

ATOL: Art Therapy OnLine

Exploring Perceptions of Art Therapy through the Social Media

Theresa Van Lith

Abstract

How art therapy is perceived and portrayed by the general public, especially those seeking mental health services remains a pressing issue. Social media is becoming a recognised way to share attitudes and beliefs in a public forum. To begin exploration on the topic of external perceptions of the art therapy profession, an inquiry into the use of social media for discussing art therapy was conducted. The aims of the study were to acknowledge general public opinion of art therapy through examining how art therapy was discussed in social forums. Thirteen relevant websites were identified and then further examined, using content analysis to reveal multiple themes. Based upon the findings, a number of implications were created to help expand the development of art therapy as a profession in this technologically savvy age

Keywords: Art therapy, health literacy, mental health, profession, perceptions, social media

Introduction

Sharing information online has become easier, and so has the ability to gather public opinion about particular issues. The omnipresence of social media enables users from around the world to engage in dialogue. Nevertheless,

because these conversations are published online, they have a sense of permanence and therefore portray the formation of attitudes and beliefs around the particular topic under question. As art therapists are at the frontline of engaging with the public, satisfaction from the services received as well as positive attitudes towards potentially receiving that service are vital to the advancement of the profession.

Perceptions of Art Therapy

Before exploring previous research on perceptions of art therapy, an overview of current practice is necessary to understand the gaps between level of training and attitudes about the profession. Graduate level training to become an art therapist involves developing skilled awareness of the multi-layered and interactive dynamics between the client/s, the art therapist and the artwork (Schaverien, 2000). Proficient knowledge is paramount about these nuances, because a lack of knowledge of the psychological dimension to art therapy and an emphasis on completion of the product within mental health settings has been found to lead to a build up of unresolved issues and potentially critical incidents (Huss, 2009; Springham, 2008, 2012). While the services that art therapists offer maybe superficially perceived as simplistic, as professional members of an association they must work within their professional governing structure, which ensures the benefits of art making are experienced within a safe containing atmosphere (Linnell, 2012; Springham, 2008).

Level of client satisfaction is also an important determining factor in determining the credibility of a profession. For instance, clients receiving art therapy have noted that their sessions are more relevant and proactive in assisting the management of their mental illness, and as a result, are more likely to be enthusiastic about attending art therapy programs (Huet, 1997). Furthermore, a recent review of clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders (Uttley, Stevenson, Scope, Rawdin, & Sutton, 2015), indicated that there was a high acceptability rate by clients from art therapy, with many feeling a sense of satisfaction from the art making process and resultant artwork.

Yet, the review by Uttley et al. (2015) also noted less positive comments by a few clients who indicated uncertainty about how it could be beneficial and questioned its potential for harm. Correspondingly, previous studies (Bellmer, Hoshino, Schrader, Strong, & Hutzler, 2003; Huet, 1997) involving mental health professionals' views indicated that they were unfamiliar and did not understand how art therapy worked, which affected their likelihood to refer clients. Furthermore, two studies questioning General Practitioners' (G.P.) and their patients on views of art therapy found that although they understood the broad benefits, the extent of this knowledge was limited and they undervalued its potential for use (Turnbull & O'May, 2002; Wilson, 2002). Importantly, previous studies have also indicated that art therapists often work with clients that other mental health professionals have found difficult to help (Ashby, 2011; Wood, 2013).

Suggestions by professionals for enhancing their level of understanding of art therapy have been found to include increasing training programs and expanding research agendas (Jonkers, 2006; Park & Hong, 2010). However, these strategies are difficult to advance for the grassroots level art therapist.

Gathering public perceptions about art therapy through social media

The Internet has become an incredibly popular method for people to seek out health information. A recent study revealed that respondents viewed the Internet as the second most important (71%) source of health information after physicians (82%). Age range also played a significant factor with those between 18-39 years most highly valuing the Internet as a source for health information (Pletneva, Vargas, Kalogianni, & Boyer, 2012). While professional associations have developed webpages designed to inform potential clients about art therapy, a substantial amount of websites have been created by non-art therapists providing non-regulated information about art therapy. This can make it difficult for a potential client to discern credible information, and also has the potential to mislead clients about expectations of receiving art therapy from a fully trained and qualified practitioner.

