



THE ADVANTAGES OF ART THERAPY WITH AUTISTIC ADULT
POPULATIONS

AS VANTAGENS DA ARTETERAPIA COM A POPULAÇÃO
ADULTA AUTISTA

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ABSTRACT

The treatment and maintenance of populations on the autism spectrum has been the topic of much debate for several decades. Since no approved medication that addresses the specifics of autism exists, several therapies have been developed to try to enhance the lives of these patients. However, there is a striking difference between the quality of resources for children with autism and those made with adults in mind. Through a comprehensive meta-analysis of literature, online assets, and through a composite case made out of several different sources and references for the sake of accuracy, this article proposes that art therapy, and its unique tools to engage patients in a personal level, is a potentially positive direction for the field to focus on. Regardless, it is imperative to give adult populations with autism quality resources to help navigate life, employment and relationships, since they are not eligible for most child-focused services after a certain age.

Keywords: Art therapy. Autism spectrum disorder. Adults. Children. Quality of life. Medication.

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RESUMO

O tratamento e a manutenção de populações no espectro do autismo tem sido o tema de muito debate por várias décadas. Como não existe nenhum medicamento aprovado que trate das especificidades do autismo, várias terapias foram desenvolvidas para tentar melhorar a vida desses pacientes. No entanto, existe uma diferença marcante entre a qualidade dos recursos para crianças com autismo e aqueles feitos para adultos. Por meio de uma meta-análise abrangente da literatura, recursos online, e por meio de um caso composto feito de várias fontes e referências diferentes para fins de precisão, este artigo propõe que a arteterapia, e suas ferramentas exclusivas de engajamento de pacientes em um nível pessoal, é uma direção com grande potencial para o campo de estudo. Independentemente disso, é imperativo dar às populações adultas com autismo recursos de qualidade para ajudá-las a navegar a vida, o local de trabalho e relacionamentos pessoais, uma vez que não se qualificam para a maioria dos serviços voltados para crianças após certa idade.

Palavras-chave: Arte terapia. Espectro de autismo. Adultos. Crianças. Qualidade de vida. Medicação.

The Advantages of Art Therapy with Autistic Adult Populations

Ever since the advent of Psychology as both a science and as a tool for personal support, therapy has been synonymous with the field. Whether it comes from an attachment point of view, a scientifically-tested approach or even from a humanitarian perspective, therapeutic techniques are one of the most varied, important tools used by psychologists to help clients. As it is the case with most remedies, therapy comes in many forms, hoping to accommodate for the largest possible population – one kind of therapy might be ideal for a group, but practically impossible to engage by others for a myriad of reasons.

This paper will focus on art therapy, a relatively young form of therapy that utilizes artistic supplies and creative techniques to engage with clients. Specifically, adult populations in the spectrum of autism shall be the focus of research, portraying the challenges and complications of working with this unique group of clients, and why art therapy might be an important positive therapeutic alternative for them. However, before promoting the use of art therapy for any population, it is important to define what art therapy is, its strengths and weaknesses, and how it addresses autism's specific needs in ways that other therapies might not.

Additionally, it is important to note that this article was written while the author was working voluntarily at the University of Vermont Medical Center hospital, in Colchester, Vermont, United States of America. The main author did not have access to medical files, nor was he directly involved with the treatment plans of any individual patients. Due to this limitation, the bulk of the article is made through literary analysis of scholarly, peer-reviewed articles and tests, and utilizes data to create a composite case-study to demonstrate its overarching points.

Art Therapy

Art therapy is best defined as the use of art materials and techniques in a controlled, positive environment to significantly engage with clients through both verbal and non-verbal means. While there are several types of therapy that utilize the arts to communicate and build rapport, such as music therapy and dance therapy, art therapy focuses on materials such as paint, clay, and paper to give images and a tactile dimension to otherwise hard to communicate thoughts and emotions. Betts, Harmer, and Schumelevich (2014) point out that art therapy directly addresses key client needs, including, but not limited to: cognitive development, encompassing facial recognition, emotion recognition, contextual awareness and subjective interpretation of events, and emotional skillfulness and regulation, which covers aspects such as self-regulation and social skills. When considering habits and human interaction, art therapy also engages behavioral adaptation, primarily through empowering mechanisms, both guided and self-discovered, habits and thought processes that are construed and revealed through the manufacturing of art. Art therapy also addresses regular physical development, such as motor skills, eye-to-hand coordination and pattern recognition.

