

ART AS A THERAPY AT THE SERVICE OF HEALTH CARE OF ADOLESCENTS

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Abstract

Art has been a therapy at the service of healthcare since 1942. In particular, since Adrian Hill first suggested the idea of art therapy, health professionals have appropriated various forms of arts including music, dance, drawing, and painting to engage clients emotionally, psychologically, cognitively, and physically in therapy. However, art therapy has also been underutilized despite having numerous health benefits to children, adolescents, adults, and the elderly in healthcare. The current study enrolls five counselors: marriage and family, substance abuse and addiction, education/ school, general mental health, and rehabilitation to assess their view, understanding, and application of art as a readily available therapy alternative for healthcare. The aim is to understand how health professionals apply and integrate art into their therapeutic processes. The study will also showcase the perceptions of different healthcare professionals on how to best address the underutilization of art therapy to leverage its benefits for different client populations.

Keywords : healthcare , art therapy , therapy , profession

Introduction

Art therapy is one of the most useful forms of intervention at the service of healthcare professionals yet is largely underutilized. The intention was first explored extensively as a treatment modality in 1942 by Adrian Hill (Bitonte & De Santo, 2014). In the early scholarly evaluation, art therapy was mainly viewed and presented as a form of communication essential in facilitating the management of different physical and mental challenges. Consequently, among the earliest adoptions of the intervention into the care system included the application of art therapy in the care of clients with PTSD, schizophrenia, breast cancer, sexual abuse, and traumatic brain injury among others (Bitonte & De Santo, 2014; Malchiodi, 2012; Pifalo, 2006). However, later investigations developed to allow the adoption of art therapy to different client demographics and to meet diverse needs. Moreover, in later adoptions, art in its various forms was integrated into the care modalities and theoretical orientations that most healthcare professionals including counselors use to serve clients. The following is a review of art as a therapy at the service of healthcare.

Review of Literature

A critical aspect that makes art therapy useful and adaptable to healthcare needs is the non-specificity of the approach. Bitonte and De Santo (2014) point out that art therapy is largely customization to the needs of both the care provider and the

patient. Accordingly, in the healthcare practice, care providers can readily integrate art therapy into their routine treatment plans. For example, researchers such as Vaartio-Rajalin et al. (2020) have argued that art therapy is particularly important as it aligns with the basic professional duties of healthcare providers. For instance, art therapy correlates with the need for healthcare providers to demonstrate their skills to offer patient-centric care characterized by sensitivity to the preferences, culture, personality, and needs of the client. Equally, Vaartio-Rajalin et al. (2020) and Blomqvist et al. (2007) claim that art therapy is essential for helping healthcare professionals to skillfully understand and interpret the emotions of self and others as it facilitates expressive interactions. Moreover, art therapy encourages health workers to be creative in the selection of the appropriate interventions to use with different patients and thus promotes individual, culturally appropriate, and client-centered treatment (Vaartio-Rajalin et al., 2020). To clients, art therapy has been demonstrated to work by facilitating active engagement, promoting individualized communication, and bolstering the self-esteem of individuals (Bitonte & De Santo, 2014).

In practice, healthcare workers can utilize various forms of art therapeutically to enhance the overall experience and outcome of care. For instance, some of the forms that can be appropriated in art therapy include music, literary works (such as poetry and novel writing), performance arts (dance and theater), and visual arts. Most of the forms of art therapy have been studied to determine their service and benefit to healthcare. For instance, Stuckey and Nobel (2010) examined the effectiveness and impact of four main art therapy types on the outcomes of patients with different conditions. In the first category of art therapy through musical expressions, the researchers found that it was useful in managing anxiety, restoring emotional balances, and in some instances was critical in controlling pain. Such findings of music as a form of art therapy and its use in the clinical care of mood and pain-related challenges have also been demonstrated by Leubner and Hinterberger (2017) and Tang et al. (2020) in later investigations. Stuckey and Nobel (2010) also investigated the effectiveness of visual forms of art therapy and their effectiveness as clinical interventions. The researchers found several critical uses of visual arts such as drawing and painting. For instance, visual art is useful in helping patients with chronic conditions such as cancers to reconstruct and maintain a positive identity. In another related study, Beaumont (2015) asserts that visual art therapy, when adopted in healthcare can help individuals suffering from problematic identity due to their conditions (such as patients who are terminally ill) or their developmental stage (adolescents) promotes greater self-understanding. Self-understanding leads to self-exploration

