



Podcast Transcript

Creative Arts Therapies – Episode 1 – The Evidence

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Release date: Wednesday, 11 September 2024 on Mental Health In Focus

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Mark Creamer (00:18):

Hello and welcome to this first episode in our mental health in focus series on creative arts therapy. My name's Mark, Mark Creamer. I'm a clinical psychologist and a professorial fellow in the department of Psychiatry at the University of Melbourne. And this series is a partnership between MHPN and ANZACATA. I think it's a wonderful acronym, ANZACATA. But to be honest, I can never remember exactly what all the letters stand for, but not to worry. I know it stands for the Creative Arts Therapy Association, and no doubt my guests will educate me in a minute as to what the other letters are for. But over the next four episodes, we're going to have a really close look at this exciting area, and I hope you'll be able to join us for the whole series to learn a bit more about creative arts therapy and maybe to help you better refer a client or a patient to creative arts therapy.

(01:10):

Maybe even if you want to become a creative arts therapist yourself or perhaps like me, maybe you don't know much about creative arts therapy. Maybe you are even a little bit unconvinced, but nevertheless curious to find out more. And that's kind of where I'm sitting at the moment. And I'm confident that by the end of the series I'll be able to have a much better informed opinion about creative arts therapy. Today we're going to look at the evidence base underpinning creative arts therapy. In the next episode, we'll look at common competencies across the range of modalities. In episode three, we'll look at the different settings and cohorts that creative arts therapists work in and with. And in the final episode, we'll look at innovations and future directions. And in each episode I'll be joined by therapists and researchers to educate me and you, the listener, and to help us better understand the field. So today for this first episode of the series to talk about the evidence-based, I'm joined by Kate Dempsey. Welcome Kate.



Kate Dempsey (02:10):

Thanks, Mark. Great to be here.

Mark Creamer (02:11):

And Deanne Gray, welcome Deanne.

Deanne Gray (02:14):

Thanks Mark.

Mark Creamer (02:14):

Deanne is coming to us via the wonders of Zoom from Adelaide, I think.

Deanne Gray (02:19):

Correct.

Mark Creamer (02:19):

Okay. Now before discussing the evidence about the effectiveness of creative arts therapy, Kate and Dee, I wonder if you just tell us a little bit about yourselves. Now, I should tell the listener that your bios are all on the website and I encourage people to go and have a read of them. But just for us now, can you just give us a sentence or two about yourselves? Kate?

Kate Dempsey (02:38):

Okay, thanks Mark. I probably should explain the acronym.

Mark Creamer (02:42):

Oh, please do. Yes, please do.

Kate Dempsey (02:44):

So ANZACATA is the Australian New Zealand and Asian Creative Arts Therapy Association. And I'm the CEO of that body. So we are a membership body, but we're also a self-regulating body. So anyone who's got qualifications that we recognise in creative arts therapy in Australia and New Zealand or Singapore and Hong Kong, because we've got universities there that we accredit their courses, they can join ANZACATA and we monitor them, we audit them, we provide services and support for them to do their professional work.

Mark Creamer (03:18):

Thank you very much, Kate. And Dee, yourself?

Deanne Gray (03:21):

Hi Mark. Hi everyone listening. Thanks for having me along today. My undergrad is in social work. I have a graduate diploma, a couple of graduate diplomas, and I have a master's in therapeutic arts practise in community arts and health. And I'm doing my PhD in the area of arts engagement, art therapy, and the differences between the two in terms of natural disaster communities and recovery. So I am really interested and passionate about creative arts and particularly art therapy and the value that it holds.



Mark Creamer (03:48):

Just fascinated by a comment about natural disasters there. I saw something just on the telly a day or two ago about Mallacoota, which was very badly affected by bushfires a few years ago and how they're using arts groups as a way of facilitating recovery. So nice little fit in there. But let's go on because we are going to talk today about the research evidence and talk about the review that ANZACATA has published recently. Maybe if I could start with you, Kate, can you just tell us something about how and why this literature review came about?

