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Using Art Therapy to Express Your Self

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Abstract

The study conducted discusses the use of art therapy at a college counseling center as an additional approach to treating clients. The research presented explains the prevalent mental health issues that are being diagnosed on college campus and the definition and benefits to using art therapy as a way of expressing feelings and thoughts. The literature reviewed supports the use of different art medias as a means of exploring an individual's inner self. The study defines art therapy techniques as a mode of treatment to use in conjunction with psychotherapy. The research is explored in the form of an anonymous needs assessment survey that is presented in a yes/no/not applicable question answer format. The survey is used to measure the level of need and interest in art therapy as a form of treatment, specifically on a college campus.

Using Art Therapy to Express Your Self

In academia today, the emotional wellbeing of students has become a topic of concern on campuses (Smith, Dean, Floyd, Silva, Yamashita, Durtschi & Heaps, 2007). Many have reported that mental illness on campuses had increased over the past decades (Beamish, 2005; Haas, Koestner, Rosenberg, Moore, Garlow, Sedway, Nicholas, Hendin, Mann, & Nemeroff, 2008; Jayson, 2008). Bishop (2006) argued that a survey of counseling center directors showed that the requests made by students for mental health services had risen from 53% in 1984 to 84% in 1994. Colleges are finding that students who are attending their first year of college do not have the coping skills needed to make the transition and deal with the changes at hand and are therefore in need of help (Durso, 2008; Jayson, 2008; Smith-Allen, 2005). In a time when young adults are dealing with developmental changes, the transition to college may force them to deal with problems involving intimate relationships, friendships, individuation, family connectedness, career choices and personal goal attainment and an overall negative impact on academic performance (Bishop, 2006; Durso, 2008; Coelho, Dantas, Cruz & Muller, 2008; Smith-Allen, 2005). The reaction to these stressors are causing students to face their first psychiatric incident and deal with depression, anxiety, stress, substance abuse, self-esteem and identity issues (Beamish, 2005; Bishop, 2006; Eisenberg et al., 2008; Fratt, 2008). Colleges are reporting an increase in the amount of students arriving to college with diagnosable disorders which is requiring more intensive treatment services from counselors (Beamish, 2005; Bishop, 2006; Fratt, 2008; Smith-Allen, 2005). These concerns are beginning to gain the attention of administration offices and parents who are asking more questions about the type of mental health services are available on campus (Bishop, 2006; Eisenberg, Gollust, Golberstein & Hefner, 2007). Because of the influx in concerns regarding mental health, institutions are starting to understand that psychological

illnesses that are interfering with the student's well being as well as their academic progress (Bishop, 2006; Fratt, 2008). The focus is shifting to counselors having to find creative and efficient approaches that will serve the needs of students while also influencing graduation in a cost effective manner (Fratt, 2008; Smith-Allen, 2008). In addition to re-evaluating counseling approaches, counselors are faced with the added challenge of examining different ways to reach out to the student (Fauteux, McKelvie & de Man, 2008; Kennedy, 2008; Nealy, 2007).

Finding creative approaches to reduce the stigma attached to counseling is important to addressing a variety of issues that present on campus today (Smith et. al, 2007; Strauch, 2007). Counselors in colleges are noticing that they are in a profession that continues to evolve and change (Bishop, 2006; Rockland-Miller & Eells, 2006). In a time where mental health services are highly sought and funding is limited, counseling centers have to rethink how to do more with less (Beamish, 2005; Durso, 2008). The changes and intensity of illnesses at educational institutions are causing counselors to revisit their theoretical approaches for their effectiveness in treating the unique needs presented by students (Rockland-Miller & Eells, 2006).

An alternate form of treatment that could be used by counselors is art therapy. Art Therapy is a modality of treatment that can be used as an effective way of providing a holistic approach to the psychotherapeutic process (Albertini, 2001; Bar-Sela, Atid, Danos, Gabay & Epelbaum, 2007; Brown et al., 2007; Kennedy, 2008; Mosinski, 2007; Smith et al., 2007; Strauch, 2007). In an article by Barker (2006) she argued that art therapy is effective for dealing with problems like "depression, grief, abuse, addiction, or a major life transitions, such as ending a relationship" (p.1). It is a form of treatment that can support the process of self-awareness, increase insight and encourage self-expression through the use of creativity (Brown et al., 2007; Dobkin-Dushman & Sutherland, 1997; Eisdell, 2005; Glasgow-Brown, 2006; Kennedy, 2008). It

is a modality that allows the individual to work on mental health issues by conveying their emotions through the use of symbols, movements, colors, and written expressions (Eisdell, 2005; Ulman, 2001). The psychotherapeutic process is enhanced by allowing the individual to communicate using different types of media utilized in art therapies such as dance, drama, visual arts, painting, poetry and writing. The use of these different media's can assist in the therapeutic process by giving the individual an alternate way of expressing their feelings (Dobkin-Dushman & Sutherland, 1997; Kennedy, 2008; Ulman, 2001). The therapists' interpretation of movement, the placement of words, lines and shapes, and the deciphering of color choice and use, along with client's interpretation of their own process, allows the use of awareness and insight as a guide in assessing and diagnosing individuals (Albertini, 2001; Malchiodi, 2007; Strauch, 2007). Many therapists are becoming aware of the interpersonal benefits that art therapy can have on an individual (Strauch, 2007).

Utilizing different art media can provide an effective approach to helping restore a student's social and cognitive functioning (Eisenberg et al, 2007; Smith et al., 2007; Karkou & Glasman, 2004). Incorporating art therapy into traditional psychotherapy can be of particular value in an educational setting (Smith et. al., 2007; Kennedy, 2008). This type of treatment can help contribute to the personal well being and integration of students (Karkou & Glasman, 2004; Shafer, 2008). Naumburg (2001) argued that art can be used in education and in counseling as a way to understand and process difficult feelings (Strauch, 2007). With the help of the therapist, combining art therapy with psychotherapy as an additional mode of treatment will assist students in coping and gaining insight with the help of the therapist (Lister, Pushkar & Conolly, 2008). The pressure for counseling centers to change and evolve to meet the needs of students, is critical

in determining (Brown, Perez & Reeder, 2007; Jayson, 2008; Kennedy, 2008) and reporting the treatment options is recommended to face the needs and demands of students (Bishop, 2006).

