

# Taking a closer look: A review of ANZJAT publications 2006-2011

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## Abstract

This article explores the articles published in the *Australian and New Zealand Journal of Arts Therapy (ANZJAT)* between the years 2006-2011. The inquiry was conducted using a mixed-methods analysis of 39 articles published across six journal issues. The investigation drew upon the method used by Metzler (2008) in her study of research published in *Art Therapy: Journal of the American Art Therapy Association*. The findings offer a new lens for reflecting on the development of arts therapy practice and research in the Australia/New Zealand region over these years. The study identified the need for more systematic approaches to research, an expanded range of research skills, a regionally-specific research agenda, and an arts therapy-specific evaluation strategy.

## Keywords

Arts therapy, research, professional identity

*To develop a complete mind:*

*Study the art of science;*

*Study the science of art.*

*Learn how to see.*

*Realize that everything connects to everything else.*

Leonardo Da Vinci

(as cited in Brown, 1997, p.1)

## Introduction

Understandings of the discipline of arts therapy vary across the health sector, even amongst mental health professionals. Like many arts therapists, the authors of this paper have encountered misconceptions about professional practice and efficacy across a range of professional domains as well as in the public realm. For example, one of the authors noted that a group of misinformed mental health professionals considered arts therapy to be a practice which should only be used with people who were experiencing psychotic states or were low-functioning. High functioning clients, in this view, were believed to benefit more so from verbal therapies.

This common misconception of arts therapy underpinned the impetus for the current study, which looked at how we communicate about this discipline, through the journal *Australian and New Zealand Journal of Arts Therapy (ANZJAT)*, to the mental and general healthcare communities in the local regional context. The study has identified the need for ongoing education of colleagues and the community to distinguish the efficacy and clinical application of arts therapy, and to further its potential to be regarded as a primary intervention (Westwood, 2010).

## Literature review

### Scholarly journals in arts therapy

The growth of scholarly journals in arts therapy has reflected the development of the discipline globally ([www.anzata.org](http://www.anzata.org)). The first English language journal dedicated exclusively to art therapy was published in 1961 in the USA under the title *The Bulletin of Art Therapy* (Rubin, 1998). Although over the ensuing years the title and form of that journal have altered,



Figure 1. ANZJAT front covers 2006-2011.

it has always been closely identified with the national professional association. The British Association of Art Therapists similarly fostered the development of the journal *Inscape*, and dedicated itself early on to articles which were aimed at increasing recognition for the field of art therapy. A survey undertaken in 1989 of articles published in the journal up to that year identified a leaning towards content of a philosophical/political nature over articles reporting on research (Waller, 1991). In 1998, 38 national art therapy associations and 22 journals of art therapy, published in English, were identified by the International Networking Group of Art Therapists (Rubin, 1998).

### ANZJAT: The professional journal

ANZJAT was launched in 2006 and has since been published annually ([www.anzata.org](http://www.anzata.org)). McKenna (2006), the journal's first editor, reflected that significant research had been undertaken by graduates of regional Master's degree courses and that the production of an Australian and New Zealand journal had the potential to provide a forum for showcasing this work. To date, no comprehensive review of the journal has been undertaken. The current study was an attempt to review the content of the first six years of ANZJAT in order to gain some overview of its content and how this might reflect the identity and progression of the profession of arts therapy in the Australian and New Zealand region.

The reader should note a point related to nomenclature. In 2011 the Australian New Zealand Art Therapy Association elected to open its membership to include therapists using different expressive forms. This led to the change of the Association's name to the Australian and New Zealand Arts Therapy Association (ANZATA). Although only one of the six issues of *ANZJAT* reviewed in this study reflected this change in name and expanded focus, for the purposes of this paper the term 'arts' will be utilised wherever possible, to reflect the current situation.

## Method

An analysis of art therapy research published in *Art Therapy: Journal of the American Art Therapy Association* between 1987 and 2004 was undertaken by Metzl (2008). As with our study, one aim was to identify "what image of art therapy is being reflected through such research" (Metzl, 2008, p.60). Metzl (2008) adopted a mixed-method approach to her analysis in the interests of presenting the most comprehensive findings possible.

