McGill University

An Exploration of Clinical Social Workers' Attitudes Towards The Use of Art in Their Therapy

A Thesis Submitted to
The School of Social Work
Faculty of Graduate Studies and Research

In Partial Fulfillment of the Requirements
For

The Master's Degree in Social Work

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Montreal, Quebec June 2002

Your file Votre référence
ISBN: 0-612-85906-1
Our file Notre référence
ISBN: 0-612-85906-1

Abstract

Social work is a profession that espouses respect for the value of diversity. However, diversity is limited in social work programs as these programs focus primarily on the teaching of verbal methods of connection for social workers to engage with clients. Non-verbal methods of communication are limited in social work programs. This inhibits diversity as research has demonstrated that many clients for various reasons are unable to communicate through verbal dialogue. This present study explored social workers attitudes towards the use of art in their therapy. Six social workers from a children's mental health agency were interviewed and the results indicated that social workers used art in their work and found it beneficial for their clients. The social workers limited education in non-verbal modalities of communication however, prevented them from using the art effectively. The study recommends that social work programs include non-verbal methods of communication to ensure diversity and best practice for the profession of social work.

Abstrait

Le travail social est une profession qui supporte l'importance de la diversité. Toutefois, cette diversité dans les programmes de travail social est limitée parce que ces programmes se concentrent primordialement sur l'enseignement des approches verbales concernant la communication entre le/la thérapeute et le/la cliente. Alors, les approches non-verbales de communication sont limitées dans ces programmes. Parce que plusieurs recherches démontrent que plusieurs client(e)s, pour quelles que soit les raisons, sont incapable de communiquer verbalement leurs messages, ceci empêche la diversité. Cette présente recherche explore l'attitude des travailleurs (euses) social(e)s envers l'utilisation de l'art en thérapie. Six travailleurs (euses) social(e)s d'une agence de santé mentale pour enfants ont été interviewé et les résultats indiquent que les travailleurs (euses) social(e)s ont utilisé l'art dans leur travail et ont trouvé cela très bénéfiques pour leurs client(e)s. Toutefois, l'éducation limitée sur l'utilisation des approches non-verbales fait en sorte qu'elles ne peuvent pas utiliser la thérapie par l'art effectivement. Cette recherche recommande que les programmes en travail social inclut l'enseignement des approches non-verbales de communication afin d'assurer la diversité et une meilleure qualité de services pour la profession du travail social.

Acknowledgements

I would like to thank my family for all their support and understanding while completing this thesis.

I would like to thank my academic advisor, Dr. Robin Wright of McGill University for her encouragement and direction. I very much appreciated her support and timely response to my questions and concerns. I would also like to extend a thank you to the Phoenix Centre For Children and Families, for authorizing this study and providing the resources and time necessary for the research. I would also like to thank my colleagues who participated in this study.

Thank you as well to my colleagues and fellow M.S.W. students. I would also like to thank two colleagues, Rachelle Prefontaine and Penny Langlois, who helped me immensely with the intricacies of computer technology. A special thank you is extended to my colleague and fellow student Debra Woodfine who provided support and humor when it was most needed.

Finally, a special thank you to my partner Grant and my son Patrick for all their love, support, understanding and encouragement.

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I. INTRODUCTION

I.I Problem

Social work is a profession whose intention is to help people with their problems. The primary method in preparing new social workers for their work as helpers is focused on enhancing the social worker's verbal communication styles and techniques. With the exception of the study of non-verbal communication in body language there is very little emphasis given in social work programs to teach the social worker how to connect and work with the client in a non-verbal art therapy approach. This is problematic, as research has shown many clients are unable, for various reasons, to communicate verbally. Also, given that, "art as a language of therapy, combined with verbal dialogue uses all of our capacities to find a more successful resolution to our difficulties" (Riley, 2001, p. 34) the inclusion of art in therapy would be helpful for the social worker to achieve better communication and thereby better help for the client.

I.II Objective

The purpose of this study is to explore clinical social workers attitudes about art in their therapy. Using a phenomenological approach six social workers at the Phoenix Center in Pembroke, Ontario, a children's mental health agency were interviewed individually. The format was structured as an in-depth researcher participant interview. This design was used to evoke candid self-expression so that the social workers deeper attitudinal beliefs about art would be expressed.

I.III Rationale

My research question 'what are clinical social workers attitudes toward art in their therapy?' originally emerged from my personal thoughts after participating in an expressive art therapy workshop. I attended the workshop along with other social workers' as we were interested in pursuing another modality to better communicate with clients. What occurred for me from the experiential component of the workshop was a belief in the powerful therapeutic ability of art expression. Other personal art courses that I have taken since then have further reinforced that belief.

The use of art and its benefits are also demonstrated to me in the day to day work I perform as a social work clinician at a children's' mental health agency. I have worked with many children and adults who are better able to express themselves through the use of art as a medium.

My research question also evolved from an interest in deepening my understanding of art in therapy for my own practice. As I have a bias about the effectiveness of art in therapy I was also interested in examining what other social workers' thoughts and feelings were about art in therapy. I also wanted to discover what social worker's experience was in art training as I strongly believe that social work programs need to include the modality of non-verbal communication approaches. Interestingly, in talking generally with art therapists and social workers, both noted, that after their respective degrees they each took courses from the other field to better their understanding of their clients. Today, more and more universities are

recognizing this need for divergence and are providing graduate degrees with multi-modal perspectives as a best educational methodology (McNiff, 1998; Levine, 1999; Knill, 1999).

I.IV Overview of the Study

The art therapy field, however, is very broad. It includes many non-verbal approaches of both visual and expressive arts. The focus in this thesis is defined to the visual art therapy of drawing, coloring, and painting. As this research question is an interdisciplinary overlap of the fields of social work and art therapy and the use of another discipline's modality, namely art, there is very limited research available. There is, however, a significant and growing amount of research demonstrating the efficacy of art therapy practice although this research is also limited in that art therapy is a relatively new discipline. This research is primarily available from the medical field as the practice of art therapy emerged from the discipline of psychiatry. Korlin, Nyback, &Goldberg, (2000) and Kozlowska, (2001) are good examples of psychiatric studies documenting the benefits of art in therapy, however, these studies are not able to be generalized to the larger population.

The emphasis in the literature review will focus on art therapy as a discipline. In order to be able to understand social workers' attitudes toward art in therapy I believed it was important to comprehend the broader context of art therapy. The literature review will provide an overview of the field of art therapy. A definition of art therapy, a brief synopsis documenting the ethical reasons for the use of art in therapy, a history of art therapy

generally with specific attention to its research history will be presented. Some of the literature supporting the efficacy of art therapy and the changing role of the art therapist will also be included. The theoretical framework, an outline of the methodology and analysis of my research study, as well as the implications for social work and future research will be discussed.

II. LITERATURE REVIEW

II.I A Definition of Art Therapy

Art therapy has been defined by the American Art Therapy Association as "The use of art in a creative process to provide the opportunity for a nonverbal expression and communication in which to reconcile and foster self-awareness and personal growth"(Seaward, 2001, p. 207). Creative is defined by the Funk & Wagnall's Dictionary as "having the quality of something created, rather than imitated" (1974). Art therapy is based on the belief that many thoughts, feelings, and insights are unable to be expressed verbally. Recent research has shown that many abstract constructs of the mind lack the corresponding vocabulary to evoke the many daily experiences that the mind synthesizes (Gardner, 1982). Even highly verbal people of all ages find at times words inexpressive of certain experiences especially those that evoke intense emotional responses (Rubin, 1999).

Art therapy is focused on the exploration of the client's interior existence. As art can evoke previously unconscious understanding it can be a means for better self-communication and therefore self-awareness, which

ultimately can promote deeper self-realization and knowledge. In creativity through art, some of the verbally inexpressible thoughts, feelings, and perceptions can be elicited offering further personal insight. As such, art expression provides an alternative and or a balance to verbal therapy (Wadeson, 1987; McNiff 1998; Rubin, 1999).