Review of Literature

This review will first provide literature on the affects of most prevalent mental health issues facing college students today. Second it will explore various definitions of art therapy, the different types, techniques and healing benefits associated with non-verbal expression. Next, it will explore the pioneers of art therapy and the historical evolvement of this approach. Lastly, the literature review will discuss the benefits of using art therapy as an additional modality to psychotherapy in college counseling centers.

Prevalent Mental Health Issues in Higher Education

Like all young adults, college students need to cope with psychological and psychosocial changes that are connected to the development of an independent life (Eisenberg et al, 2007). Coupled with the stressors of college, individuation, academic pressures, and personal and professional goal attainment, emotional regulation can become difficult (Eisenberg et al, 2007; Fratt, 2008; Coelho et al, 2008; Wong, Cheung, Chan, Wa, Tang, 2006). Colleges are finding that the affects from the transition to college are exacerbating mental health illnesses that are linked to depression, anxiety, lethality, substance abuse, eating disorders, and trauma (Bishop, 2006; McDaniel, 2006; Smith-Allen, 2005; Smith et al., 2007). With depression and anxiety being the most prevailing diagnoses made at college institutions, understanding the symptoms and limitations that these mental health illnesses present is of grave importance to their personal and professional success (Eisenberg et al, 2007; Fratt, 2008; Coelho et al, 2008).

According to recent data, depression, which is the most pervasive mental disorder, affects 12.6 million women and 6.3 million men yearly (Vazquez & Blanco, 2008). It is one of the most

common and immobilizing psychiatric disorders that affect 16% of adults in the United States during their lifetime (Qaseem, Snow, Denberg, Forcica, & Owens, 2008; Vazquez & Blanco, 2008). In many countries like Japan and Sweden, university students make up a large proportion of their age group with depression. It is the fourth-leading contributor to disease problems and is the leading cause of disability in the world (Vazquez & Blanco, 2008). Depression is an illness defined as “a complex pattern of deviations in feelings, cognition, and behavior” (Beck, 1967 p.40).

The risk of being depressed increases under stressful situations (Beck, 1967; Glasgow-Brown, 2006). University students experiencing stress that is related to adjustment, money, and social problems, as well as academic difficulties and important decision making, encounter high levels of stress (Beck, 1967; McDaniel, 2006; Qaseem et al., 2008; Vazquez & Blanco, 2008). Students are faced with many challenges which make them a candidate for depressive symptoms (Glasgow-Brown, 2006; McDaniel, 2006; Qaseem et al., 2008). The symptoms associated with depression, which can range from mild to severe, include irritability, crying, changes in sleep and eating patterns, feelings of loneliness, excessive worry, hopelessness, avoidance, and most severe, suicidal ideation (American Psychological Association, 2000; Beck, 1967; Haas et al., 2008). An individual experiencing these symptoms will be come against limits in everyday activities and in their motivation (Ellonen & Kaariainen, 2008; Vazquez & Blanco, 2008) The effects of depression can cause an individual to “get lost and withdraw from their feelings” (Glasgow-Brown, 2006, p. 28). If no treatment is sought, the student will continue to have a hard time, have unresolved feelings to the point of withdrawing from college (Fratt, 2008; Glasgow-Brown, 2006).

The second most prevailing diagnosis made on college campuses is anxiety. Anxiety is an emotional disorder that does not only cause distress but is also related to depression, substance abuse and educational underachievement (McLoone, Hudson & Rapee, 2006). It is a disorder that causes the individual to experience irrational fear of a situation and can cause a significant impairment in social or occupational life (American Psychiatric Association, 2000; McLoone et al., 2006). Students in college are facing a magnitude of problems that are causing them to deal with anxiety (Fratt, 2008). Whether it be the transition to college, the personal relationships, or academic stressors, students mental health issues seem to be directly connected to student retention and academic success (McDaniel, 2006; Smith-Allen, 2005). Anxiety is causing students a great deal of issues as the symptoms are interfering with personal and academic goal attainment (McLoone et. al, 2006; Smith-Allen, 2005). Colleges have found that students are having difficulty with decision making and concentration (Smith-Allen, 2005). Along with anxiety symptoms, stress, depression and alcohol use are impacting student performance and causing disruption to their social environment (Beamish, 2005; McDaniel, 2006). Colleges have recognized the need and are now looking at different ways to address the increase in mental health issues such as anxiety (Beamish, Bishop, 2006; 2005; Nealy, 2007; Rockland-Miller & Eells, 2006).

What is art therapy?

Art Therapy is a form of psychotherapy in which the client usually creates some form of artwork such as a drawing, paintings, a sculpture made of clay, or other expressive therapies that include but are not limited to, dance, writing, drama, or music therapy (Barker, 2006; Crawford & Patterson, 2007; Kramer, 2001). The focus of art therapy is on exploration tasks like rapport-building, expression of inner feelings, self-perception and interpersonal relationships (Malchiodi,

2007). In addition, it can promote positive self esteem, social skills, and overall health (Barker, 2006; Pizarro, 2004). Art therapist can also combine the use of art materials with psychotherapeutic techniques that aim to encourage self-awareness and expression (Crawford & Patterson, 2007). The use of art therapy can also be beneficial to treating many types of difficulties that individuals are presented with (Barker, 2006; Kramer, 2001; Malchiodi, 2007).

According to Malchiodi (2007) art therapy can be grouped into one of two categories. The first category of the definitions has the belief that the creative process of making art is the focus of healing and prescribes an opportunity to “express oneself imaginatively, authentically, and spontaneously” (p. 6). Kramer, one of the first art therapist known, viewed the process of making art as a way for feelings to be transferred and for sublimation to occur (Kramer, 2001; Malchiodi, 2007). The process of expressing thoughts and feelings creatively can improve mental illness, health and enhance personal growth (Malchiodi, 2007).

The second category focuses on the product made rather than the process of the art making (Barker, 2006; Malchiodi, 2007). It is centered on the thought that art is a way of communicating and that verbalizing the thoughts and the emotions associated with the art work can lead to insight and awareness. It is often referred to as “art psychotherapy” (Malchiodi, 2007, p.6). Psychoanalysis is a critical part of the insight that the client can offer the therapist when interpreting the art (Barker, 2006). Through the therapists’ guidance, the client can understand the concerns and gain insight into the problems which can promote healing and recovery (Barker, 2006; Malchiodi, 2007). This category includes drawing, painting, writing, and other forms of art expressions.

