Faculty of Psychology and Neuroscience

Bachelor Thesis

The Importance of the Therapeutic Alliance in Arts Therapy –

Can the Existing Findings be Generalized to the Alternative Psychotherapeutic Approach of Arts Therapy?

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Abstract

The purpose of the present paper is to examine existing evidence of the role of the therapeutic alliance in arts therapy. In the first place, the term therapeutic alliance is elucidated, encompassing the most important findings about the concept. Secondly, the approach of arts therapy is defined and illuminated before subsequently trying to adjust the role of the therapeutic alliance to it. As the respective research body is poor so far, this paper points out possible phenomena and assumptions that could be further investigated in the future. The main assumption acquired by this paper contains that the therapeutic alliance in arts therapy is mainly defined by the shared medium which, in form of a creative process, displays the main source of communication between therapist and patient. The collaboration on tasks, as a part of the therapeutic alliance, might be of special importance compared to verbal therapies as the main focus lays on being creative within a shared medium. Finally, shared intimacy seems to be a crucial condition for a strong, positive alliance.

Keywords: arts therapy; creativity; therapeutic alliance

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Worldwide approximately 450 million people suffer from a mental or behavioral disorder (World Health Organization, 2003). Referring to a systematic analysis of community studies within the European Union, approximately every fourth adult experienced at least one mental health disorder during the last year (WHO, 2016). In the US, 18.5% of the population is affected by a mental disorder or a substance disorder every year, of which approximately only every seventh receives psychotherapeutic treatment. On a global scale, these numbers indicate that there must be a large number of people who are not receiving treatment although they are in need (National Institute of Mental Health, n.d.). This shows the necessity of new therapy facilities as well as an increasing progress in research regarding psychotherapy. Only that way it is possible to face the population's problems adequately and to increase the efficacy of the mental health system (WHO, 2003). Besides, it is also important to develop strategies to help preventing early therapy withdrawal and to make sure not to waste time with cancelled treatments. As the Geestelijke Gezondheidszorg en Verslavingszorg (GGZ) Nederland reports, approximately 18% of the therapies are finished prematurely by the patient (Ngo & Brink, 2014), a fact that should be addressed in future investigations.

Besides the lack of progress during the therapy due to some patients' inability to express their emotions verbally (Körlin, Nybäck, & Goldberg, 2009; Van den Broek, Keulen-de Vos, & Bernstein, 2011), a poor relationship between therapist and patient is found to promote early therapy withdrawal (Barrett, Chua, Crits-Christoph, Gibbons, & Thompson, 2008). As Hall, Ferreira, Maher, Latimer, & Ferreira (2015) conclude in their literature review, a positive patient-therapist relationship does in contrast show a strong correlation with a positive treatment outcome in physical rehabilitation. A strong relationship is found to significantly promote the perceived global effect of the treatment and reduces pain in patients suffering from chronical pain conditions (Hall et al., 2015). These findings, point to the key role, human relationships can have in a therapeutic setting. In psychological terms, the relationship between patient and therapist is referred to as therapeutic alliance (TA), a term firstly introduced by Sigmund Freud in 1913.

During the last century, a lot of research concerning the TA in psychotherapy was conducted and its important role for the therapy outcome became evident. As in physical rehabilitation environments, a positive correlation between TA and treatment outcomes was found; for a broad section of clients, treatments and identified diagnostics, a stronger TA is positively related to a better treatment outcome (Bordin, 1979; Flückinger, Del Re, Wampold, Symonds, & Horvath, 2012; Goldsmith et al., 2015; Martin, Garske, & Davis, 2000). The discussed correlation between TA and therapeutic outcome is based on the analysis of multiple studies, including especially cognitive-behavioral types of psychotherapy (Flückinger et al., 2012; Martin et al., 2000). However conventional psychotherapies as the just mentioned cognitive-behavioral therapy are not always the most effective ones (Carey, 2006). Traumatized patients for instance are often unable to benefit from verbal therapy forms because the trauma is deeply stored in the body memory and difficult to reach by verbal communication of the patient's inner state (Carey, 2006). Following various researchers it is often helpful and necessary to use therapies relying more on physical action and alternatives to verbal communication in order to reach those patients (Carey, 2006; van Westrhenen & Fritz, 2014).

