



The integration of art therapy into physical rehabilitation in a Saudi hospital

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ABSTRACT

This paper describes the introduction of art therapy into Saudi Arabia. A brief history of art therapy in Saudi Arabia is outlined, focusing on the current approaches of art therapy practice in medical rehabilitation. King Fahad Medical City is highlighted as a pioneering healthcare institute that accepted art therapy as a medical profession by incorporating it into its rehabilitation procedures for its inpatient population. The paper discusses the factors that helped art therapy to integrate into the program at King Fahad Medical City, as well as four case summaries illustrating the author's experiences integrating art therapy into rehabilitation.

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Introduction

Working in a rehabilitation hospital presents new challenges for the art therapist. Though art therapy was recognized as an allied health profession over 16 years ago (Malchiodi, 1993), art therapy curricula around the world still offer little in the way of courses for the medical field. The focus of accredited art therapy institutes is on art as psychotherapy, leaving graduates who pursue work in the medical field to largely teach themselves. To prepare art therapists for working in physical rehabilitation institutions will require additional training in the pathophysiology of illnesses, infection control, and assistive technologies, among other topics. This paper is about art therapy for patients who suffer medical illnesses and how art can help in the recovery of both their psychological and physical dysfunctions. The background of establishing the first art therapy service in a physical rehabilitation hospital in Saudi Arabia is presented. Problems in initiating the service and resolutions are presented, along with suggestions to help in the establishment of art therapy programs in similar settings. This paper also addresses the fundamentals of the role of art therapy in the rehabilitation setting and some basic administrative tools to help orient the art therapist in the day-to-day operations of a physical rehabilitation hospital. Finally, it presents selected case reports of art therapy patients at King Fahad Medical City (KFMC) suffering from spinal cord injury, traumatic brain injury physical disability following brain tumor surgery, and multiple sclerosis.

Art therapy in physical rehabilitation in Saudi Arabia is a broad and varied discipline, and this paper can only present an introduction to the field. However, it is hoped that this presentation will stimulate interest for further research into the field's many important issues.

Background

Art therapy is a relatively new field of study and practice in Saudi Arabia. In 1995, art therapy as a field of study in Saudi Arabia consisted only of a few courses I taught in the art education department at King Saud University, as well as some short courses and workshops I offered through a small, private art therapy training program. At that time, the practice of art therapy in the country was limited to a private clinic I ran. In 2005, I was able to assemble a team of interested art education and psychology graduates and to introduce art therapy services into a medical rehabilitation program at King Fahad Medical City (KFMC) in Riyadh (Stoll, 1991, 2005). Together, we have worked very hard to build and maintain an art therapy training program, and to establish art therapy as a recognized medical field in the country. King Fahad Medical City is by far the largest medical compound in the Middle East and houses four hospitals: the Main hospital, Children's hospital, Women's hospital, and Rehabilitation hospital. The facilities include centers for nephrology, oncology, neuroscience, and diabetes. The medical city is equipped to treat 50 000 inpatients and 600 000 outpatients annually, and houses a large medical school that offers medical and allied health specialists. The art therapy unit is based at the rehabilitation hospital but will eventually be incorporated into all of the treatment programs, departments, and centers on site. It is projected to employ additional 25 art therapists by the year 2012. It also offers an art therapy training program through the facility's

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medical and allied health educational program. Establishing the first art therapy program in the country was quite challenging and required a great deal of improvisation and flexibility. At the time, there were no other art therapy models in the community from which I could learn or receive support. Indeed, at present, we still offer the only art therapy services in the Arab countries. I found that the psychology training I received while doing art therapy in a psychiatric setting had limited applicability in a medical rehabilitation setting, and countless hours of re-education were necessary. At the hospital, I found physiatrists instead of psychiatrists, and physical and occupational therapists instead of psychologists and social workers, though the latter were later recruited to the hospital. Moreover, the patients I encountered in the hospital were much more diverse than the psychiatric patients I worked with in my private practice. My new patients were from all walks of life, whereas the psychiatric patients tended to have much higher educational backgrounds. Finally, not only did I have to find medical models to follow and learn from, but I also had the challenging task of recruiting art therapy staff who could quickly be trained to work as art therapists. Four years later, these difficulties have for the most part been resolved. The support of our colleagues in the neuroscience and medical rehabilitation centers at KFMC, as well as the long-distance support of our art therapy colleagues from around the world, have made it possible for art therapy to be successfully integrated into medical rehabilitation here. KFMC has been enthusiastic in its support of art therapy, as evidenced by its generous spending on art materials, hiring of staff, and provision of ample studio space. Moreover, it has invited leading art therapists from around the world to speak in annual conferences and has provided locum positions for them to help train art therapists and work on healthcare policies in support of art therapy in the country. It is likely that KFMC's vision "to be the leading and best healthcare establishment by providing therapeutic and training services using the best means" (KFMC, 2009) has been a driving force in its support of the art therapy program, which is now an essential component of treatment at KFMC. The only challenge that we may still face is misunderstanding from psychiatrists, psychologists, and social workers outside KFMC. However, this can be remedied through conferences, literature, and professional contact. This may take some time due to the tremendous responsibilities already on the shoulders of the limited number of working art therapists in the country.

