

The Expressive Therapies Continuum Assessment

The Expressive Therapies Continuum

Creative (Level)

(Left Hemisphere Brain Functions)

(Right Hemisphere Brain Functions)

Cognitive < - - - - - > **Symbolic** (Level)
(Component) (Component)

Perceptual < - - - - - > **Affective** (Level)
(Component) (Component)

Kinesthetic < - - - - - > **Sensory** (Level)
(Component) (Component)

The ETC represents a way of describing image formation, information processing, and client interactions with art media. The ETC can guide decisions about the types of art media and art therapy directives to use with clients.

ETC Assessment and Customizing Treatment Goals in Art Therapy

I. Art therapy Assessment

- A. Art therapy can be altered, manipulated and prescribed for individuals in ways that verbal therapy cannot
- B. The Expressive Therapies Continuum (ETC) provides a theoretical and practical framework for approaching art therapy assessment and treatment
- C. It allows for the individualization of treatment goals, even in the context of ongoing and uniform treatment programs

II. A Brief Introduction to the Expressive Therapies Continuum

- A. A practical and theoretical way of looking at how patients interact with art media in order to process information and form images. How patients do this in art mimics how they do other things in life.
- B. As part of their introduction to art therapy, patients can be familiarized with the structure of the ETC and the ways in which various component processes support different treatment goals.

C. A Developmental Hierarchy

- 1. Processing develops from simple to complex (K/S --->C/Sy)
- 2. Every component of the ETC has a healing function and an emergent function
- 3. Relationship between components on each level is an inverted-U shape: As information processing with one component of the level increases, it first increases functioning on the opposite component, then decreases it, and eventually can block opposite component functioning
- 4. Examples of the bipolar relationship

As Kinesthetic involvement increases (vigorous movement), the ability to discriminate fine sensations decreases

Alternatively, as involvement with tactile sensation increases (stroking wet clay with eyes closed) one becomes quiet and still, movement decreases, and eventually stops.

Affect modifies form; form (a focus on limits) can contain affect

Involvement with complex cognitive processes reduces the ability to think universally/symbolically

Fact-based (slow and deliberate) thought vs. Intuitive thought (fast and effortless)

III. Customizing Art Therapy Treatment Goals

- A. This brief examination of the Expressive Therapies Continuum clarifies at least one reason why similar treatments do not influence all patients in the same way:
 - 1. Different preferences/aversions for information processing mean that one art experience may overly inhibit or overly stimulate different patients
 - 2. Devising individualized art therapy treatment plans based on knowledge gained from assessment within the ETC can address some of these concerns
- B. Example of Incident Drawings with substance abusing adolescents
 - 1. Cox and Price (1990) highlighted the negative effects of drug use with chemically dependent adolescents as a first step in treatment
 - 2. Tempera paint was used to heighten feelings of unmanageability
 - 3. An overly emotional patient could find the use of paint too evocative, and feel safer with the use of a more restrictive media
- C. Customizing Treatment Goals
 - 1. Increases the likelihood of patients benefitting from art therapy because treatment is tailored to their individual needs
 - 2. Reduces the likelihood of patients being harmed by the art therapy process
 - 3. Reduces the likelihood of wasting time trying to find an effective point of entry or intervention
- D. The first step in customizing treatment goals is an art therapy directed assessment

IV. Performing ETC Assessment

- A. The first art therapy tasks are viewed as an assessment of client functioning – looking for trends, so three drawings are usually necessary.
- B. Free art tasks offer the necessary space for personal preferences to be demonstrated.
- C. Materials can be presented in a continuum of media properties from resistive to fluid.
- D. Patient choices of media and tasks in the first free art therapy encounter(s) aid art therapists in assessing:
 - 1. Preferred method(s) of information processing
 - 2. Overuse of ETC component functions
 - 3. Underuse of ETC component functions
 - 4. Blocked ETC component functions
- E. Four variables are examined in ETC based art therapy assessment:
 - 1. Preferred medium
 - 2. Manner of interaction with art media
 - 3. Details of final art product
 - 4. Verbal communication

V. Results of ETC Assessment

- A. Patient's choice of preferred medium and tasks give clues as to preferred ETC component process(es)
 - 1. Resistive media and complex tasks are likely to produce a Cognitive experience (see page 34)
 - 2. Fluid media and simple, non structured tasks are more likely to produce an Affective experience.

