

9. EVALUATION OF AN ART THERAPY PROGRAMME FOR CLIENTS WITH DIFFICULT LIFE SITUATIONS

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Abstract: *The paper evaluates selected art therapy programmes ($N_{AT}=19$) that were realized by therapeutic pedagogues – art therapists in the years 2009-2014 as parts of research projects. The quantitative aspect of the research processes the fulfilment of the conditions of art therapy programmes. In the framework of interpretative phenomenological analysis, we processed the data of each category as a part of the qualitative aspect of the research and supplemented them with authentic statements of clients ($N_P=8$). The quantitative and qualitative aspect indicates a narrower characterisation of art therapy programmes in the group of clients with difficult life situations.*

Key words: *art therapy, therapeutic education, evaluation*

1. Art therapy in Slovakia

In the circumstances of Slovakia, art therapy is a relatively young field in the framework of expressive therapies. In the context of this paper, art therapy is understood as healing through visual art³⁰². From a historical point of view, art therapy has been included in the studies of Therapeutic Education at the Faculty of Education, Comenius University in Bratislava since 1967. After the beginning of normalization, the studies of therapeutic education were forcefully interrupted for twenty years. Only in the 1990's, with the rehabilitation of the field of therapeutic education, the possibility to study art therapy was reestablished. Roland Hanus was one of the art therapy representatives. The pioneer of contemporary history of art therapy in Slovakia, Jaroslava Šicková-Fabrici gave birth to the foundations of a complex perspective of art therapy (Basics of art therapy, 2002). In 2000, the organization Terra terapeutica and its centre were founded. Its main activities include organizing individual and group art therapy for children, youth and adults with various problems³⁰³. Currently, it is possible to study art therapy within the field of therapeutic education and also at the Institute of education in art therapy, in connection with the civic organization. In Slovakia, art therapy is contained also in the education of helping professionals (therapeutic education, special education, social education, social work or psychology) and artists as a part of supportive programmes within particular fields (psychosocial rehabilitation, social rehabilitation, crisis intervention and re-socialization).³⁰⁴ In 2012, Slovak Art Therapy Association was founded in Slovakia. Other than gathering art therapists (professionals who use art therapy in their practice and fulfil the art therapy education

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³⁰² Šicková - Fabrici (2002, 2006)

³⁰³ Šicková - Fabrici, Šicko et al. (2011)

³⁰⁴ For the comparison of the system of education in art therapy in different countries, see Lištiaková (2015).

requirements), the goals of the association include professionalization of the field of art therapy.

2. Art therapy for clients with difficult life situations

The prevailing treatment of mental disorders is mostly biologically oriented. Most of the clients with a mental illness belong to the group of people with difficult life situations. Especially within the treatment and psychosocial rehabilitation of people with mental illnesses, art therapy and its use carries a long tradition in Slovakia. Based on research results from 2006, Grohol³⁰⁵ mentions that art therapy is used in treatment or psychosocial rehabilitation of people with mental disorders in 93.3% of these institutions. Working with clients with mental illnesses, André³⁰⁶ states that the treatment of a person with a mental disorder goes beyond the biological frame of a more or less lifelong treatment and therefore the usage of art therapy is another possibility of supporting the client. Fábry Lucká³⁰⁷ pointed out also the necessity of supporting the family of the client in their competences of helping and keeping resilience.

Working with a client with a mental disorder, art therapy creates space as a means of communication³⁰⁸, as a means of reflecting problems, anger, depression, chaos, fear, and despair. Their materialisation into a product of art helps integrate these feelings as a part of themselves³⁰⁹. Through the art work, clients can be brought to understanding themselves, their inner processes and situations in which they reside. It helps to map, find a way, correct and solve life challenges. The tradition of art therapy itself is empowered by the research work and professional praxis of therapeutic educators. Art therapy is used, for example in work with people with addictions³¹⁰, in treatment and rehabilitation of people with mental illnesses at specialized clinics – for example, Orosová, within her work, focused on patients with a borderline personality disorder³¹¹, at psychiatric departments of hospitals, at specialized hospitals, institutions of social services and day care centres³¹². Penzés et al.³¹³ claim that by observing the reactions of the client, the (art) therapist gains insight into the mental health and feelings of the client during the art therapy intervention.

