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Reducing Stress in Creative Spaces: Art Therapy with Adults Living with Physical Disabilities,

A Literature Review

Capstone Thesis

Lesley University

Kelly Brennan

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Art Therapy

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Abstract

Historically and currently, adults living with physical disabilities encounter life dilemmas, triggering high levels of stress. Despite the seriousness of these situations, the support and recognition of the struggle such obstacles cause tend to go ignored by society. Since persons living without disabilities do not personally feel or even perceive the gravity of the stress, accessibility demands remain overlooked. Monumental changes in political and societal constitutions take time, however, current methods that are often used with individuals coping with stress are cognitive behavioral therapy (CBT) and mindfulness-based therapy. These treatments reduce stress among varied populations, specifically when treating individuals living with disabilities. Art and art therapy have become strong aids in reducing stress for adults with disabilities, but there is still a large gap in the literature regarding the efficacy and reliability of their use with individuals with disability. For this reason, my thesis examined whether stress can be reduced in adults with disabilities through art therapy treatments. My findings show that art therapy has proved helpful when working with diverse populations with varying needs. Through this research process, I found that group therapy appears to resonate stronger for this populations and that there is great need for advocacy for this population in social, political, and therapeutic spaces. There is still an urgent need to further investigate the stress endured by adults with physical disabilities.

Reducing Stress in Creative Spaces: Art Therapy with Adults Living with Physical Disabilities,
A Literature Review

This capstone thesis looks at how art therapy can be used with adults living with disabilities to reduce stress. The gap in literature concerning the severity of stress that can manifest in people living with disabilities is vast. Surroundings of one's daily environment do not always accommodate the diversity of needs for people with disabilities. Without an intersectional stress scale and sufficient awareness, people living with disabilities do not receive acknowledgement and validation of their high levels of stress (Koch, 2001). Art therapy incorporates countless intervention techniques that are aimed at reducing stress (Pike, Sprudza, Bağcı, & Visnola, 2010). My literature review looks closer into how art therapy could be utilized in reducing stress among adults living with physical disabilities and what interventions would prove most suitable.

In 2018, the United Nations Department of Economic and Social Affairs (UN DESA) published the UN Flagship Report on Disability and Development (p. 302). Figure 1 presents the distribution of public spending on social programs for people with both physical and or developmental disabilities in the United States (p. 302). The government spent around 1.3% of this budget on creating accessible living for individuals with disabilities (p. 302). This lack of government spending demonstrates the absence of the United States government's support of peoples with disabilities. This is apparent from their choice not to use financial methods of crafting accessible and socially inclusive communities (UN DESA, 2018, p. 302). If the appropriate policies to enact transportation, housing, and employment for disabled people are not

being worked on, it could result in social isolation and promote a flawed-person stigma towards those living with disabilities (Marshall, Kendall, Banks, & Gover, 2009). The lack of social policies for people living with disabilities dates 150 years ago and has led to the dehumanization of the population, to the point where the protest movement for changes was initiated (Pfeiffer, 1993). Adults with disabilities often experience stress related to their workplace due to lack of support or accommodation for their special needs (Coelho, Sampaio, Luz, & Mancinia, 2013). The American Psychological Association's (APA) 2015 survey regarding stress among people living with disabilities, reported almost double the amount of stress in comparison to those living without a disability (APA, 2016). This literature review will look at the way art therapy can be used to reduce stress in the lives of adults with disabilities.

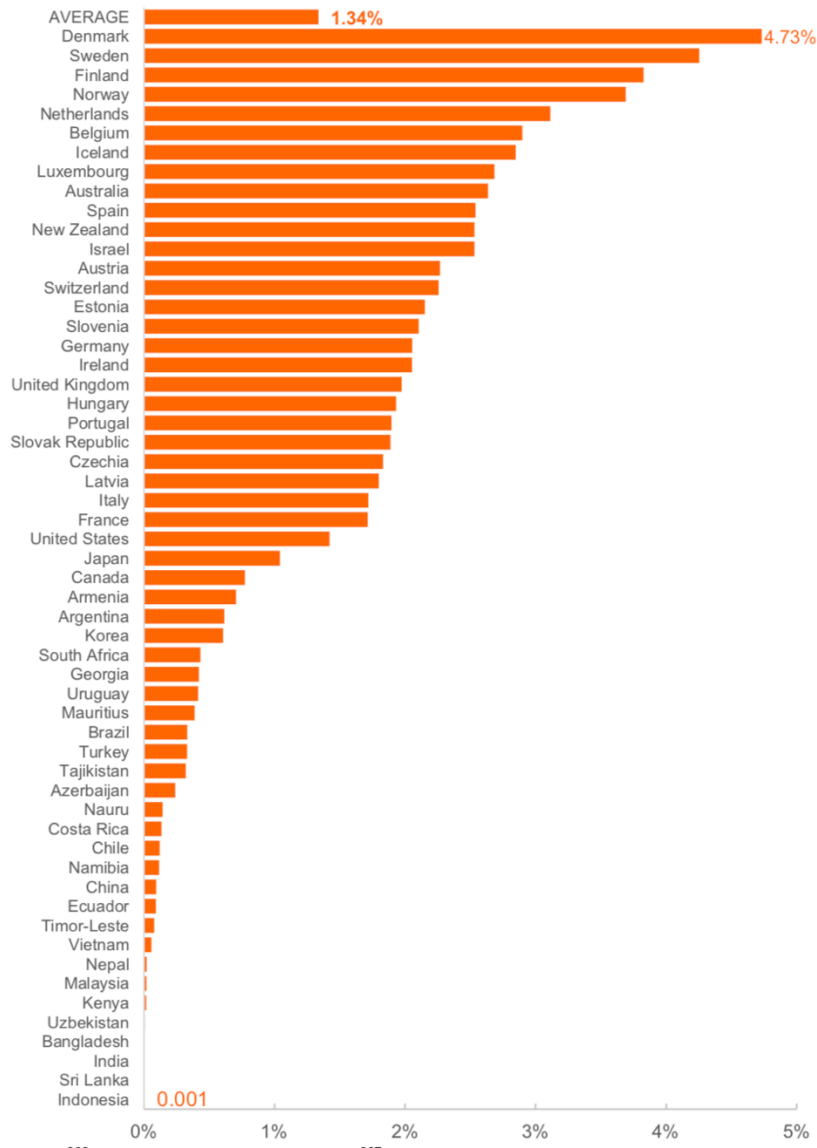


Figure 1. Public spending on social programmes for persons with disabilities as a percentage of GDP, in 56 countries, around 2014 (UN DESA, 2018, p. 303).

