



Description of arts therapies practice with adults suffering from depression in the UK: Qualitative findings from the nationwide survey



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ARTICLE INFO

Article history:

Available online 13 October 2014

Keywords:

Depression
Arts therapies
Survey
UK
Clinical practice
Therapeutic process

ABSTRACT

There is growing evidence that arts therapies present a relevant treatment option for depression, but the experiences, methods, tools and methods of practice of arts therapists with this client group remain unclear. Thus, this research study aimed to describe the specifics of the practice of arts therapies with depression. In 2011, all arts therapists registered in the UK were invited to complete an online questionnaire concerning their practice in general and in relation to depression. The Arts Therapies Survey received 395 responses. Arts therapists who work primarily with depression were identified and compared to those who do not work with depression on a range of factors. These quantitative results were presented elsewhere (Zubala, MacIntyre, Gleeson, & Karkou, 2013). An analysis of the qualitative material was guided by the strategy of grounded theory, and findings were obtained through thematic analysis. The current paper introduces these findings, adding depth to the knowledge previously gained through the quantitative analysis. Arts therapists worked across various settings with highly complex clients; however, therapists struggled with the tension of providing care according to guidelines, which they found inflexible and at times misguided. The therapists tended to vary the theoretical model of their therapeutic approach depending on individual client factors and often collaborated with other professionals using a variety of standardized tools to measure outcomes. The findings further offer a detailed understanding of the therapeutic process and describe the meaning of clinical practice within arts therapies.

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Introduction

Depression is an “enormously impairing” condition (Hammen & Watkins, 2007: 3) that not only seriously affects individuals’ and their families’ well-being but also has been described as a ‘global burden’ (Scott & Dickey, 2003). By 2020, depression is predicted to become the second most disabling illness in the world after ischemic heart disease (WHO, 2010). Apart from devastating effect to the individuals and communities, depression has very large financial implications for society (McCrone, Dhanasiri, Patel, Knapp, & Lawton-Smith, 2007; NICE Costing Statement, 2009).

In the UK, the currently offered treatments for depression include pharmacological, psychosocial and psychological interventions. Although some forms of psychotherapy (e.g., CBT, IPT) are

often commendable (NICE Clinical Guideline 90, 2009), differing presentations of depression mean that the needs of people suffering from the condition are variable and cannot be addressed by a single type of therapy (O’Donohue & Graybar, 2009). Arts therapies, focusing on non-verbal communication and creative process, may offer an attractive alternative to medication and talking therapies.

Although research in the field of arts therapies is growing rapidly, insufficient studies of high methodological quality have been conducted that offer reliable estimates of the effectiveness of arts therapies for depression. Two available Cochrane reviews (Maratos, Gold, Wang, & Crawford, 2008; Meekums, Karkou, & Nelson, 2012) have confirmed the inadequacy of research evaluating the effectiveness of arts therapies. Moreover, the generally limited research that uses the highest levels of evidence indicates the necessity of further developments. However, although deep understanding of the examined intervention is crucial for the development of meaningful RCT designs, clarity with respect to how arts therapists treat depression has not been offered, and the methods of practice remain unclear to both the therapists themselves and other interested health professionals. Therefore, well-designed

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qualitative studies with the potential to describe the nature of arts therapies interventions are much needed before evaluative studies can offer more detailed evidence.

By far the most comprehensive description of arts therapies practice in general was offered by Karkou and Sanderson (2006), who mapped the field using available research evidence. Although particularly valuable, this work did not include information on the specifics of arts therapies practice with depression.

Single accounts from arts therapists on how they work with depression are available in the literature (Cattanach, 1999; Payne, 1996). However, the described aspects of their work are fragmented, do not form consistent patterns of practice and often concern patients/clients experiencing depression as a symptom secondary to other diagnoses or clients within a specific developmental stage. Although a number of case studies have been published (e.g., Liebmann, 2007 and Reynolds, Lim, & Prior, 2008 on AT; Blatt, 1996 on DMT; Dokter, 1996 and Emunah, 1994 on DT; Odell, 1988 on MT), they offer limited insight into the specifics of working with depression and are addressed to arts therapies practitioners, with more clinical than research value.

