

Stališča učiteljev do možnosti uporabe likovne terapije pri mladih učencih

IVANA MARIJANOVIĆ, DUBRAVKA KUŠČEVIĆ & INA REIĆ-ERCEGOVAC

Povzetek Z raziskavo, ki smo jo izvedli na 205 učiteljih razrednega pouka, smo želeli preveriti, v kolikšni meri učitelji skrbijo za likovno izražanje svojih učencev, koliko vedo o likovni terapiji in njenih potencialih za mlade učence, zlasti ko delajo z zlorabljenimi otroki in otroki z ravnimi motnjami, ter koliko so pripravljeni poiskati dodatne informacije o likovni terapiji. Rezultati raziskave niso pokazali značilnih razlik v poznavanju likovne terapije in njene uporabe pri delu z mladimi otroki glede na starost učiteljev, delovno dobo ali izobrazbo. Glede na starost in stopnjo izobrazbe pa so se razlikovale njihove ocene lastnega védenja o likovni terapiji in njenih potencialih.

Ključne besede: • likovna terapija • učitelj razrednega pouka • izobraževanje učiteljev osnovne šole • umetnostna vzgoja • likovna umetnost •

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Teachers' Views of the Potential of Art Therapy in Young Learners

IVANA MARIJANOVIĆ, DUBRAVKA KUŠČEVIĆ & INA REIĆ-ERCEGOVAC

Abstract The aim of the study conducted on 205 class teachers was to explore the extent to which they care about their pupil's artistic expression, how much they know about art therapy and its potential for young learners, especially when working with abused children and children with developmental disabilities, and their willingness to seek additional knowledge about art therapy. The research results showed no significant difference in art therapy knowledge and its implementation when working with young children according to teachers' age, work experience or education. Still, the assessment of their own knowledge about art therapy and its potential did differ according to age and level of education.

Keywords: • art therapy • class teacher • elementary teacher education • art education • fine arts •

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Introduction

Therapy through artistic expression or artistic therapy, also known as art therapy (the term used in this paper) belongs to the creative therapy group or the group of therapies related to the arts. Music therapy, drama therapy, dance and movement therapy also form part of art therapy. In this paper, the topic is discussed in terms of three main fields: art therapy, art education and teachers' roles.

Art therapy uses various media to reflect emotions, development, abilities, personality, interests, worries and conflicts. Artistic process is not just drawing in the classical way, but other forms of artistic expression. It can involve tearing or crumpling paper, cutting, drilling, splashing colour, staining, painting with the feet or fingers, using clay or other plastic materials for molding, doing photography or making magazines collages etc. (Božac, 2011). Art therapy does not require any art skills, knowledge or aptitude for artistic activity, but it presumes that all people are creative and possess considerable potential to be revealed. It aims to encourage the development of creative competence, the revitalization of identity and to enable artistic expression to become an "instrument" of communication and integration (Škrbina & Radić, 2010). Art therapy is considered to be useful to children with all kinds of difficulties, such as communication or socialization difficulties, concentration difficulties or hyperactivity problems, including children with emotional problems or traumatic experience (Božac, 2011). Art therapy seeks difficulties (in diagnosis) and finds a convenient treatment for their removal (in therapy) (Varljen Herceg et al., 2010). Art therapy helps to heal traumatized children, but it also has an influence on physiological processes in the organism. Dealing with creative artistic activities activates parasympathetic and releases the child's organism (Lane, 2005).

Rehabilitation of children with disabilities frequently uses artistic expression as a supportive back-up method in estimating, encouraging and following a child's developmental potential. A work of art provides a great deal of information about emotional and psychomotor development in the child, such as fine and crude motor development, graphomotoric, perception, paper orientation, cognitive abilities, spatial body awareness, environment comprehension, family relationships, self-concept and self-esteem. Moreover, children with diminished intellectual abilities due to impairments in motor, cognitive and social development, are often unaware of their bodies and have difficulty perceiving them holistically; they have a distorted image of their bodies and incorrect spatial consciousness. The inability to control their own moves in space leads to confusion, and an inability to move accurately back and forth or left and right makes it difficult to learn (Dubravčić, 2013).

Depending on the participants and content, there are differing forms of art therapy. Individual art therapy refers to individual work with a child on a particular problem, and it is focused on the development of creativity and exploring personal creative potential, releasing emotions and relaxing. Group therapy means working with small groups of children, continuously over a span of time.