3. Research paradigm of art therapy

The aim of this paper is to monitor selected researches which were conducted in the years 2008-2015 as a part of the master's study programme in the field of therapeutic education at the Faculty of Education, Comenius University in Bratislava (quantitative perspective). The actual research plan is oriented on the evaluation of art therapy programmes (qualitative perspective),

³⁰⁵ Grohol (2008)

³⁰⁶ André (2005)

³⁰⁷ Fábry Lucká (2014)

³⁰⁸ Orosová (2011)

³⁰⁹ Šicková (2006)

³¹⁰ Krčmáriková (2008)

³¹¹ Orosová (2011)

³¹² Yakhyaev (2014)

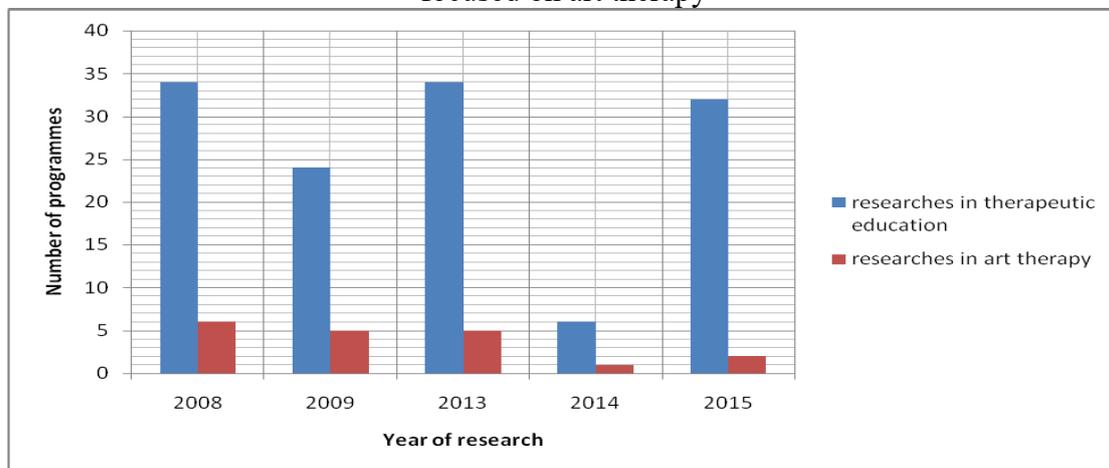
³¹³ Penzés et al. (2014)

specifically on the aspect of process, based on set criteria which are a part of the analysis of particular art therapy programmes. To be included in the process of evaluation (in the sense of all the researches focused on art therapy, $N_{AT}=19$), the art therapy programmes had to meet several criteria. The conditions were: individual form of intervention, client with mental illness, cooperation of client with a medical doctor – psychiatrist, minimum of ten sessions with an art therapy focus.

4. Evaluation of research findings – quantitative perspective

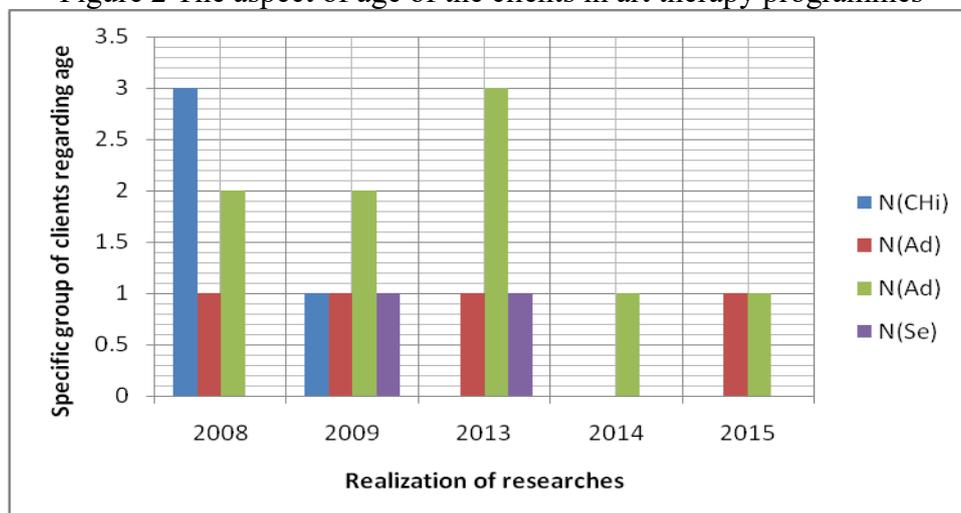
We focused on quantitative representation of conditions that each art therapy programme had to meet to be included in the research. From the main dataset of researches ($N=130$) which were conducted in from 2009 to 2015, 13% of the studies were focused on art therapy, its possibilities and limitation in helping people with difficult life situations (Fig 1).

