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The Expressive Therapies Continuum (ETC): Interdisciplinary bases of the ETC

VIJA BERGS LUSEBRINK, KRISTĪNE MĀRTINSONE & ILZE DZILNA-ŠILOVA

Abstract
The theoretical concept of the Expressive Therapies Continuum (ETC), proposed by Kagin and Lusebrink in 1978, incorporates several US art therapy pioneers' approaches to art therapy. The ETC consists of three stepwise levels—Kinaesthetic/Sensory, Perceptual/Affective and Cognitive/Symbolic—interconnected by the creative level. Each level of the ETC encompasses two polarities, whereby the emphasis on one polarity decreases the involvement of the other polarity. The therapeutic aspects of the ETC are based on the following art therapy approaches: art as therapy, gestalt art therapy, phenomenological art therapy, psychodynamic art therapy, and cognitive art therapy. The stepwise three-tiered structure of the ETC incorporates concepts from cognitive psychology and art education, namely perception and imagery, visual information processing, stages of graphic development, and different expressive styles. Based on Fuster's (2003) theory about areas of the brain involved in processing perceptual information, Lusebrink has hypothesised that the three levels of the ETC reflect three different areas of the brain in processing visual information. The article elaborates on the practical applications of the ETC concept in therapy and the use of art media on its different levels. The goal of the article is to expand the range of art-based strategies and to further understanding of art expressions in therapy.

Keywords: *Art therapy, levels of visual expression, theories of art therapy, art media applications in therapy, structural basis of the ETC, art therapy process*

Introduction

Art is characterised by the expression of sensations, perceptions, feelings, thoughts, ideas and experiences non-verbally through images, using art media. Art therapists have to be aware that there exist many variations of strategies using art analyses and interpretations, whereby different theories address different aspects of art therapy.

Approaches to art history have become diversified and according to Gilroy (2006, p. 95), 'Nowadays artworks are discussed in terms of their social, cultural and political contexts, in terms of feminist and postcolonial theory, philosophy, structuralism and semiotics'. In art therapy, for example, Schaverien (1992, 1993) utilises the historical approach to art, whereas Sibbett (2005) in her heuristic investigations relies on the art-based auto-ethnographic approach.

Assessing analysis and interpretation of artworks in a larger context, it seems obvious that there does not exist (nor has there ever existed) a unified or correct approach to the understanding of art. It is possible to use multiple strategies to interpret artwork as, for example, deconstruction, hermeneutics, formalism, structuralism and phenomenological analysis, whereas psychological depth analysis helps to understand symbolism. Understanding of artwork can be enhanced by emphasising the artist's awareness and inner experience, namely feelings, impulses, concepts, ideas or perceptions. The creative process can be initiated by perceptions and impulses from the external world (representational theories) or from the inner experiences, such as feelings (expressionism) or ideas (conceptualism). Wilber (2000), philosopher and integrative psychologist, divides several of the interpretive theories of art into traditional representational theories, intentional art theories (the meaning of an artwork as seen in the relationships between its elements), perceptual and reaction theories (the meaning of the artwork as seen by the spectator) and symptomatic theories (placement of artwork into a larger context which for the most part affects the unconscious of the spectator and artist alike). Even though initially any of these theories appears promising, they render the analysis and interpretation of an artwork too complicated. Ultimately, in the postmodern world view everything is flowing, changing a subject to interpretations. Complementary to the postmodern views, the emerging holistic paradigms emphasise wholeness as it can be seen, for example, in the interdisciplinary integrative process in the sciences that requires a complex perception of the world (Mārtinsone, Mihailova, Mihailovs, Majore-Dūšele, & Paipere, 2008, p. 135).

Thus, in art therapy with imagery as the primary data source, art therapists do not have an

unquestionable uniform and unchanging instrument for the interpretation of their professional activities. The creative process of art and the theoretical approach to it can differ depending on the professional context. For example, the results of a large-scale survey (Karkou, Martinsone, Nazarova, & Vaverniece, 2011) in art therapy indicate that the theoretical approaches used are dependent on the work milieu and the client groups. Art therapists have to face a problem in explaining the art therapy process and results based on visual data to other professionals, either to art therapists or to others in the helping professions, using a descriptive language which remains true in its essence to the discipline of art and its subjectivity, thus preserving the integrity of the experience of art therapists (McNiff, 1998). This problem is especially acute for art therapists working in the context of health care, which requires compliance with evidence-based practice (Gilroy, 2006), despite the existence of many different methodological possibilities.

