

Digital Commons  
@ LMU and LLS

## Journal of Clinical Art Therapy

Volume 2

Issue 1 *Journal of Clinical Art Therapy*

Article 3

December 2014

# The Use of Creative Art as a Strategy for Case Formulation in Psychotherapy: A Case Study


Semra Karaca PhD

*Marmara University Istanbul*, [karacasc@gmail.com](mailto:karacasc@gmail.com)

Nurhan Eren

*Istanbul University*, [nurhaneren@yahoo.com](mailto:nurhaneren@yahoo.com)

Follow this and additional works at: <http://digitalcommons.lmu.edu/jcat>

 Part of the [Clinical Psychology Commons](#), [Fine Arts Commons](#), [Health Psychology Commons](#), [Other Languages, Societies, and Cultures Commons](#), [Other Social and Behavioral Sciences Commons](#), and the [Social Work Commons](#)

### Recommended Citation

Dear Editors,

I send to our revised article. Thanks you for your interest and support.

Best regards,

PhD.Semra Karaca

This Peer Reviewed Article is brought to you for free and open access by the Marital and Family Therapy at Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in Journal of Clinical Art Therapy by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact [digitalcommons@lmu.edu](mailto:digitalcommons@lmu.edu).

---

# The Use of Creative Art as a Strategy for Case Formulation in Psychotherapy: A Case Study

## **Cover Page Footnote**

Dear Editor, The current article was prepared to case report: "The Use of Creative Art as a Strategy for Case Formulation in Psychotherapy: A Case Study". I attached our study which was rightfully prepared according to the publication rules. When you will be evaluating our article, please consider that it is not easy to make a research and to publish a study in Turkey and international reviews. If our study would be published –hopefully- it would help to develop of other studies. I look forward to hear your positive response. Yours sincerely, PhD.Semra Karaca

# The Use of Creative Art as a Strategy for Case Formulation in Psychotherapy: A Case Study

**Semra Karaca<sup>1</sup>**

*Health Science Faculty, Department of Psychiatric Nursing, Marmara University/ Istanbul/ Turkey*

**Nurhan Eren<sup>1</sup>**

*Faculty of Medicine, Social Psychiatry Department, Istanbul University/ Istanbul/Turkey*

Case formulation refers to the appraisal of the individual data and the treatment plan in terms of certain principles. In psychotherapy, case formulation is relevant for the recognition of conceptual and clinical tools as well as for the evaluation of the therapeutic endeavor. Artwork (painting) provides an effective tool for case formulation because it allows the individual to express his/her thoughts and emotions, which are prone to the influences of sub-conscious drives, conflicts, fears, and desires in a symbolic fashion. In this study, case formulation of a 31-year-old woman, who cannot overcome her verbal and physical aggressive behaviors, is presented. For case formulation, four sessions of artwork are used. The main purpose of the present case is to discuss the use of creative artwork as a means for case formulation in dynamic psychotherapy.

*Keywords:* artwork, psychotherapy, case formulation.

Case formulation refers to the organization of information about the individual and includes a comprehensive and individualized treatment plan. In psychotherapy, case formulation is central to the clinical intervention as well as to the evaluation of the outcome of therapeutic efforts. In this process, defining a patient's fundamental problems, and precipitating and maintaining factors and their interrelations are of great importance (Eells & Lombart, 2003; Sim, GweeKok, & Bateman, 2005). How a clinician evaluates or formulates a case depends mainly on the clinician's theoretical perspective and way of acquiring information about the patient's mental problems (Eells & Lombart, 2003; Sperry, Gudeman, Blackwell, & Faulkner, 2002).

An efficient formulation has three components: description, clarification, and treatment-course. The descriptive component emphasizes the phenomenological expression of the symptoms, their severity, and precipitating factors. This component helps the clinician to differentiate between psychosis, neurosis, personality problems, and other possible conditions. The clarifying component aims to explain the reasons of incidence, and maintenance of these symptoms and dysfunctional coping mechanisms. It is generally longitudinal rather than cross-sectional, and it focuses on

etiology instead of description. The treatment-course component follows the descriptive and clarifying components and involves a treatment plan. This component involves an action formulation or study hypothesis (Sperry et al., 2002).

