

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



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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.

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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).

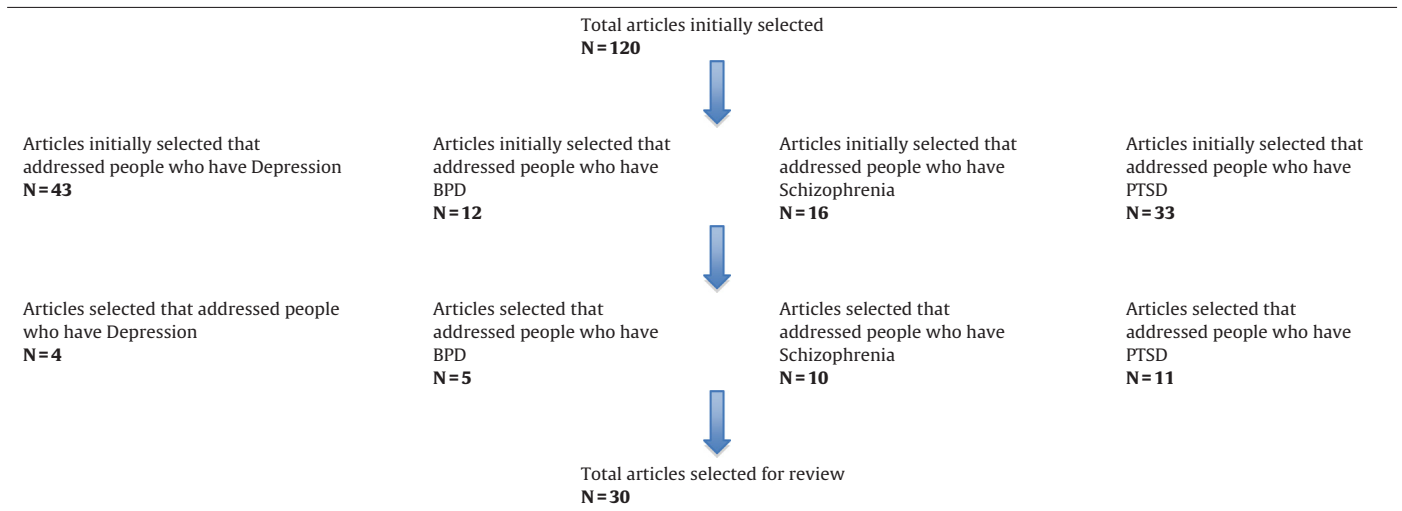
Taken from another perspective, EBP also offers opportunities for art therapists to be more critically aware of research by moving toward amalgamating supporting research with pragmatic experience. The definition of EBP in ‘Navigating art therapy: a therapist's companion’ (Wood, 2011) supports this position 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

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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

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