Art therapy for patients with depression – a study of expert opinions concerning main aspects for clinical practice

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ART THERAPY FOR PATIENTS WITH DEPRESSION: EXPERT OPINIONS ON ITS MAIN ASPECTS FOR CLINICAL PRACTICE

Background: Art therapy is based mainly on clinical experience and is rarely described and evaluated scientifically. There is a need for further exploration of its use in patients with depression.

Aim: The aim of this study was to explore what experts consider to be the main aspects of art therapy in clinical practice for patients with depression.

Method: Eighteen occupational therapists experienced and educated in art therapy participated. The experts answered three rounds of Delphi questionnaires and ranked their agreement with 74 assertions. Consensus was defined as 70% or higher.

Results: The experts agreed more on assertions about theoretical frames of reference than about clinical practice. The main aspects of art therapy were agreed to be the patients' opportunity to express themselves verbally and through making art. It was equally important that art tasks provided an opportunity to address depressive thoughts, feelings, life experiences, and physical symptoms.

Conclusions: It is important for patients with depression to express them self in art therapy and art themes should promote expression related to experiences with depression as well as personal history.

Making art consciously intended to communicate through the depiction of symbolic content has been a human endeavour since the beginning of history (Morriss-Kay, 2010). In the 1940s Margaret Neumburg was one of the first to describe the use of art with therapeutic intention (art therapy) to support recovery in patients suffering from mental illness (Arnheim, 1984). Art therapy uses visual arts such as painting and drawing as a form of communication (Malchiodi, 1998). In this study, art therapy is defined as a two-phase treatment: art making followed by verbalizing those experiences in a therapeutic setting (Malchiodi, 1998).

Art therapy is mainly based on clinical experience (Blomdahl, Gunnarsson, Guregård, & Björklund, 2013). Aspects that have been found to influence practice with patients with depression include the therapist's place of work, work assignments, length of therapy, therapeutic approaches, tools, and interventions (Zubala, MacIntyre, Gleeson, & Karkou, 2013). Blomdahl, et al (2013), conducted a realist review of the literature, focused on explaining the effect mechanisms (therapeutic factors, clinical applications, and clinical circumstances) of art therapy in patients with depression. Although they were able to explain some aspects of how art therapy works, further exploration of clinical practice and experts' views on its main aspects remain necessary.

Art therapy practice could be regarded as tacit, experience-based knowledge developed through professional maturity. According to Higgs, Fish, and Rothwell (2008) tacit knowledge is not expressed in words but embodied by professionals whose clinical decisions are mostly experience-based. The skills of making decisions and adapting actions according to patients' needs rely on a subtle communication between the therapist and patient. Increased understanding of the main aspects of the clinical applications and therapeutic factors of art therapy as understood by expert practitioners is therefore important to improving treatment through verbalizing this tacit knowledge, sharing it amongst professionals, and increasing the common knowledge base (Higgs et al., 2008).

Research indicates that art therapy contributes to recovery from mental illness, enhances perceived control and sense of self, promotes personal change, improves one's ability to meet

demands in daily life, and strengthens the individual's own boundaries. (Gunnarsson & Eklund, 2009; Lloyd & Papas, 1999; Perruzza & Kinsella, 2010; van Lith, Fenner, & Schofield, 2011; Öster et al., 2006). The positive effects of art therapy can be transferred into daily living and improve well-being, self-affirmation, and changes in routines (Daher & Haz, 2011). There are also indications that art therapy performed in different clinical conditions decreases symptoms of depression (Gunnarsson & Eklund, 2009; Maujean, Pepping, & Kendall, 2014). However, very little is known about how art therapy is executed in clinical practice.

Depression is a complex syndrome with varying, and sometimes unclear causes. It manifests in numerous symptoms such as low mood, low self-esteem, withdrawal, negative thinking, and psychomotor inhibition (APA, 2002). According to the World Health Organization (Wittchen et al., 2011) depression is one of the most common population disorders, affecting 4% to 10% of the population. Major depression is predicted to lead the global disability burden in 2030, meaning many years of disability and premature deaths. Depression is a severe condition with very slow recovery, which in turn creates a risk of chronic disorders (Rush et al., 2006) and represents a major health problem (Mathers & Loncar, 2006). Art therapy has been to have shown positive effects on depression, but clinical practices differ, ruling out any far-reaching conclusions (Maujean et al., 2014). Therefore, the aim of this study was to explore what experts in the field of art therapy consider to be the main aspects of treatment for patients with depression in clinical practice.

