



## Clients' positive and negative experiences of experiential art therapy group process



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### ABSTRACT

This article analyses participants' narratives of their experiences of the experiential art therapy group process using computer-aided qualitative content analysis. The research material has been collected from 8 different groups, and consists of 36 narratives which participants have individually written at the end of the one-year-long art therapy process. So far, systematic qualitative research on art therapy user experiences has been rare. The aim of this research is to understand the kind of processes participants experience during different phases of an experiential art therapy group and find common ingredients in their descriptions. The research question is: What kind of positive or negative experiences are participants confronted with during the different phases of the experiential art therapy group process? The results of the study present three levels of content analysis from which five negative, seven contradictory and eight positive themes of clients' experiences are identified. The contradictory themes, which contain both positive and negative intertwined experiences, were discovered during analysis and it was noticed that they often indicate the participants' descriptions of art therapeutic change processes. The quality of the experienced processes in the contradictory themes seems thus to be critical in either aiding or hindering therapeutic outcomes.

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### Introduction and review of relevant literature

#### *Common curative factors and client experiences in psychotherapy*

Over half a century of intensive research indicates that in spite of the varying methods applied, the effect of different forms of psychotherapy is largely based on common factors shared by all psychotherapies (Wampold & Budge, 2012; Wampold, 2001; Weinberger & Rasco, 2007). Thirty years ago, Bordin (1979) had already defined the therapeutic alliance, which consists of the relational bond between therapist and patient, as well as the tasks and goals of the therapy which the therapist and patient have agreed on. Currently, therapeutic relationship and working alliance are nearly undisputedly stated to be the most important common factors, which denote that therapists' skills in creating cooperative relationships are central to the efficacy of all therapies (Castonguay, Constatino, & Holforth, 2006; Goldfried & Davila, 2005; Rogers, 1957). Those therapists who strictly follow manuals are less efficient than flexible therapists who are able to tailor their work and build an alliance which matches their varying clients' needs

(Ackerman & Hilsenroth, 2003; Castonguay et al., 2006; Goldfried & Davila, 2005).

However, the most extensive variation in outcomes is due to patients' qualities (Clinton, Gierlach, Zack, Beutler, & Castonguay, 2007). Previously, neither patients' qualities nor their experiences of the therapy process have been the main focus of research (Crits-Christoph, Gibbons, & Hearon, 2006). However, during the last few decades, some researchers have focused on the user experiences of therapy and provided interesting knowledge from the client point of view (Elliott & James, 1989; Levitt, Butler, & Hill, 2006; Nilsson, Svensson, Sandell, & Clinton, 2007; Yalom, 1995, p. 71). By understanding how different clients experience therapeutic processes, it is possible for the therapist to tailor their working method to fit different client styles and thus improve the therapeutic alliance.

#### *Therapeutic experiences of art-making*

Art-making in itself can be considered to be a therapeutic act, without integrating it into psychotherapy or therapeutic interaction. In many qualitative studies, Reynolds (1999, 2000, 2002, 2003, 2004a,b, 2010) and collages (Reynolds & Lim, 2007a,b; Reynolds & Prior, 2003; Reynolds & Vivat, 2006; Reynolds, Lim, & Prior, 2008; Reynolds, Vivat, & Prior, 2008; Reynolds, Vivat, & Prior, 2011) have examined the function of textile art-making and visual art-making

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**Table 1**

The experienced positive and therapeutic impacts of art making condensed from studies reviewed in this article.

1. *Motivation and capability.* Art-making and art works provide challenge and a sense of capability, achievement and usefulness. Learning novel skills, playfully exploring new materials and experiences of flow inspire and motivate participants to continue working.
2. *Sensory pleasures and distraction from problems.* Art-making provides aesthetic sensory pleasures and directs your focus to observing the colours, shapes and textures of the outside world and nature more sensitively – and at the same time it distracts your thoughts from difficulties, illness or symptoms.
3. *Social inclusion and diminishing stigmatisation.* Art-making and art works foster social inclusion and diminish stigmatisation by enhancing participation in art classes and groups, sharing skills and ideas, giving gifts, doing charity and having exhibitions.
4. For a few participants in the research, art-making was a means to explore and express negative emotions symbolically; most of the participants experienced art merely as a way to foster personal well-being and social connectedness.

for subjectively experienced well-being, coping with chronic illnesses, managing depression and reclaiming positive identity. In one study, the influence of art on subjective well-being was studied with both healthy and chronically ill older women. The results indicate no explicit differences in the impacts of art-making on experienced well-being between the healthy and the ill (Reynolds, 2010). Aggregation of the results indicates that personal art- and craft-making undertaken by healthy as well as chronically ill persons can include positively experienced processes and influences, which are also highly relevant in art therapy (Table 1). However, the inter-subjective context of art-making or exhibiting the works has not been the focus of these studies. The impact of art is thus separated from the interpersonal therapeutic or learning context and its relational impacts on subjective experiences.