Some schools in Great Britain, Israel, the USA, Canada, Australia and the Netherlands combine art therapy techniques with educational aims. Art therapy is thus considered an important addition to the curriculum, since it relieves the psychological problems that distract from the learning process (Bilić, 2011). Therefore, teachers should know certain principles of art therapeutic effects, art therapy potential for young learners and, if necessary, when to consult art therapy experts. Art therapy has been used successfully in various types of class (Bush, 1997; Rosal et al., 1997; Rosal, 1993). Results of art therapy implementation in school have shown that art therapy techniques in class have a positive effect on school avoidance, as well as on self-esteem and positive attitudes about other students and family (Rosal et al., 1997). Furthermore, it has been shown that using art therapy techniques in the learning process has a positive effect on school success (Rosal et al., 1997; Pleasant-Metcalf & Rosal, 1997), as well as on student behaviour and students' locus of control (Rosal, 1993). Art education activities can contribute to fulfilling the special needs of children with disabilities. Since those needs are heterogeneous, the art teacher's strategy is realized on different levels, which means offering children choices and different activities at the same time. Also, children can be motivated in different artistic domains, according to their interests and tendencies (Varljen Herceg et al., 2010).

With an emphasis on directional art therapy, which is associated with school achievement, new studies emphasize the importance of spontaneous artistic intervention, especially in art education. It is important to emphasize that, no matter what art level is presented, art expression helps children to express their deeply repressed problems nonverbally: by line, colour or shape (Tomašević Dančević, 2005). In that way, children can access their cognitively abstruse feelings and experiences, and artistic expression is a method of externalization, a way to excise that experience from them and diminish feelings of powerlessness and loneliness in a more acceptable way (Barberian et al., 2003). Art education provides the possibility for conducting a "visual dialogue" and bringing out non-verbal feelings, so it has beneficial and therapeutic effects, especially for abused children. Since abused children have problems with verbal expression of interior emotional conditions, experiences and communication, this demands a non-cognitive approach. Therefore, art expression represents a convenient tool for moderating children's discomfort and a significant aid in recognizing and solving their problems (Bilić, 2011).

In the traditional teacher's role in art education is based on systematically planned accomplishment of goals and tasks, that is ensuring conditions and inventing strategies to encourage, follow and improve a child's individual art speech; in contrast, a new role for primary teachers in increasingly being observed and recognized, one that lies in recognition and prevention of and therapy for traumatized children in art classes. These new roles for the teacher are the result of social changes that are reflected in the educational system. In addition to children with no developmental difficulties and traumas, primary school classes include anxious and depressive children (domestic violence, destroyed families, sexual abuse, bullying etc.), children with aggressive behaviour, children with neurotic disorders, children with special needs like learning difficulties because of diminished intellectual abilities or specific learning disabilities, as

well as those with behavioural and control disorders (Pivac, 2006). Bilić (2011) emphasizes that teachers are, especially for abused children, important persons who use artistic expression to make it easier to approach their inner world, and in cases of abuse, they provide help and protection, so their education in this area is vital. It is considered that using a range of artistic activities in class has a positive influence on cognitive and emotional development, since it encourages emotional experience that is frequently repressed in the traditional class environment (Eisner, 2002). Artistic activities also develop social competences which are important for the child's relations with teachers, peers and parents (Horowitz & Webb-Dempsey, 2002).

Research aim

The aim of this study was to show how much primary teachers know about art therapy and its potential for young learners. In order to achieve this aim, the research tried to cast light on the following areas:

1. To examine the basic level of knowledge about art therapy, along with the degree of willingness to implement such therapy in the learning process and the teachers' estimate of their own knowledge of art therapy.
2. To determine whether there is any difference in the level of art therapy knowledge and its implementation when working with young children according to the teachers' age.
3. To determine whether there is any difference in art therapy knowledge and its implementation when working with young children according to the teachers' place of residence and work.
4. To determine whether there is any difference in art therapy knowledge and its implementation when working with young children according to the teachers' length of work experience.
5. To determine whether there is any difference in art therapy knowledge and its implementation when working with young children according to the teachers' education.

The research started with the general hypothesis that younger teachers, those who live in cities, and teachers with much more experience and more education would be more familiar with the potential for art therapy with young learners.

Method

Research sample and procedure

The sample consisted of 205 primary teachers from the counties of Split-Dalmatia, Dubrovnik-Neretva and Šibenik-Knin in Croatia. The structure of the sample is shown in Table 1. The research was conducted during the second semester of the academic year 2013/2014, and data were collected directly from the research participants. Participation was anonymous and voluntary. Participants were briefly informed about the purpose of the study; they were guaranteed confidentiality and also encouraged to reply sincerely. Completion of the questionnaires was done in schools and lasted about ten minutes.