The above brief overview raises the question of how to view art and think about art in the context of contemporary art therapy. It is impossible to formulate a unified answer, and the field of art therapy offers several different theoretical models. Possibly the most productive approaches are those integrating art-based approaches with other disciplines, offering to the professionals a language to describe their practice. For example, specialists in the Netherlands offer explanations of art process and art product encompassing psychological parameters (thinking, feeling, action) (Smeijsters, 1997, 2005a, 2005b).

In the US, Kagin and Lusebrink (1978) at the University of Louisville, Kentucky, formulated the concept of the Expressive Therapies Continuum (ETC), based on the visual elements of expression. It has been further elaborated over the past 30 years by Lusebrink (1990, 2004, 2010) as one of the interdisciplinary variants in art therapy, providing a stable base in working with clients (Hinz, 2009, p. 17). The concept of the ETC provides an opportunity to approach artistic expression on a systemic basis, and it incorporates recent psychological and neuroscience approaches to imagery and visual information processing. The ETC consists of three stepwise levels of visual expression that echo the stepwise progression of visual information processing in the brain.

In conceptualising the ETC, Lusebrink and Kagan (now Graves-Alcorn) synthesised the existing ideas about art therapy and their respective observations in their work in art therapy with patients with acute psychosis and developmental disabilities (Kagin & Lusebrink, 1978). Lusebrink (1990, 1991) elaborated this model by incorporating information related to imagery and visual expression from other disciplines. Based on Pascual-Leone's (2006) work on the plasticity of the brain, Lusebrink (2004, 2010) also hypothesised that artistic expression can contribute to changes in the pathways or create new pathways used in processing visual information. Her studies of visual imagery and its psychophysiological components (Lusebrink, 1986; Lusebrink & McGuigan, 1989) led Lusebrink (2004, 2010) to the elaboration on the different areas and functions of the brain possibly associated with different levels of visual information processing and visual expression. The ETC has been discussed in art therapy literature (Hinz, 2009; Malchiodi, 2003; Moon, 2010) and adapted by several art therapy programmes as a foundational and unifying theory in the field of art therapy (Hinz, 2009, p. 17). It is also known and applied in Europe (Upmale, Mārtinsone, Krevica, & Dzilna, 2011).

The goal of this article is to introduce the concept of ETC to the international art therapy community as a unified stepwise approach to the multifaceted nature of visual expression. The interdisciplinary-based three-tiered stepwise structure of the ETC facilitates the implementation and documentation of the process of art therapy.

The first section of this article addresses the characteristics of visual expression on each level of the ETC and possible predominant areas of the brain and their functions at each level. The second section briefly covers the art therapists whose approaches to art therapy were incorporated in the ETC, while the third section elaborates on the authors and their theories that contributed to the development of the stepwise three-tiered structure of the ETC. The application of the concept of the ETC is discussed in the fourth section, followed by a brief case vignette.

Description of the Expressive Therapies Continuum

The expression and the use of media and techniques in art therapy can be seen as taking place on different levels. These levels represent information processing ranging from spontaneous reaction to expression of thought and feelings through art media. Each level of the ETC is described as a continuum between two opposite poles. The extreme pole of each level represents

variations found in visual expressions on that particular level. The sequence of the first three levels (Kinaesthetic/Sensory, Perceptual/Affective and Cognitive/Symbolic) reflects the mental and graphical development in progression from simple to more complex levels of information processing (Lusebrink, 2004, 2010). The fourth (creative) level can occur at any single level of the ETC or can represent the integration of functioning from all levels (see Figure 1). The levels of the ETC and their polarities can be regarded as separate systems in relation to each other. These levels are organised as a unified approach in a stepwise manner, whereby the expression on a particular level of the ETC incorporates the characteristics of a system at a lower level (Lusebrink, 1990, p. 113).

Kinaesthetic/Sensory (K/S) level

This level represents simple motor expressions with art media and their corresponding visual manifestations of energy and sensory involvement.

An emphasis on kinaesthetic activity on the Kinaesthetic level decreases awareness of the sensory component of the expression, whereas on the Sensory level the emphasis on the sensory component decreases and slows down kinaesthetic action because the focus is directed on the experience of sensations. The variations of the K component are characterised by agitated actions and disregard for boundaries and limits, such as frantic scribbling, throwing or destruction of materials, or marked lack of energy (Lusebrink, 2008). Lusebrink (2010) hypothesises that the K component appears to reflect the predominant involvement of the basal ganglia and the primary motor cortex of the brain (Christian, 2008).

The sensory component of the visual expression focuses attention on sensory exploration of materials, surfaces and textures. The variations of the S component are manifested in an over-absorption in the sensory experience, extreme sensory sensitivity and marked slowing down of movement involved in the expression (Lusebrink, 2008). The S component appears to reflect an emphasis of involvement of the primary somato-sensory cortex. The creative transition of this ETC level encompasses kinaesthetic expression integrated with sensory awareness of the movement involved in art making.

