



A realist review of art therapy for clients with depression



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ABSTRACT

Depression is a serious disease affecting an individual's entire life-situation, which can lead to great suffering and a reduced level of activity in everyday life. The aim of this study is to explore and describe how art therapy works for clients with depression. A systematic literature search of relevant databases was carried out to find articles concerning art therapy for depression, meeting criteria for reproducibility. This yielded 16 articles published in seven journals. The art therapy methods employed in each selected study were then examined and compared in order to understand the healing mechanism or mechanisms. These healing mechanisms are here termed "therapeutic factors". The analysis resulted in eight therapeutic factors: self-exploration, self-expression, communication, understanding and explanation, integration, symbolic thinking, creativity, and sensory stimulation. No general conclusions could be drawn regarding circumstances, but the results indicate that art therapy can be performed successfully in a wide variety of clinical situations. The results are discussed in relation to International Classification of Functioning, Disability and Health (ICF) core sets for depression.

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Although art therapy has a long tradition in psychiatric care, it has seldom been evaluated for clients suffering from depression. In the experience of professional therapists, art therapy can help clients by promoting personal change, development of identity and self-awareness. One difficulty when evaluating art therapy is that it is usually applied in individual contexts and there are no standards for optimum treatment. Today the demands for evidence of treatment effectiveness are increasing, together with specifications of how the intervention works. Such evaluation is needed both to generate knowledge and to select the best method of treatment. Thus, the first step concerning art therapy is to evaluate what works, how various exercises are applied and in what circumstances, such as clinical conditions, duration, whether individually or group.

Depression is one of our most common population disorders, affecting 4–10% of population at any time. 40% of all women and 20% of all men are at risk of needing treatment at least once during their lifetime (Åsberg et al., 2004). Indifference and difficulty getting in touch with feelings are central components, accompanied by other symptoms such as anxiety, depressive thinking, suicidal thoughts,

and concentration difficulties, passivity, psychomotor limitations, insomnia, and physiological symptoms (Herlofsson et al., 2010). For persons who previously considered themselves competent, their self-image changes to a negative one, with exaggerated or unwarranted feelings of guilt. Life loses meaning, leading to disengagement and inactivity. With severe symptoms, it often becomes difficult to manage personal care or housekeeping, and pursue daily occupations. The personal and social consequences are significant (Åsberg et al., 2004). Depression is described as a profound experience of alienation from oneself and others (Stigsdotter Nyström & Nyström, 2007).

The Swedish Council of Technology Assessment in Health Care (SBU) considers that evidence of effective treatment exists for pharmacology, cognitive behavior therapy, psychodynamic short-term therapy, and interpersonal therapy (Åsberg et al., 2004), so there are several efficient treatments today. However 40% of clients break off their treatment at an early stage (Leahy, 2001). The reasons for dropping out are not known but one explanation could be that people have different needs and therefore need different kinds of interventions (Sandell, 2003).

Art therapy is an alternative treatment for persons suffering from depression. Art therapy carries different meanings depending on the background and theoretical frame of reference of the therapist (Rubin, 2001). In this study, art therapy is defined as a two-phase treatment – art creation, and the verbalizing of this

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Table 1
Search strategies.

Database	Keywords	Initial search	Remaining after title reading	Remaining after abstract reading	Remaining after full text reading	Articles after doublets eliminated	Articles left after review
AMED	Art therapy and Depression/major depression/depressive disorder	990					
	Method	31	18	16	3		
	Intervention	340	88	50	6		
	Outcome	78	12	10	2		
		59	14	7	1	=11	=10
CINAHL	Art therapy and Depression/major depression/depressive disorder	208					
	Method	28	14	10	4		
	Intervention	9	3	2	2		
	Outcome	32	14	9	4		
		13	3	2	2	=4	=3
PsycINFO	Art therapy and Depression/major depression/depressive disorder	2961					
	Method	147	34	19	6		
	Intervention	154	35	12	2		
	Outcome	262	24	8	4		
		9	5	3	1	=2	=2
PubMed	Art therapy and Depression/major depression/depressive disorder	1180					
	Method	36	22	10	2		
	Intervention	109	18	6	5		
	Outcome	26	6	6	5		
		42	12	8	5	=1	=1

experience. The creative phase provides an opportunity to express feelings and to clarify inner experiences and beliefs. Art creation offers the experience of being mindful in the present moment, and involves the body, mind and emotions. It provides an opportunity to explore experiences in the past and expectations of the future. The verbalization phase gives space for the client's own narrative and for the therapist's clarifying questions of personal meaning in the emerging picture (Malchiodi, 1998).