Table 1. Sample structure considering age, place of residence, work experience and education

Independent variables	Categories	N	f (%)
Age	25 to 34 years	42	20
	35 to 44 years	45	22
	45 to 54 years	84	41
	55 to 64 years	34	17
Place of residence	rural	96	47
	urban	109	53
Work experience	Up to 10 years	49	24
	11 to 20 years	41	20
	21 to 30 years	63	31
	31 to 40 years	44	21
	more than 40 years	8	4
Education	2 years study	107	52
	4 years study	75	37
	5 years study	23	11

Research instrument

A questionnaire designed for the purpose of this study was implemented. The first part of the questionnaire consisted of participants' general data (age, place of residence, work experience and education). The second part consisted of 21 items where participants responded by circling one number on a five-number Likert scale (1 – I don't agree at all, 2 – I don't agree, 3 – I can't decide, 4 – I agree, 5 – I totally agree). Exploratory factor analysis by means of principal components and varimax normalization offered a three-factor solution, presented in Table 2. One item yielded no satisfying saturation at any factor, so it was eliminated from further analysis. According to the factor structure, item content and satisfactory reliability coefficients, three subscales were formed: willingness to use art therapy, knowledge of art therapy and meta-knowledge about art therapy. The psychometric features of the resulting subscales are shown in Table 2.

Table 2. Questionnaire factor saturation and psychometric features of the resulting subscales

Item Number	Items	F1	F2	F3
16.	If I had time, I would research art therapy potential for young learners.	.73		
17.	If I had the opportunity, I would attend lectures/seminars about art therapy potential for young learners.	.86		
18.	I would share my knowledge about art therapy's potential for young learners with other teachers and professional associates.	.78		
19.	Parents should also be informed about art therapy's potential for young learners.	.66		
20.	Education about the potential of art therapy for young learners can improve a teacher's educational activity.	.71		
21.	I want to acquire additional knowledge about the potential of art therapy for young learners.	.85		
1.	Analysis of children's art work can reveal unfamiliar and hidden problems.		.31	
2.	Non-visual motifs in art classes can be a starting point for expressing experiences and feelings that are hard to put into words.		.46	
5.	Art therapy means therapy through artistic expression.		.67	
6.	Art therapy enables pupils to express their feelings and problems.		.78	
7.	Art therapy cannot help in understanding a child's feelings.		.59	
8.	I consider it possible to achieve good communication with pupils through artistic expression.		.62	
9.	Art therapy for young learners can be used as prevention.		.71	
10.	One possibility for art therapy in young learners is providing help to pupils with communication and socialization difficulties.		.73	
13.	Traumatic experiences (death of a loved one, various forms of abuse and neglect etc.) can be alleviated with the help of art therapy's potential for young learners.		.56	
14.	Art therapy cannot help children with emotional difficulties.		.63	
3.	I know what lies behind the concept of "art therapy".			.46
4.	I was familiar with art therapy during my studies at the Department of Teacher Education			.69
12.	I don't know enough about art therapy's potential for working with children who have developmental disabilities.			.81
15.	I don't know enough about art therapy's potential for working with abused children.			.75
	the percentage of explained variance	20%	21%	10%
	Cronbach α	.88	.83	.65
	M (sd)	28.12 (2.99)	43.46 (5.42)	9.20 (3.00)
	the range of results	12-30	24-50	4-20
	Inter-item correlation	.58	.37	.33
	K-S d	.27*	.13*	.20*

* $p < .05$

Since composite results on all subscales differ significantly from the normal distribution (Table 2), in further analysis, a non-parametric test will be implemented. It can be noted that most participants estimate themselves to be ready for art therapy implementation, despite low levels of art therapy knowledge. Teachers estimated their own knowledge with the lowest grades, which is not surprising, since such topics are generally absent from formal basic teacher education. According to the participant's indirectly shown interest in such topics, it is clear that there is a place for upgrading the curriculum in basic teacher education that deals with the techniques and methods of art therapy in the classroom.

Results and discussion

In order to address the problems of the study, several analyses were conducted to test for any difference in levels of knowledge about and willingness to use art therapy depending on the teachers' age, place of residence, work experience and education. In order to test the age effect, a Kruskal Wallis ANOVA was used, the results of which are shown in Table 3.