When talking about specific practices, art therapy has been historically useful when dealing with developing children, trauma survivors, patients with post-traumatic stress disorder, or PTSD, and clients engaging in end-of-life comfort measures (WOOD; MOLASSIOTIS; PAYNE, 2011). While some of the positive effects art therapy may have in clients might only be truly useful to populations in the developmental stages, a significant amount of them can be enjoyed by all ages. For example, the physical development aspects of therapy might not affect a thirty-year old client with the same level of impact as it would affect a five-year old client, for the main purpose

that most of the physical skills that are influenced by art therapy have already crystalized in an adult; a child is still settling into roles and habits that will, over time, create skills and aptitude.

While there is no specific research on the impact of art therapy on adults' physical skills when compared to children, there is a large body of work in child development research about the formative years of childhood, how children are affected by direct and indirect stimuli, and how interacting with the world enhances and molds their physical capacities later in life, including the realms of language, attachment, and coordination (COMMITTEE ON THE SCIENCE OF CHILDREN BIRTH TO AGE 8, 2015). However, there is evidence that art therapy's emotional regulation and subjective, cognition-focused approach can affect any age group capable of interacting with the world around them, although in ways which depend on the client and their diagnoses. Art therapy has been shown to work well with clients who have communicative disabilities, or stunted verbal development (SLAYTON; D'ARCHER; KAPLAN, 2010). Furthermore, it has been used with traumatized and comfort of life populations in all age ranges to help patients engage with the future, their legacy, and feelings about their present situation (CIASCA *et al.*, 2017). In summary, art therapy is at its best when it can be utilized to engage clients who have difficulty working through their emotions and thoughts by conventional means; it is a vehicle for significant interaction between therapist and client when direct communication is not ideal or possible, and gives a new meaning and dimension to emotions not easily attainable by clients.

Related to the specific kind of engagement art therapy requires, it is important to note the role of the art therapist in any given session. Despite all its researched and quantified effects on clients, it is unfortunate that art therapy suffers from an image problem related to the specifics of the work therapists do: namely, the idea that anyone can perform and apply art therapy, and the focus on the "artistic" side of the process. Simply put, not only is art therapy a challenging, extremely specific form of therapy which requires precise training to apply, it is crucial for an art therapist to be involved with the process. A lot of the confusion seems to stem from art's inherent therapeutic properties: there is an indefinable large number of stories, analogues, folk knowledge, and scientific research that confirms how art can soothe, help focus, introduce new

ways of thinking to people, and affect humans in different levels than one-to-one communication (WIKSTRÖM; THEORELL; SANDSTRÖM, 1993).

However, although they are important, the surface level effects of art are not art therapy's goal; the art therapist is not involved with the session merely to aid in the production of art itself. Rather, they are present to help unravel and understand the feelings and reactions that surface as a consequence of art. An art professor, self-made artist or, sometimes, even therapists with other specialties are not properly equipped with the necessary skills to handle an emotionally vulnerable client having strong emotions related to art. This is especially true when working with populations who might not be inherently comfortable with verbal communication, such as young children, non-fluent English speakers, or patients on the autism spectrum (LITH; STALLINGS; HARRIS, 2017). In fact, populations ailed with Autism Spectrum Disorder might profit from art therapy's unique aspects more than they do with other types of therapy.

Autism Spectrum Disorder

Autism Spectrum Disorder, ASD, or autism, is defined as a developmental disorder which primarily impacts cognition, behavioral adaptation, and one's understanding of their theory of self. The disorder affects approximately 1% of the world's population, with recent censuses reporting a ratio of 1 in every 68 children being diagnosed with some form of autism (CENTER FOR DISEASE CONTROL, 2014). While ASD's specific impacts vary from person to person, thus justifying its classification as a spectrum, there are generally consistent manifestations of ASD that can be referred to as main symptoms. Namely, patients with autism have difficulties with communication, ranging from a slightly impaired ability to pick up on metaphors to a nigh total lack of verbal communication abilities (CDC, 2014). Other telltale symptoms include repetitive behavioral patterns, inconsistent mood, and sometimes intellectual disabilities. Furthermore, patients with ASD have significantly higher chances of suffering from emotional dysregulation, anxiety, depression, and many other parallel psychological conditions (BUCK *et al.*, 2014).

