



Research Article

What art therapists consider to be patient's inner change and how it may appear during art therapy



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ABSTRACT

The aim of this study was to explore what art therapists consider to be patients' inner change and how it may appear during art therapy. Thirty-eight trained art therapists with experience of using art therapy as a treatment were included in the study. They were asked to describe how they perceived their patients' inner change and a situation during art therapy when they observed such a change. An inductive thematic analysis resulted in five themes; *Therapeutic alliance*, describing trust of the therapist and belief in the method, *Creating*, which concerns the work in the therapeutic process, while *Affect consciousness*, *Self-awareness*, and *Ego-strength* are part of the therapy outcome. The situations in which an inner change can be observed have been presented by means of quotations and discussed in relation to different theories and art therapy research. The participating art therapists formed a heterogeneous group, resulting in an unexpected consistency about what they considered to be an inner change in the patient. The study may be seen as a contribution to further discussion about the benefits of a more common language to describe patients' inner change in art therapy.

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Introduction

Since the start of art therapy, the concept of change has permeated the literature (Borowsky Junge, 1994; Vick, 2012). The fact that, like other psychotherapeutic treatment, art therapy is intended to contribute to change and development in individuals is generally accepted today (Edwards, 2004). Multiple underlying therapeutic mechanisms to promote change have been proposed (Kelly et al., 2015). However, art therapists do not always share a common language in description of change and they often fail to differentiate whether it is an inner change, or a more temporary change. On a psychological level inner change may be defined as an individual movement from one state, which for some reason is considered inadequate, to a more appropriate state, where increased knowledge and insight may lead to a change of enhanced well-being (Klimovsky et al., 1994). Change is often described as one of the results or effects of art therapy (Springham, 2016). For example, art therapists may talk about enhancing well-being, overcoming difficulties and challenges (Maujean, Pepping, & Kendall,

2014), personal exploration and growth (Malchiodi, 2012), making sense of the unknown or gaining access to an unconscious inner world (Edwards, 2004) or reduced symptoms (Montag et al., 2014; Reynolds, Lim, & Prior, 2008). For studying this mechanism of change, Czamanski-Cohen and Weihs (2016) have developed a body-mind model, and Armstrong et al. (2016) propose definitions of dramatic projection and embodiment in drama therapy.

The broad variation in how change is described in art therapy literature is adequate in relation to different art therapy praxes, but raises the following questions: How can the outcome of art therapy be understood and communicated in clinical settings and in research? Can a more differentiated description of change and common language about change promote communication with people not familiar with art therapy, in health clinics and in research? It is not in contrast to a description of how the change can turn out in everyday life and what the person experiences as change, which can vary and that is also important to illustrate.

It is clear from the literature that the language of art therapy has evolved over time in a historical process, similar in both the UK and the US (Case & Dalley, 2014; Springham, 2016). In the course of her clinical work, the first author (GH) has experienced how different models of art therapy and language have complicated communication within the clinic and the research community. According to Springham (2016), a pragmatic language first developed from

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Table 1
Background data.

