# Creative Arts Therapies: What Psychologists Need to Know

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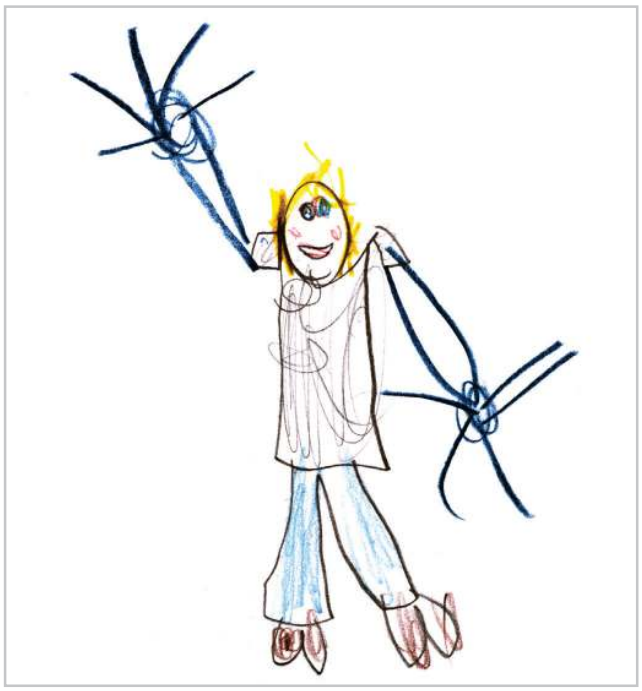

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"Creativity involves the depth of a mind, and many, many depths of unconsciousness", Oliver Sacks noted in a lecture at the opening of the Centre for the Mind at Australian National University (Sacks, 1998). Creativity is noted as a significant protective factor when facing life difficulties and trauma (Wolin & Wolin, 1993). Creative arts therapies are a valuable treatment option, which allow people to experience and express themselves through the arts. They foster exploration of creativity and resilience in a supportive environment anchored by a therapeutic relationship. They offer encouragement; reassurance; potentials to adapt, cope and flourish; and help build and strengthen resilience.

This article provides an overview of creative arts therapies. It examines professional training and research in the area of mental health, highlights the current state of creative arts therapies in Ireland, and explains the differences between creative arts therapies and arts and health practices.

## Creative Arts Therapies

> "The arts therapies can be defined as being committed to understanding and utilising the therapeutic potentials of both psychological therapy approaches and the art form employed. In bringing together the aesthetic and psychological domains, the resulting practice is unique" (British Association of Art Therapy, 2010).

Creative arts therapies (arts therapies) are evidence-based health professions practiced throughout Ireland and in more than 40 countries around the world. The term includes four professions: art therapy, dramatherapy, dance movement therapy and music therapy. They are the planned and creative use of the arts to accomplish individualised clinical goals within a therapeutic relationship.

Creative arts therapists work with individuals and groups in a variety of settings. In health and social care settings, therapists can be found

working in hospitals and rehabilitation centres; nursing homes; hospices; and in centres treating mental health, substance misuse and offering social care. In educational settings therapists work in early intervention, schools and special schools, vocational training centres, and disability services. Creative arts therapists often work as an integrated part of multidisciplinary teams, assessing clients' needs, designing and implementing therapy programmes, and evaluating interventions. Therapists also work in private practice.

The creative arts therapy disciplines have been developed as the result of multidisciplinary endeavours initiated by artists, psychotherapists, educators, health and social workers, and share a number of common characteristics. These are the use of the arts; the value placed upon creativity; appreciation and understanding of non-verbal communication; the use of imagery, symbolism and metaphor, where appropriate; the creation of a safe environment and a secure client-therapist relationship; the presence of therapeutic aims that guide therapeutic interventions; and the use of assessment and/or evaluation as part of daily practice (Karkou, 1998, cited in Quality Assurance Agency for Higher Education, 2004, p.3).

A central tenet of the creative arts therapies is that any individual, regardless of disability or illness, can engage in the arts and use them to maintain or restore health. People do not need previous experience or skill in the specific art form to participate or benefit. Creative arts therapies can address physical, cognitive, emotional and psychosocial needs. Therapists work with individuals and groups of all ages to facilitate, for example, self-expression, self-awareness, communication, and personal development. Creative arts therapies can meet the needs of children and adults with disabilities or illness and can also improve quality of life for people who are well. Box 1 outlines some of the principles and practices applied in creative art therapies.

