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The Use of Art in Therapy: An Exploratory Study

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The Use of Art in Therapy:

An Exploratory Study

by Jamie Sanders, B.S.W

MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

St. Catherine University and the University of St. Thomas

St Paul, Minnesota

In partial fulfillment of the Requirements for the Degree of

Masters of Social Work

Committee Members

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Acknowledgements

The completion of the project would not have been possible without the support, assistance, and inspirations of many. I felt called to do this research primarily because art inspired my own periods of reflection and transformation; and it offered me comfort in times of grief and sadness. I thank all of the musicians, artists, poets, and writers that dare to create and then to give that gift to the world; your art connects us all and heals many hurts.

What Light

*If you feel like singing a song
And you want other people to sing along
Just sing what you feel
Don't let anyone say it's wrong*

*And if you're trying to paint a picture
But you're not sure which colors belong
Just paint what you see
Don't let anyone say it's wrong*

*And if you're strung out like a kite
Or stung awake in the night
It's alright to be frightened*

*When there's a light (what light)
There's a light (one light)
There's a light (white light)
Inside of you (Tweedy, 2007).*

On a more practical note, thank you to my research committee for their attention to detail, excitement, and understanding of my sometimes unique perspective. Thank you, Drs. Carole Madland and Karen Carlson for ensuring this work is academic and for allowing it to be soulful. Thank you, Heather Casper for the artist's perspective, your faith in me, and your constant cheerleading. Thank you to the folks at Minnesota Marine Art Museum, particularly Andy Maus, for sharing resources, the use of space and technology. Thank you, Ted Bowman for introducing me to art as a tool in grieving, and in therapy. Thank you to my husband for the demanding level of child loving, housework, and encouragement he provided during the duration of this project. More importantly, thanks to my husband for knowing the exact music to soothe my soul or move me in a new direction, and for never, ever talking over the song.

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Upon first glance, the goals of clinical social work and the goals of both creating and contemplating art work may seem to have little in common. The first aim of art that comes to mind is to elicit pleasure, and indeed, people often report pleasurable emotional states when engaged in the creative process, or viewing a work of art. How might this overlap with the mission of social work? We often focus on social work's main goal being to help people meet their basic needs, and this is one important function of social work. However, the National Association of Social Workers' definition of social work broadens the definition of social work in some ways:

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. (*NASW Code of Ethics, 2008*).

This definition notes the aim of social work as one of meeting basic needs, but also to “enhance human wellbeing”. This goal is similar to the commonly held belief of the goal of art, as noted initially in this paper: to elicit a positive emotional state. A closer look into the goals of art shows that both the process of creating art and receptive viewing of the arts “enhances human wellbeing” (NASW Code of Ethics, 2008) in a myriad of other ways.

The use of creative arts is a time honored, universal instrument utilized for a multitude of human explorations, social connections, personal and spiritual growth experiences. From our early beginnings as cave dwellers, art- making in various creative forms, including visual arts, storytelling, dance, drama, and music making, has been a vital part of the human experience. Art fulfills personal, social, and community needs. People have long used the process and product of the arts for introspection, and to express their emotions and experiences to others (Damianakis, 2007).

Similar goals have formed the foundation of social work practice. The overlapping of social work goals and practices with the use of creative arts for similar purposes is described by social work scholar, Siporin, in his definition of social work (1975):

Esthetic values, dynamics and effects can be identified in the helping processes through which people indeed are enabled to realize their capacities, to gain new perspectives, meaning and experience (p. 67).

Considering the goals of the creative arts and the goals of social work, it becomes clear that the goals, and even the processes of creating and viewing art, are similar to those of social work, especially within clinical social work, with its focus on therapy. In light of the similarities between social work and the arts, it seems likely that social workers utilize creative arts in their practice. Indeed, social work journals include reviews of social work interventions that include the creative arts with a variety of client subpopulations, including: children in the school setting (Marsiglia, et al.1997), children in foster care (Coholic, et al 2009); adults in inpatient substance abuse treatment facilities, urban adolescents, and many others (Matto, 2007). Additionally, research in other scholarly journals describes and supports helping professionals' use of the creative arts in individual and group therapy. This research suggests the use of art therapy with people who have been diagnosed with a variety of mental and physical illnesses, such as autism, schizophrenia, mild depression, dementia, Alzheimer's, post-traumatic stress disorder, rheumatoid arthritis, and asthma (Kaye-Huntington & Peterson; 2007). Many therapists also utilize the creative art when supporting clients through normative, yet stressful life events, particularly for the bereaved (Kim, 2001).

Though research suggests clinical social workers use the creative arts, there is little information discussing how social workers practicing therapy make decisions about using art

therapy in their practice. The literature reveals a small amount of research related to creative art enhancing certain therapeutic frameworks, particularly cognitive behavior therapy, solution-focused therapy and narrative therapy (Damiankis, 2007; Register & Hilliard, 2007). However, it seems likely that social workers use a variety of therapeutic approaches, including art methods, in order to best respond to their diverse clients within other therapeutic methods as well. Indeed, one of the benefits of utilizing the arts in therapy is its capability to honor and utilize the client's cultural and ethnic identity and to explore the client's unique sense of self (Reese, 2002).

Literature Review

The use of the creative arts in the fields of social work and psychotherapy has been developed and influenced by such a variety of sources that a complete history is beyond the scope of this paper. In order to provide a base for exploring these creative interventions, however, a short account is provided, along with a lengthier discussion on the types of creative arts utilized by social workers, therapists, and art therapists. Indeed, it is because the history of art used as a tool in social work and therapy is so extensive, and the variety of artistic interventions is so vast, that clinical social workers' ideas about and experiences in using art as a psychotherapy tool should be compiled and documented. After this short history of the arts in social work and therapy, and a more extensive review of the types of creative arts used, the many objectives of using art in therapy will be discussed. To gain perspective on why a clinical social worker might include art as a therapeutic tool, we need to explore the literature about the strengths of art therapy. For example, might there be particular therapeutic tasks that art helps achieve? Is there something about creating art that leads to better treatment outcomes? What types of difficulties can be better overcome with the use of the creative arts? The research completed in this study will attempt to obtain clinical social workers thoughts on these questions,

and gain information about their experiences using art in therapy. Previous research and literature on this topic identifies numerous strengths that receptive and expressive art brings into therapy, which will be reviewed in this section.

The objectives of using art in therapy is a vital part of understanding why and how clinical social workers integrate art into their therapeutic work, and to further explore the overlap between certain therapy paradigms and the creative arts. Some of those therapy paradigms, such as narrative therapy, and their intersection with the creative arts will be discussed more thoroughly in the conceptual framework section.