While the disability movement in the early 1900s was gaining more attention, the concept of art therapy began taking shape as well (Junge, 2010). Visual arts throughout the centuries had yet to be documented as a tool in therapeutic practices until the middle of the 19th century

(Junge, 2010). Forming from art, art education, and psychology, theories and treatment techniques became more defined through the 19th century (Junge, 2010). Art therapy is deployed with individuals with disabilities in both the clinical and open art studio-based model (Schreefel, 2015). Over the last few decades art therapy has proved substantial in promoting an alternative method of healing, as well as assembling an expressive community for adults with disabilities to unify (Schreefel, 2015).

In this capstone, the focus will be on how people with physical disabilities can benefit from art-based interventions. Art making has been shown to decrease stress (Otto, 2016). This reduction of stress happens in our bodies when the hormone cortisol lowers (Otto, 2016). Art therapy can relieve anxiety and stress by fostering skills that help the individuals work through high-stress situations on their own (Pike et al., 2010). With a gained ability to cope and problem-solve by utilizing art therapy, there is possibility to surmount out-of-date paradigms currently being used with adults with disabilities (Coelho et al., 2013). The literature review will provide a look into the stigma associated with disability, other helpful approaches for reducing stress, how the integration of art therapy supports this populations, and how in general we perceive and measure stress.

Literature Review

This capstone thesis will explore the use of art therapy with adults with disabilities. I will be following the option 2 critical literature review format. My thesis will review the ways art therapy is used with adults with disabilities, as well as its impact on reduction of stress amongst

this population. Considering the lack of research regarding the use of art therapy for reducing stress in adults with physical disabilities, I wish to provide novel ways of in which to do so.

Adults living with disabilities

What defines disability? Scholars from various domains, such as medical, legal, and psychological have diverse ideas about the definition of disability is (Americans With Disabilities Act of 1990; Castro, 2008; Koch, 2001; Marschall, 1996; Proietti & Cesari, 2020; “Types of Physical”, 2019). According to the Americans with Disabilities Act (ADA), disability is understood as being not a medical term, but rather as a legal term (Americans With Disabilities Act of 1990). Officially, the ADA definition of disability is as follows:

physical or mental impairment that substantially limits one or more major life activity.

This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. (Americans With Disabilities Act of 1990)

Castro (2008) emphasizes different aspects of disabilities, differentiating between the mental and physical realms, such as cognitive, physical, and sensory. One disability service-provider website defined physical disability as how a person's mobility and physical capacity is permanently or temporarily affected (“Types of Physical”, 2019). According to an Aruma¹ website article, physical disabilities include acquired brain injuries, spinal cord injuries (SPI), Cerebral palsy, Cystic fibrosis (CF), Epilepsy, Multiple sclerosis (MS), Muscular dystrophy, Tourette syndrome, Dwarfism, blindness, hearing impairments or deafness, arthritis, loss or

¹ Aruma is a disability service provider.

deformity of limbs, and Osteogenesis Imperfecta (“Types of Physical”, 2019). All the aforementioned disabilities can either be congenital or acquired, and depending on this, a person's outlook on life, disability, and stress tend to differ (Castro, 2008). In the aging process the human body becomes more prone to risk or injury (Marshall, 1996). Important to recognize, adults and the elderly over 65 have greater probability of having a physical disability (Proietti & Cesari, 2020). Thus, the literature often shows differing attitudes towards disability depending on age, when the disability was acquired, and how the disability was acquired (Proietti & Cesari, 2020).

Different cultures incorporate diverse perceptions of health and beauty (Watson & Vehmas, 2020). Often overlooked, are the differences within disability culture (Viscardis et al., 2018). In cases of both acquired and congenital disability, there is lack of regard for the diversity among people in the disability communities (Viscardis et al., 2018). As seen in the western medical model and western cultures alike, there is a perceived body type that is considered ideal over others (Barnes & Mercer, 2005). This view of an ideal body type reinforces a systemic physical body discrimination and is prominent all over the world (Watson & Vehmas, 2020). Regardless of gender, race, ethnicity, and age, ones’ appearance is held to their culture's expectations and standards of beauty (Brooker, 2010). Brooker (2010) shares their collected research concerning how females experience greater pressures regarding body image ideals. Woman living with disabilities face even deeper feelings of shame and difficulty with body image, because often they have braces, canes, hearing aids, prosthetics, and wheelchairs that do not fit the cultural body norm (Brooker, 2010). When living with a physical disability, the control of body movement, access to their strength and lack of energy can affect their view of

themselves as well (Brooker, 2010). The fear of being viewed as undesirable because of one's lack of bodily conformity has led woman with disabilities to have poor self-confidence, develop self-hate, acquire eating disorders, and can lead to refraining from social activities (Brooker, 2010). Living with physical limitations is hard enough, but the addition of the mental strain resulting from society's toxic body norms makes living a fulfilled life as a persona with disabilities even more challenging (Brooker, 2010).

Adults living with physical disabilities endure lack of choice, work, freedom, and control, unlike others in their community who are not living with a physical disability (Watson & Vehmas, 2020). Over the years, adults living with disabilities have pushed for liberation surrounding social, legal, and political barriers that do not focus on eliminating outdated or under-supported legislature (Watson & Vehmas, 2020). When laws and regulations have been voted into place to support the rights of persons living with disabilities, there is little to no consultation taken from the population itself (Edwards MPhil, Sakellariou, & Anstey, 2020). The lack of communication is apparent in the non-relevant and non-accessible spaces that claim to be accessible to all (Edwards MPhil, Sakellariou, & Anstey, 2020). Overall, it is apparent there still needs to be great deal of political and social change to fight perfectionist ideals and appropriate representation in government.

