

Editorial

The art therapists, some of them medical professionals, who practice in health care have stories to tell. Artists who practice art in health, have stories to tell. We want to help publish them. The question is, how?

The process of gathering the articles for this issue was an investigation in itself: talking to individuals working with the arts or art therapy in health institutions, or community organizations with populations with physical or mental health challenges, negotiating the scope, the focus, and the structure of the article. We had to refuse or be refused because the work did not meet the scientific standards, or the authors didn't have an interest in shaping their stories accordingly. The formal style used in research needs fitting to suit the art language, the language of image, if it is not the oxymoronic of all oxymorons.

There is a reminiscence of the gap between art theory and art (practice, concept), as opposed to philosophy of art, which artists find a much stronger kinship with. Similarly, psychology found its acknowledgement from the field of philosophy to the field of experience at its beginnings. When psyche became indisputably conceivable and possessing enough empiric data to take the space of „the science beyond medicine” (Jung, 1991), the methodology of psychology could be laid out. While art IS experience - inner and outer, sensory and cognitive, in its passive and active form - it is the process and the result, it is unique to a person, and to a point in time. At the end of the process, there is the silence for the images to speak. This language has yet to be translated.

Imagine observing a person walking along a straight cliff overlooking the ocean. She stops at the edge of a cliff, bows, and, balancing on the smallest surface possible for a human to occupy, with a bounding movement, springs into the air and, in the arched fall, pierces the surface and disappears.

For this person, being outside and inside the water are equally real, and both inner and outer experiences are too. You, on the other hand, will have only a dry, visual part of this experience.

Similarly, art therapists lead "swimmers" to the springboard of creation, guide them to the jump, and follow them as they dive into it. The deeper the process, the more pregnant the image. An art therapist will be observing a person's physiological and physical reactions while piercing through realities on a flat surface of paper, and spilling on it the print of the process. However, this image is sort of a puzzle, whose key is in the mental space of the creator. Here, the symbols are manyfold – color, shape, and their relations (overlapping, covering, cutting or tearing, slowly or energetically) – mirroring character of inner processes that would otherwise stay a mute potential without art to unveil them. We will, ultimately, depend on verbal and social skills for sharing the experience, and still, we will have received only a part of it. Finally, through the countertransference, we can gather the person's state as reflected on the therapist.

This somewhat poetic statement contains the description of the art therapeutic process in its basic elements: the objective situation, observation of behavior and physiology, observation of the art process, conversing and working through the process, and the resulting images and its content. The intangible data are the person's experience and the therapist's experience. These can further be explored through the images, repeting the above process, potentially unfolding into a fractal neverend.

We evidently face several critical challenges in adequately translating this far and slippery, but also clear and definitive way of communicating, on the doorway of consciousness, just where

the sensation and memory meet. Research in somatic practices contributes generously through empirical quantitative methods, while creative therapies are more often investigated through phenomenological qualitative research, flourishing in domains beyond our understanding, where human thought has not stepped before.

For a phenomenologically oriented researcher, much more than statistics, the language of human experience will be explored. To research it, we need to approach it with an open mind, an open dictionary, and educate professionals to find a language to share their valuable insights and contribute to the knowledge base.

The neurological systems behind art therapy processes speak of it in its own language. In this issue, Juliet King presents the scientific model of knowledge translation, used in multidisciplinary teams for a better understanding of the art therapist's professional contribution to mental health professionals and brings to attention the dimension art therapy brings to the health professionals.

Art in Health has been in the spotlight in Europe in the past year, with projects building on empirical data convincingly postulating the significant role art has in stress reduction, emotional and behavioural regulation (Bokoch et al., 2025), cognition, sensory and perceptive systems, motor systems, endocrine and immunological responses, and some of them it is affecting at the same time (Worrell et al., 2025), effects on general well-being, and social and physical connectedness (Joschko et al., 2024; Sonke et al., 2025).

The resulting spring in art in health programs had a rich showcasing from the Art Therapy and Neuroscience World Conference to community initiatives such as the Swiss pilot project in which physicians prescribe museum visits to struggling residents.

In Croatia, a major project of mapping of arts and health stakeholders was conducted by the Ministry of Culture and Media of the Republic of Croatia and the Croatian Art Therapy Association (HART). The research systematically documented art therapy and broader arts-and-health practices, identifying existing programs, professional roles, institutional settings, and gaps in provision. The ongoing research provides growing evidence base for professional advocacy, clearer differentiation of art therapy from related practices, and informed dialogue with health, social care, and cultural stakeholders about the field's development.

In light of growing art therapy practice in Croatia—where students and alumni of Creative Therapies program have applied their knowledge in the past nine years—we present some of these experiences from the clinical practice in psychiatric settings. This well-established context for art therapists is researched in the review paper co-authored by Klasan and Degmečić. While the psychiatric context is well researched, the art therapy practice in public health and with physical illnesses are much less represented in the scientific literature. To address this gap, we present a challenging work with emergency medical personnel in coping with stress and burnout, demonstrating the possibilities of art therapy practice even in highly unstructured conditions. Another courageous implementation is illustrated through a pediatric hospital case study, including individual and group therapy, as well as an open studio format. In the same setting, Bifano examines the role and identity of the art therapist in the pediatric hospitals in the United States, raising critical questions about the developing profession's integration within interdisciplinary medical teams.

In this year's interview with the leading art therapist, we were honoured to meet and talk to Marian Liebmann, a doyen of art therapy, who has taught us much of what we know about group art therapy practice. In addition to more than twenty other books, she co-edited the recently published volumes *Art Therapy with Physical Conditions* and *Art Therapy with Neurological Conditions (2015)*, also available online.

Another significant publication in the field of art therapy and health is the Emerald's *Arts for Health* collection. Hogan's Photography, from this book series, is excellently presented in the following pages, with the special focus on phototherapy.

We are especially proud to present an interview with Iva Fattorini, who presents her professional journey, offering her experience and important guidelines in integration of creative therapies in health systems.

Overall, the issue before you offers a compelling overview of contemporary art therapy practices in public health. It informs and encourages systematic interdisciplinary understanding and collaboration, and helps orient or practice within this evolving field.

References

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