*Box 1.* Underlying principles and practices in the creative arts therapies

Current practice in the creative arts therapies employs a range of theoretical underpinnings and is therefore adaptable to the needs of the client and the overall culture of the setting. Practices and underlying principles include:

- aesthetic/artistic practices and traditions, i.e. art, drama, dance and music;
- practices that draw upon the principles of psychoanalytic and psychodynamic traditions;
- group process principles drawn from group psychotherapy;
- humanistic and client-centred principles;
- developmental ideas from psychology, psychotherapy and psychobiology;
- active/directive practices that draw upon principles of brief therapy and cognitive behaviourism;
- practices drawn from social, cultural and community theory

(Karkou, 1998, cited in Quality Assurance Agency for Higher Education, 2004, p.3)

Methods used in the creative arts therapies include making images or sculptures, dance and movement, voice work, dramatic play, mime, role-play, singing, improvisation on instruments, listening to music and song writing. The creative arts therapies offer a supportive environment, where people can communicate and work through emotions using the art form as a vehicle for emotional self-expression, interaction and change.

Creative arts therapies are particularly effective for people who find it difficult to communicate verbally, for example individuals on the autistic spectrum; people with communication deficits due to stroke or acquired brain injury; and people who have mental health difficulties who find it difficult to talk about their experiences and feelings in words. They are also highly relevant to service users with differing language and ethnic backgrounds. These therapies provide a safe, supportive environment to enable and encourage the client to express her/himself in whatever way possible, encouraging self-expression and development supported by the therapeutic relationship. The client is at the centre of the creative arts therapies. The art form is another intrinsic component, the last component being the therapist. These three components make up the therapeutic triangle: *Client-Art Form-Therapist*.

Central to creative arts therapies is the therapeutic bond that develops between the therapist and client. In a typical session the therapist facilitates experiences that are meant to target clinical goals and objectives. Clinicians use evidence-based methods in the application of the art form and use a variety of techniques and arts media. The art form is seen as the vehicle through which clinical change can occur and as an alternative medium for relating to others in a meaningful way. In all creative arts therapies, the creative process is used to facilitate self-expression within a specific therapeutic framework. The art form is used to contain and give meaning to the service user's experience, and is used as a bridge to verbal dialogue and insight-based psychological development if appropriate. The aim is to enable the patient to experience him/herself differently and develop new ways of relating to others (National Collaborating Centre for Mental Health, 2010, p. 252).

## Professional Training

Creative arts therapists are Master's graduates in their profession. Courses in Ireland in creative arts therapies include: MA in Music Therapy (University of Limerick), MA in Art Therapy (Cork Institute of Technology) and MA in Dramatherapy (NUI Maynooth). Courses in dance-movement therapy are found at UK universities.

As well as proficiency in their art form ~~and~~ a critical knowledge and understanding of the philosophy of the specific modality, students are trained in psychology, psychotherapeutic theory, mental health, disability, physiology, social/behavioural sciences and human development. Creative arts therapists undertake a substantial period of clinical practice and are trained in assessment, treatment planning and delivery and evaluation, as well as theory and research. Graduates

have a sound knowledge of ethics, multidisciplinary team working and related therapies as well as evidence-based practice. Ongoing personal therapy and clinical supervision are an integral part of creative arts therapy training.

## Creative Arts Therapies and Arts and Health

Creative arts therapies have many related disciplines including medicine, psychology, psychotherapy, special education, medical humanities and arts education. Other related fields include arts and disability, community-based arts, and arts and health. Arts and health is defined as "a range of arts practices occurring primarily in healthcare settings, which brings together the skills and priorities of both arts and health professionals" (Arts Council of Ireland, 2010, p.4).

In the last decade there has been tremendous growth in the two fields of creative arts therapies and arts and health. There are often overlaps between the two fields, but each has its unique place and function in healthcare settings and it is important to highlight the differences between the two. Creative arts therapies

> "integrate the experience of a given art form with the theories and practice of psychology, psychotherapy and psychiatry as a unique form of therapeutic intervention, whereas arts practices have a focus on artistic processes and artistic outcomes" (Arts Council of Ireland, 2003, p.111).

Hilary Moss, a qualified music therapist and Arts Officer at Tallaght Hospital (AMNCH) highlights the immense overlap between arts and health and creative arts therapies in practice, but clarifies the ways in which the two professions define themselves: "Arts and health practitioners define themselves as concerned only with the art for its own sake, whilst arts therapists are defined as meeting clinical and therapeutic goals through their art form" (Moss, 2008, p. 85). Therefore creative arts therapies have a clear psychological intent and a therapeutic agenda. The art forms are tailored to meet specific needs and to bring about clinical change in the recipient. This is different from arts and health, whose aims are more focused on "promotion of health and wellbeing by improving quality of life and cultural access in healthcare settings" (Irish Arts Council, 2010, p.4).