In view of the large population of adults living with physical disabilities, it is important to first consider the differences that arise between adults living with disabilities who have acquired their disability later in life versus being born with their disability (congenital disability). To state briefly, most literature exploring the life experiences of adults living with disabilities documents dissimilar feelings towards one's own disability when being acquired verse congenital (Adler et

al., 2020). One study that interviewed adults with acquired disability later in with life reported on the psychological struggle of identity integration (Adler et al., 2020). Facing adversity from blindness, deafness, spinal cord paralysis, and limb amputation leads to changes in one's personality (Adler et al., 2020). Whether the changes in identity or personality were transformative or disintegrating, this source shined light on the different facets of the population of adults living with acquired and congenital physical disabilities that are not always considered or explored deeper when working with this population. Whether a person in this community does not suffer from high levels of stress, there is still the social dilemma known as stigma (Fortuna, 2018; Ludwig, 2012). Meaning, regardless of your quality of life, stigma is ever present at workplaces, grocery stores, health care facilities and all types of frequented environments (Fortuna, 2018; Ludwig, 2012).

Stigma

In the Merriam-Webster dictionary, stigma is defined as “a mark of shame or discredit” (2011). Stigma is ever present in the world and the media often reinforces vast amounts of negative stereotypes (Ludwig, 2012, p. 147). Continued patterns of misrepresentations and generalizations keep stigma thriving (Ludwig, 2012, p. 147). In terms of the adults living with disabilities, negative judgments and actions towards them are present in one form of another (Ludwig, 2012, p. 144). According to Ludwig (2012), stigma manifests greatly among those who live with, “...physical disabilities, including hearing impairment, wheelchair use, learning disorders, neurological disorders, brain injury, and autism” (p. 144). For this reason, I want to take time reviewing articles that provided more client data surrounding stigma, not just regarding

adults with disabilities, but also the stigma that is present adjacent to those who also identify as artists.

Stigma among artists with disabilities. In view of the effects of stigma, the culture that disability holds often becomes suppressed by the generalization by people living without disabilities (Fortuna, 2018; Ludwig 2012). Alongside this, art organizations have reported to have evoked feelings of social stigmatization towards artists with disabilities (Fortuna, 2018; Ludwig, 2012). A study investigating the stigma around disabilities within arts organizations, found that physical barriers were easier to overcome than social stigma at arts organizations (Ludwig, 2012). The data was collected through an online survey. Questions on the survey inquired about the organizations' policies and means of council and checked if their spaces were inclusive for all (Ludwig, 2012). Such organizations included dance studios, art councils, theater companies, art education, museums, and some miscellaneous multidisciplinary arts organizations (Ludwig, 2012). Findings reveal an equal split between individuals with disabilities who felt welcomed and accommodated versus individuals who felt distressed upon coming to the arts organization. Ludwig's (2012) results suggest that even if an art studio or activity is accessible for the client it does not mean that the potential of stigmatization from peers and staff is not present (Ludwig, 2012). In conclusion, it seems that the design alone of therapeutic art space is not enough in reducing stress in adults with a physical disability. Furthermore, staff need to access greater council from adults with physical disabilities to better expand inclusivity and accessibility.

Stigma surrounding identity. Often, the stigma towards people with disabilities fosters the idea of disability only as a mind or body condition, rather than a key part of a person's

identity (Fortuna, 2018). The DisArt organization's² mission is to embrace and strive to advocate for greater understanding towards the cultural identity of disability (Fortuna, 2018). The DisArt's organization outlines the programs' efforts towards constructing events such as disability-based art exhibitions, to better increase attendance of disabled residents in communities. This is highly significant because disability is a unique culture that harbors shared norms, symbols, and values (Fortuna, 2018). Markedly, this community engagement through arts sets a goal of breaking down the stigmatized collective consciousness of those not living with a disability (Fortuna, 2018). Utilizing participation through creative outlets such as group art projects is geared toward fostering empowerment in those within the disabled community (Fortuna, 2018). This outlet is important when one is born into a society that was not designed for their success (Fortuna, 2018). As Ludwig (2012) shares, education, protest, and more contact between individuals with disabilities and those without are three ways to begin the navigation from stigma in society (p. 147). To conclude, art therapy and this social-art-model of advocacy could lead to greater community change and reduce disability-stress and stigma.

Treatments for adults with physical disabilities

Mindfulness. In considering the treatments and approaches for stress and other internal challenges due to physical and social barriers that adults living with physical disabilities face, doctors and human service professionals have stated that mindfulness-based work, counseling, and cognitive behavioral therapy (CBT) have all been used as methods in relieving client stress

² DisArt is an "...arts and culture organization based in Grand Rapid (Fortuna, 2018, p. 4)

(Davis, Zautra, Wolf, Tennen, & Yeung, 2015; Eccleston, Hearn, Williams, 2015; Shapiro, & Carlson, 2017). Mindfulness is regarded as art as well as science (Shapiro, & Carlson, 2017). Influenced from western psychological beliefs and Eastern methods and wisdom, mindfulness assists the mind in expanding the perception of self, health, and regarding the surrounding environment (Shapiro, & Carlson, 2017). Through this practice, mindfulness welcomes positive and productive self-growth (Shapiro, & Carlson, 2017). With this understanding, mindfulness has become an essential asset in effective therapy (Shapiro, & Carlson, 2017). In assisting clients to gain stronger awareness and acceptance, therapists have used an acceptance-oriented treatment based off mindfulness meditation principles (Davis et al., 2015). The aforementioned mindfulness practices have proved to limit client anxiety, physical pain, stress, low energy, and catastrophizing thoughts (Davis et al., 2015). In view of stress faced by adults living with disabilities, mindfulness's ability to promote healthier approaches to difficult life situations and aid in the practice of relishing in positive moments is valuable to treatment (Davis et al., 2015). In contrast, building one's mindfulness practices takes time, and they are not easy to sustain in acute events of stress (Davis et al., 2015).