METHOD

The Delphi technique (Keeney, Mckenna, & Hasson, 2010) was used to study what experts considered the main aspects of art therapy in clinical practice. The Delphi technique is appropriate when consensus is required about complex issues or problems, or for taking decisions in areas such as care and treatment programmes. The Delphi technique consists of a multistage procedure in several rounds in which experts rank their agreement with assertions made in a questionnaire (Keeney et al., 2010).

EXPERTS

The study was performed in Sweden. Occupational therapists educated in art therapy were recruited from two educational organizers, one in art therapy and one in creative art intervention for occupational therapists. To be considered an expert, the participant needed at least five years' experience using art therapy with patients diagnosed with depression. Invitations were sent by email to 28 experts and 18 participated in the study. Reasons to decline participation were change of work area, retirement, or lack of time. The participating experts had worked between 18 and 35 years, averaging 27 years, as occupational therapists and had used art therapy for 5 to 30 years, with an average of 19 years. Nine were employed in mental health care, five were private practitioners, two were employed in primary care, and two were employed in other practices.

The principles of the Helsinki Declaration (WMA, 2008) were applied throughout the study. All participants received written information about the purpose and procedures of the study, and they were ensured confidentiality, voluntariness, and the freedom to withdraw at any time. Willingness to participate was considered to be consent.

PROCEDURE

A questionnaire was developed with 74 assertions concerning main aspects of clinical practice. These assertions were derived from a realist review of the literature on the clinical practice of art therapy for patients with depression (Blomdahl et al., 2013) and the field experiences of four of the authors (CB, BG, SG and AB). The questionnaire consisted of assertions about therapeutic factors (12 items), effects of different aspects of treatment on outcomes (8 items), clinical applications, with aims and goals of treatment (7 items), therapeutic alliance (6 items), processing art therapy (6 items), clinical practice (12 items), art themes (10 items), art media (3 items), and impact of surroundings (2 items). The last assertion area concerned professional qualifications (8 items).

Keeney et al. (2010) suggest 70% as a cut-off point for consensus and this study follows that recommendation. Cut-off point for consensus was set before the questionnaires were sent to

the experts. The response options were on a 4-point Likert scale ranging from 1 (“I completely disagree”) to 4 (“I completely agree”). After each round, the questionnaires were compiled on IBM SPSS statistics 19, and the distribution of answers for each assertion was calculated and expressed in median values. Results from the previous round were then reported in the subsequent questionnaire, with the whole group’s median value for each assertion as well as the individual expert’s previous position. Each email consisted of a request to carefully consider their positions and thereafter make a new judgment or stand firm on their previous position. Reminders were sent in all rounds to experts who did not respond within two weeks.

ROUND 1

Instructions for completion of the questionnaire and information about voluntariness and confidentiality were attached. The experts were given the opportunity to send responses either by mail or email. Open questions were asked about work experiences, how long they had used art therapy, the theoretical frames of reference for their practice, and the branch of practice in which they were active. In the first round, 23 assertions reached the consensus level of 70% or higher After Round 1, there was a need for clarification of two concepts. Free painting was defined as painting in which the therapist makes no suggestion about subject or theme. Surroundings was defined as the external physical surroundings such as location, room, decor, and other aspects.

ROUND 2

Areas of agreement and disagreement were identified from Round 1. The experts were asked to either take a new position or maintain their previous position after considering the results from the whole group and their previous position. Assertion *Integration of difficult life events through art making is therapeutic* and assertion *verbal and non-verbal communication is therapeutic for patients diagnosed with depression* (see Table 2) reached 100% consensus and were closed for further ratings in Round 3. In Round 2, 34 assertions reached a consensus level of 70% or higher.

ROUND 3

This was the third and final round and gave the experts their last opportunity to review their positions on the remaining assertions. Seventeen responded, and after Round 3 a total of 48 assertions had reached a consensus level of 70 % or higher.

DATA ANALYSIS

In the final calculation of the medians, missing items were given the experts' most recent opinion on the particular assertion. No systematic error was detected in missing items. The medians were calculated from the final responses.

