



International Journal of Art Therapy

Formerly Inscape

ISSN: 1745-4832 (Print) 1745-4840 (Online) Journal homepage: <https://www.tandfonline.com/loi/rart20>

The Art Therapy Working Alliance Inventory: the development of a measure

Michal Bat Or & Sigal Zilcha-Mano

To cite this article: Michal Bat Or & Sigal Zilcha-Mano (2019) The Art Therapy Working Alliance Inventory: the development of a measure, *International Journal of Art Therapy*, 24:2, 76-87, DOI: [10.1080/17454832.2018.1518989](https://doi.org/10.1080/17454832.2018.1518989)

To link to this article: <https://doi.org/10.1080/17454832.2018.1518989>



Published online: 14 Nov 2018.



Submit your article to this journal [↗](#)



Article views: 202



View Crossmark data [↗](#)



The Art Therapy Working Alliance Inventory: the development of a measure

Michal Bat Or and Sigal Zilcha-Mano

ABSTRACT

Two studies present the development and validation of the Art Therapy Working Alliance Inventory measure, based on Bordin's [1979. The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16, 252–260] conceptualisation of the therapeutic working alliance. The measure captures unique aspects of the art therapy working alliance that take into account the client's relation to the art medium in the presence of the art therapist. The measure's reliability and validity were examined. In Study 1, 40 art therapy students, who participated in art therapeutic simulations as clients during their training programme, rated the measure in its development phase; in Study 2, 104 art therapy students completed the final questionnaire and the Working Alliance Inventory in regard to therapeutic simulations. Exploratory factor analysis revealed three main factors: perceiving the art medium as an effective therapeutic tool (Art Task); the affective and explorative experience during art-making (Art Experience); and, acceptance of the art therapist's interventions in the art medium (Art Therapist Acceptance). Associations were found between Art Task and Art Therapist Acceptance with each of the working alliance components, as well as between Art Experience with the Bond component. Implications for practice and research are discussed.

Plain-language summary

In verbal psychotherapy, a strong therapeutic alliance between client and therapist is necessary to achieve therapeutic goals. In art therapy, this alliance includes a third object: the art medium, comprised of art materials, artmaking and artworks.

In this study, we developed and tested a new questionnaire for art therapy service users which measures the client-art medium alliance formed in art therapy. The new questionnaire is based on the Working Alliance Inventory, a well-known measure used in psychotherapy (Horvath & Greenberg, 1989) and is called the Art Therapy-Working Alliance Inventory.

In order to measure the alliance between the client and the art medium, the Art Therapy-Working Alliance Inventory asks about three main areas: the client's perception of the art medium as a therapeutic tool (Art-Task), the client's affective experience of his/her artwork (Art Experience), and the client's acceptance/rejection of the art-therapist's interventions in the art medium (Art Therapist Acceptance).

We asked 104 art therapy students to assume the role of clients in simulated art therapy sessions and then fill out the questionnaire at the end. We found a strong association between the two alliance scores; in other words, the stronger the alliance between the client and the art therapist, the stronger the alliance between the client and the art medium.

Thus, we concluded that the Art Therapy-Working Alliance Inventory can serve as a useful tool in the research of art therapy practice.

ARTICLE HISTORY

Received 7 December 2017
Accepted 23 August 2018

KEYWORDS

Working Alliance; art therapy; psychodynamic treatment; measurement; triangular relationship

Highlights

- A measure for the therapeutic alliance in art therapy towards the art medium
- Three main factors to AT-WAI: Art Task, Art Experience and Art Therapist Acceptance
- Validation of AT-WAI with WAI

Introduction

Therapeutic working alliance

The therapeutic relationship has long been a focal point of psychotherapy research and has emerged as

one of the most consistent predictors of therapy outcome (e.g. Crits-Christoph, Gibbons, & Mukherjee, 2013). According to Greenson (1967), the working alliance represents cooperation between client and analyst and the capacity to work purposefully in the therapeutic situation. Bordin (1979) identified three components that together define the quality of this alliance. The first component is the agreement between client and therapist on the goals of the treatment; the second involves client and therapist agreement on its tasks; and the third refers to the affective bond between client and therapist that includes mutual trust, acceptance and confidence. The working alliance

has been found to be associated with treatment outcomes across theoretical orientations and clinical populations (Horvath, Del Re, Flückiger, & Symonds, 2011).

Despite the fact that the therapeutic working alliance was found to be a common aspect in many different psychotherapeutic approaches, particular treatments might have specific alliance features, which Bordin (1979) conceptualised as 'embedded alliances'. In other words, different treatments demand specific aspects in the working alliance. These specific features may have critical influence on the therapy outcomes (Hatcher, 2010). For example, relational psychodynamic orientations emphasise the importance of a dynamic effort to form and maintain the alliance as a curative aspect in itself (e.g. Safran & Muran, 2000), whereas in traditional CBT treatments, the alliance is perceived mainly as a necessary condition for using effectively therapeutic techniques in cooperative relationships (e.g. Castonguay, Constantino, McAleavey, & Goldfried, 2010).

The interesting question that arises concerns the function of the working alliance in less traditional treatment, such as art therapy (AT). AT is a form of psychotherapy that uses the art medium as its primary mode of expression and communication (BAAT: The British Association of Art Therapists). In AT, in addition to the client–therapist therapeutic relationship, the client also engages with the art medium, as an in-session therapeutic method (Naumburg, 1966). The client's expressive work with the art medium may in turn influence the client–therapist relationship (Hass-Cohen & Carr, 2008). Thus, the unique AT triangular therapeutic relationship among client, art therapist and art medium forms a specific therapeutic relationship in AT (Isserow, 2008; Robbins, 1987), and therefore engaged our attention in this research.

The working alliance in the triangular relationship in AT

AT triangular relationships have been primarily explored through case studies and qualitative research (e.g. Ball, 2002; Junge & Linesch, 1993; Schaverien, 1993). The result is documentation of a wide range of therapeutic dynamics in which the art medium fulfils multiple roles apparently related to the client–therapist working alliance. In respect to the working alliance, the relevant literature describes the art medium in AT as a therapeutic task (e.g. Naumburg, 1966) that enables two simultaneous channels of communication: intrapersonal, between client and self; and interpersonal, between client and therapist (e.g. Potash & Ho, 2014); thus, from the therapist's view, the artwork in AT is described as an experience that may strengthen the client–therapist bond/closeness (e.g. Ball, 2002; Bat Or & Garti, 2018), and as a method that helps the client

achieve personal therapeutic goals (e.g. Slayton, 2010; Wood, Molassiotis, & Payne, 2011).