## Creative Arts Therapies in Mental Health and Service Users' Views

Creative arts therapies are recommended for individuals with a number of mental health diagnoses. The UK's National Institute for Health and Clinical Excellence (NICE) says mental health professionals should consider offering arts therapies to all people with a diagnosis of schizophrenia. Experimental studies examining the impact of creative arts therapies for people with schizophrenia were first conducted in the 1970s; since then over 20 clinical trials have been conducted and systematic reviews have also been completed. A review of research for the NICE guidelines (National Collaborating Centre for Mental Health, 2010) for treatment of schizophrenia indicated that creative arts therapies are effective in reducing negative symptoms (lack of energy, loss of motivation, loss of interest in activities, people and personal appearance, memory problems and concentration difficulties) across a range of treatment modalities, in inpatient and outpatient populations. It was also found that creative arts therapies can boost self-confidence, self-esteem and concentration; help people gain self-awareness and communicate better with others; and reduce feelings of isolation and exclusion (National Collaborating Centre for Mental Health, 2010). In relation to people experiencing psychosis it has indeed been suggested that arts therapies have an advantage over traditional psychotherapies. Art forms such as story, image, dance or pieces of improvised music can provide a safe space between the patient and the therapist. Where the patient may be experiencing emotions and feelings that are difficult to process the art form acts as a container to hold these (Killick, 1997).

In the area of neuro-degenerative illnesses, Aldridge (2001) asserts that creative arts therapies facilitate coping and provide a suitable form for emotional expression. They motivate isolated clients to communicate and offer a challenging and stimulating experience within the capabilities of the client. Odell-Miller, Hughes and Westcott (2006) found that patients "value and use the different arts therapies well and can articulate the added value compared with talking therapies" (p. 134). Such findings were confirmed by adult male outpatients with chronic and enduring mental illness in an independent focus group conducted as part of a music therapy research study in Ballyfermot Mental Health Association, Dublin (Ahessy, 2011). Examples of services users' views were that:

> *"It would be way ahead of anything I have done before"*

> *"Other kinds of therapies are kind of very rigid or strict, a set plan, but with music it's like God knows where it's going to take us! And that makes me feel good anyway"*

> *"It gave me the confidence to interact with the others… maybe I'm wrong but it was a major step after time with what was going on within the road to recovery. It just helped me to grow in a way, as a person, if that makes sense"*

Participants also reflected on their experiences of a short-term music therapy programme:

> *"I found it really good the song writing. It opened up doors for me. It kind of, whatever it was it just kind of triggered something in me. I was able to go home and think in such a way. I found it really; amazing… it just awakened something within me I think"*

> *"For a long time due to my illness I had lost all my friends, I locked myself away in my room. The project helped me realise that you need music in your life"*

> *"I think it's important to stress the camaraderie of a bunch of people playing music and experimenting and just going through what music can offer, you know, where it can bring you, and how it can make you feel. It's a wonderful thing, it really is"*

Another informative example of service user feedback in relation to music therapy comes from collaboration between the Irish Advocacy Network (IAN) and a music therapist at Mayo Mental Health Services (McCaffrey, 2011). As part of a service evaluation review IAN held an independent focus group in which music therapy participation was discussed. Some of the quotes from service users from the evaluation included reflections on emotional experiences and mood:

*"It is so versatile and can be adjusted to the mood the person is in,"*

*"It opened some blocked emotions and I could finally cry"*

Some of the comments described participants' self-experience and personal changes:

*"I find it so hard to express myself, somehow the music and singing helps"*

*"I needed less medication and it has no unwanted side effects"*

*"For me it is like a time travel and can be very powerful"*

Other reflections included reference to the social and relational benefits in participation in music therapy, especially the feeling of being included:

*"It is the one way I have to feel connected with others"*

*"It takes me out of myself and thinking so much"*

These comments from service users provide a snapshot of experiences and involvement in music therapy, highlighting some of the personal benefits of participating in such programs.

## Music Therapy

Jane Edwards, Director of the MA in Music Therapy at the University of Limerick highlights music therapy as a "a structured interaction that patients are able to use to participate successfully, manage some of their symptoms, and express feelings relating to their experiences" (Edwards, 2006, p.33).