Art therapy is currently recognized internationally and is approached from a variety of philosophical perspectives. There are many diverse techniques used by the art therapist given their particular theoretical orientation. To facilitate the necessary therapeutic change for the client the art therapist uses whatever specific technique concretely aligned with theory that seems to be most relevant at the most appropriate time.

II.II Ethical Reasons for Art in Therapy

There are a number of important ethical reasons why a social work professional would benefit from the teaching of non-verbal visual art therapy. First, art is a universal language and communication with diverse ethnic persons is available through art whereas verbal communication can often be a barrier. Art is not inhibited by language restrictions and is therefore more inclusive. An immigrant child of another language can be helped by art therapy whereas verbal therapy is restricted. Art therapy is also helpful in working with people because language as our primary mode of communication can be more easily manipulated whereas art can be more expressive of deeper and often unconscious emotional beliefs (Makin, 1994; McNiff, 1998; Rubin, 1999; Seaward, 2001).

Another ethical consideration is that art therapy helps those whose trauma is so painful that verbal expression is too difficult. Some pain is very hard to voice in words. The tangibility of the emotional expression in art therapy is as well concretely expressed on paper by and for the client whereas the therapist interprets verbal therapy. Also, the recent split right left-brain research has demonstrated that the creativity that is needed in art therapy to integrate the right and left-brain interaction fosters a strength rather than a problem orientation for the person and is another important ethical reason for the inclusion of art in social work therapy (Rubin, 1999).

There are a number of research studies demonstrating the ethics of art therapy practice. Psychologist Rudolph Arnheim's (1969) research supports the above assertion about art's ability to access deeper meanings. He found that most of our thinking is visual and much of what is encoded in the brain is in the form of images. Art then, more directly accesses people's pure experience and not the experience filtered and sometimes manipulated through words. There is, as well, neurological reasons as to why art therapy is more effective at times than language. Horowitz, (1983) a psychoanalyst and psychiatrist, researched extensively in imagery. His work noted that because memories may be preverbal or forbidden they are more accessible through non-verbal therapy. He showed that most borderline and personality conditions, which have been fixated at the preverbal stage, respond better to non-verbal art therapy. Psychiatrist Sylvano Arieti (1976) studied the physiological process of the right and left hemispheres of the brain

and proposed that creativity utilized a unique form of thought which he called the 'tertiary process'. What he discovered is that in order for creativity to occur the person has to use both sides of the brain and the right and left hemisphere must interact effectively in order for the art making to occur (Wadeson, 1987).

II.III History of Art Therapy

Lindsay John in his article "The State, Social Welfare, and Ideologies" notes "one cannot truly grasp the relative import of ideologies without an understanding of their historical antecedents." (John, unpublished working document). An overview of the history of art therapy will hopefully elucidate further the importance of art in therapy.

Art, as an expression of humankind, has a history that dates back several thousands of years. This is evident in prehistoric cave drawings such as those found in Lascaux, France and all of the numerous and diverse cultural artifacts representing symbolic expression from all over the world. The expressive nature of art however, was limited in the seventeenth century by the rationalist belief established by the philosopher Descartes. Influenced by Descartes rationalism, art reflected only external images until the science of psychoanalysis re-introduced the inner world of dreams and images and art was recognized as a modality for therapy (Robbins and Sibley, 1976).

Prior to Freud, Jung and psychoanalysis art therapy had its origins in the institutions housing the insane. Initially, it was expressed in sculptings of bread dough and drawings on scraps of toilet paper on walls

(Rubin, 1999). These expressions eventually came to the notice of the psychiatrists, who, versed in the analytical psychology of Freud and Jung, recognized the importance of creativity for therapy, especially for patients who were unable or unwilling to use verbal expression.

In Western Europe, recognition of the art of the mentally ill began in France as early as the late 1800's. Ambroise-Auguste Tardieu's *Etudes Medico-Legales sur la Folie* (Medico-Legal Studies of Madness) from 1872 was written to establish a legal diagnosis of madness. This involved reproductions of the patient's drawings and descriptive critiques of their inner psychosis. French psychiatrist Paul Max Simon in 1876 published *L'Imagination dans la Folie* (Imagination and Madness) which was another collection of the drawings and paintings of mentally ill patients. The next known documentation of the art of the insane was the Italian Cesare Lombroso 1882 edition of *L'Uomo di Genio* (Man of Genius), which equated genius with insanity, a topic that is still debated today. MacGregor (1989) in his book "The Discovery of the Art of the Insane" provides a comprehensive survey of this topic (Rubin, 1999).

In both Canada and the United States interest in art therapy was significantly later than Europe. In the United States art therapy began in the 1940's with the work of pioneer art therapist Margaret Naumburg. Edith Kramer, the second acknowledged pioneer in art therapy, developed a divergent theory in 1971. Both women were trained in psychoanalytic theory and represent the initial dichotomy in art therapy practice and theory.

Naumburg, who was an art teacher and director of the Walden Art School, found that her use of art with the disturbed children she worked with at the New York State Psychiatric Institute was a powerful therapeutic tool. From her practice and research Naumburg's approach to art therapy combined the art creation with verbal therapy. Naumburg's theory was based on the premise that art would illustrate the unconscious expression of non-verbal thoughts and would be an important tool in psychoanalysis. The art therapist would interpret the art and as such is referred to as 'art psychotherapy' (Makin, 1994, Rubin, 1999).

Kramer differed in her approach. Kramer, an art teacher, viewed the process of art in and of itself as the therapy. Her belief was that more attention needed to be given to the creative cathartic process within the art-making rather than the evaluation of the finished product of the art illustration. In Kramer's theory, the emphasis was placed on the process of the art rather than any verbal elaboration and as such is referred to as 'art as therapy' (Makin, 1994, Rubin, 1999).

In Canada, art therapy originated from the work of the husband and wife team, psychiatrist Selwyn Dewdney and art therapist Irene Dewdney. "Art therapy officially started in Canada in 1953 when Irene's late husband Selwyn Dewdney was appointed as Psychiatric Art Therapist for the psychiatric unit of Westminster Hospital in London, Ontario" (Bidwell and Sippell, 1997, p. 30). Other important names that are attributed to the development of art therapy in Canada are Marie Revai, who was an art

therapist at the Allen Memorial Institute in Montreal, Louise Annette, who worked with developmentally handicapped children, and psychiatrist Martin Fischer, who started the Toronto Art Therapy Institution in 1972 (Rubin, 1999).

In Britain one of the most influential contributors to art therapy was the educator Victor Lowenfield. His book "Creative and Mental Health" (1947) is a classic documentation of the importance of creativity in art and his belief that educational delays for children occur without the fostering of art. In 1947, he wrote:

> Art has a potentially vital role in the education of our children. The process of drawing, painting, or construction is a complex one in which the child brings together diverse elements of his environment to make a new meaningful whole. In the process of selecting, interpreting, and reforming these elements, he has given us more than a picture or a sculpture, he has given us a part of himself: how he thinks, how he feels, and how he sees. For the child this is a dynamic and unifying activity. (Lowenfield and Brittain, 1947, p. 4)

Adrian Hill, another influential British art therapist, in fact coined the term "art therapy". Hill, who found healing with his own art when he was recovering from tuberculosis, advocated on behalf of the use of art in therapy. One of his students Frank Breakwell went on to help establish the British Association of Art Therapists (Makin, 1994).

II.IV History of Art Therapy Research

This is a brief overview of the history of the field of art therapy and is only representative of Western Europe, Canada and the United States. It is important in understanding art therapy to examine as well its research

history. An overview of the research history will illustrate some of the difficulties in art therapy research.

The pioneers in the field believed research was important in establishing art therapy as a recognized profession. The American founder, Margaret Naumburg, recognized the importance of scholarly research and collected her work with children in a monograph in 1947. Mary Huntoon, another pivotal art therapist of that era, conducted formal research for ten years beginning in 1947 (Rubin, 1999). These early research efforts, however, were independent studies as it was not until the 1960's that art therapy was established as a discipline. In the very first publication of the quintessential journal of art therapy, "The Bulletin" founded by art therapist Elinor Ulmann and now known as "The American Journal of Art Therapy", the importance of research to establish credibility was recommended. Nancy Knapp (Wadeson, 1992) chronicles the many historical details involved in the research process referring to the various art therapists and committees involved in establishing research.