Cognitive behavioral therapy (CBT). Within the grouping of treatments for decreasing stress in adults living with physical disabilities, cognitive behavioral therapy (CBT) is highly prominent (Eccleston et al., 2015). CBT involves having the client set goals aimed at altering their disruptive behaviors or thinking patterns (Eccleston et al., 2015). In the past two decades, CBT has become popular in the treatment of a variety of client needs (Eccleston et al., 2015). Aiming at the population of adults living with physical disabilities, the literature focuses greatly on the use of CBT in pain management, reduction of stress, promotion of self-efficacy,

prevention of negative thoughts, and learning to relax more effectively (Eccleston et al., 2015). Specifically, literature for this population focuses on how chronic pain and physical disabilities that accompany chronic pain are affected in CBT treatment (Davis et al., 2015). Using a psychosocial treatment for chronic pain has equal significance to medical care (Davis et al., 2015). For this reason, CBT for chronic pain in adults living with disabilities evaluates the client's psychological prejudices to pain and how to successfully avert damaging thoughts (Eccleston et al., 2015). Thus, CBT is a helpful treatment, however I believe there are ways to combine the structure of CBT with the creative expression in art therapy treatment that could benefit a larger range of clients coping with issues related to their disability.

Art therapy

Art therapy is a treatment path for serving people therapeutically by deploying art in varied techniques and creative directives (Jones, 2005). These methods are geared to help clients non-verbally understand and process their struggles (Jones, 2005). Over the past decades, art therapy's progression has unified the arts with healthcare practice (Jones, 2005, p.8). As a result of this evolution and unification, art therapy is currently spread across a substantial amount of cultures (Jones, 2005, p.16). Therefore, a singular definition of what art therapy is does not exist, making it a more subjective treatment approach (Jones, 2005, p.16). According to the American Art Therapy Association (AATA, 2017),

Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active artmaking, creative

process, applied psychological theory, and human experience within a psychotherapeutic relationship.

Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance. (The Profession section, paras. 1-2)

As mentioned before, other countries have their own definitions of art therapy but are influenced by their own diverse culture, history, and knowledge (Jones, 2005). Within a person's culture, there are perceived perceptions of what art is and is not (Jones, 2005). Adjacently, religious belief, spiritual identity, and generational differences also come into play when personally determining what types of art are acceptable and which are not acceptable (Jones, 2005). Client perceptions as such, can create barriers towards believing art therapy could personally be successful (Jones, 2005). This is not referring to a person's culture as an obstacle, rather acknowledging the different feelings surrounding art-making, and taking them into consideration (Jones, 2005). Respecting a client's cultural ideals is necessary to build a healthy therapeutic relationship (Jones, 2005).

Art therapy with adults with physical disabilities. When it comes to the expressive therapies, a common misconception often seen, is the assumption that art is only for those who create aesthetically good art (Jones, 2005, p.14). In addition, some also believe that art therapy is a treatment only recommended in cases of a client having problems related to creative expression

(Jones, 2005, p.14). Art, movement, music, and drama therapy are all treatments that do not require from client deep understanding of the background in their roots (Jones, 2005, p.14). There are also no rules disallowing people with disabilities to participate in the expressive therapies (McGraw, 1999). In McGraw's chapter in Machiodi's (1999) book, McGraw focused on their experiences using art therapy treatment with medically ill and disabled persons. McGraw (1999) discusses why typical psychotherapy can be difficult for this client group, sharing that when first acquiring a disability, the client does not yet have words to explain how they feel, and the expectation of needing to supply words can lead to defensiveness and fear (McGraw, 1999). McGraw explains that in the case of unexpectedly having your life altered by an illness or disability typically leads to having to search for new ways to release difficult feelings (McGraw, 1999). Looking to past outlets can cause depression, anger, and anxiety when the person is not able to use them as they did in the past (McGraw, 1999). From McGraw's experience working with this population, they have seen the creative processes of art therapy transform lives through identity growth and the increase in self-control (McGraw, 1999). In summary, art therapy can be used to indirectly or directly tackle the stressful and traumatizing situations that the physically disabled find themselves in.

McGraw's work is highly important because it reflects years of therapeutic and medical knowledge documented while working as an art therapist with adults living with physical disabilities (McGraw, 1999). This perspective is eminent because in art therapy research and literature, there is not always strong medical backing to the reasons and methodology regarding the choice of treatment (McGraw, 1999). In McGraw's case, they use their experience in the field to inform their current work (McGraw, 1999). Through work with clients who have a range of

mobility impairments such as, paraplegia, severe burns, amputation, quadriplegia, and hemiplegia, McGraw shares how the bodily transition caused trauma (McGraw, 1999). Often accompanying diagnoses of disability is deep self-blame, the struggle of coming to terms with possible sexual dysfunctions, and body image problems (McGraw, 1999). All these new challenges, on top of the stress that lays ahead, are daunting and anxiety producing (McGraw, 1999). However, McGraw believes that in an art studio setting, clients faced with physical and or medical conflicts can encounter humanizing experiences that reduce anxiety. Through non-threatening surroundings that are also non-clinical, clients can work at their own pace without the expectation of words or aesthetic judgments (McGraw, 1999). Another key point McGraw mentioned is how learning and adapting to new art mediums can be practiced for clients who now must face familiar environments that are not as vastly accessible as they might have once been perceived (McGraw, 1999). Ultimately, it seems that art therapy is a valuable transitional tool for adults living with new physical disabilities or immobilizing medical illness.

Group art therapy for individuals with disabilities. Art therapy can take place in different settings: individual meetings or group sessions (Schreefel, 2015). Notably, there is more literature and collected data pertaining to group art therapy with adults with disabilities than individual art therapy sessions with adults living with disabilities (Luzzatto et al., 2017; Roulstone, Gradwell, Price, & Child, 2003; Schreefel, 2015; Siegal, 2011 p. 146; Viscardis et al., 2018). In order to better serve adults with disabilities, as well as the misrepresented community of healthcare professionals living with disabilities (Viscardis et al., 2018). Project ReVision hired group and workshop facilitators who identified as artists with disabilities to promote community (Viscardis et al., 2018). Primarily, the workshop group used an arts-based research project of

multi-media storytelling to give space to others in the physically disabled community to break down negative social constructs that surround them in society and specifically in the workplace (Viscardis et al., 2018). Through creative video making that was representative of the members' journeys with their disability, the authors shared how both members and facilitators of the group felt that the group space was where vulnerabilities could be brought to the surface and disability as identity could be discussed comfortably (Viscardis et al., 2018). The groups sessions' revealed beneficial moments as one participant documented: in this study helped to provide evidence towards the benefits of not only therapeutic art making but also the importance of being able to vent about daily work stress (Viscardis et al., 2018). Given that adults living with a physical disability tend to have greater obstacles in their work environments such as architectural adversity, discrimination, and lack of confidence from employers, they could be at risk for accumulating greater amounts of stress (Roulstone et al., 2003). The study above highlights the significance that art therapy group work can play when working with adults living with disabilities. Thus, it is important it is for people with a disability to have this sort of social or therapeutic support since non-disabled friends or colleagues cannot fully comprehend the adversity faced by a person with disabilities (Viscardis et al., 2018).