As far as treatment for ASD, there are several hurdles to account for. To start, there is no cure, and no U.S. Food and Drug Administration-approved, or FDA-

approved medication that enhances the social and communicative abilities of patients in the spectrum. The two drugs most commonly associated with autism are risperidone and aripiprazole, two antipsychotics used to specifically handle aggression, anxiety, depression and schizophrenic symptoms (RIMMINGTON, 2017, LI & POLING, 2018). Additionally, selective serotonin reuptake inhibitors, or SSRIs, are sometimes prescribed to deal with depressive symptoms, with inconsistent results (WILLIAMS; WHEELER; SILOVE; HAZELL, 2011). Indeed, the side-effects associated with each of these medications, combined with a non-neurotypical baseline and possible further complications, make it that many patients either stop using medications or look for alternative ways to provide for their needs. This is but one in many ways that patients on the autism spectrum, especially adults, are starved for resources.

There is scarce quantifying data about hardship of enrollment in quality-of-life enhancing programs, support groups, or community-based initiatives for taking care of people with ASD, but it is easy to find evidence of the overwhelming lack of options most patients face. An analysis by Shattuck et al. (2011) revealed that adult patients have significantly higher difficulty finding services that positively affect their professional and personal lives when compared to children. There was a remarkable lack of alternatives for adults with an intellectual deficit, coupled with too rare assistance for families caring for adults with ASD. Moreover, most available services are prohibitively expensive. By the time the patient reaches adulthood, family funds have been steadily depleted for decades. The average lifespan for patients with ASD being around 67 years (SHAVELLE; STRAUSS, 1998), combined with the fact that around 50% of adults with ASD never joined the workforce (SHATTUCK *et al.*, 2012) means that many adults have no way to truly change or engage their lives through otherwise socially available means.

The 65% of adults with ASD who never went to college (SHATTUCK *et al.*, 2012) also make up a large part of the population who have little to no marketable skills as dictated by a college-focused job market. This portion of the population, combined and intersected with the 40% that score below 70 on intelligence quotient tests, represent thousands of young adults with differing levels of autism that have their options severely limited, almost by default. While this does not mean that there are no functional adults with ASD in society, it does mean a large percentage of them are lacking in resources that would not only help them lead dignified lives, but that might

ostensibly be some of the few options they do have. Not yet mentioned are the 35% that are somehow non-verbal and/or non-communicative (SHATTUCK *et al.*, 2012), a label which comes with its own set of problems and challenges for regular coexistence, as well as for interacting with society: any therapies, workplaces, educational organizations, or otherwise structured institutions that require or assume some degree of high-functioning communication skill is automatically unfitting for this population. Considering these constitute most establishments in modern society, the situation makes the search for jobs, schools, tutors, and mental health professionals properly equipped to care for ASD clientele take up significantly more time and capital.

In short, it is inherently more expensive to live with any significant degree of autism: it is estimated that an adult with autism will spend as much as \$2.4 million dollars, most of it with accommodations, over the course of their lives – almost twice as much as adults without ASD (BUESCHER; CIDAV; KNAPP; MANDELL, 2014). It should come as no surprise, then, that as much as 30% of adults with ASD report experiencing severe depression and anxiety (HOWLIN, 2008).

Age Discrimination of Resources

Despite the exponential increase in demand, need and clientele, there is still a drastic difference between the amount of services focused on children versus the amount of services focused on adults. The National Institute of Health's Autism Research Coordination official summary of advances barely touches on services or pertinent information for adults, dedicating most of its length to the effects and accommodations necessary to handle children (INTERAGENCY AUTISM COORDINATING COMMITTEE, 2016). Centralized organizations pertinent to the disorder such as Autism Speaks, the Autism Society, or the National Autistic Society, have resources for multiple ages, but a disproportionate amount is dedicated to childcare (<http://www.autism.org.uk/>), going as far as separating them by specific age ranges (<https://www.autismspeaks.org/>) while covering adults with an array of networking, mostly job-related resources (<http://www.autism-society.org/>).