3. Nearly any media can be used in fluid or resistive manners (e.g., water color paint; collage).
- B. Manner of interaction with art media tells something about
1. Responses to limits and boundaries: Expansive vs. Constrictive
 2. Level of commitment and frustration tolerance: How does patient persist, especially in the face of frustration? This gives prognostic clues
 3. Level of energy: A continuum of interest and investment can be noted
 4. Coping skills: For example, how does patient react after making a mistake?
- C. Stylistic or Expressive Elements from the final art product give clues to preferred and avoided functions:
1. Developmental Level
 2. Line and Form Quality
 3. Use of Space
 4. Use of Color
 5. Level of Integration
 6. Content and Symbolism
- D. The patient's verbal comments during the sessions about the art therapy process and product give diagnostic clues:
1. Quality of verbal comments: self-depreciating vs. self-aggrandizing
- Sensory elements, Affective charge, Perception of Formal elements, Cognitive Intellectualization or Rationalizations, Symbolic or Metaphorical speech
2. Rate and volume of speech: loud and pressured vs. soft and slow
 3. Level of logic displayed: realistic vs. bizarre

VI. Customizing Art Therapy Treatment Goals

- A. Determine the starting point – usually where patient is presently comfortable processing information; less resistance to art therapy is encountered. Most people

are very uncomfortable with art anyway; help them be comfortable and develop their creative confidence. Don't throw them in the deep end.

- B. Determine the therapeutic direction
 - 1. Decreasing dependence on overused functions
 - 2. Developing underused functions
 - 3. Unblocking functions not currently used
- C. Patients can be taught the structure of the ETC and the ways in which the component processes support various treatment goals
- D. Therapists and patients speak the same language; patients are active partners in the formulation and conduction of treatment goals.
- E. Patients need not feel stigmatized when media or tasks are changed to best meet unique therapeutic needs

VII. The Expressive Therapies Continuum in Art Therapy Treatment

- A. Media choices for patients are based on individual treatment goals; all patients do not respond the same and should not always be asked to do the same thing
- B. Patients conceptualize changes in media/tasks within the ETC to emphasize their therapeutic value
 - 1. Alter media
 - 2. Change directives
 - 3. Change whole tasks
- C. In groups, patients are guided to comment on shared symbols, themes, and emotions rather than to discuss each art product individually

VIII. What the ETC Offers in Art Therapy Treatment

- A. Kinesthetic Component Offers
 - 1. Muscle relaxation
 - 2. Release of tension that is often a prelude to poor coping