A well-organized formulation bridges complex and sometimes contradictory information and leads to organized information. This organized information may facilitate understanding of the patient and, thereby, increase empathy. An ideal case formulation increases the consistency between intervention and the treatment plan and serves as a marker for change (Eells, 2001).

One of the techniques for case formulation is creative artwork, in the sense that it may be used as a means for understanding behavior, emotional state, cognitive competency, self-perception, and the level of development (Betts, 2006; Conrad, Hunter, & Krieshok, 2011). The artwork may be evaluated in terms of structural factors, narrative, symbolic content, and transference (Killick & Schaverien, 2003) and thus may contribute to description, clarification, and treatment course components of the formulation process.

Several of the pioneers who developed psychodynamic theories emphasized the role imagery and creativity play in contributing to psychological expression and health. For instance, Jung (2001) considered painting as the expression of the collective unconscious; Freud (2007) regarded it as the sublimation of sup-

<sup>1</sup>Correspondence concerning this article may be sent to the authors, **Semra Karaca**, (e-mail: sckaraca@marmara.edu.tr) and **Nurhan Eren** (nurhaneren@yahoo.com)

pressed drives and related it to oral fixation. Kris (1974) regarded creativity as the repression of the ego to the primary process in a controlled fashion and called it regression in the service of ego. Kohut (1998) stated that in a creative work, the work of art itself and the presumed viewer, both function as self-objects, and Winnicott (1971) defined artwork as the transition object.

In art therapy artwork is created in the context of two and is engendered through the interaction of two individuals via mirroring or integration. This interaction coincides with the transitional space of Winnicott (1971) in which painting functions as a transitional object. This space holds self and object projections that are transferred to pictorial images - as much as the patient can carry - and facilitates real interaction between patient and therapist, whereby they can touch each other in a reality sphere (Eren, Saydam, Şahin, Emil Ögünç, & Bıkmaz, 2006; Havsteen-Franklin, 2007). Also, using art as a form of primary process thinking is a substantial method for the concretization and externalization of one's symbols. Therapists may form a link between these concrete and foreclosed expressions and oral externalizations (Eren, 1998; Johnson, 1998).

The present case study discusses the use of creative artwork for case formulation in psychodynamic art therapy. We believe that this case study is an efficient qualitative way of demonstrating the benefits of artwork for case formulation. In particular, this patient's artwork in terms of symbolic content and stylistic form reflected her psychological structure, and allowed us to formulate an evaluation in a relatively short time period. It is also important to mention that, following the formulation, the patient continued her psychodynamic psychotherapy for four and a half years, and this process will not be evaluated within the scope of this article.

## METHOD

### Case History

Suzan is a 31-year-old woman who was born in a village in the Balkans after her mother's unintended pregnancy and was raised by the support of her grandmother, who lived next door. She migrated to Turkey with her family at the age of 11. She is the youngest child of a family with three children. She has a sister seven years older and a brother nine years older. She graduated from a state university's Department of Labor Economics. Upon her graduation, she worked in three different companies, but quit all of these jobs after having relational problems with co-workers. At the time of admission, she was pursuing her second bachelor's degree in the Department of Preschool Education. Her mother can read and write but does not have any formal education; her father graduated from primary school, and her siblings have university degrees.

She lost her father to cancer when she was 27 years old, was married six months later, and gave birth to her daughter the following year. After giving birth to her child, she re-entered college to pursue her second bachelor's degree. Her mother-in-law has been taking care of the child since then.

Her main complaints upon admission were anger outbursts, feelings of emptiness, and violent behavior towards her 2 ½ year-old daughter, which have exacerbated during the last four months.

Suzan has mentioned that her complaints outlined above were persistent ever since her childhood, but they exacerbated after her father's death. She reported that she did not receive any prior psychological or psychiatric treatment.