History

Art therapy, poetry therapy, drama therapy, and dance/movement therapy are recognized as independent studies and professions, separate from therapy that clinical social workers are trained and licensed to provide (Boyd Webb, 2003). Much of the early influences of art therapy are from Margaret Naumburg (Huntington-Kaye & Peterson, 2007), who believed that art represents an expression of unconscious processes and that by converting these inner processes of painful experiences into art, healing takes place. Another early influence in the art therapy field is Edith Kramer, who believed that it was the process of art that helped heal the patient, instead of the final art piece (Huntington-Kaye & Peterson, 2007; Boyd Webb, 2003).

Although art, poetry, drama and dance/movement therapy are independent of social work, social work has a long history of collaborating, borrowing and adapting therapeutic interventions from other professional bodies (Damianakis, 2007). There are well-documented examples of art therapists and social workers working together to create social welfare, social justice, and therapeutic interventions. In other interventions, creative art as a tool may have originated in a

more organic way, to help professionals recognizing the expressive arts as a strength in their clients (Mazza, 2009), such as hip hop inspired interventions with inner-city youth, or art as an important tool in social change, such as the Domestic Violence Clothesline Project and the AIDS Memorial Quilt.

While the development of art therapy as a profession was only formally established recently, using art as a tool in psychotherapy is rooted in the father of psychotherapy, Sigmund Freud, and utilized by subsequent practitioners. Freud's use of dreams, which he noted patients were better able to develop visual images of, rather than verbally described to Jung encouraging his patients to draw and use archetypes in therapy with patients (Boyd Webb, 2003). One of the first well documented creative arts inventions was the use of poetry writing for psychiatric patients, which were published in the Pennsylvania Hospital newspaper, *The Illuminator* (Mazza, 2009). Another early published book of art by people with mental illness was, *The Artistry of the Mentally Ill* by Prinznorn, who collected the art from people in "insane asylums" (Boyd Webb, 2003).

Types of Creative Arts

The ways art is used as a therapeutic tool is as diverse as the individual participants. The creative arts encompass a multitude of possible mediums, all of which have been adjusted to be utilized in various settings and in a variety of ways by social workers. The main categories of creative arts discussed in social work literature are writing, drama, music, film, and the visual arts. Each of those artistic methods can be used in therapy in three ways: receptive, expressive, or symbolic (also called ceremonial) (Mazzo 2009). Each of these practices can be prescribed by the therapist, or initiated by the client (Mazzo 2009).

Receptive. The receptive art process used in a therapeutic capacity involves using already created art to further therapy (Mazzo 2009). This method may be used further various therapeutic objectives, for example to validate feelings or encourage group cohesiveness. The artwork used as a receptive tool can be prescribed by the therapist, or client-directed.

A receptive creative arts therapy tool that is often therapist directed is bibliotherapy. In bibliotherapy, a book or story is introduced by the therapist to the client and then the client reflects on the book's similarities to his own emotions, or experiences. This could take place in group, individual, or family therapy settings. This form of art therapy is often used with children, and particularly when coping with trauma or loss, but can be adapted by therapists for use with adults and around any variety of life experiences. Another well-established form of receptive art therapy is reading and discussing poetry. This process is similar to bibliotherapy, but with the use of poems or song lyrics (Mazzo 2009; Henderson, 2009).

Receptive art can also be client-directed; in this format the therapist may encourage the client to locate a poem, song, story, or book that represents her, her experience or emotions, and then share that written work with the therapist and/or group. At times, a client may provide this at his own initiative, and the therapist can use the same dialogue to further their work together (Silverman, 2003). Receptive art therapy can also use visual art creations, such as paintings, or movies that are representative of the client's experience (Henderson, 2009).

Expressive. Another commonly used creative art method in therapy is expressive. Expressive writing could be in the form of therapist prescribed journal writings, perhaps with writing prompts, or suggested poetry, narrative or lyric writing (Kaye-Huntington & Peterson, 2007). In group work, the therapists could encourage shared poetry writing, for example

suggesting that everyone in a grief group write a line of a collaborative poem that describes one aspect of his or her grief. Letter writing is another possibility within expressive writing, e.g., some therapists might recommend writing letters to the individual's younger self, a letter of forgiveness to a family member, or someone the client has lost (Stepakoff, 2009).

Visual arts are commonly used as an expressive tool, and include a variety of art forms: drawing, painting, clay, sculpture, photography, collage, or visual journals (Henderson, 2009). For example, a therapist may suggest a client, or a group of clients, make "soothing books" with images of things, places, and people that help calm them (Henderson, 2009). Using art in groups with the bereaved is often noted in social work literature. Susan Boyd Webb (2003) gives examples of expressive visual arts in a bereaved children's group. She states:

...groups for children include the following:

- Drawing with distinctive colors the location of different feelings associated with grief on a body profile;
- Writing or drawing a picture of the funeral or other experience connected with the death;
- Making paper plate masks with one side showing the feelings shown to the outer world, and on the other, one's inner, private feelings;
- Creating a memory book or box containing memories or reminders specifically related to the person that died. (Boyd Webb, 2003, p. 67).

Music and dance can also be used as an expressive art tool by the composing of a dance or music, drumming circles, improvisations, or music based games (Bensimon, et al. 2008; Silverman, 2011).

Symbolic. Rituals and symbols are important to people, especially in times of transition or loss (Mazza, 2009). Therapists can utilize the healing power of rituals and symbols as a way to assist their clients in coping with these life changes, and the strong emotional reactions that accompany them. An example of using symbolic art in therapy might be through the suggested creation of a

personal altar after the loss of a loved one, or a group storytelling or dramatic performance following a community crisis or natural disaster. The use of metaphors may also be used in therapy as a creative, symbolic means to heal (Mazza, 2009).

The Strengths of Art in Therapy

Coping skills and self-regulation. Making and responding to the creative arts is a way to cope with life's stressors, pains, and limitations. Some clients may use art as a way to cope or calm themselves, which makes it especially valuable for the therapist to honor and build on that strength. Other times a therapist may choose to use art as a tool for relaxation, or self-soothing within the session (Henderson, 2009). The research shows that, indeed, listening to music creates a mood in people and can be used to enliven or to relax (Henderson, 2009). In a study completed by Michael Silvermann, a faculty member at the University of MN, School of Music, found that patients who participated in music therapy had higher coping skills than participants in the control group (Silvermann, 2011). In a program for clients who are in inpatient treatment for substance abuse, patients are asked to paint a picture of a safe and calming place that they can either go to physically or imagine in order to give them a way to cope with the challenges of recovery. The discussion after this art process allows for clients to share how they cope with stress, and sometimes the art and discussion also facilitate solving problems or finding new ways to cope, a strength of art-based therapy activities (Matto, 2001).