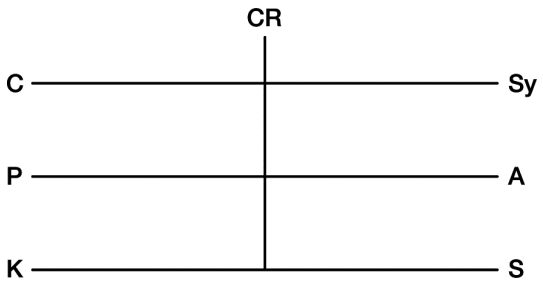

Figure 1. Schematic representation of the ETC. K-S = Kinaesthetic-Sensory level; P-A = Perceptual-Affective level; C-Sy = Cognitive-Symbolic level; CR = Creative level.
Source: Lusebrink, V.B. (1990). *Imagery and visual expression in therapy* (Figure 5.1, p. 92). New York: Plenum Press. With kind permission from Springer Science and Business Media B.V.

Perceptual/Affective (P/A) level

The perceptual component of the Perceptual/Affective level focuses on forms and their differentiation. Perceptual processing of visual expression is characterised by figure/ground differentiation whereby forms are defined by lines as boundaries and/or colour to mark defined areas. The variations of the P component manifest as disintegration of forms, incomplete forms, figure and ground reversal, geometrisation of forms and overemphasis of details or lack of details. Restricted affective involvement is characterised by very small forms, minimal or no use of colour to define forms and constricted use of space (Lusebrink, 2008).

The perceptual component appears to reflect an emphasis on the processes of the ventral stream of the visual information processing (Christian, 2008; Fuster, 2003; Lusebrink, 2010) with its emphasis on differentiation and clarification of forms and shapes or 'what is it?', while the dorsal stream indicates where the form is located in space in relation to other forms, or 'where is it?' (Christian, 2008; Fuster, 2003).

The affective component of the P/A level is characterised by increased involvement of affect and its expression and affective modification of forms. The presence, differentiation and change of affect are indicated by the increased use of hues and their values. The variations of the A component are marked by disintegration of form, clashing colours or colours inappropriate to the subject matter, interpenetration of forms and/or merging of figure and ground and, especially, indiscriminate mixing of colours (Lusebrink, 2008).

The affective component appears to primarily reflect the processing of emotions in the amygdala and its influence on the ventral visual stream (Christian, 2008; Lusebrink, 2010).

The creative transition area of this ETC level encompasses good and/or differentiated gestalts (Kreitler & Kreitler, 1972, pp. 81–96), dynamic forms enlivened with colour and aesthetical ordering of forms.

Cognitive/Symbolic (C/SY) level

The cognitive component of the Cognitive/Symbolic level emphasises cognitive operations. It is characterised by the cognitive integration of forms and lines leading to concept formation, categorisation, problem solving, spatial differentiation and integration, word inclusion, differentiation of meaning of objective images, and abstractions. The variations on the C component are characterised by disintegration of surface and spatial structure, illogical relations between forms, loss of conceptual meaning and over-inclusion of words (Lusebrink, 2008).

The cognitive component appears to involve the regulatory 'top-down' influences of the prefrontal cortex, especially the dorsolateral prefrontal cortex and possibly the anterior part of the cingulate cortex (Christian, 2008; Lusebrink, 2010).

The symbolic component of this level emphasises global processing by involving input from sensory and affective sources, autobiographic processing and symbolic expressions. It is characterised by affective symbolic images, the symbolic use of colour, symbolic abstractions and intuitive integrative concept formation. Large symbolic images may be associated with loss of reflective distance. The variations of the symbolic component are characterised by obscure or idiosyncratic meaning of symbols, over-identification with symbols, symbolic manifestations of defences and figure/ground reversal.

The symbolic component appears to primarily reflect the 'top-down' processes of the orbitofrontal cortex and possibly the posterior part of the cingulate cortex (Christian, 2008; Lusebrink, 2010). The integrative function of the orbitofrontal cortex includes the retrieval of autobiographical consciousness (Carr, 2008).

The creative transition area between the cognitive and symbolic poles encompasses intuitive problem solving, images of self-discovery and spiritual insight.

The three-levelled structure of the ETC can be applied in therapy with the other modalities of arts therapies, namely music, dance and drama (Lusebrink, 1991).

Influences of art therapy approaches on the operational aspects of the ETC

The therapeutic and operational aspects of the levels of the ETC are based on the art therapy pioneers' approaches to art therapy in the US. The first art therapists in the US came from different professional backgrounds, and they combined in their work their professional knowledge and experience with their interests in art and therapy.