According to Schaverien (2000), three AT approaches emphasise different axes in the therapeutic triangle. The 'art-as-therapy' approach stresses the client–art axis, by providing the opportunity for sublimation and communication (Kramer, 2000); according to this approach, the art therapist mainly facilitates the artwork and witnesses its evolution and product (e.g. Kramer, 1971; McNiff, 2014). In comparison, the 'art psychotherapy' approach (Naumburg, 1966) highlights the client–therapist axis and perceives this to be the focus of therapy; from this point of view, the art medium (similar to free associations) mirrors the client's unconsciousness and the client–therapist relationship. Finally, the 'analytical art psychotherapy' approach sees the client–artwork–therapist triangle as a dynamic space in which the two above-mentioned axes are interwoven (Schaverien, 2000).

A quantitative research study of the triangular relations in AT simulations, conducted in an AT graduate programme, found associations between attachment to the observer (therapist) and the experience of the creator (client) with the art materials; specifically, the more the relationship between the creator (client) and the observer (therapist) was secure, the more the experience with the art materials was considered positive by the creators (Corem, Snir, & Regev, 2015).

A recent pilot study found that improved client–therapist working alliances in arts therapies were, for the most part, explained by higher scores in the task component, probably due to the focused interaction with materials and methods that characterises AT (Heynen, Roest, Willemars, & van Hooren, 2017). This study underscores the relations between the client–therapist working alliance and the art-making component in therapy. An important question thus arises regarding the art-making component in AT, and its part in the therapeutic triangle.

The client–art relations in AT

Art-making in AT may be conceptualised as a form of experiencing in the here and now. It relates to sensory, kinaesthetic and perceptual, as well as to verbal and cognitive, expression levels (Kagin & Lusebrink, 1978; Lusebrink, 1990, 2004). Current models of change in psychotherapy embrace new experiences and new meaning of experiences (for review see Curtis, 2012). In the context of AT, these direct experiences within the art medium may allow for the creation of new experiences, which may then enable development and growth (e.g. Cox & Price, 1990). For example, the emergence of higher levels of expression in the art-making according to the Expressive Therapies Continuum model helps clients experience a more

integrated sense of self (Lusebrink, 1991). With regards to meaning making, art-making may encourage mentalization (Verfaillie, 2016) and lead to insights (e.g. Avstreich & Brown, 1979). Therefore, the valence of the client's experience during the art-making, in terms of affective tone and exploration mode, may be crucial to the therapeutic process.

Art therapists have documented a wide range of clients' subjective experiences during the art-making process in AT, including excitement, competence and aversion (e.g. Elbrecht, 2013; Snir & Regev, 2014). In addition, it can be suggested that changes occur in the client's art-making subjective experience in the course of AT. For example, a client may gain more confidence and enjoyment from creating via the art medium, and, therefore, may move from a position of avoidance to creating more freely with the art materials. As AT is a relatively new and developing field of psychotherapy, available literature focuses on qualitative assessments of various interactions within the client–art axis, and their therapeutic nature (e.g. Cavallo & Robbins, 1980). However, there is a lack of empirical research that measures the client's experience with the art medium in the context of the client–therapist relationship. Although theoretically grounded, the presence of the art therapist as a facilitator and observer, as well as someone who engages in a dialectic and meaning-making dialogue in the triangular relationship (Linesch, 1995; Tuffery, 2011), still needs to be explored empirically. The aim of the present study was to develop a self-report measure for adult clients that would help evaluate the embedded working alliance in AT. Accordingly, we describe the development of a self-report instrument (Art Therapy-Working Alliance Inventory: AT-WAI) that gauges how AT students (fulfilling the role of clients during AT simulations with their colleagues, who take on the role of art therapists, within a dyadic setting) experience the art-making. We then describe some of the procedures used to select and refine the self-report's items, within the pilot-testing phase (Study 1), and, finally, we present a reliability and validity study (Study 2).

Study 1: instrument development

In this pilot study, we sought to define the AT working alliance and create a reliable self-report scale for measuring it. We took into consideration that the art medium is embedded in therapeutic relationships in AT. We hypothesised that the AT working alliance items would organise around three factors. The first factor corresponds to the task component of the WAI, and, specifically, the client's agreement that the therapist's main therapeutic tool in AT is the art medium. The second factor describes the valence of the client's experience while engaging with the art

medium in AT. This is the degree to which the client feels secure and free to create with and explore the art medium. It may correspond partially with the bond factor of the WAI that describes the affective experience that the client has established with her/his therapist. However, in AT, this factor incorporates, in addition to the affective aspect (for example, feeling comfort versus discomfort while creating art), the activity of exploration via the art medium (for example, taking various actions during art-making, versus limited action). To recap, this factor describes both the affective tone of the individual experience during art-making as well as the degree of exploration. Finally, we defined a third factor, unique to AT, that describes the client's experience during interaction with the art therapist's artistic interventions (for example, when the art therapist suggests art techniques, or provides/limits art materials).

Method

Participants

Participants in Study 1 were 40 Israeli art therapy students (MA programme) in their second or third years (23 second-year and 17 third-year students). The participants were women, aged 24 to 45 ($M = 30.5$, $SD = 5.75$). They all volunteered to participate in the study. All 40 students played both roles (clients and art therapists) but were questioned only about their experiences as clients in the AT simulations. Eight weekly sessions were held for each role; each session lasted about 40 minutes. All participants signed informed consent forms and the study was approved by the relevant ethics review board.

Materials and procedure

The items were formulated to describe the following unique factors in the AT working alliance: (a) the client's perceptions of the art medium as a therapeutic task in AT. This pertains to the belief, versus disbelief, that engaging in art-making in therapy is helpful for the client (e.g. 'the artwork in AT promotes my therapeutic progress'); (b) the client's affective experience towards art-making, and the quality of their exploration during art-making in AT, meaning the comfort/playfulness versus discomfort/constraint while manipulating the art materials (e.g. 'I feel free to play with art materials in AT'); and (c) the client's experience of the art therapist's interventions in respect to the art medium (e.g. 'I enjoy accepting my therapist's technical help while creating in AT'). In formulating the items, we used simple and straightforward phrasing to maximise relevance in terms of theoretic knowledge of the therapeutic working alliance. The authors generated 25 items that clearly related to AT theory and clinical practice as well as to the therapeutic working alliance model (Bordin, 1979). After that, three expert art

therapists reviewed the list and were asked to rate the relevance of each item to AT. The experts had been active as art therapists for an average of 20 years and had worked with a range of clients (children, adolescents and adults) in various contexts (hospital settings, private practice and schools). Their orientation was psychodynamic therapy. The item-screening process resulted in a pool of 19 items that measured the client's AT working alliance. Minor changes in the wording of the items were made based on their ratings and comments. We then asked the participants in Study 1 to read each of the items, and to think about their relationship with their therapist/colleague during the therapeutic simulation in which they were a client. Ratings were made on a seven-point scale ranging from 1 (not at all) to 7 (very much).