Although art therapists have long recognized the importance of research, the traditional Western research paradigm of positivism and its empirical quantitative model which purports objectivism and one truth was not congruent with the nebulous quality of creativity. Judith Rubin, a central figure today in art therapy, wrote in her 1984 book "The Art of Art Therapy",

> Sometimes I wonder if it is possible for a really good art therapist to be genuinely interested in research. It seems to me that many of the interpersonal satisfactions available in clinical work are also present in those indirect service areas: ... in teaching, in supervision, and in

> consultation. But research, even if it involves working with subjects in order to collect data, is less likely to be as rewarding clinically. It is also rarely as flexible as any of the other roles, because of the necessary control of important variables. Research allows creativity primarily in its design and analysis, but hardly ever in the actual implementation of the study. Yet there are a few art therapists who are good clinicians and who also enjoy designing and conducting research. (Judith Rubin, 1984, p. 179)

In 1992 a survey of research approaches in various training programs was published in the journal of Art Therapy (1992). The results clearly documented that art therapists were uncomfortable with the practice of research (Rubin, 1999).

Despite the apprehension of art therapists' toward research, in the 1980's, research in the field increased significantly. This was directly related to the expectation of research required by graduate and post-graduate art therapy institutions (McNiff, 1998). As art therapist Harriet Wadeson (1980) wrote, "Prior to the focus on research in the art therapy literature many of us published the results of research projects that used artistic tasks as a way of generating data about different psychological conditions" (Wadeson, 1980a, p. 320). With the increase in research, alternative art therapy research paradigms emerged. Rosal (1995) has provided an extensive overview of the diversity within current art therapy research citing studies from traditional case studies to survey, descriptive, correlation and assessment research. Outcome studies have been and continue to be concerned with establishing the efficacy of art therapy and currently new methods are being proposed. Experimental designs have been traditionally used in the medical field to establish the physiological benefits of art therapy (Rosal, 1995).

Leading art therapists today such as Wadeson (1994), Junge & Linesch (1993), Gantt (1997), Rubin (1999), Rosal (1996), McNiff (1998a) and Allen (1995) all advocate for new paradigms. Gantt (1997) in her article "Some Research Models Drawn From Neighboring Fields" recommends that art therapy research needs to consider the artwork as being affected not only by psychological factors but as well cultural influences. She suggests including research models from art history, linguistics, and anthropology to incorporate a more holistic analysis of art in research studies.

Recent research has been directed towards phenomenological and cybernetic research with both qualitative and quantitative data collection. The qualitative format seems to be more in alignment with art therapy's metaphorical meanings, however, new methods for quantitative and qualitative studies are being explored. Art therapists are divided about their belief in demonstrating the efficacy of art in therapy. Some art therapists believe there is no outcome research to date that demonstrates the benefits of art in therapy. "Laura Burleigh and Larry Beutler conducted a critical analysis of art therapy literature and state that there is no objective evidence gathered from scientific studies that establishes the efficacy of art therapy treatment (Burleigh and Beutler, 1997)" (McNiff, 1998a, p. 118). Others such as Reynolds, Nabors & Quilan, (2000) defend the efficacy of art in therapy.

In this formative time for art therapy research Junge and Linesch (1993) suggest eight new methodologies of inquiry for new directions. Allen (1995) and McNiff (1998a) elaborate further to include the

methodology of art based research. The premise in art-based research is that the process and imagery of creativity need to be examined rather than psychological research theories. The new direction in research is that the art itself will be the inquiry of study rather than the art being an adjunct to psychological theory. Five points of consideration have been suggested by McNiff for new research. These are:

> the need for changes in attitudes about the nature of research; the lack of basic outcome data; the need for methods of inquiry which are compatible with the art experience; the benefits of openness and collaboration with other disciplines; and the realization that practitioner-research may be the most universally useful model of inquiry for the profession. (McNiff, 1998a, p. 119)

II.V The Efficacy of Art Therapy

To date, research literature in art therapy consists of mostly clinical case studies (Wadeson, 1994; Allan, 1988; McNiff, 1998a; Rubin 1999). One of the most publicized case studies was Elizabeth Layton's story.

> This Kansas housewife overcame a lifelong depression at age 68 by making contour drawings of herself and her concerns – a technique she learned in an art class. The 82 year-old artist testified at Senate Hearings on the Older Americans Act in 1992, while her drawings were on exhibit at the Smithsonian Museum (Cf. Ault; Lambert; Nichols &Garett). Her story was also told at the hearings by art therapist Robert Ault, and art therapy was included as a supportive service. Four years later, successful lobbying led to the inclusion of the arts therapies in the regulations for Day Treatment programs, which often serve the elderly. (Rubin, 1999, p. 244)

There is a plethora of case studies in all areas of art therapy literature discussing the benefits of art for clients. However, the most well known literature supporting the efficacy of art therapy today is found in the

medical field especially in cancer research. In 1971, a seminal study that served as a link between alternative and modern cancer medicine was Carl Simonton's work. Simonton, an oncologist used mental imagery in combination with art therapy to holistically attack cancer cells. Simonton had patients use drawing as a tangible reinforcement of the evoked mental imagery. The patient's drawings were serial and used at different periods of their illness to reflect the changes or lack of change in their attitudes toward their illness. With the use of these alternative approaches, cases of terminal cancer regressed to remission and encouraged further practice and research (Rubin, 1999).

Kubler-Ross (1983) also used art as therapy for children who were living with cancer. She found that some children were unable to voice their feelings around the experience of death but were able to uninhibitedly draw their emotion. The drawings were an important coping technique for these terminally ill children's emotional and spiritual traumatic stress (Allan, 1988; Seaward, 2001).

Physician, Dr. Bernie Siegel (1986) renowned cancer specialist also uses art therapy with his patients. Rather than use the usual medical-history questionnaire Siegel uses paper and crayons and requests patients to draw themselves in their current perception of their health. Siegel believes that mental imagery in the format of drawings is more helpful than laboratory testing to assess patients' disease state or prognosis for recovery. In keeping with Jungian psychology Siegel believes that beliefs from the unconscious

manifest in symbolic images and characteristics. The imagery in the drawings illustrates the patient's present affect toward their illness and ability or inability to move towards health (Seaward, 2001).

The benefits of art therapy have been demonstrated not only in medical literature but also through the diverse spectrum of human conditions from the so-called normal to the abnormal and have been used within the wide spectrum of healing to wellness. Studies have demonstrated that both children and adults are helped in art therapy. There is however, considerably less literature about art therapy and adults. In Judith Rubin's extensive review of the field of art therapy in her 1999 book "Art Therapy" she notes that only one book by Landgarten & Lubbers (1991) "Adult art psychotherapy" had been written to that date about art therapy and adults. Some of the research about the effectiveness of art drawing with adolescents includes Linesch (1988), Silver (1999), and Riley (2001). Allan's (1988) book from a Jungian perspective, "Inscapes of the Child's World"(1988) and Firth's (1988) book "The Secret World of Drawing"(1988) provide numerous case studies of the importance of healing from drawing art for pre-school and latency age children. These studies indicate that through the drawing children are able to better express some of their internal conflicts. These studies are generally indicative of case studies in art therapy in that they lack a rigorous approach to research.

II.VI The Changing Role of the Art Therapist

To place in context the research question 'what are social workers attitudes towards art in therapy?' it is important to examine the role of the art therapist as social workers attitudes towards their use of art are influenced by their conception of the professional role of the art therapist. Initially, the art therapist provided art instruction in the mental institutions in the 1940's and 1950's. The role was to provide the patients with distracting art techniques for the purposes of preventing psychotic episodes (Rhyne, 1984). As interest in the medium grew the art therapist took on more of the role of the psychological interpreter of the art and would explain the picture to the client and or other professionals. Goodenough (1926), Hammer (1958) and DiLeo (1970) are examples of this clinification of art practice. The limitation of this prescribed psychological boxing of the client was the projection of the therapist. Although diagnostic tools such as projective drawing assessments are helpful, without the client's meaning they are only imposed social science theories (Allan, 1988). The next role was that of the artist. The role here was to provide the client with a variety of mediums for the art to occur. Kramer, (1971) is the best example. Currently, the role is more inclusive and the art therapist uses a blend of art, psychology, and teaching (Makin, 1994).