As presented in Project ReVision, Viscardis et al. (2018) used the group layout to provide social support for members. In a similar manor, Luzzatto et.al (2017) ran a group-focused art therapy program. Rather than documenting the process in a loose note format, Luzzatto et al. used a strict timeline and scoring method. The researchers' goals were to collect accurate data on whether the program could help improve the treatment of those with diverse physical and neurological disabilities (Luzzatto et al, 2017). The researchers examined if art therapy-based

goals would prove to be more successful than psychotherapy goals (Luzzatto et al, 2017). The art therapy directives involved a variety of mediums throughout the ten weeks, such as pencils, paints, collage, and found objects³ (Luzzatto et al, 2017). The authors suggest that providing a diverse selection of materials and demonstrations on ways to use a single medium can provide a client with comfort going into a new activity (Siegal, 2011, p. 146).

Variables looked at by the research team of Project ReVision during the scaling and scoring process were the long-term effects art therapy had on the participants (Luzzatto et al, 2017). Specifically, the long-term effects such as severity of illness, autonomy, attention, communication, and socialization of the participants (Luzzatto et al, 2017). Researchers found improvements in socialization within the first two weeks of the integration of art therapy to the program (Luzzatto et al, 2017). Additionally, to enhance credibility, most of the research team incorporated licensed art therapists (Luzzatto et al, 2017). In conclusion, it is shown in the literature that social relationships have a positive influence on persons living with disabilities across the board. It is important to note that this source did not describe the participants' demographics. Demographics provide us with more information about participant and can be used to refine art therapy directives.

Art therapy for stress. Many sources disclose how art therapy generates stronger feelings of control, provides a less-intimidating form of expression, promote internal and external self-reflection, provide diverse coping mechanisms, induce bodily response, bring about social

³ “A 'found object' in this context refers to a natural or manmade object (or fragment of an object) found by an artist and kept because of some intrinsic interest or aesthetic value the artist sees in it” (Brooker, 2010).

support through group work, nurture self-advocacy related to work and medical discrimination (Pike et al., 2010; Rhode, Froehlich-Grobe, Hockemeyer, Carlson, & Lee, 2012; Schreefel 2015; Violante, 2018). Considering the potential of art therapy in subsiding feelings of stress, the information in this section will center on the reasoning, methods, and other viable information surrounding the ways in which therapeutic art can reduce stress (Pike, et al., 2010). Also looking at how stress can be understood socially, medically, and how it can be measured.

As stated above, art therapy can tap into the body and promote stress reduction (Violante, 2018). A quasi-experimental study involving art therapy sessions with adult female healthcare workers over a three-month period, displayed prominent signs in the reduction of their stress (Pike et al., 2010). Coupled with a stressors and anxiety related survey that inquired about their work and other life stress, the participants were required to complete three-daily saliva collections for the examination and detection of cortisol (Pike et al., 2010). Additionally, the researchers revealed that physical and psychological symptom-based concept of stress features fatigue, chest-pains, loss of appetite, headaches, anxiety, lack of balance, impatience, decision making struggles, and concentration disruptions (Pike et al., 2010). The art therapy sessions were constructed to provide the participants with skills to sharpen their awareness towards stressful situations, while at the same time researchers documented and charted individual client cortisol levels (Pike et al., 2010). As a result of the sessions, participants' stress proved to be lower after art therapy, and many shared that the experience increased their collaboration and communication abilities (Pike et al., 2010). This study did not include detailed demographics of these women, which would have proven helpful in further distinguishing the reliability of the reduction of stress in people living with physical disabilities (Pike et al., 2010). In conclusion,

this research helps to better define art therapy's considerable support when working with adults with disabilities who, similar to the participants in the research described above, experience high levels of stress.

Measuring Stress. To branch over to how stress can be measured, Rhode et al., (2012) conducted a study that focused on the construction of a stress scale. The research team chose to measure the stress of people living with physical disabilities, specifically related to limitations of movement in arms and legs (Rhode et al, 2012). Among the stress variables looked at in the study were participation issues, societal barriers, medical care, employment struggles, transportation, and social service difficulties (Rhode et al, 2012). Understanding the level of stress caused by these variables can help reduce stress (Rhode et al, 2012). The outcome of their study formed the Disability Related Stress Scale (DRSS) (Rhode et al, 2012). It is interesting to note that adult participants had all developed their physical limitations in past thirteen to fifteen years prior to the study (Rhode et al, 2012). This fact alone is significant, since results could look different if they had sampled people who had either congenital or acquired a disability at a young age. Although this case study was strictly related to stress and population, I find it viable in the process of understanding how to properly integrate art therapy and measure its influence on levels of stress among people with disabilities.

Disability through illness and art therapy. In this section, the literature provided are all related to disability obtained from illness and its influence on the art therapy processes and the cutback of stress (Elkis-Abuhoff, Goldblatt, Gaydos, & Corrato, 2008; Fayyaz, Jaffery, Anwer, Zil-E-Ali, & Anjum, 2018; Firestone, 2013). Elkis-Abuhoff et al., (2008) presented a case study on the effects of using clay with patients with and without Parkinson's disease. In

cases of this chronic progressive neurodegenerative disease, there is a decline in control of the muscles, thus affecting strength and balance (Fayyaz et al., 2018). In this study, the focus was on the effect of integrating therapeutic clay program on palliative care and medical treatments for individuals living with Parkinson's disease (Elkis-Abuhoff et al., 2008). The researchers administered the Brief Symptom Inventory (BSI) in the beginning and in the end of the study, incorporating a pre-post model (Elkis-Abuhoff et al., 2008). This 53-item psychological screening tool provides an overview of a patient's symptoms and the intensity of the symptoms at a specific point in time (Elkis-Abuhoff et al., 2008). Once completed, the participants were asked to play with clay (Elkis-Abuhoff et al., 2008). The qualitative data collected from the interviews and observations, and the quantitative data from the BSI Assessments revealed that the use of clay had positive impacts on both participants with and without physical, somatic or emotional distress (Elkis-Abuhoff et al., 2008). This article provides practical mixed-method research that aids in the argument that art therapy-type directives can be used with those struggling with physical issues that bring on emotional disturbances (Elkis-Abuhoff et al., 2008).