Florence Cane

Artist and art teacher Florence Cane is considered an art therapy pioneer in the US. Her approach to teaching art was based on her belief that human beings perceive the world and process the information from it through three main functions: movement, emotion and thought. She explained that life's goal is to integrate all functions and to become whole and balanced. In her view, students' academic, artistic and behavioural problems likely resulted from blocked basic functions. Cane proposed that art may be a way of integrating all three functions, and that, if all three were used, 'the child would be permitted to glimpse the fourth dimension, his spiritual awakening' (Cane, 1951, p. 35). Cane's observations about the functions of movement, emotions and thought and their role in promoting students' improvements are comparable to the Kinaesthetic, Affective and Cognitive dimensions of the ETC.

Margaret Naumburg

Educator and psychotherapist Margaret Naumburg incorporated Freudian and Jungian theories in her dynamically oriented approach to art therapy. According to Naumburg, the process of art therapy was based on the belief that an individual's most essential thoughts and feelings were derived from the unconscious and that unconscious content achieved its most complete expression in images rather than words. Integration and healing occurred when the symbolic aspects of imagery as well as the verbal and cognitive aspects of experience were part of an art therapy session. Naumburg often used art not as the primary modality in therapy, but rather as a springboard into a verbal examination of the unconscious.

Naumburg saw symbolic content as central to her psychodynamic approach to art therapy and her emphasis on mastering the meaning of symbolic content of images (Naumburg, 1950, 1953, 1966) influenced the concept of the Symbolic dimension of the ETC.

Edith Kramer

Artist and educator Edith Kramer used art as therapy. She emphasised the importance of sublimation and creativity, and the different ways

in which art media had an impact on the person and the art product. Kramer's work contributed to the theoretical underpinnings of the ETC. Her use of 'precursory materials' and 'chaotic discharge' helped to formulate ideas about types of kinaesthetic activities on the Kinaesthetic/Sensory level of the ETC. Kramer's elaborations on the use of form to contain emotion (Kramer, 1971) are similar to Kagin and Lusebrink's definition of the bipolar nature of the P/A level of the ETC, in that as the involvement with the perceptual aspect of image formation increases, the affective involvement decreases (Kagin & Lusebrink, 1978). Kramer's approach to the use of symbolic expression in finished artwork is comparable to descriptions of image formation with the Symbolic dimension of the ETC, in that symbols contain many levels of meaning and can be explored with or without words. Kramer's overall emphasis on the aesthetical qualities of the work and assisting clients to produce 'formed' images dovetails with descriptions of the Creative level of the ETC.

Elinor Ulman

Artist and art therapist Elinor Ulman considered the creative factor as the most important aspect of art therapy. She emphasised that often it is not necessary to translate symbolic expression into spoken words in order to gain insight from the artistic endeavours (Ulman, 1975a). For Ulman, sublimation through the creative process was the key to art therapy (Ulman, 1975b, p. 32.). As an artist she fully understood the power of creative experience in helping the artist to understand him/herself and his/her world, to bring order out of chaos and to align one's inner state and the outer representation of it.

The Creative level of the ETC incorporates Ulman's description of creative experience as one's inner state and outer representation of it, whereby a translation into words is not necessary because the creative expression itself can be integrative and healing (Kagin & Lusebrink, 1978).

Mala Betensky

Psychologist Mala Betensky applied the phenomenological approach to art therapy by emphasising the immediate experience of creating and perceiving art expressions. In her early work she discussed the nature of art media and clients' varied responses to it and reported that people are drawn to certain media and repelled by others based on the inherent structural qualities of the media. In addition, Betensky discussed how the use of colour helped to facilitate the expression of emotion (Betensky, 1973, 1995).

Similarities to the ETC can be seen in the way in which Betensky described the therapeutic process. At the beginning of the art therapy session during a period of free play, clients were encouraged to explore, experiment and get the 'feel' of many different media (Betensky, 1995). This portion of the session is similar to the Kinaesthetic/Sensory level of the ETC which emphasises the movement and sensory aspects of the art media. Secondly, clients were asked to create an image, display it and then, in a process that Betensky called 'phenomenological intuiting', they were asked to intentionally look at their pictures (Betensky, 1995, p. 17). The work was discussed in terms of its formal artistic properties, such as line, colour and form. This phase, where clients look at their own artwork, parallels the Perceptual level of the ETC in which the formal elements of visual expression are paramount. Finally, in the third phase clients were asked to concentrate on the question 'What do you see?' (Betensky, 1995, p. 17), and thus derive meaning from the art product, and make connections between art and life. This type of information processing is similar to that which has been described as occurring on the Cognitive/Symbolic level of the ETC (Kagin & Lusebrink, 1978; Lusebrink, 1990).