Kate Dempsey (04:18):

So there is good, a large scale, random controlled trial tests which prove the efficacy of creative arts therapy for a range of conditions and issues and so on. But what I was finding as the CEO of the organisation was people outside of the field were saying there's no real evidence is there? I'm pretty sure there's no evidence. I just heard that so many times. It really got annoying when I knew there was evidence. So I was like, well, why aren't these people looking at what's there? Okay, we need to actually put it together in a simple way. Not in so much an academic way, but in a simple way to say, there's this study, there's that study. Here's another study, and please update your knowledge and your awareness of the evidence that sits behind the work that creative arts therapists do. So that was the idea of the document was for governments, it was for funding bodies, it was for universities, it was for anyone who calls themselves an expert in mental health interventions, but perhaps wasn't really up to date on the most recent research evidence for the efficacy of arts therapy.

Mark Creamer (05:28):

Very important and presumably an easily accessible document for people to read.

Kate Dempsey (05:31):

That was the idea

Mark Creamer (05:33):

All in one place -

Kate Dempsey (05:33):

So it's really, if listeners want to go and have a look at the document, they can, it's on our website. It's done in a sort of simple way. It's a summary way. It lists the research that we look at. It gives you what they did, how many people were in the sample size, what they found really simply, really easily. And it's divided into the sorts of interventions that work and the sorts of issues that they might deal with, whether it's physical health or a form of mental health.

Mark Creamer (06:01):

And we will definitely put a link to help people find that on the website. Let's bring you in Dee before we go on to the actual findings, can we talk a bit about how you went about the process? How did you do the literature review?

Deanne Gray (06:12):

Yeah, so basically what happened was Kate kind of put some parameters in place that it needed to be level one, two and three evidence systematic reviews that needed to be quantitative. So we know that creative arts naturally lend themselves to qualitative based research. So we were interested more around what's the gap for people in terms of that quantitative evidence. And one of the things that we know particularly on the eastern seaboard is that there are a lot of creative arts therapists



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that actually work in multidisciplinary teams in hospitals and hospital settings. And we're being approached to say, what's the evidence? It's a user-friendly document to be able to provide that evidence. Look how I went about it was that Kate and I started the process and I loosely used the Prisma model for a systematic review. And then I went through and I looked at, okay, what's the main areas that are coming up in terms of when I start using the search parameters, creative art therapies, what happens? And what we found was that basically it fell into two pretty predominant categories of physical health and mental health. And so then I started squirrelling down into those particular categories and looking at what was the emerging research around that. And that's how we went about it. It was quite systematic in terms of just funnelling down and getting to the pointy end.

Mark Creamer (07:26):

Can I just interrupt there a second if I could? Because this idea of a systematic review is fundamental to evidence-based treatment really isn't it.

Deanne Gray (07:34):

It is.

Mark Creamer (07:34):

Do you want to just tell us a little bit for listeners who may not be familiar with what a systematic review is? What does it mean?

Deanne Gray (07:40):

So what it means is that you start broad and you look at what are the key terms related to the topic that you're interested in. So for me it was the key terms around it had to be qualitative,

Kate Dempsey (07:50):

Quantitative.

Deanne Gray (07:51):

Sorry, quantitative. Thank you Kate. And it had to be related to certain areas. So one of the parameters was when we got into the mental health side, it was like creative arts therapy, quantitative and depression, and then looking at what emerged from that. I call it panning for gold.

Mark Creamer (08:10):

But yeah, absolutely. But you are fairly strict about what kind of studies you will include and not include.

Deanne Gray (08:17):

Absolutely.

Mark Creamer (08:17):

And that's I think a key point as well, isn't it? Okay, lovely. And I think you've both already told us really what the take home message is, but generally speaking, you were able to find a body of evidence that supports the effectiveness of creative arts therapy.

Kate Dempsey (08:31):

I'll just quickly say that Dee found just under 40 major big quantitative studies that supported the efficacy of creative arts therapy across a range of conditions. So that's listed in the report and



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they're international. The numbers of people in the research are high. It's not like, oh, a sample of five. They're very large scale and they do like a random controlled trial. For those who are not up with that I suppose is that you might do, okay, here's an intervention for this group of people and here's an art therapy intervention for this group of people. Okay, what's the difference in terms of their improvement in outcome? So they're those sort of large scale studies and there's nearly 40 of them listed in the document.

Mark Creamer (09:18):

Impressive database. Okay. Can I just be crystal clear because I'm sure I know the answer, but I assume that the research differentiates Kate between for example, just doing art myself and art therapy. And so painting a picture might make me feel better, but that's not art therapy. Am I right there?

