

“It’s not therapy; I’m not a therapist”: Exploring the perspectives of Arts Health Practitioners on how arts on referral can improve psychosocial outcomes in adults with health conditions.

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Introduction

The rationale for this research was to explore the perspectives of art for health practitioners about how art interventions can improve psychosocial outcomes for adults with *physical* health conditions. Existing literature tends to focus on mental health difficulties or a combination of physical and mental problems (Redmond et al., 2018; Stickley & Hui, 2012). The small body of research that explores the benefits of artmaking for patients with physical conditions focuses on dialysis patients (e.g., Rowe et al., 2011) and other patients during hospitalisation (e.g., Carswell et al., 2018), rather than broader health conditions. Similarly, very little research takes the perspective of the practitioner into account. Most research examines the participant perspectives (e.g., Jensen et al., 2016).

The present study took a qualitative approach and focused on arts for health practitioners working with the visual arts, through arts on referral schemes. In the literature, visual arts interventions tend to be grouped with interventions using art therapy techniques which are arguably very different to the techniques used by artist practitioners (Sonke, et al., 2017). There is no existing published research that explores arts practitioner’s perceptions of visual art interventions for the wellbeing of individuals with physical health concerns. This presents a significant gap in the literature; the perceptions and skills of arts for health practitioners are understudied, with implications for the development of and sharing of best practice. Therefore, the research aim for this study was to identify and better understand the perceptions of art health practitioners about the active ingredients and mechanisms of arts for health interventions and to identify facilitators and barriers to positive outcomes.

Methodology

A semi-structured interview design was used, in line with other qualitative arts in healthcare research (Boyce et al, 2018). Ten arts for health practitioners from the South of England and Wales were interviewed. All practitioners offered visual art interventions to adults with a range of physical health conditions, through social prescribing and arts on referral services in hospital and community settings. Interviews were conducted via Zoom, allowing for virtual face-to-face contact (Gray et al., 2020). Following transcription, data were analysed using a six-phase reflexive thematic analysis (Braun & Clarke, 2019), within a critical realist framework. An inductive analytic approach was utilised which is particularly useful for exploring novel areas of research (Clarke & Braun, 2016).

Findings and discussion

The theme ‘*a wealth of skills*’ captured the importance of flexibility and adaptability, together with a ‘warm personality’, described as crucial by practitioners. This supports existing

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research suggesting that establishing a good relationship with a relaxed practitioner, who is able to interact effectively with participants, is central to the success of arts on prescription interventions (Carswell et al., 2019). Ensuring that individuals within a group were supported was essential, as was the ability to guide conversation away from health conditions. Practitioners recognised the boundaries of their competence, were knowledgeable about the differences between their practice and art therapy, and asserted they were not therapists of any sort (subtheme: *'it's not therapy; I'm not a therapist'*). Their role was not to 'therapize' (Davies et al., 2012).

For practitioners, and in line with previous research, (Stickley & Hui, 2012; Redmond et al., 2018) creating a *'safe space'* that was inclusive, welcoming and lacked pressure or judgement was perceived as central to the success of interventions and as essential for the therapeutic effects experienced by participants. Consequent social support, relationships and friendships emerged from this safe space. It was felt that inadequate funding could impact on the safe space through a lack of resources. Further, artmaking and creativity were facilitated by this safe space.

The importance of participants having the opportunity to learn new skills, to 'play' and experiment was captured by the theme *'illness is about doors closing, creativity is about doors opening'*. This echoes previous reports that participants in arts for health interventions benefitted cognitively from developing new skills (Hallam & Creech, 2016; Stickley & Hui, 2012).

Distraction from pain and health conditions was described under the theme *'A holiday from the pain'*. Practitioners referred to flow-like states (Csikszentmihalyi, 2008) and the absorption of participants in art activities, that allowed them to forget their pain and health conditions (Rowe et al., 2011). Spending less time ruminating about health conditions may play an important therapeutic role, given the link between rumination and chronic fatigue (Hughes et al., 2016) and with depression in chronically ill patients (Helgeson & Zajdel, 2017).

Strengths and limitations of the study

This study is unique in its contribution to the literature, giving voice to the perspectives of arts on prescription practitioners on the perceived mechanisms and processes of their work. It further highlights the important contribution that the arts make to improving physical health. Due to the pandemic and the need for social distancing face-to-face interviews were not possible, however, Zoom interviews were effective and allowed for rich data to be collected. Given the variability of the participants attending the interventions, the transferability of the findings and recommendations to particular patient groups and settings is questionable, and more focused research on the perceived benefits for different conditions would be useful.

Conclusions and recommendations for further research

Flexibility, adaptability and warmth were seen as essential qualities for practitioners, as was the ability to create a safe space where participants did not feel therapized. Arts on referral programmes were perceived as an opportunity for participants to learn new skills and share a non-judgemental experience where there was no focus on health. Play was encouraged to enable participants to thrive in the creative environment and divert attention away from health conditions. These aspects were identified as key active ingredients of arts-health interventions and optimising these, and methods to create these conditions in practice, could help organisations and practitioners ensure the success of future interventions.

Future research should revisit practitioner perspectives to explore the areas of funding and resource that impact on practitioners' ability to practice optimally. Practitioners' perspectives are essential

for developing future frameworks of best practice and rigorous guidelines to safeguard themselves and their participants.

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