Janie Rhyne

Anthropologist and gestalt therapist Janie Rhyne influenced the perceptual dimension of the ETC with the gestalt art therapy approach by emphasising perception and visual thinking (Rhyne, 1973, 1979, 1987), thus providing a new and different way to view the artwork. Rhyne emphasised the 'visual language' in describing artwork by focusing on formal elements and structures as content and speaking in the first person: 'I am' (Rhyne, 1987). Rhyne stated that a person's awareness of immediate experience is gained through embodiment of forms with sounds, gestures and movements, thus concentrating on sensorimotor experience (Rhyne, 1987, pp. 167–177) whereby different types of sensory activities enhance a person's full appreciation of the present moment.

This method with its emphasis on the formal expressive elements was incorporated into the Perceptual dimension of the ETC (Kagin & Lusebrink, 1978).

Rita Simon

British art therapist Rita Simon's (1970, 1991, 1997) classification of visual expression into different artistic styles creates a transition from different art therapy approaches in the US as described above to the concepts of interdisciplinary-based authors that influenced the structure of the ETC.

In using art as therapy, Simon (1991) considered style as a form of expression which reflects the whole personality, including psychological and physiological factors. Simon distinguished four basic types of styles of visual expression: archaic linear, archaic massive, traditional massive and traditional linear. These styles form a circular sequence in which they are interspersed by four respective transitional styles, whereby each style reflects a particular attitude towards reality.

In Simon's view, no style is pathological, and each style has a positive and negative aspect and represents the artist's state of mind. Changes in style can occur under stress, and they can provide a possibility to experience life from a different point of view.

The classification of artworks according to their styles provides an integrative view on the visual elements and their organisation in a particular work, whereas the differentiation into different styles points to the possible marked changes in the visual processes of the individual. Simon's (1970) observations are similar to those by Lusebrink (1974, 2004, p. 132) in her work with psychotic patients, and contributed to the conceptualisation of the different levels of the ETC.

An overview of the different art therapy influences on the therapeutic and operational aspects of the different levels of the ETC indicates that art as therapy engages most of its levels and achieves integration and healing through creative expression and organisation. The different art therapy approaches based on a particular therapeutic school of thought concentrate in their operations predominantly on a particular level of the ETC.

Influence of interdisciplinary sources on the structure of the ETC

The structural aspects and stepwise sequence of the ETC levels is based on several authors' concepts of different expressive styles in art, stages of graphical development, stages of imagery formation and cognitive development, and the sequence of visual information processing in different brain structures.

Edmund Feldman

According to Edmund Feldman (1972), a well-known art educator, the meaning of art is revealed by seeing the art object as a whole. In his view, the structure of an artwork consists of the elements of visual art and the way these elements are organised, whereas the style of art is characterised by the particular way the elements are combined and the relationship among these elements.

Feldman described three main styles of art, namely the style of formal order, the style of emotion and the style of fantasy. The style of formal order expresses the artist's preference of balance, and consists of intellectual order, biomorphic order and aesthetic order. The style of emotion is characterised through the expression of emotion-exaggerated colour, and distortion and deformation. The fantastic style of art helps to break away from inherited forms of thought and perceptions, and opens for the individual the possibility of new kinds of behaviour.

The style of formal order relates to the Perceptual level of the ETC, whereas the emotional style indicates emphasis on the Affective level and the fantastic style emphasises the Symbolic level.

Victor Lowenfeld

Art educator Victor Lowenfeld conceptualised several developmental stages in children's artwork, based on Jean Piaget's ideas about the general principles of cognitive development. The stages of graphic development sequentially pass one to another parallel to the child's biopsychosocial development. Lowenfeld wrote that optimal learning takes place through integration of the information using kinaesthetic, sensory, perceptual, emotional and intellectual channels, thus providing an optimal creative and learning experience. Lowenfeld contended that integrated education is highly individualised and that it occurs when the child personally identifies with the experience about which he or she is learning (Lowenfeld & Brittain, 1970).

In formulating the ETC, Kagin and Lusebrink expanded Lowenfeld's framework, including the stepwise progression of three increasingly complex levels. The increasing complexity of visual expression at different levels of the ETC reflects Lowenfeld's proposed graphical development levels. The fourth (creative) level incorporated Lowenfeld's idea that the creative experience integrates information from many channels (Kagin & Lusebrink, 1978).

