but feasible, too. Finally, the client voice needs to be incorporated in future studies to address questions of the relationship between client expectations and the perceived success of art therapy.

© 2015 Elsevier Ltd. All rights reserved.

## Introduction

The goals and approaches used by art therapists working in health care settings are generally regarded as specific to the context in which they work (Jones, 2005). An art therapist will often define his or her practice with orientations such as: psychodynamic; humanistic (phenomenological, gestalt, person centered); psycho-educational (behavioral, cognitive behavioral, developmental); systemic (family and group therapy); as well as integrative and eclectic approaches (Jones, 2005; Rubin, 2001, 2005). There are also widespread variations in individual preference and orientation by art therapists. For example, those using an observant stance would suggest their role is to be a witness to the experience of the inherent process of knowing the self (Allen, 2008). Those valuing a more interventionist engagement would suggest their role is to elicit meaning making by engendering new perspectives (Karkou & Sanderson, 2006), or to form a supportive alliance, which nurtures trust and safety (McNiff, 2004; Spaniol, 2000). Finally, those valuing a more intentional direction would see their role as evoking multiple sensations of human experiences, including the sensory-motor, perceptual, cognitive, emotional, social and spiritual aspects of a person (Bruscia, 1988).

### Evidence-based practice in art therapy

Over 30 years ago, pioneering art therapist Judith Rubin wrote:

Theory is only meaningful and worthwhile if it helps to explain the phenomena with which it deals in a way that enables us to work better with them [clients]. . .

Theory and technique should go hand in hand; the one based on and growing out of the other, each constantly modifying the other over time (1984, pp. 191–192).

Later, Rubin (2001) noted “different models of the mind fit different patients, as well as the same patient functioning at different developmental levels at different times” (p. 345). In her conclusion, she stated: “A good art therapist strives to have both theory and technique ‘in her bones’ so that ‘relating to a patient through art’ can be truly spontaneous, flexible and artistic” (2001, p. 351).

With Rubin's philosophies in mind, theoretically oriented practice is even more at the forefront of the work of today's art therapists. Moreover, the increasing push for evidence-based practice (EBP), especially within mental healthcare, has been a drive for practitioners to be more accountable and transparent in the services that they offer (Wood, Molassiotis, & Payne, 2011). Nevertheless, as EBP requires a heavier emphasis on research to justify decision-making processes, there has been an inclination by art therapists to see it as a polarizing effort to push research into either one of two categories: those that fit the “gold standard” of empirical evidence or anecdotal evidence (Huet, Springham, & Evans, 2014).

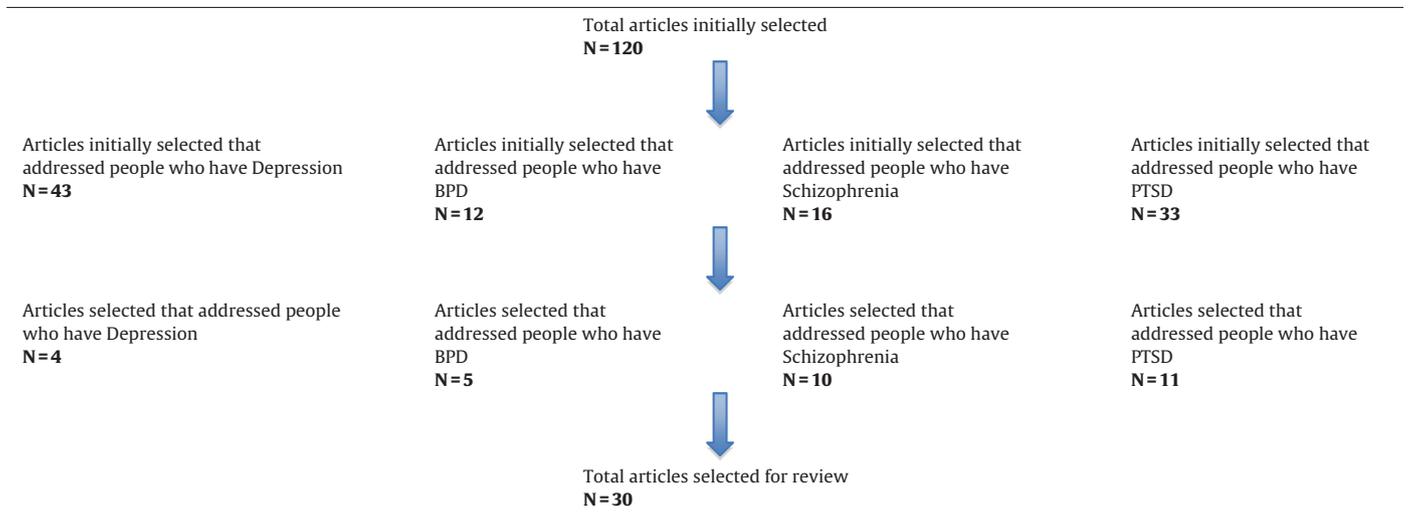
Taken from another perspective, EBP also offers opportunities for art therapists to be more critically aware of research by moving toward amalgamating supporting research with pragmatic experience. The definition of EBP in ‘Navigating art therapy: a therapist's companion’ (Wood, 2011) supports this position by stating it is: “the integration of individual expertise with the best available evidence from systematic research” (p. 83). Therefore, the intention of EBP ensures that practitioners “are practicing to the best of their abilities through constantly reviewing, updating and adjusting their practices according to the latest research findings” (Wood, 2011, p. 83).

Yet, EBP within art therapy need not be as daunting a task as some may believe. Previously, reviews have broadly investigated into how art therapy is of benefit to mental health (Perruzza & Kinsella, 2010; Slayton, D'Archer, & Kaplan, 2010; Stuckey & Nobel, 2010; Van Lith, Schofield, & Fenner, 2013). The intention of this review was

\* Tel.: +1 850 645 9890.

E-mail address: tvanlith@fsu.edu

**Table 1**  
Selection criteria process.



to build on the previously accumulated clinical knowledge by providing a review of applied knowledge that could increase understanding of how art therapists' practice.

## Methods

The systematic review had two main purposes. First, to examine which art therapy approaches were being practiced with people who have mental health issues. Second, to identify how art therapy approaches were used within the clinical mental health system and aided in the improvement of client symptoms, relapse and functioning.

The search strategy involved identifying peer-reviewed articles published in the English language between 1994 and 2014, a period which enabled the most up to date yet comprehensive research on this topic. A systematic search involved looking at the following databases: ProQuest, PsycINFO, CINAHL, Informaworld, EMBASE, AMED, OVID MEDLINE, as well as the online university library catalog.

Initially, the terms clinical mental health, mental illness, and inpatient were used to commence the search. However, it quickly became apparent that these did not elicit enough articles to warrant a review. Therefore, the criteria was revised to consider certain mental health population groups, that resulted in the following terms being searched: depression, bipolar disorder, dysthymia, manic depression, panic, obsessive-compulsive, post-traumatic stress, social anxiety, specific phobias generalized anxiety, schizophreniform, brief psychotic, psychotic not otherwise specified, schizoaffective, pervasive developmental, paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, avoidant, dependent, and obsessive-compulsive.

Each of these terms were searched with the following descriptors: art therapy, arts psychotherapy, creative arts therapy and multi-modal therapy until every combination had been exhausted. These terms and the possible combinations were also searched on Google Scholar. The reference lists from these articles were also reviewed for further relevant articles.

A total of 120 articles were initially identified and were then grouped by a diagnostic term (see Table 1). The selection criteria process resulted in articles being grouped into four diagnostic terms: depression, borderline personality disorder, schizophrenia, and post-traumatic stress disorder, which reduced the total to 104 articles. Each article was subsequently examined to determine the following inclusion criteria: (a) involved samples of adult individuals, (b) involved individuals who had been formally diagnosed, (c)

identification and explanation of the specific art therapy treatment approach or theory and (d) explanation of the methods used to conduct the investigation. Articles were excluded if they explored art-based assessments or art making tasks rather than specific approaches.

The selected articles went through another systematic analysis using the following criteria: description of study, identification of a theoretical approach, description of the art therapy approach, benefits of the approach, implications and limitations.

## Findings

The following section explores how art therapy approaches were used with four diagnostic terms: depression, borderline personality disorder, schizophrenia, and post-traumatic stress disorder. Each of the specific art therapy approaches are examined in reference to how they were used and if there were identified implications resulting from a study.

### *Art therapy approaches practiced with people who have depression*

Out of the 43 articles initially selected as addressing art therapy approaches for people who have depression, the majority did not include participants with depressive symptoms, but rather relatable symptoms such as loneliness, helplessness, hopelessness, and/or sadness. Four articles were subsequently reviewed that met the criteria to some degree (see Table 2). One study described an anthroposophic therapy approach (Hamre et al., 2006) and another study demonstrated an art psychodynamic approach (Thyme et al., 2007). There were two articles that were not specifically studies about an art therapy approach. However, they still provided important information, and consequently, were determined essential to include (Blomdahl, Gunnarsson, Guregard, & Bjorklund, 2013; Zubala, MacIntyre, Gleeson, & Karkou, 2013).

