

Patients talking about art therapy: an empirical study

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Short summary

The study analyses interviews with 38 patients about art therapy interventions and includes their opinions and statements on art therapy. In the interviews prior to, and after art therapy interventions, questions are asked on five core areas of art therapy. The data collected are evaluated and modified with qualitative methods. Results indicate positive as well as negative therapy effects. There is a relational triangle comprising therapist, patient and the object created. On the basis of this model and criteria of therapy satisfaction, several new terms are presented: Werkbindung – WB - (commitment to the work created), fördernde therapeutische Beziehung – ftB - (supportive therapeutic relationship) and Werk-Wertschöpfung - WWS - (production of value in the work). From this model we can suggest the reasons for positive and negative developments in therapy and propose a re-evaluation of the roles that communication and the therapist play within the therapeutic relation.

The research question

The starting-point for the study was the question how the “patient as consumer” perceives and experiences anthroposophical art therapy, since a majority of patients has no previous experience in this field. A search of the relevant literature revealed that there are no patient interview studies on art therapies and that the existing literature primarily reflects the perspective of physicians or therapists. Grawe pointed out in his report (1995) that evidence for positive effects achieved with art therapy is required (Grawe, 1995, 164). With this demand he stimulated an intensive ongoing debate on appropriate research methods in art therapy. Research is a highly topical issue since a lack of independent basic research and the pertinent consolidation makes itself felt in the form of increasing outside pressures. One exception is music therapy, which has been scientifically researched for some time by those who apply it in practice (Aldridge 2000, 2002; Danner 2001). Efforts to reform the health care system produce demands for evidence of positive effects from therapy forms like art therapy;

but there are still no recent empirical studies on the effects of art therapy in Germany (Petersen 2002).

The effects of anthroposophical arts therapy, which constitutes the basis of this thesis, are assumed as a complex system concerning all levels of human existence (Treichler, 1996; Glöckler 1999). This is why researchers are first faced with the question whether there is a primary effect of arts therapy, and if this is so, what its nature is and how best to document it. A starting-point for exploring the arts therapy process, and its effects, is the work of art itself, the therapeutic outcome (although art therapy is prescribed as part of a comprehensive therapy plan, which renders evaluation difficult), external observations of therapy, or statements by participants (Ingeln 2002).

In medicine we have the concept of “the competent patient” (Nagel 1998, 2001). The idea is that a patient wishes not only to be informed but also to have an active say in decisions, including therapeutic interventions. Patients see themselves as partners with equal rights and as experts on their own situation. This study looks at what patients say and does not comprise data on the opinions voiced by therapists and physicians. My personal experience in practice, and the conviction that art therapies may have a helpful and curing effect on patients, have created my confidence in the medium and also respect for “competent patients”, whose views are the focus of this study. This is the background for the central research question governing the study:

“How do patients of a clinic perceive and process anthroposophical art therapy interventions?”

Structure

The study has five chapters. **Chapter 1** describes the current situation of art therapies in Germany covering legal and economic aspects, as well as the state of the art in research. It presents various approaches in art therapy, specifically the anthroposophical approach, and explains the term “competent patient” and also that of perception, which is essential for this study. **Chapter 2** introduces the study design and the evaluation technique applied. A short outline of qualitative research is followed by a description of the selected interview methods, the interview questionnaire and the assessment methods according to Legewie/Mayring. **Chapter 3** contains the question-related and also category-related presentation of results.

General tendencies in answers are underlined and documented by individual patient statements. Another review of results in the light of categories and therapy satisfaction then leads to the generation of three new terms that are explained in detail in **Chapter 4** and illustrated in a graphic model. Results are summarized in **Chapter 5** , followed by a critical outlook to future research.

Methods

The method selected from qualitative research was the problem-oriented interview. Participation in the study was voluntary, and all patients involved were informed of the further use of their data; children and adolescents were excluded from the study. A general questionnaire was designed based on standardized questionnaires (quality of life, creativity, expert opinion), so that the same conditions applied to all participants. In a first and a final interview prior to and after therapy interventions, it addresses five categories of core elements in artistic perception (physical perception, emotional self-perception, artistic presence, therapy concept, individual motivation). In a general survey covering 4 months, 38 adult patients (29 women, 9 men) at a primary care hospital who had been referred to art therapy were interviewed. The majority of them was treated on wards for internal medicine, psychosomatics and gynaecology, and their average age was 45,8 years. Interviews were audiotaped, with 38 usable recordings as a result. Three different approaches were used for presentation of results to structure the data material available.

- **Summary of all answers** to one question and one category. This serves to find general tendencies in answers. The summary of all answers to one question provides an observer with a survey of how the question was generally understood and responded to.
- The **subject-related presentation** is based on the summary of all answers and extracts all data related to one issue from the entire range of data collected.
- **Individual patient-related case presentation.** Discussions of individual cases are more detailed and revealing of the delicate relational fabric in a therapy. In addition, they help to define the correlation between a pathological state and the corresponding therapies (Aldridge 1994).

