



## Research Article

# Artistic activities and psychological well-being perceived by patients with spinal cord injury



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## ABSTRACT

This study aimed to determine whether engaging in artistic activities affected the psychological well-being of patients with spinal cord injuries (SCI). 19 hospital patients with SCI regularly engaged in arts-based activities such as painting, woodworking and working with clay. The psychological general well-being index (PGWBI) was used to measure the subjective well-being of participants during two periods. The first period coincided with the reactivation phase, in which individual physical and psychological health conditions began to improve, allowing them to participate in the activities; the second phase coincided with the pre-discharge period, after the patients carried out the artistic activities. The results showed a statistically significant change of the PGWBI global score from a moderate distress level to the absence of distress, while 4 domains out of the 6 PGWBI domains (general health, vitality, depressed mood and positive well-being) demonstrated a statistically significant change.

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## Introduction

In recent years, a growing interest has been recorded in the relationship between art and health, and the efforts have moved in the direction of understanding how art can be used as a tool capable of exerting a positive impact upon human health (Camic, 2008; Staricoff & Loppert, 2003).

It is increasingly understood and agreed that engaging in art making can positively influence human health. Artistic activities such as painting, dancing and listening to music have been used to improve the healing process of various dimensions of physical and mental health (Graham-Pole, 2000; Stuckey and Nobel, 2010). Artistic offerings are frequently integrated into the care pathways of patients hospitalised for treatment, in order to improve the patients' physical and psychological health. Arts and health has begun to emerge as a specific research theme. For example, some years ago the Arts Council of England undertook a major review (Staricoff, 2004) which aimed to classify existing studies according to the type of artistic activity. Studies of the impact of arts engagement on patients have been conducted in several medical areas including; mental health (Bohlmeijer et al., 2010; Canu et al.,

2015; Daykin & Byrne, 2008; Daykin, Byrne, Soteriou, & O'Connor, 2010), cancer care (Zhang et al., 2012), intensive care (Reilly-Shapiro & Fendrick, 2016), neurology (Duncan & Earhart, 2014; Elkis-Abuhoff et al., 2013), and procedural medicine (Hayes et al., 2003; Martindale, Mickocka-Walus, Walus, Keage, & Andrews, 2014; Nilsson, 2012). Arts and health studies vary widely in terms of objectives, environment, individual skills, needs of the patients and types of treated diseases; in fact, Eakin (2003) indicated that one can "ask any two people what they understand by the term 'Arts in health' and you are likely to be given very different answers" (p. 84).

Instead, Angus (2002) provides us with a conceptual map of five main categories: art in the creation of healthcare environments, art in hospitals, art in medical humanities to broaden medical training, art therapies and community arts.

This paper focuses on the dimension of art in hospitals with the understanding that such programs can support and complement pharmacological and medical therapies. The goal is to reduce stress during the patient's hospital stay, helping patients deal with the impact of hospitalisation and ill health and, more generally, by positively affecting levels of individual psychological well-being among patients. Art in hospitals is the active engagement of patients in art creation. It does not primarily focus on other arts offerings such as the provision of paintings or sculptures within the hospital, or the

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opportunity to attend musical and theatrical performances (Eakin, 2003).

Some Italian hospitals have recently opened their doors to art with projects ranging from simple artistic offerings to sessions of professionally facilitated art therapy for patients (Grossi & Rvagnan, 2013). This study was designed and conducted in an Italian hospital that has maintained a space entirely dedicated to the facilitation of artistic practices for patients affected by SCIs since 2007. This *art laboratory* was the first art-based program to be founded within a spinal unit in Italy. It provides twice weekly, three-hour artistic sessions, involving painting, woodworking and working with clay, and actively involves participants in individual and group activities.

A qualified art therapist is in charge of the laboratory and is present during each artistic session. In Italy, a qualified art therapist is a professional who has completed artistic studies in an academy and attended a three-year course in art therapy, in which psychology is also taught. At the end of such a course, the artist is awarded the title of qualified art therapist.<sup>1</sup> In the laboratory, the art therapist first teaches patients the most important techniques used in painting, woodworking and working with clay. Then, the art therapist supports the patients in their creative activities. No crafting engagement is currently offered by the art laboratory.<sup>2</sup>

To date, more than 700 patients have participated in this art laboratory. Because of the high number of participants, the project is repeated annually. In 2012, it was opened to the patients' families and community members as well.