Figure 1 Ratio of research theses in the field of therapeutic education compared to theses focused on art therapy



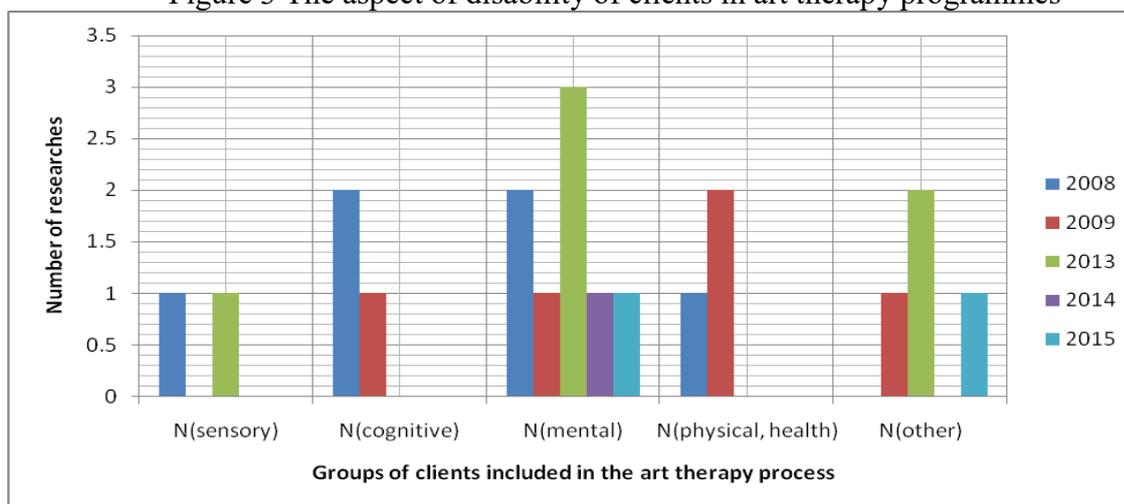
In the quantitative analysis of the researches focused on art therapy, we processed the aspect regarding the age of the clients (Fig. 2). To a group of adult clients at the age of 20 to 58 years, 47% of researches were indicated. The lowest number of researches was recorded in the group of seniors ($N_{Se}=12\%$).

Figure 2 The aspect of age of the clients in art therapy programmes



We focused also on the aspect of handicap. We created four groups, in which particular risks/disabilities were differentiated based on sensory impairment, cognitive disability, physical disability and illness, or mental disorder (Fig. 3). All the clients are affected by their disabilities. Regardless its form or degree, the disability influences quality of life and therefore it represents a difficult life situation. Art therapy programmes that were realized and evaluated in groups of clients with mental disorders constituted 40% of the researches. These researches created for the framework of qualitative analysis.

Figure 3 The aspect of disability of clients in art therapy programmes



5. Evaluation and interpretation of research findings – qualitative perspective

Based on the researches orientated on art therapy ($N_{AT}=19$), we focused on the ones that provided help for clients with mental disorders ($n_i=8$; 40%), at the age from 20 to 58 years, organized in the form of individual art therapy (individual art therapy programme, P1-P8). As a part of each programme, a goal was defined, which primarily focused on “*creating space, in which the author (client) could be more personal and could integrate methods of art therapy within the mental disorders.*” Based on the analysis of particular programmes ($n_i=8$; 40%), we transcribed eight themes. Then we selected one of them (1 PROCESSUAL ASPECT) and proceeded to analysis of the themes. Gradually, we grouped them in clusters of themes (categories), numbered them in order and named them. Within interpretative phenomenological analysis, we created the main themes: BACKGROUND, PROCESS OF CHANGE, SEARCH FOR MEANING and PREVENTION. Based on this scheme, the analysis of the programmes is constructed (Table 1).

Table 1 Scheme of themes and categories in qualitative analysis

	Main theme	CATEGORIES
PROCESSUAL ASPECT OF INDIVIDUAL ART THERAPY PROCESS	BACKGROUND	family, childhood, upbringing, school
	PROCESS OF CHANGE	disorder, treatment, rehabilitation, work, process of change
	SEARCH FOR MEANING	message, real life (fears, desires)
	PREVENTION	self-discipline, cooperation, prevention