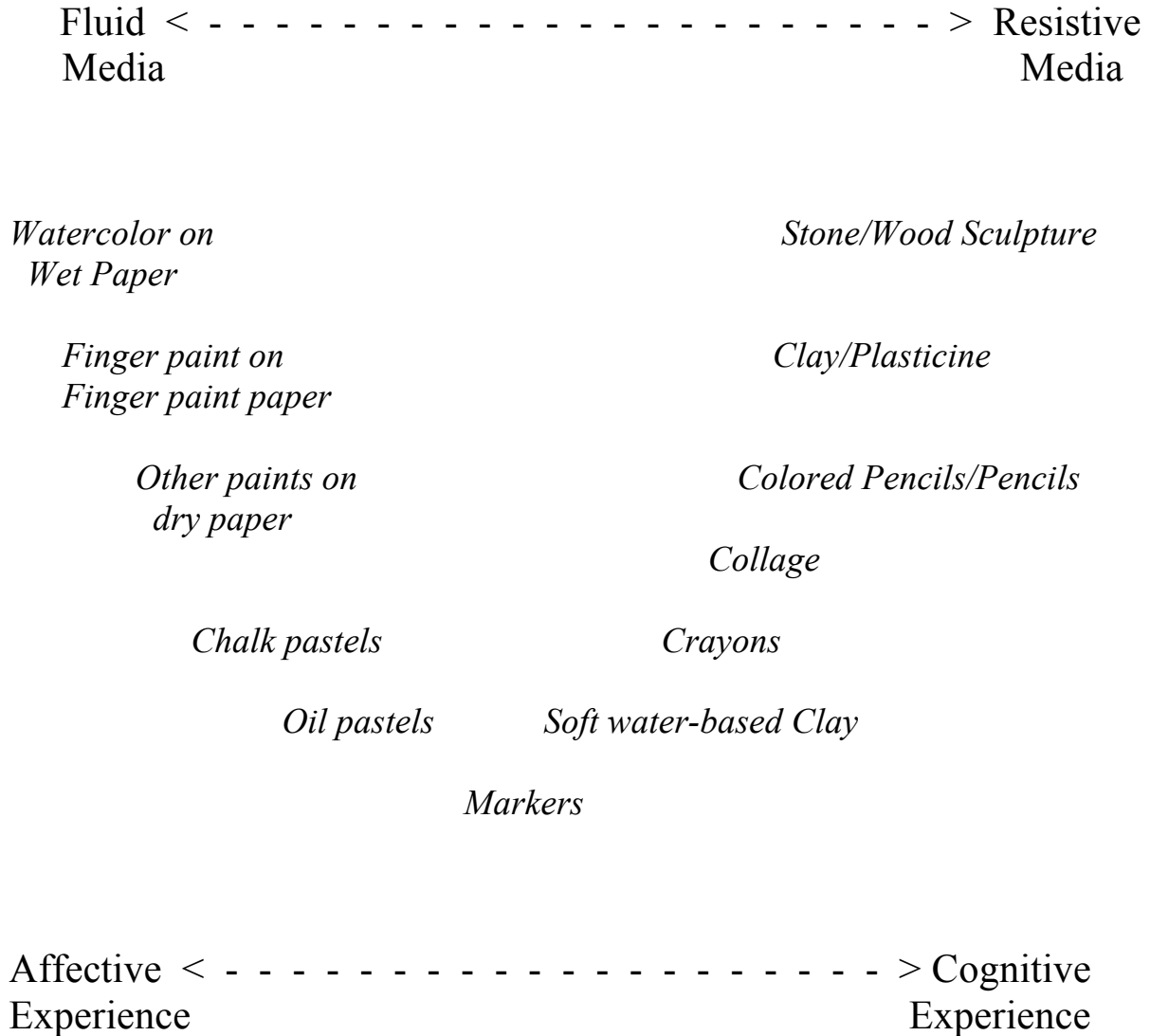
3. Self-soothing through rhythm and movement
 4. Counteracting of physical/psychological numbing often experienced after years of suffering
 5. Final product is not the focus – art materials are passive facilitators of action or tension release
- B. Sensory Component Offers
1. Discovering, valuing, expressing inner sensations
 2. Increased tolerance for internal/external sensation
 3. Externalization of sensation as a way to manage it
 4. Reduction of dependence on inappropriate behaviors to manage/provide sensation
 5. Self-soothing through sensation (tactile, visual, olfactory)
 6. Final product sometimes important, at times not
- C. Perceptual Component Offers
1. Clarification of relations between parts of a problem: limits/boundaries
 2. Changing point of view – reducing cognitive distortions associated with mental disorders
 3. Increased internal organization: perceiving order out of the chaos of emotions often flooding patients
 4. Development of relational diversity – ability to take another person’s perspective
- D. Affective Component Offers
1. Understanding emotions (fear reduction)
 2. Identification of emotions
 3. Discrimination among emotions
 4. Appropriate and creative expression of emotions
 5. Soothing of emotions without inappropriate/impulsive behavior