Results and discussion

An exploratory principal component analysis was conducted to identify the factors in the basis of the measure. Based on this analysis, we chose 14 items that had a high loading on one of the factors and a low loading on the other factors. We then subjected them to a second-factor analysis using varimax rotation. The analysis yielded three factors with eigenvalues greater than 1.0, which explained 61% of the variance and corresponded with the three theoretical dimensions of the working alliance. In statistical terms, the pilot study sample was too small for calculating factor analysis; therefore, we continued to Study 2, which included a larger sample, with the aim of investigating the measure's reliability and validity. We hypothesised that significant associations would be found between:

- (1) The AT-WAI factor, which describes trusting the AT task (the art-making), and the corresponding Task component in the WAI.
- (2) The AT-WAI factor, which describes the client's acceptance of the art therapist's art interventions, and the Bond component in the WAI.
- (3) The AT-WAI factor that describes the client's affective and explorative experience during the art-making, and the Bond component in the WAI.

Study 2: the reliability and validity of the AT-WAI

Participants

One hundred and four AT students (96 women and 8 men), from two graduate training programmes in Israel, participated in this study. Participants were between 24 to 50 years of age ($M = 29.2$, $SD = 5.20$). The two graduate programmes concentrated mainly on psychodynamic theories and their application to AT and raised awareness to the significance of

triangular relationships in AT. During the two semesters of their second year in the programme, the students experience AT simulation in dyads, undergoing eight sessions as therapists and eight as clients. The AT simulation lasted about 50 minutes. In the therapeutic simulation, the student was asked to be the client, and carry out a self-exploration via art in the presence of a colleague, who was serving as the therapist. Diverse art materials were available, including coloured pencils, charcoal, watercolours, gouache and clay, among others, as well as various art tools: brushes, scissors, glue and more. The student in the role of therapist was asked to observe and encourage the student's creative self-exploration. One week before the end of the simulation sessions, participants in the client's role only were asked to fill out the AT-WAI and the WAI.

Instruments

Working Alliance Inventory (WAI: Horvath & Greenberg, 1989)

The 12-item WAI (short-form client version) assesses the therapeutic alliance. Using a seven-point Likert scale, clients rate the degree to which the items characterised their relationship. Each of three subscales – Bond, Goal and Task – reflect an aspect of the client-therapist relationship. The WAI has been demonstrated to have reliability and validity in previous studies (e.g. Horvath & Greenberg, 1989).

Art Therapy Working Alliance Inventory: AT-WAI

For each of the 14 items of the AT-WAI, participants were asked to rate their predominant experience during the sessions using a seven-point Likert scale ranging from 'completely' to 'not at all'. Negative items that were reversed for the statistical analysis are represented by R. The next section presents the measure's reliability and validity.

Results and discussion of Study 2: reliability and validity of the AT-WAI. Table 1 presents the EFA of the final AT-WAI 14 items, which yielded three factors with eigenvalues greater than 1.7, accounting for 60% of the common variance (see Table 1 for factor loadings, per cent of explained variance and Cronbach alphas).

The first factor included six items (1, 5, 8R, 9R, 10 and 11) describing the clients' trust in the art medium as an effective therapeutic tool that contributes to their progress, either as a method that reflects mental states of the client (e.g. item no. 11: 'The process of artwork helps me to notice my inner states', and item no. 9, a negative statement: 'I do not see any connection between my artwork in therapy and my problems'), and either as a channel of communication to the art therapist (e.g. item no. 10: 'My artwork helps me to

Table 1. Factor Analysis of 14 AT-WAI Items ($n = 104$).

AT-WAI items	Factor loadings		
	Factor 1 Art Task	Factor 2 Art Experience	Factor 3 Art Therapist Acceptance
1. By working with art materials I understand my problem in new ways	.842	.140	-.116
2. I'm not comfortable creating art in therapy (R)	.073	.742	.196
3. I feel embarrassed creating with art materials in front of my therapist (R)	.175	.453	.545
4. I enjoy accepting my therapist's technical help while creating in art.	.097	-.069	.676
5. My art work in my therapy promotes my progress	.807	.068	.153
6. I'm not comfortable with the art technical suggestions of my art therapists (R)	-.003	-.006	.823
7. I feel free to play with the art materials in therapy	.074	.760	.111
8. My artwork in therapy postpones my progress (R)	.559	.279	.121
9. I don't find any association between my artwork in therapy and my problems (R)	.845	.006	-.042
10. My artwork helps me to communicate to my therapist my feelings and thoughts	.642	.267	.259
11. The art work process helps me to notice inner states in myself	.806	.150	-.043
12. I enjoy experiencing variety of new possibilities with the art materials in therapy	.193	.622	-.094
13. I'm pleased creating with art materials in therapy	.223	.851	-.050
14. I'm comfortable with the art technical suggestions of my art therapists	-.044	.148	.811
Eigenvalues	4.4	2.3	1.7
Per cent of explained variance in the item scores (%)	32	16	12
Cronbach's alpha	.856	.776	.724

Note: Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalisation.

Table 2. Inter-correlations (Pearson's rho) between AT-WAI main factors ($n = 104$).

		Art Task	Art Experience	Art Therapist Acceptance
Art Task	Pearson	1	.292**	.125
	Sig. (2-tailed)		.003	.205
Art Experience	Pearson		1	.309**
	Sig. (2-tailed)			.001
Art Therapist Acceptance	Pearson			1
	Sig. (2-tailed)			

**Correlation is significant at the 0.01 level (2-tailed).

communicate my feelings and thoughts to my therapist'). This factor was labelled 'Art as a therapeutic task', or, in short, 'Art Task'. It accounted for 32% of the common variance. The second factor included four items (2R, 7, 12 and 13) representing different affective tones during the art-making and different degrees of enjoyment/freedom to explore through the artwork in AT. Item no. 12 is one example: 'I enjoy experiencing the range of possibilities that are provided by the art materials.' Item no. 2 is a negative statement, 'I'm not comfortable creating art in therapy.' This factor was defined as 'Experience within the artwork', or, in short, 'Art Experience'. It accounted for 16% of the variance. The third factor included four items (3R, 4, 6R and 14) describing the client's experience towards the art therapist's presence or interventions in respect to the art medium. Item no. 14 is a positive example: 'I'm comfortable with the artistic-technical suggestions of my art therapist', and Item no. 3 is a negative example 'I feel embarrassed creating with art materials in front of my therapist.' It was defined as 'accepting the art therapist's interventions in the art medium', and in short 'Art Therapist Acceptance'. It accounted for 12% of the variance. Cronbach's

Table 3. Intercorrelations of Art Therapy Working Alliance Inventory (AT-WAI) and Working Alliance Inventory (WAI) Factors ($n = 102$).

		WAI		
		Goal	Bond	Task
AT-WAI	Art Task	.431**	.519**	.562**
	Art Experience	.177	.346**	.184
	Art Therapist Acceptance	.319**	.401**	.254**

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

alpha coefficients were computed for each factor to determine their reliabilities. Factor 1, 'Art Task', $\alpha = .856$; Factor 2, 'Art Experience', $\alpha = .776$, Factor 3, 'Art Therapist Acceptance', $\alpha = .724$.

Table 2 presents the inter-correlations among the three factors of the AT-WAI.