Karkou & Elsevier (2005) stated that “Arts therapies are the creative use of artistic media and vehicles for non-verbal and /or symbolic communication” (p.46). They can be encouraged

by a consistent and structured client-therapist relationship in efforts to attain personal and/or social therapeutic goals that are suitable for the individual (Karkou & Elsevier, 2005). Kuster (2007) defines art therapy as a fairly new mental health profession that uses creativity to improve the physical, mental, and emotional well-being of individuals of all ages. Metz (2008) describes art therapy as an interdisciplinary that combines artistic, scientific, mental health, and educational components, even though they do not seem to fit completely into any mould” (p. 60). Art therapy can assist in solving problems and making personal (Malchiodi, 2007). When the connection between the symptom and the problem is found, the client and therapist can work towards recovery from the issue is identified (Chelsey et al., 2008). Shafer (2008) agreed that art therapy is a therapeutic means and can foster self-awareness through the development of social skills and resolving problems. The American Art Therapy Association (2008) defines art therapy as a mental health profession that uses creativity to improve the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight” (Barker, 2006; Heenan, 2006). Depending on the therapist’s perspective and whether he/she believes that the importance of art therapies lies in the process of making the art or in the interpretation of it, both processes can facilitate change (Malchiodi, 2007).

Art therapy has been used to reduce stress, promote self-esteem, treat trauma related illness and cope with family crisis (Heenan, 2006; Pizarro, 2004). Art is way to provide distance from the intense affect that is associated with trauma; it is a way to push through natural defenses when trying to understand what is happening at that time. It is a way to deal with defense mechanisms that are used when dealing with situations that create anxiety (Orr, 2007;

Vandegrift, 2004).

Art therapy provides a path into suppressed feelings and allows a way for individuals to understand and try to figure out what they need and want (Rhyne, 2001). It can play a key role in breaking down mental health problems and promoting self expression (Heenan, 2006). It is an approach that is can be used in different settings with a variety of ages (Rubin, 1984; Rubin, 1999).

The Roots of Art Therapy

Art therapy focuses on the creation of images to explore feelings and thoughts. Thinking in images is another way for individuals to perceive what is happening for them. Our dreams are a way of describing the thoughts and feelings that we are having in our daily lives. It is a way to characterize and describe our present thoughts. Sigmund Freud and Carl Jung believed in this concept of visual images and attributed them to healing. Freud in his contributions of linking dreams to unconscious thoughts and Jung supposing that visual symbols in dreams and art are important to work through emotional conflicts, paved the way for using images to heal people in conjunction with psychotherapy (Malchiodi, 2007; McNiff, 1988; Robbins, 1987).

Sigmund Freud

Freud is considered to be the father of modern psychology. He observed that dreams, feelings, and thoughts are experienced predominantly in visual forms. He believed that his patients' frustrations in describing their dreams might be alleviated if they could draw them. Freud believed that art is closed to the unconscious because our visual perceptions came first in life in comparison to the ability to talk. Freud was more closely associated with interpretation of dreams and images. Freud concept of the unconscious became important. The unconscious is defined as the part of the mind not available to consciousness; it is displayed in behavior such as

dreams. Freudian psychology was based on the idea that imagery came from the unconscious and that creativity is available to everyone (Malchiodi, 2007; McNiff, 1988; Robbins, 1987; Rubin, 1984; Rubin, 1999; Schocken, 1975; Strauch, 2007).

Carl Jung

Jung was recognized for his interest in images in dreams and art. Like Freud, he noticed the importance of symbols in therapy. Jung believed that the “psyche” (Corsini, 2005, p.113) was made up of the conscious and unconscious dynamics with connecting hidden patterns of images, thoughts, behaviors, and experiences. Jung believed that by allowing a problem to become a reality or by representing it through art, an individual could start to understand it. He believed that using symbols was a way to have a “psychic” conversation between the ego and the self (Chesley, 2008; Gillett, & Wagner, 2008). In doing this, the individual is clearer and more self-aware to experience the feelings that are held within a person. His philosophy has influenced the field of psychotherapy which has relied pictures in memory and dreams and how they are connected to feelings and help people to work through emotional concerns. Carl Jung believed that through dream analysis, an individual represented wishes and fears, and expressed impulses and hidden inner life feelings and thoughts that could be discovered through symbolic imagery (Chesley, 2008; Corsini, 2005; McNiff, 1988 Robbins, 1987; Rubin, 1984; Rubin, 1999).

The Pioneers of Art Therapy in the United States

Margaret Naumburg and Edith Kramer helped to define the significance of art as a mode of therapy that many mental health professionals continue to find useful in the process and advancement of treatment today (Strauch, 2007). They were known as the “mother’s of art” and are perceived to have had great influential value to the still evolving therapy of art (Malchiodi, 2007; Rubin, 1984; Rubin, 1999; Vandergrift, 2004).

Margaret Naumburg

Using art in combination with psychotherapy was brought to the forefront by Margaret Naumburg (1966). In 1940, she was the first to define art therapy as a distinctive therapeutic modality (McNiff, 1988; Robbins, 1987; Rubin, 1984; Rubin, 1999). She found that in using different art media's, an individual can express their self through the use of symbols (Strauch, 2007). She regarded creativity as one of the "basic and primary urges of man" (p.2) and believed that it was connected to every facet of an individuals life (Feen-Calligan & Sands-Goldstein, 1996). Naumburg believed in using images as a way to communicate unconscious emotions. She thought that images produced by the clients were a form of symbolic speech and was worth true expression and communication (Feen-Calligan & Sands-Goldstein, 1996; Malchiodi, 2007). It was a way for clients to express feelings that were not understood and being them to consciousness (Strauch, 2007). Taking Freud's concept of talking about dreams as a way to reveal the unconscious one step further, she expanded on his idea and had clients draw the images they dreamt about. She incorporated a psychoanalytic perspective to her approach and combined art making with that of talking to help individuals work through their conflict (Shafer, 2008). Finding meaning through the process rather than the art work itself was Naumburg's focus (Malchiodi, 2007; Strauch, 2007).

Edith Kramer

In 1950 Kramer proposed that healing happened through the creative process of making art and believed that art work stimulated certain psychological processes (Kramer, 2002; Malchiodi, 2007). Unlike Naumburg, she stressed that creativity was the key to the art therapy process, and not only the communication of the images made by the individuals. She used this mode of treatment as a way to help children express themselves. Kramer focused on art-making as promoting self-discovery and identity-development (Shafer, 2008). She observed the product

as a way to filter emotions (McNiff, 1988; Robbins, 1987; Rubin, 1984; Rubin 1999). She believed that making the product involved channeling, reduction, and transformation of inner experiences and can be an act of sublimation (Rhyne, 2001; Rubin, 1984; Rubin, 1999; Shafer, 2008). Although the art expression cannot directly resolve conflict – it is way to learn new feelings and attitudes (Rhyne, 2001; Rubin, 1984; Rubin, 1999; Shafer, 2008).

