



Research article

The contribution of creative art therapies to promoting mental health: Using Interpretative Phenomenological Analysis to study therapists' understandings of working with self-stigmatisation



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ABSTRACT

Self-stigmatisation impacts the lives of people diagnosed with a mental disorder. Addressing self-stigmatisation is challenging. Creative arts therapy is identified as achieving positive change in the lives of people who have mental disorders. This study focuses on creative art therapists' understanding of how self-stigmatisation can be addressed with people who have mental disorders. Six creative art therapists were individually interviewed. Interviews were audio recorded, transcribed verbatim and analysed via Interpretative Phenomenological Analysis. The findings bring to light therapists' consensus of the potential of the creative arts therapies to contribute to patients' relief from self-stigmatisation. Additionally, the concept of mental illness self-stigmatisation offered therapists an opportunity to explore, understand and describe their attitudes when working with people considered self-stigmatised.

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1. Introduction

Stigma is an unpleasant part of reality for people diagnosed with a mental disorder. Stigmatisation refers to the classification of a specific group of people or individuals as different from the social norm (Corrigan, Larson, & Rusch, 2009). However, the negative feelings and the general unfavorable situation that people with a mental health history receive from their social environment may result in internalizing those attitudes and turning them towards themselves (Corrigan et al., 2009). This phenomenon is defined as self-stigmatisation (Goffman, 1963).

Modified Labeling Theory (MLT), could be used to explain the relationship between public and self-stigma. According to the theory, an individual's self-concept is dramatically influenced and affected by negative external perceptions (Link, Cullen, Struening, Shrout, & Dohrenwed, 1989). The relationship between public and self-stigma has been investigated by a plethora of studies in an attempt to understand how self-stigma develops. For example, Vogel, Wade, and Hackler (2007) found that negative external perceptions were positively related to the emergence of self-stigma emotions. In addition, a more recent study by Vogel, Bitman,

Hammer, and Wade (2013) consistent with the hypothesized relationship between public and self-stigma found that participants affected by public stigma were then self-stigmatised themselves. Although these studies constitute correlational studies in their vast majority and thus no causation can be assumed, they give a clear indication that public and self-stigma are strongly connected.

Consistent with MLT, self-stigmatisation appears to have harsh effects for people living with a psychiatrically-diagnosed mental disorder, as their self-esteem is severely impacted (Pasman, 2011). In turn, low self-esteem leads to a sense of reduced self-efficacy with the patients feeling that they are unable to successfully conduct everyday tasks (e.g. Livingston & Boyd, 2010; Vauth, Kleim, Wirtz, & Corrigan, 2007; West, Yanos, Smith, Roe, & Lysaker, 2011). These feelings of self-devaluation can impact quality of life and contribute to a reduction in seeking help and following medical and psychological treatment (Fung & Tsang, 2008; Tucker et al., 2013; Vogel et al., 2013). Therefore, self-stigmatisation is not only aptly characterized as a secondary disease for people diagnosed with mental disorders (Schulze & Angermeyer, 2003), but can also be a crucial obstacle in achieving recovery.

Creative art therapies (CAT) constitute an alternative form of therapy using all the categories of artistic expression such as drama, craft, dance or music (Malchiodi, 2012). During the last decades a gradual increase in CAT utilization in mental health units has been observed (Stuckey & Nobel, 2010). The National Institute

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for Clinical Excellence (2009) recommended providing the arts therapies as part of the psychological and social treatment for people with psychosis and schizophrenia, especially to address negative symptoms. They additionally recommended that the arts therapies need to be offered by an appropriately credentialed professional. According to the NICE guideline, group therapy is the most effective treatment context unless behaviours of the participant do not permit participation. Additionally, there is a body of research which has indicated that pharmacotherapy, especially for mental disorders such as schizophrenia, is not always an optimal method of treatment (Barbui & Tansella, 2005; Deb, Sohanpal, Soni, Lenotre, & Unwin, 2007; Zygmund, Olsson, Boyer, & Mechanic, 2002). Further, Williams and Heslop (2005) argue that the medical model pays attention mainly to the treatment of the symptoms stemmed from the mental illness ignoring, however, other aspects of the patients' personality that may also play a crucial role in mental illness development.