Firestone (2013) further broadens the understanding about the use of art as therapy when living with a life-threatening illness. When living with a life-threatening illness, there is often disability temporarily and or permanently placed into one's life (Firestone, 2013). In the case of this study, alongside living with a life-threatening illness, participants were chosen for their artist identity (Firestone, 2013). All the participants showed symptoms of fatigue, depression, physical body pain, financial stress, spiritual distress, lowered productivity, nausea, insomnia, and lack of appetite (Firestone, 2013). Qualitative research methods were used to assemble raw data into cohesive sets of testimonies (Firestone, 2013). Firestone (2013) concluded that when faced with

a life-altering diagnosis, these woman artists utilized the arts to surmount their isolation and persist in making meaning out of illness. Salient themes in Firestone's study included belief systems, early environment/family, change/or not with illness, cultural context, and career path/creative expression (Firestone, 2013). In summary, the study points out how adults with physical disabilities can use art for stress reduction and generate new ways of coping when faced with the social and physical effect that illness can inflict.

Discussion

Summary of project

Through the data presented in this literature review, the gap of literature in art therapy with adults with disabilities is apparent. Although sources exist, the creation of such works did not pick up momentum until the past few decades. When narrowing the search in collecting journal articles and books that could help in my assertion of art therapy with adults living with disabilities, there was commonly a lack of detail in either, age of participants, goal of directives, and reason for seeking art therapy. In the cases of having one or two of the above attributes missing in the data, there was difficulty in adding the information to the larger pool of what I was specifically looking to gather. Despite these holes in information, each source still contained useful information, which I will further deploy in order to materialize recommendations for further research and clinical interventions in art therapy for reducing stress in adults living with physical disabilities.

Prominent conclusions form my literature review

Through generating this literature review, I have gained a thorough understanding of the subjects of art therapy and disability. One issue I unraveled relates to the depth of stigma surrounding disabled art community. As covered in the literature review, there are unhealthy assumptions and labels placed on adults with disabilities, but surprising to me, there was also a large amount of reports of the stigma existing in art spaces towards people with disabilities. In the journals that explored group/community art spaces, there were handfuls of testimonies from clients and staff alike that felt there was grandiose amounts of stigma, inaccessible activities, and uncomfortable energy often at their organization (Ludwig, 2012). Self-branding as accessible appeared to be common in these articles as well, and I found myself not thinking about the credibility of such claims until finding similar articles that included information regarding client's thoughts (Ludwig, 2012). These organizations' board of directors often are not made up of people who equally represent the people who attend the organizations groups (Ludwig, 2012). None the less, representation and advocacy for disabled adults' rights are absent in their workplaces, healthcare facilities, and many other necessary places (Ludwig, 2012).

Equally important, creating the literature review notably helped me recognize the healthy stability fostered in adult art therapy groups and community work with this population. Going into this thesis, I was not expecting to see a considerable difference in the successfulness of individual vs group art therapy. Nonetheless, it seems that the emotional and creative expression flowed substantially more in the cases of group-based art therapy with adults living with physical disabilities (Viscardis et al., 2018). From what I understand, using the group format with this population provides members with support that is more attuned to individual needs, as well as creating a "sub-culture" for its participants and a sense of community which seems to act as a

substantial stress stimulator (Viscardis et al., 2018; Luzzatto et al, 2017). During group, members not only are making art, but also simultaneously connecting with others who could potentially share helpful information concerning local accessible spaces. Alongside, groups can become a safe space to vent about work and other life stressors that are not always taken as seriously amongst people living without a physical disability (Viscardis et al., 2018; Luzzatto et al, 2017).

In general, the literature review further provided me with the confidence that art therapy can assist in lowering stress in adult clients living with physical disabilities. While researching information to provide firmness for this claim, I found myself discovering more about the composition of stress. Alone, stress is complex, but when taking into consideration how society generalized stress, there is little acknowledgement towards the variations of stress and its specific manifestations amongst people with disabilities (Pike, et. al., 2010). In other words, the strain of stress in adults with disabilities is not perceived or validated in the same way it is towards those who do not live with a disability (Pike, et. al., 2010). In conclusion, the literature presented me not only with why stress occurs differently in adults with disabilities, but also provided me with data explaining how the conversations that take place in art therapy groups for clients of this population are able to build connections and community through venting and supporting members in their work, money, and social stresses (Pike, et.al., 2010; Rhode, Froehlich-Grobe, Hockemeyer, Carlson, & Lee, 2012; Schreefel 2015; Violante, 2018).

Potential contribution to the clinical practice of expressive therapies

Through research collected and presented in the literature review, I believe the monumental absence of people living with disabilities in positions of power should be inherently

recognized as a significant problem. Due to the gap of representation, individuals living with disabilities are less likely to have their voices heard and their presence respected in their communities (Pfeiffer, 1993). This also translates into the expressive therapy fields (Fortuna, 2018). Regardless of the expressive modality, there is a need across the board for greater change. Serving and connecting with clients living with physical disabilities suffers when a studio or space is not equipped for their bodies. Whether you share your frustration for this with your superiors or not, the conversations need to keep happening to in turn bring about fair conditions for every client. With that, I think the literature review contributes to this serious issue and ideally will get readers to become more aware of their role in ultimate change for those in the disabled community.