At this point, art therapy treatment is offered only to patients admitted to the rehabilitation hospital, where patients are assessed right away with respect to their need for physiotherapy, occupational therapy, speech and communication therapy, assistive aids, psychological treatment, social therapy, and art therapy. After the assessment, the rehabilitation team devises a rehabilitation treatment plan outlining all of the needed services. Art therapy is a part of most patient treatment plans at the hospital and permits art therapists to bring new perspectives on patient progress to the table in case conferences and ward rounds.

Art therapy approaches to medical rehabilitation at KFMC

A variety of art therapy approaches are required in the treatment of medical patients, due to the diversity of the population. Indeed, we have found it necessary to draw upon most of the theories in the field to serve our patients with excellence (Rubin, 2001). As medical art therapy is a rapidly growing practice in both medical rehabilitation and complementary medicine (Lobban, 1999; Malchiodi, 1993; Peterson, 2006), we are employing the best art therapy approaches to help patients at KFMC. In addition to the conventional approaches used in art therapy, we adapt our approaches to the unique cultural and religious framework in Saudi Arabia; thus, our art therapists understand the values of Islamic arts and

Arabic traditions in healing and artistic expression (Alyami, 1995). For instance, female patients are seen by female art therapists, human figures are limited to the patients' choices, and spiritual discussions are limited to Islamic education and values.

In our art therapy program, patients are engaged in the art therapy process almost immediately upon arrival. When they first enter the hospital, they encounter an art exhibit made by patients in the reception area. Upon admission, patients are informed about the rehabilitation services, which include art therapy. Within 24 h, patients are screened and their evaluation is completed. They are then introduced to art therapy services and art therapy evaluations are made.

Patients in this setting are physically and mentally vulnerable due to their physical illnesses. The majority suffer from physical dysfunctions, so our theoretical framework focuses on mind-body processes in visual expression and physical activity in art (Peterson, 2006). Patients seldom have major psychiatric disorders based upon the hospital admission criteria, but they often experience psychological or psychiatric side effects from their physical illnesses, ranging between psychotic-like symptoms to sadness. Adjustment, depression, anger, and anxiety symptoms are the major mental factors with most patients in this setting. Coping with injuries and disabilities is sometimes not resolved properly prior to hospitalization, and furthermore can be masked by false hopes of miracles and supernatural intervention. Indeed, masking of feelings and hidden depression are often observed in our spinal cord injury patients more than in other populations. As with Saudi patients with auditory hallucinations who resort to reading the Qur'an and listening to religious cassettes to cope with their disorder (Wahass & Kent, 1997), the populations we encounter in the physical rehabilitation setting often also turn to spirituality for healing and a sense of wellbeing. While this concept has found some acceptance in modern alternative and complementary medicine (Ai, 2006), the Saudi Medical Ethics and Standards guidelines actually encourage doctors to pray for their patients, further contributing to an environment in which feelings are masked.

Based on the mind-body approach to physical rehabilitation, art therapy at KFMC uses art materials and processes to address the physical problems and mental side effects from which patients suffer. Art therapists with strong backgrounds in the educational functions of art incorporate the kinesthetic aspects of art to improve patients' fine and gross motor skills. Moreover, visual enrichment through colors and spatial art tasks are also employed to help patients who are suffering from visual and spatial difficulties. Guided imagery involves mental rehearsals of movement, relaxation, control over trembling hands, and overcoming fear of falls. Together with the standard cognitive tests available, examination of artistic functions permits the assessment of brain function and the development of appropriate treatment plans. Whether patients are kneading clay, pulling a squeegee in printmaking, piecing together a collage, painting on a tilting table, squeezing a bottle of acrylic paint, or connecting dots with a marker or a pencil to form a picture, all serve to prepare the patient for more rigorous training in physical or occupational therapy. We make sure that the art therapy studio has a non-threatening, relaxing, and joyful atmosphere so that our patients do not feel burdened by the exercise and treatment.

In addition to the physical problems patients suffer, McGraw (1999), found while working as an art therapist for more than 30 years in a similar setting to ours that "physical trauma, illness, and their treatment can cause pain, anxiety, depression, anger, and withdrawal. People need alternative ways to experience and express feelings, since their familiar outlets may no longer be available" (p. 245). Certainly, our patients experience psychological and personal problems that may interfere with and sometimes delay their treatment progress, and these must be resolved. In their art

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