



Art therapy after stroke: Evidence and a need for further research

Frances Reynolds, PhD*

School of Health Sciences and Social Care, Brunel University, Uxbridge, Middlesex UB8 3PH, UK

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ABSTRACT

This review presents available evidence regarding the benefits of art therapy and therapeutic arts interventions for stroke survivors. Whilst available evidence is very limited, it suggests that art therapy may address many of the diverse cognitive, emotional and functional needs of people disabled by stroke. Attention, spatial processing, sequencing and planning seem to improve among those who persist with art therapy. Use of the stroke-affected limb may increase. Several studies report improvements in social interaction, and emotional expression. Most published reports offer single case examples, which are idiographic and illuminating. Nonetheless, the brevity of these reports, the reliance on therapist's own accounts, and uncertainties surrounding case selection make generalization of the findings uncertain. There is a pressing need for multi-method research studies. These could use quantitative standardized scales to explore changes in stroke survivors' physical and emotional functioning, and qualitative enquiry to gain the insights of stroke survivors concerning the art therapy process. Such research designs might help to establish a better recognized role for art therapy within multidisciplinary stroke rehabilitation programs.

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Introduction

Long-term disabling conditions threaten a person's identity and well-being in many ways, through loss of function and disorienting symptoms, changes in roles and occupations, altered social relationships, and a disquietening sense of liminality (Hammell, 2006). There is limited but increasing research into the benefits of creative arts therapies (including art, music, dance and movement, and drama) for people living with various long-term physical conditions, but stroke has largely been neglected (Michaels, 2007). This paper explores evidence regarding the contribution of visual art therapy to the rehabilitation of stroke survivors.

Medical art therapy may be regarded as a 'complex intervention' (Campbell et al., 2000; Redfern, McKeivitt, & Wolfe, 2006), as it comprises a multi-faceted array of therapeutic components. In the context of neurorehabilitation, each component appears to have great potential to address the functional, emotional and cognitive needs of stroke survivors. It is a form of nonverbal psychotherapy that results in both client and therapist having a tangible object to explore together. Such tangible objects offer powerful confirmation of the existence of the client. Creative self-expression may help the client to make contact with disturbing emotions in oblique ways that by-pass internal defenses and self-editing processes (Dekker, 1996). Given the profound and sudden loss of

function that commonly follows a stroke, and the relatively high incidence of depression that affects about one third of stroke survivors (Hackett, Yapa, Parag, & Anderson, 2005), self-expression through visual media may have much therapeutic potential.

Art-making as a therapeutic process offers diverse experiences (including kinaesthetic-sensory, expressive, cognitive and creative aspects) and may even influence physiological and neurological functioning (Hass-Cohen, 2008; Long, 2004). Emotional expression, particularly at the non-verbal symbolic level, is recognized as an important element of all creative arts therapies (Long, 2004; Malchiodi, 1999; Sell & Murrey, 2006). It may therefore be a particularly helpful outlet for the 20% of people who are left with long-term speech and language impairments following stroke (Pedersen, Jørgensen, Nakayama, Raaschou, & Olsen, 1995).

Art therapy is thought to help participants gain insight into the psychosocial consequences of their disabling condition, to express their feelings about change and loss, and to make known their wishes for the future. Changes that are created in the art image may help to enhance perceived control and transform feelings about self and illness (McNiff, 1992). Creative arts therapies also offer empowering experiences for people who are otherwise faced with profound powerlessness, not only associated with illness and disability but with medical treatments, the patient role, and altered social relationships. The choices experienced when engaging in creative arts therapies 'contribute to feelings of autonomy and dignity when other aspects of life seem out of control' (Malchiodi, 1999, p. 16). Furthermore, the person may reclaim aspects of self and identity through their creative self-expression, finding it possible

* Tel.: +44 01895 268826.

E-mail address: Frances.reynolds@brunel.ac.uk

'unfold the cramped self, uncover losses and strengths, and gain the courage to begin a process of reclamation of story and life' (Ferris & Stein, 2002, p. 47). Identity loss is now being recognized as a great challenge for stroke survivors (Ellis-Hill, Payne, & Ward, 2000), and the contribution of art therapy to identity reclamation and transformation is an important issue to explore.

In addition to its deeply expressive and coping functions, creative arts therapies offer the opportunity to move away from illness-related preoccupations to enjoy the 'life-affirming pleasures of making art' (American Art Therapy Association, quoted by Jones, 2004, p. 23). Although there tends to be a focus on process rather than product in the creative arts therapies, participants may nonetheless derive great satisfaction and self-esteem from witnessing the quality of their artwork and gaining positive feedback from others (Sell & Murrey, 2006). Given that loss of occupations and meaningful activities reduce life satisfaction post-stroke (Hartman-Maier, Soroker, Ring, Avni, & Katz, 2007), art therapy may have great potential for helping stroke survivors manifest their preserved skills and develop new ones.