Recommendations

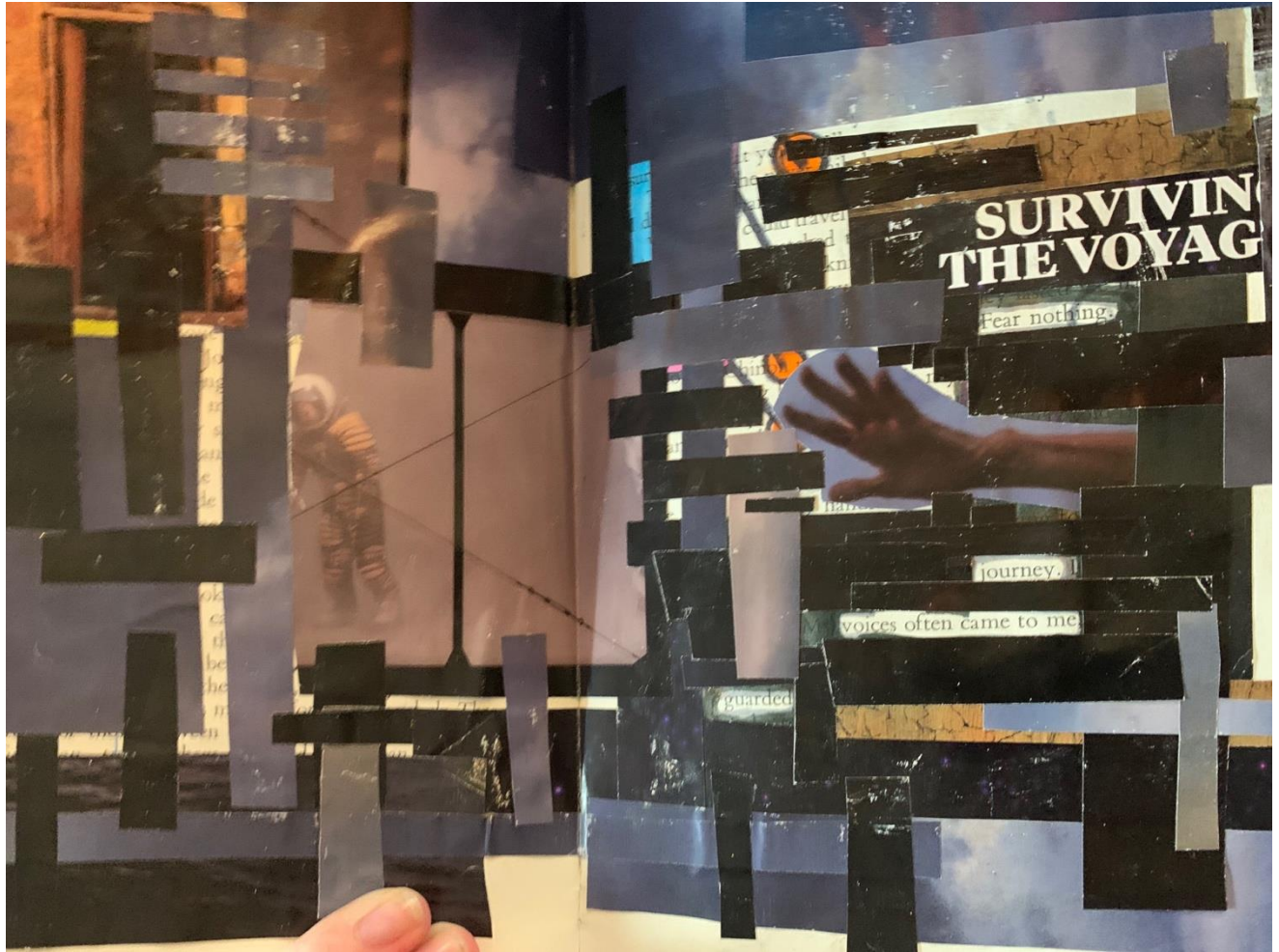
Further steps to be explored could be how to ingrate more art related advocacy work through community groups and learning how to assemble community informational meetings for stress management when living with a disability. More places for social interactions for adults living with disabilities could prove to provide personal and social support that is not as accessible when living with a physical disability (Luzzatto et al, 2017). Speaking to art therapy with this population, the information from the literature that struck me the most was how effective group art therapy was (Schreefel, 2015). Although individual work with this population is beneficial, there was countless testimonials from clients and clinicians alike detailing the power of group art therapy (Schreefel, 2015). Moving forward, I want to stay more open to group art therapy with all populations.

While building this literature review, the time researching about stress gave me a better understanding of how diverse and complex it can be for adults living with disabilities. Often, stress is over-generalized which in turn negates from the levels of strengths it can hold (Pike et al., 2010). This meaning in connection to my research, the type of daily work dilemma that inflicts stress is twice as likely to take a larger toll on someone living with a disability (Pike et al., 2010). Regularly, this imbalance of stress goes unchecked and invalidated (Pike et al., 2010). I would recommend that whether in an art therapy setting for not, that mindfulness and awareness be maintained. This regarding work conditions for not only oneself but colleagues as well is crucial. It is my understanding that the more attention payed to what might seem like small injustices, are the ways to break down longstanding systems of oppression. In my future work, I would like to better learn how to efficiently advocate for adults with physical disabilities and all clients I have yet to serve.

Personal art made during this capstone journey

Below are three images I created in a found book. I often use this old book as an art journal to expresses myself as I would a diary. The first image below is from the fall when I began crafting reaching for this capstone. The middle collage is from the mid-winter when I was in the thick of big edits and changes in directions of my thesis. The last image is from two weeks ago, when I was felt proud of the process and of making this capstone.







References

- Adler, J. M., Lakmazaheri, A., O'Brien, E., Palmer, A., Reid, M., & Tawes, E. (2020). Identity integration in people with acquired disabilities: A qualitative study. *Journal of Personality*. Advance online publication. <https://doi.org/10.1111/jopy.12533>
- American Art Therapy Association. (2017). Retrieved from <https://arttherapy.org/about-art-therapy/>
- American Psychological Association. (2016). *Stress in America: The impact of discrimination*. Retrieved from <https://www.apa.org/news/press/releases/stress/2015/impact-of-discrimination.pdf>
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991)
- Barnes, C., & Mercer, G. (2005). Understanding impairment and disability: towards an international perspective. In C. Barnes & G. Mercer (Eds.), *The social model of disability: Europe and the majority world* (pp. 1–16). Leeds, UK: The Disability Press. Retrieved from: <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Barnes-EMW-Chapter-1.pdf>
- Brooker, J. (2010). Found objects in art therapy, *International Journal of Art Therapy*, 15:1, 25-35, DOI: [10.1080/17454831003752386](https://doi.org/10.1080/17454831003752386)
- Castro, D. D. (2008). Accessibility for People with Disabilities. In R. D. Atkinson & D. D. Castro (Eds.), *Digital quality of life: Understanding the personal and social benefits of the information technology revolution* (pp. 49–53). Washington, DC: Information

Technology and Innovation Foundation. Retrieved from

<https://www.itif.org/files/DQOL.pdf>

Coelho, C. M., Sampaio, R. F., Luz, M. T., & Mancini, M. C. (2013). Work reality perceived by individuals with impairments: A biopsychosocial experience. *Work*, 45(4), 537–551.