Art therapy is often used with hospitalized children to help them cope with the stressors of their illness and the stresses of medical treatments (Kaye-Huntington, 2010). As a result much of the research demonstrating that art can be used to increase coping skills comes from research within medical settings. One example of a study that assessed children's experience when

drawing mandalas found their heart rates suggested “a significant reduction in autonomic arousal”, suggesting a reduction in stress (Kaye-Huntington, 2010, p. 34).

Art is used as a therapeutic tool regularly with groups of children who have experienced loss or natural disaster (Finn, 2010). In a study on a school-based group counseling experience for children, which included creative art as a primary therapeutic tool, establishing new coping skills was an explicitly stated intended outcome. Finn (2010) explains one of the art experiences in that group as:

... focused on ways of coping with emotions and memories evoked by grief. Students listened to a song by a popular artist and a group discussion then ensued about the lyrics, which focused on learning from mistakes in life and choosing constructive ways of coping with difficulty. Students were provided with square pieces of poster board and asked to design a CD cover reflecting the theme of coping with loss (p. 161).

At the end of this group process, the students rated if they achieved the intended outcomes, one of which was “...to learn to tell the difference between negative and positive ways of coping with loss” (p. 163) and the result showed the students felt they achieved that outcome, along with four other outcomes (Finn 2010). It is important to note that the above mentioned example focused the art explicitly on coping; however, the author notes that the process of creating art also provides a way for children to cope with stress and find joy in their lives (Finn 2010).

Insight. Self-exploration is often an important part of the therapy process, and one that can be easily adapted to involve an art process. Using art to help clients perceive themselves and the world more clearly can be transforming for the clients. Being able to express their internal world in a creative and perhaps nonverbal way provides clients the opportunity to explore their sense of self and increase self-awareness (Smith, 2011; Matto 2010; Coholic, et al., 2009). One example of using art to do this includes having clients use symbols to explain four parts of

themselves including their bodies, their emotions, their relationships, and their spirit. Discussion points can be encouraged then by the therapist to explore their emotional reactions in that process (Smith, 2010). Using art in therapy may also provide a way to look at specific aspects of people's lives. For example, in the treatment of students coping with grief described above, the students also reported that as a result of this art-based grief group, they were able to acknowledge the effects the loss had on them (Finn, 2010). Clearly, there are many ways to use art for the self-exploration that often occurs in therapy.

Communicating internal states. The process of self-exploration brings up two other important uses art lends itself to when used in therapy. One self-exploration process is bringing forth the clients' internal states to the surface with art, and the second self-exploration process is using art to communicate emotions or experiences that may be difficult to verbalize (Stepakoff, 2009; Henderson, 2009; Matto, 2002; Coholic et al, 2009; Kim 2010). Stepakoff (2009) reports on the tendency of suicide survivors to look for preexisting poems or songs that can express what they are unable to verbalize. Additionally, he writes that the expressive act of writing poems after a trauma or during grief is an instinctive act on survivors' initiative, but can also be therapist led in order to bring the "inner truth or tragedy to an outward form" (Stepakoff, 2009). Communication of emotions is important to the therapeutic process and yet can be difficult to achieve with certain populations, like children, men in prison, and people who may be overwhelmed by emotions if they verbalize them (Mazzo 2003; Finn 2010; Gussak, 2007; Kim, 2010). Art can provide a safe medium to both verbalize feelings and to contain them. Art experiences can also assist in forming alliances with therapists, and increasing engagement in the process with reluctant clients (Smith, 2010; Matto, 2003). The act of bringing a piece of art or writing to the therapist can be considered "an invitation to enter her inner world" (Kim, p. 95). In

Saunders and Saunders (2000) quantitative study of art therapy with children, one of the intended outcomes was that the youth in the program would form a therapeutic alliance that with the therapist that would lead to changes in the youth; results showed the art based therapy achieved those goals. An example of using art as a medium to move an internal process to an outward one might be writing a poem to the “enemy”, such as cancer or loss so that the client and the therapist can address it. Ted Bowman gives an example of writing prompts that may be used to promote this:

Have you ever talked to the cancer? If you have, what did you say? If you haven't, I bet there are things you would like to say to it. Let's try it. (Bowman, 1997 p. 3).

Group cohesion. Similar to arts' conduciveness to forming an alliance with the therapist, art techniques can be used to bring cohesion to group work (Finn 2010; Matto; 2002). This may occur for many reasons, but one often cited is that art or music help create a comfortable environment, and staying on task can be easier to achieve with creative, active approaches (Register & Hilliard, 2008). The use of art in groups is less threatening and therefore allows for more self-expression and group cohesion in populations such those in as residential care, foster care, or prison. In these groups the clients can be expressive while not feeling forced to disclose and one can gain respect and even friends in these sometimes hostile or difficult environments (Coholic, et al 2009). Therapy groups that utilize art approaches often are better attended (Register & Hilliard, 2008; Boldt & Paul, 2011), and the art inclusive group therapy model can be vital for populations who are at risk of social isolation, or where there has been community tragedy (Boldt & Paul, 2011; Lahad, 1999).

Conceptual Framework

Because both art and therapy have many theoretical frameworks, it is difficult to limit this research to one focused framework. As discussed in the introduction and literature, art is used in a variety of therapeutic interventions that are based on a wide range of concepts. The concepts most often suggested when discussing art as a therapeutic tool are: cognitive-behavioral; psychodynamic; humanistic, including client centered therapy; and postmodern theory, which informs narrative and solution-focused therapies. In the interest of understanding how art might be used in each of these therapy paradigms, the main concepts and goals of each will be briefly summarized.

Post Modern

The arrival of postmodern, constructivist philosophy has changed the landscape of therapy, both the framework, and the therapeutic methods. This paradigm views peoples' experiences to be their own truth, instead of viewing reality as one universally known truth. The perspective that each person has their own truth means that no longer can therapists be the experts on each client, or their emotional states, reactions, behaviors and thoughts. There may be similarities among people, especially because of cultural experiences, but there are no universal truths, and no universal 'treatments'. Therefore, the clinician must partner with each client, and approach them in from a "position of not knowing, rather than presumed understanding" (Carlson, 1997, p. 151). The emphasis then moves to the therapist opening up the client to new possibilities (Carlson 1997). Two therapy interventions that use this postmodern framework are narrative therapy, and solution-focused therapy.

Narrative. One of the therapeutic approaches informed by constructivist philosophy is narrative therapy. There are many different descriptions of narrative therapy, and different ways

of providing narrative therapy, however the fundamentals of narrative therapy include the therapist's understanding that each client is the expert on their own life, and should be approached in a respectfully curious, non-blaming way. The narrative therapist views the problems that are troubling each person to be separate from the person, and assumes that each person has a multitude of strengths that can be utilized to reduce the power of the problem in the person's life (Carlson, 1997).