Kate Dempsey (09:34):

That is correct. There's a sort of continuum if you like. So there's engagement with creativity of any sort is probably really good for us. I think it's great for calming and soothing, but art therapy is a different thing altogether. It's down the other continuum where someone is quite unwell, either physically and or mentally unwell. And the idea of arts-based therapy is that we use the art modalities drawing. It could be sculpture, it could be clay, it could be dance or drama, any of those sort of creative outlets, we use them as a way of getting in touch with whatever it is that's really of concern to us when we just find for whatever reason we can't put it into words. So it's a therapy similar to a psychology therapy, but it's not simply engagement with art. But this is what Dee's PhD is all about. So maybe she'd want to add something.

Deanne Gray (10:28):

Thanks, Kate. I find it really fascinating that there is a body of evidence that says just doing art is really good for us. But then for me, when I start talking about the difference between, well I term arts engagement comparatively to art therapy, I think of it as a little bit like, well, we've got people that say, well, why should I talk to a mental health professional when I can just talk to a friend? So you can talk to your friend, but you dunno what you don't know. And so your friend's actually going to probably offer you some solace and a bit of comfort and things like that. But you don't know what you are missing out on if you don't go to a mental health professional. And we know that there's a very big difference between talking to a friend and talking with a mental health professional.

(11:08):

I kind of draw a bit of analogy like that regarding arts engagement. And for me, arts engagement, the focus is on the product. So when you sit down to do a piece of art or a dance, drama, music, whatever it is that you are engaging in creatively, the focus is really on the outcome. But for art therapy, in my own experience of engaging with art therapy sessions, but also my only experience as an art therapist, what we know is it's not actually about the outcome at all, but it's really about the process that you go through and that painting for gold what sifts to the surface through that.

Mark Creamer (11:44):

That makes very good sense. I'm going to digress a second. I promise I'm going to bring you back to the research review in just a second. But I'm interested in your comment there about arts engagement does some benefits for us, psychological wellbeing, whatever. Do you happen to know if there's any research that looks at participation in, versus observing? So if I listen to a beautiful concerto or whatever music you're into versus playing, is there any evidence that active is better than passive?



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Deanne Gray (12:10):

Yeah, there is. I refer to it as active and passive engagement with the arts. There is some literature that demonstrates that particularly in the neurological field, that our neurological pathways are influenced by passive engagement with the arts. But there is also evidence that says active engagement with the arts has a better impact on our wellbeing than passive engagement,

Mark Creamer (12:33):

Which kind of makes common sense. But that's good to know that we've got a bit of research to support it. Okay. Let's come back to the research review, which is really what we're here to discuss. And I want to take you through just a few of the methodological issues if you like Kate mentioned a second ago about some of the various modalities about fine arts and dance and drama and whatever. How does the research deal with those differences? Does it lump all kind of creative arts therapy together or are we looking at research that says different modalities?

Deanne Gray (13:01):

Great question. I really love it when we start talking about modalities and research because there are certain modalities that have been around longer and therefore have a bigger body of evidence to them. And then there are some that are really only been emerging in the last 20 years as valid in terms of creative art and therefore have a less body of evidence around them. And it also comes down to how do we define creative arts therapy? Is poetry a creative art therapy is prose. The research that we found in relation to stress and higher education students was that journaling had a significant impact on their stress levels. Now is journaling creative art? I would argue yes. I think also it comes down to who gets to define what is creative art practise and what's the subjectivity around that. Certainly when we started looking at the body of evidence and the literature, the visual arts stood out higher. There was a lot in dance and drama in relation to physical pain management.

Mark Creamer (14:00):

And you're kind of touching there on something I wanted to go onto, which was whether or not we've got any data to inform whether certain modalities are better for certain populations or the young children, adults or whatever, or different diagnoses as you say, like physical versus mental health conditions. Does the research inform that also?

Deanne Gray (14:19):

Yeah, definitely. So in terms of the physical health element, there's a lot of research related to cancer. There's a lot of research related to cognition and chronic pain, and they are the main areas that we looked at. And again, they were fairly prevalent in relation to movement and also visual arts.

Kate Dempsey (14:36):

And can I just jump in and say there that there's quite a bit of evidence for the efficacy of music therapy too, but we didn't actually put any music therapy research in there simply because that's another profession and the Australian Music Therapy Association runs that element. So we know there's a lot of good evidence for music therapy as well, but that's not in our report because we were looking more at the creative arts modalities. But all of them combined have good evidence.