A literature review by Slayton, D'Archer, and Kaplan (2010) provides support for the effectiveness of art therapy in some situations but does not cover all clinical conditions where art therapy is practised. Consequently no comprehensive conclusions could be drawn regarding how treatment works. Egberg Thyme et al. (2009) showed that art therapy is an effective treatment for reactive depression related to cancer disease, just as effective as verbal short-term psychodynamic therapy. Körlin, Nybäck, and Goldberg (2000) claimed that art therapy and creative activities gave better results than either pharmacology or verbal psychotherapy for clients with severe, prolonged symptoms and activity limitations. Accordingly, to Öster et al. (2006), art therapy promoted personal change, facilitated ability to meet demands and expectations in everyday life, and strengthened the individual's own boundaries. The Tree Theme Method® (TTM) is designed to facilitate clients' life storytelling and induce positive changes in clients' everyday life. Indeed Gunnarsson and Eklund (2009) found that the TTM increased occupational performance, sense of coherence, self-mastery, and decreased psychiatric symptoms.

The groups studied in art therapy research usually comprise participants with different diagnoses where depression is one amongst others. Additionally, several studies focus on depression as a

consequence of other diseases such as cancer (Egberg Thyme et al., 2009; Monti et al., 2006; Öster et al., 2006), or on depression as one of several psychiatric diagnoses (Gunnarsson & Eklund, 2009; Martin, 1997). Few studies have been carried out to demonstrate how art therapy works, i.e. the nature of therapeutic factors in depression treatment. Hence the aim of this study is to explore and describe how art therapy works regarding therapeutic factors, clinical application, and circumstances in the experimental situation, for clients with depression.

Method

A systematic literature review in line with the realist review method was carried out. This method is especially suited for systematic reviews of complex interventions (Pawson, Greenhalgh, Harvey, & Walshe, 2005). The realist review process provides answers to other questions than effectiveness, since it examines how intervention works, for whom, and under what circumstances. In a realist review, it is important to examine the underlying factors, here the denominated therapeutic factors. Therapeutic factors are factors affecting healing (Duncan et al., 2009), here healing of persons with depression.

Selection of articles

The literature search covered relevant articles in the databases AMED, CINAHL, PsycINFO, and PubMed, using the specific keywords; art therapy, major depression, depressive disorder, depression, method, outcome, and intervention. Articles were reviewed from the foundation of the database to September 2010. For search strategies, see Table 1. Inclusion criteria were as

follow: depression should be mentioned as a diagnosis possible to be treated with the specific art exercise. The exercises should be thoroughly described and possible to duplicate. Exercises for reactive depression were included, provided they could be extended to clients with other causes of depression and were not restricted to specific concerns, such as dealing with impacts of trauma, individual concerns, problems related to specific age, etc. The articles should concern adults aged 18 years until defined as elderly (>64 years old), and be written in English. Exclusion criteria were different types of assessments, other related methods such as clay work, and non-therapeutic art making. The reference lists of the selected articles were also searched for further titles, but yielded no new material. Eighteen articles were initially selected for inclusion in the review. Two articles were excluded during the review since they did not meet the inclusion criteria. This left 16 articles. Several studies dealt with the same intervention (Egberg Thyme et al., 2009; Gunnarsson & Eklund, 2009; Gunnarsson, Jansson, & Eklund, 2006; McNamee, 2004, 2006; Öster et al., 2006). The articles dealing with the same intervention are reported together in the Results section. A new complementary database search was conducted in February 2012, using the same strategy as in the previous search. One additional article met the inclusion criteria but the intervention was already included in the study, and judged not to contribute further information.

Data extraction and analysis

After the initial review of all articles each selected article was scrutinized for words and phrases summarizing: underlying theory, aim of study, number of participants, design of study and results. These are presented in Table 2. Each query area for realist review was considered in turn. The query area; therapeutic factors was addressed by extracting content describing the healing process. The next step was to distinguish the various factors. This was achieved by analysis of the material. Each extract was labeled according to its apparent meaning. Then labels with similar meanings were combined and the material was analyzed again, and the labels were modified. Each article was reviewed again to ensure that the labeling was correctly applied. Most articles contained several extracts with different labels. This process continued iteratively until the number of labels was reduced to eight. The following therapeutic factors emerged: self-exploration, self-expression, communication, understanding and explanation, integration, symbolic thinking, creativity, and sensory stimulation. The query area, clinical application, summarizing the art therapy method, is given in Table 3 (see the section Results), together with the therapeutic factors associated with each exercise. The query area; circumstances, is described under each therapeutic factor. Circumstances were analyzed in relation to the specific therapeutic factor. The analysis was carried out by comparing similarities and differences of circumstances in the exercises included under the specific therapeutic factor, and whether these circumstances affected the therapeutic factor. Table 4, (see the section Results) summarizes the therapeutic situation for each study, for example clinical situation, time duration, individual or group treatment.

Results

The study identified eight therapeutic factors found to be healing in the treatment of depression. These therapeutic factors are described in more detail below, and presented together with circumstance affecting each factor. Each paragraph ends with a comment concerning conclusions to be drawn. The query area, “clinical application”, summarizing the art therapy method, is given in Table 3, which also lists the therapeutic factors associated with

the method. The circumstances under which the exercises were performed are summarized in Table 4.