The concept that informs narrative therapy is that throughout people's lives, they learn "stories" or messages about themselves and their lives. These messages come from the people around them; their family, friends, and community; and also society at large. These messages are then internalized to become beliefs about themselves, and that these beliefs can blind them to other experiences in their lives, leading them to believe that their problems are inherent inside them (Carlson, 1997). The narrative therapy approach seeks to deconstruct these beliefs that may be limiting the client, by externalizing the problem, finding unique outcomes, and "reauthoring" their lives with preferred outcomes (Carlson, 1997). As noted by Neimeyer, van Dyke and Pennebaker, this storytelling is a main event in most psychotherapy and describes how it is helpful: "Storying" our experiences allows us to incorporate and organize disruptive life events into our self-narrative, fostering a coherent sense of identity and shaping emotional reactions and goals for the future." (Neimeyer, van Dyke & Pennebaker, 2008).

Solution-focused therapy. Like Client-Centered therapy and narrative therapy, solution focused therapy is client centered, and based on client strength instead of pathology. As the name implies, solution focused therapy focuses the client toward growth instead of focusing on the problems. Solution-focused therapy is based on a collaborative approach and externalizing the problem, similar to narrative therapy, but uses different techniques. Solution focused therapy

focuses on “exception-finding” to find times when the now-externalized problem has not been a problem, and the therapist uses inquiry and questions to elicit detail, like the miracle question.

The miracle question is often stated as: “Imagine overnight your problem has been solved. When you wake up what will be different? How will you know the problem is solved?” (Matto, 2003; Bannink 2007).

Because using the arts in clinical social work might be considered a less traditional method of working with people, it would be of benefit to explore the ways social workers are currently using the arts in therapy, how they make decisions about using artistic intervention, what creative art methods lend themselves to easiest and most benefit in a therapy setting, if and when social workers do not utilize the creative arts, and other experiences they have that might lend themselves to guidelines for using art in therapy (Reamer 2006; Damianakis 2007). Currently, there is little research on these topics, and little education about creative arts interventions in most counseling related educational programs (Degges-White). This study was designed to explore the use of the creative arts in therapy, particularly by social workers, in order to investigate how clinical social workers use the arts in therapy, their decision making process about using the arts, and if they integrate the arts with a particular therapeutic paradigm. Additionally, this research will investigate possible contraindications to using art in therapy and how social workers make ethical decisions about this, as these are suggested as research needs (Reamer, 2006; Damianakis 2007).

Cognitive-Behavioral.

The Cognitive Behavioral method of therapy is based on the theory that when peoples’ thoughts, which are based on beliefs about themselves, others and the world, are dysfunctional, it

causes psychological disturbance. The work done in Cognitive Behavioral therapy is aimed at modifying beliefs and thoughts to improve one's emotions and behaviors. Cognitive-Behavioral therapy is based on a set of principles, as stated by Beck ((need a year here--)pp. 1-5):

- collaboration between therapist and client
- goal oriented
- present focused
- educative therapeutic work
- guided discovery of dysfunctional thoughts and beliefs
- using a variety of techniques to change thinking, mood and behavior .

The use of art in therapy for self-exploration, and to communicate to the therapists seems a good fit to encourage collaboration, and for the “guided discovery” components of Cognitive Behavioral Therapy. It is worth exploring if art can be used as a way to encourage the change of clients' beliefs and thoughts.

Psychodynamic

The psychodynamic approach to therapy is insight based, and the theory states that a person's unconscious “content” must be revealed in order to correct any psychological disturbance. Psychodynamic theory supports the therapy techniques of free association, processing through painful memories and experiences, and catharsis. It notes the therapeutic alliance as crucial to the therapy process and sees growth as being achieved through this relationship (Rubin, 1987). As discussed earlier, art is a commonly used tool to bring the unconscious forward, a major component of psychodynamic therapy. Additionally, art can be

used to forge the therapeutic alliance, process painful memories, and the self-exploration that is inherent in psychodynamic therapy.

Humanistic

The ideas of Humanistic theory originated with Abraham Maslow who developed the “hierarchy of needs”, a model still often used to inform social work. Maslow named developed the idea of “self-actualization” as a human need (Huntington & Peterson, 2010). Carl Roger’s Client-Centered therapy is, in part, based on Maslow’s ideas. This theory also focuses on the client/therapist alliance, as cognitive behavioral and psychodynamic models do, but it also focuses on the alliance being based on empathy and more equalized, instead of the therapist being the expert. This model is centered on the client’s capacities and strengths, and is non-, pathologizing which differs from cognitive-behavioral and psychodynamic therapy approaches. It seems the use of art to bring forward and communicate feelings would be well-adapted to the empathy focus of Client-Centered Therapy. For example, Client-Focused Therapy encourages the client’s own understanding of themselves and their direction, which have been noted strengths of using art in therapy. The focus of this theory on client capacities instead of pathology might suggest a use of art in therapy and life as a tool for self-regulation and coping with strong emotions, or traumatic life experiences.

Methods

This investigation into therapists’ experiences using art in therapy was be researched using a phenomenological approach, in which 6 therapists were interviewed in person or by telephone, by the primary researcher. Five of the therapists held Independent Clinical Social Worker license, and one held a Professional Counselor license. The interview followed a semi-

structured schedule, with three main ideas to be explored. The main topics will then lead to more detailed questions using an open format. The first topic of exploration is: “What are clinical social workers’ experiences using creative arts in psychotherapy?” As a clinician identified receptive or expressive use of the arts in therapy, the researcher moved to more detailed questions of why, how and when these art interventions are utilized. The next main topic of exploration was the factors that influence a therapist’s decision to integrate art into therapy, and this includes questions more detailed questions about the inclusion of art in their education, workshops, or trainings. This section also included questions to glean the participant’s opinions on if certain therapy paradigms support the use of creative arts. The third main topic of exploration was each therapist’s attitudes about the use of art in therapy.

Sample

The convenience sample included therapists in a variety of organizations or private practice sites, but all social workers will self-identify their work with clients as “therapy” and all will be in outpatient settings. Because social workers work in such a variety of settings, a common setting needed to be targeted in order to explore the possible commonality in arts use. This researcher has identified outpatient therapy as least researched area in the intersection of social work and the arts, which makes valuable to explore. The therapists were identified through the Minnesota Social Work Licensing website and this researcher’s knowledge of outpatient therapy settings.

All participants were recruited using phone and email communication, which is found via agency websites and suggestions from area therapists.