There has been extensive research examining the role of music and music therapy in mental health care (de l'Etoile, 1998; Gold, 2007; Grocke Bloch & Castle, 2009; Hayashi et al., 2002; Shergill, Murrau, & McGuire, 1998; Talwar et al. 2006; Tang, Yao & Zheng, 1994; Ulrich, 2007; Yang et al., 1998). A Cochrane review (Gold, Heldal, Dahle, & Wigram, 2005) concluded that a music therapy intervention combined with standard care improved global function (psychological, occupational and social; Spitzer, Gibbon & Endicott, 2000). A later Cochrane review (Maratos, Gold, Wang & Crawford, 2009) reported reductions in symptoms of depression. Other meta-analyses have revealed that music therapy is effective in addressing and controlling the symptoms of psychosis (Silverman, 2003). In an Irish study examining effects of group music therapy on older adults it was found that music therapy significantly decreased depression and increased quality of life and cognitive function when compared with a control (Ahessy, 2010). Many studies reveal a reduction of negative symptoms and in addition have found that music therapy can increase social interaction (Hayashi et al. 2002; Pavlicevic, Trevarthen & Duncan, 1994). McCaffrey, Edwards, & Fanon (2011) support the applicability of music therapy within the recovery approach and draw attention to "the potentials for music therapy as a supportive intervention able to meet clients at their level of functioning and build on strengths towards beneficial outcomes" (p. 189).

## Art Therapy

Art therapy is a potent treatment in the area of mental health. Randomised controlled trial and outcome studies show improved ability to enter and maintain relationships, enable symbolization and develop mature defenses (Greenwood & Layton, 1991; Killick, 1995, 1997, 2000; Killick & Greenwood, 1995; Saotome, 1998). Research on art therapy as an intervention for people with schizophrenia has shown significant decreases in associated negative symptoms such as depression and anxiety (Richardson et al. 2007; Xin et al., 2005) along with improved self-concept and quality of life, emotional development and increases in cognitive functioning and social interaction (Xin et al., 2005). In a recent review, Leslie, Eaton, Doherty and Widrick (2007) highlight how art therapy has also been used successfully in a variety of contexts as a treatment for traumatised children. Chapman, Morabito, Ladakakos, Schreir and Knudson (2001), working with children with post traumatic stress disorder, found that children receiving art therapy interventions showed a reduction in acute stress symptoms one week and one month after discharge from the hospital. Research from the University of London examining art therapy as a treatment for people living with dementia has shown improvements in mood and cognition

and indicated the creative process itself played a part in recovery (Rusted, Sheppard & Waller, 2006).

## Dramatherapy

Dramatherapy has been applied in many contexts such as addiction, eating disorders, post-traumatic stress disorder, personality disorders and victims of sexual abuse within children and adolescents (Gersie, 1996; Jennings, 1995; Mitchell, 1995; Winn, 1994 as cited in Kedem-Tahar & Kellermann, 1996). Dramatherapy research with clients in mental health settings reports increased interaction, motivation and emotional affect (Emunah, 1994). Forrester and Read-Johnson (1996) highlight its potency in strengthening an individual's resistance to their illness and reducing isolation and negative thoughts during short-term in-patient treatment. In adolescent and children's mental health Doktor (2010) emphasises dramatherapy's strengths in building confidence, self-esteem and improving interpersonal relationships. For young children dramatherapy can provide a space for self-expression and exploration through metaphor (Powis, 2010). With older adults Langley (1996) found a brief intervention supported people in transition from a psychiatric to community setting. A 17-week drama therapy group resulted in reduced anxiety in older adults with dementia (Davis 1985). Dramatherapy affords people with mental health difficulties opportunities to explore and express feelings and become more self aware. "The use of drama as therapy fosters liberation, expansion and perspective. Dramatherapy invites us to uncover and integrate dormant aspects of ourselves, to stretch our conception of who we are" (Emunah, 1994, p. xvii).

## Dance Movement Therapy

The Association of Dance Movement Therapy UK defines the field as: "the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration" (Association of Dance Movement Therapy, 2003). It is founded on the principle that movement reflects an individual's patterns of thinking, feeling and communicating. The role of dance movement therapy as an intervention in mental health settings is being explored worldwide – especially in the UK, Germany, USA, Israel, Japan and Korea. Stanton-Jones (1992) discussed the application of dance movement therapy in general psychiatry. The best evidence currently available in the field is concentrated in somatoform/psychosomatic disorders and schizophrenia (Oganesian, 2008; Payne 2009; Pylvänäinen, 2010; Röhricht & Priebe, 2006; Xia and Grant, 2009). Dance movement therapy is also an effective intervention for disordered and emotional eating (Kleinman, 2009; Lausberg, 1998; Meekums, Vaverniece, Majore-Dusele & Rasnacs, 2012), medically unexplained symptoms (Payne, 2009), trauma (Koch & Weidinger-von der Recke, 2009) and stress management and reduction (Bräuninger, 2012). It is also very effective as an intervention with children and adolescents (Erfer & Zif, 2006; Payne, 1992).