A unique approach, the first of its kind, but that did not solely focus on art therapy, was called the anthroposophic therapy approach (AT). In the study by Hamre et al. (2006), AT included participation in creative activities, eurhythmic movement exercises, rhythmical massage, counseling if necessary, and medication. The combination of physical and artistic therapies either took the place of, or accommodated medication for depression. Anthroposophic art therapy (AAT) was defined as engagement with various art mediums including clay modeling, speech exercises, painting and

**Table 2**  
Articles demonstrating art therapy approaches practiced with people who have depression.

Author	Country	Description of study	Identification of theoretical approach	Description of the art therapy approach	Benefits of the approach	Limitations and implications
Blomdahl et al. (2013)	Sweden	Summarized research from 16 articles on depression and art therapy and found common therapeutic factors. These were: self-exploration, self-expression, understanding and explanation, integration, symbolic thinking, creativity and sensory stimulation.	Direct and Indirect approach.	<b>Direct approach:</b> Addresses current problems. <b>Indirect approach:</b> Addresses client's inner lives letting current issues remain unspoken.	<b>Direct approach:</b> Clients are aware that the exercise relates to them, so may consciously influence the content of the session. <b>Indirect approach:</b> Has capacity to approach problems slowly and perhaps more playfully.	<b>Limitations:</b> The review resulted in no general conclusions due to scarcity of articles in dealing with art therapy combined with depression. <b>Implications:</b> Understanding what is effective makes it possible to select the best method of treatment for each client, is important for development of therapeutic methods and for evaluating the results of treatment and leads to deeper knowledge that provides a basis for further studies.
Hamre et al. (2006)	Germany	Cohort study of comprehensive Anthroposophic therapy for 97 outpatients diagnosed with depression from 42 medical practices in Germany.	Anthroposophic Art Therapy (AAT).	AAT includes engagement with various art mediums: clay modeling, speech exercises, painting and drawing.	The benefits of this approach were found to include increased dialog through the client-therapist relationship; increased emotional expression and can induce physiological effects.	<b>Limitations:</b> Absence of a comparison group receiving another treatment or no therapy. Self-selection bias possible- patient willing to try AAT may have had more favorable results. <b>Implications:</b> Study findings suggest that the AAT approach, with its recourse to non-verbal and artistic exercising therapies can be useful for patients motivated for such therapies. Results provide evidence that AAT has the same effectiveness as long-term psychotherapy for chronic depression. Results provide a positive incentive for further research on the effectiveness of AAT with clients diagnosed with chronic depression.
Thyme et al. (2007)	United Kingdom	39 women with depression (depressive symptoms/no clear diagnosis) were randomly assigned to time-limited psychodynamic art therapy or verbal psychotherapy.	Psychodynamic art therapy (brief).	The Art Psychotherapy method used was based on Schaverien (1995) and emphasized the transference relationship between the patient and artwork.	Art psychotherapy was found to reduce the number of depressive symptoms the participant experienced. These results were maintained at 3-month follow up. Psychodynamic verbal and art therapy had similar results such as improvement in reduced stress level and decreased number of depressive symptoms.	<b>Limitations:</b> Participants in this study did not receive a DSM IV diagnosis after treatment due to "administrative difficulties". The participants of this study were all female. Inter-rater reliabilities were not estimated for the following measures of this study: Hamilton Rating Scale of Depression (HRSD), diagnoses, and Personality Organization (PO) judgments. <b>Implications:</b> The results of this study provide evidence that Psychodynamic art therapy is a successful approach for females who are diagnosed with depression, or experiencing depression symptoms.
Zubala et al. (2013)	United Kingdom	Conducted a nationwide online survey consisting of 395 arts therapists in the UK. The data from the survey was used to compare and contrast the differences of arts therapists who specialize in working with clients who have clinically diagnosed depression.	It was found that the majority of art therapists who specialize in depression followed psychodynamic principals combined with additional theoretical approaches to support clients' needs.	Not specified.	Not specified.	<b>Limitations:</b> Focused on the quantitative data from the survey. Refer to two supporting articles for qualitative data from survey. <b>Implications:</b> The results of this study are valid, reliable and can be generalized to the population of registered art therapists in the UK. Therefore, can be used as a reference tool for art therapists deciding on a theoretical approach when treating clients diagnosed with depression.

drawing (Hamre et al., 2006). The study involved 97 outpatient adults from 42 medical practices in Germany with depressive symptoms lasting for a median duration of 5 years (6 months minimum). The AAT component of the study was found to show a level of improvement in 91% of participants from baseline to 12-month follow up (Hamre et al., 2006). However, little detail was provided as to how the AAT component was implemented, further information about this would assist in developing a control trial to compare theoretical approaches.

The art psychodynamic method used in the study by Thyme et al. (2007) was based on the model by Schaverien (1995) and emphasized the transference relationship between the patient and artwork. Thirty-nine women with depression were randomly assigned to either brief time-limited psychodynamic art therapy or verbal psychotherapy groups. Findings showed that the psychodynamic verbal and art therapy approaches had similar results such as improvement in reduced stress levels and decreased number of depressive symptoms, and these were maintained at 3-month follow-up (Thyme et al., 2007). However, some of the limitations included: that the findings can only be generalized to women, participants did not receive a DSM IV diagnosis after treatment due to “administrative difficulties” (Thyme et al., 2007, pp. 261), and inter-rater reliability tests were needed among the measures.

In regards to art therapy being able to benefit people who feel depressed, but were not formally diagnosed, Blomdahl et al. (2013) summarized 16 articles and found eight common therapeutic factors that art therapy was found to address. These were: self-exploration, self-expression, understanding and explanation, integration, symbolic thinking, creativity, sensory stimulation. Blomdahl and colleagues (2013) indicated two categories that the therapeutic approaches could be divided into: direct and indirect. The direct approach addressed current problems with the intention that the “clients are aware that the exercise relates to them, so may consciously influence the content of the session” (Blomdahl et al., 2013, p. 329). On the other hand, the indirect approach concentrated on the clients’ internal world with the intention of addressing “problems slowly and perhaps more playfully” (Blomdahl et al., 2013, p. 329). Nevertheless, there were no general conclusions about the most appropriate theoretical approach, nor was there any indication about how the art therapy techniques may effect outcomes (Blomdahl et al., 2013).

In determining the theoretical approach most preferred by art therapists who work directly with clients who experienced depression, Zubala et al. (2013) surveyed 395 arts therapists (243 of which were art therapists/psychotherapists) in the United Kingdom. The quantitative data revealed that the majority of art therapists followed a psychodynamic group approach for adults who were diagnosed with depression (Zubala et al., 2013). These art therapists’ tended to be older and more experienced than art therapists who did not specifically work with this population. The two additional articles that reported on the qualitative data from the survey clarified that although the psychodynamic approach influenced many art therapists practice, they also integrated systemic, narrative, cognitive, humanistic, person-centered, solution-focused, directive, intercultural, interpersonal, attachment theory, object relations, cognitive-behavioral and mentalization theories (Zubala, MacIntyre, & Karkou, 2014; Zubala, MacIntyre, Gleeson, & Karkou, 2014). The rationale behind this was that the art therapists “tended to vary the theoretical model of their therapeutic approach depending on individual client factors and often collaborated with other professionals using a variety of standardized tools to measure outcomes” (Zubala, MacIntyre, Gleeson et al., 2014, p. 535).

It is difficult to make inferences from the articles just reviewed due to the limited scope and many reporting inconclusive findings. In order to determine with more confidence the most suitable approaches, future research would benefit from including: a

follow-up of symptoms, more details as to how the approach was administered, as well as an indication of the level of popularity and willingness to engage in the art therapy program.

#### *Art therapy approaches practiced with people who have borderline personality disorder*

Twelve articles were initially identified that examined an art therapy approach with adults who have borderline personality disorder (BPD). Of the initial 12 articles, five met the selection criteria (see Table 3). These articles all used a variation of arts psychotherapy and were accordingly defined as the following: individual art psychodynamic therapy (Lamont, Brunero, & Sutton, 2009), mentalization based art therapy (Franks & Whitaker, 2007; Springham, Findlay, Woods, & Harris, 2012), Dialectical Behavior Therapy (DBT) (Huckvale & Learmonth, 2009) and feminist therapy with a DBT-orientation (Eastwood, 2012). While the focus of this paper was to examine articles that investigated art therapy approaches, it is noteworthy to mention that professional consensus guidelines for art therapists working with clients who have BPD were also developed (Springham, Dunne, Noyse, & Swearingen, 2012). However, these have yet to be formally tested.

The study that examined an individual art psychodynamic approach was conducted through a qualitative case study with a consumer diagnosed with borderline personality disorder (Lamont et al., 2009). The art works made during the treatment process showed: “lived traumatic experiences, externalization of thoughts and feelings and intense emotional expression” (Lamont et al., 2009, p. 164). Analysis of the findings revealed that the participant developed a greater awareness of the experienced trauma, as well as positive coping skills, relaxation techniques and successful ways to communicate with staff about her needs (Lamont et al., 2009).

There were two studies that explored psychodynamic art therapy through mentalization. The pilot study by Franks and Whitaker (2007) integrated mentalization in art therapy by asking five participants to think about the role of the image during the art making process. Participants also attended individual verbal psychology sessions between scheduled group art psychotherapy sessions. Pre and post-measures were administered to the participants, which showed a decrease in intensity of symptoms/distress and improvement in social functioning. The results of the outcome measures suggested that the combination of treatments (group art psychotherapy and individual verbal psychotherapy) was effective, with benefits sustained over time by three out of five of the participants, with one participant dropping out of the study (Franks & Whitaker, 2007).

