


Art therapy as effective communication for emotional regulation in adults with autism spectrum disorder and intellectual disability

Janet du Preez 

Visual Art Department: Art Therapy Programme
University of Johannesburg 
Johannesburg, South Africa
janet.art.therapist@gmail.com

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Bio

Janet du Preez lives and works in Cape Town, South Africa. She is currently completing her Master of Art Therapy at the University of Johannesburg in South Africa. Her interests lie in autism spectrum disorder and intellectual disability, and their contextual significance within South Africa.

Abstract

This article explores how art therapy serves as an alternative and effective form of communication and emotional regulation for adults with autism spectrum disorder (ASD) and intellectual disability (ID), particularly in the South African context, where under-resourced and marginalised mental health services persist. Using an art-based research approach, this qualitative study examined the therapeutic processes of two adults with ASD and ID and interrupted their interactions with various art materials using the framework of the Expressive Therapies Continuum. Findings demonstrated that engagement with art materials enabled non-verbal expression, facilitated emotional regulation, and fostered relational connection between therapist and client. Participants primarily functioned at the kinaesthetic/sensory and perceptual/affective levels of the Expressive Therapies Continuum, where the tactile and emotional properties of art materials supported

communication beyond words. The research highlights the important role of the selection of art materials in art therapy and how non-verbal modalities provide a vital communicative bridge for individuals with limited verbal ability. By linking theory with practice, the study not only contributes to the limited body of South African art therapy research but also underscores the ethical imperative of inclusion by giving voice to voices too often unheard in conventional therapeutic and research paradigms.

Keywords: Autism spectrum disorder, intellectual disability, art therapy, visual communication, emotional regulation, art-based research

Introduction

Individuals with autism spectrum disorder (ASD) and intellectual disability (ID) are unable to express themselves verbally. Their lack of verbal expressivity does not mean that they are not listening, feeling, thinking, or understanding. Therefore, an alternative way of communicating for these individuals within the therapeutic setting is crucial to research and to bring into focus. This article addresses how art therapy, as an alternative treatment modality, can foster communication and facilitate the regulation of emotions through the use of art materials and media.

Central to this inquiry are the experiences of two South African adults, Aamil and Habi (pseudonyms), both diagnosed with ASD and ID, whose participation in a series of art therapy sessions forms the foundation of this research study. Their engagement with art materials and processes offered valuable insight into how visual communication can emerge where words are limited. The project was situated in a specialist mental healthcare facility run by a non-governmental organisation in the Western Cape. It is crucial to acknowledge the under-resourced nature of state mental health care and the systemic marginalisation within which therapy is provided to the community of study (Bantjes, Kagee & Young, 2016). The class inequality notably prevalent in South Africa is a lasting legacy of the segregated policies of the apartheid era, and this facility does important work in bridging significant gaps between state and private mental health care.

This article recounts, in part, my master's research in which the impact of an alternative form of therapy (art therapy and the use of art materials and media) can foster communication, facilitate emotional regulation, and assist in establishing a relationship between the individual and the therapist, rather

than relying on verbal communication. The study examined how the clients engaged with the art materials and the therapeutic process, and whether this engagement supported the development of communication and emotional regulation (du Preez, 2024).

It has been well established that alternative forms of communication are not only beneficial but essential for individuals with ASD and ID, particularly for those with complex, varied, and lifelong support needs. In alignment with this, Lara and Bowers (2013) observed that “for many individuals on the spectrum who have difficulty connecting, art can be an integral, valid part of therapy—a tool to show us who they are and what they are made of”.

Despite this recognition, there remains a notable gap in grounded research exploring art therapy with individuals with ASD and ID, particularly within the South African context. Addressing this gap is relevant not only to the field of art therapy but also carries broader implications for affiliated professionals, including speech therapists, occupational therapists, physiotherapists, teachers, and classroom assistants, who work daily with individuals with minimal verbal capacity and seek more effective ways of engaging and communicating.