Mark Creamer (15:07):

Sure, I'm very glad you mentioned that, Kate. I had a note in my head to mention that right up front. But we're not including music therapy in this.

Kate Dempsey (15:14):



They're our cousins.

Mark Creamer (15:15):

Your cousins. Indeed. And for the benefit of the listener, we've done a three episode series on music therapy, which you've able to find on the MHPN website. So if you're interested to have a listen to that one as well. But okay, so now we're not including music therapy in here, I guess that as far as is possible, which is not always easy, we do try to control for things like number and length of session and dose of treatment really is what we're talking about there, things like that.

Deanne Gray (15:41):

Definitely. I find it really interesting that one of the arguments against the creative arts is, well, there's no consistency. Like no art therapist is doing exactly the same thing. But that comes down to our philosophical stance. And I'd argue that a lot of mental health professionals aren't doing exactly the same thing either. If we're person centred in how we engage with people therapeutically, then it's literally impossible to be consistent. But what makes research valid is being clear about the methodology that's been undertaken for that research. And I think that's the important part about this body of work as well.

Mark Creamer (16:16):

It's a real challenge as you rightly point out, right across mental health treatments, I think. And we do increasingly try and do what we call fidelity checks where someone's perhaps being observed while they're working by an expert who rates is this really creative arts therapy or has he strayed into cognitive behaviour therapy or whatever. But it is a dilemma and the bottom line is that you've got some good data to suggest that it's helpful. And I guess that's where we need to hang on to whether we're talking about research or clinical practise. I think that it's important for us to be clear on what the desired outcomes would be. And certainly traditionally I think mental health has been very focused on symptom reduction, which is clearly important. But we're now increasingly, I guess, aware that we should be looking at other things like functional outcomes, social functioning, occupational functioning, quality of life. Of course. So what outcomes are you looking at?

Deanne Gray (17:05):

I guess what we were looking for was what are the outcomes that actually make a difference in people's lives? So for instance, cancer treatment, it may not have necessarily been that it changes their white cell count, but it changes the way that they feel and engage with their cancer process and their cancer journey. And that's what's important. So it comes back to that affect theory and how it affects people. In terms of mental health specifically, we were looking at are there actually reductions in their symptoms? And the body of evidence is that across depression, anxiety, stress, and trauma, there is a marked reduction in the way that those problems actually affect people's lives. There was a significant outcome in terms of how people manage their mental health and manage it better as a result of doing and engaging with creative art therapy practise.

Mark Creamer (17:58):

Yeah, it's very important because so much of the research and mental health does talk about symptom reduction. I think if creative art therapy wants to be on the same page, it has to also be looking at can we do that? Yeah, exactly. But nevertheless, I suppose we also hope that we are going to be seeing functional improvements and quality of life improvements and so on as well. I dunno if you've thought about this, but what about the other side of the coin? Do people think about adverse outcomes? Do they think about worsening symptoms or anything in the field or in the research?



Kate Dempsey (18:28):

I guess I can say from the point of view of ANZACATA as an association, we get almost no complaints about our members doing the wrong thing or not doing something well. It's just almost unheard of. So I can answer it from that point of view that our therapists are out there, I think doing professional work, doing their absolute best, being as ethical and safe as they possibly can. The lack of complaints, I guess is one way of saying, I don't really know that there's any sort of serious issue of adverse impacts from the work

Mark Creamer (19:01):

And Dee.

Deanne Gray (19:02):

So when we start talking about adverse outcomes, what we're really coming down to is ethical conduct and how do we actually manage the ethics of what happens in a session? And I agree with Kate there. I haven't seen or deliberately eliminated from the report any research at all that demonstrates adverse effects. There's a lot of research that says there's still gaps and there's still information that we don't know, but there wasn't a lot to do with that.

Mark Creamer (19:30):

Of course, a lot of that's going to be dealt with that ethical stuff by consent, good consent, not only in research, but in our clinical practise generally. I suppose we want to make sure our clients have informed consent about what's going to happen.

Deanne Gray (19:42):

Absolutely.

Mark Creamer (19:42):

However, I would just say that we need to be conscious of the fact that if we have any powerful intervention, any powerful psychotherapeutic tool always has the potential for harm. It has the potential, even if someone's not acting unethically.