Another group of people not able to profit from therapies relying on verbal discourse consists of immigrants, who do not yet speak the language sufficiently to follow a verbal treatment. Especially in times of globalization and increasing migration, non-verbal therapies become increasingly necessary (van Westrhenen and Fritz, 2014). In other cases not the language itself is the reason why for some individuals verbal therapies are inefficient. Those patients are not able to identify and process their emotions verbally and therefore rely on non-verbal alternatives (Körlin, Nybäck, & Goldberg, 2009; Van den Broek, Keulen-de Vos, & Bernstein, 2011).

One therapy form incorporating non-verbal qualities is arts therapy (AT), a type of psychotherapy that includes an art medium on which patient and therapist work on together (Van den Broek et al., 2011). AT has shown to be a promising alternative for patients who are unable to reach their emotions verbally and who do not respond to the conventional treatment as desired (Körlin, Nybäck, & Goldberg, 2009; Van den Broek, Keulen-de Vos, & Bernstein, 2011). As AT has shown to have many advantages compared to more traditional therapy forms, it is of high importance to increase the knowledge about the mechanisms that are actually leading to the therapy success for many patients. However until this date, there is only a poor body of research exiting on AT, which is partially due to difficulties in empirically testing its abstract concepts (van Westrhenen and Fritz, 2014).

The purpose of the present paper is to counteract the lack of profound investigations of the promising approach of AT and to shed more light on the role of the TA within arts therapies. As the quality as well as the importance of the TA differ throughout psychological orientations (Spinhoven, Giesen-Bloo, Van Dyck, Kooiman, & Arntz, 2007), the concept of TA, which is currently only tested in verbal therapy forms, still needs to be verified for AT.
It is hypothesized that the TA plays at least an evenly important role in AT than in the already tested conventional psychotherapies. Because of the practical component the art process adds to this form of therapy, the task collaboration, part of the therapeutic alliance, might be even more important in AT than in verbal psychotherapies.

Therapeutic alliance

In psychotherapy compared to general medical healthcare, the discussion about the impact of the relationship between patient and therapist on the treatment outcome can be dated back to the early 1910s when Freud initially began to define the therapeutic alliance as the transference from the patient to the therapist (Freud, 1913). Since then, many researchers have put a lot of effort into studying the therapeutic relationship in psychotherapy and focused on the so-called outcome and process research (Ardito & Rabellino, 2011). These studies describe the effects a therapy might have on one hand, and the study of measurable aspects of the therapeutic process itself on the other hand (Strupp & Hadley, 1979; Strupp, 2001).

Instead of using the term relationship, originally describing an interpersonal relationship in which the therapist is in the leading and influencing position (Menger et al., 2013), the concept of the therapeutic alliance (TA) is introduced. The TA can be described in terms of three main aspects: *the relationship between patient and therapist, the agreement on therapy goals,* and *the collaboration on tasks* (Bordin, 1979; Martin et al., 2000). Ardito and Rabellino (2011) argue that the personal relationship of confidence and positive regard between patient and client is necessary for the emergence of a shared therapeutic goal and the agreements of methods to achieve it. In contrast to the term relationship, defining the interpersonal bond between the two agents as the most important feature of the therapy, the TA has its main focus on the therapy goal, usually incorporating the recovery and improvement of the patients state (Menger et al., 2013). As a feature of psychotherapy, the TA is describing the quality of the relationship between therapist and patient, which is defined by trust and a sense of common purpose as cited in Goldsmith, Lewis, Dunn, and Bentall (2015). It is formed by the therapist’s

personal characteristics that might arise positive feelings in the patient, which in turn lead to a positive therapeutic climate in both an emotional and an interpersonal perspective (Strupp, 2001).