<i>Therapists all women</i>	<i>Age</i>	<i>Years as an art therapist</i>	<i>Psychological training, level one or two</i>	<i>Work experience as an art therapist</i>
1	73	12	Psychodynamic, Cognitive	Mental illness
2	49	17	Psychodynamic, Cognitive	Mental disorders
3	61	19	Psychodynamic	Hospice, Mental illness
4	62	38	Cognitive	Mental disorders and illness
5	66	16	Salutogenic, KASAM	Crisis, Refugee problems
6	63	38	Psychodynamic.	Mental disorders
7	61	10	Psychodynamic	Mental illness
8	39	10	Not available	Psychosocial problems
9	70	17	Psychodynamic	Mental disorder and illness
10	62	19	Psychodynamic, Cognitive	Psychosomatic symptoms
11	63	18	Psychodynamic, Cognitive	Neuropsychiatric problems
12	56	13	Psychodynamic	Neuropsychiatric problems
13	59	4	Psychodynamic	Mental disorders and illness
14	63	24	Psychodynamic	Psychosocial problems
15	66	8	Psychodynamic	Students' health, Mental illness
16	57	3	Cognitive	Family problems
17	59	9	Psychodynamic, Cognitive	Mental illness
18	75	20	Psychodynamic	Children's mental illness
19	69	16	Cognitive, KASAM	Addiction problems
20	74	45	Psychodynamic, Analytic	Mental disorders and illness
21	65	13	Psychodynamic	Mental illness
22	72	40	Psychodynamic, Cognitive	Mental disorders
23	47	15	Psychodynamic, Cognitive	Mental disorders
24	66	40	Psychodynamic	Mental illness
25	73	10	Not available	Mental illness
26	59	4	Psychodynamic	Family problems
27	64	11	Psychodynamic, Cognitive	Mental disorders
28	62	10	Psychodynamic, Cognitive	Mental illness
29	70	10	Psychodynamic	Mental illness
30	64	14	Psychodynamic	Psychosocial problems
31	60	16	Psychodynamic	Mental disorders
32	55	11	Psychodynamic	Counseling for women
33	62	35	Psychodynamic	Mental disorders and illness
34	42	5	Cognitive	Mental illness
35	69	16	Cognitive, Mental training	Mental illness
36	38	4	Not available	Eating disorders
37	62	10	Psychodynamic	Mental illness
38	64	30	Psychodynamic	Mental illness

how patients evaluated image making. Later, untheorised practice embraced theories, first from psychoanalytical therapy and subsequently from other verbal therapies for the purpose of understanding and explaining how art therapists work. This embrace of a psychological language did not only apply to the language, but also to psychological theories of change. As an example, we can mention Winnicott (1991) and the play area which influenced many art therapists as a space of enabling change in the patient (Case & Dalley, 2014). Clarifying and determining the mechanism of change in art therapy is vital for understanding and communicating the outcome of art therapy, as well as for future research on art therapy (Springham & Brooker, 2013). Springham (2016) meant that future research would benefit from the use of more clear language while Kelly et al. (2015) asks for a more plain language to conduct a more robust programme of evaluation of art therapy. Havsteen-Franklin, Jovanovic, Reed, Charles, and Lucas (2017) advocate that a shared language about art psychotherapy actions in the clinical work would help to make sense of observational studies. Bearing this in mind, we wanted to increase our knowledge about how art therapists assess patients' inner change. To the best of our knowledge, no previous studies have described patients' inner change from the perspective of more than one art therapist. The aim of this study was to explore what art therapists consider patients' inner change and how it may appear in art therapy.

Methods

This study originated in clinical practice, the aim of which is to identify practical solutions. It is based on an explorative qualitative design with an inductive approach and a thematic analysis

(Braun & Clarke, 2006). The rationale behind this choice was that a qualitative approach is appropriate for highlighting experiences and meanings. One of the benefits of thematic analysis is its flexibility. Braun and Clarke described the method as independent; it can be applied to different theoretical and epistemological approaches. Theoretical freedom makes it compatible with different theoretical backgrounds, for example, psychology. Although thematic analysis is independent and flexible, Braun and Clarke presented a 6-phase guide to ensure the quality of the analysis, which was used in this study. The study was carried out in Sweden.

Participants

Invitations to participate in the study were sent by e-mail to 141 trained art therapists who were members of the National Association for art therapists in Sweden, SRBt (2017). Due to the low response rate (10), a reminder was sent by post two months after the first e-mail invitation. Furthermore, invitations were sent to 23 other trained art therapists who were not members of the SRBt. In total, 164 art therapists were invited to participate, although 21 invitations could not be delivered because of an incorrect address. Sixty art therapists responded, 24 declined and finally 38 trained art therapists were included in the study. The study participants were all women who were trained and had experience of using art therapy as a treatment. They all had art therapy training corresponding to the requirements of the National Association SRBt (2017), which includes adequate psychotherapeutic training. The mean length of time working with art therapy was 17 years (median value 16 years). Background data are presented in Table 1.