6. All of these activities can be more perceptual than affective at first in order to contain emotions – *focus on how they look rather than on how they feel*
- E. Cognitive Component Offers
1. Increased planning and problem solving abilities
 2. Supports greater decision making skills
 3. Promotes cause and effect thinking and can help in planning for triggers to problematic behavior
 4. Extends memory functioning
 5. Enhances all executive functioning – delay of gratification is emphasized here (think, think, think)
- F. Symbolic Component Offers
1. Consolidation of personal meaning through symbol mastery
 2. Acceptance of previously disowned or shadow parts of the self which played a role in viewing self as “diseased or disordered” and developing a holistic view of the self
 3. Learning to live with ambiguity
 4. Deepening personal meaning via understanding universal themes
- G. Creative Level Offers
1. Operates with any component of the ETC
 2. Feelings of satisfaction, pride and meaning are gained from creative work
 3. Connection with higher power/spiritual self
 4. Connection with best self (creative self) and with others
 5. Sets the stage for self-actualization
 6. Shame reduction

IX. Conclusions

- A. ETC assessment guides the starting point and direction of therapy
- B. The ETC helps patients and therapists can speak the same language
- C. Patients can be active partners in the formulation of treatment goals
- D. Assessment of preferences, overuse, underuse of ways of processing information, forming images and living.
- E. Art interventions can be designed to encourage functioning with all components
- F. Patients feel respected, not singled out; they use art in way(s) best suited to their needs because this approach builds on strengths as well as reinforces areas of weakness.

Media Properties and Affective Experience



As the diagram indicates, fluid media are much more likely to elicit an affective response whereas restrictive media are likely to evoke a cognitive response.

Media Variables and the Expressive Therapies Continuum

- I. Complexity:** The extent to which a task requires cognitive interaction (e.g., planning ability, abstraction).
- A. High Complexity: three or more steps are required in the process of completing an art product.
1. High Complexity tasks require thought and planning which can increase the emotional distance or sense of control one feels over the emotions involved in the process/product.
 2. High Complexity Tasks can be used to build long range planning abilities and increase frustration tolerance.
 3. When a person is in distress or feeling confused/overwhelmed, specific steps to follow can give a sense of control and satisfaction.
 4. Lots of steps might increase investment in the process/product as increased persistence is required.
 5. Example of the Problem Solving Collage: (1) identify a current problem; (2) break down problem into component parts; (3) assign each component a color and/or shape; (4) write down assignments and gather materials; (5) put away assignments; (6) make a collage out of collected materials (e.g., colors and shapes); (7) using the art image find a solution to the problem identified in the first step.
- B. Low Complexity Tasks require relatively little thought. Only one or two steps are required in order to complete these tasks.
1. Low Complexity Tasks can help intellectualized clients get from their hands to their hearts.
 2. Low Complexity Tasks have many supportive uses as soothing and healing experiences.
 3. Most art experiences using relatively few tools (which can increase complexity) are low in complexity.
 4. Examples include - finger painting and working with clay if experienced as pleasant, watercolor and drawing free images.

II. Structure: The extent to which a person is given directions to a specific theme or outcome.

A. Highly Structured Tasks are those in which the art therapist directs the client to follow a certain specific instructions. In highly structured tasks, specific directions lead to similar products (e.g., draw a house).

1. Highly structured tasks can be used to guide clients who are feeling stuck. The art therapist can prescribe specific experiences for people so that they are guided toward expected outcomes.
2. Example of the Changing Point of View Exercise. (1) Client draws/paints a certain image; (2) chooses one part of the image to focus on in detail and draws/paints a second image; (3) client pulls back to create a "bird's eye view" of the first image including the environment surrounding it. The experience of this exercise can help point out to the client how changing ones focus can change the perception of a problem.