Many people are also using social media to express their concerns and issues around mental health services (Thelwall, 2007). As clients may feel that providing direct feedback about their treatment experiences could risk their therapy and/or therapeutic relationships, social media offers the potential for more unbiased data to be obtained. Therefore, social media has become an important resource for mental health professionals to uncover opinions about a professional healthcare practice.

Method

I commenced this investigation using Google to locate potential websites as the data material. The following questions were used as the search terms and included: What do you think about art therapy? What does art therapy do? Is art therapy effective? Is art therapy a good career choice? What are the negative views of art therapy? What are the positive views of art therapy? What is the point of art therapy? I also looked at the following search engines to find blogs on art therapy: Technorati, Bloglines, IceRocket, BlogPulse, Blogdigger, and Gigablast. These search questions were regarded as starting points that elicited data and commentary related to perceptions about art therapy.

Fifty-eight websites were identified that used the exact search terms in their website. So, I conducted an additional search to ensure there were no websites that were relevant, but had not been selected because they did not use the exact search terms. This required trawling through the overall Google search results and reviewing each website on an individual basis. While this did not pick up any additional websites, it allowed for a thorough review of the data material.

Upon examination of these selected websites, it was revealed that a number of the websites were geared toward art therapists. These were excluded since the focus of the study was related to how the public was commenting about art therapy. Additionally, as sites developed by professional associations did not include a social comments section or way to interact with the website, they were also excluded. To make sure I was only reading commentary that the

authors and/or respondents had deemed available to the public, I did not include any websites that involved registration. Nor, did I interact with the authors and/or respondents in order to ensure I was not interfering or influencing public opinion. Through this selection process, a total of 13 websites that appropriately addressed the research aim were identified.

As can be seen in Table 1, the selected websites were then further scrutinized for suitability with the study aims. Each website was checked for when it was last updated, which ranged between August 2003 and May 2014. A range of types of websites were identified, including: 3 social networking websites, 3 Q & A forums, 3 blogs, 2 newspaper websites, 1 academic journal editorial, and 1 free encyclopedia. The countries where the websites were based varied with, 6 international, 3 from United Kingdom, and 2 from United States of America and 2 unknown. A total of 291 comments or 44376 words were then extracted from these websites that underwent the analysis process.

Data analysis

A content analysis approach was used to analyse the selected online content because of its ability to assess large amounts of relevant text as a whole (Herring, 2010). Also, as the collected data was formed through social communication, the content analysis approach allowed for an iterative and incremental process to elicit themes (Berg, 2001). Following this perspective, the analysis process was not 'a reductionistic, positivistic approach', but rather 'a passport to listening to the words of the text, and understanding better the perspectives(s) of the producer of these words' (Berg, 2001, p. 242). Therefore, the first reading of the data involved viewing the responses for each website as an interactive context-bound conversation pivoted around the blog post, submitted questions, or article topic. At this phase, comments were written to indicate mood and tone in the conversation.