As such, the role is to assist the client or group into feeling comfortable with the art process. This is a challenge as most people have developed defense mechanisms and have learned to censure and control their actions. When comfort is accomplished through the efforts of the art therapist

there are a number of factors relevant to understanding the client's emotions. In her book "A Consumer's Guide to Art Therapy" (1994), art therapist Susan Makin notes these factors. They are: "the use of space, size of objects, representation of self in relation to others, intensity of colors, organization of the painting and its abstract or representational aspects, appropriateness of subject matter and mood, and choice of art medium" (Makin, 1994, p. 8).

Within the field there are divergent beliefs around the meanings of the above various factors. However, most art therapists will engage the client or group in serial drawing (Jung, 1963; Allan, 1988) over time to elicit and identify major themes as one illustration is only indicative of that particular time. The art therapist asks questions that will evoke meaning from the client rather than imposing meaning. This of course is the center stone of all social work therapy; the belief that meaning has to be the client's understanding and not the therapist's particular theoretical perspective (Nichols & Schwartz, 2001).

The role of the art therapist, then, is to act as a facilitator for the client in both the art making and verbal processing of the work. In his book The Arts and Psychotherapy (1981) the art therapist and educator Shaun McNiff described his approach.

> Through expressive art therapy the client is given the opportunity to renew the artistic consciousness within a trusting environment that responds directly to idiosyncratic needs and expressive problems. Each person is encouraged to rediscover his personal expressive style. Artistic techniques and methods are introduced only to the extent that they support the person's expression and further creative discovery.

A study of the history of art therapy as a discipline illustrates the paradigms inherent in practice and research. Originally, art therapy was designed as a diagnostic tool used by art therapists, psychologists, and psychiatrists to understand personality developments of patients with clinical disorders. Even today, many people continue to equate art therapy with psychiatry although more and more people are recognizing its role as an alternative therapeutic modality helpful to all members of the community. As art therapy is well acknowledged many other professions are now incorporating art within their practice. One such profession is social work. As stated, a paucity in research exists in this area of social work and art and further research needs to be conducted.

III. THEORETICAL PERSPECTIVE

Similar to verbal therapy, art therapy has numerous and divergent theoretical perspectives. However, its theoretical evolvement like verbal therapy is in the field of psychology and its origins in psychoanalytic theory. Psychoanalytic theory is based on the thinking and teachings of Freud and his disciple Jung. Although psychoanalysis is only one approach of many different approaches in understanding human behavior, it is the basis of established modern therapy as all other theories since are reactions or modifications. Its focus emphasizes the understanding of human beings in relation to the dynamics involved in the internal world of the person according to developmental and interpersonal phenomena as well as intrapsychic

conflict (Rubin, 1999). As art therapy has its theoretical perspective based in psychoanalysis, a brief overview of psychoanalysis will follow to contextualize art therapy practice.

Both Freud and Jung engaged their patients to use drawings as a medium to better understand the intrapsychic conflicts through the visual expression of their emotions. Freud believed that the person's psyche, the person's mind and soul (Microsoft Encarta College Dictionary, 2001) consisted of conscious, pre-conscious and unconscious levels of awareness. A person's primary thoughts, according to Freud originated in their unconscious dream states and secondary thoughts originated in their conscious state of logic and rationality. Freud defined the ego which is defined as "the thinking, feeling, and acting self that is conscious of itself and aware of its distinction from the objects of its thoughts and perceptions" (Funk & Wagnall's, 1974) as the center of the person's psyche. The ego was responsible for mediating and coping with the person's inner and outer world conflict. Conflict was created from tension between both the id, the part of the psyche that is unconscious and the source of primitive instinctive impulses or drives, (Microsoft Encarta College Dictionary, 2001) and the superego, the part of the mind that acts as a conscience to the ego (Microsoft Encarta College Dictionary, 2001) (Robbins & Sibley, 1976).

Freud used dream interpretation and free association to explore the unconscious. Jung expanded on Freud's belief about the unconscious to broaden it to the collective unconscious.

> It was Freud who brought the concept of the unconscious to mainstream thought and Jung who continued with the concepts of the collective unconscious and archetypes. Jung placed a lot of emphasis on the dream images and on the drawn or painted image. These images Jung felt, often had symbolic significance because they were stimulated by the unconscious, the seat of creativity. Jung understood the symbols were healing agents. Therefore the supposition was that in creating symbols and art, the creator moves toward health, psychologically and or physically. (Bidwell and Sippel, 1997, p.33)

Jung's belief was that images were central to humankind and as shared in the collective unconscious passed in image from one generation to another uninhibited by geographical or cultural boundaries. Although Freud did extensive analyses of the images produced by great artists in his efforts to understand personality he would not follow the suggestions of his patients and allow them to draw the imagery of their dreams. Freud insisted that they use only verbal recall (Rhyne, 1984; Rubin, 2000). Jung's focus and regard on the importance of images and creative expression center him more so than Freud as an important influence in art therapy training.

As psychoanalysis is central to art therapy theory it is important to understand its basic concepts, however, there are many diverse theoretical perspectives guiding current art therapy practice. Rubin in her book "Approaches to Art Therapy" (1987) discussed the multiplicity of theoretical perspectives that represent the present field of art therapy. Within the diversity of the theoretical orientations three primary paradigms were described by Rubin. They are: psychodynamic, humanistic, and cognitive behavioral. (Rubin, 1987). Art therapist, "Robert Ault has described four different approaches, each one to be utilized depending on the needs of the

patients. He called them analytic, gestalt, functional and psycho-educational art therapy" (Rubin, 1999, p.179). In her article "An Eclectic Approach to Art Therapy"(1987), Harriet Wadeson discussed her understanding that art therapy was no longer limited by the two divergent points of view epitomized by the earlier work of the two renowned art therapy pioneers Naumburg and Kramer. The lens of art therapy theory had enlarged to include the societal influences that affect human behavior and Wadeson stated these outside influences needed consideration in treatment (Rubin, 1987).

This expansion of the art therapy perspective lens from the internal world to both the internal and external world of the patient similarly mirrors the philosophical shift that occurred in social work with its progression from Ego psychology to the ecological model developed by Germain and Gitterman (1980). Ego psychology was based on the medical model of disease, of conflict. The ecological perspective viewed human beings more holistically. "Ecology seeks to understand the reciprocal relations between organisms and environments" (Germain and Gitterman, 1980, p. 4). According to the ecological life model there are three areas from which psychosocial stress occurs: in life transitions, in environmental pressures, and interpersonal processes (Germain and Gitterman, 1980). In both art therapy and social work the conceptual frameworks have evolved towards a more holistic approach to the client/patient with the theory based in the person in environment concept.

There are many factors that contribute to theoretical evolvements. One of the reasons the theoretical shift from an Ego psychology to a person-in-environment perspective occurred for the patient/client in art therapy was that in 1970 two researchers Burns and Kaufman (1970) introduced the kinetic component into the standardized diagnostic Family Drawing Test, FDT(1958), developed by Hammer in 1958. Prior to 1970 the family drawing test had requested clients to draw a picture of their family. In the kinetic family drawing the client was now asked to draw their family but as well "draw everyone in your family, including you, doing something" (Burns, 1982; Burns & Kaufman, 1970, 1972). Handler & Habenicht, (1994) in their research analyzing this alteration in direction found that in asking the client for this kinetic information data revealing richer information about the client's perceived emotional constructions about their family relationships and interpersonal interactions was revealed (Drobot, 1999). This seemingly small diagnostic shift in technique created an approach that was more comprehensive and systemic in orientation.