Table 2
An example of the analysis process.

Data extract			Code	Theme
Playing, experimenting	Takes different colors, new tools	Switching from mess to scribbles	Playful experimentation	Creating
Immersing themselves in the image	Could suddenly see their own images	Reflecting on the image content	Exploration	
Bodily reactions, breathing	Deeper breathing	Opening his eyes, stretching his body	Emotional reactions	Affect consciousness
Talking and responding to the image on another level	Tells about changes in thoughts, feelings and behaviors	Communicating what is happening inside	Expression of feelings	

Table 3
Themes and codes.

Theme	Therapeutic alliance	Creating	Affect consciousness	Self-awareness	Ego-strength
Codes	Trust	Playful Experimentation Exploration	Emotional reactions Expressions of feelings	Increased insight Improved self-image Widening perspectives	Greater authenticity Increased autonomy

Data collection

The art therapists were asked to answer two open-ended questions in their own words:

1. Can you describe how you perceive inner change in your patients?
2. Can you describe one or more situations where you perceived an inner change in your patients?

Data analysis

An inductive thematic analysis method was used to analyze the answers to the first research question (Braun & Clarke, 2006). The answers to the second question were used as illustrative quotations.

In accordance with Braun and Clarke (2006), the thematic analysis was performed in six steps: familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and finally producing a report. After becoming familiar with the data, extracts that answered the research question were sorted into groups and denoted by a code. Then codes with a similar content were sorted into themes. Finally, the emerging themes were reviewed, defined and labelled. The analysis was inductive, meaning that the data extraction, codes, and themes were linked to the data itself, as opposed to a theory or preexisting codes. A thematic analysis is not a linear process, therefore code extraction, codes and themes were analyzed carefully. The analytic process had a semantic approach, which implies that themes were identified within the explicit meaning of the data and not from an underlying meaning beyond the written answers to the questions. The grouping of data into codes involved abstraction and interpretation was necessary when developing the themes, see Table 2.

Ethics

This study received an advisory opinion from the Ethical Review Board in Lund (2016/7). According to the Helsinki Declaration, the study fulfills the requirements on research (World Medical Association [WMA], 2013). The invitation to participate in the study included information about the study design, data analysis, confidentiality, and voluntariness. To ensure that the participants remained anonymous to each other, the invitation was sent by separate e-mail to each art therapist, instead of by group e-mail.

Results

The analysis revealed five themes: *Therapeutic alliance* describing the relationship with the therapist, *Creating*, which concerns

the work in the therapeutic process, while *Affect consciousness*, *Self-awareness*, and *Ego-strength* are part of the therapy outcome. The theme *Therapeutic alliance* includes changes described as increased “trust”, while the changes in the theme *Creating* were described as “playful experimentation” and “exploration”. Changes in *Affect consciousness* include increased “emotional reactions” followed by verbally “expressed feelings”. Changes in *Self-awareness* comprise “increased insight”, “improved self-image”, and “widening perspectives”. Changes in *Ego-strength* include “greater authenticity” and “increased autonomy”, see Table 3.

Some of the therapists answers did not include all of the themes in what they described as a change in the patient. For example, one therapist working in palliative care mentioned that she did not work with inner change in a wider perspective. Her work was more a question of reconciliation with impending death, thus she emphasized the creative aspect of image making and well-being. However, it was surprising that so many of the art therapists described common signs of inner change in the patient, despite their different psychotherapeutic orientation, length of work experience and occupations.

The patient demonstrates a trustful therapeutic alliance

The theme *Therapeutic alliance* was based on *trust*. How trust developed into a trustful therapeutic alliance was described in the following way.

