



THE PROBLEM OF PROFESSIONAL DIAGNOSIS IN THE ARTS THERAPIES

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Abstract in Dutch

Tot op heden beschikken we in de creatieve therapie niet over een diagnostisch model, dat specifiek is voor creatieve therapie en tegelijkertijd voldoet aan professionele vereisten.

Na het op een rijtje zetten van de professionele vereisten wordt een specifiek diagnostisch model voor creatieve therapie gepresenteerd. Dit model is gebaseerd op de bekwaamheid van de creatief therapeut om zowel de inhoud als de vorm te kunnen analyseren van de kunst-uitingen van de klient.

Een onderzoeksproject is gestart waarin dit model uitgewerkt wordt tot een in de praktijk bruikbaar en valide diagnostisch instrument, op basis waarvan te zijner tijd tevens voorspellingen gedaan kunnen worden over verwachte duur van de therapie, kans op succes, enz.

Poetic knowledge is knowledge with more different differences (associations, paraphrases) than exact knowledge. (. .) Exact knowledge presupposes poetic knowledge (de Jong, 1992; translation by H. Smitskamp).

In the creative arts therapies (drama, music, art, dance, poetry, horticulture), I consider the question of professional diagnosis as one of the most urgent. We arts therapists are very rich in being able to use our intuitive and imaginative insights into the artistic and creative growth of our clients and in the therapeutic value of this process. Our wealth, however, is also our weakness. When asked to articulate specific "an-

chor-points" or criteria on which we base our decisions we tend to become both talkative and rather vague.

Each client and each arts therapist has his or her own individual quality. Much depends on the intermediate artistic space between the client and the arts therapist, while past experiences of the therapist with similar or different clients vitally influence both judgment and encounter. Objective measures can never be a substitute for artistic and creative processes. If, however, we fail to articulate anchor-points, criteria and objective measures to be used as a basis for decisions, the arts therapies will primarily remain in the domain of magic. In the following paragraphs I will outline some basic diagnostic principles for an arts therapies diagnosis.

Diagnosis as a Professional Requirement

One of the essential requirements of any psychotherapist is that he or she can make a diagnosis of the patient or client; that this diagnosis is based on the skills and methods of the profession; that this diagnosis can be understood, inspected and discussed by colleagues (the requirement of intersubjectivity); and that this diagnosis is "researchable," by which I mean that it can be treated as a hypothesis that can be confirmed or refuted on the basis of specific data. These requirements apply both to psychotherapists and to arts therapists. I will first discuss some of the problems the arts therapist encounters when trying to fulfill these requirements. I will then describe a set of principles for arts therapeutic diagnosis. I will con-

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clude by outlining a research project in which a diagnostic questionnaire for arts therapists is being developed.

Making an Arts Therapeutic Diagnosis

Every arts therapist, in one way or another, continually makes some kind of diagnosis of the client when asking questions such as: “What seems to be the problem my client is facing?”, “In what way can I help my client to express himself?”, and so forth. How do these questions contribute to a proper arts therapeutic diagnosis? In order to answer these questions, we have to address some other issues first:

- what do we mean by diagnosis?
- what kind of diagnosis is typical for the arts therapies?
- what kind of arts therapeutic diagnosis is open for inspection (i.e., can be understood, disputed, or debated by other arts therapists—the requirement of intersubjectivity)?
- what kind of arts therapeutic diagnosis is able to offer hypotheses and specify data to confirm or refute these hypotheses?

The Arts Therapies Diagnosis: Classificatory or Psychodynamic?

The concept of diagnosis is not an unequivocal one. Abraham (1993) made a distinction between two kinds of diagnosis. In the classificatory diagnosis a disturbance (“illness”) is described as a set of specific behavioral phenomena (e.g., the DSM-system) that can be objectively established. The structural, psychodynamic diagnosis tries to understand the psychic structure underlying the disturbing behavior by describing the forces at work that are thought to be responsible for the client’s behavior and his or her difficulties. Two important advantages of the latter are that it is not a description of an isolated client, but a description of the interaction between the client, his or her environment and the therapist, and that it offers guidelines for treatment. I will focus on the structural diagnosis: how the arts therapist evaluates and interprets the musical, dramatic, dancing or other artistic behavior of the client. This choice poses problems of intersubjectivity and researchability, which must be addressed.

Arts Therapies and Creativity

One of the fundamental concepts in the arts therapies is creativity—the capacity to find new solutions to old problems. Arts therapists devote a great deal of their attention to the question of where, how and why did the creative potential of their clients get stuck and how can they help their clients to develop this creative potential so that they will be better able to deal with life’s problems?

In order to answer this question arts therapists tend to fall back on intuitive insights based on their extensive experience in one of the artistic domains. Although most of us recognize creativity when it happens, and many psychologists have tried to define this capacity (Kris, 1952; Segal, 1952; Winnicott 1988, to name but a few), the nature of creativity is still something of a mystery. Kliphuis therefore suggested sidestepping this question and focusing on the conditions for creativity; the “creative situation” (1973).

The Arts Therapist: Artist or Psychologist?

Is the arts therapist an artist who uses the artistic process as a therapeutical means or a therapist who guides the therapeutic process by making use of the arts? This question continues to be pertinent to the field of the arts therapies.

One view states that arts therapists should only use artistic means while making a diagnosis. Arts therapists, as artists, should define the problems of their clients essentially as artistic or creative problems. As a consequence, arts therapists should take care to carry out a diagnosis and a method of treatment within this artistic or creative framework. The other view holds that arts therapists can only claim credibility as therapists if they are able to define what goes on in arts therapies as analogous to the mental and psychological processes that occur in other therapies. Smeijsters (1992), although with more nuance and supportive argumentation than I am stating here, seems to be an advocate of this position.

The “artist view” has as its main advantage that it offers a unique approach to therapy. This uniqueness is not that arts therapists substitute the nonverbal domain for the verbal domain, but that they can elicit specific art-related healing processes, thereby expanding the range of possibilities offered by other psychotherapies. One drawback is the difficulty of communicating this approach, and of proving its value, to non-arts therapists.

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