Janie Rhyne

In the 1960's and 1970's, Rhyne, the pioneer of Gestalt Art Therapy, used art therapy as a way to evoke self-awareness and self-actualization. She believed in using the person centered approach and the clients interpretation to help attain the individual's fullest capability and sense of contentment with life (McNiff, 1988; Rhyne, 2001). She worked with children and adults in a number of schools and hospitals using art as a therapeutic mode. She encouraged people to produce their visual art forms and to “use these as messages they send to themselves” (Rhyne, 2001, p.114). Rhyne used art materials to make visual images that suggested connection, meaning, and insight. She believed that drawing had a lot to do with the individual representation of the way that one saw, felt, thought, and perceived. Rhyne used art media to associate ones' of representation between inner and outer realities. She believed that art served as a therapeutic means of making what was “explicit” into what is “implicit” (Rhyne, 2001, p. 113).

Other Types of Art Therapy

Dance movement therapy (DMT)

In early civilization dancing was linked to music, religion and medicine as a way of healing and expressing emotions. For the last 70 years, dance therapists in the United States have used Dance Movement Therapy as modes of aiding individuals restore their sense of well being and to communicate feelings (Glasgow-Brown, 2006). DMT is a powerful medium for

expressing insight and growth. Dance therapy works by allowing individuals to become aware of their bodies in a setting that feels safe and non-judgmental. DMT requires the client and therapist to be in the present and connect with one another using the body for information (Pizarro, 2004). The client initiates the dance move and therapist imitates the dance. The therapist then creates movement with themes, making an effort to expand the dynamics of the move. Matching dance movements develops empathy and trust and connection that enhance the client's ability to explore emotional issues. Dance has proved to be a channel through which emotions could be understood when words could not be expressed. The basic premise of mind and body is that they are related and emotional memories are often held in the body (Art in therapy, 2001; Latorre, 2008; Wennerstrand, 2008). DMT leads to increased self-awareness and expression of feelings too painful to acknowledge through words. In addition, physical activity increases the neurotransmitters in the brain and increases body functioning and sense of comfort. Dance therapy is finding its way into a number of treatment programs as it allows for direct expression of emotions and feelings through body movement; it provides a channel to access the subconscious and sense of self (Ae-na, Meyong Soo Lee & Hyun-Ja Lim, 2008). This type of therapy is often referred to as a therapy that connects the client as a whole. The therapist's goal is to join the mind and body, verbal and non-verbal forms of expression and experience. Therapists who practice this mode of therapy are trained in "observation analysis, kinesthetic understanding, and the conscious use of body language (Latorre, 2008; Wennerstrand, 2008).

Drama therapy/psychodrama.

Drama therapy (DT) or as it is also known, psychodrama, is "a scientific exploration of truth through dramatic method" (Fong, 2007, p.102). Psychodrama is expression of an individual's intellectual and emotional process through speech and body movement. Through

drama and role plays, the acting out of situations provides a means for an individual to consider other alternatives to the current problem at hand (Lister et al., 2008; Rasmussen, Anderson & Watts, 2008; Strauch, 2007). It helps the client tell his or her personal story in an indirect manner that feels safe (Fong, 2007; Strauch, 2007). Drama therapy has a number of significant advantages. It is a personal and functional method that is less reliant on words as expression and helps focus on thoughts, feelings and behaviors. When individuals experience and process emotions through speaking and moving, it promotes healing and assists in gaining insight into their self. Additionally, Lorenzo-Lasa, Ideishi & Ideishi (2007), stated that through movement, individuals will understand the “meaning, intention and expression” (p.30) of the “creative, cognitive and social changes” (p. 25) that can occur. DT is an effective tool for exploring negative behaviors and practicing alternatives which enhance social skills, problems solving and self control skills. Drama helps participants practice new skills and roles that were attained, as well as creating an opportunity for increased self awareness. Role play, skills training, role rehearsal and live practice are essential components to drama therapy; role-play has been the cornerstone of psychodrama. When in session, clients are directed to act by different personalities that are significant to them. It helps with addressing psychological problems as well as with finding new alternatives to complex situations in life. Drama therapy and psychodrama are forms of healing art that share commonalities in the therapeutic process. People of different ages can take advantage of psychodrama or drama therapy. It is most effective when used with adolescents.

Music therapy

Music therapy works by influencing human beings and aiding them in “physiological, psychological, and emotional integration” (Ae-na, et. al., 2008, p.567) during the treatment of an

illness. Music therapy helps people with emotional, cognitive, physical and social problems as they interact with, make and respond to music (Daily, 2007; Pizarro, 2004). Typical techniques generally include free and structured improvisation, singing familiar songs or improvised songs, listening to music and verbal reflection of the musical processes in relation to the client's problems (Crawford & Patterson, 2008). This mode of therapy has shown to be effective for the treatment of depression, anxiety, tension, stress reduction, or mood enhancement (Ae-na et al., 2008; Binns, 2008). Music therapy can aid in the restoration of language expression and it helps to activate areas deep within the brain known as the amygdale and hippocampus. This is where emotion and long-term memory are processed (Shulman, 2008). It is widely believed that music reading, learning and participation enhances academic performance (Labbe, Pharr, Schmidt & Babin, 2007; May, 2008). Music has the capability to be used as a therapy to encourage health and ease symptoms of mental health concerns (Binns, 2008). Music therapy can be thought of as another medical treatment or communication tool (Daily, 2007; May, 2008).

Writing/Poetry therapy

There is good evidence that writing therapy is effective in reducing stress, improving health, increasing positive affect and promoting coping skills (Pizarro, 2004). Expressive writing has significant advantages over other stress management interventions in that it requires very little participant training, is brief and portable, and is appropriate for a wide range of ages (Fong, 2007, Pizarro, 2004).