In view of the research question the author opted for a summary of all answers and a subject-related presentation. The decision against individual case presentation was also due to a lack of pertinent data (e.g. reports by physicians, therapists, pictures created). A large number of well-researched and well-documented single case studies is already available. Transcribed interviews were evaluated by way of a combination of the approaches by Heiner Legewie (Globalauswertung, Legewie 1994) and Phillip Mayring (qualitative Inhaltsanalyse/Textverarbeitung, Mayring 2000).

Results

Statements made in the first interview prior to therapy reveal considerable emotional inhibitions against art therapies because of insecurity, a fear of failure, and discouraging experiences at school, in most cases. Nevertheless, my findings indicated a surprisingly strong and emotional involvement of patients with the work they created. The therapist also exerts a strong influence on this work with the selection of materials and subject contents. A summary of patient statements suggests a close relational triangle between the therapist, the patient and the work created.

- Physical (category I) and emotional perception (category II) show activity or passivity as a focus.
- In the field of artistic presence (category III), the procedural relationship of a patient to his activity/ the work of art emerges as the dominant subject.
- The interview partners' therapy concept (category IV) is primarily characterized by statements about the therapist-patient relationship.
- From the perspective of individual motivation (category V) the various relational systems of therapy focused on changes in the self exclusively.

Not all interview partners find access to art therapy; some patients expect the effect to be that of a hobby course in painting, or do not understand the purpose of the therapy. The main criterion to differentiate between patient descriptions is a patient's impression that he or she is able to benefit from this type of therapy. In such cases, therapy has a positive effect. Another criterion is a "neutral development", i.e. nothing happens from the patient's view. In the worst possible scenario, the art therapy intervention is negative and leaves the patient with a bad feeling. Which factors had an influence on results? According to the data collected, neither age nor type of disease play an important role. One of the most discussed issues was the time

factor in the form of therapy hours received. The question then remains, “What was the reason – from the patient perspective – why some perceived art therapy as fulfilling and positive, and others only as “nice”?”

In a modification of the research direction, the data collected are comprised to a “fictitious short interview”. An analysis of the relational triangle between therapist, patient and object including the factor of therapy satisfaction and the comprised material leads to new terms, which we see below, that form the focus of the research project:

- “Werkbindung” (WB), or involvement, describes the existence of the patient’s emotional involvement with the work created.
- “Fördernde therapeutische Beziehung” (ftB), or supportive therapeutic relationship, defines a joint non-directive basis for decision and activity between therapist and patient. One important aspect is the joint level of verbal communication that may have three different qualities.
- “Werk-Wertschöpfung” (WWS) describes the individual value or benefit a patient derives from his artistic activity in cooperation with the therapist and which he perceives through and in his work.

The three terms and their interrelation are illustrated and explained in a “WWS” model designed on the basis of the material collected.

The model comprises two phases and five levels outlining reasons for positive or negative therapy progress. Negative therapy developments end after phase 1; as a rule, patients dismiss them as a “painting course”, or even find them depressing when the therapeutic task is presented in an unsatisfactory manner. A successful conclusion of phase 1, however, is the precondition for phase 2 which provides access to the therapeutic dimension of artistic performance. The benefit for the individual gained through art therapy is most distinctive at the end of phase 2. Patients then describe, for example, an autonomous activity perceived, recognized and realized in the object, e.g. a change in their work.

Conclusion and outlook

Patient statements on effects and processing of art therapy are evaluated in this study; on the basis of the findings, three new terms are coined and serve to design a model. All three terms stand for specific criteria in art therapy from a patient perspective. The terms describe general aspects of the art therapy process, although they emerge from an anthroposophical approach. In summary, we may say that the model illustrates and explains positive and negative treatment developments. This model provides a new form of assessment for works of art created by patients and enables therapists to better evaluate the current state during therapy and obtain a better idea of how to support the individual needs of patients.

According to patients' opinions voiced in interviews, art therapy acknowledges, supports and encourages a competent patient. It constitutes a type of therapy that corresponds to his needs and addresses possible future development if it is based on joint efforts. Bearing the research question governing this study in mind, we may say that patients perceive and experience art therapy as supportive and curative in its effects. It addresses all components proclaimed by the WHO and by Antonovsky as conducive to health:

- It promotes perception of environment and self,
- promotes responsibility,
- and provides a basis for competent judgement and action.

Final remarks

In my opinion, the new self-assured patient identity conditions a critical reflection of the current self-concept in therapy and a clear definition of the patient concept in anthroposophical art therapy. Anthroposophical expectations of a mature patient are that he takes an active and responsible part in his recovery process. But he must be placed in a position to do so. This pilot study attempts to promote a perspective of patients that sees them as equal partners in the therapy process from the very beginning, and accordingly, releases them as "self-understanding" and competent at the end of the intervention period.

Art therapy may have a considerable effect, irrespective of the ideological background and the wide range of possible applications. The willingness on the part of patients to answer all questions posed has helped to address surprising aspects that have not come to notice so far; aspects that perhaps neither physicians nor therapists would have perceived and considered in

this way. This realization alone may serve as a stimulus to listen, look and question even more thoroughly in future.

Key words

Patient interviews, art therapy, patient competence, object commitment, level of activity, salutogenesis, creation, self-determination, creativity, health, psychotherapy, anthroposophy, anthroposophical art therapy, empirical study, model, therapy course.