Self-exploration

Art therapy provides tools for self-exploration with increasing self-awareness, awareness of what affects the individual and of response patterns occurring in everyday life (Barbee, 1996; Gunnarsson & Eklund, 2009; Gunnarsson et al., 2006; Meijer-Degen & Lansen, 2006; Monti et al., 2006; Sakaki, Ji, & Ramirez, 2007; Trombetta, 2007). Exercises aiming to promote self-exploration can have different foci. One approach is to enhance self-perception by exploring clients' various roles, and life goals. The client's interpretation of him- or herself and how he or she is functioning is changed to a more positive self-image (Barbee, 1996). Another approach is to use image creation with the TTM. Creating images with TTM can be described as a journey, a process in which new perspectives on self and life can arise and encourage changes in daily life (Gunnarsson & Eklund, 2009). Color inkblot is a projective technique designed to allow self-exploration through creating and interpreting ink blots in a way that gradually connects the art expression to the client's own life (Sakaki et al., 2007). Another approach is to use various exercises for exploring clients' emotional reactions to events and phenomena in the social environment and thereby gradually enable them to articulate their emotions (Meijer-Degen & Lansen, 2006). By combining mindfulness exercises with art therapy, clients engage in a conscious self-exploration by observing their own reactions. The goal is to achieve a deeper understanding and hence acceptance of oneself (Monti et al., 2006).

Circumstances

Two of the articles (Gunnarsson & Eklund, 2009; Monti et al., 2006) describe the use of preparatory exercises aimed to achieve serenity before the actual art exercise, thus creating an environment for self-exploration. Also, the color inkblot exercise uses an indirect method of self-exploration, which is designed to occur gradually (Sakaki et al., 2007). Dialog with the therapist about the image is included in all studies as a way to deepen and enhance self-exploration. Here, it is unclear whether the exercises form part of a whole treatment session or whether a single exercise is effective in encouraging self-exploration. In addition, it can not be determined whether individual or group work differs significantly in effectiveness.

Self-expression

Art therapy promotes self-expression by encouraging the use of colors and symbols, through physical movement, and by verbalization of the experience (Egberg Thyme et al., 2009; Gunnarsson et al., 2006; Henderson, Rosen, & Mascaro, 2007; Luzzatto, Sereno, & Capps, 2003; McNamee, 2004; Monti et al., 2006; Öster et al., 2006; Sakaki et al., 2007). Expressing thoughts, feelings and experiences in color, form and symbols provides an opportunity to tell one's story and understand oneself in the present life situation (Gunnarsson & Eklund, 2009; Gunnarsson et al., 2006; Henderson et al., 2007; Luzzatto et al., 2003; Monti et al., 2006; Trombetta, 2007).

Circumstances

Several articles emphasize techniques for allow clients to express themselves more freely, for example the use of relaxation methods before the image exercises are carried out (Gunnarsson et al., 2006; Monti et al., 2006). Another way is to use playful exercises, which defuse the therapeutic situation (McNamee, 2004; Sakaki et al., 2007). A third way of promoting self-expression is

Table 2
Details of study characteristics in included studies.