### Procedure

In order to determine which therapeutic approach is appropriate for the client, four assessment sessions were conducted by using art as a tool for evaluation. In contrast to other therapeutic approaches, in dynamic psychotherapy a single session is not enough for case formulation (Margison et al., 2000). Therefore, the assessment interviews in this case involved four separate weekly sessions, with each session 60 minutes in duration. Sessions were conducted in a comfortable room, which included artwork materials such as paper, crayons, pastels, acrylic paints, and other assorted art materials.

In the first session, Suzan was asked to introduce herself. Her main complaints and the precipitating events were also discussed, and she was given information regarding the process of creating artwork in the sessions. Second and third sessions involved artwork and her reflections of these paintings. In the last session, an evaluation of the sessions, the client's main problems, and the proposed psychotherapy process were discussed, and a treatment plan was composed. In this study, informed consent was obtained from her.

**First session.** Suzan started with her childhood, explaining that she was raised in a troubled and dysfunctional family and the reasons for seeking therapy. She defined her mother as a detached, cold woman, who had very little contact with her family and friends, and who occasionally worked at unqualified jobs (e.g. cleaning, babysitting). She recalled her grandmother as a loveless and dominant woman and her grandfather as a passive and sick man. She also remembered her grandmother cheating on her grandfather. During the interview, she recalled being told that she was a difficult baby although she had not gone through any illness.

Suzan defined herself as the ugliest and most troubled person in the family and believed that she was an unwanted baby and child. Suzan claimed that her mother accidentally caused her brother to lose the eyesight of one eye. She explained this accident in detail and stated that because of the mother's guilt feelings and because of the fact that he is male, her brother became the most loved one in the family.

Between the ages of 4 and 11, her siblings were in boarding school. She always thought that they were happy in boarding school and that she was imprisoned at home. Each time they came home to visit, she was happy, but felt abandoned as soon as they left for school without taking her with them. When they completed school and returned home, she envied the attachment between her brother and sister and felt that she was rejected. We interpreted these claims as a possible Oedipal conflict reflected to siblings by her.

She defined her father as a farmer who had alcohol problems and was authoritative and created an oppressive relationship with his children. He also cheated on her mother and was regarded as a beastly person in the village. During her childhood,

her father was arrested a couple of times because of political offenses. She suspected that her father had been tortured during his imprisonment. We interpreted these claims as Suzan having a split image of her father, both as an oppressor and a victim.

In her adolescence, she had self-destructive behaviors such as promiscuity, substance abuse, impulsive self-mutilation, and suicide attempts. She expressed that after she met her husband, she went through a refinement/purification period, in which she did not use any alcohol or any other substances, and that she was committed to her husband “for the time being.”

When Suzan was asked to describe her expectations from the psychotherapy process, she expressed that she wanted to get rid of her anger, that she always felt angry, and that she was afraid of cheating on her husband. She also mentioned that she had hit her daughter a couple of times and was afraid of harming her again. Her fear of these actions suggested to us that she was actually afraid of being like her father.

**Second session.** Suzan was asked to paint spontaneously, and she chose a pastel and made an oak tree with crayons. She was sad and anxious while painting, but relaxed gradually while reflecting on it. She mentioned that the tree stood away from the residential areas alone on a hill. The land was barren and stiff. The tree could only be seen if you knew its exact place or if you were lost. The tree had both green and dry leaves and the reason for this was its sturdy roots. She attributed human feelings to the tree stating that it was afraid of gales and seemed like it might fall at any time or die off. When she was asked to introduce her associations, she said, “Looks like me, inside is hollowed out and rotten, but this is not evident from the outside. Some part of it is green because it wants people to see it like this, like there is still good things left, but it is mainly influenced from the dry part. It does not bear fruit, even if it does, it wouldn’t be useful. Did you know that they called me ‘meek girl’ at school and ‘mad girl’ at home? That meek girl had green leaves like this and mad girl had dry leaves.” When she was reminded that oak trees lived long, she said, “I want to be Ermiş<sup>1</sup> and immortal; it makes me crazy to think about death; it makes life meaningless. Yet this oak tree could live for 500 years, only if it were stronger” (see Figure 1).