Relevant research in the UK includes several case studies from the 1980s (e.g., Dalley, 1980 on AT) and other studies that most often do not specifically concern depressed adults but rather elderly clients (Van den Bosch, Hales, & Philpot, 2005), mixed groups of clients with different diagnoses (Batcup, 2008), or clients whose depression is secondary to another mental health problem (Blatt, 1996). Thus, the picture of arts therapies practice with depression in the UK is incomplete. Although studies from around the world offer further understanding, it should be noted that some of these findings may be culturally specific and not be transferable.

A recently published review of 16 studies in art therapy (Blomdahl, Gunnarsson, Guregård, & Björklund, 2013) offers valuable insights and proposes eight therapeutic factors identified as beneficial in the treatment of depression. This particularly relevant work casts light on the meaning and role of art therapy in the treatment of depression. However, no similar reviews are available in other arts therapies, and the description of the practice remains fragmented and inconsistent. Among further developments, a recent publication of quantitative results from a nationwide survey (Zubala, MacIntyre, Gleeson, & Karkou, 2013) clarifies where, and with whom, arts therapists work, as well as the therapeutic approaches that are the most common.

Nevertheless, the gap in available knowledge remains, and more in-depth insights into how arts therapists tackle depression in their practice are needed to initiate the process of evaluation, which could potentially place arts therapies among other well-recognized treatment options.

Aims of this research

The current paper presents the qualitative findings of a descriptive phase of a larger research project. The project as a whole employs mixed methodology and aims to describe and evaluate arts therapies for adult depression. The first phase of this research is concerned with providing an account of how arts therapists work with people suffering from depression and includes quantitative and qualitative data collected through the Arts Therapies Survey. Qualitative analysis, the subject of the current report, is guided by the grounded theory research framework and aims to offer a meaningful description of the therapeutic practice through the identification of categories and an exploration of their constituent themes. More specifically, qualitative analysis offers answers to the following research questions:

- How do arts therapists understand the nature of depression?
- What theoretical backgrounds influence arts therapists' practice with depression?
- What are the characteristics of the therapists who work with depression?
- What does the treatment of depression by arts therapists look like? What elements of therapeutic process, tools and interventions are commonly used?
- In what areas, according to the experience of therapists, can arts therapies be beneficial to those who suffer from depression?

Ethical approval

This research received an ethical approval from Queen Margaret University, Edinburgh, in May 2011.

Methodology

A nationwide online Arts Therapies Survey was launched in June 2011 and closed in September 2011, with responses received from arts therapists of all four disciplines recognized in the UK. The questionnaire was developed by Karkou in 1996 (Karkou, 1998) and consisted of various items asking about practical and professional aspects of arts therapies practice, including biographical information, client groups and settings, therapeutic principles and the process of evaluation.

In 2011, for the purpose of this research, the questionnaire was adapted to include three new items aiming to identify respondents who practiced with depression and those who specialized in working with people affected by the condition. Moreover, an online version of the questionnaire was developed for the first time using Bristol Online Surveys system. Additional items and a new mode of delivery called for an assessment, and the questionnaire was initially evaluated in a pilot among arts therapists at Queen Margaret University. The quality of the questionnaire was confirmed, and all of the participants ($n=29$) accepted the online mode of delivery and positively evaluated the structure, content and presentation.

Participants

Arts therapists who were qualified to practice in the UK (having completed relevant training at postgraduate level) and/or who had acquired a license to practice as arts therapists from the relevant professional associations (British Association of Art Therapists, Association for Dance Movement Psychotherapy UK, British Association for Music Therapy or The British Association of Dramatherapists) were invited to take part in the survey. The advertising of the survey intended to reach all arts therapists registered in the UK (estimated number in 2010: 3000, according to Health Professions Council's statistics), and all four Arts Therapies Professional Associations offered their help with promoting this research via newsletters, e-Bulletins and members' areas on the websites. The Associations received an initial invitation and a reminder to distribute among their members. Invitations were also sent to relevant networking groups and clinical and educational settings.

Data and analysis

Answers to multiple-choice and single-choice questions formed the basis of the quantitative findings presented elsewhere (Zubala et al., 2013), while answers to four open-ended questions, encouraging respondents to offer more in depth description of their experiences, are the focus of this study. One question, included specifically for the purpose of this study, concerned work with

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