

Introduction

The Expressive Therapies Continuum (ETC) as a media theory within art therapy allows for the exploration and explanation of media pairings with specific symptomology, as well as specific diagnoses (see *Figure 1*). Within each level of the ETC, the various categories of media that encourage a specific type of artistic experience (see Table 1) which can be adapted and tailored towards use with a distinctive population of people. Each medium has unique characteristics that alter the experience the artist has while using it based on the type of stimuli they present and the different methods required for use. This, in combination with the fact that each diagnosis has unique criteria, suggests working with specific media could not only be useful while working with specific symptomology, but could also be extended to working with specific diagnoses.

The current study's goal was to investigate the idea that specific components of the ETC can be useful while working with particular types of disorders. By interviewing professionals within the art therapy field regarding their ideas for components of the ETC to use with specific diagnoses, a better understanding of the process behind media selection with particular symptomology and diagnosis can be understood.

Methods

Participants were recruited through professional networking conducted at the American Art Therapy Association 2014 Annual Conference. All of the participants (n = 4) were female and had experience within the field of art therapy ranging from 1 to 34 years, with three of the participants having over 20 years of experience. Participants also held a variety of jobs within the art therapy field (i.e., professor of art therapy, art therapy researcher, practicing art therapist), with some participants holding multiple positions (both sequentially and/or concurrently).

Interviews were scheduled and conducted with each participant via Skype or phone, ranging in length from approximately 15-30 minutes. The interviews consisted of seven questions, six regarding the ETC and one regarding media preference. A script was read to the participants during the interview which gave the participants a brief overview of the ETC in general and then, more specifically, the individual healing qualities associated with each component of the ETC. Both the script and the questions were adapted from Hinz's writings on the ETC and ETC components (2009).

The interviews were recorded and later transcribed. The transcriptions were then coded using interpretive content analysis, or thematic analysis, which involves identifying themes within units of analysis, those units being words, sentences, or portions of paragraphs (Giarelli & Tulman, 2003). Inductive reasoning was used to locate the themes within the individual interviews and the themes across interviews.

Results

Prior to data collection, the researcher bracketed her biases by creating a list of diagnoses she predicted would be well suited to each aspect of the ETC. After data collection, these predicted diagnosis were compared to those which were mentioned in the interviews. Results are located in Table 2. Only themes which were mentioned by two or more individuals were included and categorized into mention of diagnosis, symptoms, contraindications, populations, individualization, and media.

Figure 1. The Expressive Therapies Continuum (Note. Figure taken from Hinz, 2008, p. 39).