No	Study	Underlying theory	Aim of study	Size	Design	Result
1	Barbee (1996). Men's' roles and their experience of depression	Construct theory, gender, art therapy	Describe experiences and visual depictions of males	5	Quasi experimental	Findings support prediction. A sex role conflict related to individuals experience with depression. Not valid for general conclusion
2	Egberg Thyme et al. (2009). Individual brief art therapy can be helpful for women with breast cancer: a RCT study	Not specified	Investigate outcomes in self-image and psychiatric symptoms in women with breast cancer, in 5 session's art therapy	42	RCT	Art therapy group showed significant decrease of depression symptoms, anxiety and somatic symptoms. Control group no significant changes
3	Gunnarsson et al. (2006). The TTM in psychosocial occupational therapy: a case study. Gunnarsson and Eklund (2009). The TTM an intervention in psychosocial occupational therapy: client acceptability and outcomes	Creativity, narrative, client-centered, metaphors, occupational therapy	Describe TTM as a method for intervention in psychosocial occupational therapy, a case study of a treatment process with follow up (2006). Examine the therapeutic alliance and client satisfaction, in relation to perceptions of everyday occupation and health-related factors (2009)	135	Case study (2006) Quasi-experimental (2009)	Life themes identified. TTM appears suitable for intervention in psychosocial occupational therapy (2006). Sig. correlation positive therapeutic alliance and increased occupational performance, self-mastery, sense of coherence and decreased level of psychiatric symptoms and high client satisfaction (2009)
4	Hanes (1995). Utilizing road drawings as a therapeutic metaphor in art therapy	Art therapy, metaphors	Description of an art therapy method	3	Case studies	Recognize and take responsibility for addictive behavior. Recognize cause of behavior, recognize reparative potential
5	Hanes (1997). Utilizing the circus phenomenon as a drawing theme in art therapy	Art therapy, metaphors, projection	Introduction to art therapy	5	Case studies	Recognize coping skills, clarify problem areas, mirror conflict areas, promote surmounting of difficulties
6	Henderson et al. (2007). Empirical study on the healing nature of Mandalas	Jung's theory, narrative	Examine the healing aspects of drawing mandalas	36	RCT	Significant decreased symptom of PTSD, decreased symptoms of depression, anxiety, physical symptoms, and sensations. Extensive symbolism to represent emotions
7	Isaksson et al. (2009). Changes in self-image as seen in tree painting	Not specified	Investigate whether changes in self-image were reflected in tree paintings, and if so, how	6	Mixed method	Too small sample to draw conclusions. Every participant makes different tree paintings before and after intervention
8	Luzzatto et al. (2003). A communication tool for cancer clients with pain: the art therapy technique of the body outline	Metaphoric, communication, art therapy	Describe a simple innovative art therapy intervention, body outline.	70	Analyze varies	(1) Visualization of physical pain. (2) Communication of emotions and thoughts. (3) Search for meaning and spirituality
9	Martin, 1997. The symbolic graphic life-line: integrating the past and present through graphic imagery	Transactional analysis, family system, structural family, art therapy	Compare and match different types of line qualities with emotions.	50	Pilot study	Preliminary – to help clients clarify, simplify and emphasize events and feelings during their life. Gauge feelings unique in style and autobiography. Visual map to comprehend. Revealing psych. problems
10	McNamee (2003). Bilateral art: facilitating systematic integration and balance. McNamee (2006). Experience with bilateral art: a retrospective study	Family, neuroscience, self systemic, art therapy	Facilitating systematic integration and balance.	12	Case study. Retrospective study	Positive beliefs same/increased. Negative beliefs decreased. Color changes, gray to lighter, vivid colors indicate less depression. Reported behavior changes improved function, interaction, mood; cessation of complaints associated with elements addressed using bilateral art (2006)
11	McNamee (2004). Using both sides of the brain: experiences that integrate art and talk therapy through scribble drawings	Neuroscience, psycho-analyze, narrative, collaborative, art therapy	Exploration between neuroscience and the integration of verbal and nonverbal discourse in the therapeutic process	1	Literature review, case study	Began driving car, applied for more selected jobs not possible 6 month earlier, manage anxiety better
12	Meijer-Degen, 2006. Alexithymia – a challenge to art therapy, the story of Rita	Theory of alexithymi. Theory of treatment	Demonstrate art therapy treatment of alexithymia in an early-traumatized person	1	Case study	Provide the client words and concepts that are needed to be better equipped to face life
13	Monti et al. (2006), a randomized, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer	Self-regulation theory, neurodevelopment approach to art therapy	Integrate verbal and non-verbal information processing facilitating healthful self-regulation. Assess the effectiveness	111	RCT	Significant decreased symptoms of distress and significant improvements in key aspects of health-related quality of life experience. Significant decreased symptoms of depression compared to control group
14	Sakaki et al. (2007). Clinical application of color inkblots in therapeutic storytelling	Projective drawings, therapeutic storytelling	Description of treatment technique	1	Case study	Not applicable
15	Trombetta (2007). Art therapy, men and the expressivity gap	Coping, resources, neuronal function	Study the visual expression of depressed men in mid-life	1	Phenomenological	Illustrate how the client's visual expression was extremely attenuated and impoverished in contrast to his rich, extremely verbal expression
16	Öster et al. (2006). Art therapy improves coping resources: a RCT study among women with breast cancer	Not specified	Investigate psychological response to breast cancer. Explore psychological responses of self-image and psychiatric symptoms	42	RCT	Art therapy group had significantly improved their coping resources

Table 3
Overview of exercises, application, and its therapeutic factors.