During the first session the patient avoided attachment by talking about and explaining the images, they were concrete descriptions of life situations (without emotions). I interpret this as lack of trust. The necessary trust to let emotional images appear occurred five sessions later when the patient painted frustration caused by a situation at home . . . the feelings were bodily expressed. In the following session, the patient only wanted to talk again. But one session later the patient was able to house the frustration and let the body breathe in rhythm with the movement (of painting) and as the crayons ran out continue with liquid paints. The therapeutic alliance was established.

Another art therapist described her experiences of how therapeutic alliance and trust were expressed at the start of a therapy.

A patient told me about a recurring dream. The patient was sitting in an airplane that would never land. Early in the therapy, the dream changed and the patient . . . dreamt that the plane could now land, but that the passengers were not allowed to leave the plane. This dream became a beautiful symbol of the therapy situation. The patient had landed, but it was not time to leave the airplane yet; we had to wait . . . bide our time. This dream became a starting point for a trustful and successful art therapy process.

Increased trust also was recognized as changes in the relationship. One therapist described how she noticed increased trust “when the patient was able to ask for help and get angry with me for the first time”.

The patient demonstrates developed creating

Creating comprised *playful experimentation* and *exploration*. Changes were recognized as playful experimentation and when the patient stopped performing and instead started “to play, experiment, and make mistakes”. Creating could imply that the patient “changed from a tight form and structure to free abstract painting” or the opposite “changed from the mess and clutter into a form with a brush”. Change was also observed in the choice of artistic material, for example, painting with colors instead of sketching with a pen. One art therapist described how change and recreating originated from a group session. “A patient only used a pencil to create highly skilled images through shading. When the patient did a sloppy image with crayons of all colors the whole group applauded”.

Playful experimentation could lead to a sudden change from recurring shapes and symbolic language into new forms, movements or a new color in the image. “The patient often used yellow for shame. Later much blue and green appeared in the images, which the patient experienced as positive colors. There were also white areas, symbolizing new possibilities”.

Using different materials in the same image can be another way to change and recreate the content of the image through playful experimentation.

A patient I had seen weekly painted an image for the 53rd. time. The patient remained in the darkness of the image and continued painting one layer more . . . and one more, and then scraped away a part of the layers. Then the patient began to carve a single light with tissue paper, put it down with adhesive and painted in colors, doing so for about 1.5 hours. This image summarized all those painted that year. It needed no words, the image was incredibly strong and we were both captivated by its force. The patient had made a huge step forward.

Creating includes playful experimentation in the image, which can help work through painful events.

A patient had two sons and lost one of them dramatically. During the first month of therapy the patient painted only black all over the paper. Cried and painted. Each time we talked about the image the patient expressed more and more feelings and thoughts. One day after painting yet another black image the patient sat down, then suddenly got up, went back to the image, took new colors and painted a small, white box with a candle inside in the middle of the image. After that session, the patient visited the son's grave for the first time. The patient continued painting and talked about the anger, impotence, fatigue, and finally the desire for change. It took time, but today the patient is a person who is happy with life.

Exploration describes changes when patients explore the painted image and their emotional life. Exploration is possible when a patient sees the image. Therapists expressed this as “the patient suddenly saw their own images” or “the patient stopped and really saw the image”. One therapist described exploration as a process that the patient went through, first by painting and then by looking at the image. Other ways of describing exploration were unconscious material becoming conscious and self-discovery. The reflective dialogues could be based on the content of the image or the feelings it evoked. Creating can also occur by exploring the colors used, the shape and placement of the motifs, and their direction in relation to each other.

This dialogue emanated from the color, shape, location, and direction, the young patient could approach the feelings related to family, without being overwhelmed and flooded by uncontrolled and frightening feelings. The patient got the opportunity to find personal and metaphorical meanings and messages (in the image) and obtained explanations by using (therapeutic) help to find new alternatives.