This article presents a qualitative research project that explores how visual media in the form of artmaking by adults with ASD and ID can be used as communication in therapy settings. Focusing closely on art therapy sessions with two adults who have been diagnosed with ASD and ID, this paper details an alternative approach for those who have minimal verbal communication capacities. The broader study examined the lived experiences of the participant and student art therapist and integrated them to establish theoretical constructs. The role of the student art therapist and researcher in this study links the theory to practice (Costello et al., 2003, p. 19).

The Expressive Therapies Continuum framework is used to understand how artworks can be used as communication beyond verbal modes. An inquiry has been made into how choice in art materials and media can facilitate the sharing and processing of thoughts and information (du Preez, 2024). This framework is based on Vija Lusebrink’s (1978) and Sandra Kagin’s (1969) seminal findings, in which the characteristics and qualities of the art media and materials are linked to clients’ psychological functioning. The research utilised elements of case study methodology, but the individual’s sessions of expression are the focus of the case material and formed part

of the visual analysis. In addition to this theoretical lens, the participants' artwork, their interaction with the artwork, and their interaction with me as a trainee art therapist and researcher will be utilised to further investigate the use of materials as communication and emotional regulation within therapeutic spaces (du Preez, 2024).

Background

ASD, ID, art therapy, visual communication, and emotional regulation are the core areas of focus that are explored in this article. Firstly, this will be in terms of existing literature and topic intersection, and later in how they come to the fore in the methodological choices of this study and the resulting therapeutic sessions with two individuals.

Understanding autism spectrum disorder (ASD) and intellectual disability (ID)

ASD is a neurological diagnosis that is present from birth, presents lifelong, and is without a cure (APA, 2013). It is characterised by repetitive and restricted patterns of behaviour and interests, with a high degree of rigidity to fixed routines or rituals, persistent problems in social communication and the maintenance of relationships, and impairment in social or occupational areas of functioning, including sensory sensitivity (APA, 2013). Both beyond and within ASD, an ID can be present and describes certain limitations in cognitive functioning and skills, such as in language, social, and self-care skills, for example, personal hygiene and dressing (APA, 2013).

According to DSM-5 (APA, 2013), diagnosing ID requires three criteria: deficits in intellectual functioning (abstract thinking, reasoning, and problem solving), onset in the developmental period, and significant limitations in adaptive behaviour, including communication and social skills. For people with both ASD and ID, this dual diagnosis means their communication difficulties are shaped not only by social interaction deficits typical of ASD but also by the severity of intellectual and adaptive functioning. Language and social dysfunction in ASD are amplified when ID is present. Research suggests the level of intellectual functioning helps explain variability in communicative ability in ASD (Vogindroukas, 2022, p. 2374), and therefore, this article will discuss how art therapy provides an alternative method of communication.

This dual diagnosis not only presents significant diversity in the spectrum disorder, but ID can also at least partially account for, or contribute to, other characteristics of ASD. Even though social development has been hypothesised as an influence on language and social difficulties in individuals with ASD, research proposes that other coexisting conditions, such as ID, also need to be considered in understanding the individual. In this context, language challenges and difficulties in communication would be affected by social dysfunctions as well as being consistent with the level of intellect (Vogindroukas, 2022, p. 2374).

Art therapy with adults with autism spectrum disorder (ASD) and intellectual disability (ID)

The fundamental concept in art therapy involves a triad of the client, the art object, and the therapist (Wright, 2023). While art materials and media are an essential part of art therapy, the object becomes an additional space or transitional space (Winnicott, 1972) for the client to project their feelings and thoughts, and it can become a space where the client and therapist can interact without direct verbal interaction (Isserow, 2008). According to Robbins and Sibley (1976, p. 207), each art medium can stimulate a particular response from the individual as well as have a distinct catalytic potential, which they referred to as the “psychology of materials”. Consequently, the therapist being mindful and knowledgeable regarding the art media could serve as a form of communication.