and eventual positive identity reconstruction (Beaumont, 2015). Another form of art therapy that has also been explored to identify potential benefits to healthcare is movement-based creative expressions (Stuckey & Nobel, 2010). Movement-based art such as controlled exercises, theatre dramatization, or dances have mental and physical benefits to clients. For example, in an earlier study, Noice et al. (2004) discovered that using movement-based art forms to older patients was associated with an improvement in their psychological and cognitive wellbeing. Similarly, art therapy is an intervention that healthcare workers can apply to all patient demographics readily. For instance, in the children and adolescent populations, Bosgraaf et al. (2020) maintain that art therapy can be used to manage the psychosocial problems of the young demographic. In their case, Bosgraaf et al. (2020) conducted a meta-analysis with 37 studies and 1,299 young participants and found that art therapy was useful for addressing psychosocial issues including anxiety, depression, withdrawal behavior, misconduct, aggression, hyperactivity, and other antisocial tendencies. Methodologically, Waller (2006) demonstrates that the effectiveness of art therapy in children and adolescents results from the facilitated safe environment and more engagement with the young demographic. Thus, when working with children and adolescents, art therapy produces change as the clients are allowed to physically engage with different art materials, make objects, items, drawings, or entertainment that suits them, and in the process sublimate their feelings in the images made (Waller, 2006). Even within the children and adolescent population, researchers such as Cohen-Yatziv and Regev (2019) argue that art therapy can be tailored to meet the needs of certain sub-populations.

For instance, Cohen-Yatziv and Regev (2019) present several subpopulations of children and adolescents that can benefit from having healthcare workers adopt art therapy as a standard in their care. The populations include children suffering from traumatic events. For traumatized children suffering from issues such as abuse or a broken family, Van Westrhenen and Fritz (2014) found that creative arts and narrative forms of art therapy were more effective in facilitating emotional expression thereby helping alleviate the symptoms of trauma. Art therapy can also be applied to children with disabilities and special education needs (Cohen-Yatziv & Regev, 2019). In their randomized controlled trial involving 93 children with disabilities and special education needs, Freilich and Shechtman (2010) noted that art therapy has dual functions for the population. From an education standpoint, art therapy helps children with disabilities to improve their learning experience by learning how to connect with their environment. From an intervention health perspective, art therapy helps children with disabilities to first explore their emotions and then become more self-aware and gain insight into their development (Freilich & Shechtman, 2010). Art therapy is also applicable to children and adolescents without any specific diagnosis but with behavioral challenges warranting counseling (Cohen-Yatziv & Regev, 2019). For instance, Bazargan and Pakdaman (2016) examined the applicability of art therapy to manage children with externalizing and internalizing problems. They found that art therapy was particularly effective in managing externalizing issues such as aggression and rule-breaking behaviors in children and teens (Bazargan & Pakdaman, 2016). Similarly, art therapy is also useful in caring for teens with

medical challenges such as asthma and pain (Cohen-Yatziv & Regev, 2019). In the case of medical conditions such as asthma, Beebe et al. (2010) who applied the intervention using a randomized controlled trial with 22 children found that art therapy works by improving the total quality of life of the young population through the impartation of communication and anxiety-management skills. Lastly, Cohen-Yatziv and Regev (2019) assert that health workers can also use art therapy to care for juvenile offenders. The application of art therapy to the care of juvenile offenders has been explored extensively with various researchers underlining the usefulness of the approach in addressing frustration, promoting tolerance, and engagement of the emotional, social, and cognitive faculties of the teens to change behavior (Hartz & Thick, 2005; Persons, 2009). Similarly, healthcare workers can also use art therapy in the care of adult clients suffering from various psychosocial and physical conditions (Regev & Cohen-Yatziv, 2018). For the adult population, art therapy has been noted to be effective in the care of cancer patients (Monti et al., 2012; Svensk et al., 2009; Thyme et al., 2009). For the population, art therapy serves to promote emotional stability and how patients perceive their symptoms, aspects that contribute towards the quality of life for the affected. Also, art therapy can be applied to manage adult clients with various health and medical conditions. Some of the areas where art therapy has been applied in the care of adults include clients with issues such as heart failure, obesity, and HIV/AIDS (Regev & Cohen-Yatziv, 2018; Sela et al., 2011; Sudres et al., 2013). For such populations, art therapy administered through counseling is essential promotes emotional stability, contributes towards better adherence to treatment, and improves their overall satisfaction and quality of life. Art therapy is equally useful as a tool for the management of the general and specific mental health conditions in adults (Regev & Cohen-Yatziv, 2018). Among the areas in mental health where art therapy has been applied include in caring for schizophrenia, anxiety, and depression, in group therapy for different psychiatric conditions (Chandraiah et al., 2012; Crawford et al., 2012; Leurent et al., 2014; Thyme et al., 2007). For the population, art therapy is associated with the improvement to manage mood oscillations and achieve a balance and stimulation of mental functioning through enjoyable activities, which can be instrumental to schizophrenia and dementia patients.

Further, art therapy has also been demonstrated to be effective in the care of the elderly. For instance, Im and Lee (2014) and Choi and Jeon (2013) found that the combination of visual and musical forms of art therapy was associated with a decrease in depression and improvement of cognitive functioning in the population. Other scholars including Wang and Li (2016) have observed that art therapies improve communication, social skills, and promote happiness, aspects which moderate the effects of dementia in the elderly. Further, art therapy has also been shown to be useful in managing anxiety, promoting positive affect, and inspiring confidence and positive self-regard (Jones et al., 2006; Kim, 2013). For the elderly, art therapy works by providing them with avenues to relish their memories and be expressive in ways that capture their life experiences (Ravid-Horesh, 2004).