Table 3. The results of the Kruskal-Wallis H test for testing the difference in levels of knowledge about and willingness to use art therapy by teacher age

Variable	H (3, N=205)	p	Categories	C (median)	Average rank
Willingness	4.09	.25	25 to 34 years	4.83	98.32
			35 to 44 years	4.80	117.02
			45 to 54 years	4.67	101.36
			55 to 64 years	4.59	94.28
Knowledge	7.14	.07	25 to 34 years	4.30	94.19
			35 to 44 years	4.47	115.52
			45 to 54 years	4.37	108.37
			55 to 64 years	4.18	84.02
Meta-knowledge	13.31	.00	25 to 34 years	2.75	125.81
			35 to 44 years	2.28	98.71
			45 to 54 years	2.12	88.66
			55 to 64 years	2.44	115.93

The research results showed that there was no statistically significant difference in the level of knowledge about art therapy and its implementation when working with young children according to the teachers' age, but a difference was found in the level of meta-knowledge. This means that the youngest and oldest groups of participants were more aware of their actual level of knowledge about art-therapy. This difference could be explained by the following assumptions: the youngest participants still remember the art therapy knowledge acquired during their study at the Department of Teacher Education or, if there was no art therapy knowledge acquired during their study they are still aware of its importance and therefore willing to learn about it. On the other hand, the oldest participants have more work experience and have probably worked with more abused children, or those with developmental difficulties, which encouraged them to find a way to help those children; this could include learning about art therapy and, ultimately, they

could have learned to estimate their art therapy knowledge more realistically. That can be linked with, as Pivac (2006) quotes, art teachers' new roles, which are the result of the current social changes which led to a different mix of pupils in schools. In fact, the number of children with developmental difficulties and abused children in our schools is increasing, so even the oldest teachers realized they should, along with their previous roles, assume new roles focused on providing help to those children in art classes. Therefore, the hypothesis claiming that there is a statistically significant difference in the level of art therapy knowledge and its implementation depending on the teachers' age, is only confirmed when it comes to meta-knowledge. On the other hand, it was not confirmed that younger teachers are more willing to implement art therapy, or that they have better knowledge about the potential for art therapy than the older ones do.

Table 4. The results of the Kruskal-Wallis H test for testing differences in knowledge about and willingness to use art therapy according to teachers' work experience

Variable	H (3, N=197)	p	Categories	C (median)	Average rank
Willingness	5.81	.12	0 to 10 years	4.64	89.60
			11 to 20 years	4.83	114.70
			21 to 30 years	4.65	94.05
			31 to 40 years	4.74	101.90
Knowledge	5.79	.12	0 to 10 years	4.28	87.67
			11 to 20 years	4.47	111.46
			21 to 30 years	4.28	93.14
			31 to 40 years	4.42	108.38
Meta-knowledge	11.50	.01	0 to 10 years	2.59	121.47
			11 to 20 years	2.11	84.80
			21 to 30 years	2.26	96.50
			31 to 40 years	2.20	90.85

The research results showed there was no statistically significant difference in art therapy knowledge and its implementation when working with young children according to teachers' work experience, but in estimation of art therapy meta-knowledge, teachers who had less than 10 years of work experience estimated their art therapy meta-knowledge more highly than more experienced teachers. It is possible that more experienced teachers during their work experience, realized how much they didn't know about chances for using art therapy in working with young children, and so they estimated it more modestly than younger participants who had not yet reached that realization. There is also the possibility that, thanks to their work experience, more experienced participants consider themselves familiar with the methods for providing help, so they do not aspire to acquire knowledge about the potential for art therapy, and that is why their estimates were lower. It was hypothesised that more experienced teachers would be more familiar with the potential for art therapy with young learners because, as Bilić (2011) says, analysis of every child's art work requires life experience. Since the results showed that work experience influenced the assessment of art therapy knowledge, but in a direction opposite to what had been assumed, that hypothesis can be rejected.

