



## A CRITICAL ANALYSIS OF TWO CREATIVE ARTS THERAPIES

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Despite both the widespread use of the creative arts therapies in clinical settings and the extensive theoretical literature devoted to this topic, little empirical research has been devoted to assessing the scientific validity of the many claims made for these interventions. Art therapy procedures are typically justified on the clinical rather than empirical grounds and those who criticize their scientific bases frequently open themselves to criticism for failing to appreciate the "therapeutic potential" (Gibson, 1980, p. 6) of these interventions. However, without a solid grounding in empirical research, whatever potential is present may go unrealized. The purpose of this paper is to analyze critically extant empirical research around the question of whether this evidence warrants scientific verification of these procedures and, where it does not, to suggest research directions that might later determine if these interventions constitute effective treatments.

### The Criteria of Validity

The question of what constitutes adequate evidence of empirical validation is critical to the transportation of scientific findings into practice. The field traditionally has been reluctant to provide a precise definition of when an empirical finding has been observed with sufficient repetition and clarity as to support their translation to practice. Not surprisingly, therefore, the recent Task Force on the Promotion and Dissemination of Psychological Procedures, convened by the Division of Clinical Psychology of the American Psychological Association, stimulated con-

siderable controversy by applying a definition borrowed from the Federal Drug Administration (see Chambless et al. 1996). Despite the many critiques and arguments raised about this definition, none have advanced an alternative one. Hence, the Division 12 Task Force criteria remain the clearest and the most obvious standard available for the present purposes.

The Task Force on Promotion and Dissemination of Psychological Procedures (Chambless, et al. 1996) was assembled in 1993 with an explicit commission to identify those treatments that have been established as effective on empirical grounds. They initially established working criteria to ensure that treatments were reliably offered, that comparisons were minimally biased and that their efficacy for treating clinical problems was demonstrated. These criteria required the presence of two independent, randomized clinical trial studies that demonstrated the superiority of the treatment over a placebo, non-treatment or an alternative treatment procedure. To ensure an accurate definition of the treatments the task force required both that these studies employed explicit treatment manuals and that they be based on samples of clearly established and defined patient groups. The criteria reflect a belief, on the part of the task force, that controlled outcome studies are the research methods best positioned to assess treatment efficacy, to affect policy decisions governing a treatment's use and to influence clinical activities.

When undertaking our own review, we restricted our search to published, empirically based reports, resisting the impulse to review in a comprehensive

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manner the extensive theoretical work on these treatments. To avoid being biased by any lack of objectivity present in the review of literature that provided the basis for the original report of the Division 12 Task Force, we undertook our own review of the literature. We first sought to determine if there were descriptions of procedures that were outlined in sufficient detail and clarity to serve as manuals. Then we sought to evaluate the relationship of the art and drama therapies to aspects of patient change with special attention to research that utilized these manuals.

Due to the overwhelming amount of literature concerning all the creative arts therapies, we restricted our search to identify only the empirical studies conducted in art therapy and drama techniques. In addition to exploring available abstracting services for research over the past ten years, we also searched available reference sources, books and prior summaries of research for references to empirical investigations. When the resources were identified, we then attempted to identify those studies that included the criteria established by the Division 12 Task Force. Because of the diversity of approaches in the creative arts therapies, this paper separately reports research findings for artistic and dramatic art therapies.

### Art Therapy

By their very nature, art and art therapy are diverse activities. They are identified by different labels and are comprised of widely varying activities. All interventions in this general field, but especially new and evolving treatments, suffer from being inadequately operationalized and unreliably defined or applied (McNiff, 1987; Rosal, 1989). Very few studies have responded to the prevailing need for organization and definition. We were able to uncover fewer than a dozen actual studies and all of these were correlational in design. None constituted controlled, comparison investigations. Although the lack of definition was apparent, we were able to locate two books that were sufficiently structured to serve as at least rudimentary manuals for conducting art therapy procedures. These manuals included *A Manual of Sequential Art Activities for Classified Children and Adolescents* by Fugaro (1985) and *Family Art Psychotherapy* by Landgarten (1987). It should be noted that the latter volume is not written in manual format whereas Fugaro's book was specifically designed to be a treatment manual.

Surprisingly, and in spite of the extensive theoret-

ical literature devoted to describing the power of art therapy, the question of who benefits from its use has not been specifically addressed. After a search of citations we concluded that neither of the two manuals had been utilized in empirical studies of art therapy. Moreover, the two available manuals were designed for work with children, adolescents and families, but did not indicate whether the treatments should be prescribed or proscribed in work with individual adults. In other words, even on a conceptual basis, there was no reference to the types of problems and conditions for which art therapy may be especially helpful.

Among the limited research available, empirical work on the use of art therapy among mentally retarded children has yielded what may be the most promising results. Musick (1976), for example, used entry requirements for kindergarten as a dependent measure and based treatment on a loosely structured variation of Lowenfeld and Brittain's (1970) developmental model of change. However, the sample was limited and was not sufficiently described to determine the degree to which clinical problems were represented. Also, the fidelity of the treatment was not assessed and the study lacked a control group.

In an exploration of the assumption that art therapy may be of value for enhancing self-esteem among adolescents, White and Allen (1971) demonstrated an increase in participants' self-concept on the Tennessee Self-Concept Scale following art therapy. This study is particularly useful because it used random assignment in a between subjects design, which compared outcomes among those who were treated either with art therapy or with traditional counseling. In addition, a fourteen-month follow-up revealed significant benefits for participants in art therapy on three of the ten subscales used. Even better is that this finding is consistent with the results of a systematic  $N = 1$  study of an adolescent male who received eight weeks of art therapy (Stanley & Miller, 1993). This latter study employed pre- and post-therapy measures on the Coopersmith Self-Esteem Inventory and yielded an increase of two standard deviations. However, because of its design, generalizability was not confirmed.

Linesch (1988) also applied an  $N = 1$  methodology to the treatment of 10 severely emotionally-disturbed adolescents. Although most of these participants shared a history of physical and sexual abuse, a consistent symptom picture was not presented and, thus, outcomes were individually tailored. Linesch's intention was to compare the self-expressive develop-

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