Table 1. Review of identified websites

	Website addresses	Last updated	Type of website	Country of origin	Comments
1.	http://blogs.telegraph.co.uk/culture/jamesrhodes/100056477/if-creativity-can-lead-to-madness-is-art-therapy-really-a-sensible-idea/	3 rd October, 2011	Newspaper- 'The Telegraph'	United Kingdom	53
2.	http://allnurses.com/psychiatric-nursing/going-into-art-113643.html	22 nd February, 2012	Social networking site- Nursing community	United States of America	10
3.	http://ask.metafilter.com/112850/Art-Therapy-a-good-career-choice	28 th January, 2009	Q & A forum- 'Ask Metafilter'	International	6
4.	http://answers.google.com/answers/threadview?id=47273	15 th August, 2003	Q & A forum- Google Answers	International	5
5.	http://earlyinterventionresource.blogspot.com/2008/03/art-therapy.html	26 th March, 2008	Blog	Unknown	1
6.	http://www.bmj.com/content/344/bmj.e664	28 th February, 2012	Academic Journal Editorial-British Medical Journal	United Kingdom	1
7.	https://ca.answers.yahoo.com/question/index?qid=20101202134253AApwAXo	2011	Q & A forum- Yahoo Answers	International	1
8.	http://captainawkward.com/2012/06/20/guest-post-what-its-like-in-a-mental-hospital/	20 th June, 2012	Blog	Unknown	57
9.	https://www.facebook.com/ArtTherapyBlog	May, 2014	Social networking site- 'Facebook'	International	1*only looked for posts related to study aim
10.	http://en.wikipedia.org/wiki/Talk%3AArt_therapy	10 th May, 2014	Free Encyclopedia that anyone can edit- 'Wikipedia'	International	25
11.	http://www.theguardian.com/commentisfree/2014/apr/11/art-therapies-mainstream-medicalised-healing	11 th April, 2014	Newspaper- 'The Guardian'	United Kingdom	103
12.	http://www.psychforums.com/living-with-mental-illness/topic75525.html	20 th January, 2010	Social networking site- 'Psychology and mental health forum'	International	12
13.	http://charactertherapist.blogspot.com/2010/11/treatment-tuesday-art-therapy.html	20 th November, 2010	Blog	United States of America	16
Total					291

The next step involved comparing and contrasting the comments by reading the data line by line (Braun & Clarke, 2006). Reading of the data involved a constant questioning of how the data differed or related to the preceding or following sentence. Consequently, this process was concerned with gaining a deeper immersion into the data, as well as a more focused attitude.

The subsequent readings of the data were focused around coding the data for sub-themes. Patterns were identified within the data to identify the most critical and significant structures that made up each the respondents' comments (van Manen, 1990). This coding process was limited to comments that reflected personal experience, questions, or opinions about art therapy. Therefore, a phrase or sentence was seen as capturing the essence of the experience (a theme) if it, 'reawakens or shows us the lived quality and significance in a fuller or deeper manner' (van Manen, 1990, p. 10).

At times, a single post was found to represent multiple impressions and was therefore placed in different thematic categories. Also, it was possible to identify multiple comments by the user names and therefore multiple comments by the same individual were collapsed into a single comment so that dominant users were not overrepresented. After this step, all comments were considered anonymous, and therefore, online names were excluded from the data set (Pfeil & Zaphiris, 2009).

Once the sub-themes were identified a process of connecting, sifting and sorting occurred to identify for themes. This required looking carefully at the words and phrasing to decipher relationships between sub-themes. As the data came from varying countries and sources, metaphoric language, catchphrases and symbolic phrases were embraced and kept to the original as much as possible, which enabled for the diversity of the source of the data to be embraced rather than compressed. This process was repeated until the data seemed to exhaust itself, and there was no lingering energy felt by the researcher when reviewing the raw data.

As the coding process was inductive, and therefore involved allowing the data to speak without trying to fit it into a pre-existing coding frame, a series of questions about the analytical process were reflected upon (Braun & Clarke, 2006). The following questions were used for self-critical appraisal: What does the theme mean? What are the assumptions underpinning it? What are the implications of the theme? What conditions are likely to give rise to it? Why do people talk about this in a particular way? What is the overall picture that the different themes reveal about the topic? (Patton, 2015).

