



EDITORIAL

Art therapists, some of whom are medical professionals, who practice in health care have stories to tell. Artists practicing art in health care likewise have stories to tell. We aim to support the publication of these voices. The question, however, is how?

The process of gathering articles for this issue was an investigation in itself: we talked with individuals working with the arts or art therapy with populations experiencing physical or mental health challenges in health institutions, as well as in community organizations, negotiated the scope, focus, and structure of each article, helped in conveying the experience they passed into a professional paper. We had to refuse submissions, or be refused, either because the work did not meet scientific standards or because the authors were not interested in shaping their stories accordingly. The scientific style and format needs tailoring to fit the language of art — the language of image, if it is not the oxymoronic of all oxymorons. This specific medium of communication in art therapy contains levels of consciousness that are hardly captured in this scientific format. Is it oxymoronic undertaking than, to try and translate art therapeutic process to research?

This question evokes the everlasting gap between art theory and art, as both practice and concept, in contrast to the philosophy of art, to which artists feel a much closer kinship. Similarly, psychology initially grounded itself in philosophy before being acknowledged as the field based on experience. Once the psyche became indisputably conceivable and supported by sufficient empirical data to assume the position of "the science beyond medicine" (Jung, 1991), psychological methodology could be established. While art IS experience — both inner and outer, sensory and cognitive, passive and active — it is simultaneously a process and result inherently unique to each individual and to a particular point in time. At the end of this process, there is silence, allowing 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 her, 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 fragment 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 inner realities onto 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 manifold – color, shape, and their relations (overlapping, covering, cutting or tearing, slowly or energetically) – mirroring the character of inner processes that would otherwise stay a mute potential without art to unveil them. We ultimately depend on verbal and social skills to share the experience, and even then we receive 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 their content. The intangible data are the

person's experience and the therapist's experience. These can be further explored through the images, repeating the above process, which can potentially unfold into a fractal infinity.

We evidently face several critical challenges in adequately translating this distant yet clear, slippery yet definitive way of communicating at the threshold 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, the language of human experience, rather than statistics, will be the focus of exploration. To study it, we need to approach it with an open mind, an open dictionary, and guide professionals to find a language to share their valuable insights and contribute to the knowledge base.

The neurological systems behind art therapy processes reflect these phenomena in their own language. In this issue, Juliet King presents a 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 over the past year, with projects building on empirical data convincingly postulating the significant role of art in stress reduction, emotional and behavioural regulation (Bokoch et al., 2025), cognition, sensory and perceptual systems, motor systems, and endocrine and immunological responses, some of which occur at the same time (Worrell et al., 2025). Additionally, art has demonstrated positive effects on general well-being, as well as social and physical connectedness (Joschko et al., 2024; Sonke et al., 2025). The subsequent revival of Art in Health showcased a variety of programs, from the Art Therapy and Neuroscience World Conference in February, to community initiatives such as the Swiss pilot project in which physicians prescribe museum visits to 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 the growing art therapy practice in Croatia — where students and alumni of the Creative Therapies program have applied their knowledge over the past nine years—we present some of these experiences from clinical practice in psychiatric settings. This well-established context for art therapists is researched in the review paper co-authored by Klasan and Degmečić. Although the psychiatric context is well researched, art therapy practice in public health and with physical illnesses is much less represented in the scientific literature. To address this gap, we present a challenging work in pediatric hospital, including individual and group art therapy, as well as an open studio format. In the same setting, Bifano examines the role and identity of the art therapist in 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 a leading art therapist, we were honored to meet and speak with Marian Liebmann, a doyen of art therapy, who has greatly influenced our understanding of group art therapy practice. In addition to over twenty other books, she co-edited the recently published volumes *Art Therapy with Physical Conditions* and *Art Therapy with Neurological Conditions* (2015), both of which are also available online.

Another significant publication in the field of art therapy and health is 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.

Overall, the issue before you offers a compelling overview of contemporary

art therapy practices in public health. It informs and promotes systematic interdisciplinary understanding and collaboration, and helps orient our practice within this evolving field.

Mia Janković Shentser,
editor-in-chief

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