Examples of Art Therapy Techniques

Although the thought of creating art is relatively old, the thought of utilizing art media as therapy is a moderately new scientific consideration (Vandergrift, 2004; Malchiodi, 2007; Rubin, 1999). There are a variety of technique and approaches that can be used as art therapy (Baker,

2006; Korlin, Nyback & Goldberg, 2000). Two examples of techniques that can be used in brief or long-term psychotherapy are the “squiggle” technique and the self portrait (Malchiodi, 2007; Muri, 2007; Steinhardt, 2006)

The squiggle technique

Steinhard (2006) reported that D. W. Winnicott introduced the squiggle technique. Winnicott defined the squiggle as “a brief linear or shaped movement drawn on paper with a pencil or marker” (p. 113). The focus of this technique is to have the client draw eight squiggles and write titles under each picture that was made from a squiggle. As the individual develops the pictures and the titles into sentences or stories; the therapist and client work together to make a connection between the pictures and their emotions in efforts to increase self-awareness (Steinhardt, 2006). Margaret Naumburg urged her clients to draw scribbles and make pictures out of them; she believed this technique promoted free associations and helped bring up hidden thoughts and feelings (Kramer, 2002).

Self portrait

One self-portrait exercise involves thinking about personal characteristics that makes the individual who they are and asking them to make an image that represents what they think (Muri, 2007; Shafer, 2008). This method has been used to make a connection between characteristics that the individual wishes they could have or connecting with those that are already present (Robertson, 2001; Shafer, 2008). Creating self portraits over a consistent amount of time can help to better understand identity changes that might be occurring when an individual is experiencing changes in life such as grief and loss (Lister, Pushkar, & Connolly, 2008).

Treatment and art is continuing to be recognized as an effective type of therapy. Today the use of art therapy can be found in a many environments and, used in a wide range of situations. It has proven to be effective in dealing with depression, anxiety, fear, anger, trauma, self-awareness as well as additional mental health concerns (McNiff, 1988; Rubin, 1984; Rubin, 1999; Rhyne, 2001; Schocken, 1975). The visual aspect of creativeness is said to change ones' mood, increase self-awareness, improve self-esteem and assist with resolving individual struggles, personal issues or with personal growth. Other reviews have also shown positive change in social skills and health (Pizarro, 2004). Combining different types of therapy can be beneficial in helping individuals in an educational and therapeutic setting (Bishop, 2006; Smith-Allen, 2005; Strauch, 2007).

Purpose of the Study

The purpose of this project is to assess whether or not students and faculty see a need to incorporate art therapy into traditional psychotherapy. This study examines mental health issues in colleges and the effects that they presume on students. The study will also focus on how art therapy could prove to be useful in combating the mental illnesses that are prevalent in higher institutions. This research is important because depression and anxiety affect the lives of many students and can have strong influences on students psychologically, emotionally, physically and academically. It is important for counselors to learn how they can better help students and to build coping mechanisms and resiliency. Art therapy could be effective as it is proven to be a good tool when working with mental health issues. It is also a versatile approach and is cost and time effective. For this project the purposes of student and faculty involvement are to identify whether art therapy is a requested technique, to bring to light how depression and anxiety and other mental health illnesses are disrupting academic and personal success, and to provide an

alternative way to treat mental health illnesses seen among students. It is the hopes that through the literature review and needs assessment survey, interest in incorporating art therapy into the counseling center to treat issues will be pronounced.

Method

Setting

The participants in this project were students and faculty attending class and working in a university in the Northeast United States. The university as a whole for 2007-2008 has 8,303 undergraduate and graduate students enrolled and a total of 573 full-time and part-time faculty. The university is made up of a combination of undergraduates and graduates students, 42% are males and 58% are females. The ethnicity breakdown at the university is 75% white, .06% Black or African American, .03 % Hispanic or Latino, 0.1 % Asian or Pacific Islander, 0.1% American Indian or Alaskan Native, 13% race/unknown and .01% non-residential/aliens.

Participants

The assessment involved faculty and students who worked and received services at the university counseling and health center. Participation in the assessment was voluntary and anonymous. The participants used the counseling services and/or medical services and were all 18 years old and older. Student participants represented both undergraduate and graduate population. Faculty represented a combination of full and part time workers. Although the survey was anonymous, out of the 108 returned an average of 78-83 were student participants (these numbers are based on the calculation that an average of 25-30 were faculty participants that worked between the two facilities). Students did not receive any fees or any other rewards for participation.

Materials

Participants were given a survey to measure the need and desire of art therapy in the counseling center. The needs assessment is entitled “*Using Art Therapy to Express Your Self*” and used a yes, no, or not applicable measure. There was also a section for comments to allow participants to express their thoughts on art therapy. The comments section would give the survey participants an opportunity to address an questions or raise concerns that would allow the investigator additional information towards survey results. The needs assessment suvery was developed by the investigator.

Procedure

The assessments were given to students and faculty by the administrative staff for a 5 week period. The surveys were then contained in a lock box that was placed inside by the individual them self. The survey boxes were locked and located in each office in the reception area. The survey were collected every Friday for five consecutive weeks and placed in a locked file cabinet until all surveys were collected. A total of 120 surveys were distributed and 108 surveys were collected. There were 50 surveys collected form the health center and 58 from the counseling center.

Question 1
➤ Have you ever received counseling?
The main purpose of this question was to find out if participants had ever received any type of counseling and to make a comparison to individuals who stated that they would

support the services in the counseling center.
Question 2
➤ Have you ever heard of or received training in art therapy?
The purpose was to gain consensus of individuals who were familiar with art therapy.
Question 3
➤ Do you think that art therapy would be useful in helping individuals express thoughts and feelings?
The purpose of this question was to make a comparison to those individuals who thought it would be helpful for the expression of feelings and thoughts to those who supported the use of art therapy in the counseling center.
Question 4
➤ Do you know of an individual that could benefit from art therapy?
The purpose was to investigate if the individual thought it was beneficial.
Question 5
➤ Do you think that art therapy would have a positive impact on an individual's therapeutic outcome?

The purpose of this question was to see if the individual could relate art therapy to positive therapy outcomes.
Question 6
➤ Would you support the use of art therapy in the counseling center?
The purpose was to see if the individual supported the use of art therapy based on the information provided to them on the survey.
Comment Section
This section was provided as a way for individuals to raise questions, thoughts, concerns, and/ or comments regarding art therapy.