An informed consent form was provided that will outline the process, including the voluntary and confidential nature of the research. This form will include information about the study and was approved by the designated Institutional Review Board (IRB). It fulfilled the University of Saint Thomas (UST) IRB and Protection of Human Subject guidelines, including an explanation of confidentiality and anonymity of the respondent during the research. The interviewee's real names were not used; a number indicating the participant will be linked to the name of the participant, which is kept separate from the interview information. The interview will be recorded using a device that will immediately transcribe the interview, at which point the audio will be destroyed. The transcript will be kept on a password protected computer in the researcher's office, and any paper forms will be kept in a locked file in the researcher's home office. The hard copy information will be kept in a locked file cabinet in the researcher's home office. All research materials will only be accessed by the primary researcher. The informed consent and confidentiality statement will be signed by each participant acknowledging their understanding and agreement to participate. There are no direct risks or benefits related to participating in the research.

Setting

All participants were given the choice of where to have the interview; options included the researcher's office, the participant's office, or a public place. All interviewees chose their own office for the interview. The offices were quiet and private, so as to allow for a thorough and confidential interview.

Data Analysis

This research used grounded theory to analyze the data. Grounded theory is a research method in which theory emerges from the data (Monette, 2009). A content analysis strategy was used to assess the transcribed document. Berg (2009) described content analysis as any technique for making inference by analytically identifying different elements of the document. An inductive approach was used to examine the transcribed data and to identify elements that were relevant throughout the data into “codes” (Berg, 2009). This coded data was then examined to identify similarities and differences in these themes and patterns. Once the themes were identified, the data was reassessed for additional examples of these themes, using the same method.

Findings

Four themes were found in the content analysis of the data. The themes include:

- art as an alternative modality
- the therapists’ personal comfort with art is paramount in their decision-making about the use of art in therapy.
- therapists that work with children are more likely to use art in therapy
- the use of art in therapy need not be limited to a certain therapeutic framework
- exposure to art as a therapy tool, in any setting, increases the use of art in therapy

Art as an Alternative Modality (level 2 heading)

One theme that was found in the analysis was that art is an alternative way of expressing ones’ feelings or experiences. This was found in direct statements about art being “another” or “different” way for people to express themselves. This quote from a therapist talks about how she explores music with clients as an alternative to talk and cognitive processing:

I think that it can really touch them on another level that talk doesn't... So, to really tap into that, especially for people who don't really like talking about their emotions, or that's not their primary mode; they are more of a cognitive-live-in-your-head more than live-in-your-heart, so this is a way to tap into that. [Music is] a kind of safer way than maybe 'tell me about your feelings.'

Below are more examples of the interviewed therapists' descriptions of how art can be useful as an alternate modality for self-expression:

...expression of oneself without words; without saying "I am really angry" or "I am really scared" or "I am really sad". I can express it through my art or my painting. The world can see it and can interpret it anyway they want to.

With adults we used different art as an outlet for trauma, sometimes there would be these waves of feelings they didn't have words for. So, we would say "draw it out, make something, paint it out, draw, use clay"...whatever type of form they felt comfortable with. Some people might write poems or stories. Just a different way of releasing...they might do art that way. So those are part of the context of art.

The following quotes illustrate how therapists talked about art being an alternative expression of self that can lead to more complete communication with the therapist:

If anything, they might bring something [expressive art or writing] in and say "Here. This is me. Or this is how I feel."

Clients will say "do you know this song?" or that kind of thing. It depends on the client, but I am likely to say "what does this mean to you? What is that saying? How are you identifying with that?"

I had a boy draw a picture of his dad and the family. Everybody was in a boat, but he was in skiing behind the boat, facing backwards and dad was at the way other side of the boat. So you kind of go, "Okay, not feeling so close to dad". So you can use it to confirm things like that.

And there was one client who was only like 11, who loved the puppets. She would act out things with them and I would ask her "who is this puppet?" I would kind of ask her to demonstrate something that happened that week.

The theme of art being an alternative, or non-traditional modality was also found in that four of the six participants related art in therapy to other "up and coming" or "non-traditional" therapeutic modalities, like mindfulness, animal assisted therapy, body-sensory-movement modalities, and guided imagery. In most statements, the therapist referenced hearing about other

therapists using these “up and coming” therapeutic modalities. In the description below one therapist connects her use of guided imagery as a creative tool in therapy:

We teach a lot of relaxation strategies and guided imagery, and we work with kids individually and have them practice guided imagery and we have actually provided the script. And after they have become comfortable with the process then they have the opportunity to write their own guided script, and, um...some of them have given us permission to then share those guided imageries they have written with other kids to give them examples. They come up with pretty amazing scripts, and I have done that with second graders. And it's funny because, I wouldn't necessarily be thinking about these activities being creative art, until you asked me about it. Isn't that funny?

Half of the interviewed therapists also connected art therapy to play therapy, another alternative to traditional talk therapy. In the following quote, a therapist describes why she does not use art or play in therapy:

I feel like I don't have any training in it, so I feel like I don't have that frame. I don't work with a lot of young kids, so to me...I think of creative arts with young kids and in my experience people who do more creative things work with kids, and so that feeds...that's where that comes from. So yeah... I would say, play therapy, I think of ...um, sand therapy. I think of when they are using the...I don't know what they do, but they have little figurines that represent...whatever.... and they're playing in the sand. That, to me, seems very creative.

Another aspect of art being an alternative modality in therapy is illustrated in the common remarks found about art in therapy being only in a small fraction of their coursework in their clinical education, and in the continuing education they participated in. Of the five therapists that had a MSW, four reported that art was at least introduced as a therapeutic modality in their graduate programs, but four out of the five remarked that it was a very small part. One of the therapists with her MSW stated she had no training about using art in therapy in her MSW program. When asked the question: “Is there anything in particular that lead to your using the creative arts in your work?” one therapist provided this description:

The training, informal and formal training that I had. My Bachelors Program, My Master's Program, examples that peers and clinical supervisors have provided, training in Trauma

Focused Cognitive Behavioral Therapy, just kind of a variety of different professionals that have a lot of different tool, and it worked for them.

The one therapist that has a counseling degree stated she did not have any discussion of art in therapy in the counseling program, though it was possible that in a play therapy class it was offered. Here she expresses the lack of this training:

No, no arts in Counseling Education. I think there was, like, one play therapy workshop. But, nothing specific to art. No professors even used art in their therapy. No, I don't even think we had a professor that discussed it. One professor did play therapy. Most were very...yeah, we had a professor that did use play therapy, but the class that I had with her was on diversity so we didn't talk at all about how to use art in therapy.

All of the therapists describe attending workshops that include using art in therapy as a component of the training on a different topic. Below are some descriptions of this:

No. I have sometimes seen brochures about using art therapy or creativity in therapy. I have never gone to one. There have been pieces of pieces of workshops that discuss using art in therapy workshops that I have gone to on a different topic, where they might use some of that. But, like....I can think of a stress management workshop and a conflict resolution workshop that just, they happen to use pieces.