Jerome Bruner

One of the pioneers of cognitive psychology, Jerome Bruner, stressed that the course of cognitive growth during childhood progresses from a particular type of information processing (the particular way of thinking) to abstraction. Bruner formulated three types of representation: active, iconic and symbolic. The active type reflects events through response with movement; the iconic type selectively organises an individual's perception and images; and the symbolic type names and transforms the experience through abstraction and other complex processes (Bruner, 1964).

The developmentally based three types of representation are similar to the three levels of the ETC: Kinaesthetic/Sensory, Perceptual/Affective, Cognitive/Symbolic.

Mardi Horowitz

Psychoanalyst and psychiatrist Mardi Horowitz expanded Bruner's model by proposing three modes of representation of thought: enactive, image and lexical (Horowitz, 1970, 1983). The first two modes represent thought based on perceptions, including inputs from all sensory channels, memories and fantasies, whereas the lexical mode, or words-based mode, serves abstraction and concept formation.

Horowitz's concept of three modes of representation provided the missing link in formulating the structure of the ETC in differentiating art expressions, imagery formation and cognitive processes on three different levels. His enactive mode represents information processing involving muscle activity and reflexive action. According to Horowitz, this type of representation of information does not disappear with the development of more complex modes of thinking and it can be identified in adults through hand gestures during expression. The second mode of thought is image representation whereby images develop from input of all sensory channels, thus facilitating the cognitive processing of all perceptual information. This type of cognition is more complex in that the images continue to be accessible in the absence of a concrete stimulus. Horowitz's last type of cognitive representation, namely the lexical mode, involves words, thus providing new levels of abstraction, reasoning and the conceptualisation of information.

The three modes of information processing form the basis of the ETC as image formation on the Kinaesthetic/Sensory level, Perceptual/Affective and Cognitive/Symbolic level in a stepwise succession. The concept of the ETC also incorporates Horowitz's statement about the influence of one mode of information processing on others (Kagin & Lusebrink, 1978).

Joaquin Fuster

According to neuroscientist and psychiatrist Joaquin Fuster (2003, p. 109), sensory information is processed in the brain on hierarchical levels of perceptual knowledge in a 'bottom-up' manner proceeding from simpler to more complex processes, namely from the primary sensory and motor cortex to the unimodal association cortex, to the polymodal association cortex, and then to the prefrontal zones of the brain.

Fuster points out that neural pathways are accessible in both parallel processing and coordination of information and its dissemination in both directions—upwards and downwards (p. 67). Fuster and other authors (Horowitz, 1970; Marks, 1983) indicate that images in their input and output processes use the same pathways and areas in the brain as the corresponding sensory modalities of perception. Fuster's approach to sensory information processing in a progressive sequence is similar to ETC levels in visual expression.

An overview of the above interdisciplinary classifications of visual information processing shows distinct different functions and characteristics of three stages or modes which support the three-partite approach to visual expression basic to the concept of the ETC.

The use of the Expressive Therapies Continuum in art therapy

As can be seen from the above, the organising structure of the ETC construct is based on a concept that several levels may be involved in artistic expression, but one level is usually predominant.

The understanding of predominance of one or several levels in a client's artistic expression helps to clarify his or her strengths and difficulties, namely on which levels the visual expression reflects normal functioning and on which levels the visual expression may display variations in their characteristics that may be due to the individual's difficulties of blockage in processing visual information on this level. The focus of art therapy in the context of the ETC is to emphasise and enhance the client's strengths on different levels, while at the same time addressing problems on

levels which may display variation in visual expressions possibly related to the individual's difficulties in psychological functioning or his/her problems in other areas of life.

Working with children, these characteristics need to be evaluated in the context of developmental stages, since one of the main goals in art therapy is to help children to use visual expression to progress in their processing of cognitive and affective information according to the developmental stages, simultaneously addressing their behavioural, emotional and cognitive disorders and difficulties by dealing with areas of blocked or arrested development.

Treatment planning can identify and enhance stepwise transitions within and between each level. Lusebrink (2004, 2010) posits that these transitions may reflect the different structures and functions of the cortex that are involved in processing visual and affective information. A movement in the visual expression from lower to higher levels of the ETC model refers to development or integration, whereas moving from higher to lower levels may indicate a differentiation into the respective components of the ETC or a regression.

Media choices, interaction with different media and questions by the art therapist can help to focus attention on specific levels of expression, enhancing the flow in information processing and thus overcoming blocked information processing. Lusebrink (1990, p. 113) states that '[t]he expression and interaction with media on the different levels of the ETC function as a whole and changes occurring on separate levels are interrelated'.