Evaluations

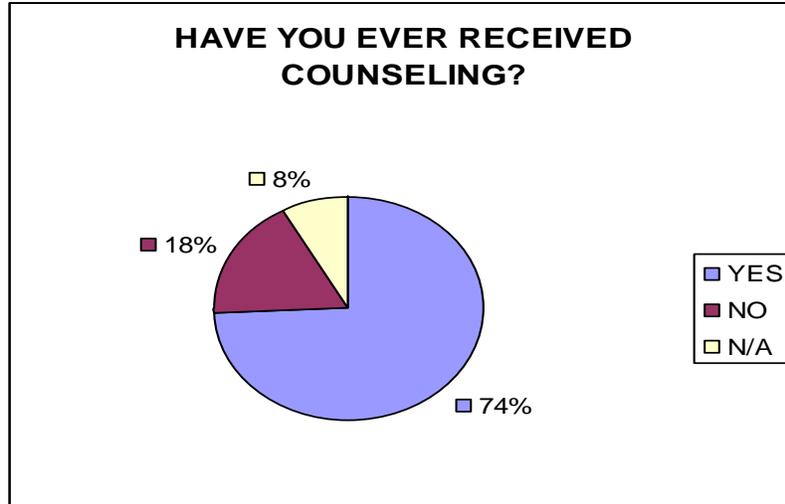
The assessment survey was designed to measure the need and interest of implementing the use of art therapy in a counseling center. The information provided by participants is meant to give a small representation of the population that sought services at the counseling center and health center. The study population consisted of 108 university students and faculty in upstate New York. The results of the survey indicate that art therapy would be beneficial to helping people express their emotions, it would have a positive impact on individuals and there is a need and interest for the use of art therapy in the counseling center. Percentages for each question's answer of yes, no, and not applicable were calculated using the

total responses given. Question five had the highest percentage of 95% resulting in individuals agreeing that art therapy would have a positive impact on therapeutic outcomes where only 5% stated that they would not support art therapy in the counseling center and 5% did not believe that it was applicable.

Results

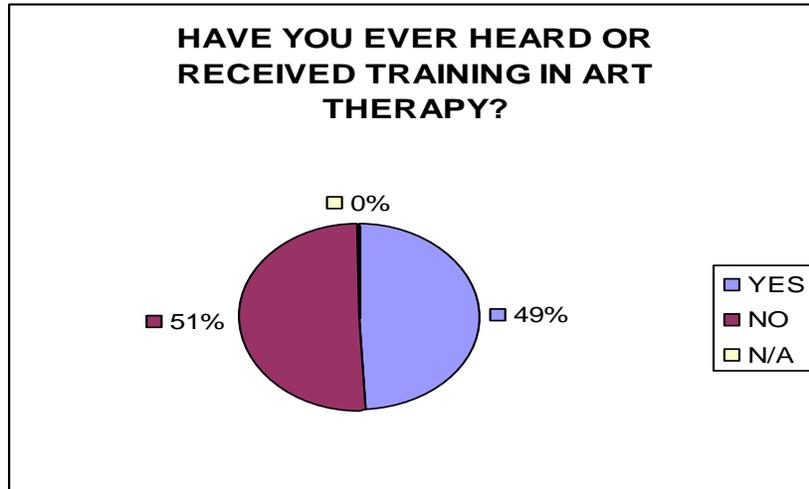
For each question the results are divided into three different percentages that represent each answer available. All of the percentages provided are derived from the total number of possible answers for each question. The author will present the results of the first question and then continue with next consecutive question. The author will include comments that were provided by the participants.

Graph 1: Question 1.



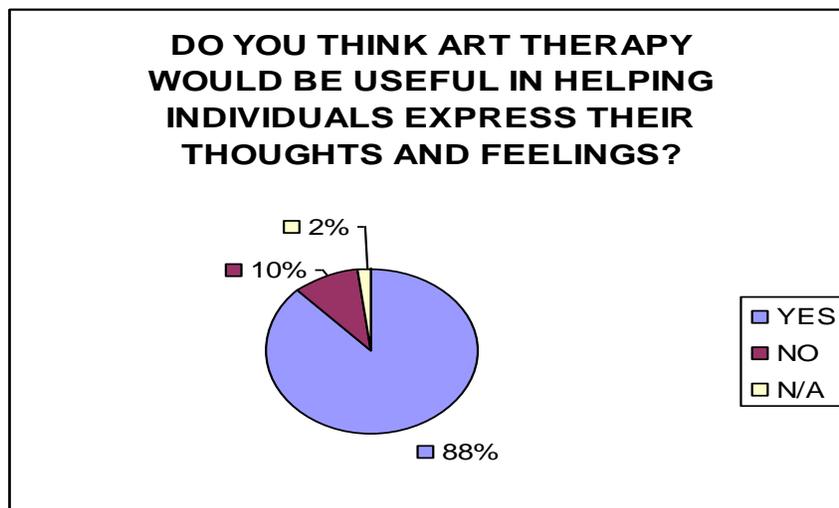
In the 108 survey returned, 74% stated that they had received counseling at some point in their life. The rest of the participants, 18%, stated that they had never received counseling and where 5% stated that it was not applicable to them.

Graph 2: Question 2.



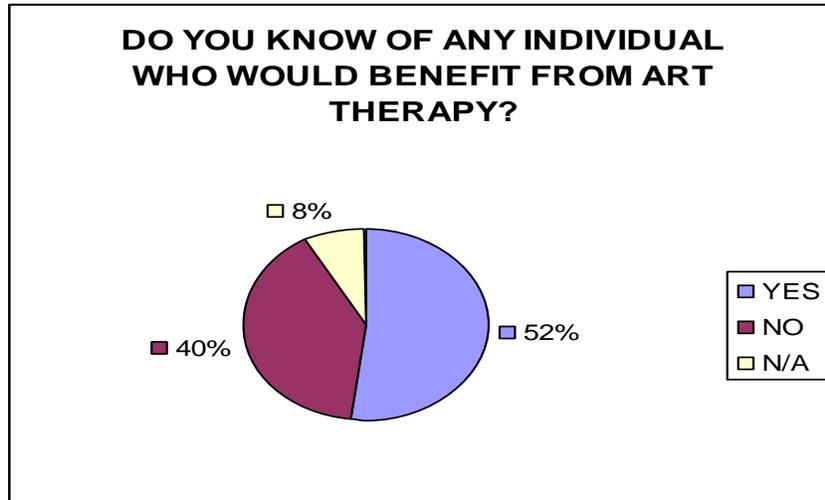
In question two almost half of the participants reported never having heard of and never having training in art therapy, where 49% stated that they had one or the other.

Graph 3: Question 3.