I went to workshops, not all on art....but, there might have been...play therapy might have been the big thing then, um, and different workshops that worked with kids: they would introduce painting, drawing, clay, things like that as the medium to use, but...I never got formal training on trying to interpret their art of anything. It is more how to join with the child or to use with them.

Not a ton, but I have gone to some workshops on it. I used to be on the Board for Spirituality and Social Work so they incorporate a lot of art into spiritual use of art in social work when incorporating spirituality work. Well, we would go to workshops and there would be talks on...mandalas....on creating a mandala with your client. Or, um...masks. I can remember a spiritual practice that one group did on creating a spiritual mask and so, you know one of the pieces in this spirituality in social work conference was about, helping clients and yourself get connected to yourself, and the belief was you could do that through art.

Therapists' comfort with art is paramount in decision making. The second theme is that the decision to use art in therapy is largely based on the therapists' personal comfort with the creative arts. The therapists' personal use of art was not a question on the interview schedule

developed by the researcher, however the interviewees often initiated the topic. Three of the therapists spoke positively of their own use of creative expression. In the quote below the poetry writer discusses why she is more likely to use poetry in therapy than art:

I don't see myself as artsy. I am more of a wordsmith, so if I am going to use something...and I write more poetry than prose...so that is where I am going to go. So, if a client has a different art bent, I can certainly look at it, but I am not going to help them with it. So there is that.

Another therapist spoke of her appreciation of music in her personal life, and her description of use of the creative arts in therapy involved receptive music, art, and poetry activities.

Three of the therapists declared that though they did not use the creative arts in therapy extensively, their colleagues did; and they attributed this directly to the colleague being an artist or musician themselves. For example, when asked if she uses the expressive visual arts with non-child clients, this therapist states:

I don't work with adolescents much. With adults....well, I am not an arts person. I am not a person that is going to have clay and paint....that would be [another therapist's name]. Um....so, I don't [use visual art].

Another therapist talks of her colleague:

I have a colleague down the hall who is a musician. I believe she integrate that probably. I can't tell you much about that.

The researcher probed further to why her colleague might use more music in therapy. In answer to this, the therapist compares her colleague's possible use of music in therapy to her own, stating the colleague may be more “familiar? Or....more creative about how to do it. I am just pretty basic: songs, themes of songs...is it helpful or isn't it. I am not as creative, you know?”

Half of the therapists interviewed made the suggestion that their own anxiety about their lack of artistic abilities inhibits them from using art.

I have never thought of myself as a real creative person and...golly....I feel real inhibited around the arts because I don't feel like I have ever.... I don't have any talent for arts, so I don't use it a lot. I feel like I have very little talent. And I am not trying to belittled myself. This is not a self-esteem issue. I can't really do anything artistic. It's just like, I can't really draw, I never got into painting. I don't have a good voice.

Two therapists make the suggestion that in order to initiate the use of arts in therapy, a therapist would need to be comfortable with art or willing to “work through” their own and their client’s anxiety involved in a creative art-making process.

You know, I paint, so it's something that feels natural to me...it doesn't feel awkward, or.....you know? Some people get into the piece of, you know, “it doesn't look like what it should be. I want it to be a dog and it doesn't look like a dog! I can't do this!” That is not where I am at. And also, understanding that when working with clients is really important, because if you have an adult or a kid that is freaking out because their picture doesn't look like you want it to....you have to be able to work through that to do art. I think adults are more uncomfortable with art, and so because we are uncomfortable a lot of people don't pursue it.

In many of the therapists used the word “anxious” when describing themselves or a client engaging in art-making. One therapist makes the following statement when asked if there is anything else she would like to share about using art in therapy “I think clients are uncomfortable with it.”

Therapists Decisions about Use of Art in Therapy (Level 2, under main heading “Findings”)

All of the therapists interviewed suggested that the age of clients is a primary motivator in their choice to use art in therapy. They suggested numerous reasons for this, among them: children are less anxious about being creative, children are less able to verbally express traumatic life events or difficult feelings in words, training in play therapy (predominantly used with children) is the only exposure to using the arts the therapist has encountered, drawing is standard practice in assessment for children, play is similar to art, and clients in adolescence more commonly express that they use expressive art as a coping tool. Analysis of the data found the theme of young clientele in the data of all the interviews, including the words: child(ren), play,

boy, girl, little, adolescent(s), kid(s), young, elementary school, youth. Additionally, words coded to be included in this theme were those used to represent an age under 18, a school grade, and the names of therapy programs the researcher knew to serve only children.

Four of the therapists interviewed have provided therapy to children at some point in their career, though only two described children as their predominant clientele. One of the therapists stated that she worked with children and adolescents in the past, but has limited her therapy to adults for many years. Another stated she does not work with children at all, though she very occasionally provides therapy to adolescents. Another described her therapy as primarily with adults, though she has worked with some children, but not adolescents. Another therapist works primarily with those in late adolescence or early adulthood. These distinctions in the ages of each therapists' clients throughout their career is an important factor in this researcher, as the researcher noted a distinct difference the interview process that correlated with the therapists' predominant age of clientele. Some of the differences were seen in how the therapist approached the interview, answered the questions, and their level of comfort with the discussion of their own use of art in therapy. The level of comfort was noticed through non-verbal cues, direct verbal statements and questions, and indirectly in the tone, fluidity and detail level of descriptions.

The two therapists that have worked extensively with children described their use of creative arts much more in detail in the interview than the other therapists, providing many more case examples, details, and reasons for exploring art as an alternative modality in therapy. One of the therapists started the interview by stating:

.... good chunk of my clients have been children so I incorporate art into therapy: drawing, painting, clay...probably are the primary mediums that I have used.

This therapist then continues to describe the ways she has used art with children, adolescents, and adults, without further questions or encouragement from the researcher. The researcher noted that during the interview, these two child-focused therapists immediately began describing the ways they use the creative arts in therapy, and the value of doing so. Below the other child-focused therapist starts the interview with this statement:

I think that one of the most critical pieces of the trauma work I do is the use of art in the opportunity for the young people that are going through trauma focused CBT. It is so important for them to be able to illustrate their trauma narratives. And for the younger ones, that is often where the bulk of the information comes from: the pictures and the drawings of what they have experienced. That is where a lot of the information comes from. And, you know, when we do trauma narratives, if kids are not interested in writing with pencil and paper or them dictating and me typing it, they may choose a way to express themselves... create a song that tells their story or they may choose to create a puppet show that tells their story... and so, I think that being creative and artistic in that process is super important.