No	Application	Therapeutic factors								Σ
		Self-exploration	Self-expression	Communication	Understanding, explanation	Integration	Symbolic thinking	Creativity	Sensory stimulation	
1	Depict in four roles-at work – with current family – child with family origin – with friends. Depict present-self and ideal-self	X								1
2	(1) Analog drawings; draw stroke on impulse after read word represents feelings. Choose one/several, paint. (2) Life-size body outline. (3–4) Free painting. (5) Display paintings. Reflect on themes, make final picture		X							2
3	How can tree, with roots, trunk, crown, be used to symbolize personality, activities, interest, and relationships? (1) In present life situation, (2) childhood, (3) adolescence, (4) adulthood, (5) future	X	X	X			X	X		5
4	Draw road, think of different types, fast, slow, curved, straight, material? Condition? Lanes? More than one? Alongside and around? Road signs? Destination?						X			1
5	Think about circus, its performers, sideshows, freak shows. Choose circus performer, which appeals to you, or a performer comes to mind when you think of circus						X			1
6.	Paint a large circle, fill circle with representations of feelings, emotions related to trauma using symbols, patterns, design, and colors		X	X	X	X				4
7	(1) Paint a tree, (2) your favorite fairytale, (3) paint a house, (4) your place of security, (5) your joy in life, (6) give yourself an island, (7) walk around the island and paint a place where you feel good, (8) give yourself something you need, (9) display paintings, find recurring motif, patterns, feelings, (10) paint a tree						X			1
8	Use pre-drawn neutral body outline. Fill the template with colors and shapes according to how you feel this specific moment physically and/or emotionally.		X	X		X				3
9	Uses graph/traveling line to express feelings, events, milestones. Start from childhood-present. Correspond line to feelings, draw variations in line movement. Label event, milestone by symbol/picture. Omit names and dates				X	X	X			3
10	Divide papers in two. Identify focus for exploration. Choose hand to use with each conflicting element. Draw in response of first aspect. Draw in response to second aspect with opposite hand. Explore the drawings					X		X		2
11	Practice scribbling in air. Close eyes; scribble continuous, stop when done. Explore, notice emergent shape/images/meaning. Once identified, outline and color. Explore significance		X	X			X	X	X	5
12	(1) Choose color matches mood in moment; fill paper (2) Choose colors you dislike, draw (3) Draw picture of your youth (4) Draw your family as animals (5) Right side of sheet, draw what you like in your job, in left side draw what you find annoying/unpleasant	X	X	X			X	X		5
13	(1) Draw picture of yourself, (2) Mindful exploration of art materials, (3) Explore mind/body relationship before/after yoga, (4) Introduce self-care, (5) Explore meditation experience, (6) stressful, pleasant event pictures, (7) free art making, (8) draw a picture of yourself	X	X		X	X		X	X	6
14	Choose color. Make inkblot. Cover inkblot with paper. Project image. Draw projection. Tell a story. Title story. Connect story to problem(s). Tp tells a different story	X	X	X				X		4
15	Depict your depression visually	X								1
16	(1) Analog drawings; draw stroke on impulse after read word represents feelings. Choose one/several, paint. (2) Life-size body outline. (3–4) Free painting. (5) Display paintings. Reflect on themes, make final picture.		X	X					X	3
	Σ	6	9	7	3	5	7	6	4	

Table 4
Overview circumstances.

No.	Study	Clinical conditions	Time	Individually/ group	Other
1	Men's' roles and their experience of depression	Inpatient setting,	1 session		
2	Individual brief art therapy can be helpful for women with breast cancer: a randomized controlled clinical study	In connection with medical treatment	5 sessions, full treatment period	Group	Reflective dialog after art exercise
3	The TTM in psychosocial occupational therapy: a case study. The TTM an intervention psychosocial occupational therapy: client acceptability and outcomes	General outpatient mental health care units	5 sessions, full treatment period	Individually	Progressive relaxation before art exercise
4	Utilizing road drawings as a therapeutic metaphor in art therapy	Acute inpatient psychiatric hospital,	1 session	Group	
5	Utilizing the circus phenomenon as a drawing theme in art therapy	Acute inpatient psychiatric hospital,	Divers	Group	
6	Empirical study on the healing nature of Mandalas	Research	3 sessions of art making. 3 consecutive days, 20 min	Research group	
7	Changes in self-image as seen in tree painting		10 sessions, 2 h, full treatment period	Group	Meditation before art exercise
8	A communication tool for cancer clients with pain: the art therapy technique of the body outline	Hospital	1 session 30–45 min	Individually	
9	The symbolic graphic life-line: integrating the past and present through graphic imagery	Outpatient program	11/2 h	Group	
10	Bilateral art: facilitating systematic integration and balance. Experience with bilateral art: a retrospective study	University family therapy center	Full treatment period, in several occasions	Individually	Reflect upon experience. Pre and post tr. measure strengths of beliefs
11	Using both sides of the brain: experiences that integrate art and talk therapy through scribble drawings		Session 1–2 cognitive therapy session 3–14 sessions scribble drawings		Often first art therapy experience
12	Alexithymia – a challenge to art therapy, the story of Rita	Private institute for art therapy	6 sessions, 1 h, total two years	Individual initially after 10 months also group	
13	A randomized, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer		8 sessions, 21/2 h, full treatment period	Group	Group discussion, yoga and meditation before art exercise
14	Clinical application of color inkblots in therapeutic storytelling		Adaptable to client, in several occasions	Individually	
15	Art therapy, men and the expressivity gap	Research	1 session	Individually	
16	Art therapy improves coping resources: a randomized, controlled study among women with breast cancer	In connection with medical treatment	5 sessions, full treatment period	Group	

to structure the exercise so that it is performed in several stages (Henderson et al., 2007; McNamee, 2004; Sakaki et al., 2007).