Through the skilful presence of the art therapist, the art therapy experience may be regarded as distinct from art practiced in other contexts (such as community groups or as a solitary leisure occupation). The therapist is important for providing emotional containment and a safe space in which to explore difficult, perhaps shameful, experiences (Malchiodi, 2003; Schaverian, 1991). This is a relevant issue as some stroke survivors' report feeling ashamed by their disabilities and altered selves (Dowswell et al., 2000). Such feelings can be difficult to disclose for fear of burdening others, or disclosing vulnerability, and art therapy might offer a means of acknowledging and working through such difficult thoughts and feelings. Whilst there are sound reasons for anticipating that art therapy may meet the diverse needs of stroke survivors, a review of evidence was sought to establish whether these expectations are justified.

Art therapy and stroke

Although evidence has been collated about the benefits of art therapy (Slayton, D'Archer, & Kaplan, 2010) and therapeutic art-making (Perruzza & Kinsella, 2010) for people living with many different health problems, stroke has been neglected. This review seeks evidence regarding the therapeutic benefits of visual art therapy for stroke survivors.

For this review, a search of literature was conducted using the search terms 'art' or 'art therapy' in combination with 'stroke'. Although further searching with additional terms such as 'outcomes', 'treatment outcomes' or 'effectiveness' was considered, the initial search process revealed so little evidence that further narrowing was unnecessary. A further search was conducted replacing 'stroke' with the search term 'traumatic brain injury' (TBI) to determine whether there were additional relevant studies. This is because people share certain experiences following stroke and TBI, such as sudden 'biographical disruption' (Bury, 1982), lack of psychological preparation, long-term disabilities, uncertainty about recovery, and identity threat. The databases PsycInfo, CINAHL, and Academic Search Complete were searched, followed by a search of Google Scholar to check whether additional material could be located. Some further references were taken from retrieved articles.

Following this search process, a number of articles and chapters were excluded. This included the article by Sacchetti, Byng, Marshall, and Pound (1999) that was discussed in the review by Slayton et al. (2010). Although concerned with stroke survivors, this study was ultimately excluded as it focused upon the benefits of a directed drawing technique on the comprehension and naming

skills of people affected by severe aphasia following stroke, rather than documenting the benefits of using art as a form of psychotherapy. Some of the located articles, books and book chapters were excluded because they described the ways in which stroke affects the artistic style of visual artists (e.g. Annoni, Devuyt, Carota, Bruggimann, & Bogousslavsky, 2005; Bázner & Hennerici, 2006, 2007) or the use of art assessments with stroke patients to identify perceptual or other cognitive deficits (e.g. Sandburg, Silver, & Vilstrup, 1984; Silver, 1975) or to identify emotional disturbances (Silver, 2002). This material has not been included here as the objective was to review the therapeutic benefits of engaging in art therapy for stroke survivors (as reported by therapists or by survivors themselves).

Review

The evidence located, whilst very limited, suggests that art therapy may address multiple objectives with people affected by stroke and other trauma to the brain (Barker & Brunk, 1991; Wald, 1999). As with art therapy practiced in other contexts (Perruzza & Kinsella, 2010), its psycho-social objectives for stroke survivors include facilitating emotional processing and self-insight, social support, perceptions of control, and identity transformation. Art therapy has been described as helping stroke survivors to experience "renewed purpose and joy in living" (Wald, 1999, p. 41). Unlike most descriptions of art therapy with people affected by other illnesses and disabling conditions, authors report its value for promoting stroke survivors' skills of physical coordination, attentional control, language recovery and visuo-spatial processing (Kim, Kim, Lee, & Chun, 2008; Wald, 1999). Clay work is presented as having particular therapeutic value for stroke survivors, in terms of promoting visuo-motor skills (Leonard, 1993; Yaretzky & Levinson, 1996).

The use of art therapy to address multiple objectives was illustrated in a case study by Wilson (2001). The case patient, David, was 65 years old. His stroke had affected the right side of his body, so forcing the use of the non-dominant hand. It had also resulted in expressive aphasia and attentional difficulties. David was receiving regular occupational therapy, physiotherapy and speech and language therapy, in addition to art therapy. Wilson noticed that David sustained attention for longer whilst drawing during art therapy. Cognitive benefits ensued, such as improved attention, sequencing, planning and integration of form, as shown by the improving organization of images over the whole page and their more recognizable content. In common with other stroke survivors (as reviewed later in this paper), David also used his drawings to express his feelings. The art therapist observed how he responded intensely to a child-like drawing of a human figure, likening the image to his wife, and seemingly accessing memories and feelings that had been unavailable up to that point. The therapist considered this to be 'a pivotal event in his psychological recovery' (Wilson, 2001, p. 46). Whilst this specific emotional experience clearly occurred within art therapy, the multi-faceted contributions of the multi-professional rehabilitation program to his progress could not be isolated. Inter-relationships between the client's cognitive and emotional functioning were not clarified.

Yaretzky and Levinson (1996) used a form of art therapy to promote functional rehabilitation, as well as social interaction, in a group of hospitalized older people. The group met over a course of 5 weekly meetings and engaged in clay-work. Three of the group members were stroke survivors. The therapy included themes of home, assisting in patients' self-expression of feelings about their discharge from hospital. The authors noted how participants increasingly used their stroke-affected limb over the course of the therapy, and engaged in more social interaction. Longer-term

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