Art therapy is considered a significant augmentation of existing treatment modalities. Malchiodi (2012) notes that art therapy is an effective, non-threatening way for adults with ASD and ID to express their emotions. Also, Moon (2014) found that art therapy is “meta-verbal” or “beyond words”. Lara and Bowers (2013) maintain that “for many individuals on the spectrum who have difficulties connecting, art can be an integral, valid part of therapy—a tool to show us who they are and what they are made of”. This too can be said for individuals with ID, as art therapy engages the whole body, including the brain, the mind, and the senses through the artmaking and facilitates communication through the process (Richardson, 2020, p. 360).

What is visual communication and emotional regulation?

According to Uduak and Akpan (2020, p. 32), visual communication or art can be viewed as two categories of language: the symbolic, which suggests ideas and information, and the emotive, which expresses and evokes feelings and attitudes. Visual communication becomes a means of expressing, translating, acknowledging, revealing, transferring, and intervening when words are inadequate (Uduak & Akpan, 2020, p. 39). Humans create meaning, and art allows that process to occur (Uduak & Akpan, 2020, p. 32). Simultaneously, supporting emotional regulation, which is the ability to assess and control emotional responses to fit the social demands of the situation, occurs in art therapy through the client's choice of art materials of different sensory characteristics, the artwork created, and the powerful presence of the work itself (Richardson, 2020). Art therapy can support emotional regulation in individuals with ASD and ID who have less adaptive retrospection and more defective emotional strategies such as suppression and withdrawal (Weiss et al., 2017).

Methodology and theoretical framework

The broader research was informed by an art-based research methodology, which is a qualitative approach that regards the artwork produced by clients as data, and integrates artmaking as a mode of inquiry into the lived experiences of both participants and researcher. This approach closely aligns with core principles of art therapy practice, allowing the creative process itself to become a site of meaning making. Furthermore, art-based research has the potential to emphasise the perspectives of marginalised individuals and to engage with issues of difference, diversity, and the confrontation of stereotypes within and beyond diagnostic categories (Kaiser & Kay, 2016, p. 664). Building on this methodological foundation, the present article draws on a focused aspect of the larger study by examining how artmaking facilitated communication and emotional regulation.

In terms of interpreting the participating individuals' thoughts and meaning making, the Expressive Therapies Continuum was implemented as the theoretical framework of this study. Sandra Kagin and Vija Lusebrink's (1978) seminal work on the Expressive Therapies Continuum facilitates the categorisation of the interactions between the clients, art materials, and methods, as well as integrates knowledge of how the brain processes

imagery with theoretical frameworks from sensory-motor development, cognitive psychology, psychosocial behaviour, and self-psychology (Hinz et al., 2022, p. 219). The framework is an integration of Kagin's kinaesthetic, cognitive, and media dimensional variables and Lusebrink's vision of how task complexity, task structure, and media properties could create movement on these levels.

While the art-based research approach and Expressive Therapies Continuum framework provide a demonstrated foundation for this research, art therapy education requires multicultural skills and knowledge, and it remains crucial to recognise, when working across diverse communities and cultures, how profoundly "professional practice is embedded with a Western worldview" (Kapitan, 2015). However, art therapy in South Africa presents a starkly different context with regard to unequal access to mental health care, the under-resourced nature of state and non-governmental facilities, and fundamentally the diversity in access to and familiarity with art materials and media. Therefore, the unique diversity of South Africans needs to be considered in the application of ethnocentric Western frameworks (Kapitan, 2015).

The roles of trainee therapist and researcher brought both opportunities and challenges. While offering art media choices and holding a relational therapeutic space, my training shaped how I responded to and reflected on the participants' artwork. As someone with training and knowledge in this field, as well as language and institutional resources, I was aware of the privilege/power dynamics and how I interpreted the participants' meaning, as well as my cultural and sociopolitical positionality. The importance of reflexivity during the research process was imperative in ensuring that the research remained culturally sensitive, trustworthy, and ethically sound.