Table 5. The results of the Kruskal-Wallis H test for testing differences in knowledge of and willingness to use art therapy according to teacher education

Variable	H (2, N=205)	p	Categories	C (median)	Average rank
Willingness	3.65	.16	2 years study	4.63	95.99
			4 years study	4.75	109.83
			5 years study	4.74	113.35
Knowledge	.70	.70	2 years study	4.36	105.54
			4 years study	4.31	98.45
			5 years study	4.40	106.02
Meta-knowledge	7.59	.02	2 years study	2.18	94.31
			4 years study	2.34	107.15
			5 years study	2.73	129.90

When testing the influence of education on knowledge about art therapy's potential and teachers' willingness to use it, meta-knowledge about art-therapy again showed significant differences (Table 5). Participants with the most education (five years of basic study at university) estimated their meta-knowledge the highest. This could be because, during their five-year-basic education, teachers learned about the potential of art therapy for working with abused children and children with developmental difficulties to a greater extent than did those who had shorter basic education. They are obviously more aware about their own levels of art therapy knowledge and therefore probably more willing to learn about art therapy. It should be noted that, again, no differences in the actual levels of knowledge about or willingness to use art-therapy techniques was found within groups with different levels of basic teacher education. It can be concluded that basic education affects teachers' meta-knowledge about art-therapy, partly on account of the more complex curriculum and increased content and activities during the programme which promote teachers' meta-abilities in general, with greater skill development in the area of self-evaluation and self-reflection. The results only partly confirmed the hypothesis according to which there would be a statistically significant difference in estimation of art therapy knowledge about and willingness to use art therapy depending on teachers' education.

Table 6. Results of the Mann-Whitney U-test for testing differences in the dependent variables according to place of residence

Variable	U	z	Categories	C (median)	p
Willingness	4312.00	2.32	rural	4.59	.02
			urban	4.77	
Knowledge	5141.00	-.21	rural	4.34	.83
			urban	4.35	
Meta-knowledge	5138.50	.22	rural	2.29	.82
			urban	2.31	

As is shown in Table 6, there is no statistically significant difference in art therapy knowledge or meta-knowledge according to the place of residence, but a difference was found in willingness to use art therapy in the young learner's classroom, because teachers who live in cities are more likely to use art therapy in their work than their colleagues

from rural places. It is possible that teachers from larger, urban places meet more children with developmental or other difficulties; therefore, art-therapy techniques seem to them a useful tool for classroom or individual work. In larger cities, bullying among children is usually a more frequent phenomenon than in small rural schools, which could also become an important impetus to seek varied and efficient classroom techniques, and art-therapy provides a range of options for improving emotional and social skills among peers. It is possible that teachers who live in larger cities and work in larger urban settings are constantly seeking new ways to prevent bullying and other behavioural problems among pupils, so they are more willing to try different methods, art therapy included, as an effective way to help children. Furthermore, classroom teachers are more engaged in working with children with large range of difficulties in larger cities, including hospitalized children, where the positive effect of art therapy on the mitigation and elimination of psychological trauma caused by the developmental difficulties and hospitalization has been proven (Prstačić, 1989).

Table 7. Correlation matrix for all research variables (N=205)

	1	2	3	4	5	6	7
1. Age							
2. Place of residence	-.01						
3. Work experience	.90**	-.045					
4. Education	-.85**	.03	-.80**				
5. Willingness to use art therapy	-.06	.16*	-.02	.13			
6. Art therapy knowledge	-.05	-.02	.06	-.03	.48**		
7. Art therapy meta-knowledge	-.10	.02	-.14*	.18**	-.18**	-.24**	

*p<.05; **p<.01

Correlation of all research variables is shown in Table 7. Willingness to use art therapy is significantly correlated with the place of residence, while art therapy meta-knowledge is correlated with the level of education and length of work experience. Specifically, teachers with longer basic education, and those with less work experience showed better awareness of their own knowledge about art therapy. Correlations also showed that more art therapy knowledge means greater willingness to implement it.

Conclusion

Art therapy's positive effect on young learners, especially when working with abused children and children with developmental difficulties, is unquestionable. This paper provides basic information on the relation between teachers' characteristics and art therapy knowledge. Current basic teacher education in the Croatian educational system does not provide sufficient knowledge about the potential of art therapy with young learners. This research has shown that education does not significantly affect art therapy knowledge or teachers' readiness to use it in the classroom. Still, results showed that the youngest teachers have the greatest meta-knowledge, which means there is interest in expanding this, in most cases superficial, art therapy knowledge and the options it provides in young learner classrooms. It was also shown that teachers in larger urban settings are more willing to learn and use art therapy compared to teachers in smaller

rural places. In order to learn more about art therapy techniques that can be used by classroom teachers, it is necessary to explore appropriate ways of implementing content and activities for developing art therapy skills during basic teacher education, on the one hand, and on the other, to explore ways of implementing it in the classroom so that art therapy can be used as an effective way to help children with various difficulties or to help children express themselves in artistic ways.

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