In contrast, the therapists who described the bulk of their clientele as adults or older adolescents also went on to describe case examples of using art, but not until the researcher provided more focused questions much later in the interview. Both therapists who reported no work with children started the interview stating that they did not use the creative arts in therapy at all. When the researcher then listed the creative arts to include poetry, music, photography or other creative expressions, the therapists went on to state that they did use art in therapy. Here one of the therapists explains that one of the main reasons she believes she does not use art in therapy is that she has not worked with young children:

Uh....I don't...I feel like I don't have any training in it, so I feel like I don't have that frame. I don't work with a young kids, so to me...I think of creative arts with young kids and in my experience people who do more creative things work with kids, and so that feeds....that's where that comes from.

The therapist who stated she had worked with children in the past but did not currently also answered the researcher's initial question, "Tell me about your experiences using art in therapy" with ease:

When I worked in South Dakota in an outpatient mental health center, I worked with children and adolescents. And with children, we used to do a lot of drawing together and sometimes just draw...because then when you talked with them it didn't seem like we were doing therapy because we were drawing different things. The other thing is we used to make collages, like how do you feel? What is your favorite...this or that for kids". This was back in the 80s. With adults we used different art as an outlet for trauma, sometimes there would be these waves of feelings they didn't have words for. So, we would say "draw it out...make something...paint it out...draw...use clay", whatever type of form they felt comfortable with. Some people might write...poems or stories, just a different way of releasing...they might do art that way. So those are part of the context of art.

The researcher also noted in field notes that four of the six therapists interviewed expressed hesitancy about the interview when initially asked to participate and told the interview would be about "therapists' use of art in therapy", while two of the therapists agreed quickly and with enthusiasm. The therapists who did not express any hesitancy were those that had extensive experience working with children. The other four asked for reassurance that the researcher was interested in the experience of all therapists not just those who "used art a lot" or "worked with children".

Exposure to using art in therapy increases its use, regardless of therapeutic modality. This research included questions related to the therapists training and education in order to explore if art use in therapy was related to any particular education and training program. During coding of the data, a theme emerged that most therapists had exposure to using art in therapy, and how much exposure they each had influenced them to utilize art as a therapy tool. There was only one therapists who reported no exposure to using art in therapy, and this was also the only therapist who answered "no" to the initial interview question of "Do you use art in therapy?". All other therapists described having exposure to using art in therapy through parts of workshops related to a particular therapeutic topic or modality. The following are some descriptions of post-graduate education that included using art in therapy:

I have (received training related to art in therapy). Not a ton, but I have gone to some workshops on it. I used to be on the Board for Spirituality and Social Work so they incorporate a lot of art into spiritual use of art in social work when incorporating spirituality work.

There have been pieces of pieces of workshops that discuss using art in therapy workshops that I have gone to on a different topic, where they might use some of that. I can think of a stress management workshop and a conflict resolution workshop that just....they happens to use pieces (of art in therapy). I remember also.... part of a three day conference on grief-there was a session on art that I did do. So that is one specific one that I did do.

I went to workshops, not all on art....but, there might have been...play therapy might have been the big thing then, um, and different workshops that worked with kids they would introduce painting, drawing, clay, things like that as the medium to use, but I never got formal training on trying to interpret their art of anything.

All of the therapists report no formal training of using art in therapy during their graduate studies, but the five out of six therapists that initially responded that they use art report some exposure to art use as a tool in therapy. Those five with initial positive responses also report learning about using art as a tool in therapy from other colleagues, while the one who initially stated she does not use the creative arts in therapy stated she did not know of any other therapists that use art in therapy. The common theme in the other interviews was that they learned different ways to include art in therapy, and among those ways, other learning from their colleagues was influential. Below one of the responses to the question: Is there anything in particular that lead to your using the creative arts in your work?

The training, informal and formal training that I had. My Bachelors Program, My Masters Program, examples that peers and clinical supervisors have provided, training in Trauma Focused Cognitive Behavioral Therapy, just kind of a variety of...different professionals that have a lot of different tools...and it's worked for them.

The Interview schedule contained questions about each therapist's therapeutic modality in order to explore if the theoretical therapeutic orientation would influence the therapists' decision to use art in therapy. The literature suggests that art can be integrated into all commonly used therapeutic modalities: cognitive-behavioral, solution-focused, narrative, psychodynamic,

and client-centered. This research did not find a theme related to these therapies and art. The therapist's discussion integrating art into their theoretical therapy framework was too diverse to develop any theme. For example, five out of the six therapists named one of their therapeutic approaches to be CBT. When asked how art could be incorporated into CBT, the therapist varied in their opinions that this was even possible. Three therapists described clearly how they do this, one said she could not see how to do it, and another said it was possible, but not easy. Here are two descriptions from the therapists who incorporate art into their cognitive behavioral approach to therapy:

We do a lot work with anxiety and so there are songs....Alexi Murdock has a song called "Breathe" and I have told them about that or different songs that I know, but they know a lot more songs than me, and so I tell them "try to find a song that would support you in being calm, and approaching life from that perspective as opposed to "Oh my God, there is so much to do and I can't handle it all".

Well, one of the things that we will often do when we are working with, particularly elementary school students on affective expression and modulation- let's create the pictures of what cartoon characters look like when they are feeling specific emotions. Use art often for feeling expression and modulation with younger kids. And actually, right now in the office I share with a mental health practitioner, the entire office wall is a chalkboard, if you can believe that- no, I guess it's a whiteboard....is covered in the artwork as far as these cartoon characters and how they look when they are experiencing this emotion.

Two therapists included "client centered" in their description of these therapeutic framework; one of them described using art often in therapy, and the other used very little, if any art in therapy. Three therapists stated that they utilize a solution-focused approach to therapy, and two of the three initially responded that incorporating art into that framework might be difficult, but immediately changed their statements, stating that it would be possible or even easy. Here is one therapist's statement:

You know, solution focused not necessarily arts driven. Probably CBT would be easier than solution focused....well, I don't know....you could probably have a client create their solution through art and have them share it, so.....

Two therapists used the word “client centered” to describe their therapeutic style, and one of these incorporate art in their therapy work regularly and the other almost not at all. There were other descriptions of the therapist’s theoretical style, and most therapists used more than one style. There was no theme found to support that the therapist’s therapeutic framework lead to more, or less, use of creative art as a tool.

Discussion

This studied explored how therapists, particularly Clinical Social Workers, used creative art in therapy. Three factors were found to be critical for therapists’ in making this decision: predominant client age; therapist anxiety/comfort level with creative arts; therapist’s exposure to art in therapy. The study attempted to explore if therapists of a particular therapeutic framework were more or less likely to use the creative arts in therapy; however, no link was found.

Strengths and Limitations

One strength of this study is the flexible, semi-structured, and thorough interview schedule. This format allowed the interviewer to explore each participant’s decision making process on using the creative arts in therapy. It also allowed for the therapists to reflect on their own decision making and therapy practice, as was evidenced by numerous statements by the therapists during the interview itself. Many of the therapists stated that through the interview process they realized they encouraged the use of receptive art both in therapy with clients, and for clients use as “homework”.