As can be seen from Table 2, significant small associations were found between 'Art Experience' and 'Art Therapist Acceptance' ($r = .309$, $p < .001$), and 'Art Task' ($r = .292$, $p < .003$). No association was found between 'Art Therapist Acceptance' and 'Art Task'. Because the AT-WAI had a high degree of overall internal consistency, Cronbach's alpha coefficient was computed, $\alpha = .841$; we computed one total mean score for all the items. The new inventory was thus considered to have adequate consistency.

Working Alliance Inventory. Given the unique nature of our sample, reliability coefficients were conducted and confirmed on the WAI on the data of the present sample; 'Goal' factor Cronbach's $\alpha = .848$; 'Bond' factor Cronbach's $\alpha = .841$; 'Task' factor Cronbach's $\alpha = .736$. Correlations among the Bond, Goal and Task subscales of the WAI were calculated and significant correlations were found between all ($r = .696$ – $.763$, $p < .01$).

Validity results. Pearson correlations were computed to each AT-WAI factor with WAI factors. As can be seen in Table 3, significant strong associations were found between 'Art Task' and each of the components of the WAI ($r = .431-.562, p < .000$); medium-low associations were found between 'Art Therapist Acceptance' and each of the components of the WAI ($r = .254-.401, p < .000$); and one positive medium-low association was found between 'Art Experience' and the Bond component in the WAI ($r = .346, p < .000$). Results supported the hypothesis.

In addition, a strong significant Pearson correlation coefficient was found between the global mean score of the WAI and the global mean score of the AT-WAI ($r = .566, p < .000$). At this stage, we wish to clarify that correlations indicate only the strength and direction of a relationship between variables, and do not imply that a variable causes a change in another variable. Hence, causality cannot be inferred from correlations (Giles, 2002).

Discussion

The present study demonstrated the development, reliability and validity of a measure for the embedded working alliance in AT that takes into account the client's experience in relation to the art medium. There would appear to be some evidence to support construct validity given the positive associations between the total scores and factors of the AT working alliance and the therapeutic working alliance. The current discussion explores the three AT-WAI factors through integration of psychodynamic and AT theories. Implications for practice and research limitations are also discussed.

The client's alliance with the art medium in AT: the construct of the AT-WAI

The present study's findings reveal that the client's alliance with the art medium in AT incorporates three components: art as affective and explorative experience (Art Experience); art as a therapeutic task (Art Task); and, finally, the acceptance of the art interventions of the art therapist (Art Therapist Acceptance). The only component that was found to be related significantly to the two other AT-WAI components in medium-low correlations is Art Experience (See Figure 1).

The Art Experience component represents events in the here and now that clients experience during AT sessions. For discussion purposes, it may be described as an 'experiencing-lab', in which clients practise, explore, create and express actively body sensations and mental states. This 'experiencing-lab' was found to be related positively to accepting the art therapist's art interventions (for instance, of new [art] materials/techniques), to the client's perception of the art medium as therapeutic, and as promoting her/his progress in AT.

The association between the acceptance of the art therapist's art interventions and the Art Experience component may suggest a common valence between the client's experience with art and his/her experience of the art therapist's intervention with art. For example, a client that reports interacting with the art medium in a free and playful way may welcome her/his art therapist's suggestions in this medium, as enriching her/his art experiences. The art therapist therefore may be perceived by the client as a helpful assistant, and as a co-creator in AT. However, since the association was of medium magnitude only ($r = .309$), there may be cases in which the two phenomena have different valences, for example, a negative experience with the art medium (e.g. limited, restricted), might be related to the client's welcoming/asking the art therapist's art suggestions with the aim of learning new art techniques, or practising being aided by an expert. With therapy progress, this client may gain a positive experience with the art medium, and thus will be more driven to create in the art medium independently, and might even reject the art therapists' art suggestions.

The next association – between the Art Experience and Art Task components – is also simple to grasp through the 'experiencing-lab' metaphor when this 'lab' is also perceived as therapeutic and contributing. From a psychodynamic lens, the freedom to explore the art media may allow for the interplay between external and internal realities and enable the client to process emotional experiences (Milner, 1950). Moreover, some of the mental states are accessible only through the sensual-motor expression modes (Avstreich & Brown, 1979; Cavallo & Robbins, 1980). In line with this, Verfaillie (2016) documented many cases in AT in which the playing mode encouraged during the work with the

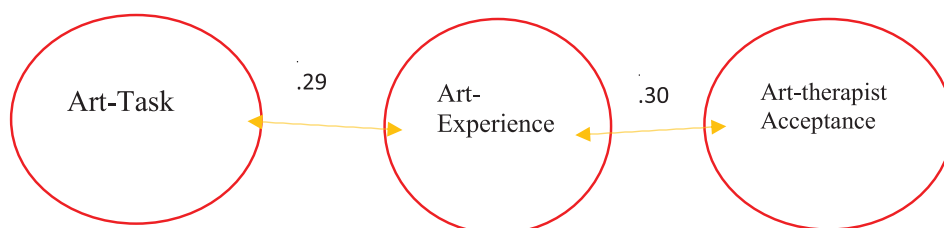


Figure 1. Associations between the three factors of AT-WAI.

art medium encouraged the client to mentalize. Mentalization within AT has recently been explored within the AT literature (Havsteen-Franklin & Camarena Altamirano, 2015; Springham & Camic, 2017; Springham, Findlay, Woods, & Harris, 2012).

Among the items that constitute the 'Art Task' factor is the client's perception that the art medium reflects his/her inner states and personal problems. The reflective character of the artwork has been documented in many AT case studies (e.g. Isserow, 2013; Kapitan, 2003; Levine, 2014; Michaelides, 2012), as well as in qualitative studies (e.g. Bat Or, 2010). However, the present study highlights this perception of the artwork from the client's perspective. This finding may also reveal the need of AT clients to experience the tangibility and immediacy of the visual and sensual representation that emerges from the artwork (Avstreich & Brown, 1979).

In addition, the small association between the two components implies that in some cases the two may not develop in the same direction, e.g. if a client is able to create freely in the art medium during AT, he/she might perceive the art medium as a purely artistic expression rather than a therapeutic task. This may mean that the client ends the therapeutic sessions and instead choose to pursue art expression outside the therapeutic setting.

Finally, since we did not find any association between Art Task and Art therapist Acceptance components, we may speculate that the two components are independent phenomena. Further research is

needed to shed more light on the interrelations between the AT-WAI components. The present study also found some preliminary evidence about the relations between the three components of the client's alliance with the art medium and the alliance with the art therapist.

Perceiving the art medium as a therapeutic task and the therapeutic working alliance

As demonstrated in Figure 2, the strongest associations in the present study were found between the client's perception of the art medium as a therapeutic tool and each of the working alliance components. From the perspective of the therapeutic working alliance, it could be speculated that in a positive therapeutic relationship, the client also trusts the therapist's method/intervention, and feels that the task/methods given by the art therapist are indeed helpful and effective and contribute to his/her progress in the treatment. Empirical studies demonstrate an association between the therapeutic working alliance and the client's agreement to cooperate with therapy tasks, for example in process experiential therapy (e.g. Watson & Greenberg, 1995).