Two South African adult individuals with ASD and ID verbally consented to participate in the study, with written consent from their legal guardians. Aamil (pseudonym) is a 32-year-old male with ASD and ID who attends the specialist mental healthcare facility daily during the school term and lives at home with his family. His socialising skills are limited to those who are known to him. He can understand instructions or questions and can act on what must be done, but his communication of what he perceives of the world is limited. Habi (pseudonym) is a 21-year-old female with ASD and ID who attends the specialist mental healthcare facility daily during the school term and lives at

home with her family. Both her parents are deceased. Habi has limited verbal skills, but she can verbally express herself, and her receptive language is at a level that allows her to understand instructions and respond to them.

The weekly art therapy sessions took place in a familiar room in the specialist care centre. As the student art therapist and researcher was unfamiliar to the participants, the therapeutic frame was first established to create safety and consistency (du Preez, 2024). Each participant was then offered a variety of art media and materials and invited to engage for 50 minutes within a contained and confidential space (Gold & Cherry, 1997, p. 147; Harpazi et al., 2023). The session structure was based on Van Lith et al.'s (2017) recommendations for clear beginnings and endings to the sessions, with space for spontaneous artmaking with a non-directive approach. The audio recorder was placed in a visible location, and with informed consent, the sessions were audio recorded so that the interactions could be analysed and used as an integral part of the research process, alongside detailed case notes concerning the process of artmaking, the artwork created, and the non-verbal and verbal interactions (du Preez, 2024). Ethics approval for the original study was granted by the university's higher degrees committee.

Discussion

Expressive Therapies Continuum (ETC)

The research findings presented in this article are interpreted using the Expressive Therapies Continuum, where Kagin and Lusebrink (1978) present the continuum as four levels, representing four methods of interaction with the art materials and media (see Figure 1). The progression of these levels mirrors that of human development in terms of cognitive functioning, as well as mental, physical, and emotional capabilities from infancy to adulthood (Kagin & Lusebrink, 1978, p. 171). This research showed how Aamil and Habi's individual development and particular diagnoses relate to the various levels of the Expressive Therapies Continuum. Consequently, both individuals with ASD and ID functioned primarily on the kinaesthetic/sensory (K/S) level and occasionally on the perceptual/affective (P/A) level. The K/S level concerns the processing of physical information, the P/A level concerns the processing of emotional information, and the cognitive/symbolic (C/Sy) level involves the processing of intellectual information (VanMeter & Hinz, 2024, p. 108). The

amalgamation of all three levels is the fourth level, the creative level (CR), and it is also viewed as a level on its own (Kagin & Lusebrink, 1978, p. 171).



Figure 1: Schematic representation of the Expressive Therapies Continuum framework

Kinaesthetic/sensory level (K/S)



Figure 2: Habi, Session 8. Mixed paint on paper (photographed by the author with permission)



Figure 3: Aamil, Session 4. Blue paint on paper (photographed by the author with permission)

Habi's kinaesthetic experience occurred during our sessions without any specific form or goal on her part. Rather, the sessions were evidence of her emotional response to a sensory activity. Information received from the bodily rhythms, movement, and action, which are considered by Kagin and Lusebrink (1978, p. 173) to be the most fundamental level of expression, is most often preverbal (Hinz, 2020, p. 41). For Habi, this was supported by the recording of her limited verbal responses and sounds (see Figure 2).

When considering art as a communicative modality, it is important to be cognisant of the fact that the art materials and media are regarded as a potential manner of expression that both the therapist and the client can access (Kagin & Lusebrink, 1978, p. 172). Evidenced in my research, Habi's embodied experience of using fluid art materials corresponded with the focus of the K/S level, which is the release of energy through action and movement. The artmaking process either stimulated emotional arousal or allowed for the release of energy, which, in this case, helped to reduce overall emotional tension.