Communication

Art creation promotes communication, since the client's story is communicated both in symbolic and verbal form (Egberg Thyme et al., 2009; Gunnarsson & Eklund, 2009; Luzzatto et al., 2003; McNamee, 2004; Meijer-Degen & Lansen, 2006; Sakaki et al., 2007). Art therapy allows communication on a symbolic as well as a metaphoric plane and gives form to experiences, emotions and ideas that have not yet been verbalized. The painted external image helps clients to visualize their inner world (Meijer-Degen & Lansen, 2006). To integrate the art therapy experience, it is also important to communicate and narrate the story associated with the image. Exercises such as annotated scribble drawings and TTM help to reveal the clients' life story (Gunnarsson & Eklund, 2009; McNamee, 2004). The art therapy technique body outline is used in several studies, even if the approaches are different. Öster et al. (2006) uses full-size body outlines. Luzzatto et al. (2003) uses pre-drawn templates. Luzzatto et al. (2003) emphasises the benefits of

the body outline templates as a starting point for communication. The color inkblot exercise is also designed to encourage clients' communication. The exercise develops in stages from non-verbal communication to the point where the client tells a story about the image (Sakaki et al., 2007).

Circumstances

Art therapy promotes communication in different ways. Non-verbal communication is performed through metaphors and symbols, verbal communication in the relation between the picture, client, and the therapist. Life storytelling is an important aim of the exercises describes by several authors (Gunnarsson et al., 2006; McNamee, 2004). annotated scribble drawing (McNamee, 2004) and body outline template (Luzzatto et al., 2003) are used to introduce art therapy for clients. Both exercises have built-in support, through their design, which helps to defuse the art therapy experience, and in turn promote communication. None of the articles address the environment or how timing is important for promoting communication. Nor is there any indication whether group or individual therapy has any significance.

Understanding and explanation

By working with emotions, thoughts and experiences that affect the client, the creation of images leads to understanding and explanation of emotional experience by working with emotions, thoughts and experiences that affect the client (Henderson et al., 2007; Martin, 1997; Monti et al., 2006). Awareness of the diverse aspects of severe experiences leads to a better understanding of their meaning. In mindfulness-based art therapy, the clients explore their emotional reactions and are trained to observe their reactions without judgment and fear (Monti et al., 2006). Symbolic graphic lifeline is an intervention designed to increase the understanding of life events and emotional experience by clarifying, simplifying and elucidating experiences and feelings (Martin, 1997). The Creation of Mandala (Henderson et al., 2007) is an exercise for exploring traumatic and difficult events. It aims to increase understanding and give meaning, even to very difficult experiences.

Circumstances

These exercises aiming to promote deeper understanding and explanation of the emotional experience can all be conducted in a group situation. Other factors such as time and individual exercise/part of a treatment period vary and no general conclusions could be drawn.

Integration

In art therapy, difficult experiences can be highlighted, processed and integrated (Luzzatto et al., 2003; Martin, 1997; McNamee, 2003, 2006; Monti et al., 2006). The Creation of Mandala study (Henderson et al., 2007) examines whether the method works to integrate difficult experiences and create distance from traumatic events. The art exercise was designed to process trauma (Henderson et al., 2007). The body outline template method gives clients an opportunity to integrate difficult life circumstances (Luzzatto et al., 2003). Bilateral art is an intervention designed to facilitate integration of memories by balancing, nuancing experience, and restoring self-image (McNamee, 2003, 2006). Mindfulness-based art therapy can help to integrate stressful experiences and promote adaptive coping resources (Monti et al., 2006). Symbolic graphic lifeline is another exercise that promotes integration of past emotion and behavior with the present, by clarifying key experiences, and putting them into a historical perspective (Martin, 1997).

Circumstances

Several of the articles emphasize that integration of experiences can help clients improve their coping strategies. Exercises that promote integration of difficult experiences can be carried out either individually or in groups. They can form part of a coherent treatment program, or be a single-exercise session.

Symbolic thinking

Symbolic thinking is the ability to think in pictures and symbols. Art creations communicate in a symbolic or metaphorical way and gives shape to un-verbalized experiences, emotions or fantasies. Reflection about self using symbols and metaphors promotes the connection between the conscious and unconscious mind (Gunnarsson & Eklund, 2009; Hanes, 1995, 1997; Isaksson, Norlén, Englund, & Lindqvist, 2009; Martin, 1997; McNamee, 2004; Meijer-Degen & Lansen, 2006). The exercise, road drawing, is a metaphor to explore the client's life story (Hanes, 1995). The circus phenomenon, is an exercise in which clients choose a circus figure to reflect the difficulties encounter when coping with the demands of everyday life. Hanes (1997) reported that the circus

phenomenon helped clients to engage rapidly in their treatment process. In annotated scribble drawing the clients explore the scribble, search for symbols, and give emerging symbols personal meaning (McNamee, 2004). The tree theme uses the tree to represent the client's self-image. The tree theme can serve as a start and end point in art therapy intervention (Isaksson et al., 2009). By creating pictures of trees, that symbolize different life periods, the TTM encourages development of the client's narratives (Gunnarsson, 2006). The exercise symbolic graphic lifeline uses metaphors to describe and connect experience and events in life (Martin, 1997).