Our findings underscore the client's experience that her/his relationship with the therapist and her/his relationship with the art-making are strongly associated; in addition, they reinforce AT theories that delineate the triangular relationship between the client,

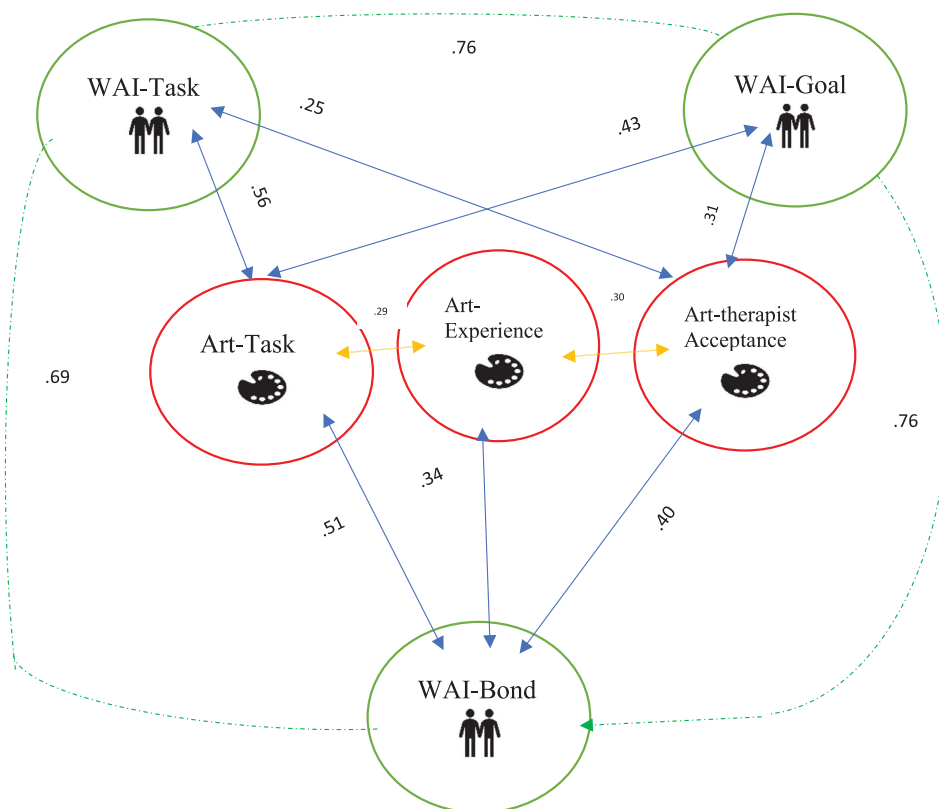


Figure 2. Associations between AT-WAI factors and WAI components.

therapist and the art medium (e.g. Hass-Cohen & Findlay, 2015; Schaverien, 2000). Our findings also cohere with Kramer's (1986) metaphoric description of the art materials as the 'third hand' of the therapist. However, although Kramer (1971, 1986) believed that the central aspect of AT lies in the interaction between the client and the art media, our findings suggest that the client's trust in the art medium as a therapeutic tool is strongly related to the interpersonal dimension between therapist and client.

Our findings also indicate that the Art Task component relates not only to the Task component in the therapeutic working alliance, but also to the Bond and Goals components; this implies that the Art Task component not only reflects collaboration between client and therapist on therapeutic tasks, but also illuminates the therapeutic alliance in a broader sense. This finding is in line with the analytic art psychotherapy approach, and with the new theory of 'AT Relational Neuroscience Approach' (ATR-N: Hass-Cohen & Findlay, 2015). The ATR-N delineates central relational dimensions in AT such as relational resonating, expressive communication, and empathising and compassion (Hass-Cohen, 2008). Schaverien's (2000) clinical insight about the 'life in the picture' and the 'life of the picture' (Schaverien, 1991, 1994) is one example that demonstrates the relational aspect of AT. Specifically, the first concept describes the transference embodied in the art-making and artwork, and the second one describes the art product as an object seen by the art therapist; in other words, the countertransference to the picture as an object. When these two aspects are activated in AT, it describes the therapeutic triangle space. Characterising the art therapist's observation/gaze at the client's artwork as a therapeutic action is another example that demonstrates the relational aspect of AT, because this gaze provides the client the opportunity to experience a reciprocal gaze (Tuffery, 2011).

From the Art Task factor's items list, we learn that the client also perceives the artwork as a method for communicating herself/himself to the therapist (item no. 7), and as helpful in promoting her/his progress in therapy (item no. 3). Through the lens of psychoanalysis, the artwork in AT can be considered similar to dream-work, which processes emotional and raw experiences (Bion, 1962; Eigen, 2007). It can be suggested that the more the client experiences the therapeutic working alliance as strong, the more the client becomes aware of the contribution of the art-making in AT, both as a channel of communication and as a means for promoting his/her self-awareness. In a broader sense, we can presume that within positive and supportive relationships, the client trusts the therapeutic language (in the case of AT, artistic expressions) in her/his endeavour to reach his/her goal in therapy. Since the current study

is correlative, and does not explain causality, we can speculate that the use of art in AT also influences and promotes the therapeutic relationship between client and therapist. This speculation was confirmed in music therapy (Silverman, 2009; Smeijsters, Kil, Kurstjens, Welten, & Willemars, 2011), and in AT with children (Freilich & Shechtman, 2010) and adults (Heynen et al., 2017). Clinical case studies and qualitative analysis in AT also documented the contribution of the art medium to promoting closeness and intimacy between client and therapist (e.g. Bat Or & Garti, 2018). Following analysis of AT sessions with children, Ball (2002) found that art-making was the major focus of the interaction between client and therapist, and that focus on the art was strongly related to the focus on the therapeutic relationships.

The client's acceptance of the art therapist's art interventions, and therapeutic alliance

The art therapist interventions in the art medium are a conjunctive aspect of AT, bridging the client-therapist axis and the client-artwork axis. The current study found that the client's experience of the art therapist's art interventions is related to each component of the working alliance (see Figure 2). The more the therapeutic relationship between client and therapist is stronger, in terms of working alliance, the more the client feels comfortable with the art therapist's art interventions, and at ease to create in front of her/him. This specific AT aspect, in which the art therapist plays an active role during therapy (by offering, for example, a new art material), is related positively to the therapeutic relationship. According to the ATR-N approach (Hass-Cohen & Findlay, 2015) when the art therapist anticipates aid support, she/he may offer experiences of empathy and compassion, which in turn might provide pro-social support, and a cooperative working alliance.

It is important to note a research limitation regarding the items that we have formulated and defined as the Art Therapist Acceptance factor. These items have not included some important art interventions of the art therapist, such as reflecting via art, and interpreting art images/processes. The art therapist's interventions in the art medium may also be expressions of therapeutic messages, such as care and attention (Slayton, 2012), as well as enactments of countertransference (e.g. Schaverien, 2000). Further research is needed to improve this component, and to examine it in different AT contexts as well as in treatment phases.