In contrast to these positive experiences, the negative processes experienced in personal art-making have not been studied systematically with much interest. Only two of the previous studies have made some mention of possible negative experiences. These include the experience that lengthy and intensive commitment to textile art-making “tended to worsen fatigue and other health problems” (Reynolds, 2004a, p. 87) and one participant whose experienced art reminded her of her lost abilities and incapability, thus increasing her feelings of pessimism and “stuckness” (Reynolds & Vivat, 2006, p. 439). Reynolds’ studies have also been reviewed by Titus and Sinacore (2013), who found that a small amount of data indicated some circumstances where art evoked negative reactions in participants or their family. Some artworks were experienced as emotionally disturbing, were destroyed, or were experienced as reminding the client of their previous abilities lost through chronic illness. In their own research focusing on arts’ impacts on well-being in healthy women, they found that “a lack of productivity led to negative emotional and psychological outcomes” (Titus & Sinacore, 2013, p. 34) such as negative judgements of self and others.

#### *Curative ingredients in group art therapy*

Systematic research studies on curative factors in art therapy have been rare, although, some writers have defined outlines for common ingredients in art therapy (Blomdahl, Gunnarsson, Guregård, & Björklund, 2013; Gilroy, 2006; Hintz, 2009; Jones, 2005; Karkou & Sanderson, 2006; Lusebrink, 1990; Malchiodi, 2005; Rankanen, 2011). One reason for the absence of systematic research may be the complicated nature of alliance in art therapy, which has not been clearly identified and defined for research purposes. While in psychotherapies, the alliance is embedded in the dialogical relationship between the therapist and the patient, in art therapy, all three elements of the alliance operate in the triangular relationship between therapist, patient and art. The therapeutic relationship thus consists not only of the relationship between therapist and patient but also of the relationship between therapist and art as well as that between patient and art. This also relates to task and goal elements, where art is always intertwined as a third party in any agreement on methods and aims.

One writer who has defined common curative ingredients in group art therapy is Moon (2010). He lists 12 therapeutic essentials, which in some aspects overlap Reynolds’ findings. However, while Reynolds focuses solely on the therapeutic impacts of art-making, Moon is instead interested in those elements which inter-subjective interaction and relationships bring in art therapy when art is made in a group context. In other words, we can state that he is focusing in the bond part of the art therapy alliance.

The environment, which provides both safety and supports risk, is described as one of the principles of an optimal therapeutic relationship in all psychotherapies (Clinton et al., 2007). Consistently, Moon (2010, pp. 8–9) regards the ritual sense of art-making in a group, which builds psychological safety and simultaneously enables emotional risk-taking, as one of the common essentials of art therapy. He considers art-making to be a way to express painful and difficult feelings and emphasises that when the expression of negative emotions happens in the presence of others, it can be experienced in a psychologically safe context. Additionally, Moon (2010) raises the significance of art as an expression of hope and an act of self-transcendence, issues which are linked with the future-orientated aspect of art-making. Art-making in a group context is a way in which to reduce feelings of isolation and build shared experiences and community and it often leads members to express and handle their ultimate existential concerns. It empowers both the individual person and the community. Finally, art-making enables communication regardless of words, as well as the expression and symbolisation of inter-subjective feelings (Moon, 2010).

Waller (1993) lists for her part 13 curative factors in interactive art therapy groups which in many respects correspond to Moon’s list. Her definition includes: a greater atmosphere of trust in the group once the ‘performance fear’ of art-making has been confronted, art as an alternative to words and a medium for play, image-making resembling ‘free association’, and the art work containing the group. The art object may be used to enact feelings towards the conductor, and is the focus of projection as well of interaction. Art-making also gives the group a structure which some clients may find less threatening than a purely verbal group. The images provide a reminder to the members and the conductor of the sessions. She stresses the value of creative activity and sees a link between the ability to experiment with art materials within the group and a greater openness in life outside it (Waller, 1993, p. 40).

Clients’ experiences are the focus of Springham, Findlay, Woods, and Harris (2012), who review Karterud and colleagues’ research results on user experiences of the curative ingredients in art therapy groups. They found the non-competitive and calm atmosphere, the possibility of concentrating on one’s own – as well as witnessing other’s – mental images, the encouragement to find personal expression and the therapist’s and group’s responses to it to be important. Another important aspect was the help gained by clients in understanding and reflecting their own minds in comparison with others.

In their own research, Springham, Findlay, et al. (2012) found experiences of several important processes in art therapy groups

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