It is found that the TA positively correlates with therapy outcomes, a finding that is consistent over various different psychological treatments and study designs (Martin et al., 2000). Many researchers argue that the alliance-outcome relationship plays a key role in the effectiveness of psychotherapy in general (Bordin, 1979; Flückinger, Del Re, Wampold, Symonds, & Horvath, 2012; Goldsmith et al., 2015; Martin et al., 2000). According to Martin et al. (2000), a proper alliance during the therapy is sufficient for the patient to experience the relationship as therapeutic, regardless of the treatment. Bordin (1979) even formulated that the effectiveness of a therapy might entirely depend on the strength of the TA. This opinion was supported by the conclusion Goldsmith et al. (2015) affirmed through their research about the correlation between TA and therapy outcomes. Whereas a strong, positive TA is related to a positive therapeutic outcome, a poor TA can even have a negative effect on patients cure. Therefore in case the TA is poor, the therapy should proceed with caution (Goldsmith et al., 2015).

The TA is a dynamic feature of the therapy, changing over the course of time (Bedics, Atkins, Harned, & Linehan, 2015). Generally it is found that the patient's perception of the TA increases during the course of time, regardless of the treatment conditions (Bedics et al., 2015; Flückinger, et al., 2012). However, patients generally tend to rate the alliance more consistently, which goes hand in hand with the finding that patients are more likely to rate the TA positively.

In sum, it is important that the therapist manages to establish a positive alliance already in the beginning of the therapy (Martin et al., 2000).

Arts therapy

AT is a type of psychotherapeutic treatment, incorporating work with a shared medium and artistic techniques such as drawing, painting, building, dancing, singing, and acting (Van den Broek et al., 2011).

Following Hogan (2001) there are four main approaches of AT, differing in their target group as well as in their style of practice. One of those approaches is based on psychoanalysis, called *analytic arts therapy*, which mainly focuses on the transference relationship between patient and therapist. The second main approach is referred to as *art psychotherapy*, an approach

where the verbal analysis of the art work is of central importance. The third class is simply called *art therapy*, where the main focus lies on the production of the art piece itself, and the verbal evaluation is considered as secondary. Additionally AT can take place in a group therapy environment, where the focus lies either on the interaction of the group members, or on the personal support of the individual in the group (Hogan, 2009). When talking about AT, this paper is not going to refer to one of those specific styles, but deals with the broader concept of AT, incorporating all possible therapy designs.

In contrast to conventional therapies, for example cognitive-behavioral therapy, the therapeutic relationship is extended to the *creative-therapeutic triangle*, consisting of the therapist, the patient, and the art medium used in AT. Between those three components, certain dynamics are developing which the therapist is trying to observe and to steer in the desired direction (Smeijsters, 2006).

Using the example of music therapy, Smeijsters (2006) explains the different functions AT might incorporate. AT should be supportive, by creating calmness and tranquility in the patient in order to facilitate renouncing from his complaints. Thereby the patient is able to become responsive again for positive experiences. It should also feature the characteristic of giving a clear structure to the therapy sessions in order to address step by step the patient's invalidating problems and being able to compensate and restrict those (Smeijsters, 2006). As an additional aspect Smeijsters (2006) mentions among other things the *complaint directedness*, which refers to methods actively trying to reduce the patient's complaints, teaching the patient how to deal with his problems.

As Van de Broek et al. (2011) found in their study, AT helps patients to obtain a *healthy self-reflection* and evokes healthy states in general, understood as spontaneous joy and pleasure. Similarly Bitonte and De Santo (2014) came to the conclusion that AT is generally more effective than conventional psychotherapies in evoking emotional states, either positive or negative. This is one of the reasons AT is successfully used in psychotherapeutic patients. Additionally AT is known to enhance personal resources, stimulate motivational and intentional improvement, and increase coping and more adaptive interpersonal functioning (Martius & Marten, 2014).

As resulting from various studies testing the effectiveness of AT for the patients' psychological improvement, this form of treatment is effective for many different needs, including physical as well as psychological conditions. AT has also shown to have positive effects on communication as well as on patients' self-esteem. This might be a great advantage for patients suffering from experiences like low self-esteem, sexual abuse, or psychological

conditions like depression, who normally tend to withdraw from parental figures and therefore often do not profit from traditional verbal therapies (Bitonte & De Santo, 2014).