Given its relevance, Metzl's (2008) study served as an initial framework for our study, informing the analysis of the quantitative data and helping to provide operational definitions for some of the categories used. This involved replicating and adapting Metzl's procedures, wherein all journal articles in the data set were allocated to one or more of ten categories. These categories included data of a descriptive nature and other data which could be measured. Specifically, to assess changes and trends, analysis started with a quantitative, deductive process regarding the quantity of articles, gender and level of education of authors, and nominated site of practice. In addition to this deductive inquiry, an inductive process of qualitative analysis was employed. Metzl (2008) noted that the quantitative and qualitative methods are complementary and facilitate "more comprehensive findings than [...] the limited scope of either form of inquiry alone" (p.60). The benefits of this approach offered the researchers flexibility in terms of design.

The ten categories and their definitions were:

### Case studies

A detailed clinical analysis of a client or group intervention. Although some papers included 'case examples' and 'case vignettes', for the purposes of this study, only those articles which explored an in-depth investigation of a case (or several cases) were designated as such (Metzl, 2008).

### Self-studies

A subjective examination of the author's lived experience and processes as in an heuristic or an autoethnographic study (Gray, 2011).

### Reflections on practice

Reflections on professional experience in the form of therapists' accounts (Metzl, 2008).

### Questionnaires

The use of questionnaires to evaluate arts therapy processes through client or population reports (Metzl, 2008).

### Interviews

A formal meeting where stories and verbal associations are elicited from an interviewee through a series of questions with an interviewer (Kirst-Ashman & Hull, 2011).

### Theoretical explorations

A combined group comprising four general themes identified as common to arts therapy scholarly exploration: history (explorations of the work of arts therapy founders, historical perceptions of field development processes), philosophical constructs (such as art, creativity, healing, culture), theory formation (such as theory-based arts therapy interventions), and use of creative processes in other cultures, communities, or artistic traditions (Metzl, 2008).

### Observational methods

The use of observational methods to measure or make inferences about participants' behaviours (Metzl, 2008).

### Visual analysis

Exploration of visual elements of artworks, for example from a group of clients with similar presenting issues, in order to ground theoretical, behavioural and clinical findings

regarding the effectiveness of arts therapy interventions (Metzl, 2008).

### Critical literature review

Critical analysis and evaluation of the literature of a particular area of practice (Barr, 1993).

### Research paper with stated research design

Papers which make a clear statement of design, method and analysis of data collection procedures (Gilroy, 2006).

## Data analysis

The majority of studies across the data set were qualitative in nature (85%). The content of these studies was analysed according to a thematic analysis (Attride-Stirling, 2001). The first stage of this process involved the rigorous identification of patterns across the data set via a process of immersion, whereby all texts were read several times in a search for content salient to the purpose of the study (Attride-Stirling, 2001). The data set was coded into three levels of themes of increasing breadth and strength: basic, organising and global themes (Attride-Stirling, 2001). Although some studies (15%) incorporated quantitative material, their data were not further interpreted in the current review.

Determining which articles were research-based proved to be a problematic task. Some articles had a stated research design, whilst others, although focused on clinical practice, did not. For the purposes of this

study, the category referred to as research was distinguished by the steps involved in its design and the structure of the final presentation of the article. Therefore, in order to be categorised as a research study, the following elements needed to be included and named: literature review, method, findings and discussion (Gilroy, 2006). The authors understand that determinations on what constitutes research is a complex and contested area, especially in the field of arts therapy. The above definition was chosen for the sake of pragmatism rather than as a statement about the 'correct' definition for all kinds of studies.

Editorial explorations, viewpoints and book reviews were excluded from analysis in this study.

## Findings

The findings are presented here in two forms: (i) graphs and charts, and (ii) themes. The data presented in the graphs and charts are in accordance with Metzl (2008), except for the section on 'stated site of practice'. This was an adaptation because of an interest in the numbers of authors from Australia and New Zealand represented in the data set.

The following graphs and charts summarise material on quantity of articles, author gender, author level of education, published site of practice, and the overall weighting of types of studies according to the ten categories.