Circumstances

Metaphors are widely used in art therapy even if the purpose of using them varies from telling life stories to examining clients' reaction's to stressful events. Circumstances vary and no general conclusions can be drawn.

Creativity

Image making is a creative activity (Gunnarsson & Eklund, 2009; Gunnarsson et al., 2006) involving imagination and play (Meijer-Degen & Lansen, 2006; Sakaki et al., 2007). Several authors explain their intervention in terms of the effect of creative activity on the brain, claiming that image creation stimulates the brain (McNamee, 2003, 2004; Monti et al., 2006). The exercises stimulate the imaginative, creative and problem-solving skills (Meijer-Degen & Lansen, 2006). TTM combines narrative and creative activity. Image creation is the starting point for the transition to verbal processing (Gunnarsson & Eklund, 2009; Gunnarsson et al., 2006). Color inkblots promote creativity, the first steps being to explore color and shape with no demands for achievement (Sakaki et al., 2007).

Circumstances

Art therapy promotes creativity, regardless of the circumstances under which the exercises are carried out.

Sensory stimulation

The senses, and hence the brain are, stimulated in many ways, through body movement, sensory stimulation, by looking at the image, by verbal expression and through the relationship between client and therapist (Egberg Thyme et al., 2009; McNamee, 2004; Monti et al., 2006). In mindfulness-based art therapy, clients can explore painting materials with a mindful approach, exploring their sense impressions and emotional reactions to the painting materials. Other exercises focus on how the body and mind are affected before and after yoga practice (Monti et al., 2006). In annotated scribble drawing, the client uses both hands in order to stimulate both halves of the brain (McNamee, 2004).

Circumstances

Art therapy stimulates the senses regardless of the circumstances under which the exercises are carried out.

Clinical application

The clinical applications of the art therapy methods are summarized in Table 3, which also shows the therapeutic factors associated with each exercise. Self-expression is the most common therapeutic factor, appearing in nine of the sixteen articles. The second most common therapeutic factors are communication and symbolic thinking, appearing in seven of the sixteen articles. The least common therapeutic factors are understanding and explanation which occur in three articles, and sensory stimulation occurring in four articles.

Circumstances

Clinical conditions vary and are not reported in all articles. Time duration varies from a single exercise to a whole treatment period. Individual or group treatment is equally common. Several articles (Gunnarsson & Eklund, 2009; Gunnarsson et al., 2006; Isaksson et al., 2009; Monti et al., 2006) describe the use of relaxation or meditation to prepare clients before art exercises.

Discussion

Investigation of therapeutic factors is important for development of therapeutic methods and for evaluating the results of treatment. Understanding what is effective make it possible to select the best method of treatment for each client, and leads to deeper knowledge that provides a basis for further studies. This review shows that art therapy has a variety of foci, which affect the client in different ways. The results will be discussed in the order: therapeutic factors, clinical application and circumstances and in relation to the International Classification of Functioning, Disability and Health (ICF) (Cieza et al., 2004).

Therapeutic factors and the ICF core sets

According to the ICF core sets for depression, depression affects all components in ICF. The main components used in ICF core sets for depression are body functions (bf), activities/participation (ap), and environmental factors (ef) (Cieza et al., 2004). Personal factors are not classified and hence excluded in the core sets for depression. Linking the art therapy exercises and therapeutic factors to the ICF core sets indicates whether they meet depressed clients' needs of treatment.

Self-exploration is one of the most frequently occurring therapeutic factors in the selected studies and can be connected to the ICF body functions (bf): thought function, experience of self, and ICF activity and participation (ap): thinking. Exercises promoting self-exploration aim to provide clients with life tools, security and a theme to respond to. Enhanced self-awareness is a foundation for personal change and development. Negative thinking is one of the most dominant symptoms of depression, so self-exploration can allow a truer and more nuanced self-image to occur (Greenberg, Rice, & Elliot, 1993).

Depression inhibits thinking capacity, capacity for self-expression and reduces the ability to communicate (Hass-Cohen & Carr, 2008). The ICF core sets for depression specify difficulties with verbal and non-verbal communication (ap), but not specifically self-expression. In this study, the factors self-expression and communication are separated, but they should be considering as overlapping. Self-expression deals with the ability to express oneself non-verbally by use of colors, symbols, through physical movement, and by verbalization of the experience. Communication covers the transformation of the experience to dialog between client and therapist. The picture is central for communication between the client and the therapist in art therapy.