Difficulties with a particular component of the ETC may indicate a disconnection between the systems involved or difficulties in transmission of information between different areas and systems of information processing. Thus changes in imagery may reflect internal movement whereas repetitious or fixed, unchanging images likely represent areas of conflict or emotional rigidity. Internal movement, as reflected in the changes in a client's imagery, may be enhanced by changing visual expression on different levels of the ETC (Lusebrink, 2010, p. 173) through the change of media used.

The art therapist along with the client must be open in the perception and exploration of the visual and other characteristics of the image. Instead of prematurely placing the image in certain frames of meanings and theoretical constructs, the art therapist and the client should strive to respond as completely as possible to the expressive manifestations of images: facture, colour, tightness, volume, form and line, even references to scent, taste, sound and movement.

In art therapy it is important to pay attention to the characteristics of the art materials and the possible effects of the client's interaction with different art materials and techniques on his/her physical, emotional and mental state. Different art materials may express or suggest different experiences, as they are characterised by their innate properties including colour, size, form and structure. The choice of art materials and the manner of their use can indicate the client's motivation or willingness to engage in the process and characterise his/her point of view of the world and attitude to life. In a similar vein, a client's changes in the choices of art media can reflect therapeutic progress. The properties of art materials can serve as a metaphor for the client's needs, for example a need for autonomy, protection of borders of personality, control of emotions or, vice versa, a need for liberation from control and free expression of emotions.

Possible steps and interventions towards integrated functioning on the different levels of the ETC through the use of different media are based on the influences that media exert on expression. Generally, the left-side components of the schematic representation of the ETC (Figure 1), namely the kinaesthetic, perceptual and cognitive components, seem to be enhanced through the use of resistive media, such as pencils, crayons or markers. The right-side components of the schematic representation of ETC, namely sensory, affective and symbolic components, tend to be enhanced through the use of fluid media, such as poster paint, watercolour or finger paint (Hinz, 2009; Lusebrink, 1990). Consequently, media choices may enhance the changes of ETC levels in visual expression and possibly contribute to the changes in the pathways used in processing information due to the plasticity of the brain. Pascual-Leone (2006, p. 315) asserted that 'the brain undergoes continuous changes in response to modifications in its input afferents and output targets', and that 'changes in activity across a distributed neural network may be able to establish new patterns of brain activation and sustain function' (ibid., p. 317). A periodic review of the client's art expressions provides an overview of the changes they undergo during therapy on different levels of the ETC, thus reflecting the art therapy process.

The following brief excerpt from a clinical case using art as therapy documents the changes of levels of ETC in the client's expressions and illustrates the expressive and integrative effects of art media in therapy.

Case vignette

Maria (a pseudonym), a 14-year-old girl, was in a special education class at an elementary boarding school. She had been raped a month prior to her seeing an art therapist at a social rehabilitation centre. Maria had minor developmental disabilities, but she was as friendly with the therapist as she was with her classmates. Twice a week at the rehabilitation centre, Maria was also seeing a psychologist, who reported that Maria's cognitive difficulties overshadowed the effect of her trauma for her, and that she did not discuss her reactions to the rape, nor could she reflect on her feelings about it.

a. Difficulties on the Cognitive level of the ETC.
In her first session with the art therapist Maria shared information about her family and then she chose a structured task to draw with ready-made stencils. She had difficulties in following the steps of the task and became anxious and upset when she could not achieve the desired effect.

b. Difficulties on the Perceptual level of the ETC.
In the second session Maria wanted to make a collage. She worked quickly in a chaotic manner, displaying a desire for a structure but confused about how to achieve it. When asked what she saw in her collage, she had difficulties in describing the images.

c. Expression on the Sensory and Kinaesthetic levels of the ETC.
In the third session Maria chose poster paints. She enjoyed their texture and their smooth and flowing qualities and she followed her impulses in mixing the colours. She smeared them on paper first with a finger and then with her palm in a circular manner.

d. Display of bodily sensations and feelings on the Kinaesthetic/Sensory levels of the ETC.
Continuing the process of smearing, Maria scratched the thick paint with her fingernails several times and then shuddered, bodily reacting to her feelings during this activity (Figure 2).

e. Indication of feelings on the Affective level of the ETC.
While scratching the painted surface Maria repeated several times, 'How mean, how mean!' When the therapist reflected her statements back to her, Maria drew a deep breath and said in a quiet but resolute voice that she would like to scrape the face of her abuser.