## Graphs and charts

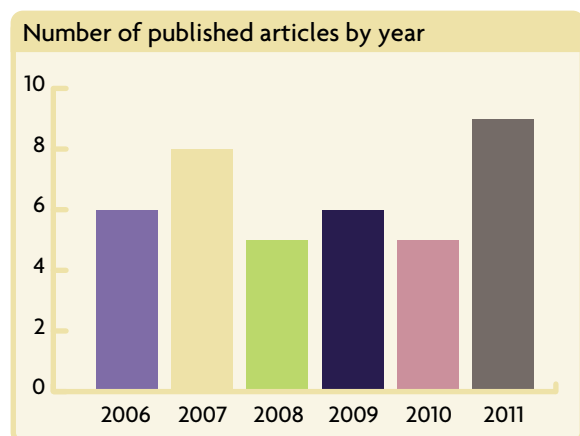


Figure 2.

Aside from an increase in articles published between 2010 and 2011, the number of published articles was relatively consistent.

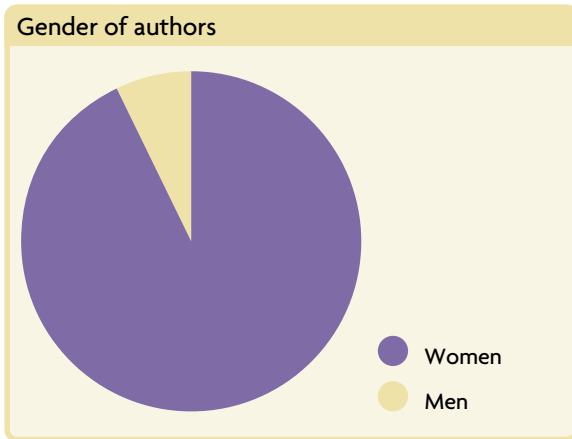


Figure 3.

Findings revealed a significant difference in gender representation amongst the 47 published authors, with 93.6% female and 6.4% male, during these years. This finding reflects the trend in females and males registered as arts therapists with ANZATA during this period. At the time of writing the current proportion of ANZATA members registered with the title 'Mr' stands at 3.4% (personal communication, Wallace, 27 March 2014).

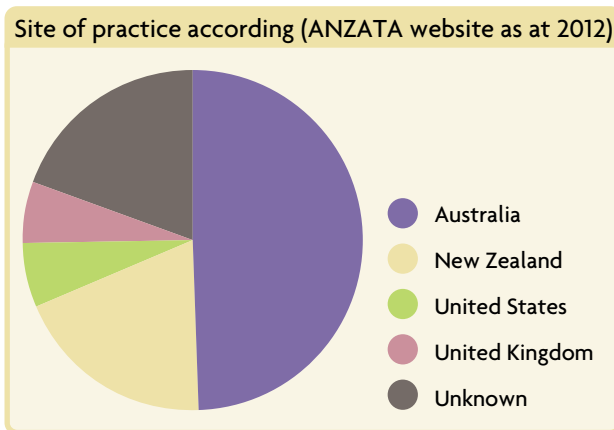


Figure 4.

As at 2012, 49% of authors were in Australia, 19% in New Zealand, and 13% were located in the USA and UK. The locations of the remaining 19% could not be determined as their locations were not stated on the ANZATA website in 2012.

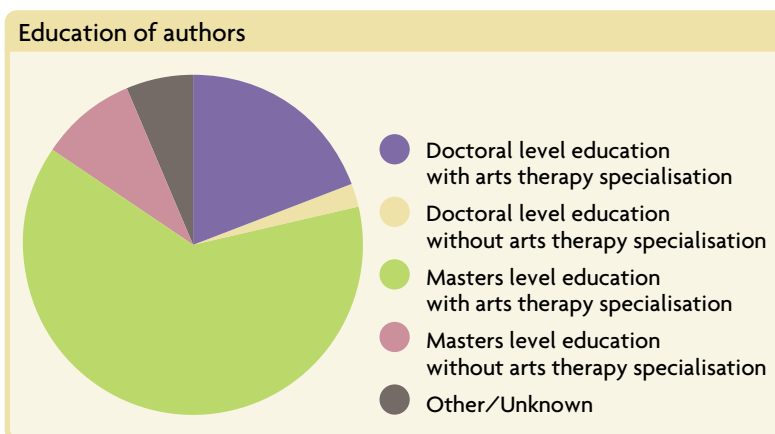


Figure 5.