While the broad questions used in the interviews were a strength for finding the factors that most influenced a therapist to use art as a tool, it also was a limitation in the specific question of if there is a relationship between certain therapeutic frameworks, like CBT and art

use in therapy. No information was provided to answer this question. Another limitation of this study is the small sample size. Though six interviews produced themes and valuable information, the study was unable to establish a link between any particular therapeutic framework and art. One other limitation might be that it was this researcher's intention to interview only Licensed Clinical Social Workers, however because the study took place in a specific location with few therapists with that license, one Licensed Professional Counselor was interviewed. During the interview this participant described much less exposure to art use in therapy during her counseling education than did those who had a Social Work educational background. However, because only one Licensed Professional Counselor was interviewed, no conclusions could be drawn about the different educational programs and art inclusion.

Implications for Social Work Practice and Education

Students in social work are commonly reminded that their worldview, experiences, and personality will be a factor in how they approach therapy. This study's unexpected finding that each therapist's comfort level with creative arts was a leading part of their decision to include art in therapy supports this idea. It is possible that anxiety around creative processes may impede the therapist from using this way of working with clients, even when the client self-initiates the use of art as a way to communicate to the therapist or reveals art to be a strong coping skill. In either of these cases, exploring art may be a powerful therapeutic tool for rapport-building and insight that may be overlooked because of the therapist's anxiety. This theme found in the research suggests that it is possible that anxiety may keep therapists from using other therapeutic tools. The idea that the therapist's own anxiety may be a challenge during therapy would be valuable for graduate level social work professors to communicate to students, clinical supervisors to

discuss with their supervisees, and therapists to explore when examining their own clinical practice.

Implications for Education

Because another theme suggested that even cursory exposure to using the creative arts in therapy encourages its use, professors might be encouraged to include discussion on the topic of art in therapy. As the literature supports that art can be useful in therapy, it is worth exploring in clinical educational programs, and continuing education opportunities in order to possibly increase therapist's comfort and use of art when it would be therapeutically appropriate.

Additionally, a therapist who feels anxiety around the creative arts may consider exploring that anxiety, taking a workshop, or reaching out to other colleagues should they be working with a client that may benefit from an alternative way of communicating, who suggests creativity is a strength, or who is struggling to use words to describe an internal state or experience.

Implications for Further Research

The study attempted to explore if therapists of a particular therapeutic framework were more or less likely to use the creative arts in therapy; however no link was found. Further research more focused on this topic, possibly with a larger sample size, may provide this information. The literature on using the arts in therapy is often tied to a certain therapeutic framework. The articles: *Using Art in Narrative Therapy* (Carlson, 2007) and *Poetry Therapy as a Tool of Cognitive Based Practice* (Collins, et al 2006) illustrate this.

Because there were so many mixed opinions on the possibility of integrating art into particular therapeutic paradigms in this study, it may be valuable to distinguish how therapists' view certain commonly referred to therapy modalities, like cognitive behavioral or client

centered therapy. It was striking in this research how some therapists could integrate art easily into a therapeutic paradigm, while other therapists using that same therapeutic approach did not find integrating art to be possible. Further research on how therapists self-describe their therapeutic approach would be valuable. Additionally, because of the unexpected finding that the therapist's anxiety around their own creativity influenced their decision to use art as a therapeutic tool, or even introduce art as a coping tool to clients, further research on how a therapist's self-view impacts their therapeutic choices is a vast and diverse topic for researchers to explore.

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UNIVERSITY OF ST. THOMAS

Clinical Social Workers' Use of Arts in Therapy

I am conducting a study about clinical social workers using creative arts, including creative writing, poetry, music, drama, and visual arts in therapy. I invite you to participate in this research. You were selected as a possible participant because you are practicing therapy. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Jamie Sanders, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Carlson.

Background Information: This study was designed to explore the use of the creative arts in therapy, particularly by social workers, in order to investigate how clinical social workers use the arts in therapy, their decision making process about using the arts, and if they integrate the arts with a particular therapeutic paradigm. Additionally, this research will investigate possible contraindications to using art in therapy and how social workers make ethical decisions about this, as these are suggested as research needs.

Procedures:

If you agree to be in this study, I will ask you to do the following things: I will ask question about your opinions and experiences with the use of arts in therapy. The interview will be approximately 45-60 minutes, and will be audio taped, then transcribed, and the audio tape will be destroyed. I may have a fellow student view my data for a reliability check. I will write a qualitative research document which will include a literature review, the results, and implications of what is learned during this research.

Risks and Benefits of Being in the Study:

The study has no known risks. The study has no direct benefits. However, you will learn about what clinical MSW students are working on in graduate school at the University of St. Thomas / St. Catherine University in St. Paul, MN.

Confidentiality:

The records of this study will be kept confidential. A research partner and my research professor will be able to view segments of the transcribed interview, but will not know who you are. I will delete any identifying information from the transcript. Findings from the transcript will be presented to my research class. The data will be discussed at a presentation at the University of St. Thomas, but identifying data will not be used. Research records will be kept in a locked file in my home office. I will also keep the electronic copy of the transcript in a password protected file on my computer. My research may include a 15-minute transcript of the interview, but will not name you. I will delete any identifying information from the transcript.. The audiotape and transcript will be destroyed by June 15, 2013.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used in the data.

Contacts and Questions

My name is Jamie Sanders. You may ask any questions you have now. If you have questions later, you may contact me at [507] 313-4103. You may also contact my instructor, Dr. Karen Carlson at 651-962-5867. Please feel free to contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B

Interview Schedule

Demographics:

Clinical Setting:

Gender:

Age:

Year of original licensure:

1. Do you use or have you used the creative arts in therapy?

If Yes:

2. Tell me about your experience.

3. What did you discover when using art?

4. Can you tell me about a specific case in which you found the use of art in therapy to be particularly helpful?

5. Can you tell me about a time when using art in therapy did not go as planned?
6. Have you ever presented a piece of art, music or creative writing to a client to elicit a response in therapy?
7. (If yes) can you provide examples of cases where this is helpful?
8. Follow up- what art, music, or writing pieces have you used in this way?
9. Was there anything in particular that lead to your using art in therapy?
10. Have you had any training or education on using art in therapy? If yes, what? If no, would you attend this kind of training?

If “no” to first question:

2. Have you ever considered using art in therapy? (If yes) What has stopped you?
 3. Do you know other therapists that use art in therapy? Tell me about that.
 4. Have you ever presented a piece of art, music or creative writing to a client to elicit a response in therapy?
 5. (If yes) can you provide examples of times you have done this.
 6. Follow up- what art, music, or writing pieces have you used in this way?
7. Would you be interested in training or a workshop on using art in therapy?