**Third session.** Suzan was again asked to paint spontaneously. On this session, she painted a house. She claimed that “the house was a cold, dark farmhouse where a sick man and his daughter lived. The garden was very dirty in some parts. The daughter took care of her father. No one visited the home because it was thought that the father had a contagious disease. The house was away from the village, and the unpaved road on the painting led nowhere. The sun was far away, and although it was scorching, it neither heated nor illuminated the house. A weak and sickly cat lived on the street, and it could neither go into the house, nor go anywhere else. The eyes on the corner were evil; they watched the house and the cat all the time, but she did not know whom these eyes belonged to.” When she was asked to introduce her associations regarding the painting, she said, “It reminds me of my childhood home, but ours was not like that. I can be the cat on



Figure 1.



Figure 2.

this painting. I was alone, I was the unwanted one, and have had hard times to survive” (see Figure 2).

**Fourth session.** Suzan was asked about her thoughts and feelings regarding the first three sessions. She was surprised that she painted imaginary things, but it was as if they were narrated to her. She also said, “At once, I was not aware of the things that

<sup>1</sup> In Anatolian culture, according to religious beliefs, ‘Ermiş’ is a holy person who is very spiritual, respected, and valued by the community.

we spoke about these paintings. It is as if they are from far away, but they feel close. I wondered whether I would be able to tell all these. I think I wouldn't." In this interview, she was again asked about her expectations. She said, "I think getting rid of my anger won't be enough. I have to get rid of this emptiness as well. I don't really have any idea about who I am. It is as if there are strange people in me."

At the end of the fourth session, the therapist introduced her assessment regarding the formulation process to the client, mentioning that in therapy working only with manifest problems is insufficient as she realized through the artwork that Suzan has deeper problems regarding her psychological structure. The therapist told her she needed long-term psychodynamic therapy to decrease her suffering, to meet her needs, and to have a deeper understanding of her personality.

## FORMULATION

### Description

1. Main problems: Inconsistent feelings (angry outbursts, reactive affect), disrupted interpersonal relationships and inconsistency in relationships (idealization-devaluation), feelings of emptiness, feeling as a sinner and an evil person, confusion about her identity, disorganization in stressful situations (confusion, depersonalization), beliefs of abandonment (mother, brother, and sister as well as father's death), related depressive periods, and difficulty in impulse control (from history, interview data, and artistic data).
2. Precipitating incident: Anniversary of father's death.
3. Incident precipitating admission to the hospital: Her verbal and physical aggressive behavior towards her daughter.
4. Etiology: Being an unwanted baby and child with problems, being labeled 'meek girl' or 'mad girl,' being neglected by her parents, being unable to get satisfactory and consistent care during childhood, being unable to maintain relationships (hating people who are loved all of a sudden), occasionally feeling an urge for self-mutilation, and loss of her father.

### Clarification

5. Self and object relations: Symbolic formulations such as green and dry leaves on the painting (splitting), the fact that the tree is hollow and rotten on the inside (incapability), weak roots, barren and stiff land, cold and dirty garden, the fact that she is outside and she is being watched by mistrustful eyes, and the meaning that the client attributed to the pictures, suggest that she has a split self and object perception (primitive splitting operations).
6. Most frequently used defense mechanisms: Splitting, projective identification, idealization/devaluation, and acting out.
7. Core conflict: Core conflict may be defined as relational conflicts during the pre-Oedipal stage. The fact that oral needs are frequent and early object relations are insufficient, a lack of a continuous self-perception, feeling other people's presence in the inside, the need for a relationship which can

hold her (such as the relationship she had with her husband), all suggest the presence of pre-Oedipal needs.

### Treatment Plan

8. Treatment plan: As a result of Suzan's personal reports and projections in creative art work, it was observed that her personality structure represents the pre-Oedipal level. She primarily employs primitive defense mechanisms and her self-object integrity is immature. Depending on those observations, a more comprehensive individual psychotherapy that involves deeper work on those issues was found necessary. Psychodynamic therapy was suggested, and she was given information regarding this treatment.