The number of authors with Doctoral degrees (19.2%) was less than those with Master's level education (61.7%) while 80% of authors had an arts therapy specialisation and 19.1% were from other educational backgrounds.

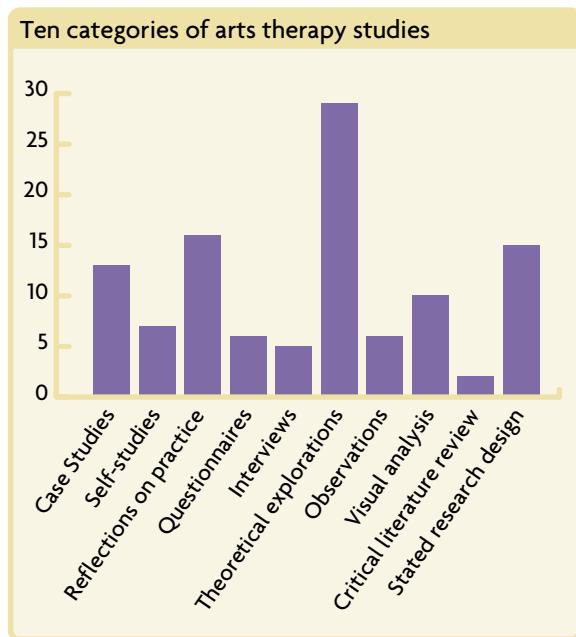


Figure 6.

This graph represents the frequency of occurrence of types of studies according to the ten categories. Many articles fell within two or more categories, for example, Woodcock's (2007) article was coded into both Reflections on practice and Theoretical explorations. Findings revealed that Case studies (33%) and Reflections on practice (41%) were common types of studies, while the popularity of Theoretical explorations (74%) was identified as a constant. Articles relying on use of questionnaires (15%), interviews (12%) and visual analysis (25%) to assess or evaluate treatment were relatively less common. The manner in which studies were conducted also shifted. For example, authors increasingly used a combination of methods as opposed to earlier studies which reported use of a single method only. Less than half of the studies published stated a clear research design (38%).

## Themes

Fifteen global themes were identified in the data set:

- Mental health, pathology and stigma
- Working with challenging clients
- Creative expression through the use of symbolism, myth and storytelling
- Creating access to a therapeutic space/setting
- Inclusion and social well-being through group work
- Modalities and techniques to enhance arts therapy interventions
- Using arts therapy in conjunction with other therapeutic practices
- Working with people from different cultures
- Approaches to treatment planning
- Using client feedback to gauge effectiveness of treatment
- Reflective practice
- Professional identity and organisational support
- Arts therapy education and training
- Increasing research in the field of arts therapy
- Spiritual and philosophical dimensions.

Two themes which closely aligned to the original impetus for the study deserve some detailed illumination here: (i) Professional

identity and organisational support, and (ii) Increasing research in the field of arts therapy. A third theme, using client feedback to gauge effectiveness of treatment, was strongly represented in the data and is also discussed in some detail. Given the constraints of this article, other themes and their implications will be discussed in more general terms.

### Professional identity and organisational support

Many articles discussed arts therapists working alongside allied health workers in multidisciplinary contexts, thus increasing the demand for strong teamwork skills (Lamont et al, 2009). Despite cooperative networks, many authors reported experiences of professional isolation due to lack of support and understanding of arts therapy as an allied health practice (Blesing, 2006; Calomeris, 2006; Coulter, 2006; Lamont et al, 2009; Lo, 2011; Miller, 2007; Van Lith & Fenner, 2011; Walsh, 2008). In response, arts therapists reported a tendency to generalise their professional identity through assimilation into better established healthcare roles such as psychotherapist, support worker, counsellor, or generalist clinician (Miller, 2007; Van Lith & Fenner, 2011; Westwood et al, 2010). Attendance

at professional development opportunities such as conferences, workshops and training courses indicated a desire by authors to differentiate, validate and elevate the profile of the discipline (Chilton & Wilkinson, 2009; Coulter, 2006; Mason, 2008; Miller, 2007; Walsh, 2008; Woodcock, 2007).