There are a number of theoretical perspectives that influence this study. These perspectives have evolved from a holistic intertwining of the many layers of my personal, professional, academic, and spiritual life experiences. For the purposes of this paper the academic influences will be discussed.

Within the academic layer there are a several perspectives guiding the study. Generally, art therapy is centered in the theoretical

perspective of the philosophical postmodern view of reality. This view suggests no objective reality can be observed only diverse subjective views. The paradigm that fits best with art therapy's postmodern philosophy is interpretivism. "Interpretive researchers do not focus on isolating and objectively measuring causes or in developing generalizations. Instead they attempt to gain an empathic understanding of how people feel inside, seeking to interpret individuals' everyday experiences, deeper meanings and feelings, and idiosyncratic reasons for their behaviors" (Rubin & Babbie, 2001, p.34).

From depth psychology the influences guiding this study are Jungian analytic psychology (1964) and Humanistic client-centered psychology developed by Carl Rogers (1942). Jungian psychoanalysis focuses on the internal dynamics of client/patient's active imagination and creativity. Active imagination and creativity have been demonstrated as important in establishing for the client a holistic integration of the self with the opportunity to achieve more self-awareness. (Jung, 1964; Allan, 1988; Rubin, 1999) Roger's client centered approach emphasizes three basic tenets for therapy which include empathy, congruence, and unconditional positive regard for the client is also central to my theoretical perspective. With the creative act of the art-making process there is a wellness, strengths orientation, as opposed to only a problem focus. This fosters the client's own sense of empowerment and well-being and is indicative of respecting the whole person, their needs and their strengths.

From my social work education there are two theoretical frameworks guiding this study. One is the ecological perspective that views the client from a whole systems approach of both an internal and external understanding. This person in environment or systemic perspective emphasizes the ways in which the client is significantly affected and impacted by cultural structures (Germain and Gitterman, 1980). In social work practice recognizing and including the client's creativity allows for a more systemic understanding.

The other perspective from social work strongly influencing this study is a critical theory or Feminist perspective. The central tenet of Feminism is a belief in equality with consideration to gender, class, and race. Central to the practice of Feminism is the importance of questioning with the understanding that there are no answers or no objective truth. There is however, the possibility of further questions that evoke deeper meanings and understandings. This perspective is congruent with the intention of this study's exploration of attitudes as there are no specific answers to the question but rather divergent meanings and understandings. Also within the concept of equality in Feminism is the recognition of power and oppression and the need for social activism to address the inequalities (Butler, 1996; Wheeler & Chin, 1991).

In large part, my research study was formulated from the hope for change. My belief is that many disadvantaged clients are restricted by verbal therapy when often this modality creates disconnection rather than

connection for some clients (Makin, 1994; Rubin, 1999). Also, many clients have never been given the opportunity to find expression and healing in alternative modalities such as art therapy (Rhyne, 1984; Ross, 1999). As such, social work programs need to include instructional methods for the social worker on how to connect through non-verbal communication with their clients.

This theoretical perspective of critical theory was a strength for this study as one of the guiding principles of critical theory is to create change through social activism (Hooks, 1987). In keeping with this principle the objective for this research study was focused on generating data to create change in the educational policy of social work academic institutions. As Jansson notes in his article "The Importance of Social Policy Practice", "services need to be tailored to populations' specific needs. When programs provide only a single approach or remedy, they risk ignoring the diversity of human experience" (Jansson, 1994, p. 229). In providing only courses devoted to verbal therapy, diversity in social work academic programs is compromised.

A limitation of the critical theory perspective in this study is that the focus on change limited the questions to outcome-oriented questions. These questions were directed specifically to how art could be used for social work change. Questions that would have evoked more of the social worker's perceptual experience of their own and their client's creativity within the art process, as such, a more gestalt experiential theoretical perspective could have

provided deeper meaning about the art itself. Questions provoking how the social worker feels about using the medium of another profession would have further enhanced the study.

There were several assumptions biasing my study. These emerged primarily from my professional work and literature review. These were that social workers' would use art mostly in their work with children, that the use of art would be directed more towards treatment than assessment, and that social workers' would indicate that they needed more academic and professional training.

IV. METHODOLOGY

To learn about the question "What are social workers' attitudes toward art in their therapy?" I specifically used the term 'art in therapy' as opposed to 'art therapy'. A previous interview had revealed the social worker was uncomfortable with the term art therapy. For her it evoked an 'encroachment' of another profession. None of the participants in this study had concerns with the term 'art in therapy'.

I used a phenomenological study using a descriptive open-ended process approach of qualitative methods. This was the most appropriate method for this research study as the intention was to encourage candid self-expression to access the deeper attitudinal meanings of social workers' perception of art in their therapy. A survey questionnaire to evoke research generated data was used with a participant in-depth interview. The

interview design was semi-structured with three central questions. A number of probing questions within the main questions were used to elicit further information (please see Appendix A). To identify patterns and themes from the data a grounded theory approach was used.

My sample population was male and female Anglophone clinical social workers from the Phoenix Centre, a children's mental health agency in Pembroke, Ontario. Six in-depth interviews were conducted and all involved forty-five to ninety minutes duration. The sample population was randomly selected from a total of twelve clinical social workers. In the population there was one male and five female social workers. Their ages ranged from twenty-five to fifty-six years of age and each social worker had a minimum working experience in the field of three years with the maximum being twenty-five years.

The Executive Director of the Phoenix Center was initially contacted and verbal approval was given for the study. The verbal request was followed by a formal written request. Once permission was acknowledged, an information letter was sent to each of the participants. Participants were verbally and formally advised about the voluntary basis of the interview and their ability to withdraw at any time in the interview process. Participants were also advised about confidentiality. A confidentiality form outlined the purpose of the study, the issue of confidentiality, the use of an audiotape and the ability to withdraw at any time from the interview (please see Appendix B). The participants were informed

that the transcripts and audiotapes would be destroyed when the study was completed.

All of the participants who were randomly selected for the study participated and completed the interview process. The interviews were conducted in my office although participants were given the choice of whichever office they felt most comfortable. The office setting provided a natural inquiry environment. The interview guide was followed with each participant to provide structure and consistency.

The interview followed a participant format of interviewer participation. "As Grainger (1999) states, the qualitative researcher studies the 'between and amongst' by himself being 'between and amongst'." (Ansdell and Pavlicevic, 2001, p. 136). The questions were exploratory, clinical and directed from my social work theoretical perspective and belief in providing respect, diversity and fostering social activism. Attention was given to ensuring the participant's voice was central and that the interviewer was not leading or biasing the interview. Reflexivity, a process of self-reflective and critical analysis of the bias of the researcher was moderated through an ongoing research journal dialogue. Clarification and acknowledgement of the participant's experience was provided when needed. For example, one participant had difficulty with the question "Tell me what has been your experience in using both art and talking?" and needed further elaboration about the meaning. Once clarified the participant was able to answer the question. Some of the participants answered later questions earlier in the

interview but when re-asked were able to contribute further meaning to the question.

When the interviews were completed the tapes were transcribed. The tapes were transcribed verbatim to ensure accuracy of the participants' meaning. To transform the interviews from pure description to meaningful analysis, analytic labeling or coding of the transcripts was completed to produce a content analysis. The framework for conducting the analysis was derived from Bogdan & Biklan (1982) and supplemented by recommendations from Wolcott (1994), Hammersley & Atkinson (1995), and Lofland & Lofland (1995). Thoughts, ideas, and pertinent quotes recorded from the narrative transcripts were transferred to index cards. A preliminary categorizing was conducted and then each transcript was re-evaluated as a whole to further identify significant words, themes and quotes relevant to social workers' attitudes towards art in their therapy. These became the units of data which were then coded. As units of data there was overlapping of the segments and the units of data often resulted in multiple coding.

V. DATA ANALYSIS

Three core themes emerged from a content analysis of the data regarding social workers attitudes towards art in their therapy. These themes were that art was an alternative modality, that art was therapeutically beneficial, and that art was for the social workers a tenuous modality.