Van den Broek et al. (2011) state that cognitive processing, as for example parts of the emotional inner life, are unconscious to the human. The non-verbal, creative methods used in AT are presumed to reach those unconscious processes in a more efficient manner than verbal psychotherapies, especially for patients who do have problems in verbally expressing their emotions (Van den Broek, et al., 2011).

In general it has been shown that AT is a promising alternative for patients who have difficulties in identifying and expressing their emotions verbally (Körlin, Nybäck, & Goldberg, 2009; Van den Broek, Keulen-de Vos, & Bernstein, 2011). By creating an art object or being engaged in creative processes, the patient's inner emotions and thoughts, which are often hidden and hardly accessible, can be externalized (Van den Broek et al., 2011). The art process helps to simplify, giving form to, and integrating experiences, feelings, and memories that are difficult to be discussed and verbalized directly (Körlin, et al, 2009). As a consequence the sensory and tactile commitment which is required in creative processes can be seen as therapeutic by itself because it facilitates both the identification and the expression of emotions (Gatta, Gallo, & Vianello, 2014).

As Carey (2006) cites, especially traumatized patients are considered to profit from non-traditional treatments, including creative therapies. Due to their special ability to reach the trauma effects, which are often stored in the body memory, therapies depending on action instead of verbalization are more capable to release the patient from his or her disorder. The reason for this advantage of action-based therapies is visible in neuroimaging scans. They show that when thinking about a traumatic event, the brain's language center gets shut down, while areas being associated with emotional states and autonomic arousal become more active (Carey, 2006; Martius & Marten, 2014).

Another group of patients who clearly seems to profit from AT are forensic patients. By giving a concrete form to their internal processes, understanding the events, thoughts, and feelings that led to an offense often gets easier (Van den Broek, et al., 2011). Additionally aspects like aggression or poor impulse control, as they are often displayed in forensic patients, can be expressed in a save and indirect manner, providing the patient with some kind of valve for suppressed emotions (Van den Broek, et al., 2011).

The multiple differences between AT and verbal therapies described so far, raise the question whether those differences might also reflect in the role of the TA.

Therapeutic alliance in arts therapy

Compared to verbal therapies the connection between therapist and patient in AT is of a more creative nature, embedded in a growth-promoting environment provided by the therapist, including empathetic listening with unconditional positive regards (Kim, 2015). As Kim (2015) formulates, the therapy also includes verbal facing of the patient's inner world, but the therapist's role consists mainly in watching, and listening to the process of the patient's personal expression in arts. According to Gatta et al. (2014), by entering a state of being creative and expressing themselves, the patients attempt to create a space for referring back to their inner world, which in turn serves to facilitate the TA. As mentioned before, Smeijsters (2006) introduces the term *creative-therapeutic triangle* to refer to this creative space developing between patient, therapist and the art medium. Compared to conventional psychotherapies the usual dynamics between therapist and patient are therefore amplified to a three-dimensional communication space. It is the therapist's duty to observe and analyze the dynamics emerging between those three aspects out of his *meta-position* and to find the therapy goal that is adequate for the equilibrium between them (Smeijsters, 2006).

Again focusing on the difference between AT and conventional therapies, the addition of the art object might have yet another consequence for the TA. As described earlier the TA is composed of three components, one of them referred to as *collaboration on tasks* (Bordin, 1979). As working with the creative medium makes AT a much more practical and active process, the tasks used in AT are of central importance. Therefore it is hypothesized in this paper that the task collaboration might be even more important in AT than in conventional therapy forms. As in conventional psychotherapy, one of the most important properties of AT is that it has to be flexible and sensitive to the patient's needs. The therapist has to be able to find creative ways himself in order to solve the complex problems he is facing with each individual (Kossak, 2009). There are several intersubjective aspects central to AT, especially regarding the therapist's qualities. Apart from creativity those qualities include *understanding, support, deep listening, a willingness to hold and give space, the ability to tolerate chaotic and unpredictable states*, and *empathy* (Kossak, 2009). Similarly Smeijsters (2006) argues that the main characteristics of the therapist should be supportive, as that is leading to feelings of security, relaxation, and the generation of an equilibrium. The patient should thereby get the chance to calm down and get some distance from his problems, which in turn facilitates the occurrence of positive experiences.