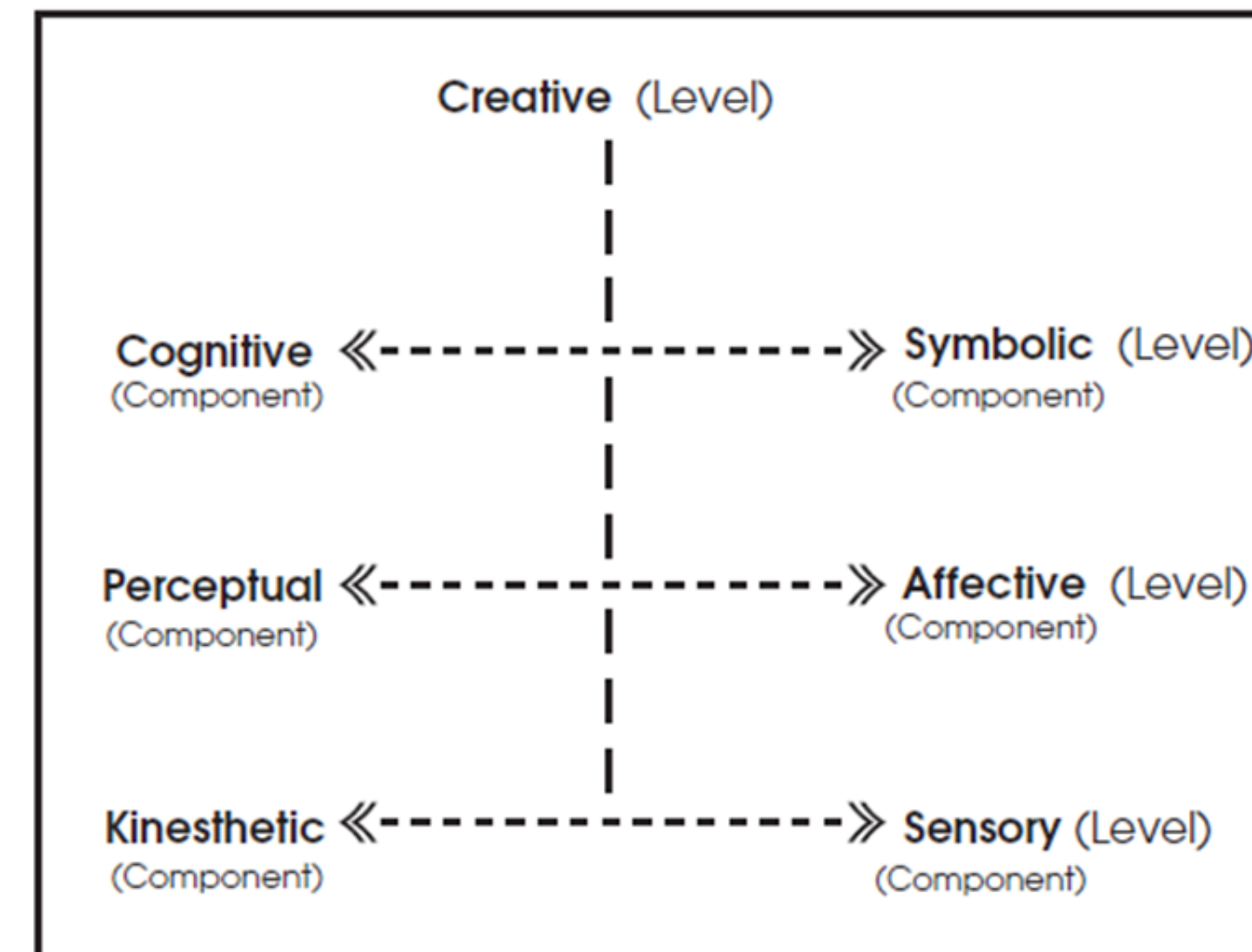


Table 1
ETC Components' Qualities and Enhancing Medias (Note. Table adapted from Hinz, 2009).

	Healing Qualities	Enhancing Medias
Kinesthetic	Increasing and decreasing amounts of arousal and tension	Resistive medias (stone, wood, mosaic tile, clay), boundary determined medias, quantity-determined media
Sensory	Easing emotions and thoughts, aid in focusing (when used with sensory integration issues), aid in reconstituting memories	Finger paints, clay, scented markers and paints, found objects, spices, texture rich fabrics.
Perceptual	Increase structural awareness, organization of stimuli, safe containment of emotions	Containers (trays, boxes, frames), medias with physical boundaries (paper, wood, metal, tile), limited amounts of quantity-determined medias (paint)
Affective	Increased awareness of appropriate affect	Fluid medias (paint, chalk and water-soluble oil pastels), colored media
Cognitive	Ability to generalize without having to refer to real-life instances	Highly structured media (wood, stone, tile, clay, collage), multi-step medias
Symbolic	Ability to realize personal meaning within universal symbols	Resistive media, mediated materials, media that produces ambiguous forms (fluid media), quantity-determined media, boundary-determined media
Creative	Synthesizing of self and self-actualization tendencies	Any media the client finds neither too difficult nor too unchallenging

Table 2
Diagnoses/Symptoms that may Benefit from Specific Components of the ETC and Diagnoses/Symptoms Mentioned in Interviews