For the past twenty years there has been an increasing research interest in creative arts as a means of treatment (Argyle & Bolton, 2005; Boekhoven, Bowker, Davidson, Cacciato, & Gray, 2012; Heenan, 2006; Lagutina, Sperlinger, & Esterhuyzen, 2013). However, despite the ever increasing application programs that use CAT in psychiatric units, little research has been conducted for its therapeutic value. There are quite a few studies, which emphasise the positive but also the unrecognised and neglected art's therapeutic character. For instance, Carr et al. (2012) indicated that music therapy can work positively for PTSD patients. Haeyen, van Hooren, and Hutschemaekers (2015) study also drew the same conclusions for people who suffered from personality disorder. The positive role of CAT in patients' lives is also apparent in Van Lith, Schofield, and Fenner (2013) meta-analytic study. They studied all the published research about CAT in the mental health field and concluded that creative art therapies seem to have a positive outcome especially regarding the patients' psychological well-being.

Based on the aforementioned theoretical and research framework, the present study sought to connect and bridge two factors impacting the experience of mental illness. Firstly, this study focuses on the usefulness of utilizing art as a therapeutic method for people who experience self-stigmatisation. Secondly, it examines the phenomenon of self-stigmatisation. Self-stigma studies are few and incomplete. The existing research reviewed for this paper predominantly focuses on public stigma (Burne, 2000; Gale, 2007; Helfinger & Hinshaw, 2010). Hence, due to insufficient investigation on the negative role that self-stigma plays, its addressing remains in the sidelines of the therapeutic perspective, and consequently the total treatment of the mental illness is neglected.

Finally, this research takes a slightly different route from the already conducted studies as it emphasises on the professionals' standpoint. Apart from few exceptions (e.g. Lagutina et al., 2013; Patterson, Crawford, Ainsworth, & Waller, 2011) the dominant trend in the existing research is the investigation of the patients' degree of satisfaction from CAT programs as well as their views for self-stigmatisation and how they experience these emotions. However, by investigating therapists' perspective a different option could be presented which can function complementary to the patient's views towards a more holistic comprehension of the phenomenon of self-stigmatisation.

Thus, the aims of this study are the following: (a) to further explore the way that creative art psychotherapists evaluate art's contribution towards mental health self-stigmatisation, (b) to explore art therapists' experiences working with people facing self-stigma feelings, and finally (c) to explore art therapists' reflections and understanding of patients' self-stigmatisation emotions.

2. Method

2.1. Participants

After obtaining approval for the study by Middlesex University's Psychology Ethics Committee, the principal investigator conducted the recruitment of the participants. The sample consisted of six creative art therapists, four drama therapists and two art therapists. Although this is a relatively small number of participants, the IPA's idiographic character suggests the use of small samples (Smith, Flower, & Larkin, 2009). Purposeful sampling method was used to recruit participants. The selection criteria were related to professionals who were actively in practice, who were specialised in the mental health field and used creative art as a mean of treatment. The age of the therapists ranged from 24 to 65 years old and all participants were females. All the therapists had obtained either a master's degree in art or drama therapy after a first degree in fine arts or a first degree in creative art therapy, from various institutions within the UK. Collectively, therapists had a diverse working background in a range of settings such as mental health units and prisons and their years of experience ranged from 2 to 25 years.

2.2. Data collection

Initially the prospective participants were personally contacted by the principal investigator via an email to their professional accounts. The email contained an information sheet describing the study. The therapists that agreed to take part in the study signed a consent form and their names were replaced by pseudonyms due to confidentiality reasons. Furthermore, they were informed that they could stop the interview process at any time if they wished to.

Semi-structured interviews were used for data collection. Interviews constitute a valuable methodological tool for systematic research in social sciences (King & Horrocks, 2010). One of the main advantages of the interview as a research tool is the focus on subjective experiences regarding specific phenomena giving the researcher the ability to take full advantage of the participants' experiences and emotions and also to have access to the way that others perceive reality (Seidman, 2013). The interview structure consisted of open-ended questions which allowed for an in-depth exploration of participants' experiences and their understanding of self-stigma (See Appendix A for example of the interview questions).

The principal investigator conducted all the interviews via Skype. Skype is a relatively new way of collecting data for qualitative studies. One of the advantages that interviews via Skype offer the researcher is the possibility to interview participants in distant locations (Cater, 2011). All the interviews were pre-arranged, and conducted at a mutually convenient time. Interviews lasted approximately 45 min and were audio recorded with permission and transcribed verbatim for later analysis. It was also agreed that the recordings would be destroyed after the completion of the study.

2.3. Data analysis

The transcripts were analysed by the principal investigator via Interpretative Phenomenological Analysis (IPA). The focus of the study was on therapists' interpretation of their experiences from their work in mental health services. IPA was chosen as it gives special attention to the individual's experiences which are perceived as a valid source of knowledge (McLeod, 2001). IPA is an analysis method developed with the aim of providing results which enhance comprehension of reality from different views and perspectives (Smith, 2004).

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