The patient demonstrates an increased affect consciousness

Affect consciousness included *emotional reactions* and *expression of feelings*. Emotional reactions were described as bodily reactions, while expression of feelings referred to verbal expressions. Some art therapists perceived emotional reactions from the patient's body language and considered bodily reactions to be a sign of inner change. “The patient opened his eyes and stretched his body”. Changed body language could be calmer or deeper breathing, or a change in the pitch or tone of voice. The mood in the room could also change or the patients painted with the flow during image creation. One therapist mentioned that some of her patients said that they got back on their feet. The greatest proof of affected consciousness and change in the patient was stated as “they became more present in their bodies”.

Expression of feelings concern what the patients verbally communicated, what was going on inside, what they saw inside and how they felt about their image. The interaction between what was made visible in the image, the affected consciousness and the dialog was described by one art therapist as follows.

It is probably primarily in the image that I can see if there has been an inner change. In the dialog about the image . . . you can recognize a change. For me, it is also a process of a series of images where one can see a recurring pattern or form. When looking at it together with the patient, it is possible to grasp what is happening inside the patient and be able to talk about it.

Some therapists stated that the easiest way to identify a change was when patient verbalized it in descriptions of feelings, thoughts, and behavior. One therapist expressed “what I can perceive is the external change in behavior and what is being said”. Several art therapists insisted that they could only recognize change from the patient's own description. “Changes in the image . . . I cannot really comment on that”.

The patient demonstrates an increased self-awareness

The theme of *self-awareness* comprised the codes *increased insight*, *improved self-image* and *widening perspectives*. Increased insight was described as the patients' greater understanding of their own internal processes. Image making could render something visible that the patient had not been aware of before. In an image, the patients could discover new things about themselves about which they had previously been unaware. They used color and shape to illustrate a memory or an experience.

I had a patient with many years of destructive addiction who I got to work on the word “attack” (as a theme). In the image, a dragon-lizard was attacking an egg. To my question, the patient answered: I am the dragon-lizard, attacking the life force that flows into the sea. The patient clearly saw that it was his own destructive forces that were attacking the life force. That understanding led to follow-up images of possibilities for change.

Increased insight and knowledge may also enhance the understanding of “why life was like that”. Patients were often surprised by the insights about themselves or their relationships. Identifying oneself with a painted tree gave one patient the feeling of being

more alive. “One patient felt relieved after painting a tree that featured something that the person could not express in the verbal therapy. The patient became more emotionally alive”.

Improved self-image included changes expressed as reduced self-criticism, more acceptance of oneself, the ability to engage in self-irony, and the taking of oneself less seriously. Changes could also consist of identifying one’s own inner resources. One therapist described how a patient with social phobia could use the image to expose herself, thereby “regaining confidence in her own ability, realizing that anxiety does not kill”. A therapist described how exposure by painting gave anxiety a face and could thereby strengthen the patient’s perception of her/himself. Another therapist told the following story.

One morning a patient came to the session in an upset and desperate state. The patient had found a giant spider and did not know what to do. The patient painted the ugliest and largest spider possible on a large sheet of paper. We talked about the feelings related to the image and reflected on what was the worst thing that could happen. The next time we met, the patient told me how to lift a spider alive through a window.

Widening perspectives were described as changes in which patients gained “wider perspective of themselves and their situation”.

A greater openness to new perspectives could mean that a situation was perceived in a new way. This is illustrated by the following story about a patient with poor self-esteem.

A patient with poor self-esteem felt that everything done and not done was the patient’s own fault. The fact that the patient’s father was an alcoholic . . . had made it extremely hard for the patient to find out what was right and wrong and who was responsible for what. After a long process of image making and dialogues (with the therapist about the images) the patient was able to see (differentiate) what was their own responsibility and what could be left behind.

The patient demonstrates increased ego-strength

Ego-strength comprised *greater authenticity* and *increased autonomy*. Greater authenticity meant more congruence between the image and the patient’s spoken words. Images revealing increased integration between colors and elements are described as being linked. One art therapist stated that true authentic feelings could be shown more clearly and faster in the image than verbally. “If it is honest, you will see it in the expression (of the image)”.

But change in the patient was not always obvious to the therapist and greater authenticity could come as a surprise.