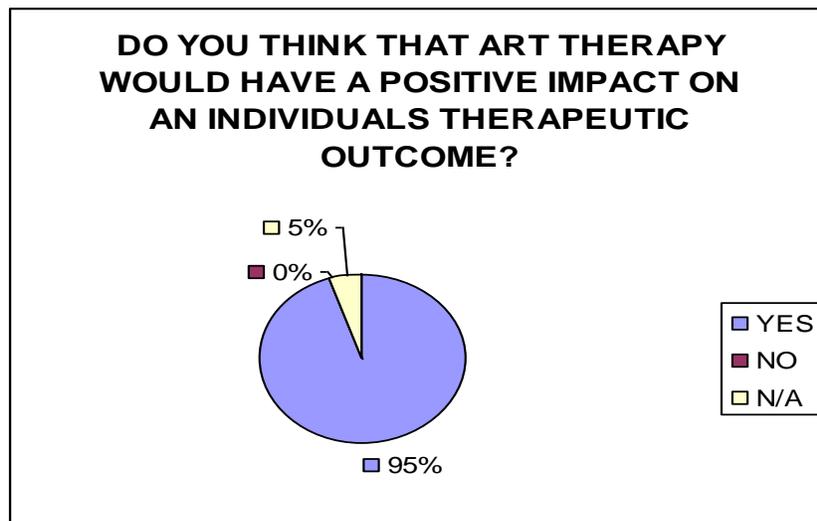
Question three asked if participants believed that art therapy would be useful or not. Eight-eight percent state that it would be helpful; while only 12% stated that it would not be helpful or believed that it was not applicable to them.

Graph 4: Question 4.



In question four, the investigator wanted to know if any of the participants knew of anyone that would benefit from art therapy services. Only 8% believed that the question was not applicable, where 52% stated that they did know of someone and 40% did not.

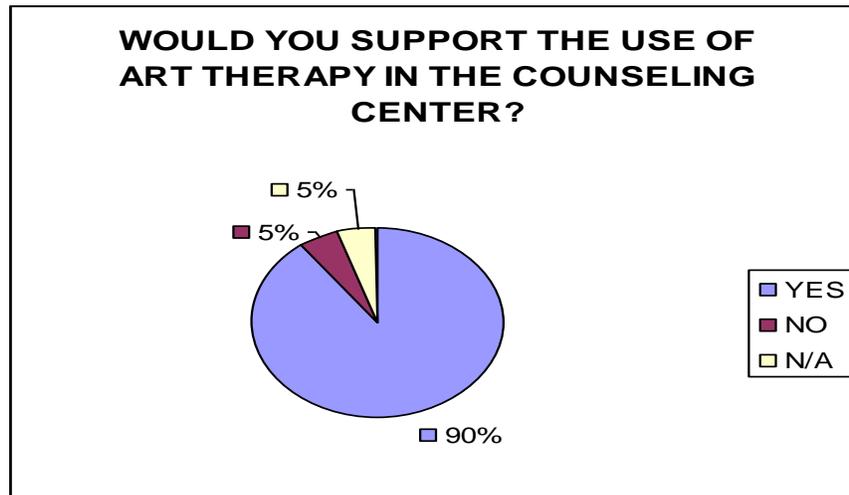
Graph 5: Question 5.



Question five asks if the participant believes that art therapy would have a positive impact on therapy. Most all of the participants, 95% believe that it would increase the

success of therapy. None of the participants stated no as an answer. The rest of the 5% believed that it was not applicable.

Graph 6: Question 6.



In the final question, participants were asked if they would support the use of art therapy in the counseling center. Almost all participants, 90% stated that they would, where 5% said no and the other 5% stated it was not applicable.

Participant Comments

- “If it would help people of any age get their feelings out without talking then I think it would be a great process for some people”.
- “I have not really heard about art therapy, but my grandmother volunteers at a hospital and says it helps people. If grandma says it is good, then it is”.
- “It seems more expressive than talking...it would help me because sometimes I have a hard time talking”.

Discussion

The purpose of this project was to demonstrate a need and interest for implementing art therapy into counseling. By using an assessment survey and by researching the literature pertaining to mental health illnesses in college, the investigator was able to bridge some of the benefits that art therapy has in treating mental health illnesses.

The literature reports that the two most prevailing mental health illnesses seen on campuses are depression and anxiety. The literature also reports that these very illnesses are causing students to have frequent absences, decline in academic performance, have marked changes in motivation, have loss of concentration, and experience a decrease in personal and academic investment. Many colleges are reporting the need for new therapeutic approaches that are effective in treating mental health illnesses and the effects that it has on students.

In regards to art therapy, literature dating back from the 1900's state that art therapy is an effective approach to dealing with mental health illness. Through drawing, painting, sculpting, and other expressive arts, many cultures used these techniques to heal individuals. The versatility of the approach and the variety of ways that art media could be incorporated to express thoughts and emotions, could prove to be an appropriate modality to address student needs.

From the results it can be inferred that a need and an interest in art therapy exists. Ninety-six out of 108 participants believed that art therapy would help in expressing thoughts and feelings, as well as 103 participants out of 108 stated that it would impact therapy in a positive way. Even though more than half of the participants had never heard or received training in art therapy, 97 out of 108 participants still gave support to the notion of incorporating art therapy into sessions.

Interpretation of Findings

When identifying the need and interest for the use of art therapy, the participants supported the notion. However, almost half of the participants, 51% at the minimum had never heard of art therapy. An explanation for this may be found in that Metzl (2007) stated that art therapy is a relatively new field where professionals are still asked what art therapy is. It was also found that when the participants chose to answer with “not applicable” there was no measure to assess the reason why they were not able to choose an answer of yes or no. In addition, there was no measure to assess the reason why a few participants answered “no” to supporting the use of art therapy. Lastly, 18% of the participants reported that they had never received counseling. A possible explanation for these result is that a stigma associated with counseling (Nealy, 2007) could have caused participants to not answer the questions, not to support the use of art therapy, and not to utilize counseling services. With almost half of the participants, 40%, stating that did not know of anyone that would benefit from art therapy, the high percentage could be due to not having enough information about the therapeutic approach. This notion supports the correlation with the high percentage of participants, 51%, that had never heard of or trained in this type of approach.

Limitations

Although from the results of this study one could infer that there is an overwhelming interest and need for art therapy, there were many limitations to the study. First, the study was done with only a small number of students and faculty (108). In order to generalize the results, a larger sample size would have been better. It is also important to note that there was no measure to decipher whether the participant was a faculty or a student. In order to minimize bias, the survey was completely anonymous. Another limitation to this study is not enough information

was given about the benefits of a non-verbal approach to counseling and mental health illnesses. A more detailed description of what art therapy is and how it can relate to the reduction of mental health illness is needed in order to reduce the amount of “not applicable” responses given and to increase the number of participants that at a minimum would have heard about of art therapy.