In contrast, at the sensory end of the K/S level of the Expressive Therapies Continuum, the limited movement allows for more tactile awareness, and these movements may lead the person to experience isomorphic¹ awareness. The K/S level was observed in Aamil's limited rhythmic soothing manner of painting in most sessions (see Figure 3). This sensory stimulation, experimentation, and exploration stimulates new development in developmentally impaired individuals (Lusebrink, 2004, p. 129). According to Martin (2009, p. 188), "The rich sensory experience of art making, as well as its ability to encapsulate and organise complex topics, makes art therapy a natural fit for individuals with ASD and ID".

It is noteworthy to mention that the K/S art experiences can serve as a stimulant regarding the affective domain.

Perceptual/affective level (P/A)



Figure 4: Habi, Session 7. Paint on paper (photographed by author with permission)

1 Isomorphism means equality or sameness (iso) of form (morphism) (Luchin & Luchin, 1999, p. 208).



Figure 5: Aamil, Session 5. Paint on paper (photographed by the author with permission)

When the painting was complete, Habi looked at it and commented, *“It is very beautiful, and she feels nice”* (see Figure 4). In resonance with this, when she engaged with playdough, she stated that the *“playdough made me feel very, very happy now”*. The utterances made here shed light on how art therapy can be functional in facilitating communication and subsequent emotional regulation. Although the client may have minimal verbal skills, they can initially become immersed in the sensory aspect of the expressive experience, later they can become aware of the internal sensations, and they can focus on the emotions that are evoked (Hinz, 202, p. 93). However, the awareness of these deeply felt emotions and sensations is not necessarily expressed through emotive vocabulary but can also be conveyed through expressive sounds or the simple repetitive movement of the paintbrush, as in the case of Aamil (see Figure 5). Consequently, this demonstrates that art therapy facilitates the expression and regulation of emotions.

Cognitive/symbolic level (C/S)

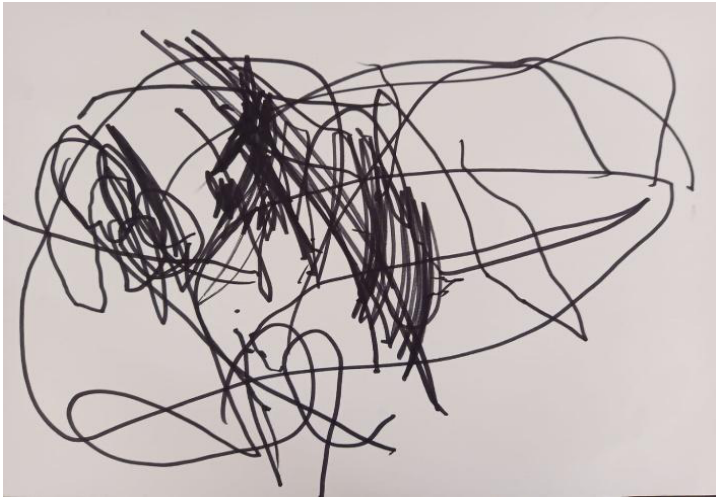


Figure 6: Habi, 'Cats' (photographed by the author with permission)

In this specific artwork (see Figure 6) by Habi, she demonstrates the transformation of the visual material into a recognisable symbol that has deep personal significance related to her two cats. Her representation of her internal experiences was through the use of visual imagery, which served as a way of processing information. It is interesting to note that sometimes obscure forms that occur when working with either fluid or resistive art materials can inspire the transformation of the artwork into recognisable symbols that can have personal meaning and become symbolic (Hinz, 2020, p. 30). The progression of these levels of the Expressive Therapies Continuum mirrors that of human development from infancy to adulthood (Kagin & Lusebrink, 1978, p. 171), and this research has shown how Aamil and Habi's individual development and particular diagnoses relate to the different levels of the Expressive Therapies Continuum. Additionally, the kinaesthetic, perceptual, and cognitive components of the Expressive Therapies Continuum, which are on the left-hand side of the continuum, correspond with the left-hand side functioning of the brain (Kagin & Lusebrink, 1978, p. 171) and are influenced by the use of resistive media such as crayons, felt-tipped pens, pencils, and collage.

