



Courtesy of Waging Peace

# Appreciating art therapy

Art therapists believe creativity can be used therapeutically but is the evidence there to back them? *Kate Woods* reports.

AT first glance, the picture above looks just like any child's drawing: the colours are vivid, it is set out neatly and the content is clear.

In fact, it is so clear you almost reel back in horror when you realise what has actually been drawn. On the left of the picture is a plane flying over a burning village, and a woman and her two children being pursued by soldiers. Next to the village is a man, sitting on a tank, shooting. Above the tank is a boy being thrown into a fire by soldiers, two of whom are holding guns.

And then there are the chilling images of the man with a bag over his head who is about to be shot, the women with their hands tied

behind their backs being marched off at gunpoint and the soldier who is cutting off another man's head.

The artist, Abdoul, was only nine when his village in Darfur was attacked.

His drawing is just one of many being submitted to the International Criminal Court as evidence against a Sudanese government minister and militia commander accused of committing war crimes.

**The emphasis in art therapy is on the process of creating and not on the end product.**

Megan Shiell, president of the Australian and New Zealand Art Therapy Association, describes the image as a "horror story".

"Abdoul is trying to say an

awful lot, as if this might be his only opportunity to let people know what really happened," she says. "Through the drawing, [Abdoul's] trauma has gone momentarily from him, onto a page. He has externalised it without saying a word.

"[That] is the value of the art therapy; it assists people to reintegrate experiences over time through the therapeutic relationship and the non-threatening approach of making imagery."

Mention art therapy to most medical practitioners and you are likely to receive a puzzled frown or a raised eyebrow. You may even see their eyes glaze over as their thoughts drift to other matters.

But with a growing body of evidence showing it might be beneficial for a broad range of illness and conditions such as dementia, addiction, cancer, abuse, trauma and psychotic disorders, art therapy – or more accurately,

art psychotherapy – is pushing to become recognised as an integral part of mental healthcare.

In fact, Ms Shiell believes the days of doctors viewing art therapists as "a bunch of weirdos who interpret pictures" or as "the craft lady down the end of the corridor" are coming to an end.

"Instead, people know we offer expertise that can assist psychiatrists, psychologists and the mental health area on the whole," she says.

Unlike traditional art, the emphasis in art therapy is on the process of creating and not on the end product. "We don't interpret pictures," she stresses.

Instead, art therapy allows people to express and explore their feelings, thoughts and behaviours in a contained, safe environment. The art becomes a reflection so people can see themselves more clearly, she explains.

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Photos courtesy of Associate Professor Denise Grocke

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painting, art therapy can also include sculpture, collage and even photography, among other digital media. It can also be used by all age groups and across the mental health spectrum.

### GROWING POPULARITY

To become a qualified, registered art therapist, a person must have a recognised master's degree and have carried out at least 750 supervised clinical hours in psychiatric wards, prisons, schools or hospitals.

And while its popularity is growing – four Australian universities now offer art therapy courses and two private health funds provide cover for consults – Ms Shiell says we still have some way to go to catch up to the UK and US.

For example, the UK government body charged with guiding public health policy, the Department of Health, has formed the Arts in Health group to deliver on recommendations made in a 2007 government review.

It recommended that the department make efforts to make it clear there is a substantial evidence base for art therapy and many good practice examples to support its use.

The review also recommended that the department create an environment in which art therapy is considered legitimate, and that it be considered good practice to invest and be involved with arts and health.

Already, the UK National Health Service provides rebates for patient visits to art therapists, Ms Shiell says.

“In the UK, psychiatrists use art therapists all the time – it’s part of their practice. In Australia, this is only just beginning.”

The phrase ‘art therapy’ was first coined by artist Adrian Hill, who used art to pass the time while recovering from tuberculosis in the late 1930s. As it became apparent that “doing art” helped people recover from mental distress, he began helping others including soldiers returning from

the World War II.

Since then, art therapy has been recognised as particularly useful for people who find it hard to speak about their thoughts and feelings.

Dr Eugen Koh, a psychiatrist at Melbourne’s St Vincent Hospital and a psychoanalytic psychotherapist in private practice, describes it as a “vehicle for expression”.

“We know for example that a child only develops sophisticated, comprehensible language between the ages of three and five. Experiences before these ages cannot be remembered in any sophisticated narrative.

“Therefore, if they cannot be coded or remembered in narrative, they cannot be retrieved in narrative, and that’s why access is often only through art, music... and other non-verbal therapies.”

He says the same applies in adults who have experienced trauma. “When you have a car accident, or when you are under

enormous stress from trauma, you do not have the time or the ability to process and encode the experience into narrative in order to remember it later.

“Instead, you relive it through visual memories or you re-experience bodily sensations or the smell or the sounds.”

As director of the Cunningham Dax Collection – a collection of art created by people experiencing mental illness

or psychological trauma – Dr Koh believes art therapy has a place as an adjunct to traditional treatment.

But he says he would not offer art therapy to patients unless they asked.