Themes	Sub-themes	Types of websites
Art therapy enables non-verbal self-expression	<ul style="list-style-type: none"> • A form of self-expression when too traumatized to put feelings into words. • Letting out inner emotions and turmoil. • The images tell us a story about the artist like no other form of expression can. • A form of catharsis. • Freeing the mind of obtrusive thoughts. 	3 social networking websites, 3 Q & A forums, 3 blogs, 2 newspaper websites, 1 free encyclopaedia.
Art therapy does not work objectively	<ul style="list-style-type: none"> • Doesn't rely on objective thought. • More proof needed when mental well-being is at stake. • Works in a magical way. • Discovering its mystery won't be discovered through scientific methods. 	3 Q & A forums, 1 social networking website, 1 academic journal editorial, 1 free encyclopaedia.
Art therapy opens up fragile emotions	<ul style="list-style-type: none"> • Open up a Pandora's box of emotions. • Helps people explore their emotions in a new and creative way. • Triggers powerful emotions. 	2 newspaper websites, 1 blog, 1 Q & A forum.
Art therapy is an under recognized field	<ul style="list-style-type: none"> • Not available in a consistent and proficient form. • Is woefully under-funded. • Cannot be reimbursed through health insurance. 	2 social networking websites, 1 blog, 1 Q & A forum.
Art therapy helps when other treatments fail	<ul style="list-style-type: none"> • Bridges a gap that other therapies don't meet. • An unfortunate last resort. 	3 blogs.
Art therapy is about the creative process	<ul style="list-style-type: none"> • About what you experience during the production process. • You overcome being self-conscious to be creatively free. 	3 social networking websites.
Art therapy is a form of reprieve	<ul style="list-style-type: none"> • Entertains bored patients. • Provides respite. 	1 blog, 1 newspaper website.

Table 2. Themes and sub-themes

Results

An analysis of the data resulted in seven key themes (see Table 2). These were titled under the following opinion statements: That art therapy – enables non-verbal self-expression, does not work objectively, opens up fragile emotion, is an under recognized field, helps when other treatments fail, is about the creative process, and is a form of reprieve. These will be described in further detail below.

The first theme: 'Art therapy enables non-verbal self-expression' was the most frequent description of the field. It was defined as being able to express thoughts and feelings in a non-verbal mode or as "an emotional outlet to slap paint about". Some of the respondents explained that this was particularly important when one is traumatized and they are unable put feelings into words. One respondent expanded upon this further by stating: "Pre-verbal trauma (trauma that occurs before words are formed in the brain) is often best treated with art therapy, since the metaphors of shape and colour enable the feelings to be expressed for which there are no words at all". Another respondent, who had previously been an art therapy client, explained their experience of self-expression: "It gives a picture of it all... it's a big part of how I communicate; it's a big piece of who I am and what I want to bring that... show and tell maybe".

The next theme: 'Art therapy does not work objectively' was referred through varying comments about its subjective nature. For example one respondent explained: "This type of 'psychology' doesn't really rely on objective thought". Another stated: "Art succours the need to be whole, to be cured... it does this is through its very mystery... the essentially scientific approach we adopt towards care and recovery doesn't necessarily hold all the answers". The need for precision as to how art therapy was of benefit was emphasized in the statement: "It's just that there has always been a type of person who prefers vague ineffability to brass tacks - you know the sort of thing": "How can

science hope to penetrate the secrets of the heart?” etc. “It's fine in poetry and literature but not when we need to be precise because people's mental well-being is at stake.”

The lack of scientific evidence for art therapy was also highlighted in the following statement: “One of those things where those involved mean well, but my practical side goes Hmm..” and wonders if getting together with some mops and a bucket full of water laced with disinfectant and giving the hospital floors a good going over might be more constructive.

The theme that ‘Art therapy opens up fragile emotions’ was expressed with being a very powerful and personal experience. This was met with one blog writer noting caution to others. He stated: “The idea of engaging in any creative process invariably involves two of the most dangerous factors for the mentally fragile - solitude and criticism (by self and, often, others)”. Another previous art therapy client shared the following experience: “I was astonished at the powerful emotions triggered whilst painting a crude, infant school type picture of my experiences. The process seemed to tap directly into my subconscious and surfaced fears of abandonment..., which I had not previously confronted on a conscious level. Identifying those fears, and then being able to deal with them rationally, was a hugely important step in the healing process.”