With the increasing visibility of the field, networking and stimulating discussion within the arts therapy community has been integral to generating professional interconnectedness. For example, Chilton and Wilkinson (2009) mentioned the use of an online education tool for arts therapists to identify the strengths shared, whereas Van Lith and Fenner (2011) conceptualised a theoretical model for arts therapy practice and discussed its usage to promote cross-disciplinary understandings of the field.

#### **Increasing research in the field of arts therapy**

A recognition of the need for research specifically about regionally-based arts therapy was identified, including the need for a frame of reference to establish approaches to art and healing that are culturally appropriate (Assoulin, 2010; Gray, 2011; Holloway, 2009; Mason, 2008; Miller, 2007; Westwood et al, 2010; Woodcock, 2007). The issue of developing a clinical and evaluative framework for arts therapy coincided with a growing emphasis on multi-disciplinary and holistic approaches to mental healthcare. Most studies with a stated research design involved small sample sizes (Lamont et al, 2009; Perkoulidis, 2007). Strategies towards integrating cross-disciplinary research were discussed, and recommendations made for developing bridging studies between arts therapy and neuroscience. Advantages were demonstrated of the way in which arts therapy can contribute to positive regulation of the core functions of the brain and can enable brain development through connections between art making, trauma and memory (Chilton & Wilkinson, 2009; Hunter & Rosevear, 2011; Lamont et al, 2009; Westwood et al, 2010).

#### **Client feedback to gauge effectiveness of treatment**

An increased interest in client feedback was present in the data, indicating this was an important tool in evaluating the effectiveness of interventions and improving service delivery (Gandolfo & Grace, 2010; Hickey, 2006; Lamont et al, 2009; McMeikan, 2008; Shiell, 2008; Walsh, 2008; Westwood et al, 2010). Walsh (2008) highlighted the need for continual reflection and change in order to manage service delivery on both individual and community scales.

Various methods were used to measure client experience. While pre- and post-questionnaires were the most common evaluative method, other methods included surveys, focus groups, and interviews. Hickey (2006) used both qualitative and quantitative measures to assess the effectiveness of art therapy sessions for children and adolescents with cancer in hospitals. Quantitative methods were used to measure clients' anxiety states at the beginning and end of sessions, while two sets of questions, relating to the process and products of the therapy respectively, were utilised to understand participants' responses. Shiell (2008) used client feedback to survey how arts psychotherapy helped outpatient clients utilise Dialectical Behavioural Therapy.

#### **Discussion**

In light of ongoing misconceptions about arts therapy practice in Australia, the aim of this review was to better understand how this discipline was being understood and communicated as reflected in the Australian and New Zealand Arts Therapy Association's journal between the years 2006 to 2011. There were four key findings of this review. The first key finding was that contributing authors to *ANZJAT* in the period of this study demonstrated a preference for using theory rather than systematic research methodologies in their articles. The second key finding was the need for an expanded range of research skills among arts therapists. The third finding identified the need for a regionally-specific

research agenda, and the fourth finding was the call for an arts therapy evaluation strategy and strategies for cross-disciplinary research, which may also work to reduce the professional isolation often experienced by sole practitioners.

### **What are the best ways to conduct and communicate arts therapy research?**

Differentiating those studies that had a stated research design from those that did not was a significant challenge in this review. Less than half of the articles analysed referred to a methodological framework. However, authors frequently cited arts therapy and other theories as ways of understanding their practice. This finding is in keeping with a similar finding reported by Metzl (2008).