The study by Springham, Findlay et al. (2012) used a mixed method design, utilizing data from the whole treatment with six participants from pre/post-tests and an in-depth interview of one of the participants in the study. This form of psychodynamic therapy emphasized the mentalizing process by including underlying thinking structures that form interpretations and perceptions based on beliefs, needs, feelings and assumptions (Springham, Dunne et al., 2012 and Springham, Findlay et al., 2012). The images created were seen as anchoring mental content, thereby helping to identify and sort through disordered thought processes. The findings also revealed that increasing mentalization capacity, diminished mood instability, identity diffusion, and conflicted interpersonal relationship (Springham, Dunne et al., 2012; Springham, Findlay et al., 2012).

Huckvale and Learmonth (2009) used a DBT approach (a form of cognitive behavioral therapy) and also added a psycho-educational component demonstrated through a case study. Overall, the participant reported positive effects of the art therapy intervention on: individual relationships, daily interactions, managing family conflicts, feeling less paranoid in public, reduced self-harming

**Table 3**  
Articles demonstrating art therapy approaches practiced with people who have borderline personality disorder.

Author	Country	Description of study	Identification of theoretical approach	Description of the art therapy approach	Benefits of the approach	Limitations and implications
Eastwood (2012)	United Kingdom	Anecdotal case study example of a single feminist art therapy group session with 11 females between the ages of 18–65, on a ward specializing in Dialectical Behavior Therapy (DBT) treatment for individuals diagnosed with BPD at in-patient mental health facility.	Feminist art therapy.	Women can deconstruct, subvert and dilute the power of such constraints, begin to envisage and make tangible a different and greater informed experience through the art making process. Egalitarian relationship between art therapist and client is essential. Art therapy sessions must have a feeling of collaboration to be effective.	Art making process is a safe place. Symbolism in art is alternative to verbal therapy to address lifetime traumatic experiences. Positive identity as an artist emerged.	<b>Limitations:</b> This is an innovative model not previously researched. <b>Implications:</b> Approach has many therapeutic benefits for positive change that require further investigation.
Franks and Whitaker (2007)	United Kingdom	A pilot study exploring the benefits of a combined art and verbal group psychotherapy treatment for five clients who have personality disorders.	Group art psychodynamic therapy.	Emphasis on mentalizing during therapy, which is the capacity to perceive and understand self and others in terms of mental states. Used in art therapy when client thinks about the role of the image within the art therapy.	Pre and post-measures administered to the participants (clinical outcome and routine evaluation outcome measure, and brief symptom inventory) showed decrease in intensity of symptoms/distress and improvement in social functioning.	<b>Limitations:</b> One out of the five participants dropped out of the study and 8-month follow up measures were only completed by two out of the five participants. Study implies that they have borderline personality disorder. <b>Implications:</b> Approach has many therapeutic benefits for positive change that require further investigation.
Huckvale and Learmonth (2009)	United Kingdom	Case study of a client diagnosed with BPD who participated in a combined Dialectical Behavior Therapy (DBT) and Group Art Psychotherapy approach.	Art therapy with DBT (a form of cognitive behavioral therapy) with psychotherapy education.	The main four components of the group art therapy treatment included; Behavioral control, processing past emotions and events, problem solving current conflict and experiencing joy. Art therapy interventions included: homework, the learning circle theory, and emotional regulation.	The combination of group art psychotherapy and DBT was found to address emotional regulation capabilities, acceptance and reflective ability in clients. Overall, participant reported positive effects of the art therapy intervention in areas such as; individual relationships, daily interactions, managing family conflicts, feeling less paranoid in public, reduced self-harming tendencies, and the ability to reduce intense or uncontrollable emotions.	<b>Limitations:</b> Not a rigorous study. <b>Implications:</b> The approach was identified as most effective when the skills acquired during therapy were applied in real life contexts. Opens up the possibilities of developing art therapy as an integrated aspect of DBT-based approach.
Lamont et al. (2009)	United Kingdom	A qualitative case study on one resident diagnosed with borderline personality disorder examining the benefits of an individual art psychotherapy intervention.	Art psychodynamic therapy.	Non-interpretive method was used during the art therapy sessions. Goals/objectives of the art therapy intervention provided a medium to allow participant to express her cognitions, emotions, and needs. Participant described and reflected on paintings during the process.	Approach increased greater awareness of experienced trauma. Helped the participant to develop positive coping skills, relaxation techniques and successful ways to communicate with staff about her needs.	<b>Limitations:</b> Lack of experience by facilitator. A pre/post-quantitative measure would have assessed the participant's level of symptoms, or a follow up interview about the experience. <b>Implications:</b> Collaboration of other mental health professional and art therapist working together on a treatment team meant that the client outcomes were further realized.
Springham, Findlay et al. (2012)	United Kingdom	Pilot study examining the benefits of mentalization based art therapy as a treatment intervention for six individuals with Borderline Personality Disorder.	Mentalization based art therapy (form of psychodynamic psychotherapy).	Eight themes were described that explain approach: art replaces the words the service user cannot find, joint attention in art therapy is enhanced by homogenous group composition, therapist models the application of inquiry rather than pre-determined knowledge to exploration of artworks, service user to service user comments on artworks support capacity to accept multiple perspectives, continuous movement between art making and sharing artworks develops emotional regulation, the unresponsive therapist in iatrogenic in BPD treatment, art therapist's 'watchful not watching' stance during art making supports immersion in art making, and art therapy can be used as self-help.	Using art therapy to increase mentalization capacity was found to enhance distress tolerance, stabilize emotional expression; enhance individual impulsivity, and strengthen sense of self.	<b>Limitations:</b> Included only one participant interview out of the six total participants. <b>Implications:</b> Art anchored mental content, which helped to identify and sort through disordered thought processes.

tendencies, and the ability to reduce intense or uncontrollable emotions (Huckvale & Learmonth, 2009). The approach was identified as most effective when the skills acquired during therapy were applied in real life contexts (Huckvale & Learmonth, 2009).

The anecdotal case study of a single feminist art therapy group session was conducted with 11 women on a ward specializing in DBT treatment (Eastwood, 2012). The case study method demonstrated how women who may have a reputation of being “feared by others” can, through the use of art materials, find a place where they can be seen as “human” (Eastwood, 2012, p. 107).

The articles just reviewed were designed as pilots using small sample sizes to initially test the theoretical approach. Going forward, using larger sample sizes to make stronger conclusions and to generalize the findings to a wider population will help expand this current knowledge base. Furthermore, in these studies there was little attrition at follow-up leaving open the question of whether the benefits were sustained over time. An important addition, to examining these theoretical approaches follows Huckvale & Learmonth, 2009 recommendations to not just measure symptoms, but also “fewer admissions, sections, overdoses, incidents of self harm or attempted suicide” (p. 62).

#### *Art therapy approaches practiced with people who have schizophrenia*

Sixteen articles were initially identified that examined art therapy with people who were diagnosed with schizophrenia, and of these, 10 articles met the selection criteria (see Table 4). Although each of these articles emphasized group art therapy, specific styles and interpretation of this approach were different. One article emphasized role development theory (Schindler & Pletnick, 2006). Two articles identified using an expressive arts therapy model (Hanevik, Hestad, Lien, Teglbjaerg, & Danbolt, 2013; Teglbjaerg, 2011). Two articles used a group interactive model (Crawford et al., 2012; Richardson, Jones, Evans, Stevens, & Rowe, 2007). The article by Crawford et al. (2012) was also part of the *Multicenter Study of Art Therapy in Schizophrenia: Systematic Evaluation* (MATISSE), along with the following two articles by Patterson, Crawford, Ainsworth, & Waller (2011) and Patterson, Debate, Anju, Waller, & Crawford (2011). Two articles used psychoanalytical art therapy (Killick, 1996; Michaelides, 2012). Finally, one article adopted a psychodynamic group art therapy approach (Montag et al., 2014).

The case study of role development as a treatment for individuals with schizophrenia in a forensic psychiatric hospital was explored using three studies: study A involved 42 participants in each of the experimental and comparison groups, study B involved 10 participants and study C was an individual case study (Schindler & Pletnick, 2006). Role development theory applied to art therapy was an individualized intervention focused on identifying client roles, tasks associated with those roles, and interpersonal development. Participants in the A and B study showed statistically significant improvement in the development of task skills, interpersonal skills, and role functioning (strongest at 4 weeks of training) (Schindler & Pletnick, 2006).

There were two studies that explored expressive art therapy, but each focused on a different part of the symptoms of schizophrenia. The study by Hanevik et al. (2013) explored how five female participants used expressive art therapy to express their psychotic experiences. Sessions were structured and involved listening to music, reading out poems, opening and closing discussion, movement therapy and art directives. Hanevik et al. (2013) incorporated phenomenology and cognitive behavior therapy to conceptualize the benefits and found that: “artistic exploration of the psychotic experience may contribute to the patients’ cognitive understanding of their disorder, thus helping the patient to control her psychosis” (p. 320). All participants reported that

they had experienced positive changes due to the expressive art therapy group intervention. This included an increase in: ability to manage psychotic experiences and behaviors, feelings of being valued, development of coping skills and problem solving skills to distinguish between different types of psychotic experiences (hallucinations, spiritual experiences, and grandiose delusions).

The interdisciplinary formative expressive arts therapy model developed by Teglbjaerg (2011) was designed to enhance sense of self, interpersonal contact, self-esteem and social competency. Sessions were based around a theme using paint, with group discussions before and after sessions. There were no psychological interpretations of the artwork and verbal responses were seen to create a focus for the artwork, identify issues and help problem solve (Teglbjaerg, 2011). Five out of the 10 participants were diagnosed with severe schizophrenia. The other five participants had depression and/or personality disorders that were nonpsychotic. Teglbjaerg (2011) postulated that a core part of having schizophrenia was the weakening in a sense of self, and found that the art process facilitated a strengthening in the participants’ sense of self through: increasing presence of being, formation of new structures of meaning, increasing direct experience of self, setting up of a special social context, and stimulating creativity and play.