The responses were dichotomized into two subgroups: response options 1 and 2 formed the subgroup "disagree", and response options 3 and 4 formed the subgroup "agree". The consensus level was changed to 100%, and two more assertions were added to the results. The assertions were grouped after their contents in an iterative process and were given headings accordingly.

RESULTS

The experts' theoretical frames of reference in clinical practice are presented first, followed by their evaluations of the assertions. Forty-eight assertions out of 74 (64%) reached consensus, while 26 failed to reach consensus.

The theoretical frames of reference on which the experts based their practice varied considerably, all except one expert specified more than one. Altogether the experts used 27 different theoretical frameworks at different levels of detail (see Table 1).

(Insert Table 1)

THEORETICAL FRAME OF REFERENCE

This section consists of two domains; *Therapeutic factors* and *Effects of art therapy on treatment outcomes* (See Table 2).

(Insert Table 2.)

THERAPEUTIC FACTORS

The experts agreed on all assertions about therapeutic factors. They completely agreed about the therapeutic value of integrating difficult life events and promoting communication both verbally and through art making. They considered art making to stimulate creativity, the senses, and symbolic processing. Art making also support the exploration of inner thoughts and the expression of feelings and experiences. The experts also agreed that it is important for patients with depression to understand and find explanations for their emotional reactions to relationships and life events.

EFFECTS OF DIFFERENT ASPECTS OF ART THERAPY ON TREATMENT OUTCOMES

Five of eight assertions about how different aspects of art therapy affect outcome in treatment reached consensus. The experts agreed that making art facilitates a deeper understanding of self, offers patients explanations of their emotional experiences, and thereby has a positive influence on activity performance, i.e. the ability to perform their required activities, tasks, and roles in life. Working with art themes promotes integration of difficult life events and enhances coping strategies. The experts also agreed that telling life stories promotes understanding of oneself and one's present life, and finally, that participation in a method developed specifically to address patients' needs promotes consciousness and functioning and reduces psychiatric symptoms. The experts rejected the assertion that the use of metaphors, to prompt self-reflection, is the best way to encourage self-exploration in patients with depression. No consensus was reached on whether metaphors can reduce resistance in therapy, whether a focus on the future supports patients, or whether tangible themes about everyday living are needed to improve patients' activity level.

CLINICAL APPLICATION

The section on clinical application contains seven domains: *Aims and goals, Therapeutic alliance, Processing art therapy, Clinical practice, Art themes, Art media, and Impact of surroundings* (see Table 3).

(Insert Table 3)

AIMS AND GOAL

The experts agreed on six out of seven assertions. They agreed that the aims of art therapy are to help the patient to become aware, to relate, and to cope with physical symptoms, thoughts, and feelings in a more functional way, and to accept themselves and their current activity levels, performance, and ability. A further aim was enhanced perceived self-perception in relation to oneself and others. Finally, although they agreed that the goal of art therapy is to increase quality of life, there was no consensus on that its goal is to improve depressive patients' abilities in their daily lives.

THERAPEUTIC ALLIANCE

The experts agreed on five out of six assertions. They agreed that the therapeutic alliance is the most important aspect in achieving good treatment results and that providing hope for the future promotes the therapeutic alliance. They thought it important to support the patients with tools to help them solve problems in everyday and that art making helps to involve the patient in treatment. The experts also agreed that the patient's interpretation of the picture is always the accurate one. The experts could not, however, agree on whether art therapy itself facilitates the therapeutic alliance.

PROCESSING ART THERAPY

The experts agreed on two assertions out of six: art making acts as a catalyst for verbal dialogue, and dialogue about the meaning of the created image and how it relates to the patient's relationships with others is an essential part of treatment. However, there was no consensus on the need for dialogue to facilitate the therapeutic process, or whether the patients' life experiences always find expression through art making regardless of how the art task is executed. The use of different techniques, image rotation, bird's-eye views, and other to help patients change and broaden their perspective on their situation did not reach consensus.

CLINICAL PRACTICE

The experts agreed on four of 12 assertions. Individual treatment was preferred to group treatment, and use of the same art task at the start and the end was agreed to allow more thorough evaluation of the treatment. The experts usually presented all images for a review of

the treatment, but did not ask patients to summarize their treatment in a final image. The experts agreed that painting while standing contributes to activating the patient's entire body, but they did not reach consensus on whether standing to paint is preferable to sitting. There was no consensus on the preferable length of treatment or the value of complementary methods such as relaxation and meditation techniques. Nor was consensus reached on whether recording their impressions after each treatment session or working with home assignments is effective in promoting patients' recovery.