## Integrated Working

In Ireland, many creative arts therapists are key members of multidisciplinary teams; indeed the author works in such a clinical team in older persons' services and has been involved in collaborative assessment, programme design and implementation in the area of multiple disabilities and visual impairment in children and dementia care in older adults, working with speech and language therapists, occupational therapists and physiotherapists. Such collaborative working has many benefits including providing "easier access to a wider range of therapists' therapeutic approaches" (Hattersley, 1995, p. 264).

In 2000, 53% of UK music therapists were employed as part of multidisciplinary teams (Hills, Norman & Foster, 2000) and Twyford & Watson (2008) indicated that much of the collaborative work by UK music therapists was with children, with the majority of this in the area of learning disability. Joint approaches between clinical psychologists and music therapists have been effective. In a community setting with adults with learning disabilities the approach, while challenging, was practice-enriching (Watson, 2008). With clients who do not respond to talking therapy, the integrated approach produced a more positive therapeutic effect than psychotherapeutic approaches. The relationship that developed between the psychologists and music therapist was noted as very important for mutual support and the development of the therapeutic approach (Watson, 2008).

## Creative Arts Therapies in Ireland

There has been increasing interest in the development of creative arts therapies in Ireland and within the HSE. Permanent posts have been created in the areas of disabilities, rehabilitation, mental health and older persons' care. There has been an increase in qualified creative arts therapists and the Irish Association of Creative Arts Therapists (IACAT, see www.iacat.ie) has more than 250 members. There are creative arts therapists working in a variety of health settings including the National Rehabilitation Hospital; the Adelaide and Meath Hospital Dublin, incorporating the National Children's Hospital (AMNCH); St. Patrick's University Hospital; Crumlin Children's Hospital; Our Lady's Hospice; Milford Care Centre; Cheeverstown House; Enable Ireland; Cope Foundation; Bluebox; ChildVision; HSE mental health services and older persons' services; as well as many other health, educational and social care settings.

### *IACAT*

Established in 1991, IACAT is the professional registration body for creative arts therapists in Ireland and promotes, supports and upholds the work of creative arts therapists. Its vision is of an Ireland where creative arts therapies are visible, understood, accessible to people and fully integrated into the health and care systems. IACAT ensures members adhere to a Code of Ethics, monitors professional standards, and provides an online directory of therapists for the public. It promotes research through an academic peer-reviewed journal and represents members to employers, health/education agencies and government departments. The Association's principles of professional practice ensure that the current level of training for creative arts therapists is equivalent to international and European standards. The IACAT has an elected council of experienced creative arts therapists, who convene working groups to focus on developing membership, accreditation and professional standards and statutory recognition. One of IACAT's current aims is to forge links with other allied health associations though for networking opportunities, continuing professional development opportunities in creative art therapy approaches and offer associate membership.

Nevertheless, creative arts therapists are not recognised by the Irish State, in contrast to arts therapists in the UK, who have been registered with the Health and Care Professionals Council (HCPC) since 1999. IACAT is campaigning for statutory recognition and for the professions to be included in the Health and Social Care Professionals Council. Statutory recognition of creative arts therapists will ensure that services are delivered by qualified regulated therapists and will provide an additional validation of current professional standards amongst therapists in Ireland. The majority of the work carried out by creative arts therapists lies in areas such as mental health, special education, intellectual disability and end of life care; gaining statutory recognition is critical to the protection of the public.

## Conclusion

Creative arts therapies are internationally established and respected health professions with an ever-growing body of evidence based research detailing the value, efficacy and benefits that they bring to clients. Addressing needs across many domains, creative arts therapies can improve mood and quality of life; promote physical rehabilitation and alleviate pain; enhance memory and cognition; and improve communication. Many creative arts therapists also work with people with stress issues, low self-esteem and emotional, behavioural or social challenges. Collaborative working between creative arts therapists and other professionals within multidisciplinary teams can enhance communication between professionals, clients and carers; enhance team work; provide support to team members; and provide opportunities for learning and growth.

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