## DISCUSSION

The clinician has the responsibility of finding the therapeutic model that will be most effective for the client's problems and submit it to the client. With its emphasis on behavior, descriptive diagnostic systems such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the International Classification of Diseases (ICD) do not allow us to understand sufficiently personality configurations and internal dynamics affecting therapy (Sim et al., 2005). Therefore, artwork may be a more efficient tool for case formulation and treatment plan to reveal internalized self and object relations, ego defense mechanisms, and present and contemporary relationship problems.

This case study suggests that painting and the patient's reflections regarding these paintings are facilitative for the evaluation of the psychopathology. In artwork, the painting and patient's reflections, her relationship with the features on the painting, and her relationship with the therapist all enable an evaluative level of psychopathology by giving hints regarding unconscious conflicts, and sets the psychotherapeutic process off by leading to an awareness of these conflicts (Eren et al., 2006; Killick & Schaverien, 2003; Simon, 1997; Wietersheim, Pokorny, Szkura, & Eitel, 2008). Lamont, Brunero, and Sutton (2009) claim that in an art therapy of an individual, painting awakened past memories and facilitated the externalization of feelings, thoughts, and meanings as well.

In Suzan's formulation, main problems were inconsistent feelings, disrupted interpersonal relationships, feelings of emptiness, feeling like a sinner and an evil person, confusion about identity, disorganization in stressful situations (confusion, depersonalization), beliefs of abandonment (mother, brother, and sister as well as father's death), related depressive periods, and difficulty in impulse control, all of which suggest that Suzan's psychological structure is on a pre-Oedipal level. In the evaluation of a case, addressing main problems are very important (Blatner, 2003). In the literature, people with borderline personality organization display extraordinary behaviors, have unstable affect and temperament, inconsistent and contradictory self and object relations, inconsistency in self-identity, problems with impulse control, manipulative suicide attempts, operational behavior, use alcohol and drugs, are promiscuous, and have chronic feelings of emptiness (Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Eren,

2010; Kernberg & Michels, 2009; Paris, 2005). In this regard, it may be postulated that Suzan has borderline personality organization as well.

Suzan's paintings during the formulation process reflected her object- and self-representations. Especially, evaluation of the symbolic content and her reflection on this content suggested split self- and object-representations. In the paintings, the fact that she split the tree into two (green and dry leaves), the fact that the tree was hollowed out and rotten on the inside (feelings of emptiness), and her statement that the tree was similar to her, allowed an evaluation of her self-perception and defense mechanisms. Similarly, in another painting, the father, who was reflected upon as a contagious figure (harmful and someone who should be avoided, sexual father), together with her comments about him suggested that her object relations were split as well. Klein (1999) claimed that at first, the baby keeps 'good' and 'bad' mother and 'good' and 'bad' me images separately, namely splitting them. As the time spent with the mother increases (on the condition that the relationship does not deteriorate because of insufficient mothering or extreme behaviors), this splitting is integrated into both a good and bad me and mother image. Suzan's perception of her mother as a "cold, distant, and detached woman" and the absence of a close/overarching object relationship may be evaluated as an early factor that led to a failure in the integration of self- and object-representations. In addition, in the Anatolian culture, father and daughter relationship presents an authoritarian quality. For the father, expressing his feelings is perceived as "weakness," and also daughters are expected to buckle under the authority. Those cultural features might have rendered the resolution of Suzan's relational difficulties and conflicts in her inner world difficult.

The fact that Suzan divided the garden and the tree into two, and painted a half clean, half dirty garden and a half dry, half green tree, and projected herself on a helpless and ragged cat, connote that her main defense mechanisms are splitting, operationalization, and projective identification, which are also the most frequent defense mechanisms in individuals with borderline personality organization (Kernberg & Michels, 2009).

Suzan first painted a tree and then a house. The tree is bigger than the page itself and the tree's body is painted crimson. She explicitly painted the tree's hollows black, and she didn't complete the clean part of the garden. The cat when compared to the house is bigger in size. These, together with the red sun and eyes, all reflect her self-perception. According to Burns, paintings of a house or tree may reflect the patient and his/her family and may contain hints regarding conflicts about relationships with the rest of the family (as cited in Brooke, 2004).