A strong preference for qualitative ways of understanding our work was identified in the study, in keeping with arts therapy literature more broadly. In particular, an increase in articles utilising interviews and visual analysis was observed over the six years. Qualitative smaller scale studies are well suited to the uniqueness of participant experience and voice. Carolan (2011) linked this to our overriding preferences as artists when she wrote that “independence may be cherished above interdependence in the field, because the profession is made up of individuals who identify themselves primarily as artists... this has an impact on the collaborative efforts in understanding and communicating knowledge” (p.190). Metzl also identified a trend toward the use of interviews and visual analysis in her American review. She attributed this to the possible influence of narrative therapy (Metzl, 2008). Henzell (2003) asserted that narrative and storytelling heavily inform Australian culture and identity and might reasonably leave an imprint on the way arts therapists make sense of their work. Qualitative ways of understanding our work could be enhanced by using a more systematic approach. This would allow for more comprehensive and reliable findings. It would also aid in communicating and furthering an understanding among other health professionals about our discipline.

An additional finding was that in those studies stating a research design, there was a trend toward using a combination of research methodologies. Recent interest in the arts and health movement in Australia, which most certainly includes the practices of arts therapy, has underlined the importance of a range of possible research methods and subsequent varied forms of findings as relevant for the field (Fenner et al, 2012). If the current content of American and British journals is a guide, it would seem that greater diversification in research methods and publication, including quantitative approaches, may be part of the way forward, in order that we tell the “whole story” (Anderson, 2012, p.3). It also suggests increased practitioner flexibility (Westwood, 2010).

Perhaps one way of increasing the diversity of research methodologies used in arts therapy studies, and of encouraging the use of systematic approaches, is to increase capacity at a tertiary level. Access to training in research skills can be seen to play a role in the material published in any scholarly journal. In academic and professional systems, the ‘research’ article is commonly recognised as fundamental to a field’s knowledge base (Schauder, 1993) with most research training taking place at the doctoral degree level. More pathways to appropriate higher degree studies in universities across the region may encourage more arts therapists to develop increased research and writing skills with the reasonable likelihood that publications representing diverse methodological perspectives in *ANZJAT* and related journals will increase.

Theoretical explorations were the most common form of paper identified in this study (74%). This contrasted with Metzl’s findings wherein theoretical observations only accounted for 13.1% of articles. This seemingly large difference may be due to a slight difference in the way in which articles were coded. Metzl gave each article a single code, whereas articles in the present study were coded under multiple categories. This approach was used to account for a trend towards studies



utilising a combination of approaches to data collection, which Metzl also identified.

Metzl (2008) proposed that such a leaning “might serve as a way to pull together (health) science traditions with liberal arts traditions, and serve as a way to negotiate the field’s multidisciplinary nature” (p.70). For example, some authors used ‘case examples’ and ‘case studies’ to describe clinical work in an illustrative manner as opposed to a detailed systematic analysis of a client or group intervention over time. This mode of writing might best be described as reflections on practice (in the form of the therapist’s personal accounts). As a form of reflexive practice, reflection seems a vital means for arts therapists to understand both the pragmatic and philosophical aspects of their work (see Figure 7 on page 24) (Moon, 2003). However, a focus on reflection alone should not be at the expense of systematic research and collaboration with other healthcare disciplines utilising diverse avenues of substantiating and communicating the evidence of our work (Metzl, 2008).

### **Who publishes in ANZJAT?**

The findings of this study show that the number of articles published throughout the lifespan of the journal has been relatively consistent with an increase in 2011. This contrasts with Metzl’s finding that the number of articles increased overall between 1994 and 2004. What is not evident from this data is the rate of actual submissions for review over time. This information would be highly informative as a reflection of interest in publishing given the obvious size limits of any scholarly journal, especially one which during this period had no electronic format.

Whilst it is valuable to encourage international collaboration, the development of locally-derived knowledge is central to the development of the profession’s identity in Australasia. As continued growth is desired, contributions to the journal from this region, at least for the foreseeable period, should be strongly supported.

When reviewing the demographic data relating to authors it became apparent that the majority of authors were female and that a substantial minority were located outside the Australasian region. The prevalence of female authors in this review corresponds with the prevalence of women registered on the ANZATA website.