The theme ‘Art therapy is an under-recognized field’ was explained in terms of how it was valued in the healthcare system. For example, one respondent stated: “They are not widely available to NHS patients in any much more than the pat on the head ‘there there, make a pretty picture with these crayons’”. Another issue was that for clients who received art therapy it was not easy to be financially reimbursed through their health insurance.

The next theme: ‘Art therapy helps when other treatments fail’, related to the previous theme in terms of the need for more access and availability within the healthcare system. As one commentator explained: “A large proportion of our clients come here as a last resort, unfortunately, having been put through

CBT first, and at last they find an outlet”. One previous art therapy client reinforced this point by stating: “I’ve accomplished more in 6 months of art therapy than I did in ten years of treatment”.

The final two themes were ‘Art therapy is about the creative process’ and ‘Art therapy is a form of reprieve’. The creative process was explained as a personally driven process, which as one commentator described was “not about what you produce, but what you experience during the production process”. The final theme was expressed as a form of respite from symptoms, but also “to entertain bored mental patients”.

Discussion

The purpose of this article was to comprehend public perceptions of art therapy by searching social media to gauge beliefs and attitudes about this topic. The resultant themes from the study helped in substantiating that the public generally took a flexible outlook to defining art therapy. The comments derived from public opinion also suggested acceptance of multiple interpretations for practice, as long as the aims and expectations of the art therapy program remained clear. These findings were similar to those conducted on clients and practitioner views of art therapy (Huet, 1997; Turnbull & O’May, 2002; Uttley et al., 2015; Wilson, 2002). The following section briefly describes practical implications from this small-scale study to help in determining potential ways forward.

Public perceptions of the potential benefits

Art therapy was seen to provide non-verbal self-expression, involved self-exploration, served as a respite and offered assistance when other treatments had failed. This finding strongly connects with instrumental works that discuss art therapy as a professional field (American Art Therapy Association, 2013; Gilroy, 2006; Schaverien, 2000). Nevertheless, through the respondents’ comments, it was evident that there was still much speculation surrounding the purpose of art therapy. For example, in the conversations where someone stated what they thought art therapy offered, the source of information wasn’t stipulated nor how they had come to form this opinion.

One reason for the ambiguity around public perception of the purpose of art therapy could be that the term itself 'art therapy' encompasses many systemic, contextual and theoretical approaches. In addition, art therapists work in multiple mental health systems, with each requiring a unique set of skills and knowledge that are context-bound (American Art Therapy Association, 2013). Therefore, for the public to adequately consider the benefits, as well as be informed of what to expect, there is a need for more nuanced and contextual information about art therapy, to make it clear how art therapy is being applied within a particular setting.

Public perceptions of the potential risks

The respondents' comments indicated a concern that art therapy lacked enough of solid evidence. In particular, previous and existing clients commenting on social media wanted to know what evidence substantiated the way in which art therapists went about making therapeutic decisions. Based on the respondents' comments, they were not asking to read peer-reviewed journal articles, but rather they wanted to have access to well-defined, precise and rigorously supported claims about what art therapy could offer.

One of the main worries indicated in the respondents' accounts was that the art-making process has the potential to tap into raw emotions, and as a result, the art-maker may be left feeling more vulnerable. However, these conversations were not in the context of working with a qualified art therapist, but were highlighting the potential risk of using the art-making process without expert guidance when in vulnerable states. It is significant that public awareness was found regarding how art therapy can offer a personally demanding experience, and therefore certain risks are associated with untrained practitioners using art therapy techniques. Nevertheless, this finding points to a need in further identifying and articulating about the risks associated with untrained practitioners using art therapy techniques (Linnell, 2012; Springham, 2012).

Future ways forward

Developing strategies on how the Internet can be used for accessing information about art therapy requires a number of important considerations, at the same time it is also important to emphasise the power of human relationships in further enhancing professional credibility. These are briefly highlighted in the following section as a starting point for further research and discussion.

Providing credible information online:

The respondents noted a lack of solid and clear information available that could help them discern whether art therapy was suitable for them. While professional associations already provide general information about art therapy, it is unknown if this is where the general public access information and if it is sufficient in their decision-making process. Therefore, art therapists must remain at the forefront of educating the public about art therapy by being both the developers and distributors of relevant and up-to-date art therapy literacy.