V.I Alternative Modality Theme

The first theme to be discussed, an alternative modality, provides the contextual theme for all three themes as all six participants indicated they used art in their social work therapy as an alternative method of communication to verbal therapy. These quotes from the social workers' refer to the theme that art in therapy is "another way" for clients to express themselves

> "Art is another form of therapy - a form that's less threatening, more creative and unique - that can be used with children and adults and certainly when you can't use verbal therapy."
>
> "Art is another way of helping the person express themselves and to find ways of communicating with me as a therapist or in a group with others and to hopefully find a path towards healing."
>
> "Art is an opportunity for children and clients of any age to express themselves in other ways than verbal. Some people have a more difficult time verbally expressing feelings themselves and art is another mode method for them to do that."
>
> "Art is a comforting way other than talking to express themselves – non-verbal kind of expression."
>
> "It's another way for children and adults who can't find the words to express themselves."
>
> "I don't use it often but if a child or adult is creative I'll ask them to draw if they're having a hard time with words."

As an alternative modality five of the six participants noted that they use art with clients when they felt the verbal therapy was not working.

> "I use it if I see it's difficult for the child to talk."
>
> "It's really good for those kids who don't want to sit and talk or for who therapy is scary."
>
> "I use it for kids who don't want to sit and talk."

> "Some kids are less verbal and are able to tell me more or show me more through their art."
>
> "If I notice the kid is having a hard time with words I ask them if they want to draw, paint or use the sand tray."

One participant differed in this approach from the others. He too, believed that art in therapy provided an alternative modality, but unlike the other participants he used art in therapy as a primary modality rather than a secondary modality. This was because his theoretical perspective, he said, was deeply embedded in action-based therapy rather than talk therapy. His comment was "talking is usually boring so I use art or play with all of my clients. If they really don't like it (art) I honor that and use another technique."

One quote in particular sums up the pattern in the participants' over-all thoughts around art as an alternative modality, "It's really good for kids who don't want to sit and talk as it lets them express themselves and be in the therapy in a non-threatening way". All the participants' believed that being able to offer an alternative modality for expression was essential for best practice as they had many clients that for a number of reasons were unable to engage in verbal dialogue. In this study the data indicated that art as an alternative modality provided another form of expression for those clients who because of either affect, trauma, or defense mechanisms were unable to use verbal therapy.

> "This girl was full of behaviors and just not in touch with her feelings."

> "It really helps kids with expressing their trauma stuff."
>
> "She wasn't able to say what she needed to about her child cause it was too painful for words."

The main descriptor word for art as an alternative modality was non-threatening. One participant talked about art as an alternative modality as being "comforting" for the client. All referred to it as a "non-directive approach". Other words that described the social worker's attitudes towards art as an alternative in therapy reflected energized beliefs about art such as fun, creative, positive, wonderful, unique, exciting, intense, and challenging.

Participants' also voiced that as an alternative modality it was not a medium that worked for everyone. "Some people are inartistic and not interested in artistic expression and if it makes the individual uncomfortable I just use another technique". All of the participants agreed that if it wasn't a modality that "fit for the client" then other options needed to be explored, but all agreed that it was important to have options for clients and not just verbal therapy.

Half of the participants believed that as an alternative modality art in therapy was a component of the field of play therapy. Two of these participants viewed art in therapy as being the same as play in that it frees the client through an indirect medium to lessen their defense mechanisms and engage in the therapeutic process. Although all three recognized this as one of the strengths of art and play one of the participant's viewed art in therapy as being very different from play therapy. She saw play as being very ephemeral

because there is no tangible representation whereas art is tangible. She felt art was more "straightforward" than play. Her experience was that it was helpful to have a product for reference because the concrete aspect of art better grounds the insights and helps the client and the therapist visualize the connections thereby providing deeper self-awareness.

> "Where with kids I see wanting to make things more concrete. Where I get hung up with the play – my experience with the training around play therapy – you kind of need to know and you are analyzing and intervening making guesses about what it means its kind of manipulative, under the table – Art thing is really honest, it's straightforward. I can say this picture of your family looks like you're all very happy – it's out there and then the person can agree, dispute, share some feelings – I see it as a really useful tool."

V.II Therapeutically Beneficial Theme

Not only did the social workers' find art in therapy helpful to the client as an alternative modality, there were a number of ways in which they found art in their therapy beneficial. All of the participants were easily able to remember a number of examples where art was helpful in their work in response to the question "In using art in therapy in your work how have you found it to be helpful?" Most of these examples surfaced out of the social workers' narrative accounts of remembered case histories. These findings corresponded with the research literature demonstrating the efficacy of art therapy. From the data in this study the social workers' found art helpful in eight ways. These were: art transcended defense mechanisms, art provided client-centered therapy, art connected the client to their unconscious, art provided a learning experience, art normalized psychotherapy, art provided a relaxed environment, art provided unique expression, art expressed the

negative aspects of personality, and art released pre-verbal or forbidden memories (Rubin, 1999).

Makin (1994), Rubin (1999), and Seaward (2001) refer to the ability of art in therapy to transcend manipulation and defense mechanisms and produce visually what can be central to the client's self-understanding. From the data this was one of the benefits the social worker's found in their use of art. This participant's quotation encapsulates well this advantage of art. She said: "many of the children don't have the verbal skills to give you exactly what they are feeling and art in therapy tends to jump over defense mechanisms fairly easily". The transcripts for the participants' narratives are translated verbatim as an example to reflect the defense mechanisms in their language. An analysis of the language reflecting permutations of manipulation and defense mechanisms is another study.

All of the participants stated that when art was used it was beneficial because it was particularly client-centered and expressive of the client's issues and not as it can be in verbal therapy a misinterpretation or projection by the therapist. This participant's narrative reflects the research literature indicating art is beneficial because of its tangibility and representation of the client's issues (Allan, 1985; Makin, 1999; and Rubin 1999).

> "Words are difficult to understand interpret and there's a lot more danger in following the wrong trail – I would be interpreting the word angry as external turmoil – in art you pick up these subtleties so nicely - in art you can ask a person to draw their anger – so they are putting on a picture of paper how they see their specific anger – and then the words they use to describe that become much more their life, their

> feelings, and their emotive stance on anger – it's much more clear than the child who says I'm angry and puts red in the heart as opposed to the child who paints the picture black and starts cutting the picture with his pen – very different picture of what that anger means for the individual and how I as the therapist understand that emotion."

Each of the social workers' stated it was important for their best practice to have the client talk about their picture so that is was expressive of the client's issues and not a misinterpretation or projection by the therapist. They all expressed belief that what was helpful was as one social worker said to "confirm and validate" the client's expressed meaning in their art so as to avoid projection by the therapist as well as to consolidate the meaning for the client.

A number of participants noted that the art creation was beneficial as a medium for the client to connect with their unconscious and tangibly through the visible representation evoke important understandings of their life experiences. This is the foundation of art therapy practice as established by Jung (1963), the psychoanalytic belief that through the process of creativity the person is connected with his or her unconscious. In her narrative this social worker said:

> "it (the art) can lead to connections that again may not be conscious at the time so it is in talking about it that connections are made and as a therapist you can ask and it doesn't have to be anything leading – tell me about this part of your picture if you notice a detail and just asking about what does that mean and does that represent something in your life and in just talking about it they may not have made any connections at all but in seeing it that and talking about – they may say – they then make the leaps for themselves to their own life experiences and that can be enlightening for clients".

One participant's narrative of the benefits from art was a particularly poignant case in which a child who was diagnosed with a number of disorders was able through the use of art to understand what feelings meant. According to the social worker this little girl was not able through verbal means to connect with her feelings but through the use of art was able to experientially connect with her feelings and was able to use the art daily "to release her day".

The participants' in this study also found that art helped normalize the therapeutic process especially because it was "non-threatening". These quotes represent the pattern in seeing art as beneficial because it normalizes the therapy experience.