Kate Dempsey (19:57):

I think that's really important Mark, and Dee's work is going to be with people in disaster areas and bushfires and so on. So they're really traumatised. So whatever you do as an intervention with them, you've got to be mindful of that, that you do want to re-trigger that or bring it all back. You've got to, whatever it is you do as an intervention has to be with that person in mind, that whole person in mind and what they want and how this is going to be helpful to them. And it is an ethical practise, isn't it Dee.

Deanne Gray (20:26):

It comes down to what's our ethical stance. So for me, in terms of my own research, I'm leaning heavily into positive ethics, which says we go beyond the credo of do no harm and actually go into the space of do the most good. And I think that's really important when we talk about natural disasters. But I think it's really important when we talk about creative art therapy. On top of that, I'm also leaning into relational ethics of care, and I think that that is a really important part as well. The reality is creative arts therapy or any therapy essentially, it's grounded in relationships.

Mark Creamer (20:59):



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Yeah, that's right. Yes. In our final episode, we're going to talk about future directions and innovations. And you're just saying that I just wonder whether web-based creative arts therapy interventions might be able to offer something without necessarily that strong therapeutic relationship? That's an interesting question. Interesting. That's a future direction. Let's talk about future directions in terms of the research, and you alluded to this Dee, that there are gaps, there are areas that we really need to be doing more. Where do you think the research needs to go and what are the key questions that still need to be answered in terms of creative arts therapy?

Deanne Gray (21:31):

It's a great question. I think that when we start talking about the future of creative arts therapies, like some of the research where it's missing our clay-based and touch-based engagement, given that my research is really related to looking at trauma and how trauma is laid down in the body, I'm really interested in how creative arts therapies might mitigate some of that trauma in an embodied sense and work with that. I think in future, it'd be good to see more quantitative based studies of a decent sample size in clay-based performance. But like we highlighted earlier, I mean, these are younger fields, and so it's perfectly natural that they don't have that same robust body of evidence yet.

Kate Dempsey (22:13):

There's a lot of the research that we found, the large scale research was around art as in drawing. That was, I think that's the oldest modality. And so there was much more sort of focus and research on that. Those sort of more tactile and more movement-based creative interventions are gaining in interest. And there's a lot more of that going on, but we need the research to keep up with it.

Mark Creamer (22:38):

Sure, sure. Okay. So there's a lot of scope and in fact, over the next three episodes, as we look at these other aspects of creative arts therapy, I think I personally want to keep the evidence base in the back of my mind all the time. And so I will be suggesting whether if we don't have the data, maybe that's aligned for future research as well.

(22:55):

Brilliant. That's been fantastic. I'm afraid that we need to wind the discussion up now, but we've covered loads of ground and I have to be honest and say that I'm very reassured to know that there is, first of all, a commitment to an evidence base because that's starting point. But more than that, that there is actually quite a strong evidence base for creative arts therapy, and that's really good to know. And it's also, of course, wetted my appetite for the next three episodes.

(23:19):

Thank you very much for your time today, Kate and Dee. And if people would like to find out more about Kate, Dee and ANZACATA, or even me, or if you want to access the resources that we've referred to in the episode, go to the landing page, follow the hyperlinks, and you'll also find a very short feedback survey. So please do let us know whether you found this episode helpful. It really is important for us, and you can provide comments and suggestions for how we can better meet your future needs. Look out for the next episode in this series. It'll be released in a fortnight on Mental Health In Focus, and we'll be chatting about the history of creative arts therapy. We'll be looking at the sort of core competencies that underpin this approach. And one of the questions I'll be asking is whether or not you need to be an artist yourself to be an art therapist, but that's for next time. You're going to have to wait to find out the answer to that one, and we'll look at some different modalities, the ways in which it can be delivered. But for now, it's goodbye and thanks very much again to you, Kate.

Kate Dempsey (24:19):



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Thanks, mark.

Mark Creamer (24:20):

And also goodbye. Thanks very much indeed to you, Dee.

Kate Dempsey (24:23):

Thanks to you, Mark, and nice to see you again, Kate.

(24:25):

Lovely to talk.

Mark Creamer (24:26):

Thanks to you both, and thanks very much to all our listeners. I hope you enjoyed the episode as much as we have, and I hope you'll join us again for episode two. But in the meantime, thanks to you all for joining us and listening to the podcast. Bye for now.

Host (24:40):

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