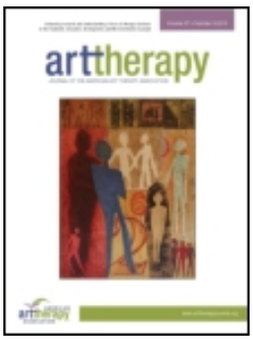

Routledge
Taylor & Francis Group

Art Therapy

Journal of the American Art Therapy Association

ISSN: 0742-1656 (Print) 2159-9394 (Online) Journal homepage: https://www.tandfonline.com/loi/uart20

Does Art Therapy Work? Identifying the Active Ingredients of Art Therapy Efficacy

Lynn Kapitan

To cite this article: Lynn Kapitan (2012) Does Art Therapy Work? Identifying the Active Ingredients of Art Therapy Efficacy, Art Therapy, 29:2, 48-49, DOI: 10.1080/07421656.2012.684292

To link to this article: https://doi.org/10.1080/07421656.2012.684292

Art Therapy: Journal of the American Art Therapy Association, 29(2) pp. 48–49 © AATA, Inc. 2012

editorial

Does Art Therapy Work? Identifying the Active Ingredients of Art Therapy Efficacy

Lynn Kapitan, *Editor*

If art therapy works, then what are its "active ingredients"? What specific properties of art therapy produce expected change or well-being for clients? If your answer is "art," then I'll have to ask you to please be more precise: Is it the production of an aesthetic work, the process of self-expression, or simply the manipulation of art materials that leads to relief or change? Does it make a difference whether art is created alone, from a directive, in the presence of supportive others, or facilitated by a therapist? How do you know what works and why?

I was very pleased to edit this issue's collection of articles because all of them, in one way or another, address the basic question of art therapy's efficacy. This is a welcome development not simply for the outcomes reported but for their potential to reinvigorate our thinking about commonly held assumptions, beliefs, ideas, and theories that shape the knowledge we collectively share. And we are finally seeing evidence of a trend toward more research collaboration, as art therapists design and carry out studies alongside psychologists, neuroscientists, medical researchers, fine artists, and educators. There is nothing earthshaking about the results reported here, nothing that will change the way you go about your work tomorrow. No, just a neat collection of nicely crafted and well-argued studies that pinpoint a phenomenon in art therapy and measure its effect. Beautiful! This is how it gets done, my friends.

From Clinic to Lab: Does Art Therapy Relieve Distress?

Take a common premise that making art helps clients cope with emotional distress. We might expect it to be so from what we have learned or read in the professional literature and we integrate this assumption into how we formulate treatment. But the origins of such a claim are best found in astute clinical observations that go on to become research. Ksenia Meshcheryakova, an art therapist and former practicing psychologist in Russia, reviewed years of case documentation from her work with orphaned children. With the benefit of reflective distance and greater clinical experience, she connected the theory of repetition compulsion as a dysfunctional coping strategy with her observations of the phenomenon as it played out in the art therapy program. Johanna Czamanksi-Cohen, an Israeli art therapist who facilitated a weekly art therapy group at a support center for cancer patients, observed her clients in a drop-in studio turn to art making to cope with their distress. By inviting her group to co-inquire into the effects of their art therapy experiences, Czamanski-Cohen located two specific benefits: that art making helped patients who were in an acute state of decisional conflict about their medical treatment and that art making helped some patients come to terms with the decisions they already had made, thus relieving their distress. To our knowledge, Czamanski-Cohen's is the first study to document how art therapy can help cancer patients relieve the emotional stress of shared medical decision making.

There can be no proof without assumptions and therefore we must critically examine them. Thus did Shambhavi Chandraiah, Susan Ainlay Anand, and Lindsay Cherryl Avent examine whether group art therapy was the "active ingredient" that helped their psychiatric patients reduce depressive symptoms. To test the premise, they set up an experimental single-subject design: Use a standardized depression scale to record baseline symptoms, conduct 8 weeks of group art therapy, and then repeat the measure. Was there a measureable effect? For the 10 patients who attended four or more sessions, depressive symptoms significantly decreased. But before you pounce on arguments that the sample size was too small, art therapy was not isolated from the milieu of other treatment effects, and there was no control group, consider the contribution: We have more evidence to suggest that art therapy helps real patients feel better. This study adds to the evidence base of art therapy in the short term at the same time that it documents what actually works in practice (Gilroy, 2006). Were more art therapists documenting outcomes with a standard measure before and after conducting treatment and publishing the results, we would have a much stronger case on which to base art therapy claims.