	Possible Benefiting Diagnoses/Symptoms (Examples)	Mentioned Diagnoses/Symptoms in Interviews
Kinesthetic	PTSD, alexithymia, anxiety, depression, trauma, panic disorder, illness anxiety disorder	ADHD, anxiety disorders, somatization disorder, tactile aversion, constriction/inhibition, non-verbalization
Sensory	Alzheimer's disease, dementia, sensory integration issues, childhood trauma	Dementia, psychosis, tactile aversion
Perceptual	Schizophrenia, PTSD, trauma, depression, anxiety	Bipolar, eating disorders, anxiety, trauma
Affective	Bipolar disorder, alexithymia, personality disorders, depression, substance abuse (when improperly dealing with emotions)	Mood disorders (depression, bipolar), trauma, not in touch with emotions
Cognitive	Schizophrenia, eating disorders, problematic core-beliefs, delusions, OCD	Mood disorders
Symbolic	Childhood trauma, personality disorders, schizophrenia, anxiety, adjustment disorders	Personality disorders, anxiety disorders

The results of the thematic analysis were as follows:

Kinesthetic: ADHD (n=2), anxiety disorders(n=2), constricted/inhibited (n=3), tactile aversion (n=2), children/adolescents (n=1), clay (n=2)

Sensory: Psychotic (n=2), tactile aversion (n=1), elderly (n=1), media (n=3)

Perceptual: Bipolar (n=1), eating disorders (n=1), over emotional (n=3), anxiety (n=2), trauma (n=1)

Affective: Mood disorders (n=2), not in touch with emotions (n=2), trauma (n=2), "healthy" (n=2)

Cognitive: Mood disorders (n=2), developmental delays/cognitive limitations (n=2), anxiety disorders (n=1), men (n=1)

Symbolic: Personality disorders (n=1), children (n=2), developmental delays (n=1), personality disorders (n=1), children (n=3), adolescence (n=2)

Discussion

When compared to the conjectured benefiting diagnoses posed before the study, there was some overlap between the diagnoses mentioned for each component and for those mentioned during the interview (see Table 2). The Kinesthetic, Perceptual, Affective, and Symbolic components each had two hypothesized diagnoses mentioned during the interviews, and the Sensory component had one diagnosis mentioned. The predictions that were not mentioned could be a result of the small sample size, or because, in clinical practice, the diagnoses predicted actually do not prefer those types of art experiences or media.

While there was no crossover between the diagnoses mentioned in regards to the Kinesthetic and the Sensory components, there was some between the symptomology. Participants mentioned the possible benefits of working with the Kinesthetic and Sensory components while working with an individual with tactile aversion or tactile defensiveness. While looking at the Perceptual and Affective components, there was another overlap in symptomology. As in the literature regarding the ETC (Hinz, 2009), trauma was mentioned as a symptom that could possibly benefit from work with both sides of the level, with one participant mentioning trauma while discussing the Perceptual component and another participant bringing up trauma during the Affective. When looking at the third level of the ETC, overlaps in symptomology were not found as with the previous two levels, but some contradictory information was obtained, including the use of the symbolic component with personality disorders and the use of the cognitive component with children.

One promising direction for future research which strays from the idea of media is the way art therapists move along the various levels and components of the ETC when dealing with a specific diagnosis or symptom type. Three out of the four participants, at some point during the interviews, mentioned a component which they would initially use with a specific diagnosis, symptom, or population and then continued to discuss which component they would attempt to move them towards as the therapy progressed. One participant, while discussing the Affective component, stated "there is a difference between where you start and where you end up." By this, she was describing the movement that occurs as individuals' progress throughout their treatment, moving from one component to another or from one level of the ETC to another. If patterns were to emerge while researching the movements from one component or level to another for a specific diagnosis, this could be beneficial for creating treatment plans for future patients or clients.

References

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- Hinz, L. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.

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