The Diagnostic and Statistical Manual of Mental Disorders volume 5, or DSM-V, has introduced progressively broader definitions of the autism spectrum to aid in the proper classification and diagnosis of the disorder, yet there is still no unified,

consistent recommendation for treatment, maintenance, or overall support that accounts for the disease's lifelong impact. Autism, much like art therapy, seems to suffer from an image issue: most professionals and laymen seem to associate the disease with popularized images of children, with the romanticized idea of the quiet, aloof child suffering from autism being much more widespread than the more accurate – and much harder to make profitable – representation of a widely variant set of symptoms and manifestations in one's behavior and psyche. Howlin (2008) illustrates this issue by relaying how many families dealing with the diminishing availability of resources and services describe a state of desolation, in which their chances of finding help diminishes over time simply by function of the patient's age. Due to this unfortunate conundrum, there is an overwhelming demand for new ways to integrate the adult autistic population in therapeutic environments. Out of many alternatives to characteristically verbal, behavior-centered therapy, art therapy might be one of the most easily adaptable, efficient ways to significantly interact with patients with autism.

Art Therapy and Autism

The strengths of art therapy allow it to adapt to the patient's baseline communication skills with much more efficiency than other, more structured therapies, such as cognitive-behavioral therapy (CBT). Since it inherently deals with non-verbal means of communicating messages and ideas, it allows autistic patients to thrive in ways that purely behavioral interventions would maybe not reach. Furthermore, as opposed to focusing specifically on symptomatic consequences, such as anxiety or depressive symptoms, art therapy allows for subjective breakthroughs that can enhance emotional regulation, social skills, and internalized emotional balance (SCOPE; UTTLEY & SUTTON, 2016).

More specifically, art therapy's unique blend of rapport-building through interacting with art materials while producing art projects, and its reliance on patient or group-driven therapy sessions that adapt to one's own needs and perspective, make it extremely relevant to autism's varied manifestations in different patients. From another angle, it also increases levels of self-esteem, satisfaction and enhances freedom of expression (SCOPE *et al.*, 2016). While, by themselves, these might seem unimportant when compared to the more prominent psychological conditions patients

might be experiencing, the effects of self-esteem, and one's own subjective well-being, on their quality of life are widely known in the field of Psychology, especially in humanistic theory (KUEHNER; BUERGER, 2005).

Case Conceptualization

To showcase how art therapy might address specific client needs in ways that other alternatives might not, it is useful to illustrate a patient through a composite case conceptualization. The specifics of his condition, life and pertinent details will be based on known literature about children and adults with ASD, especially in English-speaking countries. The reason why a real case is not being utilized is due to the fact that, while writing this article, the researcher was not directly involved in any cases involving the autism spectrum, nor did he have access to the case files of any patients due to privacy regulations. Additionally, as the article suggests, it is rarer to find autistic adults engaged in a clinical environment than it is to find children. To explore the reasons behind that reality, a composite case is the most convenient, consistent way to demonstrate exactly why these patients are so rare.

The composite client will be referred to as John, a young adult in the range of 22 to 26 years of age – the usual moment in life where adults enter the workforce full-time. John is a man due to the disproportionate 4.8:1 ratio of men to women who are afflicted with ASD (NEWSCHAFFER *et al.*, 2007), and will be considered to be North American, although most countries' approaches to medicine do not necessarily affect autism care (HOWLIN, 2008). John is a high school graduate, much like many adults with ASD, but never entered college.

He has lower than average IQ according to standardized tests, and although he is verbal and communicative, he never entered the workforce in any significant way (HENDRICKS, 2010). That might be the case for a multitude of reasons: John's slight intellectual deficit might have influenced the skills that he would need as a baseline for being considered a prospective hire for local firms. His lack of a college degree might have made him undesirable for the job market, or the impact of autism in his social skills might have made him not perform well at interviews. There are a myriad of reasonable, common-place situations that the presence of ASD might have created or

aggravated. However, more important than calculating which one is most likely to have happened, is the fact that all of them have significant chances of happening.

Although John is not under medication, he, much like many children and young adults, has had a variety of prescriptions to deal with his anxiety and depression-like symptoms, which have plagued him all his life. While his conditions are not necessarily caused by the presence of autism, there is a significant correlation between the stressors brought about by the disorder and mental health issues (NEWSCHAFFER *et al.*, 2007). John has used SSRIs and risperidone in the past, both of which had dire side effects that, while addressing some of his afflictions, negatively affected his quality of life. Furthermore, they did nothing to address his communicative shortcomings, nor to help with autism's signature repetitive patterns of behavior, difficulty understanding one's own emotions and those around them, among other needs. While there were some medicines that helped with his repetitive behavioral tics, similar to obsessive-compulsive behavior, without a specific diagnosis it became prohibitively expensive for John to acquire proper medication (RUZZANO, BORSBOOM; GEURTS, 2014).