ART THEMES

The experts agreed on eight of the ten assertions. These included the assertions that art tasks should promote the expression of thoughts, emotions, and physical reactions to the self and situations, and that it was important to promote self-expression through colour and shape. Metaphors and art tasks with specific themes were thought to work well in patients with depression, and specific tasks were preferred to free painting. The experts also agreed that patients' self-portraits in different roles could help meet patients' treatment needs. There was no consensus on whether scribble tasks were the best way to introduce art therapy. Nor was there consensus on whether art tasks addressing negative thoughts should be followed by other tasks aimed to transform those thoughts from negative to positive.

ART MEDIA

None of the three assertions about art media reached consensus. The experts disagreed about whether a large selection of art media supports patients to express themselves in art making or whether a more limited selection provides a fixed frame that makes it easier to carry out art making. The experts also did not reach consensus on whether patients with depression benefit from making their own choices of art media.

IMPACT OF SURROUNDINGS

Both assertions about the impact of surroundings reached consensus. The experts agreed that physical surroundings have a major impact on treatment and rejected the contrary assertion that treatment can be conducted successfully regardless of physical surroundings.

PROFESSIONAL QUALIFICATIONS

Professional qualifications contain only one domain (see Table 4).

(Insert Table 4)

The experts agreed on three assertions and disagreed on five. They considered the therapist's personal qualities, such as degree of commitment and ability to convey a warm and understanding atmosphere, to be essential for successful treatment. They also agreed that it was important for therapists to have experience of the offered art theme, but rejected the assertion that a professional interpretation of the created image was needed to gain a deeper understanding of the patient's psychological concerns. No agreement was reached upon whether manual-based art therapy would help and support patients with depression in their work or whether newly trained occupational therapists would have the most to gain from using manual-based art therapy. Art making was not always used by the experts when treating patients with depression and they did not reached consensus whether occupational therapists needed specific training to carry out art therapy.

DISCUSSION

A main aspect of art therapy seems to be the opportunity offered patients to express themselves verbally and non-verbally. It seems equally important that art tasks allow patients to address their depressive thoughts, feelings, and physical symptoms. These findings were recurrent in several domains. Within the areas *therapeutic factors* and a*spects of art themes*, there was agreement on the importance of expressing thoughts, feelings, and life experiences. This agrees with findings in other studies (Blomdahl et al., 2013; Gunnarsson, Peterson, Leufstadius, Jansson, & Eklund, 2010; Zubala, MacIntyre, & Karkou, 2014). The study reported by Zubala et al. (2014) described therapeutic aims for treating depressed patients and identified four art-related tools useful in helping patients express their problems and emotions and explore the meaning of their depression. In this study there were contradictory results concerning communication. The assertions about communication reached high consensus, but the need for verbal dialogue to promote treatment had little support. One conclusion could

be that art therapy enables patients to express their thoughts about themselves and their situation, and that spoken words are not always necessary.

The experts agreed more about therapeutic factors than about clinical practice. Their differences in clinical practice support our assumption that clinical practice tends to be based on tacit knowledge. Sixty-four percent of the assertions reached consensus, but the divided perspectives on clinical practice were striking and sometimes contradictory. For example, the experts agreed that it was activating for patients to stand and paint, but not that standing was preferable to sitting. Enhanced activity had been found to be important in the treatment of depression (Jacobson, Martell, & Dimidjian, 2001). It seems that the experts had difficulty incorporating a larger perspective on the patients' treatment needs when they rated the assertions. Some experts commented that it was difficult to assess the assertions for a whole group of patients. There were also inconsistent beliefs about metaphors. The assertion that metaphors are the best way to encourage self-exploration was rejected by consensus, but the experts disagreed on whether the use of metaphors was the best way to reduce resistance in therapy. They did, however, agree that metaphors were useful for patients suffering from depression, which is in line with several relevant studies (Blomdahl et al., 2013; Gunnarsson & Björklund, 2013; Gunnarsson et al., 2010; Hanes, 1995, 1997).

In this study, individual treatment was preferred to group treatment. In Zubala et al. (2014) treatment in groups was considered beneficial by reducing isolation and encouraging sharing. The patients' perceived needs of treatment likely differed in these studies. The treatment method that most benefits and addresses specific patients' needs remains unclear and needs further exploration.