This finding also requires substantiating the development of art therapy literacy, a notion that stems from the health literacy movement. This is defined by the World Health Organization (WHO, 2010) as involving: 'cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health'. In other words, providing accessible, current and accurate information about art therapy to help people make critically informed decisions about their healthcare.

Compiling art therapy literacy necessitates creating an evidence-base that supports current art therapy practice. In keeping with the traditional description of evidence-based practice as: 'the integration of best research evidence with clinical expertise and patient values' (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p.1), this means reviewing how research is being applied into practice. However, compiling appropriate literacy about art therapy also requires going one step further by developing

strategies that enable this information to be publicly available, while being distributed in a comprehensible way that doesn't risk accuracy (Miron-Shatz et al., 2011).

Working with client expectations:

In looking to other mental health disciplines for how they managed client expectations it became apparent this problem is widespread and relates to how practitioners noticeably share information with clients about what options are available to them (Bardes, 2012; Barry & Edgman-Levitan, 2012; Thompson & McCabe, 2012). According to Gigerenzer and Gray (2011), when making a decision about their healthcare, clients take into account the following factors: the type of risk (for example, physical, psychological, social and economical), the level of risk (for example, could one develop further symptoms), the length of risk (for example long term or short term), and ultimately, access to enough information that one can question whether the benefits outweigh the potential risk factors. Therefore, by providing clearer and more visible information, clients are given the opportunity to weigh the possibilities before making decisions about what would suit their individual needs.

To help improve client expectations, art therapists can make sure there is ample opportunity, especially at the early stages of therapy, to accommodate client concerns about their expectations and discuss anticipated progress. While many art therapists already do take into account the initial period as a time to gauge whether there will be a good fit between client and therapist, the emphasis on clarification with the clients will help assess level of satisfaction throughout the therapeutic alliance (Duncan, 2010).

Limitations and areas for future research

By exploring how art therapy is being discussed in social media, this study was the first of its kind, and therefore was exploratory in nature. While social media may be seen as controversial for gaining reliable opinion, this source of collecting data offered a diverse and honest account of views. Nevertheless, there were certain limitations that forthcoming studies could build upon in the

future. First, although this study was novel in its sampling strategy, an increase in search terms may have yielded more websites and a wider pool of online comments to draw from.

Second, out of the thirteen websites, one was dated from 2003 and the rest ranged between 2008-2014. However, due to the scarcity of data there was not enough information available to distinguish between chronological patterns or contextual differences. This was also partly because of the limited background details provided about the social media users, such as age range and country of origin. Studies that specifically focus on historical and cultural trends could contribute important insights about how this may affect perceptions about art therapy in the future.

The findings from this study also substantiate the need for further research to evaluate existing online information about art therapy. This would require critically assessing art therapy literacy for the extent that it explains the current-evidence to substantiate claims to current and potential clients, their family, as well as to the wider community.

Although there were several limitations to this inquiry, this sample of perceptions offered several insights about views of art therapy that might otherwise not be articulated if the freedom of anonymity was not available. This article was not supposed to provide a complete picture of perceptions about art therapy, but rather to commence a dialogue. While social media continues to expand, and its uses for voicing public opinion continues to increase, correspondingly art therapists need to be mindful of how this may influence client attitudes and beliefs around service provision. Art therapists would also greatly benefit from being at the forefront of developing information that is accessible, current and accurate to assist the general public in being better informed about the potential benefits and risks that can be gained through receiving art therapy.

Biography

Theresa Van Lith currently works as an Assistant Professor of Art Therapy at Florida State University. She completed her Ph.D. in Public Health, with a specialization in Art Therapy, as well as her Master of Art Therapy at La Trobe University, Melbourne, Australia. Dr. Van Lith has presented her research at numerous Australian and American conferences primarily on the benefits of art therapy for the mental health field.

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