The studies using an art psychotherapy approach were all conducted in the United Kingdom and followed a similar model of practice. However, each study had a different focus and so has been explained separately. The study by Killick (1996) focused on how analytically informed art psychotherapy came to constitute a containing object for one participant’s un-integrated state of mind. As Killick (1996) explained, the artwork helped to contain the violence of a patient’s intrusive identifications, when he was in an acute psychotic state, which resulted in the development of coping skills to decrease anxiety and disorganized thought processes. The images that emerged in the participant’s artwork were then used to increase his communication skills with the therapist. As Killick’s (1996) work was a descriptive case study, based on the art therapist’s experience and not measured quantitatively or qualitatively, it was difficult to determine the impact of this approach on the participant.

The case study by Michaelides (2012) focused on how group art psychotherapy with 16 participants could improve negative reflective functioning. Reflective functioning was defined as a developmental accomplishment that allowed an individual to appropriately respond to their personal beliefs, hopes, feelings, plans and pretenses, as well as others’ behaviors (Michaelides, 2012). Participants engaged in open art therapy, which were open to all who lived in the supportive unit. The article was not a rigorous study as such. Nevertheless, Michaelides (2012) concluded that the art work was used as a form of communication with non-verbal schizophrenic clients, for self-reflection and for individuation.

The randomized control trial by Richardson et al. (2007) focused on brief group interactive art therapy with 43 participants in the art therapy group and 47 in the standard psychiatric care condition. During sessions, the triangulation between the client, art work and therapist was emphasized and seen to help: decrease paranoid suspicions toward therapist, reduce drop out rate, help to contain psychotic fears, increase engagement in psychological treatment, build trust in therapist, and improve ability to relate to other people (Richardson et al., 2007). The art therapy condition was found to have a statically significant positive effect on negative symptoms, assessed by Scale for the Assessment of Negative Symptoms (SANS), though had little and non-significant impact on the other measures.

As part of the MATISSE, Crawford et al. (2012) conducted a multicenter pragmatic randomized trial to explore clinical effectiveness of group art therapy with 417 participants who had schizophrenia. The study resulted in insignificant findings leading the authors

**Table 4**  
Articles demonstrating art therapy approaches practiced with people who schizophrenia.

Author	Countries	Description of study	Identification of theoretical approach	Description of the art therapy approach	Benefits of the approach	Limitations and implications
Crawford et al. (2012)	United Kingdom	Multi-center pragmatic randomized trial to explore clinical effectiveness of group art therapy for people with schizophrenia with 417 participants.	Model was 'group interactive' art psychotherapy. No further details supplied.	Art therapy was carried out in keeping with recommendations of the British Association of Art Therapists and aimed to enhance self-expression, improve emotional health, and help people develop better interpersonal functioning.	The primary outcomes were global functioning and mental health symptoms. Secondary measures were group attendance, social functioning and satisfaction with care. Primary and secondary outcomes did not differ between those referred to art therapy compared to those referred to standard care at 12 and 24 months.	<b>Limitations:</b> Level of group attendance greatly fluctuated. The primary outcome measure in this study was the Global Assessment of Functioning (GAF) scale. The GAF was taken out of the current version of the DSM-5 due to problems with validity and reliability. <b>Implications:</b> Art therapy as delivered in this trial did not improve global functioning, mental health, or other health related outcomes.
Hanevik et al. (2013)	Norway	Five case studies encompassing an expressive arts therapy group for women diagnosed with a psychotic disorder.	Expressive art therapy.	Expressive art therapy theory utilizes various artistic modalities such as music, poetry, painting or sculpturing. Builds off of phenomenological and cognitive behavioral therapy.	All participants reported that they had experienced positive changes due to the expressive art therapy group intervention. This included the increased ability to manage: psychotic experiences and behaviors, feelings of being valued, coping skills and problem solving skills.	<b>Limitations:</b> Research bias, researcher was also the therapist. Participants had a variety of different psychotic DSM diagnoses. Participants were all female. <b>Implications:</b> Artistic exploration of the psychotic experience may contribute to the participants' cognitive understanding of their disorder, helping to control their psychosis.
Killick (1996)	United Kingdom	Case study of a participant diagnosed with schizophrenia who received art psychotherapy at an in-patient (18 months) and outpatient facility for approximately 6 years.	Psychoanalytical art therapy. No further detail required.	Analytically informed art psychotherapy setting came to constitute a containing object for the patient's un-integrated state of mind.	Artwork helped to contain the violence of the patient's intrusive identifications resulting in development of coping skills to decrease anxiety and disorganized thought processes when he was in an acute psychotic state. Images emerged in the patient's artwork that was then used to increase his communication skills with the therapist.	<b>Limitations:</b> A descriptive case study based on the art therapists experience, not measured quantitatively or qualitatively. <b>Implications:</b> If a patient is acutely psychotic, a setting (in-patient) that can bear and contain the un-integrated state of mind over time is required.
Michaelides (2012)	United Kingdom	A case study to explore how 16 participants working at a negative reflective functioning level could be assisted in moving past the stage of 'familiarization' through group art psychotherapy.	Group psychoanalytical art therapy. No further detail required.	The artwork becomes important for visible progress indicators such as increased self-perception from personal and group members observations of them. Art work used as a form of communication with non-verbal schizophrenic clients, for self-reflection and for individuation.	The art psychotherapy group may work as a way of exploring the mind.	<b>Limitations:</b> Not a rigorous study. <b>Implications:</b> For some clients whose inner worlds are very fragmented the stage of 'familiarization' and 'immanent articulation' may be the limits of their therapy. Art psychotherapy, with the help of the group and its reflective functioning process, can help to assist a client to shift beyond these stages.
Montag et al. (2014)	Germany	Evaluated the feasibility of an assessor-blind, randomized controlled trial with 58 participants.	Psychodynamic group art therapy.	The approach was non-directive and participants were encouraged to find their own image at their own pace. With invitations to discuss art works with the therapist and group members. Autonomous decision-making about the handling of participants art work was crucial.	Intervention significantly reduced positive symptoms and improved psychosocial functioning at post-treatment and follow-up, and with a greater mean reduction of negative symptoms at follow-up compared to standard treatment. Participants also showed a significant improvement in emotional awareness and in their ability to reflect about others' emotional mental states.	<b>Limitations:</b> No standardized active comparison condition to control for the unspecific effects of therapeutic contact and group dynamics. Short follow-up period. <b>Implications:</b> Study shows feasibility of similar projects and points to a possible positive effect of the intervention on psychotic symptoms, psychosocial functioning and the ability to mentalize emotions.

Table 4 (Continued)

Author	Countries	Description of study	Identification of theoretical approach	Description of the art therapy approach	Benefits of the approach	Limitations and implications
Patterson, Crawford et al. (2011)	United Kingdom	24 art therapists' views about what changes, how and for whom.	Majority identified using psychodynamic approach influenced by Kleinian object-relations theory or Jungian analytic concepts.	Clients may express and experience themselves differently, develop new ways of relating to others, organize themselves into a satisfying esthetic form and understand feelings that may have emerged during the creative process.	Outcomes of approach are difficult to obtain due to complexities of symptoms. Therapist and client relationship and clients' willingness to engage in therapy determines benefits of therapy approach.	<b>Limitations:</b> Study does not give detailed explanation of how art therapists define their approach and how they evaluate progress. <b>Implications:</b> In relation to determining most suitable theoretical approach, difficulties defining and measuring outcomes amidst the puzzling changeable complexities of schizophrenia.
Patterson, Debate et al. (2011)	United Kingdom	Data from a national survey of 71 art therapists working throughout England in mental health facilities.	Majority used art psychodynamic therapy.	Art therapists typically adopted a non-directive approach encouraging clients to use image making for self-expression and reflection to develop self-understanding. Important components of an art therapy sessions: privacy, confidentiality and the safekeeping of client artwork.	Developed self-understanding and relief through expression of painful feelings, resolution of internal conflicts, increased therapist-client communication, development of self-control, increased ability to manage difficulties, increased ability to identify emotions, increased ability to develop new skills, which increased independent and self-control.	<b>Limitations:</b> data collected from the national survey based on the opinions of the participants (response bias). <b>Implications:</b> Results from this study provide evidence that the psychotherapy approach is beneficial when working with clients who have schizophrenia.
Richardson et al. (2007)	United Kingdom	Conducted the first exploratory RCT of group interactive art therapy as an adjunctive treatment in chronic schizophrenia. Forty-three participants in art therapy group and 47 standard psychiatric care (SPC).	Brief group interactive art therapy.	Psychoeducation on patterns of behavior that are causing distress. Triangulation between client, art, and art therapist. Art psychotherapy as a process of making images plays a central role in the context of the psychotherapeutic relationship.	Art therapy produced a statically significant positive effect on negative symptoms (assessed by Scale for the Assessment of Negative Symptoms) though had little and non-significant impact on other measures. Art therapy had slight improvement over the SPC group on the measures of the study.	<b>Limitations:</b> Lack of completed 6-month follow assessments by a large amount of the participants hindered the final outcome. Insufficient statistical power and a sub-optimal level of treatment (only 12 sessions). <b>Implications:</b> Results were sufficiently promising to justify further research along these lines.
Schindler and Pletnick (2006)	United States	Case study of role development as a treatment for an individual with schizophrenia in a forensic psychiatric hospital. Study A: adult males, 42 participants in each the experimental and comparison groups. Study B: 10 participants. Case study: male, 35 years old.	Role development art therapy.	Role development in art therapy becomes the vehicle for therapeutic change as the client develops task skills required for art making and interpersonal skills needed to establish a therapeutic relationship with the art therapist.	Study A and B: participants in the role development program showed statically significant improvement in the development of task skills, interpersonal skills, and role functioning (strongest at 4 weeks of training).	<b>Limitations:</b> Case study was not tested like the previous studies A and B were. <b>Implications:</b> Used in collaboration with other multidisciplinary treatments, it is effective in promoting positive change and improved quality of life for individuals diagnosed with schizophrenia.
Teglbjaerg (2011)	Denmark	Qualitative extended case report on the interdisciplinary formative expressive arts therapy model with 10 participants.	Expressive arts therapy.	An interdisciplinary formative approach with structured sessions. No psychological interpretations of the artwork.	The most important benefits of the art therapy were: strengthening of the patients' sense of self, decreased tension from interpersonal relationships, increased self-esteem and social competency.	<b>Limitations:</b> Theoretical orientation used was confusing. Half of the participants had schizophrenia. <b>Implications:</b> Expressive arts therapy can enhance a reduced sense of self, a core issue in schizophrenia.