The client's art experience as associated with the client-therapist bond

As can be seen in Figure 2, only the Bond component was associated with the Art Experience factor. This

finding may demonstrate a core aspect of AT: the more the client feels that her/his art therapist is supportive and accepting, the more he/she tends to explore freely via the art medium (e.g. Verfaillie, 2016; Waller, 2006). In a broader view of attachment, this finding may indicate the association between secure attachment and exploration (Bowlby, 1969). Secure attachment provides a secure base from which the client explores internal and external realms in creative and playful ways (Holmes, 1996). Like psychodynamic psychotherapy, the therapeutic work in AT is designed to encourage the exploration of the self through an exploration of the art materials, the art-making processes and the images that surface (Naumburg, 1966). The current study therefore reinforces the importance of establishing supportive relationships in AT. In line with this, Bateman and Fonagy (2004) have asserted that:

The therapist's task is ... [to] first make the situation secure and then create a frame for creative play ... Thoughts and feelings ... become accessible through the creation of such a transitional area. (p. 206)

From a psychodynamic perspective, Messer (2013) concludes that insight and the therapeutic working alliance are closely related and contribute to the client's progress. In line with this, Hass-Cohen (2008) assumed that playful activity in AT in the presence of a supportive art therapist could play a reparative role in terms of close relationships. As can be seen in Figure 2, the Bond component is the only WAI component that was significantly related to each of the AT-WAI factors. These associations suggest an affinity between the affective bond of the therapist–client relationship and each aspect of the client–art relationship.

Implications for practice

The first contribution of this present study was the development of a short self-report tool that specifically measures the client's AT working alliance. In practice, this tool may provide feedback on alliance to art therapists, thus offering them the opportunity to monitor and enhance treatment processes and outcomes. The rationale of providing therapists with real-time feedback on a client's response to treatment is to help them to be more sensitive and responsive to clients' needs (Shimokawa, Lambert, & Smart, 2010). Research has showed that alliance feedback has contributed to patients staying longer in treatment and doubles their chances of achieving therapeutic goals (e.g. Harmon et al., 2007; Whipple et al., 2003). Moreover, according to de Jong, van Sluis, Nugter, Heiser, and Spinhoven (2012), therapists with a positive attitude toward feedback reached faster progress with their patients. This finding may have implications for the

use of the AT-WAI tool in AT graduate programmes: it may benefit AT students to receive a feedback about the working alliance in AT simulations, and to gain reflection about the client's experience in AT. These experiences may cultivate positive attitudes towards client feedback and client reflections in future art therapists.

The second contribution of our study is that it highlights the interrelatedness of art-making and the client–art therapist relationship and demonstrates their association. Thus, the art therapist is encouraged to consider each relational axis, and their possible interactions and mutual influence. These results may underscore the importance of establishing a positive working alliance with the client as a foundation for the AT process. For example, the art therapist should be sensitive to the development and nuances of the therapeutic working alliance, and to take them into consideration when working with the art medium. In line with the recommendation of Horvath et al. (2011) to modulate the tasks assigned in therapy to suit the client's specific needs, expectations and capabilities, the art therapist may carefully offer or postpone the offering of specific art materials and techniques when the therapeutic working alliance is in its preliminary phases, or in cases where it has been ruptured or weakened. The following clinical vignette relates to a 65-year-old client, whose close relationships were stormy, and who, as a child, was a refugee who was transferred to Israel by herself. Although she was referred to AT, she avoided the art medium in the first two years of treatment. As the relationship with the art therapist evolved into a strong alliance, she began to decorate old wood objects she brought from home. At first, she relied heavily on the help of the art therapist, but gradually she began creating independently. She said that she did not have the opportunity as a child to create with art materials, thus worried she was not capable to create with the art medium. Her decorations resembled the traditional designs of her birthplace, expressing her longing to connect to her roots. She even invented a word to describe her free brushstrokes, the unique imprint of her childish self. This vignette exemplifies a case where it was first necessary to establish a good alliance that would enable the client to experience the art medium as a safe space for self-expression; however, there may be opposite cases in AT, in which the client conveys that the art medium is the safe haven for him/her, as opposed to the relationship with the art therapist. In these cases, it may be reasonable to support the client–art axis and form the therapeutic working alliance with the client in a more gradual manner. This implication also appears in AT literature, when the art-making is described as contributing to the therapeutic relationship:

Making art in the therapeutic studio is not merely a means to create objects: it is the ground from which relationships grow. (Moon, 2007, p. 57)

Finally, the association that was found between the client–therapist Bond and Art Experience components may imply that in the preliminary sessions of AT, when the working alliance with the therapist is still being formed, it may be more effective to introduce gradually and cautiously the exploration of different art materials and techniques, thus ensuring the development of the client’s positive experience/alliance with the art medium. Although our findings are correlative and do not provide a causal model, further research is encouraged to investigate the possible causal link. For example, this raises the following question: Is there a correlation between the strength of the Bond component, and the client feeling more comfortable with the art medium and able to explore it more freely and playfully?

Conclusions

The present study has two central conclusions: (a) AT working alliance as was measured by a self-report questionnaire showed three components: The client’s affective and explorative experience with the art medium (Art Experience); the client’s perception of the art medium as therapeutic (Art Task); and the client’s acceptance of the art therapist’s art interventions (Art Therapist Acceptance); (b) Significant associations were found between the client and therapist’s interpersonal relationship in AT and the relationship that the client formed with the art medium. The results show that a more positive therapeutic working alliance in AT is associated with a better alliance between the client and the art medium, and the other direction might also be true, namely, that art-making in AT may foster a good therapeutic alliance. The main clinical implication is that art therapists are encouraged to pay special attention to the mutual influences and interactions between the client–therapist and client–art axes, as they can provide valuable information that may support the client’s progress in AT.

Limitations to this study and recommendations for further research

A limitation to the study is that the participants in this study were all art therapy trainees and not clinical ‘clients’, and they were also all female. Further research with male and female clinical clients is recommended. Two additional limitations relate to the AT-WAI items. Specifically, the items that comprise the Art Task factor do not clearly separate the art-making and the art-viewing aspects. For this

reason, when interpreting the results, both aspects of the art medium (making and observing) are contributing elements. The second limitation stems from the fact that the items pertaining to the Art Therapist Acceptance factor did not include items that related to additional art therapist interventions via the art medium, such as reflecting and interpreting the client’s art images, and mutual art creation. We recommend adding these aspects to future AT-WAI research. In addition, the present study is based on measurement of a single time setting, specifically, the end of the therapeutic simulation. Further research is needed to examine and shed light on the development of the working alliance in AT over time. This will enable the disentangling of the role of the AT working alliance from the background in which treatment can be conducted, and the role of the AT working alliance as therapeutic in itself (Zilcha-Mano, 2017). Finally, qualitative research of the AT working alliance is also recommended to explore other dimensions of the triangular AT relationship.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Michal Bat Or is an art therapist, and a lecturer in the School of Creative Arts Therapies, in the Faculty of Social Welfare & Health Sciences in the University of Haifa. Dr Bat Or is most interested in the therapeutic triangle in art therapy, art-based assessments as enabling mentalisation, and in art therapy in social action.