### **What direction does arts therapy research need to take?**

Directed content analyses of the 39 articles included in this review revealed 15 global themes. Three of these were discussed in detail: professional identity and organisational support, increasing research in the field of arts therapy and using client feedback to gauge effectiveness of treatment. Studies discussing professional identity and organisational support reinforced the assertion that arts therapists often experience professional isolation. This is largely due to a perceived lack of both status and value of this form of therapy within allied health contexts. It may also reflect a developmental phase for the profession, whereby positions are often created one by one in community and clinical sectors. Whilst the overall number of positions for arts therapists may be on the increase, the experience of isolation as a single discipline professional may concurrently be increasing. Interestingly, this experience stands in contrast with the recent increased interest and support expressed at the level of national government policy in the Australian setting (Institute for Creative Health, Dec 6, 2013). It was clear that Australasian arts therapists are engaging in professional development activities which may provide some opportunity for professional networking; however, this appears to fall short of the mark in terms of supporting clinicians in their everyday practice. Increasing opportunities for more regular and ongoing connection and engagement among local arts therapists may go some way toward reducing this sense of isolation.



Figure 7. *Emotional self-portrait*, by a trainee arts therapist.

Reprinted from Lo, P.Y. (2011). A heuristic and art-based inquiry. *Australian and New Zealand Journal of Arts Therapy*, 6(1), p.57.



Figure 8. Fantasy-based drawing by an adolescent boy.

Reprinted from P. Isis, P. (2007). Using Art Therapy with Troubled Adolescents. *Australian and New Zealand Journal of Art Therapy*, 2(1), p.29.



Figure 9. *The Dance*, Royal Exhibition Building, Melbourne.

Reprinted from E. Assoulin, E. (2010). I see what I am – I am what I see. *Australian and New Zealand Journal of Art Therapy*, 5(1), p.51.

## Need for local and culturally relevant research about arts therapy practice

The need for regionally-specific research about arts therapy was emphasised throughout this study. Several writers called for the development of a practice framework that is inclusive and culturally appropriate and able to cater to groups, families and difference which presents itself in numerous forms. White (2009) emphasised the need to include broad based investigations including sociological dimensions, which locate clients in settings which are culturally representative.

Critiquing the culture of the mental health system appeared often in the data including the limiting perspective that in the context of the medical model, “people become patients” (Heenan, 2006, p.180). The dominance of the medical model does not adequately address the interaction of social factors with biological ones (Heenan, 2006). Increasingly, the findings demonstrated that therapeutic approaches based on a social model challenged a pathology focus and made way for an appreciation of the complexity of emotional and psychological issues as socially located rather than simply individually determined and diagnosis-driven (White, 2009). Arts therapy interventions seem in this regard to be increasingly strengths-based (see Figure 8). They focus on enhancing the capacities and coping resources of individuals and groups and on offering meaningful recovery-oriented practices (Drench, Noonan, Sharby & Ventura, 2007). This approach appeared more often to be used with younger populations than older. Extending the application of this approach to a wider age range and to underrepresented populations would go some way to addressing current limitations and help to develop the field.

Culturally sensitive practice specific to the Australasian context has been given little attention in the literature, and it was acknowledged by authors that research in the area lacks maturity (see Figure 9), particularly in relation to ‘white racial identity’ and the implications of working as a non-Indigenous therapist with Indigenous populations. Within

arts therapy education, this might suggest a knowledge gap which should be given more attention (Westwood, 2010). Clinical research which incorporates issues and challenges related to cultural diversity and the role of the social can more frequently be found in a variety of journals (Buboltz et al, 2010; Pope-Davis et al, 2001; Stuckey & Nobel, 2010). The adoption of a broader cultural viewpoint within mental health can be seen reflected in the American Psychological Association's policy of increasing awareness of cultural diversity in the sciences and within the broader psychological community (Buboltz et al, 2010). This sends a timely message to the contributors to *ANZJAT* and for an editorial policy emphasis which actively supports the promotion of difference and cultural tolerance within our own community.