Additionally it is crucial, in order to emerge an alignment between therapist and patient, that the therapist stays centered, aligned, present and alert to the moment and thereby promotes the patient's feelings of a therapeutic presence (Kossak, 2009). For the patient these attributes are greatly supporting the psychological healing, just as Strupp (2001) concluded concerning the TA in psychoanalytic therapies as well. Following Strupp the therapist's personal characteristics have an important influence on the quality of the TA, and thereby the patient's wellbeing. The interaction between the therapist's skills, his personal characteristics and the patient's ability and motivation finally determines the quality of the TA (Strupp, 2001).

When patients start to engage in a creative process, often a feeling of inner balance and a deeper sense of connectivity to the self, others, including the therapist, and the extended environment emerge. This connectivity can be seen as a shift from normal daily mental activity towards a more focused inner presence, a shift that would be greatly desirable for patients suffering from disorders such as depression. As Kossak (2009) describes from his own experience as an arts therapist, this shift of the mind not only occurs in the patient but also in the therapist, leading to a feeling of deep intersubjective connectivity and shared intimacy. This connectivity can be seen as clearly promoting the therapeutic alliance. Kossak (2009) states that there are several psychological theorists who have found a direct correlation between experiencing intimacy and personal development, something that is explained by the necessity of adaptation needed in a therapeutic relationship. Considering this, a certain intimacy in a therapist-patient relationship would be crucial for the patient in order to experience significant changes regarding his psychological conditions (Kossak, 2009).

As already mentioned Hogan (2001) defined several different categories of AT. The approach of *analytic art therapy*, as Hogan (2001) defines it, makes use of psychoanatlytic techniques of transference. These techniques refer to the process of the patient displaying his feelings and emotions that originate from other figures of their former or current life onto the therapist. In the case of AT compared to verbal therapy, this process is amplified because the patient can additionally project his emotions onto the art object, not only onto the therapist. This makes the TA more complex, but provides additional potential material to work on productively during the therapy (Hogan, 2009).

Discussion

This review paper has the purpose of contributing knowledge on the role of the TA in AT and thereby providing starting points in form of hypotheses and assumptions for further scientific investigations. The main hypothesis stated in this paper is that the TA plays at least an evenly important role in AT than in the already tested conventional psychotherapies, even though it might be triggered in different ways. Additionally it is hypothesized that the task collaboration, as one of the three components of the TA, is of special importance compared to verbal therapies.

A recapitulation of the most important findings might help to inspire investigators interested in this subject for possible research objectives, and thereby ensure the best possible treatment for patients relying on AT. There are similarities as well as differences regarding the role of the TA between AT and conventional verbal therapies. Starting with the similarities, in both cases the therapist's characteristic play an important role (Strupp, 2001). It is generally known that in order to stimulate a stable TA, the patient must be embedded in a growth-promoting environment (Kim, 2015) caused by an open, supporting therapist, who incorporates qualities as deep listening, unconditional positive regard and empathy (Kim, 20015; Kossak, 2009; Robbins, 1998). A supporting alliance between therapist and patient is influenced by the consciousness and success in managing to deal with societal pressures, which should be seen as having an important influence on every individual in society (Joseph, 2011).

What is the breaking difference between AT and conventional therapies? The first thing becoming obvious when comparing AT and verbal therapies is the fact that the TA is of a more creative nature, just as Kim (2015) formulated. As many researchers concluded regarding AT, the addition of the art object is especially helpful for patients who are not profiting from verbal therapies because they fail to access their emotions in a verbal manner (Cary, 2006; Körlin, Nybäck, & Goldberg, 2009; Van den Broek, Keulen-de Vos, & Bernstein, 2011). In fact the tactile commitment in the therapy can even be seen as therapeutic itself (Gatta et al., 2014). But not exclusively the patient is involved in a creative process. Not only when helping the patient with his art work, for example giving inspiration and ideas or practical assistance, the therapist himself also needs to be creative. Improvisation, sensitivity to the moment and flexibility are additional necessary conditions in AT in order to ensure an appropriate treatment for each patient (Kossak, 2009; Smeijsters, 2006). Those characteristics are generally influencing the TA positively, regardless of the respective therapy style (Ackerman & Hilsenroth, 2003).