to conclude that: “referring people with established schizophrenia to group art therapy as delivered in this trial did not improve global functioning, mental health, or other health related outcomes” (Crawford et al., 2012, p. 1). It is also important to note that the level of group attendance greatly fluctuated; “almost 40% of participants randomized to group art therapy did not attend any sessions. Among those who did, few attended regularly” (Crawford et al., 2012, p. 4). Additionally, the primary outcome measure in this study was the Global Assessment of Functioning (GAF) scale. Incidentally, the GAF was taken out of the current version of the DSM-5 due to reported problems with validity and reliability (APA, 2013).

Together with the findings of the MATISSE study, two studies of art therapists’ perspectives were conducted. Firstly, Patterson, Crawford et al. (2011) examined 24 art therapists’ views about what changes, how and for whom in relation to the treatment of schizophrenia. The majority of the art therapists identified their preferred approach to be psychodynamic art therapy influenced by Kleinian object-relations theory or Jungian analytic concepts, with the minority preferring psychoanalytic, humanistic or eclectic art therapy approaches (Patterson, Crawford et al., 2011). Nevertheless, the consensus was that engagement with the therapist; awareness and acknowledgment of a problem; as well as the willingness to address the problem, were imperative for therapy to be beneficial, regardless of the approach used. Patterson, Crawford et al. (2011) concluded that: “ultimately, fit between therapist, participant and modality was crucial” for the benefits of the approach to be realized” (p. 78).

The second study involving perspectives on practice gained data from 71 art therapists to understand the provision and practice of art therapy for people who have schizophrenia (Patterson, Debate et al., 2011). The survey indicated that art therapists’ preferred theoretical approaches were: psychodynamic (71.8%), followed by mixed/eclectic theoretical (14.1%), cognitive behavioral therapy or cognitive behavioral art therapy approaches (9.9%). The remaining participants used humanistic and non-directive theoretical approaches (Patterson, Debate et al., 2011). A non-directive art psychotherapy approach was explained as: “rather than seek to explore underlying dynamics, art therapists typically adopt a non-directive approach encouraging patients to use image making to express feelings and reflect on these in a concrete way to develop self-understanding” (Patterson, Debate et al., 2011, p. 328). Important components of art therapy sessions included: privacy, confidentiality and the safekeeping of client artwork.

Of concern, when reviewing these studies was that broad terms such as ‘psychotherapy’ and ‘group interactive therapy’ were used to explain the art therapy approach used. However, little explanation was provided as to how this was defined and what theoretical premise underpinned the practice. This is an issue in regards to the ability to replicate the study, as well as the ease of being able to apply the approach into practice.

The findings from the MATISSE randomized control trial (Crawford et al., 2012) indicate the need in further studies to review how closely art therapists adhere to the approach that the study is investigating. Their suggestions are also important to consider. In particular, the importance of trying art therapy on individuals who are committed and consistently attend, as well as incorporating other means of data collection, as group art therapy “may help people in ways that are difficult to quantify” (Crawford et al., 2012, p. 4).

The study by Montag et al. (2014) adopted a psychodynamic group art therapy approach. Researchers evaluated the feasibility of an assessor-blind, randomized controlled trial with 58 participants. The approach was non-directive, and participants were encouraged to find their own image at their own pace. With invitations to discuss art works with the therapist and group members. Autonomous

decision-making about the handling of participants art work was regarded as crucial.

Montag et al. (2014) found that participants who received the art therapy condition showed significant mean reduction of positive and negative symptoms at 12-week follow-up compared to treatment as usual. These were measured by composite scores of the SANS and the Scale for the Assessment of Positive Symptoms (SAPS). With the art therapy condition showing continued improvement for positive symptoms at follow up in comparison to the control condition which showed deterioration, Montag et al. (2014) speculated that art therapy during acute psychotic episodes might prevent an increase in symptoms after remission. There were significantly higher GAF mean scores in the art therapy condition at post-treatment and follow-up, but no significant group differences for the Calgary Depression Scale for Schizophrenia (CDSS). No group differences were shown with secondary outcomes of cognitive empathy, quality of life, or overall satisfaction. But the art therapy condition showed significant improvement in levels of emotional awareness, and particularly in their ability to reflect about others’ emotional mental states. Montag et al. (2014) concluded that the intervention and follow up periods may have been too short to show overall improvements on most of the secondary improvements, which required the participants to alter perspectives on life situations and states of mind.

The approach by Montag et al. (2014) provided a promising direction for studies exploring art therapy practices and how it benefits for people with schizophrenia. The implications of this study not only demonstrated that studies are feasible during acute psychotic episodes, but also that using psychodynamic group art therapy at this stage can improve symptom reduction and recovery of mentalizing function. Further studies adhering to Montag et al., 2014 procedures might demonstrate if improvement can be sustained over time and indicate how the participants’ perceive change to their overall quality of life.

#### *Art therapy approaches practiced with people who have post-traumatic stress disorder*

Thirty-three articles were initially identified as examining an art therapy approach with post-traumatic stress disorder (PTSD) and 11 were found to meet the selection criteria (see Table 5). The majority of articles identified addressed the processing of traumatic events, whereby the participants were in a traumatized state, but these had not developed into PTSD. The other noteworthy finding was there were three main areas where PTSD was prevalent: war related, sexual abuse and refugees. However, the research was too limited to make any inferences about how approaches may be altered to suit the specific incident, as well as how cultural needs are met.

There were 7 articles that explored a specific art therapy approach by providing clinical implications. Yet, these approaches were not evaluated as such, but rather provide a rationale for future clinical trials. Therefore, these articles were not analyzed further, but are explained in Table 5 and include: the group art therapy model by Backos and Pagon (1999), the psychoanalytic art therapy approach by Buk (2009), the neurobiological art therapy model by Gantt and Tinnin (2009), the task-oriented art therapy approach by Rankin and Taucher (2003), the cognitive behavioral intervention art therapy approach by Sarid and Huss (2010), the art therapy trauma protocol by Talwar (2007), and the art therapy with eye movement desensitization and reprocessing through bilateral stimulation by Tripp (2007).

There were two articles identified that addressed PTSD using a specifically designed approach. They included the check art therapy protocol (Hass-Cohen, Clyde Findlay, Carr, & Vanderlan, 2014), and trauma-focused cognitive behavior therapy (Naff, 2014).

**Table 5**  
Articles demonstrating art therapy approaches practiced with people who have post-traumatic stress disorder.