It is important to highlight that both Aamil and Habi had the choice of whether to engage with the art media in the session or not. On several occasions, Aamil chose not to engage with the art materials but rather to sit opposite me in silence. Given the importance of the therapeutic alliance, refraining from placing pressure on the client to produce artwork can cultivate a sense of safety and freedom from expectation. At times, Aamil would meet my gaze, reflecting both the emerging trust within the therapeutic relationship and his capacity to be present in the session without needing to speak or create art. Hence, as an individual engages with the varied media, boundaries, and movement between the levels in the Expressive Therapies Continuum framework, the therapist can track and observe and begin to form hypotheses regarding what the individual is communicating and the emotional regulation that is occurring. Due to the therapist's attunement,² the communication need not be verbal but rather through the choice of the art materials and media. This is strengthened by the potential that the media and choice in engagement hold at each level of the Expressive Therapies Continuum in terms of developmental, growth, and/or healing components (Kagin & Lusebrink, 1978, p. 173).

Ethical considerations and limitations

Being the sole researcher and a student art therapist posed challenges in terms of subjectivity and my positionality. Although I did not have a pre-existing relationship with the individuals, I was aware of the therapeutic value of the sessions and my role in this, while I was also simultaneously cognizant of my role as a researcher. I was conscious of my positionality as a white woman and how women are traditionally socially positioned as caretakers in the lives of individuals in general, and more particularly in the lives of individuals with ASD and ID. I was also conscious of how this would impact my role as a student art therapist and researcher. To dismantle this possible power dynamic in the relationship, I needed to be self-reflexive and culturally humble, while recognising that these individuals are often marginalised and stigmatised (Miller, 2020, p. 84).

2 Attunement refers to the meaningful correlation between the non-verbal features of clinical exchange and patients' ability to get in touch with their own inner experience (Rocco et al., 2016, p. 371).

As is common in qualitative research, the small number of participants can be considered a limitation in this study. However, it did allow for the time to consider and construct a more in-depth analysis and reflection of the evidence gathered from the individual sessions. Nonetheless, engaging with more participants could have added to the richness and diversity of the data collected, as well as counteracting absenteeism.

The number of sessions posed a possible limitation on the research, and therapy for individuals with ASD and ID may progress at a slower pace relative to other population groups (Miller, 2020, p. 86). Consequently, more sessions could have been beneficial to the research study in enabling more effective therapeutic work to take place, where therapists stay attuned to the participant rather than expect them to fit into the standardised framework of time (Miller, 2020, p. 86).

Findings and conclusions

As Thurm et al. (2021, p. 4647) maintain, when “individuals with ASD and ID are excluded from research, they do not benefit from research” and “seeking to protect people from harm in the context of research may itself therefore give rise to harm” (Northway, 2014). Hence, this research article has attempted to give these minimally verbal individuals at the specialist healthcare facility an opportunity to contribute to research and to benefit from the inclusivity of the experience and therapeutic methods going forward.

Considering that individuals with ASD and ID have significant, variable but lifelong challenges, the aim of this study was to explore valuable and effective therapy, which does not rely on methods inhibitive to those with ASD and ID. I therefore conclude that the initial findings are that the art therapy helped the participants with emotional regulation and communication, are positive and support my hypothesis, but that a larger study is recommended. It is significant to note how the sensory engagement with the art materials facilitated emotional regulation and supported communication, and thereby reduced the reliance on less adaptive strategies such as withdrawal and suppression (Weiss et al., 2017). The clients benefited from a non-pressured method of therapeutic attuning where they could choose to engage or withdraw.

Finally, we need to adapt our world to align with individuals with ASD and ID and meet them where they are, by using art materials and by examining how artmaking can serve as a “voice that has meaningful communication and expression with the outside world” (Henley, 2017, p. 36), which has far-reaching advantages. In her book, *Handbook of art therapy*, Cathy Malchiodi (2012, p. viii) expounds, “Art is a powerful means to communicate when using words is a barrier themselves”.

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