Lastly, healthcare workers also have the option of using and administering art therapy face-to-face or through online platforms (Zubala et al., 2021). When administered digitally, health workers can adopt new technology such as smartphone

apps as part of telehealth to personalize art therapy to the needs and interests of the individual (Choe, 2014; Levy et al., 2018). The online application can also be modified to meet the specific development needs of various client populations. For instance, researchers such as Shamri Zeevi (2021) have maintained that when applying art therapy to adolescents, one of the most effective approaches is through the use of virtual reality. In other words, art therapy is also available to healthcare through diverse avenues, which makes it more accessible to a majority of clients.

Methodology

For the study, the general research question will be, “what is the experience of counselors in using art as a therapy at the service of healthcare?” The research question aims to guide the data collection process on how different counselors have (or have not) used art therapy in the care of clients with different conditions. Accordingly, a qualitative case study design will be used. The case study will be made of five counselors: marriage and family, substance abuse and addiction, education/ school, general mental health, and rehabilitation. The five counselors will be selected based on a predetermined inclusion and exclusion criteria. For instance, for inclusion, counselors will be expected to have utilized at least one form of art in therapeutic interventions. Equally, for inclusion, counselors will be expected to have served three or more clients art therapy as a determination of their experience with the intervention. Exclusion, on the other hand, will be based on having stayed more than 12 months since the last application of art therapy in care. The recruitment process will be done online and by approaching local counselors in different institutions for participation in the study.

Following the recruitment, a survey will be administered. Each of the five counselors from the five specialty areas will then be informed about the purpose of the study and asked to consent to participate. After consenting, the counselors will then be asked eight open-ended questions: 1) What is your view of art as a therapy? 2) What service do you think art therapy has to healthcare? 3) What is your experience with art therapy in care provision? 4) What kind of patients and conditions have you noted art therapy to be effective with? 5) How do you think art therapy should be used in healthcare? 6) How do you think health workers can leverage the benefits of art therapy in the care process? 7) How frequently do you utilize art therapy and would what inspires you to use it more in care provision? 8) What scholarly evidence do you think is available to support the adoption of art as a therapeutic tool at the service of healthcare? The information collected will then be thematically analyzed. Thematic analysis will ensure that the information collected is based on the experiences of counselors with art therapy in the care of different client populations with varied health conditions. For instance, some of the themes that will be explored include the role of the care provider, the patient populations served, the conditions likely to be managed using art therapy, and the role of the client in the process. The expected results from the proposed research are that counselors will discuss and point out some of how art therapy can be adapted to promote quality care provision in healthcare. Another expected result is that health care professionals, as experts, will know about the existence of evidence-based research showing the effectiveness and usefulness of art as a therapy in different client demographics.

Discussion

The current proposal aimed to explore art as a therapy that is at the service of healthcare. Accordingly, the literature review focused on highlighting ways through which healthcare professionals can leverage art therapy to improve the wellbeing of clients with different physical, social, emotional, medical, and psychological conditions. In the research proposal, having counselors who have utilized art therapy explores the intervention is critical to understanding first their knowledge about art as a therapeutic alternative available to healthcare and secondly their understanding of how they can best leverage it. Moreover, being aware of the importance of art as a therapy at the service of healthcare implies that health professionals would integrate the approach into their care modalities. However, previous studies have shown the despite the significance of art therapy to healthcare providers, the intervention is largely underutilized (Bitonte & De Santo, 2014). Consequently, one of the goals of the survey is also to understand how healthcare providers ordinarily utilize art therapy, reasons they are hesitant to adopt in care provision, and how they can begin to leverage the benefits of the interventions when counseling and caring for different client populations. Equally, the research will also reveal whether the availability or lack of scholarly research and evidence-based studies to support art therapy is essential in informing the underutilization of the approach in healthcare. In previous studies, scholars such as (Ryu, 2018) have argued that one of the reasons for the under-appreciation and under-utilization of art therapy in healthcare is the belief that either the approach is inferior or does not have enough evidence-based research to support its adoption.

Conclusion

Art therapy is one of the most useful tools in the service of healthcare. Since it was first adopted as a health intervention in 1942, art therapy has been adopted to manage a variety of psychosocial and emotional challenges facing clients. For healthcare practitioners, art therapy can be adopted to manage different population demographics ranging from childhood trauma to dementia in the elderly. However, despite its usefulness, some researchers have also noted the underutilization of art therapy in healthcare. Consequently, the current study proposes an investigation of how art as a therapy has been used in different healthcare settings. In the current study, five counselors specializing in different fields will be interviewed to understand how they have utilized art therapy as a readily available tool at the service of healthcare. The expectation is that the counselors' knowledge of art therapy and its usefulness will correlate with their adoption of the intervention in the management of clients with different challenges.

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