ABI – Art-based Intervention Questionnaire

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A R T I C L E   I N F O

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A B S T R A C T

This study describes the development of the Art-based Intervention (ABI) Questionnaire, a self-report instrument that examines the creative process as experienced in art therapy and in educational interventions. A qualitative analysis of reflections documented by 120 students who participated in workshop sessions for creating with art materials rendered 50 questionnaire items, which pertain to four main categories: 1. Feelings and thoughts preceding the artistic process. 2. Feelings and thoughts occurring during the artistic process. 3. Attitude toward the artistic product, and 4. Approaches to the material. In the second stage of the study, 291 volunteers created with art materials and filled the ABI and the Session Evaluation Questionnaire (SEQ). Factor analysis demonstrated ten factors in all four categories together. Internal reliabilities for the ABI scales ranged between \( \alpha = 0.453 \) and \( \alpha = 0.909 \). Significant correlations found between the ABI and the SEQ subscales indicate that overall, the two instruments are similar but not identical, thus demonstrating concurrent validity of the ABI. The validation process and the meaning of the resulting subscales are discussed.

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The need to research and create reliable and validated scales for the measuring, diagnosis, and assessment of therapeutic processes in art-based therapies has been raised by art therapists who wish to base their work on research based theories rather than on beliefs (c.f., Hinz, 2008; Kapitan, 2010; Lusebrink, 2010; Rubin, 1984). These therapists aim to organize information and knowledge accumulated through practice into common themes, in order to create a professionally acceptable conventional language (Revesch-ShenHAV, 1999).

Evidence-based studies evaluating the efficacy of art-based therapies have indicated the need for instruments that would make it possible not only to measure the effects of therapy on external criteria, but also to assess the therapeutic processes that lead to the desired outcome (Regev & Guttmann, 2005; Slayton, D’Archer, & Kaplan, 2010). At the same time, other mental health professionals who work together with art therapists would like to have evidence regarding the efficacy of the therapeutic modality and the validity of the diagnoses and assessments attained through this modality (Feder & Feder, 1998). The context for this demand is the fact that art-based assessments are often used to complement and substantiate a diagnosis attained through verbal therapy (Rubin, 1999), as well as the fact that conducting a scientific review and evaluation of therapeutic methods and change processes is a professionally acceptable and existing procedure among practitioners of psychotherapy (e.g., Bergin & Garfield, 1994; Luborsky & Crits-Christoph, 1998; Roth & Fonagy, 1996; Safran & Muran, 2000).

As part of these efforts, a number of important studies suggested a formal analysis of structured visual expression as a standardized tool for diagnosis (DDS; Cohen, Hammer & Singer, 1988; Cohen, Mills & Kijak, 1994; PPAT; Gantt & Tabone, 1998). An important theory that address the problem of measuring and standardized evaluation is the Expressive Therapies Continuum (ETC) (Hinz, 2008; Lusebrink, 2004, 2010), which provides a systematic approach to understand the relationship between client and materials.

Recently, given the increased recognition in the impact of research and the desire to further develop and academicize the field and the profession, there has been a rise in the number of art therapist conducting research, which in turn has led to a discussion of the specific difficulties involved in the scientific research of art therapies (Carolan, 2001; Deaver, 2002; Kapitan, 2010). This discussion suggests that many of the difficulties described regarding the construction of measurement and assessment scales and the practice of research in this field in general stem from the complexities involved in art therapy, as such, the particular richness and sophistication of the language of art, as well as the non-verbal characteristics of art-based therapy (Linesch, 1995; McNiff, 1998; Rosal, 1998; Wadeson, 1980, 1987).

Furthermore, it is commonly claimed that it is difficult to integrate art-based therapy, which underscores the uniqueness of each individual and the many viable ways to view and perceive the world into a research model that views human beings as a source of objective and predictable knowledge (Junge & Linesch, 1993).