“It’s a very tricky situation. If you do suggest it, then patients feel obliged, like they should do it. In my line of therapy, I don’t suggest anything to patients. It is up to them.”

And unfortunately, he says, the evidence for its use is not robust. He cites a number of reasons for this, including the fact it is hard to distinguish whether the benefits of art therapy are due to the art therapy itself or the supportive element of the therapy.

“The mere act of meeting in a group can itself be therapeutic, even meeting on a one-to-one basis with your art therapist for an hour each week, that itself can be therapeutic.”

In a recent paper, US researchers admit art therapy has not been “extensively researched”, but they suggest there is a number of small



studies in veterans with post-traumatic stress disorder (PTSD) that have yielded positive results.<sup>1</sup>

One study, which evaluated the 15 components of a specialised inpatient PTSD program – including art, group and drama therapy, anger management and journalling – found art therapy produced the greatest benefits for veterans with severe symptoms.

Similarly, a study in people with combat-related PTSD found participants who completed a drawing task after they were woken by nightmares had fewer and less intense nightmares than those who completed a writing task.

Likewise, several studies looking at abuse and trauma have demonstrated the effectiveness of short-term group and individual art therapy, with decreases in anxiety and depression, symptoms of PTSD and improvements in self-esteem.<sup>2</sup>

### REDEFINING ART THERAPY

Dr Koh says that in order for art therapy to become more widely accepted, the term needs to be better defined so medical people are not under the impression that any art making is art therapy.

“Art psychotherapy requires one-to-one, very intensive talking about what is being drawn and painted,” he says. “Like any treatment modality, we need to define and then educate people, [and to] explain what its indications are, the conditions it is used for and why it is particularly helpful, as we do with any medication.”

Danita Walsh, clinical services manager at the Creative Expression Centre for Arts Therapy in WA, agrees more education is needed in order to ensure greater acceptance and

understanding of art therapy. But she says time – the fact that art therapy is a young, and therefore smaller profession in Australia, that doesn’t yet have the same profile as other well-established professions known for their psychotherapeutic work – is also an issue.

“We are competing against professions that already have a high profile, who have been around long enough to have recognised professional licensure, and who have much bigger training centres and more clinicians in the field,” she adds.

An art therapist for 10 years, Ms Walsh has seen many images drawn by children who have been traumatised.

But she is not afraid to admit that every time she is presented with a new one – like the image completed by Abdoul from Darfur – it just “breaks her heart” to see the depth of emotions displayed.

“Children’s art is so brutally honest in its simplicity, rawness and use of basic figures and forms. Yet so many... are also complex in depicting all that has happened, with all its horrendous emotional distress.”

And children’s images, she adds, often have a greater impact on adults than anticipated, simply because they stay in the consciousness longer than words.

“Imagery is our second language after touch,” she says, “[and it has] a powerful effect on our way of understanding and relating to the world, no matter our age or cultural background.”

References available at [www.medicalobserver.com.au](http://www.medicalobserver.com.au)

**Moving pictures: more on the Dax Collection, page 44**

## Sounding out music therapy

WHEN Associate Professor Denise Grocke returned to Australia from the US almost 40 years ago, most people didn’t understand the concept of “music therapy”.

In fact, when she was given the first music therapy position in Australia at Melbourne’s Larundel Psychiatric Hospital, many of the staff believed she was there to teach the patients to play instruments or to entertain them.

“But there were several doctors who could see the benefits – they were musicians themselves and understood how music could be a means of non-verbal communication and expression of ideas and emotions,” she says.

She established the Australian Music Therapy Association, which registers and sets training standards for music therapists.

Professor Grocke is now head of music therapy and director of the National Music

Therapy Research Unit at the University of Melbourne, and says there are about 500 registered music therapists in Australia today and a much greater acceptance of the discipline.

For example, she says in 1975 music therapy was only practised in special schools, psychiatric hospitals and aged care facilities. In the 1980s, the application of music therapy in palliative care was developed, followed by the recognition of music therapy by major hospitals. This, she says, was a “major development”.

And referrals can be for a wide range of reasons, she adds. Music therapy has been shown to help people manage pain or stress; provide relaxation and stimulation; improve self-esteem and physical, motor and cognitive skills; and facilitate communication, emotional expression or coping.



Assoc Prof Denise Grocke

The type of technique and the physical properties used – loudness, rhythm, melody and structure – vary according to the condition and age of person.

To settle premature infants for example, music therapists use a very non-simulative type of singing that has very little variation.

But to engage people with dementia who are cognitively impaired, a musical style more akin to their musical tastes such as classical or classical-like music is used.

In people with PTSD who struggle to express themselves verbally, improvisation is often used. This is a technique where people play percussion instruments carefully tuned to a five-note scale.

“In doing this, however, we have to be careful not to overstimulate because of the tendency for flashbacks. We have to be trained to offer music in a way that is safe and is contained, to structure the music so it doesn’t get out of control.”