A patient painted images that were fragmented, lifeless, and incongruent with few words. The first ten sessions were characterized by disjointed details in crayon and very few words. Then the patient began to use colored crayons, filled out the characters and created baselines for various image elements. At the 20th. session, the patient (unexpectedly) painted an entirely coherent image with a whole story, an image illustrating a childhood memory with many colors that hung together and vividly described the context of and feelings associated with the event. A week later, the patient expressed for the first time how one memory after another had been evoked (since the first session). This patient had started work on a family story . . . something inside had been released [. . .] colors could flow freely.

Clear signs of increased ego-strength and autonomy are when a patient no longer needed prescribed themes to paint or when the patient “no longer required replacement of a missed session”.

Another sign could be that patients began to recognize their images as important for them. The statements pertaining to increased autonomy are associated with hope for the future, positive emotions, and optimism. For a suicidal person it may imply choosing life. Change is verified by the ability to express, communicate, and distinguish oneself from others in the therapy group. An important statement about greater autonomy is when the patients become aware of their ability to influence their own behavior and life.

Through imaging, the patient gained insight into what is important in life and became clear about what needed to be changed. The patient made these changes. We finished the therapy and the patient continued living without any further contact with the psychiatric services.

The art therapists also stated that a patient’s change and greater autonomy was confirmed “when the image making process could be transferred into everyday life without great effort in the transition” or when “an older person is able to walk to the store by her/himself and no longer needs the transportation service”.

Other patients dared to make decisions.

A patient had an unplanned pregnancy with a man she did not want to live with but she did not want an abortion. For her family a pregnancy was not ok. The images helped her to make a decision . . . she decided to keep the baby. She was of unusually small stature, but by painting she grew mentally . . . she simply painted herself stronger.

Statements of increased autonomy that could result in concrete positive changes in the patient’s external everyday life were recognized as “expression of positive feelings and optimism” as well as “expressing positive feelings with hope for the future”. Increased autonomy was expressed as “discovering the ability to influence behavior and life”. When the patients were able to “move forward with hope for the future”, it could mean that they had reached the goal of the therapy.

Discussion

This study demonstrates that when art therapists were asked to describe what they considered to be patients’ inner change, they responded by relating what they had seen, heard, observed, experienced, and reflected on. The results revealed that the therapists were attentive to change during the whole therapeutic process, beginning with the patient’s relationship with the therapist (Therapeutic Alliance), the therapeutic work (Creation), and changes in affect consciousness, self-awareness, and ego-strength.

Some of the art therapists did not include all areas (themes) in the description of what they perceived as change, which may be related to the individual goal of the therapy. The notion that art therapists in palliative care do not focus on inner changes as stated by one therapist, has been confirmed by [Gilroy and McNeilly \(2000\)](#). In light of the various art therapy praxis and earlier studies, we expected that the art therapists in the present study would assess patients’ change in different ways. However, we found that these art therapists, despite psychotherapeutic backgrounds, had a common perception of patients’ inner change, which was possible to describe more clearly, as suggested by [Springham \(2016\)](#). That these art therapists had a common perception of patients’ inner change may depend on the fact that they all had art therapy training corresponding to the requirements of the National Association SRBt.

It was no surprise that patients’ change could be recognized as trust, which is included in the concept of therapeutic alliance ([Gilroy & McNeilly, 2000](#)). Therapeutic alliance is fundamental for

all patients participating in any form of therapy, and art therapy is no different from other forms of psychotherapy (Martin, Garske, & Davis, 2000). In art therapy the therapeutic alliance has been described as an important emotional bond between the patient and the therapist (Case & Dalley, 2014). An early trustful relationship has an impact on the quality of later relationships (Bowlby, 1988[2005]). A person who has developed a secure attachment pattern during childhood tends to trust others and is usually open to new things. Research has shown a relationship between the attachment pattern and how individuals use artistic materials (Snir, Regev, & Shaashue, 2017). People with a secure attachment pattern often show openness and interest in exploration and have a positive reaction to different art materials. Far from all patients have a secure attachment. Those with an insecure attachment pattern avoid intimacy and emotional relationships, in addition to having a negative reaction to different art materials. This means that it is important to know which materials may evoke avoidance and anxiety. Snir et al. (2017) found that oil pastels, gouache, and finger paint evoked the most negative experiences. These materials enable intimacy due to the need for direct contact with them compared with pencils.