Sigal Zilcha-Mano is a licensed clinical psychologist, and Associate Professor of Clinical Psychology in the Department of Psychology, University of Haifa. She heads the Psychotherapy Research Lab in the Department of Psychology, University of Haifa. She is Associate Editor of the *Journal of Counseling Psychology*, and on the editorial board of *Psychotherapy*, and of *Psychotherapy Research*.

References

- Avstreich, A. K., & Brown, J. J. (1979). Some aspects of movement and art therapy as related to the analytic situation. *Psychoanalytic Review*, 66(1), 49.
- Ball, B. (2002). Moments of change in the art therapy process. *The Arts in Psychotherapy*, 29(2), 79–92.
- Bat Or, M. (2010). Clay sculpting of mother and child figures encourages mentalization. *The Arts in Psychotherapy*, 37(4), 319–327.
- Bat Or, M., & Garti, D. (2018). Art therapists’ perceptions of the role of the art medium in the treatment of bereaved clients in art therapy. *Death Studies*. Advance online publication. doi:10.1080/07481187.2018.1445138

- Bateman, A. W., & Fonagy, P. (2004). Mentalization-based treatment of BPD. *Journal of Personality Disorders, 18*(1), 36–51.
- Bion, W. R. (1962). A theory of thinking. *International Journal of Psychoanalysis, 43*, 306–310.
- Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*, 252–260.
- Bowlby, J. (1969). *Attachment and loss (Vol. 1): Attachment*. London: Hogarth Press and the Institute of Psycho-Analysis.
- Castonguay, L. G., Constantino, M. J., McAleavey, A. A., & Goldfried, M. R. (2010). The therapeutic alliance in cognitive-behavioral therapy. In *The therapeutic alliance: An evidence-based guide to practice* (pp. 150–171). New York: Guilford Press.
- Cavallo, M. A., & Robbins, A. (1980). Understanding an object relations theory through a psychodynamically oriented expressive therapy approach. *The Arts in Psychotherapy, 7* (2), 113–123.
- Corem, S., Snir, S., & Regev, D. (2015). Patients' attachment to therapists in art therapy simulation and their reactions to the experience of using art materials. *The Arts in Psychotherapy, 45*, 11–17.
- Cox, K. L., & Price, K. (1990). Breaking through: Incident drawings with adolescent substance abusers. *The Arts in Psychotherapy, 17*, 333–337.
- Crits-Christoph, P., Gibbons, M. B. C., & Mukherjee, D. (2013). Psychotherapy process-outcome research. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 298–340). Hoboken, NJ: Wiley.
- Curtis, R. C. (2012). New experiences and meanings: A model of change for psychoanalysis. *Psychoanalytic Psychology, 29* (1), 81–98. doi:10.1037/a0025086
- de Jong, K., van Sluis, P., Nugter, M. A., Heiser, W. J., & Spinhoven, P. (2012). Understanding the differential impact of outcome monitoring: Therapist variables that moderate feedback effects in a randomized clinical trial. *Psychotherapy Research, 22*, 464–474.
- Eigen, M. (2007). *Feeling matters*. London: Karnac.
- Elbrecht, C. (2013). *Trauma healing at the clay field: A sensorimotor art therapy approach*. London and Philadelphia: Jessica Kingsley.
- Freilich, R., & Shechtman, Z. (2010). The contribution of art therapy to the social, emotional, and academic adjustment of children with learning disabilities. *The Arts in Psychotherapy, 37*(2), 97–105.
- Giles, C. G. (2002). *Advanced research methods in psychology*. London & New York: Routledge.
- Greenson, R. R. (1967). *The technique and practice of psychoanalysis*. New York: International Universities Press.
- Harmon, C. S., Lambert, M. J., Smart, D. M., Hawkins, E., Nielsen, S. L., Slade, K., & Lutz, W. (2007). Enhancing outcome for potential treatment failures: Therapist–client feedback and clinical support tools. *Psychotherapy Research, 17*, 379–392. doi:10.1080/10503300600702331
- Hass-Cohen, N. (2008). CREATE: Art therapy relational neuroscience principles (ATR-N). In *Art therapy and clinical neuroscience* (pp. 283–309). London: Jessica Kingsley.
- Hass-Cohen, N., & Carr, R. (2008). *Art therapy and clinical neuroscience*. London: Jessica Kingsley.
- Hass-Cohen, N., & Findlay, J. C. (2015). *Art therapy and the neuroscience of relationships, creativity, and resiliency: Skills and practices (norton series on interpersonal neurobiology)*. New York: WW Norton & Company.
- Hatcher, R. L. (2010). Alliance theory and measurement. In J. Muran & J. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (pp. 7–28). New York, NY: Guilford Press.
- Havsteen-Franklin, D., & Camarena Altamirano, J. (2015). Containing the uncontainable: Responsive art making in art therapy as a method to facilitate mentalization. *International Journal of Art Therapy, 20*(2), 54–65. doi:10.1080/17454832.2015.1023322
- Heynen, E., Roest, J., Willemars, G., & van Hooren, S. (2017). The therapeutic alliance as a factor of change in arts therapies and psychomotor therapy among adults with mental health problems. *The Arts in Psychotherapy, 55*, 111–115.
- Holmes, J. (1996). *Attachment, intimacy, autonomy: Using attachment theory in adult psychotherapy*. Northvale, NJ: Jason Aronson.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*, 9–16. doi:10.1037/a0022186
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*(2), 223–233.
- Isserow, J. (2008). Looking together: Joint attention in art therapy. *International Journal of Art Therapy, 13*(1), 34–42. doi:10.1080/17454830802002894
- Isserow, J. (2013). Between water and words: Reflective self-awareness and symbol formation in art therapy. *International Journal of Art Therapy, 18*(3), 122–131. doi:10.1080/17454832.2013.786107
- Junge, M. B., & Linesch, D. (1993). Our own voices: New paradigms for art therapy research. *The Arts in Psychotherapy, 20*(1), 61–67.
- Kagin, S. L., & Lusebrink, V. B. (1978). The expressive therapies continuum. *Art Psychotherapy, 5*(4), 171–180.
- Kapitan, L. (2003). *Re-enchanting art therapy: Transformational practices for restoring creative vitality*. Springfield, IL: Charles C Thomas Publisher.
- Kramer, E. (1971). *Art as therapy with children*. New York: Schocken.
- Kramer, E. (1986). The art therapist's third hand: Reflections on art, art therapy, and society at large. *American Journal of Art Therapy, 24*(3), 71–86.
- Kramer, E. (2000). Art therapy and sublimation. In E. Kramer & L. A. Gertiy (Eds.), *Art as therapy: Collected papers* (pp. 39–46). London: Jessica Kingsley.
- Levine, S. K. (2014). Poiesis, Paris and lament: Celebration, mourning and the 'architecture' of expressive art therapy. In B. E. Thompson & R. A. Neimeyer (Eds.), *Grief and the expressive arts: Practices for creating meaning* (pp. 14–18). New York: Routledge.
- Linesch, D. (1995). Art therapy research: Learning from experience. *Art Therapy, 12*(4), 261–265.
- Lusebrink, V. B. (1990). *Imagery and visual expression in therapy*. New York, NY: Plenum Press.
- Lusebrink, V. B. (1991). A systems oriented approach to the expressive therapies: The expressive therapies continuum. *The Arts in Psychotherapy, 18*, 395–403.
- Lusebrink, V. B. (2004). Art therapy and the brain: An attempt to understand the underlying processes of art expression in therapy. *Art Therapy, 21*(3), 125–135.
- McNiff, J. (2014). *Writing and doing action research*. London: Sage.
- Messer, S. B. (2013). Three mechanisms of change in psychodynamic therapy: Insight, affect, and alliance. *Psychotherapy, 50*(3), 408–412.