John is not currently seeing any therapists, for a multitude of reasons. He has had cognitive-behavioral therapy as a child, but the advent of adulthood has brought about distressing factors that were not addressed in his childhood, and new causes for concern. Aside from the difficulty of looking for therapists or psychologists properly equipped to deal with his requirements, accommodations for his condition have cost his family a significant amount of funds. Although they are not under the poverty line and have some sort of health insurance, accommodations for John over the years have cost them an exponential amount of money, rather than a consistent one like in many other life-long conditions. Thus, they constantly worry about not being able to provide for him. This, in turn, negatively impacts his mental state further, compelling him to retreat into hobbies or interests that involve less interaction with people in society, or his loved ones.

Due to idleness, diagnoses, and many of life's adversities, John and many other patients on the spectrum have adhered to a sedentary lifestyle (TYLER; MACDONALD; MENEAR, 2014). Although John has average fitness abilities, his constant struggle with socialization, combined with his frustrated attempts at addressing his issues, have left him in a cycle of self-loathing and depression, without

a clear way to reach out for resources that might help him, or a positive network that he may rely on.

John and Art Therapy

The specifics of John's case make him a prime candidate to engage in the self-esteem raising, non-verbal focus of art therapy. By building rapport with a therapist, or in a group setting, John would be able to address his differences in social skills, emotional regulatory skills, and behavioral adaptation in a safe therapeutic environment. The client's previous foray with cognitive-behavioral therapy and medication was not likely to address most of the needs a teenager or young adult would have with his most prominent disorder. Art therapy, on the other hand, is capable of progressively building a relationship in which the client, through his own subjectivity, works towards a breakthrough that more closely reflects his more pressing needs. In that sense, while art therapy might not have the structure or scientific gravitas of CBT, it does have substantial positive effects on many areas that John, with his statistically common troubles and life experiences, would profit from.

One of the biggest challenges with art therapy and autistic clients is that, due to the emblematic repetitive behavior patterns many ASD patients experience, it is likely that not every session will result in significant art production, or much one-on-one interaction (EVANS; DUBOWSKI, 2001). However, due to art therapy's ability to account for client's personality and functioning, even those sessions can be utilized to properly identify and address recurring issues in future sessions. Evans and Dubowski elaborate that artistically unproductive sessions, in which the patients are simply too overwhelmed or too agitated to work on art, could still be used as data collection opportunities, to verify what the client needs in their darkest days, what their triggers are, and what they can do to return to a stable baseline.

Granular benefits of art therapy specifically with autistic populations include, but are not limited to: helping patients overcome difficulties when identifying and discovering patterns, such as facial and emotional recognition, besides significantly increasing social interaction, and lowering internalizing behavior (LITH; STALLINS; HARRIS, 2017). Additionally, the opportunity for expression and the positive act of producing art that continues to exist after the session is over can be used to start

sincere conversations about legacy, the future, and other subjects that might otherwise make the client refrain from engagement (WOOD; MOLASSIOTIS; PAYNE, 2011). While some of these conclusions are extrapolated from research with non-ASD populations afflicted with depression, or in terminal stages of illness, it is evidence that art therapy can have positive effects on all age groups.