> "It's a comforting way other than talking to express themselves".
>
> "For kids who therapy in and of itself is scary or don't want to or if they feel someone is prying this seems to be comforting so they can express themselves but they're not putting it all out on the table so its more indirect and they have fun and its not so taxing."
>
> "I find its different because some people children especially when they have their hands busy they don't even realize they are asking me questions about family or something difficult when they may have some sad or angry or hurt feelings and they're able to, it just comes out, its not as difficult as just questions back or forth."

The social workers' also identified that art in their work resulted in creating a more relaxed experience for those clients who were able to use art as a medium for expression. This is what the social workers' noted about the relaxing affect art inspired.

> "It's less threatening and they're able to release their message or their hurt or whatever in a safe way."

> "Drawing is a great way for the kids – less directive and it's a great way for the kids to express those feelings from the trauma work and its fun."
>
> "Some children and I honestly find that it kind of makes it more comfortable – a lot of times in a first session if there's a lot of talking or asking a lot of questions it's hard for kids – I don't even know you and I don't even trust you and I have to tell you all of this stuff about my life – so I ask how do you feel about art in therapy and I explain different types and it just relaxes them."

Another way in which the social workers' expressed their experience that art was therapeutically beneficial was its ability to provide unique expression. As Rubin (1999) writes,

> Art can do things which are impossible in words, like representing different times and places in the same pictorial space. These can be simultaneous, as in a "life space" picture, or sequential, as in a "life line." In a similar fashion, a single work of art can express and synthesize apparently incompatible affective states, such as love and hate. This is one reason why art is especially useful in the task of internal psychological integration, a major goal of most psychotherapy and self-development.

In the data this social worker's story expresses how art as described by Rubin was able to synthesize a very difficult fragmented decision for a client (1999). The social worker talked about how he had worked,

> "with an adult Mom eighteen or nineteen years ago - she was twenty-two and her child was in Family and Children Services – stating she was a great Mom she had taken a parenting course with the purpose to get her child back – I used art therapy and dream work – in the art I had her draw herself her family of origin and her child and herself-began to look at scenarios birth, child at two, seven, fourteen, and twenty-one and what was interesting in all the drawings was the child was always very separate from the Mom –Mom was facing in many of the pictures the other way doing other things as we began to explore that she missed the next session and I had to chase her – brought the drawings out and she started to cry and she said I don't want to do this

> I don't know how to tell you this cause you're going to think I'm a terrible person but my child is a burden for me. And she took away my life and I love her but I don't want to be her Mom – we did some art work and other work to help her sort out her feelings and to look at what would she say to her child – show me your child at fifteen, etc. is there a relationship – so we brought in C.A.S. and she gave consent for crown wardship with access and she went back to school."

Another reason the social workers' attributed art as being beneficial in therapy was that it allowed the client through the indirect medium of the art to represent the negative aspects of his or her personality, what Jung (1963) referred to as the "shadow side". Again, this social worker's narrative describes this function. The social worker stated:

> "I had a client a child who was having a really difficult time with her mother – she was a young girl not an adolescent she was probably around eight and the Mom was very aggressive overbearing Mom and the girl was virtually frightened of her and what I did was I had the girl do a drawing of her Mom in terms of how she saw her Mom and it was a very representative picture of how she saw her Mom and her Mom took up the whole page of the picture and was, she was very scary looking and the girl shared that with her Mom and the Mom was so taken aback because she didn't realize how scary she was in the eyes of her daughter and the picture was what made the point which I don't think she would have heard from her daughter in terms of words and she wouldn't have heard from me and it was the picture that made the difference."

Several of the participants found art in therapy especially beneficial in their work with trauma clients specifically around remembered sensory activation's from the sexual abuse. As one participant stated:

> "I found the art in therapy exercises that I learned from trauma workshops very helpful. I found that it really enables the process a lot because it can be very invasive particularly with young children but also with actually all of them – it's kind of twenty times five hundred it's intrusive I didn't find any other ways around it until we found the art activities. Can you draw for me? I do the sensory one first - draw the five senses and then draw or write or whatever you're comfortable with – some kids they'll draw and it just kind of objectifies puts it out

> there on the table instead of the child having to say to me directly well it tasted like this when it happened."

This quote is congruent with the trauma research Linesch (1988), Silver (1999), and Riley (2001) conducted demonstrating that art as it is indirect is helpful in voicing pain that is too difficult verbally for sexual abuse trauma victims to put into words.

Many of the participants talked about the art being "healing" because it enlivened the therapy process. One participant talked about the "children's eyes lighting up" when she asked them to use art. Another participant talked about the improved relationship that occurred in the therapy when she introduced some art activities with a client who had grown disillusioned with the talk therapy. "If I hadn't used the art activities she would have burnt out".

Congruent with art therapists' Wadeson (1994), McNiff (1998) and Rubin's (1999) premise that art therapy is beneficial for all populations all of the social workers' agreed consensually that art in therapy was "all-encompassing" and was helpful for all developmental ages and conditions. However, individuals in this study group identified two specific treatment areas. One participant found her use of art in therapy most helpful with adolescent girls. Her experience was that it really helped this gender and age group with issues around self-esteem. She talked about how some of the art activities helped synthesize the fragmentation the girls were feeling. Interestingly, many of the other participants' experience described the adolescent age group as difficult to engage in the art process. This is an

indicator that the unique qualities of the individual therapist align more compatibly with certain treatment modalities and particular client populations. The other specific treatment area identified was trauma. Two of the participants work specifically with trauma work and stated that the "art helped voice the pain" and provided "healing" that was easier for the clients as it was "indirect".

All of the social worker's talked about the benefits of using the art for both assessment and treatment purposes. They found that art was a "quick" way to assess all the permutations of the individual's or family's functioning within both the context of the family and the community. Four of the social worker's indicated that they used a serial drawing approach when working with clients so as to achieve a complete and accurate assessment to properly place their treatment planning in context. None of the social worker's discussed any group art therapy experiences.

V.III Tenuous Relationship Theme

The data indicated that the social worker's in the study used art as an alternative modality and found it very beneficial but there was for the social workers a tenuous attitude towards the use of art in their therapy. Five out of the six participants were unsure about their use of art because as was continually described throughout the narratives "I have no formal training". The major concern around this lack of formal training was their hesitancy about interpreting the art. As one participant stated "I'm limited on interpretation" and from another participant "I think in art you need to have

some interpretive pieces". Alternatively, the social workers all identified that with interpretation the therapist had to be mindful that it was client-centered and not the therapist projecting their meaning onto the art, however, there was a majority feeling of inadequacy about helping the client through interpretive questions to facilitate meaning.

One participant differed from the majority in his comfort level with art use. This participant however, has had extensive training in expressive arts and therefore more of a comfort level. He stated that if the therapist 'trusts in the process the individual will be okay with the art". The other participants did not have as much training and therefore not as much trust in their use of art. One participant's experience of working with an adolescent illustrates the social workers' tenuous relationship with art. She described the art as too 'intense' and stated she felt inadequate to help with the depth of the problem the art presented. She stated she felt the girl sensed her uncomfortable feelings and did not return for further sessions. Another participant stated she didn't use art as much as she would like to because it was 'unfamiliar' to her and she was unsure how to use it in her practice.

All of the participants indicated when they used art they used talking as well because that was where their comfort level was. As one participant stated 'the combination of art and talking works best for my style'.

In terms of the data around formal training two participants talked about very cursory presentations about the use of art in a theory course in their social work education. All of the participants stated they had received

no course work in their social work degrees teaching non-verbal therapy and they each stated that this was a limitation of their social work degree. Two factors contributed to the social worker's use of art in their practice. One was the art training they received in their work situation or in one participant's situation her personal art experience and the other was one of their colleagues had been a certified art therapist.

The data I received about the participants' experience of their professional training refuted my assumption that the social worker's had not received enough on the job art training. This was an unexpected finding in the study. As employees all of the participants stated they had been provided with "good training" in the use of art in therapy.

The second factor contributing to the social workers' comfort level was the social worker that was also an art therapist. She recently retired from the agency but had provided her colleagues with invaluable information and teaching about how to use therapeutic art exercises both in individual and group work. As one participant noted "She always came to team with lots of wonderful and helpful resources and especially if you were getting nowhere with talking it opened up ways to get them to express more of their stuff – I learned a lot from her".