Author	Countries	Description of study	Identification of theoretical approach	Description of the art therapy approach	Benefits of the approach	Limitations and implications
Backos and Pagon (1999)	United States	Describes the components of an adolescent art therapy group for female survivors of sexual assault.	Group art therapy.	Group model and integrated psycho-education. Format loosely structured with consistent tasks opening and closing each session. Involved parents and family work.	Issues addressed included: problem behavior, school avoidance, depression, suicidal thoughts, homicidal thoughts, explosive outbursts, drinking, running away, promiscuity, and bulimia.	<b>Limitations:</b> Not a rigorous study, however mentioned themes in the group member's artwork. <b>Implications:</b> Provides a framework to trial that focuses on changing rigid, stereotypical views of rape and incest and provides an outlet for client anger.
Buk (2009)	United States	Explores the mutative actions of psychoanalytically informed art therapy interventions with anecdotal case study.	Psychoanalytic art therapy.	Analyzed the client's artwork through the art therapist's intuitive response to images, symbolism and expressive elements (color, line, spatial composition) that were a representation of the client's psychological state.	Reported that the art making process enabled the client to become conscious of and verbally process dissociated memories involving the threat of sexual abuse.	<b>Limitations:</b> Article describes model but not a rigorous study. <b>Implications:</b> Provides practice guidelines that require testing out in the field.
Collie et al. (2006)	United States	A conceptual foundation for research about art therapy as a treatment for combat-related PTSD.	Theoretical rationale identified through recommendations for practice.	Recommended focus for practice includes: relaxation, non-verbal expression, containment, symbolic expression, externalization and the pleasure of creation.	Perceived benefits include: reconsolidation of memories, progressive exposure, externalization, reduction of arousal, reactivation of positive emotion, enhancement of emotional self-efficacy and improved self-esteem.	<b>Limitations:</b> Little detail on how recommendations were analyzed verified. <b>Implications:</b> Provides practice guidelines that require testing out in the field.
Gantt and Tinnin (2009)	United States	Literature review of PTSD non-verbal treatments and presented a model of neurobiological art therapy.	Neurobiological art therapy.	Art therapy techniques utilize right brain processes by activating limbic structures in the brain involved in processing fear (trauma). During an art therapy session, clients express terror and trauma that has been stalled in somatic memory and then process the feelings associated.	Non-directive approaches take too much time. Other trauma-focused models defer trauma processing and excessively emphasize expressing emotion. Proposed model addresses the root cause (due to evidence of trauma involving an etiology of intrusive, arousal and avoidant symptoms).	<b>Limitations:</b> Article describes model but not a rigorous study. <b>Implications:</b> Thorough explanation of model provides groundwork for future study trials.
Hass-Cohen et al. (2014)	United States	Reviews the neurobiological systems involved in trauma processing. Demonstrates the Check protocol with the case of a woman who witnessed the September 11, 2001, attacks on the World Trade Center.	The Check art therapy protocol.	Sequence of directives for treating trauma that is grounded in neurobiological theory and designed to facilitate trauma narrative processing, autobiographical coherency, and the rebalancing of dysregulated responses to psychosocial stressors and trauma impacts.	A comparison of pre and post-treatment assessments (Beck Anxiety Inventory and Centrality of Event Scale) showed decreased anxiety and avoidance behaviors and improved resiliency.	<b>Limitations:</b> Results of study need replication and support from further experimental research. <b>Implications:</b> Provides groundwork for further investigation into how art therapy protocols: support safety and coherency, increase relational security and remembrance, improve social connection and long-term resilience, and rebalance brain functioning.
Kopytin and Lebedev (2013)	Russia	Randomized control trial of group art therapy in a psychotherapy unit of a Russian hospital for 112 war veterans being treated for stress-related disorders.	Group art psychotherapy.	Goals of structured groups included: creative stimulation, safe release of emotions and stimulation, expression of current emotional state, development of interpersonal skills and mindfulness, understanding of their own self-perception, awareness of their attitude to others and their position in a group, psychoeducation on their illness and their internal resources to gain perspective on their past and present life situations.	Image formation and artistic activity fostered cognitive and creative problem solving and increased self-esteem. Humor served as an important therapeutic function in this population.	<b>Limitations:</b> Study did not focus on PTSD but more moderate stress-related disorders. Possible bias in drawing scores: no test-retest analysis and no inter rater measure. Cultural factors must also be taken into account. <b>Implications:</b> Results of the study indicate that brief group art therapy may exert a positive influence on war veterans; particularly on their symptomatic status, personality functioning, cognitive abilities and creativity and quality of life.

Naff (2014)	United States	Qualitative study proposed an art therapy treatment framework for cumulative trauma derived from semi-structured interviews with three art therapist and artistic representations of their approaches.	Trauma focused cognitive behavioral art therapy.	Phase-oriented treatment (objectives of each phase are closely related to TF-CBT and other published art therapy-based trauma protocols): <i>Preparation</i> : installation of hope, <i>Containment</i> : introducing security, <i>Narration</i> : exposure and allowance, and <i>Integration</i> : healing and maintenance.	Participants stated that they were committed to using the creative process to help clients concretize their knowledge, coping skills, and resources, and to reinforce an understanding of art techniques introduced in session.	<b>Limitations:</b> Study only interviewed 3 art therapists affiliated with the same university and clinical art therapy program. <b>Implications:</b> The lack of specific information about cumulative trauma in the art therapy literature signals an important opportunity to investigate characteristic factors that should be considered when treating this type of trauma.
Rankin and Taucher (2003)	United States	Provides an outline for how to use a task-oriented approach to art therapy.	Task-oriented approach to art therapy.	The model focuses on interventions to facilitate expression of current psychological and physiological states; that produce narration of events, promote exploration of meaning behind event; facilitate management of symptoms; and facilitate the integration of traumatic and non-traumatic elements into life history.	Six basic tasks within this model: safety planning; self-management; telling the trauma story; grieving losses; self-concept and worldview revision; and self- and relational-development.	<b>Limitations:</b> Not a research study. <b>Implications:</b> Suggestions for therapists working with this population include: progress in treatment varies substantially between clients, establish defined treatment goals that are measurable and reasonable, engage in self-reflection and awareness in order to prevent counter transference and supervision is essential for all trauma therapists.
Sarid and Huss (2010)	Israel	Extensive literature review and 2 case examples illustrating the potential benefits of the proposed model.	Cognitive behavioral art therapy intervention.	Three levels of intervention in treating people with acute stress disorder involve physical, emotional and cognitive aspects of the traumatic experience.	The proposed intervention has the potential of creating new connections and pathways between the physical, emotional and cognitive components of traumatic memory. The proposed intervention decreases stress levels of the person experiencing ASD, which enables the restricting of fragmented traumatic memories into more coherent and positive memories.	<b>Limitations:</b> This is not a research study and has no clinical evidence to back up the claims. <b>Implications:</b> The theoretical model has implications on the theory and of practice of both CB practitioners and art therapists dealing with the symptoms of trauma during the acute stress period.
Talwar (2007)	United States	Proposal of an art therapy trauma protocol with 1 session example.	Art therapy trauma protocol.	Integrates the cognitive, emotional and physiological levels of trauma by combining eye movement desensitization reprocessing, bilateral art and painting.	Anecdotal client reports that approach helps to process non-verbal traumatic memories, creates sensory awareness, sensorimotor experience, and promotes proprioception.	<b>Limitations:</b> Article describes model but not a rigorous study. <b>Implications:</b> An integrative approach that supports adaptive functioning, but outcome depends on individual's internal self-representation. Provides practice guidelines that require testing out in the field.
Tripp (2007)	United States	Describes a short-term bilateral with art therapy, approach includes an anecdotal case study.	Modified Eye Movement Desensitization and Reprocessing (EMDR) protocol with art therapy.	Associations of traumatic memory are brought to conscious awareness and expressed in a series of drawings. As new information is accessed, affective material is metabolized and integrated, leading to transformation of traumatic memory and an adaptive resolution of the trauma.	Report from case study indicated that participant gained a better sense of her underlying feelings of rage toward those who were connected to her trauma. Also helped to make new connections and to alter long held negative cognitions, increased a sense of her own power and control, and increased appropriate emotional responses to her feelings surround the trauma (anger).	<b>Limitations:</b> Article describes model but not a rigorous study. <b>Implications:</b> Modification of the (EMDR) integrated with art therapy. Art therapists using this approach should be experienced in working with trauma. Provides practice guidelines that require testing out in the field.

The check protocol was demonstrated with a woman who developed PTSD through witnessing the September 11, 2001, attacks on the World Trade Center (Hass-Cohen et al., 2014). The check protocol (check, change what you need to change and/or keep what you want) was defined as a: “sequence of directives for treating trauma that is grounded in neurobiological theory and designed to facilitate trauma narrative processing, autobiographical coherence, and the rebalancing of dysregulated responses to psychosocial stressors and trauma impacts” (Hass-Cohen et al., 2014, p. 69). A comparison of pre and post-treatment assessments using the Beck Anxiety Index and Centrality of Event Scale resulted in decreased anxiety and avoidance behaviors, as well as improved resiliency. Hass-Cohen et al. (2014) reported that increased ability to manage anxiety occurred through the utilization of stabilization techniques learned in art therapy, increased coping skills were developed through affect-regulation skills (quick recovery from habituated trauma responses), and relational support helped to improve communication skills. Results of the study need replication and support through further experimental research and lived experience accounts.

The framework for treating cumulative trauma with art therapy by Naff (2014) was derived from semi-structured interviews with three art therapist and artistic representations of their approaches. Based upon participants’ descriptions of a typical course of treatment, trauma-focused cognitive behavior therapy was used to resolve the first trauma presented and then continued treatment of each traumatic event in descending order of subjective distress. Aspects of psychoeducation and a humanistic client-centered approach were also integrated. Participants stated that they were “committed to using the creative process to help clients concretize their knowledge, coping skills, and resources, and to reinforce an understanding of art techniques introduced in session” (Naff, 2014, p. 82).

Two articles were found to address symptoms of combat-related PTSD through art therapy. These were a randomized control trial study examining a group art psychotherapy approach (Kopytin & Lebedev, 2013), and best practice recommendations (Collie, Backos, Malchiodi, & Spiegel, 2006).

The group art psychotherapy approach by Kopytin and Lebedev (2013) was investigated using a randomized control trial with 112 war veterans in a Russian hospital with stress-related disorders. There were no significant overall differences in participants’ scores between those who received art therapy and those who did not receive art therapy. However, improvements were found after 1 month between the groups in mean scores in depression, hostility, anxiety, mood and quality of life. The ‘Draw A Story’ assessment and the silver drawing test indicated a significant increase in scores on the Emotional Content and Self-Image Scales and on three cognitive scales in the experimental group as compared to the control group. Humor was particularly emphasized as important for recovery with this population and the findings revealed a high frequency of humorous responses in both groups, and an increase of humor in the art therapy group post-treatment.