Due to its approach, there are some limitations to the impact art therapy may have on an individual like John. It is almost completely reliant on a positive, strong relationship between patient and therapist, which means compatibility and compromise are even more crucial than in other types of therapy (FERZT; HAYES; DeFEDELE; HORN, 2004). Art therapy also has no quantifiable effect on one's overall IQ, and it most likely will not solve social, economic, or personal problems the client might be facing. Furthermore, more than in other therapies, clients' acceptance and openness to art therapy affects the positive effect sessions have on their mental health. While therapies such as psychoanalysis, or mindfulness and meditation techniques, are more well-known by the mainstream public, and are thus more likely to be sought out by clients, art therapy, historically, has had more trouble being recognized by clients as a valid form of therapy (FERTZ *et al.*, 2004, CIASCA *et al.*). Nonetheless, through the positive effects of art therapy, assuming good compatibility and commitment, John's subjective well-being is likely to increase his quality of life. Scope *et al.* described how patients had many stories about finally being able to feel pride in their accomplishments, and that personal empowerment allowed them to think of their lives as more than a bleak present, a difficult past, and an uncertain future. It is hard to quantify the exact impact that self-esteem has on a population commonly associated with unique cognitive disorders and challenges; self-esteem might register or appear different to them as it does to its standardized definition, or they might be unable to consistently describe how they feel in its presence or absence. It is, however, easy to account for the several success stories that come from patients who refuse to give up and make the best out of their situation. Although analogues are not to be considered the only evidence necessary for an informed opinion, they do indicate that confidence, a sense of empowerment, and self-esteem are central constructs that allow humans to thrive in otherwise unreceptive environments and situations.

Discussion and Conclusion

Ultimately, John is a fictional character, based on a meta-analysis of statistical research, analogical knowledge, and the current state of the ASD community. There is an unfathomable number of variants, factors, random variables, and more, that could affect his well-being, with or without art therapy. The point of his case conceptualization is not to use a tragic figure as a strawman, but to illustrate how important it is to offer adequate, relevant resources to a resource-starved population. The focus on art therapy comes from a place of acceptance of the medical industry's shortcomings in healthcare, insurance logistics, and especially the lack of advances relating to care towards not-currently profitable populations.

It seems accurate to denote that a key problem with research in the realm of ASD is that most of it focuses on the infant-juvenile clientele, while leaving adults with exponentially less resources. While there can be many reasons for why that is the case, an analysis of the current socio-economic aspects of ASD research implies that healthcare providers, laboratories and health professionals find no economic incentive to focus on adults. Children make up for around 97% of clinical trials related to ASD (HOWLIN, 2008) – a statistic that would be jarring regardless of context, and that is especially worrying considering most patients with ASD are, in fact, not children (NEWSCHAFFER *et al.*, 2007). As discussed, most resource-allocation for patients with ASD concerns accommodation, and a disproportionately large amount of that value goes into the services provided to children ages 0-12. Without jobs or higher education, it is hard for adults with ASD to provide for themselves and their families, meaning that most further treatment for adults must usually be covered by insurance, or simply not be taken.

Psychology as a field has had problems with health insurance for a long time. The requirements for a clear diagnosis, the fact that many disorders simply are not fit for medication, and the somewhat vague terms in which many therapies affect the client, mean that doctors are expected to provide quick and easily applicable remedies for all patients, regardless of their individual conditions. Because of that, cognitive-behavioral therapy is usually the therapy most associated with the autism diagnosis, if therapy is prescribed at all (WEISS; LUNSKY, 2010). Due to its reliance on high-functioning communication skills, focus on anxiety and depression symptoms, and

dependence on behavioral patterns, CBT is likely the most efficient way to treat the core challenges of autism. However, while art therapy has more relevant techniques to the disorder, plus relevant research that implies its effectiveness, it is not usually covered by insurance (NICOLAIDIS *et al.*, 2015). This means many prescriptions of therapy aim not to properly address the needs of the client, but simply to allow them to take therapy at all; a doctor would have to justify prescribing art therapy much more than an alternative covered by insurance, regardless of its efficiency.

While, aside from a field-wide culture change relating to profitability and marketing, there is not much to be immediately done about the unfortunate logistics of therapy in the world of Psychology, it is still important to bring the issue of accessibility to light. To be taken seriously as a science, Psychology has taken many cares to rely on as much data, quality research and experimentation as it can. However, through that path, it has created a culture that ignores the genuine advantages of less secular, subjective approaches. Rather than use scientific statistics and rely purely on quantifiable, exact measures, it is a scientist's responsibility to discern the value of elements one cannot easily measure.

Furthermore, it is a psychologist's responsibility as a caretaker to enable patients' well-being through all means available, in order to guarantee that they lead dignified lives unencumbered from mental health issues. Art therapy is not the only kind of remedy for adults in the autism spectrum, but it is one of the most underfunded, underrepresented, and most tailor-made approaches to engage that specific population that the field currently has. Future research must address the disparity in age-related approaches, the lack of funding and interest from insurance companies, and, more than anything, the effective benefit that art can have in clients' lives, even in their darkest moments.

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