Nevertheless, the diverse possibilities AT offers might give rise to more possibilities for the therapist to act out his or her spontaneity. Consequently the TA might be influenced by

features like spontaneity and improvisation of the therapist in a bigger degree in AT than in other verbal therapy forms.

Looking again at the definition of TA, the *task collaboration*, one of the three components defining the TA (Bordin, 1979; Martin et al., 2000), might be of special importance in AT. The collaboration on tasks following Ardito and Rabellino (2011) refers to the agreement on the therapy methods used during treatment. Especially in AT a very specific task in the form of a creative process being executed, is continuously present and is the central focus in therapy. Because of this focus on the tasks in AT, a functioning collaboration between patient and therapist might be of greater importance than in other verbal therapies. It is recommendable to specifically focus on this aspect of the TA in future research to verify this assumption and understand its underlying principles.

Following Smeijsters (2006) the creative-therapeutic triangle offers an indirect communication space for therapist and patient. This non-verbal connection through the art medium enables the patient to take some distance from his complaints and to open up for different, joyful experiences. The engagement in a creative process helps restricting the patient's invalidating problems and at the same time serves as a complaint-directed intervention. As Gatta (2014) already stated, the creativeness enables an easier access to the patient's emotions and thereby gives important insights into the problem (Smeijsters, 2006). Here again it gets clear that the task collaboration connects the three components of the creative-therapeutic triangle.

Hogan (2009) states that the creative-therapeutic triangle provides an additional possibility for transference processes. Part of psychoanalysis-based therapies, transference is the process of the patient projecting his feelings and emotions originating from the patient's former experiences onto the therapist. In AT the patient is also able to project emotions on the art medium, a transference process which makes the dynamics more complicated but also entails more possibilities for the identification and interpretation of the patient`s problems (Hogan, 2009). Hence the TA in AT develops in another dynamic than in conventional therapy forms, in which only therapist and patient are interacting. It would be desirable to find out more about these object-related transferences and gain AT-specific insights about how to handle those possible benefits.

Another phenomenon related to the TA in AT is described by Kossak (2009) who depicts the occurrence of a state of inner balance and a connectivity to oneself and the environment, affecting the patient and the therapist during the process of art making. This shift away from normal, daily mental activity enhances the shared intimacy between patient and

therapist and thereby positively influences the TA (Kossak, 2009). Kossak (2009) even states that this shared intimacy is greatly supporting the patient's personal development, and is thus a key factor for therapy success.

In summary it gets clear that the TA in AT is greatly influenced and supported by the creative engagement itself, as it facilitates insights into the patients emotional life, triggers greater spontaneity and improvisation in therapy, and helps strengthening the personal connectivity between therapist and patient. Even though verbal communication is clearly secondary compared to conventional therapy forms, there is convincing evidence that the TA plays an important role in AT, showing that the TA can also be stimulated by non-verbal forms of communication.

Having discussed the most important findings regarding the TA in AT, there is still a lot of potential for future research. Before naming some of the limitations of conducted studies about AT and TA, the main problem is that so far there is hardly any research body existing which combines those two components. The findings regarding the TA in conventional psychotherapies, still have to be approved and specified for AT.

Taken apart, especially the construct of TA has been extensively investigated since the early twentieth century (Freud, 1913). One limitation many of the existing studies have in common are the missing theory-based explanations for the conclusions being made. The central finding of a correlation between the TA and the treatment outcome for example is not sufficiently illuminated theoretically and still lacks the attempt of a justification (Castonguay, Constantino, & Grosse Holtforth, 2006).

In the domain of AT research is still very sparse, a phenomenon van Westrhenen and Fritz (2014) justify with the researchers' difficulties to test its abstract concepts. As AT is usually of an unstructured, spontaneously developing nature, always oriented to the patient's specific symptoms and needs, conducting "clean and controlled experimental designs" is often difficult (van Westrhenen and Fritz, 2014). This may give rise to the main limitation in this area: the lack of empirically realized research and the fact that most studies merely describe the nature of AT instead of adding pragmatic knowledge about the mechanisms involved in it. Future research about AT should therefore be dedicated to improve the theoretical framework of this therapeutic domain in order to ensure reliable and scientific outcomes, leading to a progress in the uniform applicability of AT.