B. Low Structured Tasks are those with loose directions: create a self symbol.

1. These sorts of tasks give way to more personal interpretations.
2. Most tasks that art therapists use are relatively low structured.

III. Media Properties: The physical properties inherent in media exist on a continuum from fluid to resistive.

A. Resistive materials are those which when uncontained stay in place. Examples include: clay, wood, crayons.

1. When a client is regressed or very emotional, resistive materials that have their own inherent structure can help produce a sense of internal control, limits, and boundaries.

B. Fluid materials are those which when uncontained flow. Examples include: paint, chalk, pastels.

1. Sadness and serenity are more easily expressed with paint.

C. Interactions exist between the type of medium chosen and the type of paper chosen. For example, finger paint on finger paint paper is very fluid. Finger paint on newsprint is more resistive.

IV. Recent Research on Media Properties

From: Snir, S. & Regev, D. (2013). A dialogue with five art materials: Creators share their art making experiences. *Arts in Psychotherapy, 40*, 94-100.

Analyzed students' written reflections on working with clay, finger paint, gouache paint, oil pastels, and markers.

Findings: (1) Excitement about media and fear of getting dirty influenced experiences (history with materials played a role). (2) Materials that were easier to control (markers and oil pastels) aroused less concern, but also less excitement and curiosity. (3) Markers are a calm but boring medium, gouache paint offers color and potential for expression along with pleasure, excitement, and feelings of self-efficacy. (4) Attitudes towards products were not significant in the written reflections, but clay products more highly valued than others. (5) Finger paint products were almost never saved. The value of the experience is on the process, not on the product

From: Snir, S. & Regev, D. (2013b). ABI – Arts based intervention questionnaire. *The Arts in Psychotherapy, 40*(3), 338-346.

Investigating attitudes towards art materials, processes, and products:

Process Factors: 1) Pleasantness and Therapeutic Value, 2) Competence, 3) Task Difficulty, and 4) Playfulness.

Materials Factors: 1) Pleasant material and 2) Meaningful material.

Process Findings: The sense of therapeutic value was rated higher in response to working with gouache and finger paints than markers. Higher difficulties working with oil pastels and clay compared with markers and gouache paint.

Product Finding: No effect of material type on attitude toward artistic product.

Materials Findings: Gouache paint, oil pastel, and clay were considered the most meaningful art materials. Finger paint was found to be less meaningful than gouache paint, oil pastel and clay, but more meaningful than markers. Markers were rated less meaningful and less pleasant to work with than all of the materials.

Authors conclude: “Beyond qualitative observations, a quantitative instrument can be used for making differential observations”

These studies emphasize the importance of ETC assessment and the art therapist's knowledge of media properties, so that the material can be matched to client needs, ETC level, and experience to best help the client achieve his or her goals in art therapy.