- Michaelides, D. (2012). An understanding of negative reflective functioning, the image and the art psychotherapeutic group. *International Journal of Art Therapy*, 17(2), 45–53. doi:10.1080/17454832.2012.694107
- Milner, M. (1950). *On not being able to paint*. Heinemann Educational Books. (Reprinted 2010). London and New York: Routledge.
- Moon, B. (2007). *The role of metaphor in art therapy: Theory, method, and experience*. Springfield, IL: Charles C Thomas Publishers.
- Naumburg, M. (1966). Dynamically oriented art therapy. *Current Psychiatric Therapies*, 7, 61–68.
- Potash, J. S., & Ho, R. T. H. (2014). Expressive therapies for bereavement: The state of the arts. In B. E. Thompson & R. A. Neimeyer (Eds.), *Grief and the expressive arts: Practices for creating meaning* (pp. 28–32). New York: Routledge.
- Robbins, A. (1987). An object relations approach to art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy: Theory and technique* (pp. 63–74). New York: Brunner/Mazel Publishers.
- Safran, J. D., & Muran, J. C. (2000). Resolving therapeutic alliance ruptures: Diversity and integration. *Journal of Clinical Psychology*, 56(2), 233–243.
- Schaverien, J. (1991). *The revealing image: Analytical art psychotherapy in theory and practice*. London: Jessica Kingsley Publishers.
- Schaverien, J. (1993). The retrospective review of pictures. In *One river, many currents: Handbook of inquiry in the arts therapies* (pp. 91–103). London: Jessica Kingsley.
- Schaverien, J. (1994). Analytical art psychotherapy: Further reflections on theory and practice. *Inscape (Journal of the British Association of Art Therapists)*, 2, 41–49.
- Schaverien, J. (2000). The triangular relationship and the aesthetic countertransference in analytical art psychotherapy. In A. Gilroy & G. McNeilly (Eds.), *The changing shape of art therapy: New developments in theory and practice* (pp. 55–83). London: Jessica Kingsley.
- Shimokawa, K., Lambert, M. J., & Smart, D. W. (2010). Enhancing treatment outcome of patients at risk of treatment failure: Meta-analytic and mega analytic review of a psychotherapy quality assurance system. *Journal of Consulting and Clinical Psychology*, 78, 298–311. doi:10.1037/a0019247
- Silverman, M. J. (2009). The effect of single-session psychoeducational music therapy on verbalizations and perceptions in psychiatric patients. *Journal of Music Therapy*, 46(2), 105–131.
- Slayton, S. C. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Art Therapy*, 27(3), 108–118.
- Slayton, S. C. (2012). Building community as social action: An art therapy group with adolescent males. *The Arts in Psychotherapy*, 39(3), 179–185.
- Smeijsters, H., Kil, J., Kurstjens, H., Welten, J., & Willemars, G. (2011). Arts therapies for young offenders in secure care—A practice-based research. *The Arts in Psychotherapy*, 38(1), 41–51.
- Snir, S., & Regev, D. (2014). Expanding art therapy process research through self-report questionnaires. *Art Therapy*, 31(3), 133–136.
- Springham, N., & Camic, P. M. (2017). Observing mentalizing art therapy groups for people diagnosed with borderline personality disorder. *International Journal of Art Therapy*, 22(3), 138–152. doi:10.1080/17454832.2017.1288753
- Springham, N., Findlay, D., Woods, A., & Harris, J. (2012). How can art therapy contribute to mentalization in borderline personality disorder? *International Journal of Art Therapy*, 17(3), 115–129. doi:10.1080/17454832.2012.734835
- Tuffery, H. (2011). Are you looking at me? The reciprocal gaze and art psychotherapy. *ATOL: Art Therapy Online*, 1(3), 1–21.
- Verfaillie, M. (2016). *Mentalizing in arts therapies*. London: Karnac.
- Waller, D. (2006). Art therapy for children: How it leads to change. *Clinical Child Psychology and Psychiatry*, 11(2), 271–282.
- Watson, J. C., & Greenberg, L. S. (1995). Alliance ruptures and repairs in experiential therapy. *In Session: Psychotherapy in Practice*, 1(1), 19–31.
- Whipple, J. L., Lambert, M. J., Vermeersch, D. A., Smart, D. W., Nielsen, S. L., & Hawkins, E. J. (2003). Improving the effects of psychotherapy: The use of early identification of treatment and problem-solving strategies in routine practice. *Journal of Counseling Psychology*, 50, 59–68. doi:10.1037/0022-0167.50.1.59
- Wood, M. J., Molassiotis, A., & Payne, S. (2011). What research evidence is there for the use of art therapy in the management of symptoms in adults with cancer? A systematic review. *Psycho-Oncology*, 20(2), 135–145.
- Zilcha-Mano, S. (2017). Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. *American Psychologist*, 72(4), 311–325.

Appendix

Art Therapy Working Alliance Inventory (AT-WAI) items

-
- 1 By working with art materials I understand my problem in new ways
 - 2 I'm not comfortable creating art in therapy
 - 3 I feel embarrassed creating with art materials in front of my therapist
 - 4 I enjoy accepting my therapist's technical help while creating in art
 - 5 My art work in my therapy promotes my progress
 - 6 I'm not comfortable with the art technical suggestions of my art therapist
 - 7 I feel free to play with the art materials in therapy
 - 8 My artwork in therapy postpones my progress
 - 9 I don't find any association between my artwork in therapy and my problems
 - 10 My artwork helps me to communicate to my therapist my feelings and thoughts
 - 11 The art work process helps me to notice inner states in myself
 - 12 I enjoy experiencing variety of new possibilities with the art materials in therapy
 - 13 I'm pleased creating with art materials in therapy
 - 14 I'm comfortable with the art technical suggestions of my therapist
-