Creating is what the art therapy method is built on and is the well known difference separating it from verbal therapy (Robbins, 1980). There was no doubt that the art therapists in this study focused on the image in the triangular relationship, as described in the literature (Gilroy & McNeilly, 2000). In art therapy visual and wordless play with artistic materials give the patient distance and protection from being overwhelmed by intense effects and feelings (Robbins, 1980). Making the inner life visible and available for a reflection process is what differentiates art therapy from verbal therapy (Skaife, 2001). According to Robbins, an art therapist must be trained to be receptive, both verbally and non-verbally. There is consensus that playful experimentation with artistic materials, exploring, and reflecting on the image can help patients find a deeper psychological meaning in their lives (American Art Therapy Association [AATA], 2017; The British Association of Art Therapists [BAAT], 2017).

Playful experimentation and creation can be understood from the theory of Winnicott (1991), who holds that creativity is important for human development. With his theory of the playful area, Winnicott has had a great influence on art therapy (Robbins, 1980). Robbins focuses on the fact that Winnicott associates the transitional space with creativity. He believes that Winnicott has given art therapists a map that provides a perspective on the inner and outer space and how a playful relationship can promote change in the patient. Schaverien (1994) has suggested that the image can act as a transitional object. Art therapists also experience the art therapy room as a safe transitional space where the patient is in a creative process and “can try new ways of being in the world” (McNiff, 1998, p. 81). Exploring the painted images evokes feelings on a deeper level, which is considered the essence of all forms of art therapy (Gilroy & McNeilly, 2000). In this study, art therapists recognized the importance of exploration and recreation in the process of change, starting with the patient creating the image and then stopping suddenly when the image appeared to them and they could see it. This process has been described by Betensky (1995) as two different manners of experience. First, creating the image as an act of intuition mentally focuses on the inner experience, which is not always consciously perceived by the patient. The next step is to stop and look with openness at the image. Betensky claims that there is a need for a trained eye to look with the intention to inhabit the image and make it alive, for which the patient may need help from the art therapist. According to Betensky, the way of looking at the image and the experience of seeing the image are of vital importance for self-discovery, integration, and inner change.

Affect consciousness was, in the context of this study recognized as bodily reactions followed by verbally expressed feelings. Bodily reactions and verbalized feelings can be theoretically understood from affect theory (Tomkins, 1984). Joy, interest, astonishment, disgust, anger, sadness, fear, and shame are considered the basic affects and experienced as unconscious biological reactions. When affects becomes conscious they are experienced as feelings that can be verbalized. The affective component in art therapy is concerned with the feelings evoked through creating images (Hinz, 2009). Affects can be associated with kinesthetic and sensory experiences received by the patient when exploring different artistic materials. Experiences can be tactile, visual or auditory and can sometimes give a sense of both smell and taste. Bodily phenomena can include components such as activity, movement, rhythm, and energy (Hinz, 2009). Patients who are unaware of what they are feeling may first need to release feelings without thinking. Expression of feelings in images without reflection may be desirable. But according to Hinz, there is a need for reflective distance and reflection to move forward in the therapy. Art therapists therefore need to help the patient to process the affective component through verbalizing feelings (Hinz, 2009).