In the main topic of BACKGROUND, four categories were created. They were constructed through an analysis of 97 individual sessions. The categories are of an informative nature. They describe the clients (sample of 8 participants) in the representative characteristics: family, childhood, upbringing and school. From individual characteristics, we learn about the parental type of upbringing, social status of the family as such, problems in early childhood, and search for professional help. None of the participants had a diagnosis that would suggest an outset of a mental illness. *“As a four-year-old, I used to scrub my hands until they started bleeding. My parents searched for a professional, who told them that children at my age have many bad habits...”* (P4). *“We used to wait at the doctor’s office all the time. Every time I had a bit of a cough or a runny nose. But nobody tried to solve the bedwetting, that was shame”* (P5). During the sessions, information about emotional instability of the parents was recorded (e.g.: about their arguments or indecisiveness that they tried to hide from the child). *“I knew that when they whisper, it is something bad, but I figured it out only after my parents got divorced. They wanted to protect me from the bad, but I hear the whispers even when I see them walking towards each other...”* (P4). Based on the analysis, it is possible to construct all the predictive risk markers which characterize the theme of BACKGROUND. All of them were verbalized by the clients during the art therapy process. The eight participants evaluated their childhood as partially (or fully) problematic with a rapid change (when mental illness was confirmed) at the age of adolescence when the family became disrupted (75% of the parents found new partners). The perception of their problem from the early childhood, which affected their feelings as well, crystallized into a diagnosis with the necessity of psychiatric care. However this happened already in the time of the family crisis.

In the category of PROCESS OF CHANGE, we generated 18 categories which closely relate to the process of art creation. At the outset of mental illness, the need to change one’s own behaviour does not exist. The change of behaviour or life in general is impossible without professional help, help from the outside. Participants of art therapy programmes which are a part of narrating their life stories talk about the *process of change in their lives as about a long-term, difficult life with repetitive failures* (P1, P4 and P6). In all the individual sessions, the process of creation in the art therapy programmes was focused on gaining distance and insight through art production towards the real environment. Three quarters of the participants verbalized during the product analysis that their view of a particular situation was changed also based on having the opportunity to express their problem in a tangible form. From their perspective, the situation that was previously difficult to grasp and acted as a barrier gained new consistency. The topics of all the art therapy programmes were not selected randomly, but regarded the goal oriented intervention for the benefit of the integration of the clients, for their support and co-existence in the family community and community of peers, for supporting their self-esteem and abandoning the pathological exaggerated self-observation and desintegration of one’s own feelings, for example connected with self-awareness.

For each client, the category of SEARCH FOR MEANING was *“a long-term journey; sometimes returning back, other times slowly going further”* (P3). The clients considered a dialogue and the actual interpretation of the art product an opportunity for ventilation of their emotional experiences. *“I know that I do not need to suppress anything. I use the colours that I see now, in reality”* (P6). The dyadic relationship between client and art therapist was considered a test, a kind of a message for their life. Despite that, they considered it the most difficult: *“I had to learn to trust, not only in myself, but also in people who wanted to help me. So many times and always, they stood by me, even though I failed in searching for meaning, meaning of life, meaning in myself. They accepted me as I was... and now, gradually, I am thankful to them...”* (P4). Three quarters of the clients claimed that art creation in connection with verbalization helps them deliver messages of their own expression. These statements are thoughts and messages for people who *“acutely needed to be accepted and not stigmatized; considered a human and not only a number from the patient card; those who needed to be one of us”* (P4). Each of the statements includes an authentic and existential experience of a person with a difficult life situation, into which they were carried in their mental illness.

In this group of clients, the area of PREVENTION was a markedly underestimated category, especially regarding everyday life. Mostly, the patients had no experience with any form of prevention (seven participants mention that they have no experience at all with prevention!) – *“people should have information”* (P2), *“maybe some help during my growing up would help me to to be here now”* (P8), *“I think that upbringing and the values in it are very important for the child to develop in the way they are supposed to”* (P3). The most effective factor in prevention is a personal example, modelling by the parent. Metaphorically said, the personal example is the essence of life in the family and the essence of upbringing and education in educational settings. It is disputable to use the personal experience of a person with a mental illness in a particular programme. Each of the participants evaluates highly their personal example in real personal relationships and bonds in primary and nature-like small groups of people with mental illnesses.

6. Conclusions

When solving problems connected with mental illness in family, its existence is usually denied, especially at early age. The crystallization of the illness and its manifestation happens at an age when clients become independent and realize their own limits caused by the illness (however, they do not feel the need to search for professional help yet). The decision to analyze the art therapy programmes has stemmed from the need of practice in the context of therapeutic experience within the professional orientation of the service providers in the area of mental health. It has also been a search for possibilities from the perspective of an art therapist and for benefits that art therapy, as such, brings.

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