Expressive Therapies Continuum Assessment Form

1. **Preferred Medium:** _____
2. Fluid 1 2 3 4 5 Resistive
3. **Strength of Preference:** Flexible 1 2 3 4 5 Rigid
4. **Interaction with Medium (Media Use):** Fluid 1 2 3 4 5 Resistive
5. **Interaction with Medium: Responses to Boundaries and Limits**
 - Paper Size Chosen: Tiny – Small – Medium – Large – Extra Large
 - Amount of Medium Used: Constricted – Average - Expansive
 - Respect of the Time Limits: Worry – Appropriate – No Regard
 - Limits Creative Process: Stops Prematurely – Persists Inappropriately
 - Response to Directions/Instructions: Worry – Appropriate – No Regard
6. **Interaction with Medium: Commitment and Frustration Tolerance:**
Gives up Easily – Persists Appropriately - Fully Committed to Finishing
7. **Interaction with Medium: Risk Taking**
Sticks to Familiar – Tries New with Encouragement – Experiments Freely
8. **Interaction with Medium: Level of Energy**
Bored – Apathetic – Interested – Engaged – Excited
9. **Interaction with Medium: Coping Skill**
 - Response to “Mistakes” Made: Shuts Down – Persists - Creates
 - Response to Challenging Media/Process: Shuts Down – Persists - Creates
 - Response to the Unknown: Avoid – Await - Approach
 - Awareness of and response to media/time constraints
10. **Quality of Verbal Comments**
 - Representation of ETC component: K S A P C Sy Cr
 - Rate/Volume of Speech: Loud, fast, pressured - Slow, deliberate, quiet
 - Logic Displayed: Bizarre – Irrational – Thoughtful – Creative
11. **Stylistic or Expressive Elements of the Final Art Product**
 - Developmental Level: Regressed - Appropriate - Advanced
 - Line and Form Quality: Tentative – Assured - Bold
 - Use of Space: Less than ¼ - Moderate - More than ¾
 - Organic Indicators: Integration, Perseveration, Agulation, Other: _____
 - Color Prominence: No Color – Moderate Use (3-4 colors) – High Color
 - Color Type: Low Arousal – Mixed Low and High – High Arousal
 - Color Fit: Bizarre Use – Appropriate Use – Creative Use
 - Level of Integration: Excellent Integration – Cohesive - Poor Gestalt
 - Content and Symbolism: _____

Over and Under Use of Expressive Therapies Continuum Components

ETC Component	Normal Manifestation of component function	Overuse of Component Function	Under use of Component Function	Exceptional Use of Component Function
Kinesthetic	Movement Scribbling Daubing paper Rolling Clay Pounding rhythm	Agitated scribbles Disregard of limits Destruction of materials Poor line quality Disregard of line Increased space use Activity as a defense	Unreleased tension Stress induced physical symptoms (tension headache; TMJ; low back pain)	<i>Rhythmic integration;</i> Dynamic movement Healing rhythms
Sensory	Sensory exploration of materials and textures	Overwhelmed by sensation Extreme sensory sensitivity	Aged; Alzheimer's Disease; Eating Disorders; Sensory Processing Disorder	<i>Sensory Integration</i> Sensory information informs lightning quick decisions, intuition
Perceptual	Emphasis on formal elements and figurative aspects of mental images; Line shape mixture; gestalt variations form predominance	Geometrization of forms Stereotypical images Perseveration of forms Predominance of outlines Overemphasis on details Very small forms	Lack of form and organization; Emotionally overwhelmed	<i>Perceptual Integration;</i> Able to engage in “representational diversity” Form aids in organization of cognition and affect

ETC Component	Normal Manifestation of component function	Overuse of Component Function	Under use of Component Function	Exceptional Use of Component Function
Affective	Affectively expressive forms Schema variations show emotional importance Open forms, dynamic outlines Color use predominant	Overwhelming affect Disintegration of color Disintegration of form Agitated forms Large forms Overtly clashing colors	Alexithymia Somatoform Disorders; Emotions internalized or not expressed; Small forms; decreased use of space Lack of color or use of black and white	<i>Affective Integration</i> ; Affect is an integral part of image; emotions are identified and expressed appropriately Emotional intelligence guides effective interpersonal behavior
Cognitive	Concept formation Objective meaning Spatial integration Problem solving Word inclusion Cognitive maps	Intellectualism Rationalization Overuse of words Rigid structures	Loss of conceptual meaning (Schizophrenia; Dementia) Illogical or incomplete relations between forms; Spatial disintegration;	<i>Cognitive Integration</i> Excellent planning, decision making and problem solving skills aided by other executive functioning skills such as delay of gratification
Symbolic	Symbolic meaning Symbolic Relationships between forms; Intuitive concept formation	Overidentification with symbols; Idiosyncratic or obscure symbolism; Symbolic perception of reality; symbols as defenses	Rigid thinking Organic Brain Disorder Concrete Thinker	<i>Integrative Symbolism</i> Symbolic meaning is integrated into spiritual search and self-discovery; Self-acceptance