Change in the form of increased insight, improved self-image, and widening perspectives concerned the patient's self-awareness. The notion that self-awareness and awareness of others can increase through creating and reflecting on an image is established knowledge in all forms of art therapy (AATA, 2017). The notion that an image can make the unconscious and conscious inner life visible and lead to increased insight is another art therapeutic statement (Betensky, 1995). Self-awareness can be understood from the theory of the self and the image of oneself, a question of identity and the perception of who you are (Kohut, 1978). The development of the self takes place in the relationship with the parents, through mirroring and idealization processes. Robbins (1980) refers to Kohut and the “gleam in the mother's eye” as a fundamental experience for the child's development of a positive self-image. According to Robbins, this mirroring can take place in art therapy and promote an improved self-image. Winnicott (1991) has also influenced art therapy with his theory about the true and false self. A child who did not receive affirmations of the true self will develop a false self, which affects the self-image in adulthood. When the identity is reflected in the painted image, it can make the self-image visible and accessible for dialogue, reflection, and change (Malchiodi, 2012). Discovering the true self in art therapy has resulted in improved self-esteem (Franklin, 1992). Rankanen (2016) has shown that patients who engaged in experimental art therapy in a group setting gained new perspectives on as well as insight into their personal life as well as recognizing their own problematic actions, which in turn motivated change.

In this study, ego-strength was associated with greater authenticity and increased autonomy. Ego-strength is a term used in the psychotherapeutic literature (Lake, 1985). Lake (1985) argued that ego-strength is problematic to define theoretically but the concept is useful for practitioners as a significant indicator of the outcome in psychotherapy. According to Lake (1985), ego-strength can be seen as personal and social competence. It is connected with the capacity to cope adaptively with change, loss, and uncertainty. In the earlier art therapy literature, the concept of ego-strength has been presented in relation to psychodynamic oriented art therapy and concepts such as sublimation from the theory of psychoanalysis (Rubin, 2001). In this study, increased authenticity was recognized as greater congruence between the painted image and the spoken word, which may be understood as reduced fragmentation and more integration. Art therapy literature often focuses on the ability to work through and integrate by means of the creative process of image making (McMurray & Schwartz-Mirman, 2001). Maybe this can be understood as the result of a less fragmented personality

(Akhtar & Price Byrne, 1983). Increased authenticity and autonomy were changes that the therapists in this study described and also experienced as leading to changes in real life. In the literature this has been described as putting into practice what the patients have learned about themselves (Case & Dalley, 2014).

A survey has limitations, but we have tried to compensate for that by asking open-ended questions and asking the participants to describe one or more situations where they perceived an inner change. The vast amount of drop-outs can be considered another limitation of this study. Not all invitations to participate could be delivered because of an incorrect address. There was a high rate of unanswered requests and we do not know the reason for the failure to respond. The decision to send an invitation to all members of the SRBt listed on the homepage was not in accordance with our inclusion criteria as it was not clear from the member list who met the inclusion criteria. Therefore, the individual art therapists had to decide themselves whether or not they met the inclusion criteria, i.e., trained art therapists with experience of using art therapy as a treatment method. A few art therapists answered that they did not meet the criteria. We also reflected on whether Swedish art therapists might lack experience of participating in a study and how common it is for art therapists to reflect on patients' inner change as an outcome of the therapy. Although we had anticipated a higher response rate, we nevertheless think that despite the low response rate, the study provides interesting and useful information about what art therapists consider to be a patient's inner change and how it may appear in treatment. Recognized inner changes may be seen as an indication of the usefulness of art therapy.

Conclusion

This study showed that a group of Swedish art therapists with experience of clinical therapeutic work are attentive to inner change from the start of the therapy, through the therapeutic work process and when evaluating the outcome. Inner change is considered to encompass the ability to *attach to the therapist and build a trustful relationship, to develop playful experimentation and exploration and go from emotional reactions to expression of feelings and greater self-awareness, which includes increased insight, improved self-image, widening perspectives, and finally, increased ego-strength, reflected in greater authenticity and increased autonomy.* The themes were related to different theories as well as to art therapeutic research.

These art therapists had a common perception of patients' inner change, which may depend on their all having had art therapy training corresponding to the requirements of the National Association SRBt. Maybe this can provide a basis for further discussion of more consistent common language to describe the change in art therapy.

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