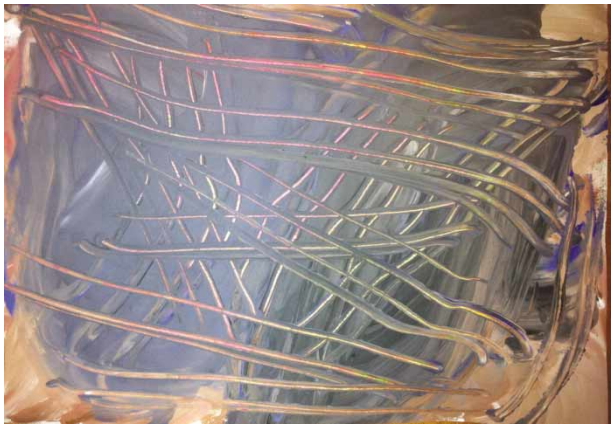

Figure 2. Scratching the painted surface.

f. Images of handprints on the Perceptual level, snowflake on the Creative axis of the Perceptual/ Affective level, and words on the Cognitive level of the ETC.
For the rest of the session Maria continued to spread the paint on paper, and then made impressions of her hands (Figure 3). In one of the prints she drew a snowflake with her finger (Figure 4) and then changed it into her name. She made three additional prints with her name drawn on them, thus affirming her sense of self.

g. Implication of actions as a ritual cleansing of her on the Symbolic level of the ETC.
Afterwards Maria carefully washed her hands and cleaned her work area.

h. Decisions on the Cognitive level of the ETC.
At the end the therapist asked Maria what she would like to do with her eight pieces of work. She chose three pieces with her name on them and discarded the rest.

The changes in Maria's art expressions are graphically shown in the schematic drawing of the ETC (Figure 5.)

Figure 3. First of Maria's two handprints (without her name).

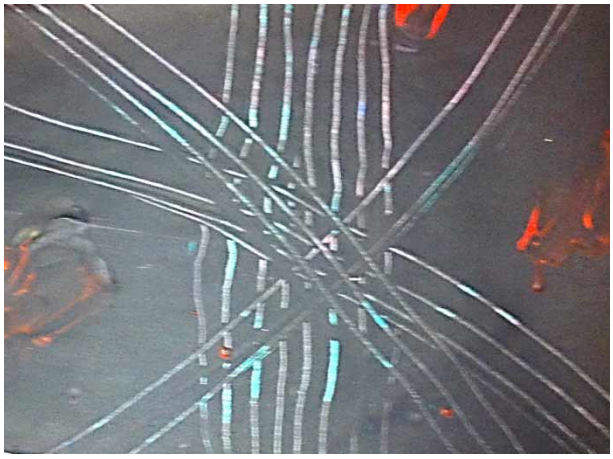

Figure 4. Snowflake.

An overview of Maria's expressive process in art therapy, as seen in Figure 5, indicates her becoming aware of her feelings about the traumatic experience and her cognitive reinforcement of her sense of self.

Conclusion

The ETC as a categorically organised concept provides a multileveled view of artistic expression. The main ideas of this model are based on several approaches of art therapy pioneers in the US and theories of cognitive psychology. It consists of three cognitive and graphic development levels (sensory-motor, perceptive-affective, and cognitive-symbolic). The three-tiered framework of the ETC incorporates concepts of perception and imagery, visual information processing, stages of graphic development and styles of artistic expression. The therapeutic applications of the ETC encompass several approaches to art therapy without emphasising any particular theoretical approach: art as therapy; psychodynamic concepts of symbolic expression of unconscious material and sublimation through the creative process; the phenomenological approach of phenomenological intuition in the choice of material used, expression, perception of the work created and its analysis and interpretation; and the gestalt approach of the immediate experience, perception, expression and integration of sensations and affect.

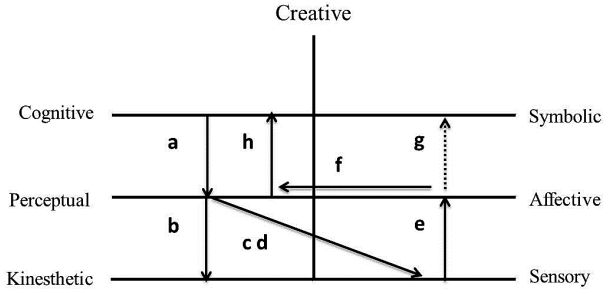

Figure 5. Schematic representation of Maria's sequence of visual expression on the ETC.

The differentiation of expressive styles helps to clarify the sequence of the expressive levels of the ETC and how they can facilitate the implementation and documentation of the process of art therapy The concept of the ETC can be used in art therapy with different theoretical approaches, thus integrating the therapist's or mental health specialist's preferred approach with the demands of their respective work place.

Presently this model is not compared with the British art therapists' approaches to art therapy. The goal of this article is to describe the ETC model, providing an opportunity to expand the range of strategies for the understanding and interpretation of art expressions and, possibly, to create a common basis for international dialogues on the multifaceted nature of visual expression and art therapy.

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