According to Collie et al., 2006 best practice recommendations of art therapeutic interventions for people who have combat-related PTSD, an integrated approach is endorsed by combining cognitive behavioral therapy, prolonged exposure therapy, and stress inoculation therapy. Based on the national association survey of 13 registered art therapists who treated people with PTSD and 10 written descriptions of art therapy approaches, the following therapeutic mechanisms were identified as important: reconsolidation of memories, progressive exposure, externalization, reduction of arousal, reactivation of positive emotion, enhancement of emotional self-efficacy and improved self-esteem. However, there was no consensus on structured versus unstructured approaches. These best practice recommendations warrant further evaluation and

investigation to routinely examine the utility as well as benefits to clients.

The art therapy approaches just reviewed suggest effective approaches to treating trauma. They also highlight significant topics within the recovery of PTSD that are currently limited in art therapy research. The conclusions from Naff (2014) reflect the implications of these studies just reviewed: “The formation of an evidence-based approach and further study of the cumulative effects of multiple traumas can only aid our efforts to positively impact the lives of those who seek our help” (Naff, 2014, p. 85).

## Discussion

This review identified areas around the world where certain art therapy approaches are being practiced and studied. The four articles demonstrating art therapy approaches practiced with people who have depression came from Europe, with two based in the United Kingdom. All five articles demonstrating art therapy approaches practiced with people who have borderline personality disorder came from the United Kingdom. Out of the 10 articles demonstrating art therapy approaches practiced with people who have schizophrenia, nine were based in Europe, while one was from the United States. Finally, with the 11 articles demonstrating art therapy approaches practiced with post-traumatic stress disorder, nine were based in the United States, one was from Russia and one was from Israel.

As indicated by Zubala et al. (2013), the majority of art therapists working in the United Kingdom with people who have depression, adopted psychodynamic principals combined with additional theoretical approaches to support clients’ needs. Similarly, art therapists working with people who have borderline personality disorder also tended toward personalized variations of psychoanalytic/psychodynamic approaches. Moreover, the British survey by Patterson, Debate et al. (2011) of art therapists working with people who have schizophrenia, found the majority were using a non-directive approach encouraging clients to express their feelings and create self-understandings of the image, rather than exploring underlying psychodynamics. These findings highlight the historical trend that European countries, such as the United Kingdom, incorporate their favored psychoanalytic models with a person-centered approach to both explain and provide a structure for their practice (Greenwood, 2011).

On the other hand, art therapists working with people who have post-traumatic stress disorder revealed another pattern with the majority of articles based in the United States. These articles revealed that the art therapists tended to tailor and combine a number of approaches. This follows a recent trend in the United States, where art therapists have been moving away from clinical models toward adapting their guidelines of practice to be more flexible to assist with a change process that is tailored to suit the context and culture of where an art therapy practices (Elmendorf, 2010). One major reason for this could be because in the United States, insurance providers and managed care funds strongly influence the level and amount of therapeutic services that clients can receive.

### *Limitations and implications*

As this systematic review began to take shape, many reasons developed as to why it was not possible to compare and contrast the approaches. First, there was a limited amount of studies gathered, with many using different research methods and small sample sizes. Second, many articles did not clearly explain how the art therapy approaches were applied. As art therapy is increasingly becoming more integrated with various models outside the traditional psychological theories, it is more difficult to rely on historical

schools of training, which also makes the transferability of their implications difficult. Consequently, there is a need to clarify what generalist terms such as ‘art psychotherapy’ mean when applied in a certain context. Additionally, without more amplification about the philosophical foundation behind the approach used, it was difficult to stipulate which elements were conducive to seeing client progress or being able to conclude why this approach may be suitable for supporting a client who presents with a certain set of issues.

Third, the accumulation of reviewed articles indicated that certain factors were important to therapeutic outcomes regardless of the approach. These included the agreed goals and expectations of therapy, the client’s level of engagement in art therapy, and the therapists’ own qualities (Blomdahl et al., 2013; Montag et al., 2014; Patterson, Crawford et al., 2011; Patterson, Debate et al., 2011; Zubala et al., 2013; Zubala, MacIntyre, & Karkou, 2014; Zubala, MacIntyre, Gleeson et al., 2014). These aspects corroborate with Wampold’s common factors model (2001), which also indicated the importance of the therapist being transparent with their intentions to constantly strengthen the alliance, as well as therapists continuously asking for client feedback. As Miller, Hubble, Duncan, and Wampold (2010) eloquently explained:

When clients are asked to reflect and report on the relationship and their improvement, it is as though they are being told, ‘Your input is crucial; your participation matters. We invite you to be a partner in your care. We respect what you have to say, so much so that we will modify the treatment to see that you get what you want’ (p. 424).

When art therapists emphasize a mental health diagnosis to determine which issues are preventing their client from pursuing self-determined goals, it can lead to unsubstantiated generalizations. On the other hand, when art therapists value a diagnosis from the client’s perspective, it can assist in creating purposeful goal setting. Expanding on this concept, Morgan, Knight, Bagwash, & Thompson, 2012 stated that through the art therapeutic process, clients come to terms with the experience of receiving the diagnosis and how the label has impacted their lives. This includes how others have responded to them, whether the diagnostic term was helpful in receiving adequate support, and whether it helped them gain access to accurate information. The authors added that it is not so much the label that provides change to one’s circumstances, but “instead, it is the importance of a shared description, experience or framework of understanding of distress that feels validating, or acts as a vehicle for differentiation and discrimination” (Morgan et al., 2012, p. 93).

## Conclusion

The ultimate aim of this review was to commence a bridge between what art therapists *know* and what they *do* in helping those with mental illness. Keeping this in mind, the systematic review involved synthesizing the existing knowledge base, without using hierarchical criteria, to determine which type of practices were more credible. In order to continue improving art therapy practice, future studies could incorporate more details on the approaches used. This would make adoption of these art therapy approaches more transferable, feasible and manageable. Moreover, adding art therapists’ critique about the approach from their applied perspective would assist in the development of evidence-based practice that is not just current, but realistic, too. Finally, a key ingredient missing in most of the articles reviewed was the collaborative efforts with the clients. Questions to incorporate the client voice in future studies could include: Did the client receive what they expected to gain from art therapy? Do they feel therapy was successful as a result? And finally did the art therapy approach

alter the clients’ perspectives so that they became more insightful of how they could improve their current situation?

## References

- Allen, P. (2008). Commentary on community-based art studios: Underlying principles. *Art Therapy: Journal of the American Art Therapy Association*, 25(1), 11–13. <http://dx.doi.org/10.1080/07421656.2008.10129350>
- American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington: VA Author.
- Backos, A. K., & Pagon, B. E. (1999). Finding a voice: Art therapy with female adolescent sexual abuse survivors. *Art Therapy: Journal of the American Art Therapy Association*, 16(3), 126–132.
- Blomdahl, C., Gunnarsson, B., Guregard, S., & Bjorklund, A. (2013). A realist review of art therapy for clients with depression. *The Arts in Psychotherapy*, 40(3), 322–330. <http://dx.doi.org/10.1016/j.aip.2013.05.009>
- Bruscia, K. (1988). Perspective: Standards for clinical assessment in the arts therapies. *The Arts in Psychotherapy*, 15(1), 5–10.
- Buk, A. (2009). The mirror neuron system and embodied simulation: Clinical implications for art therapists working with trauma survivors. *The Arts in Psychotherapy*, 36(2), 61–74. <http://dx.doi.org/10.1016/j.aip.2009.01.008>
- Collie, K., Backos, A., Malchiodi, C., & Spiegel, D. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy: Journal of the American Art Therapy Association*, 23(4), 157–164. <http://dx.doi.org/10.1080/07421656.2006.10129335>
- Crawford, M. J., Killaspy, H., Barnes, T., Barrett, B., Byford, S., Clayton, K., et al. (2012). Group art therapy as an adjunctive treatment for people with schizophrenia: Multicentre pragmatic randomised trial. *British Medical Journal*, 344(e846), 1–9. <http://dx.doi.org/10.1136/bmj.e846>
- Eastwood, C. (2012). Art therapy with women with borderline personality disorder: A feminist perspective. *International Journal of Art Therapy: Formerly Inscape*, 17(3), 98–114. <http://dx.doi.org/10.1080/17454832.2012.734837>
- Elmendorf, D. (2010). Minding our p’s through q’s: Addressing possibilities and precautions of community work through new questions. *Art Therapy: Journal of the American Art Therapy Association*, 27(1), 40–43. <http://dx.doi.org/10.1080/07421656.2010.10129564>
- Franks, M., & Whitaker, R. (2007). The image, mentalisation and group art psychotherapy. *International Journal of Art Therapy*, 12(1), 3–16. <http://dx.doi.org/10.1080/17454830701265188>
- Gantt, L., & Tinnin, L. (2009). Support for a neurobiological view of trauma with implications for art therapy. *The Arts in Psychotherapy*, 36(3), 148–153. <http://dx.doi.org/10.1016/j.aip.2008.12.005>
- Greenwood, H. (2011). Long-term individual art psychotherapy art for art’s sake: The effect of early relational trauma. *International Journal of Art Therapy*, 16(1), 41–51. <http://dx.doi.org/10.1080/17454832.2011.570274>
- Hamre, H., Witt, C., Glockmann, A., Ziegler, R., Willich, S., & Kiene, H. (2006). Anthroposophic therapy for chronic depression: A four-year prospective cohort study. *BMC Psychiatry*, 6(57). <http://dx.doi.org/10.1186/1471-244X/6/57>
- Hanevik, H., Hestad, K., Lien, L., Teglbjaerg, H., & Danbolt, L. (2013). Expressive art therapy for psychosis: A multiple case study. *The Arts in Psychotherapy*, 40(3), 312–321. <http://dx.doi.org/10.1016/j.aip.2013.05.011>
- Hass-Cohen, N., Clyde Findlay, J., Carr, R., & Vanderlan, J. (2014). Check, change what you need to change and/or keep what you want: An art therapy neurobiological-based trauma protocol. *Art Therapy: Journal of the American Art Therapy Association*, 31(2), 69–78. <http://dx.doi.org/10.1080/07421656.2014.903825>
- Huckvale, K., & Learmonth, M. (2009). A case example of art therapy in relation to dialectical behaviour therapy. *International Journal of Art Therapy*, 14(2), 52–63. <http://dx.doi.org/10.1080/1745830903329196>
- Huet, V., Springham, N., & Evans, C. (2014). The art therapy practice research network: Hurdles, pitfalls and achievements. *Counselling and Psychotherapy Research*, 14(3), 174–180. <http://dx.doi.org/10.1080/14733145.2014.929416>
- Jones, P. (2005). *The arts therapies: A revolution in healthcare*. East Sussex, UK: Brunner-Routledge.
- Karkou, V., & Sanderson, P. (2006). *Arts therapies: A research-based map of the field*. Edinburgh, UK: Elsevier Churchill Livingstone.
- Killick, K. (1996). Un-integration and containment in acute psychosis. *British Journal of Psychotherapy*, 13(2), 232–242.
- Kopytin, A., & Lebedev, A. (2013). Humor, self-attitude, emotions, and cognitions in group art therapy with war veterans. *Art Therapy: Journal of the American Art Therapy Association*, 30(1), 20–29. <http://dx.doi.org/10.1080/07421656.2013.757758>
- Lamont, S., Brunero, S., & Sutton, D. (2009). Art psychotherapy in a consumer diagnosed with borderline personality disorder: A case study. *International Journal of Mental Health Nursing*, 18(3), 164–172. <http://dx.doi.org/10.1111/j.1447-0349.2009.00594.x>
- McNiff, S. (2004). *Art heals: How creativity cures the soul*. Boston, MA: Shambhala.
- Michaelides, D. (2012). An understanding of negative reflective functioning, the image and the art psychotherapeutic group. *International Journal of Art Therapy*, 17(2), 45–53. <http://dx.doi.org/10.1080/17454832.2012.694107>
- Miller, S., Hubble, M., Duncan, B., & Wampold, B. (2010). Delivering what works. In B. Duncan, S. Miller, B. Wampold, & M. Hubble (Eds.), *The heart and soul of change* (2nd ed., pp. 421–431). Mahwah, NJ; London, UK: Lawrence Erlbaum Associates.
- Montag, C., Haase, L., Seidel, D., Bayerl, M., Gallinat, J., Herrmann, U., et al. (2014). A pilot RCT of psychodynamic group art therapy for patients in acute psychotic