The experts could not reach agreement on manual-based art therapy or the likelihood that a newly trained therapist would gain from using manual-based art therapy. Nor did they agree on whether manual-based art therapy would help in their own practice or support treatment process. In other disciplines such as mindfulness-based cognitive therapy for depression (Segal, Williams, & Teasdale, 2012) and interpersonal psychotherapy (Peeters et al., 2015) it

has been shown that manual-based therapy is effective in treating depression. Another possible reason for the experts' divided opinions on manual-based art therapy is that the therapist may dislike feeling controlled by a manual and prefer to lean on their own personal or professional experience.

The experts were asked open questions about their theoretical frames of reference for conducting art therapy with patients with depression. Despite their different frames of reference, they agreed on what is therapeutic. This results agrees with findings of Zubala et al. (2014) of an eclectic use of different theories. The experts seem to feel supported by several different theories, perhaps depending on the situation. That so few use occupational therapy frameworks in their clinical practice may indicate, described earlier in the background, that tacit knowledge, incorporated in practice without the therapist's explicit awareness. The experts did not agree on the goal of improving ability in daily life; this is a surprising result and may be an area for further research. The contradictory results about communication, metaphors, and the use of manual-based art therapy could be a manifestations of the experts' different theoretical frames, of reference but it could also indicate that habits and conditions of the workplace affected decisions. Similar difficulties in drawing unanimous conclusions about clinical practice were found by Blomdahl et al. (2013).

METHODOLOGICAL CONSIDERATIONS

Consensus levels from 51% to 100% have been used in studies based on the concept of majority decisions (Keeney et al., 2010). In this study, based on the recommendation of Keeney et al. (2010), we chose 70%, but there is no commonly agreed upon level of consensus. Despite the lack of guidance in this matter, the findings can form a basis for professional discussions in the area of art therapy and for further studies.

Trustworthiness of the Delphi technique has been discussed (Hasson & Keeney, 2011). Trustworthiness consists of credibility, dependability, confirmability, and transferability. No fully accepted standard for rigour exists (Krefting, 1991). Credibility in a Delphi study can be improved by repeated rounds with questionnaires to a group of experts and responses from

the whole group reported back to the experts. This has been described as “member check” (Hasson & Keeney, 2011); in this study the experts were asked to reconsider their positions and either make a new judgement or stand firm. Several studies (Hsu & Sandford, 2007; Wikeby, Lundgren Pierre, & Archenholtz, 2006) report high levels of dropouts when studies are conducted with the Delphi technique, but in this study there were no such problems and only one participant failed to answer the last questionnaire.

Dependability corresponds to the concept of reliability in quantitative research. In a Delphi study, dependability can be achieved by including a representative sample of experts (Hasson & Keeney, 2011). In Sweden, education in art therapy varies, both in length and in theoretical frame of references, implying that clinical practices vary and no homogeneous group of professionals exists. The geographical distribution of experts is not important when questionnaires are sent by email, which enhances the possibility of achieving a representative sample of experts.

Confirmability is the degree to which the results could be confirmed or supported by others. Confirmability can be assessed by maintaining a detailed description of assertions and the analysis process (Hasson & Keeney, 2011). The assertions in this study were based on previous research (Blomdahl et al., 2013) and experiences in the field of art-, psycho-, and occupational therapy. There may be other important aspects of art therapy for patients with depression that were not included in this study, but there are no straightforward methods to examine confirmability.

Transferability represents the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. The experts represented different work areas such as mental health and primary care, and despite their different work areas they reached consensus on the majority of the assertions. This study examined treatment of patients with depression, and it is unclear whether the results could be extended to patients with other disorders.

Focus groups or interviews would have been an alternative method to explore the main aspects of art therapy. We judged the benefits to be greater with the Delphi method; the area is extensive and the Delphi method enables a larger question area to be covered. In a study conducted by Hohman (2006), Delphi and focus groups were scientifically compared and no significant differences were detected; at the end they reached the same conclusions.

CONCLUSIONS

Despite that the experts made use of several different theories, they came into an agreement on therapeutic factors in art therapy. On the other hand they disagreed on clinical practice. According to the findings in this study it is important for patients with depression to express them self in art therapy and art themes should promote expression related to experiences with depression as well as personal history.

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