Coming back to TA in AT, researchers should try to verify their knowledge about TA from former studies for the promising approach of AT. They should engage in finding possible differences in the TA, especially focusing on the role of the task collaboration. As this paper

worked out, the task collaboration in AT might be of a bigger importance compared to other treatment forms, a hypothesis that still needs to be scientifically verified.

Another interesting hypothesis to be investigated is related to the question whether the named characteristics like spontaneity and creativity are exclusively important in AT and therefore depict a specific property of AT. Apart from that, it is interesting to investigate whether the correlation between TA and treatment outcome exists equally in AT, and try to justify the findings with theoretical explanations. In summary a comparative study between verbal therapy, for example cognitive behavioral therapy, and AT would be helpful, also enabling the illumination of the role verbal communication plays in the development of the TA. As the present research has shown, the TA is a crucial factor in AT just as in verbal therapies, but still it is not clarified if they are diverse in nature.

As AT is such a promising approach, providing help to a broad group of patients, including among others traumatized people (Carey, 2006; van Westrhenen & Fritz, 2014; Martius & Marten, 2014), forensic patients (Van den Broek et al., 2011), and migrants (van Westrhenen & Fritz, 2014), it is of great importance to invest in the better understanding of its underlying mechanisms and acquire scientific evidence for its success.

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Appendix

In times in which almost every fourth European adult is suffering from a mental disorder, investigation of therapy effectiveness is more important than ever before. It is already known that the relationship between therapist and patient is of crucial importance regarding the therapy course. Scientists mostly refer to this therapist-patient relationship as therapeutic alliance.

The therapeutic alliance is a construct containing three different components defining the therapy climate between the two parties involved: the personal relationship, referring to the confidence and the positive regard between patient and therapy, the agreement on the therapy goal, meaning that patient and therapist must be in line regarding the concrete objective of the therapy, and the agreement on the methods used in order to reach that objective. Besides playing a role in early therapy withdrawal when the alliance is poor, the therapeutic alliance is also found to positively influence therapy outcomes. In other words, a positive, strong therapeutic alliance has a positive effect on the patient's mental recovery. Those findings are based on research within cognitive-behavioral therapy, a verbal form of psychotherapy. However this therapy style is not always leading to improvement of the patient's mental state. Traumatized patients for example are found to profit much more from approaches based on creative methods and more physical involvement.

One of those alternative therapy styles is arts therapy, which incorporates artistic techniques like dancing, drawing or acting into the therapy process. Because it provides multiple alternative forms of self-expression, it is especially helpful for patients who are not able to identify and express their emotions verbally. Until today, there is only a poor body of research regarding arts therapy. In order to use arts therapy in an effective way and entrench it as a widely used and reputable therapy, investigations concerning its underlying mechanisms are necessary.

As the therapeutic alliance plays such an important role in cognitive-behavioral therapies, it is necessary to test its role for arts therapy as well. Can the therapeutic alliance be improved and strengthened in the same way? Is this relational component of the therapy of equal importance for the therapy outcome and does it consist of the same three main elements? So far there are only suppositions about those questions which still have to be confirmed.

To begin, the addition of an art object extends the relationship between therapist and patient to a therapeutic triangle, clearly changing the dynamics. Furthermore, often a state of inner balance and interpersonal connectivity affects both, patient and therapist, being indicative for a shared intimacy growing. Because of the multiple different activities arts therapy is free

to use, it is additionally hypothesized that not only the patient has to get creative, but also the therapist needs to incorporate qualities as improvisation and spontaneity in order to meet every patient's needs. Regarding the three components of the therapeutic alliance, especially the agreement on the treatment methods and the respective collaboration might be important, as the main part of the process in arts therapy relies on creative actions and tasks.

All those assumptions should be seen as suggestions for future research in order to improve the application of this promising approach.