This open, single cohort study tested the hypothesis that involvement in artistic practices raises the psychological well-being of patients with SCIs. We hope to use our results to stimulate further studies aimed at fostering the use of art in treatment paths for patients with SCIs as well as other injuries and illnesses.

### Art therapy or arts and health practices?

The purpose of this work was to describe the art therapy programme in a particular Italian hospital where artistic activities such as painting, woodworking and working with clay are used to improve the psychological conditions of patients with SCIs. Although the artistic activities available in the laboratory are carried out by a qualified art therapist, we believe the described work is related to the field of arts and health practices. Specific therapeutic protocols based on artistic activities were not available in the artistic laboratory; therefore, we cannot discuss the art therapy sessions. Furthermore, art therapy programmes tend not to make use of community-based arts interventions nor consider non-clinical aspects of healthcare (Camic, 2008).

Despite the differences that we have just highlighted in Italy, there is no specified distinction between art therapy and arts and health practices, or, for example, between community-based artistic offerings and the aesthetics of the healthcare environment. This lack is due to the fact that the topic of art and health is still relatively underdeveloped in Italy, compared to other European and Western countries.

In Italy, there are also significant distinctions compared to other countries regarding the profession of art therapy. Until a few years ago, art therapy was carried out by experts qualified in different fields (from music to literature), with the exception of psychotherapy. This exception was due to the lack of recognised art therapy training. Only in the last ten years have training schools for art therapists been opened in Italy.<sup>3</sup> Today, the profession of art therapy is

regulated by the act no.4<sup>4</sup> of the Italian Legislation, implemented on January 14, 2013.

Therefore, according to Italian regulations, a qualified art therapist is not necessarily a psychiatrist or psychologist. Inclusion in the national register of qualified art therapists is facultative.

### Spinal unit and patient's daily routine

The spinal unit in which the study was carried out is one of the first Italian examples of the use of a global approach to the care, rehabilitation and social reintegration of patients with SCIs.

The global care approach includes therapeutic and rehabilitation paths as well as psychological and social support for patients. The professional team in the spinal unit includes: physiatrists, urologists, neurologists, anaesthesiologists, plastic surgeons, physiotherapists, occupational therapists, psychologists and social assistants. The care activities carried out in the spinal unit involved all aspects of disabilities caused by SCIs, including those involving respiratory, neuro-motor, urological, psychological and sexual functions.

Thirty-six beds are available in the spinal unit, with 6 reserved for patients requiring reanimation, and the rooms are generally shared by two patients. Family members can visit patients every day from 12:00 p.m. to 2:00 p.m. and from 4:00 p.m. to 7:30 p.m.

SCI patients are supported by unit psychologists (usually twice a week) because SCIs involve psychological aspects in addition to the physical aspects, as patients develop a new self-image, a different relationship with the body and a redefinition of social roles.

A team of physiotherapists within the spinal unit works with patients every day according to their physical and mental conditions.

The spinal unit also offers other activities, such as sports therapy, pet therapy, gardening and cinema. All these activities, including the artistic laboratory, are designed to integrate the conventional care pathways for patients with SCIs. The aim of these additional offerings by the spinal unit is to help patients to redefine their roles within society by highlighting values, such as sharing and aggregation.

### Materials and methods

#### Patients

This study was approved by the local ethics committee, and a demographic information sheet was distributed to all participants. Each participant received and signed the informed consent form. (For patients less than 18 years old, the informed consent form was signed by one parent.) Patients were free to select the types of activities they would perform. For ethical reasons, the unit did not want the patients feel compelled to perform specific activities during the hours spent in the art laboratory.

Although all 23 spinal unit residents were informed of the study, only those willing to participate were enrolled. The main criteria for inclusion were willingness to follow the artistic activities programme and willingness to answer the Psychological General Well-being Index<sup>5</sup> questionnaire (Dupuy, 1984), validated Italian version (Grossi, Mosconi, Groth, Niero, & Apolone, 2002), before and after the therapy.

<sup>1</sup> [www.arteterapia.it](http://www.arteterapia.it).

<sup>2</sup> The final products were small artworks not craft tools.

<sup>3</sup> [www.istud.it](http://www.istud.it).

<sup>4</sup> "Disposizioni in materia di professioni non organizzate" (Rules related to non-organized professions).

<sup>5</sup> From this point PGWBI.

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