- episodes: Feasibility, impact on symptoms and mentalising capacity. *PLOS ONE*, 9(11), e112348. <http://dx.doi.org/10.1371/journal.pone.0112348>
- Morgan, L., Knight, C., Bagwash, J., & Thompson, F. (2012). Borderline personality disorder and the role of art therapy: A discussion of its utility from the perspective of those with a lived experience. *International Journal of Art Therapy*, 17(3), 91–97. <http://dx.doi.org/10.1080/17454832.2012.734836>
- Naff, K. (2014). A framework for treating cumulative trauma with art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 31(2), 79–86. <http://dx.doi.org/10.1080/07421656.2014.903824>
- Patterson, S., Crawford, M. J., Ainsworth, E., & Waller, D. (2011). Art therapy for people diagnosed with schizophrenia: Therapists' views about what changes, how and for whom. *International Journal of Art Therapy: Formerly Inscape*, 16(2), 70–80. <http://dx.doi.org/10.1080/17454832.2011.604038>
- Patterson, S., Debate, J., Anju, S., Waller, D., & Crawford, M. J. (2011). Provision and practice of art therapy for people with schizophrenia: Results of a national survey. *Journal of Mental Health*, 20(4), 328–335. <http://dx.doi.org/10.3109/09638237.2011.556163>
- Perruzza, N., & Kinsella, E. (2010). Creative arts occupations in therapeutic practice: A review of the literature. *British Journal of Occupational Therapy*, 73(6), 261–268. <http://dx.doi.org/10.4276/030802210X12759925468943>
- Rankin, A., & Taucher, L. (2003). A task-oriented approach to art therapy in trauma treatment. *Art Therapy: Journal of the American Art Therapy Association*, 20(3), 138–147. <http://dx.doi.org/10.1080/07421656.2003.10129570>
- Richardson, P., Jones, K., Evans, C., Stevens, P., & Rowe, A. (2007). Exploratory RCT of art therapy as an adjunctive treatment in schizophrenia. *Journal of Mental Health*, 16(4), 483–491. <http://dx.doi.org/10.1080/09638230701483111>
- Rubin, J. (1984). *The art of art therapy*. New York: Brunner/Mazel.
- Rubin, J. (2001). *Approaches to art therapy: Theory and technique* (2nd ed.). New York, London: Brunner/Routledge.
- Rubin, J. (2005). *Artful therapy*. NJ, NY: John Wiley & Sons.
- Sarid, O., & Huss, E. (2010). Trauma and acute stress disorder: A comparison between cognitive behavioral intervention and art therapy. *The Arts in Psychotherapy*, 37(1), 8–12. <http://dx.doi.org/10.1016/j.aip.2009.11.004>
- Schaverien, J. (1995). *Desire and the female therapist: Engendered gazes in psychotherapy and art therapy*. New York: Routledge.
- Schindler, V., & Pletnick, C. (2006). Role development applied to art therapy treatment of an artist diagnosed with schizophrenia. *Art Therapy: Journal of the American Art Therapy Association*, 23(3), 126–131. <http://dx.doi.org/10.1080/07421656.2006.10129624>
- Slayton, S., D'Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Art Therapy: Journal of the American Art Therapy Association*, 27(3), 108–118. <http://dx.doi.org/10.1080/07421656.2010.10129660>
- Spaniol, S. (2000). The withering of the expert: Recovery through art. *Art Therapy: Journal of the American Art Therapy Association*, 17(2), 78–81. <http://dx.doi.org/10.1080/07421656.2000.10129506>
- Springham, N., Dunne, K., Noyse, S., & Swearingen, K. (2012). Art therapy for personality disorder: 2012 UK professional consensus guidelines, development process and outcome. *International Journal of Art Therapy*, 17(3), 130–134. <http://dx.doi.org/10.1080/17454832.2012.734834>
- Springham, N., Findlay, D., Woods, A., & Harris, J. (2012). How can art therapy contribute to mentalization in borderline personality disorder? *International Journal of Art Therapy*, 17(3), 115–129. <http://dx.doi.org/10.1080/17454832.2012.734835>
- Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health*, 100(2), 254–263. <http://dx.doi.org/10.2105/AJPH.2008.156497>
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy*, 34(1), 22–35. <http://dx.doi.org/10.1016/j.aip.2006.09.001>
- Teglbjaerg, H. (2011). Art therapy may reduce psychopathology in schizophrenia by strengthening the patients' sense of self: A qualitative extended case report. *Psychopathology*, 44(5), 314–318. <http://dx.doi.org/10.1159/000325025>
- Thyme, K., Sundin, E., Stahlberg, G., Lindstrom, B., Eklof, H., & Wiberg, B. (2007). The outcome of short-term psychodynamic art therapy compared to short-term psychodynamic verbal therapy for depressed women. *Psychoanalytic Psychotherapy*, 21(3), 250–264. <http://dx.doi.org/10.1080/02668730701535610>
- Tripp, T. (2007). A short term therapy approach to processing trauma: Art therapy and bilateral stimulation. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 178–183. <http://dx.doi.org/10.1080/07421656.2007.10129476>
- Van Lith, T., Schofield, M., & Fenner, P. (2013). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(6), 1309–1323. <http://dx.doi.org/10.3109/09638288.2012.732188>
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ; London, UK: Lawrence Erlbaum Associates.
- Wood, C. (2011). *Navigating art therapy: A therapist's companion*. London, New York: Routledge.
- Wood, M., Molassiotis, A., & Payne, S. (2011). What research evidence is there for the use of art therapy in the management of symptoms in adults with cancer? A systematic review. *Psycho-Oncology*, 20(2), 135–145. <http://dx.doi.org/10.1002/pon.1722>
- Zubala, A., MacIntyre, D., Gleeson, N., & Karkou, V. (2013). Description of arts therapies practice with adults suffering from depression in the UK: Quantitative results from the nationwide survey. *The Arts in Psychotherapy*, 40(5), 458–464. <http://dx.doi.org/10.1016/j.aip.2013.09.003>
- Zubala, A., MacIntyre, D., & Karkou, V. (2014). Art psychotherapy practice with adults who suffer from depression in the UK: Qualitative findings from a depression-specific questionnaire. *The Arts in Psychotherapy*, 41(5), 563–569. <http://dx.doi.org/10.1016/j.aip.2014.10.007>
- Zubala, A., MacIntyre, D., Gleeson, N., & Karkou, V. (2014). Description of arts therapies practice with adults suffering from depression in the UK: Qualitative findings from the nation wide survey. *The Arts in Psychotherapy*, 41(5), 535–544. <http://dx.doi.org/10.1016/j.aip.2014.10.005>