EDITORIAL

The relationship between art therapy and public health is as controversial as it is timely. European cultural policies and contemporary research increasingly recognise the contribution of the arts to health and well-being. At the same time, the place of art therapy within healthcare continues to be re-examined. With this issue, Transfer joins this dialogue, offering the perspective of art therapy as an integral component of healthcare.

From European cultural policies and recommendations advocating the integration of arts and culture into healthcare to the growing body of research and arts-and-health initiatives, the rapid development of this field is unmistakable. The EU Work Plan for Culture 2023–2026 establishes a clear framework for advancing the field of Arts and Health, confirming the need for a deeper understanding and wider promotion of this area, while also contributing to the continuing formation of the shared understanding of the field of Arts and Health in the public consciousness.

Arts and Health, as an umbrella policy term, encompasses wide range of practices: art therapy, participatory arts, arts for wellbeing, art programmes within the hospitals, and community programmes, reflecting how the understanding of Arts and Health remains broad and, in many respects, abstract, while conceptualy undifferentiated of art therapy and other creative therapies as independent professions.

At the same time, it is important to distinguish art from visual expression, connected with a common thread of culture. In the (Croatian) language and cultural context, the concepts of Art and spontaneous visual expression* carry profoundly different connotations. The perceived "untouchability" of Art is contrasted with the often-dismissed "playfulness", which for many carries the "lack of seriousness", and is associated with spontaneous image-making; creates kind of a field of repulsion, reminiscent

*Editor's note: Throughout this editorial, the Croatian term likovnost is translated as visual expression. However, the Croatian concept extends beyond the English equivalent, referring to visual artistic activity and image-making without necessarily implying aesthetic value or the production of art (cro. umjetnost).

of avoidant behavior and the dificulty of establishing genuine intimicy.

Art therapy takes neither of these sides. Whether oficially referred to as an artistic therapy (cro. *umjetnička terapija*) in the Croatian National Classification of Occupations (2011), colloquially as art therapy in accordance with international terminology and the title of the university programme, or as visual art therapy, following Pražić's translation dating back to the 1960s, each designation points to a different dimension of the profession. Rather than contradicting one another, they reveal multiple ways in which art therapy is currently understood within public consciousness.

Its name is therefore not merely a matter of terminology; it is equally a question of professional identity and of how we understand the role of art therapy within culture, education and healthcare.

Psychiatric practice represents one of the historical foundations upon which art therapy began to emerge in the late nineteenth century. Decades of clinical work have generated abundant knowledge and experience, reflected in the contributions by Dario Klasan and Dunja Degmečić in this issue. From the apprentice shoes of nineteenth-century psychiatrists fascinated by their patients' artistic expression to the new shoes worn today by students of the University Specialist Postgraduate Programme in Creative Therapies, who have now completed more than nine years of clinical placements in mental health institutions, this continuity reflects a relationship of mutual development. It also speaks of the quiet yet profound influence of the art therapeutic approach within psychiatry — a recognition that has evolved largely away from the spotlight, yet continues to build meaningful collaborations that are gradually becoming part of the professional antology.

The landscape of art therapy, however, is changing considerably. Recent publications increasingly address art therapy in relation to physical and psychosomatic conditions while exploring new possibilities for its implementation within public healthcare institutions. Particular attention has been devoted to post-COVID rehabilitation, pain management, rehabilitation following chronic illness (Fenner, 2024; Zhou et al., 2023), palliative care (Galassi et al., 2023; Thyme et al., 2022), neurophysiology understood as a practice of embodied health rather than disease-oriented intervention, and mindfulness-based approaches within hospital settings. The complementary relationship between body and mind, inherent to the creative arts therapies, highlights embodied practices, emotional processing, relational attunement and neurobiological regulation as potential mechanisms of therapeutic change (de Witte et al., 2021).

Marian Liebmann, one of the most influential figures in contemporary art therapy and an author who has shaped the profession's literature for decades, reviews in this issue, among other publications, Art Therapy and Physical Conditions and Art Therapy and Neurological Conditions. These volumes offer a remarkable collection of clinical work by art therapists working with physical conditions, including post-acute cancer recovery, burns, chronic pain, HIV, kidney disease, palliative care, respiratory illness, severe trauma, limb loss and intensive care, as well as neurological conditions such as stroke, dementia, epilepsy, Parkinson's disease, multiple sclerosis and Huntington's disease. As editors of these volumes published in 2015, Marian Liebmann and Sally Watson paved the path for the profession's growing integration into psychosomatic medicine and interdisciplinary healthcare. This trajectory is further continued by the Arts for Health book series, including Susan Hogan's Phototherapy, reviewed in this issue by Jose Loureiro.

With the growing emphasis on the benefits of art therapy across recent publications, the question is no longer whether art therapy works, but rather how it works, which processes bring about change, and why. This shift — from asking whether art therapy works to asking how it works — marks a paradigmatic development in contemporary art therapy research.

One might say that it is time for a new pair of shoes.