This suggests another limitation. The number of questions asked on the survey could be increased to provide a better breakdown of the participants and to gain more information about art therapy and mental health illnesses. Although the researcher included a comments section, few participants chose to write anything additional. Therefore, it would be better for future study to increase the number of survey questions and to gain more participant information while still maintaining anonymity.

In order to more accurately interpret the need and interest for art therapy, it is necessary for the assessment to be replicated with a larger sample and with more time allotted to collect surveys. Lastly, considering the possibility of survey duplication by the same participant, a control for this must be met to account for this.

Implications for Counseling Practice

This study provides a greater understanding for the need and interest in art therapy as an alternate approach to addressing mental health concerns. First, from the results, one can infer that students and faculty are willing to support the use of art therapy. Therefore, college counselors and students can recognize the usefulness of this time effective method of counseling. Using a non-verbal form of therapy can assist those students who are not good at expressing them self and also assist incoming students with increasing coping skills and gaining resiliency

in a non-intrusive manner. Because one of the main goals of college is to enhance the well being of students, it is apparent that the use of art therapy is an effective way to reach this goal.

The literature researched can inform counselors about the types of mental health issues that are facing college students today and art therapy approaches that can be implemented into traditional psychotherapy. With this knowledge, counselors can better identify problems with services and tailor counseling interventions to address the most common problems.

Recommendations for Further Study

In order to better establish the need and interest of using art therapy as an additional approach, this study needs to be replicated with an increased number of participants, be screened for duplicate survey results and attach additional literature on the benefits of art therapy and mental health issues. This would allow one to sort out whether it is the lack of understanding and small population, rather than other factors like minimal information and a small sample, that underlies to the percentage of students who did not recommend or found that this approach was not relatable. Because all the surveys were anonymous and lacked demographic info, further research could focus on the different academic years (freshman, sophomore, junior and senior) to compare results. The literature points to first year students having difficulty with the transition to college; knowing the demographics would allow a better measure of first year students and mental health illnesses. It would also allow the opportunity to compare any other trends happening for students. Also, since all of the participants in this study were a combination of student and faculty, in order to be able to generalize the results to all students, it would be important to conduct this study involving just students. Finally, it would also be of interest to study the effects of art therapy through a psycho-educational art group with first year students who are suffering from depression and anxiety. This would be a important because of research

information indicating that that more and more first year students are entering college with diagnosable disorders, depression and anxiety prevailing (Bishop, 2006; Fratt, 2008; Rockland-Miller & Eells, 2006).

Conclusion

The purpose of this project is to assess whether or not students and faculty see a need to incorporate art therapy into traditional psychotherapy. This study examines mental health issues in colleges and the effects that they presume on students. The study will also focus on how art therapy could prove to be useful in combating the mental illnesses that are prevalent in higher institutions. From the results it appears that the need and interest for the use of art therapy in a counseling center was supported. The study also found that most all the participants agreed with the treatment benefits of art therapy. An open psycho-educational art group in the college setting could be a useful approach to reducing depression and anxiety and providing students with coping skills.

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Appendix A

Using Art Therapy to Express Your Self

A Needs Assessment Survey

The purpose of this survey is to investigate the need for and interest of implementing the use of art therapy in the counseling center. The following information is meant to give a brief definition and a summary and some of the benefits of art therapy. Based on your own knowledge and on the information that is provided below, please answer the following questions.

What is Art Therapy?

-Art Therapy is a human service profession that utilizes art media, images, creative art processes and patient/client responses to the created products as reflections on an individual's development, abilities, personality, interests, concerns and conflicts (About Art Therapy, 2005).

-“Art Therapy is a form of psychotherapy” (Lark, 2001, p.1) that uses art making as part of the therapeutic process.

How can Art Therapy benefit individuals receiving counseling?

-It provides individuals with an alternate way to express feelings and thoughts without having to use words.

-Art therapy can be beneficial not just to those who suffer from mental disorders or emotional abuse but it can assist those who are shy, withdrawn or have difficulty functioning in social situations.

-Through the use of expression in art, art therapy can help people learn how to relate to their own lives as well as process their feelings and emotions in order to bring about healing (Zagata, 2008, p.1)

Please answer the following questions by circling one of the answers in the column to the right.

EVALUATION OF SERVICES	Yes	No	N/A
1. Have you ever received counseling?	Yes	No	N/A
2. Have you ever heard of or received training in art therapy?	Yes	No	N/A
3. Do you think that art therapy would be useful in helping individuals express thoughts and feelings?	Yes	No	N/A
4. Do you know of an individual that could benefit from art therapy?	Yes	No	N/A

5. Do you know think that art therapy would have a positive outcome on an individual's therapeutic outcome? Yes No N/A

6. Would you support the use of art therapy in the counseling center? Yes No N/A

Comments: (Please feel free to express your thoughts and feelings about the use of art therapy. All responses are anonymous.)

Appendix B

STATEMENT OF INFORMED CONSENT

The purpose of this research project is to conduct a needs assessment with students and staff for the benefit of art therapy to students who are receiving counseling services. The information from the survey is designed to help understand the need for art therapy as an additional or alternate therapeutic approach to assessing an individual's psychological and developmental status. There will be no identifying information on your survey and no way to identify your responses. This research project is also being conducted in order for me to complete my master's thesis for the Department of Counselor Education at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below, your completion of the survey signifies your consent. You may change your mind at any time without penalty, even after you have begun the survey.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.
2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to my written survey. If any publication results from this research, I would not be identified by name.
3. There will be no anticipated personal risks or benefits because of my participation in this project.
4. My participation involves reading a written survey of five questions and answering those questions in writing. It is estimated that it will take five minutes to complete the survey.
5. Approximately 100 people will take part in this study. The results will be used for the completion of a master's thesis by the primary researcher.
6. Data will be kept in a locked filing cabinet by the investigator. Data and consent forms will be destroyed by shredding when the research has been accepted and approved.

I am 18 years of age or older. I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process. Returning the survey indicates my consent to participate.

If you have any questions you may contact:

Primary Researcher: Sandra S. Vazquez, 576-7212

Faculty Advisor: Dr. Thomas Hernandez, Department of Counselor Education, 395-2258

Appendix B