Understanding themselves and their reactions can help clients deal with problems that arise in life. The therapeutic factor "understanding and explanation" concerns the ICF category: insight (bf), emotional function (bf), content of thought (bf) and experience of self (bf). Exercises facilitating understanding and explanation can also increase self-acceptance, and reduce self-criticism.

The integration of experiences affecting day-to-day life is both a therapeutic factor and a goal of treatment. Integration is a complex factor where the client's own interpretations of their emotional and cognitive reactions are in focus. An ICF category linked to the therapeutic factor "integration" is difficulty managing stress

and other psychological demands (ap). Clients with depression often use much energy trying to avoid distressing emotions (Segal, Williams, & Teasdale, 2002).

The expression of emotions and thoughts by attributing meaning to symbols is one of humanity's oldest procedures for understanding, and for comprehending existential questions. Symbolic thinking challenges the depressive person's tendency to see life in tunnel vision, and forces thinking outside the inner sphere (Hinz, 2009). People suffering from severe trauma can lose their ability to think in symbolic terms (Woodcock, 2000). ICF categories connected to symbolic thinking are emotional function (bf), thought functions (bf), higher-level cognitive functions (bf), and insight (bf). Exercises that include symbolic thinking stimulate the brain and widen perspectives on current problems.

Throughout time, artists have used their skills to manage and understand illness but also to transform emotions to creative art (Malchiodi, 1998). Creativity requires thought, emotion, and effort (Hinz, 2009). ICF does not cite creativity as a specific category but it can be identified with problem-solving (ap), decision-making (ap), limitations in thinking (ap) and emotional functions (bf).

Exercises giving sensory stimulation affect the client through their calming and soothing effects. Sensory stimulation occupies the brain, leaving less room for worrying thoughts (Hinz, 2009; Lusebrink, 2004). Clients with depression suffer frequently from anxiety. ICF categories connected to sensory stimulation are regulation of emotion (bf), control of thought (bf) and sensation related to muscles and movement functions (bf).

Clinical application

The exercises can be divided into two categories, direct and indirect approaches. The direct approach addresses current problems, for example by depicting depression visually (Trombetta, 2007). Alternatively by painting oneself in various roles (Barbee, 1996) or by representing personal attitudes and characteristics in a tree symbol (Gunnarsson et al., 2006). Exercises with an indirect approach do not have the same transparency. They address client's inner life letting current issues remain unspoken. Examples of such exercises are circus phenomenon (Hanes, 1997), color inkblot (Sakaki et al., 2007) or annotated scribble drawings (McNamee, 2004). With the indirect approach, the connection to current issues is made in the verbal process instead. There are advantages in both approaches. With the direct approach, the clients are aware that the exercise relates to them, so may consciously influence the content of the session. The advantage of the indirect approach lies in its capacity to approach problems slowly and perhaps more playfully.

Circumstances

The circumstances of the studies vary considerably, both in context and in aims. Only a few of the ICF core sets for depression, environmental factors (ef) (Cieza et al., 2004) could be connecting to included studies. Drawings depicting self in four roles (Barbee, 1996) explore relationship with immediate family (ef), friends (ef) and colleagues (ef). Other studies (Gunnarsson & Eklund, 2009; Gunnarsson et al., 2006; Meijer-Degen & Lansens, 2006) have exercises with an open theme and it depends on clients whether they address issues regarding personal environment or not. To draw far-reaching conclusions about circumstances affecting the results is therefore impossible to do. However the results indicate that art therapy can be effective in a wide range of circumstances.

The variety of theories underlying the selected studies indicates theories in the selected studies indicate the complexity of art therapy. Complexity is also shown in the diversity of aims and scope, context, and techniques. When research material has low homogeneity, it is impossible to draw general conclusions

concerning effectiveness (Walshe, 2007). Instead, the question of what works and how, have been the focus of this study. Duncan, Miller, Wampold, and Hubble (2010) show that clients' capacity for creativity, and their ability to transfer learning from therapy to their daily lives, have healing effects. Further, art therapy promotes problem solving and creativity and can help develop new coping strategies toward recovery.

Methodological considerations

A major problem for this study was the paucity of articles dealing with art therapy combined with depression. Therefore it is impossible to conclude how far the chosen art therapy techniques and therapeutic situations affect the outcomes. Even if it is important to understand what works, the question remains how far art therapy is an effective method for depressed clients. There is a long way to go before scientific evidence can be provided showing the extent to which art therapy for clients with depression has an effect on symptoms, functioning and activity performance.

There is always a balance to decide when a review is completed. This review is regarded as a contribution to the knowledge base of art therapy. New articles will be published and it is important to continue reviewing them in order to gain a deeper understanding of therapeutic factors and described exercises in a broader context, where they can be included in programs possible to evaluate for efficiency and effectiveness.

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