This evolution in research calls for the development of a conceptual language of art therapy capable of communicating experiential, embodied and relational processes within scientific discourse. Indeed, the challenge of understanding art therapy appears to be in connection with the presuppositions existing in the public awareness, which fit art therapy like a borrowed coat.

The editorial process for this issue vividly exposed this discrepancy. Some manuscripts had to be declined because, despite addressing arts in health, they neither met the conceptual nor the structural requirements of a scientific paper, often reflecting arts-based health programmes without clearly articulated therapeutic aims. Other authors chose to withdraw their work rather than reshape their experiential accounts into a form consistent with scholarly conventions, even though their practices were undeniably therapeutic.

Formal scientific style of writing requires a fitting to suit the language of the image — if that is not the greatest oxymoron of all (Janković Shentser, 2025, p. 7). In this context, the role of a journal's editorial board extends beyond editing; it becomes one of mentorship, supporting authors in transforming lived professional experience into scientific knowledge. Translating the language of the image to a written word, developed into a translation of experience to knowledge.

Art is experience, just as spontaneous image-making is experience. Such embodied, somatic, physiological, emotio-

nal, cognitive, symbolic and kinaesthe-tic experience calls for continued exploration through ontological, phenomenological, and empirical perspectives.

It is therefore particularly interesting to consider Juliet King's reflections on a translational model for communicating art therapy knowledge within interdisciplinary teams and institutional settings. The well-established professional relationship between art therapy and neurology offers a valuable model for understanding how art therapy can function within interdisciplinary public healthcare teams. Susanne Bifano similarly argues for a new framework of interdisciplinary collaboration by critically examining the role and position of art therapists within healthcare teams. She advocates stronger professional networks, greater institutional support and enhanced recognition of both qualifications and the profession itself, noting that the current fragmentation of the field continues to generate personal, communicative, organisational and professional misunderstandings.

The development of a shared professional language is essential not only for scientific publications but also for meaningful collaboration within interdisciplinary practice.

Guided by the recommendations of the European Commission and initiated by the Ministry of Culture and Media of the Republic of Croatia, the Croatian Art Therapy Association conducted the first national mapping study of stakeholders working in the field of Arts and Health. The findings of the study and their public presentation, described in the professional paper by Jasmina Pacek, Krunislav Stojanovski, Magdalena Rubeša and colleagues, reveal the remarkable diversity of arts-based practices across professional landscapes.

Arts-based and therapeutic projects within healthcare are no longer uncommon. The fact that art therapy emerged as the most strongly represented discipline of the creative arts therapies may in part be attributed to the comparatively larger number of fully qualified art therapy graduates relative to the other creative arts therapy disciplines.

Beyond the clinical placements undertaken by students of the University Specialist Programme in Creative Therapies — most of which focus on mental health, developmental conditions, neurological disorders and ageing — we still have only a limited understanding of the wider practice carried out by professionals working across the field of Arts and Health. The stakeholder mapping study offers the first systematic insight into this landscape, encompassing community health, healthcare institutions, and integrated health and social care settings.

The integration of the creative arts therapies into healthcare systems has not occurred spontaneously, despite the growing need for psychological support throughout medical treatment, particularly in the context of chronic and life-limiting illness. Becoming a patient means assuming a new identity, one often accompanied by vulnerability and a profound sense of helplessness, activating both psychological defence mechanisms and instinctive stress responses. Patients require support — but so too do physicians, nurses and other members of the healthcare team.

In her case study, Jasminka Bukvić presents an unpredictable and dynamic model of group art therapy with emergency medical service professionals. While challenging conventional boundaries of therapeutic space in several ways, her work demonstrates the flexibility and clinical relevance of art therapy when working with healthcare professionals themselves.

Jasmina Lesić's study explores art therapy with paediatric patients aimed at supporting emotional regulation and reducing anxiety before medical examinations and procedures. Her work is carried out individually at the bedside, in groups, and within an Open Studio setting. As Lesić demonstrates, these interventions help children cope with hospitalisation and the symptoms of illness. Art therapy has also been shown to contribute to pain reduction (Angheluta & Lee, 2011), further highlighting the potential for meaningful collaboration between the creative arts therapies and public healthcare institutions.

In an interview featured in this issue, Iva Fattorini, founder of the creative health programme at the Cleveland Clinic (USA) and of the Artocene Institute, which integrates creativity and medicine, reflects on the steps she took to introduce the creative arts therapies into hospital settings and to support patients in coping with hospitalisation and everything it entails.

This issue of Transfer is significant on several levels. It is the first issue to receive support from the Ministry of Culture and Media of the Republic of Croatia, an important milestone that we have chosen to mark by publishing an expanded edition of Transfer. In doing so, we commemorate not only this new collaboration, but also the growing breadth of art therapy scholarship and our continuing commitment to research, study, and strengthen our professional networks within the wider fields of the creative arts therapies, culture and health.

Another step forward. Across a bridge we have built towards new landscapes.

Mia Janković Shentser
editor-in-chief

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