### **Developing a clinical and evaluative framework**

A need to develop a clinical and evaluative framework for arts therapy in order to validate practice was emphasised by authors. This attitude was understood as required when working in multi-disciplinary teams within mental healthcare where dominance of the medical model prevails (Gilroy & Hanna, 1998) and evidence-based theories are important drivers in policy (Jones, 2005; White, 2009).

In the context of this study, articles in *ANZJAT* which made a clear statement of research design were in the minority, which raises certain questions in relation to our place within dominant health discourses. Jones (2005) pointed out that some have argued that "the tools used for the evaluation of efficacy are too crude, too partial to try to account for what happens in an arts therapy process" (p.242). Mixed-method approaches would seem to offer the potential to shift beyond both a pathology-dominant orientation and the limitations of descriptive studies. As Gilroy (2006) asserted, investigating the outcomes of work with sampled groups can be enhanced with qualitative data, such as personal narratives and visual methodologies.

According to this study, a consideration of client voice has become an important component in evaluating the effectiveness of arts-based interventions and improving service delivery which may represent a shift away from arts therapy being identified with liberal arts traditions (Metzl, 2008). Although sample sizes in *ANZJAT* articles were small in comparison to health science standards, as our discipline develops further, the effective use of client feedback could help therapists to discover more about the potentials of evidence-based research as an intrinsically worthwhile and creative process (Gilroy, 2006).

Alongside recognition is the requirement for accountability. The need to protect the public has provided the impetus for increasing regulation, a trend in healthcare which is international (McCabe, 2005; Wood, 1999). To date, with no wide-ranging health rebate scheme that includes arts therapy, the requirement for an evidence base which demonstrates the effectiveness of creative approaches to clinical practice and facilitates cross-disciplinary conversations is imperative.

### **Strategies towards integrating cross-disciplinary research**

Collaboration with and inclusion of arts therapy in other research fields was illustrated in relation to the field of neuroscience, showing how arts therapy can contribute to positive regulation in core functioning of the brain and enable brain development (Chilton & Wilkinson, 2009; Hunter & Rosevear, 2001; Lamont et al, 2009; Westwood et al, 2010). Further research would help to enhance clinical depth and support understanding of the strategies and techniques offered by such interventions. Additionally, several authors reported on the integration with arts therapy processes of concepts from cognitive-behavioural therapy, dialectical behaviour therapy, and positive psychology to enhance the effectiveness of treatments.

As the field of arts therapy gains a more robust research base, opportunities to publish will continue to emerge including in journals not directly about arts therapy per se, but look

at people's needs through a variety of lenses. This may further serve to extend awareness of the practices and value of the contributions of arts therapy to a wider readership.

### Limitations of the study

This study constituted the work for a Master of Art Therapy Final Project and was an attempt to analyse the local arts therapy journal *ANZJAT* using the work of Metz (2008) as a methodological guide. Although under the instruction and mentoring of the second author, the first author was effectively the sole coder of the data. Other researchers may have developed a different process of review, and arrived at a somewhat different distribution among the content categories and final global themes. Furthermore, aspects of this analysis (particularly author demographics) relied on the use of the ANZATA website. This website did not always contain complete records which led to an incomplete data set in some instances. In addition, the scope of this study did not allow for analyses of the quantitative data presented in the articles reviewed. An analysis of this kind would be valuable for the field and future studies.

### Conclusion

To our knowledge, this study is the first to evaluate the content of articles published in the *Australian and New Zealand Journal of Arts Therapy*. This review facilitated an initial grasp of a wide field, providing a descriptive analysis of the first six issues of the journal of the professional association ANZATA between 2006 and 2011. These findings have raised the issue of the need to adopt more systematic approaches to conducting and communicating research. In doing this, arts therapists may expand understandings and the influence of arts therapy within related healthcare disciplines. This may then result in improving the evidence base for arts therapy and support integration of the discipline within a broader allied health context. Furthermore, increased efforts are needed to reduce professional isolation, to increase local and culturally

relevant research, to develop an evaluative framework and to encourage cross-disciplinary research. This would lead to more integrative theoretical and evaluative frameworks which reflect and accommodate the many perspectives of the social and cultural context of the Australian and New Zealand region.

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