When artwork is used as a means of evaluation, figures, configuration, content, theme, color, drawing lines, position of the figures, missing and extra parts, or the movement in the painting are all examined (Buck, 1948; Killick & Schaverien, 2003; Kim, Kang & Kim, 2009; Kim, Kang & Hong, 2012; Withrow, 2004).

Suzan claimed, "At once, I was not aware of the things that we spoke about these paintings. It is as if they are from far away, but they feel close. I thought whether I would be able to tell all of these, I think I wouldn't." This emphasizes the efficiency of artwork in reaching the unconscious, which is the main target

of psychodynamic therapy. Creative artwork facilitates working with the content, which is difficult to talk about, or even expurgate. Literature suggests that artwork increases awareness and is important as a tool for reflection (Eitel, Szkura, Pokorny, & Wietersheim, 2008; Lamont et al., 2009; Madden & Bloom, 2004; Rustin, 2008).

## CONCLUSION

Creative artwork is a tool for the expression of subconscious thoughts and emotions through symbols, instead of words, a tool for revelation of self- and object-representations and defense mechanisms. We postulate that creative artwork may be used as a facilitating tool in case formulation. In psychotherapy literature, case studies are frequent because of the nature of therapeutic work and the uniqueness of patients' problems; however, articles regarding psychodynamic case formulation are relatively rare. Thus, comprehensive studies that testify to the use of art, both for evaluation purposes and during the psychotherapy process, are necessary.

## REFERENCES

- Betts, D. J. (2006). Art therapy assessments and rating instruments: Do they measure up? *The Arts in Psychotherapy, 33*, 422–434.
- Blatner, A. (2003). Clinical practice note: The art of case presentation. *The Arts in Psychotherapy, 30*, 131–135.
- Brooke, S. L. (2004). *Tools of the trade: A therapist's guide to art therapy assessments*. Springfield, ILL: Charles C. Thomas.
- Buck, J. N. (1948). The HTP technique: A qualitative and quantitative scoring manual. *Journal of Clinical Psychology, 4*, 317–396.
- Clarkin, J. F., Levy, K. N., Lenzenweger, M. F., & Kernberg, O. (2007). Evaluating three treatments for borderline personality disorder: A multiwave study. *The American Journal of Psychiatry, 164*, 922–928.
- Conrad, S. M., Hunter, H. L., & Krieschok, T. S. (2011). An exploration of the formal elements in adolescents' drawings: General screening for socio-emotional concerns. *The Arts in Psychotherapy, 38*, 340–349.
- Eells, T., & Lombart, K. G. (2003). Case formulation and treatment concepts among novice, experienced, and expert cognitive-behavioral and psychodynamic therapists. *Psychotherapy Research, 13*, 187–204.
- Eells, T. D. (2001). Update on psychotherapy case formulation research. *The Journal of Psychotherapy Practice and Research, 10*(4), 277–281.
- Eitel, K., Szkura, L., Pokorny, D., & Wietersheim, J. V. (2008). Do you see what I see? A study about the interrater reliability in art therapy. *Psychotherapy Research, 18*, 216–224.
- Eren, N. (1998). Psikotik ve borderline hasta gruplarında sanatla psikoterapi sürecinin incelenmesi (Investigation of the psychotherapy process with art in psychotic and borderline patients groups). İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik

- Anabilim Dalı (Istanbul University Institute of Health Sciences Nursing Department), İstanbul, (Yayınlanmamış Doktora Tezi/Unpublished PhD research).
- Eren, N. (2010). Kişilik bozuklukları ve hemşirelik girişimleri– bölüm-I. *Psikiyatri Hemşireliği Dergisi - Journal of Psychiatric Nurses, 1*(1), 33-38.
- Eren, N., Saydam, B., Şahin, D., Emil Ögünç, N., & Bıkmaz, S. (2006). Results of long-term, dynamically oriented, individual psychotherapy in patients with personality disorder, in the axis of expressive art therapy. *World Psychiatric Association International Congress*, July 12-16, 2006. İstanbul/Turkey (Abstract Book).
- Freud, S. (2007). *Sanat ve Sanatçılar Üzerine* (K. Şipal, Trans.). İstanbul: Yapı Kredi Yayınları.
- Havsteen-Franklin, D. (2007). Differentiating the ego-personality and internal other in art psychotherapy with patients with borderline personality disorder. *Psychodynamic Practice, 13*(1), 59–83.
- Johnson, D. R. (1998). On the therapeutic action of the creative arts therapies: The psychodynamic model. *The Arts in Psychotherapy, 25*(2), 85-99.
- Jung, C. G. (2001) *Anılar, Düşler, Düşünceler* (İ. Kandemir, Trans.). İstanbul: Can Yayınları.
- Kernberg, O. F., & Michels, R. (2009). Borderline personality disorder. *The American Journal of Psychiatry, 166*, 505-508.
- Killick, K., & Schaverien, J. (2003). *Art, Psychotherapy and Psychosis* (B. Büyükbakkal, Trans.). İstanbul: YelkovanYayıncılık.
- Kim, S., Kang, H. S., & Kim, Y. H. (2009). Computer system for art therapy assessment of elements in structured mandala. *The Arts in Psychotherapy, 36*, 19–28.
- Kim, S., Kang, H. S., & Hong, E. (2012). A statistical approach to comparing the effectiveness of several art therapy tools in estimating the level of a psychological state. *The Arts in Psychotherapy, 39*, 397-403.
- Klein, M. (1999). *Haset ve Şükran*. In S. M. Tura (Ed.). (O. Koçak & Y. Erten, Trans.). Ötekini Dinlemek 6. İstanbul: MetisYayınları.
- Kohut, H. (1998). *Kendiliğin Çözümlemesi. Narsisistik Kişilik Bozuklarının Psikanalitik Tedavisinde Sistemli Bir Yaklaşım* (C. Atbaşoğlu, B. Büyükkal & C. İşcan, Trans). İstanbul: Metis Yayınları.
- Kris, E. (1974). *Psychoanalytic explorations in art*. New York, NY: Schocken Books.
- Lamont, S., Brunero, S., & Sutton, D. (2009). Art psychotherapy in a consumer diagnosed with borderline personality disorder: A case study. *International Journal of Mental Health Nursing, 18*, 164-172.
- Madden, C., & Bloom, T. (2004). Creativity, health and arts advocacy. *International Journal of Cultural Policy, 10*(2), 133-156.
- Margison, F. R., McGrath, G., Barkham, M., Clark, J. M., Audin, K., Connell, J., & Evans, C. (2000). Measurement and psychotherapy: Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry, 177*, 123-130.
- Paris, J. (2005). Borderline personality disorder. *Canadian Medical Association Journal, 172*, 1579-1582.
- Rustin, T. A. (2008). Using artwork to understand the experience of mental illness: Mainstream artists and outsider artists. *Psycho-Social-Medicine, 5*, 1-14.
- Sim, K., GweeKok, P., & Bateman, A. (2005). Case formulation in psychotherapy: Revitalizing its usefulness as a clinical tool. *Academic Psychiatry, 29*, 289–292.
- Simon, R. M. (1997). *Symbolic images in art as therapy*. London, England: Routledge.
- Sperry, L., Gudeman, J. E., Blackwell, B., & Faulkner, L. R. (2002). *Psikiyatrik Olgu Formülasyonları*. (L. Küey, Trans.) Psikiyatri Kitapları-1. İstanbul: BağlamYayıncılık, 2. Basım.
- Wietersheim, J.V., Pokorny, D., Szkura, L., & Eitel, K. (2008). Do you see what I see? A study about the interrater reliability in art therapy. *Psychotherapy Research, 18*, 216-224.
- Winnicott, D. W. (1971). *Playing and reality*. London, England: Tavistock.
- Withrow, R. (2004). The use of color in art therapy. *Journal of Humanistic Counseling, Education and Development, 43*, 33-40.