This combination of their art training through their work and from a trained colleague has provided a basic level of comfort with art in therapy practice. However, the lack of formal training limited the social workers' in their use of art in their work especially in their reluctance around

interpretation. The narrative from the social worker trained in expressive arts presents a much more confident use of art than the narratives of the other five participants. About the use of art he says, 'it's how you process it that's the key – the therapist's hesitancy discomfort comes through it – you trust it and believe in it and trust your client very few will resist – you make it a natural part of how you're working'.

The lack of comfort from the majority of the participants manifested in how the art was presented to their clients. Unlike the participant who demonstrated a high level of comfort and used art more so than verbal therapy the other participants would present the art if the verbal therapy was stuck or as a free-time fun activity after the 'work' in the therapy had been accomplished. One exception was the two social worker's that used art in their trauma work. There was a high level of comfort indicated in their usage. This could be attributed to the specific art training they said they had received in this area of their practice.

A limitation in this study is the omission of data about social workers' attitudes towards their lack of formal training. Five of the six respondents acknowledge they had not received adequate education in their social work degrees teaching them about the use of non-verbal methods to connect with clients. The use of probing questions to elicit their attitudes about their lack of formal training would achieve a more comprehensive understanding of the social worker's attitudes towards art in their work. A further study addressing a more in-depth analysis of social worker's thoughts

and beliefs about how this has impacted on their practice would provide better information. The study is also limited in that it explores social worker's attitudes towards art in therapy with the limited definition of art as drawing, painting, and coloring. Information about other expressive arts such as drama, music, and sculpture would generate more inclusive data about the term 'art in therapy'.

VI. IMPLICATIONS FOR SOCIAL WORK AND FUTURE RESEARCH

The inclusion of the teaching of non-verbal art in therapy courses as an alternative modality of communication for social work students presents an ethical dilemma for the academic institutions of social work. Maria McMahon (1994) in her article "Values and Ethics in Advanced Generalist Practice" discusses ethical concerns for social work practice. She identifies the two fundamental values that guide the code of ethics for social workers. One is a belief in the value of each person's individual worth and human dignity. The other is a belief in the value of the general welfare of society. Given these seemingly diametrically opposed values one of the central tenets of social work practice in achieving a balance between these two values is a respect for diversity.

With the inclusion of art in social work therapy one of the central implications is that more diversity is achieved. More clients who cannot be reached by the usual verbal methods could have access to non-verbal help. As

it is social work's intention as a profession to help clients with their problems, teaching new social work students both verbal and non-verbal methodologies to connect with clients ensures respect and diversity. This fulfills the commitment to valuing each client's inherent worth and dignity. It also fulfills the social worker's responsibility to social activism to create change for the better welfare of society as more clients could be better served through the diversity of communication approaches.

It is important each client be able to communicate through their best possible medium to find resolution for both internal and external difficulties. This is another one of the central principles of social work, the belief in practice being client-centered. Offering art, then, if it is the most helpful modality for the client to attain resolution and enable change for growth meets the individual client's needs and fulfills the social worker's commitment to his or her code of ethics.

Also, social work with the inclusion of art is more aligned with strength based resiliency approach rather than a problem based pathological approach. This is more congruent with a holistic systemic approach to working with clients as it follows a basic tenet in social work practice, the belief in respecting the client. Respect involves acknowledging the problems but as well validating the client's resiliency. Not all clients will want to use art in therapy, but being able to provide the option for those who do not choose or are not able to express themselves verbally is best practice.

VII. CONCLUSION

Overall, the social workers' in this study use art in their therapy as an alternative modality when verbal therapy is not helpful. The art in their therapy was used for both assessment and treatment purposes. All of the social workers' believed art was very helpful in their work with clients of all ages although most of the social workers' experience was with children as they work at a children's mental health agency. Despite their positive experience in using art in their therapy, five out of the six social workers' were unsure about their use of art, as they had not received any formal education in their social work degrees. The social worker that had received extensive training reflected the benefits of training in his comfort and usage of art in his work. Interestingly, the social workers expressed that they had received enough training from their employer. They were satisfied with their use of art as an adjunct to verbal therapy. Verbal therapy was acknowledged as the modality the majority of the social workers' were most confident in engaging and working with the client. The reason for this comfort in verbal therapy as described by the social workers was that it was related to their educational training.

From this data there are several recommendations. First, social workers in the field need to be educated about the benefits of creativity in art for therapy. The research demonstrates that creativity fosters a strength base for the client through the actual art creation. Assisting clients with resiliency is an important facet of therapy. Further research particularly around the

emotional and financial benefits of preventative art programs may demonstrate the need to include more training for social work practitioners in the use of non-verbal expressive art therapies.

Another recommendation is that social workers in their practice need to assess if verbal communication is the most helpful modality for the client. If verbal dialogue is not the best modality it should be an ethical responsibility for the social worker to refer the client to another practitioner who is able to provide an alternative communication approach thus ensuring respect and that the treatment is client-focused.

Lastly, schools of social work need to consider including non-verbal courses in their social work curriculums. Outcome research demonstrating the efficacy of the new multi-modal practice perspectives in some graduate programs may encourage schools of social work to include courses on non-verbal communication. Quantitative surveys polling graduate practitioners reflecting data about the need for non-verbal teaching might also influence schools to broaden their perspective. These non-verbal courses could be offered as electives as not all social workers would be interested in engaging in art in their therapy.

In summary, art in therapy provides a holistic approach to the therapeutic process. The research literature in art therapy is in a transitional phase and research is required that more rigorously demonstrates the benefits of art. There is as well a need for further research for the use of art in social work therapy. As the research continues to support the efficacy of art and

creativity in therapy, especially with the new research that demonstrates creativity can be learned (Estrella, 2002) social workers will need to understand better the process of creativity in art. This will help social workers not only to connect better with their clients but as well to foster a strengths based affect rather than the traditional problem oriented pathology inherent in therapy.

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APPENDIX A

INTERVIEW GUIDE

A. GUIDING QUESTION

What are social worker's attitudes towards art in therapy?

Interview Guide

1. What does art in therapy mean to you?

Tell me how does art in therapy seem different than other styles you use?

Describe how you learned about art in therapy?

Tell me about the courses in art in therapy that you took in your social work degree?

In your work experience what kind of training were you offered around art in therapy?

2. In using art in therapy in your work how have you found it to be helpful?

Tell me what has been your experience around using art itself as therapy?

Tell me what has been your experience around talking about the art as therapy?

Tell me what has been your experience in using both art and talking?

Can you tell me about a case where art in therapy was helpful?

How did that happen?

Can you tell me about a case where art in therapy was less helpful?

3. Would you tell me how you decide to use art in therapy in your work?

In your experience which clients find art in therapy to be more helpful?

In your experience what developmental ages have been more helped by art therapy?

What is your experience in using art in therapy for assessment purposes?

What is your experience in using art in therapy for treatment?

Describe treatment areas in which you have found art in therapy to be particularly helpful?

Describe treatment areas in which you have found art in therapy to be less helpful?

APPENDIX B

LETTER OF CONFIDENTIALITY

Date

Dear Colleague,

I am conducting a research study for my master's thesis in social work at McGill University. The objective of the study is to determine clinical staff's attitudes toward art in social work therapy at the Phoenix Centre. Art in therapy would be visual art such as drawing, painting, or collage. The purpose of the study is to explore clinician's attitudes toward the use of art and not your use so even if you don't use art I am interested in your attitude about the use of art in therapy.

The interview will take approximately thirty to forty-five minutes and will be situated in the office you feel most comfortable. There will be questions such as "What does art in therapy mean to you?" or "In your work experience what kind of training were you offered around art in therapy?" All responses are confidential and are being used only for the purpose of research.

Thank you for your participation and please note that at any time in the interview you have the option of ending the interview process. If you have any questions please feel free to contact me at extension 238.

Sincerely,

Sharon Rees B.S.W.