At this point along the efficacy trail researchers may conclude their reports by calling for "future research." Too often this is researcher code for "I'm done with my study, how about yours?" To construct an evidence-based model of art therapy's efficacy, a randomized controlled trial of sufficient scope usually is necessary to further strengthen the basis of the claim (Kapitan, 2010). David Alan Sandmire,

Sarah Roberts Gorham, Nancy Elizabeth Rankin, and David Robert Grimm decided to test the seemingly intuitive assumption that art making is stress relieving. They pointed to a 2005 study by Curry and Kasser that examined the effects of a 20-minute period of art making on stress-induced undergraduate students. Sandmire et al. had at their disposal a similar population of stressed-out undergraduate students, whom they randomly assigned to either an art-making group that simulated the activities of a drop-in campus art center or a control group that merely sat quietly or socialized. No change was found in the level of anxiety for the control group after the session, whereas anxiety in the art-making group dropped significantly.

Anxiety was the subject of a study by Elizabeth R. Kimport and Steven J. Robbins in this issue and here too we have a randomized controlled trial to test whether art therapy relieves stress. However, their study attempts to isolate the key ingredient that produces an effect we so commonly observe in practice. Noting that most art therapy efficacy studies focus exclusively on drawing as an agent of emotional change (Slayton, D'Archer, & Kaplan, 2010), Kimport and Robbins's randomized controlled trial is the first to test the therapeutic benefits of clay in reducing anxiety. Before you buy another "stress ball" to squeeze while talking to your boss or ex, think about this study's results: As little as 5 minutes of working with clay reduced stress to a greater degree than using a stress ball (the control condition). Clay work, it appears, "has unique properties for emotional expression and regulation that go beyond the simple manual manipulation of an object" (p. 77).

Finally, the case for art therapy efficacy in reducing stress is greatly helped by replication research because we can't keep resting our claims on a single study that we all wish had measured the effect in thousands of participants instead of only a few. Here too Curry and Kasser's (2005) study on anxiety drew interest, inspiring replication by Renée van der Vennet and Susan Serice. Using the same design, they compared coloring a mandala against coloring either a pre-drawn plaid design or coloring freely on plain paper. Like Curry and Kasser, they found that coloring a mandala reduced anxiety to the greatest degree, which suggests that the mandala's unique form is an active ingredient in producing the beneficial effect.

From Lab to Clinic: Active Ingredients in Art Therapy

Having started to isolate the ingredients on which change depends, how do we interpret the cause of their effect? Renée van der Vennet and Susan Serice believe that the mandala is effective because it induces a meditative state, which lowers pulse rate, breathing, blood pressure, and metabolism. In support of prior research, Sandmire et al. similarly argue that art making produces a trance-like state of flow. They make the interesting point that whereas "cognitive behavioral intervention aims to address anxiety in a 'top-down' direction through the mind" art therapy "offers a 'bottom-up' approach to anxiety in a nonverbal, tactile, and visual manner" (p. 72). Likewise, Kimport and Robbins argue that the tactile sensations and malleability of clay are implicated in producing a nonverbal route to emotional expression.

But if certain properties of art materials are what produce the healing effects of art therapy, what about the role of the therapist? Can we really generalize from a sample of nonpatient undergraduates whose anxiety was briefly induced, "treated," and measured under laboratory conditions? For those of you who doubt the relevancy of nonclinical studies to art therapy, Kimport and Robbins make a good argument. They point out that the limits of generalizing their findings to actual clinical practice also serve to highlight the magnitude of the art-making effect. Think about it: Despite the absence of an art therapist, the lack of clinical diagnoses among participants, and only a very brief exposure period, the researchers still saw "substantially greater mood improvement in individuals who worked with clay" (p. 78) compared to those who did not. Imagine the effect on patients who are actively seeking relief or are working with a skilled art therapist.

I hope you share my enthusiasm for the slow but steadily growing mountain of evidence for art therapy efficacy. But please don't take this as evidence that I believe every theory must be empirically tested. Many elegant theories of how art therapy works resonate with what we see in practice. I believe art therapy approaches are like maps: "The test of a map lies not in arbitrarily checking random points but in whether people find it useful to get somewhere" (Clarke & Primo, 2012, p. 9). The same can be said of outcomes research. Bravo to art therapy researchers who are focusing their efforts on the immensely useful questions of what works for art therapy clients and why.

References

Clarke, K. A., & Primo, D. M. (2012, April 1). Overcoming 'physics envy.' *New York Times*, *161*, p. SR9.

Curry, N. A., & Kasser, T. (2005). Can coloring mandalas reduce anxiety? *Art Therapy: Journal of the American Art Therapy Association*, *22*(2), 81–85.

Gilroy, A. (2006). *Art therapy, research, and evidence-based practice*. Thousand Oaks, CA: Sage.

Kapitan, L. (2010). *Introduction to art therapy research*. New York, NY: Routledge.

Slayton, S. C., 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), 108–119.