<https://doi.org/10.3233/wor-131640>

Davis, M. C., Zautra, A. J., Wolf, L. D., Tennen, H., & Yeung, E. W. (2015). Mindfulness and cognitive-behavioral interventions for chronic pain: differential effects on daily pain reactivity and stress reactivity. *Journal of Consulting and Clinical Psychology*, 83(1), 24–35. <https://doi.org/10.1037/a0038200>

Eccleston, C., Hearn, L., Williams, A. (2015). Psychological therapies for the management of chronic neuropathic pain in adults. *Cochrane Database of Systematic Reviews*, 2015(10), 1–30. <https://doi.org/10.1002/14651858.CD011259.pub2>

Edwards MPhil, D. J., Sakellariou, D., & Anstey, S. (2020). Barriers to, and facilitators of, access to cancer services and experiences of cancer care for adults with a physical disability: A mixed methods systematic review. *Disability and Health Journal*, 13(1), 1–13. <https://doi.org/10.1016/j.dhjo.2019.100844>

Elkis-Abuhoff, D. L., Goldblatt, R. B., Gaydos, M., & Corrato, S. (2008). Effects of clay manipulation on somatic dysfunction and emotional distress in patients with Parkinson's Disease. *Art Therapy*, 25(3), 122–128. <https://doi.org/10.1080/07421656.2008.10129596>

- Fayyaz, M., Jaffery, S. S., Anwer, F., Zil-E-Ali, A., & Anjum, I. (2018). The effect of physical activity in Parkinson's Disease: A mini review. *Cureus, 10*(7), 1-4.
<https://doi.org/10.7759/cureus.2995>
- Firestone, S., (2013). *Art as a catalyst for resilience: Women artists with a life-threatening illness* (Doctoral dissertation). Retrieved from Expressive Therapies Dissertations. (Publication No. 27). Retrieved from
https://digitalcommons.lesley.edu/expressive_dissertations/27
- Fortuna, J. (2018). DisArt: Redefining the Construct of Participation. *The Open Journal of Occupational Therapy, 6*(2), 1-7. <https://doi.org/10.15453/2168-6408.1524>
- Jones, P. (2005). *The arts therapies: A revolution in healthcare*. Retrieved from
<https://ebookcentral-proquest-com.ezproxyles.flo.org>
- Junge, M. B. (2010). *The modern history of art therapy in the United States*. Springfield, IL: Charles C Thomas.
- Koch, T. (2001). Disability and difference: balancing social and physical constructions. *Journal of Medical Ethics, 27*(6), 370–376. <http://dx.doi.org/10.1136/jme.27.6.370>
- Ludwig, E. (2012). Stigma in the arts: How perceptual barriers influence individuals' with disabilities participation in arts organizations. *The Journal of Arts Management, Law, and Society, 42*(3), 141-151. <https://doi.org/10.1080/10632921.2012.729498>
- Luzzatto, P., Bruno, T., Cosco, M., Del Curatolo, A., Frigenti, F., & Macchioni, S. (2017). The DIS-ART creative journey, Art therapy for persons with disabilities: Adaptation of the

creative journey. *Art Therapy*, 34(1), 4-11.

<https://doi.org/10.1080/07421656.2016.1277126>

Marshall, C. A., Kendall, E., Banks, M. E., & Gover, M. S. (Eds.). (2009). *Disabilities: Insights from across fields and around the world*. Retrieved from

<https://psycnet.apa.org/record/2009-11004-000>

Marschall, L. A. (1996). Pay no attention to the man behind the curtain: How the chaotic features of microreality become the familiar face of the ordinary world [Review of the book *The clock of ages* by J. J. Medina]. *The Sciences*, 36(5), 46. <https://doi.org/10.1002/j.2326-1951.1996.tb03272.x>

McGraw, M. K. (1999). Studio--Based Art Therapy for Medically Ill and Physically Disabled Persons. Malchiodi, C. A. In *Medical Art Therapy with Adults* (pp. 243–263). Jessica Kingsley Publishers.

Otto, F. (2016, June 14). At any skill level, making art reduces stress hormones. Retrieved from https://drexel.edu/now/archive/2016/June/Art_Hormone_Levels_Lower/

Pfeiffer, D. (1993). Overview of the disability movement: History, legislative record, and political implications. *Policy Studies Journal*, 21(4), 724-734.

<https://doi.org/10.1111/j.1541-0072.1993.tb02169.x>

Pike, A., Sprudza, D., Baķe, M. Ā., & Visnola, D. (2010). Effects of art therapy on stress and anxiety of employees. *The Journal of Latvian Academy of Sciences*, 64(1-2), 85-91.

<https://doi.org/10.2478/v10046-010-0020-y>

- Proietti, M., & Cesari, M. (2020). Frailty: What is it? In N. Veronese (Ed.), *Advances in Experimental Medicine and Biology: Vol. 1216. Frailty and cardiovascular diseases: Research into an elderly population*. Cham, Switzerland: Springer.
https://doi.org/10.1007/978-3-030-33330-0_1
- Rhode, P. C., Froehlich-Grobe, K., Hockemeyer, J. R., Carlson, J. A., & Lee, J. (2012). Assessing stress in disability: Developing and piloting the Disability Related Stress Scale. *Disability and Health Journal*, 5(3), 168–176. <https://doi.org/10.1016/j.dhjo.2012.03.002>
- Roulstone, A., Gradwell, L., Price, J., & Child, L. (2003). *Thriving and surviving at work: disabled peoples employment strategies*. Bristol, UK: Policy Press.
- Schreefel, E. Y. (2015). *The Role of Art Making in the Recovery from a Physical Disability due to Trauma* (Doctoral dissertation). LMU/LLS Theses and Dissertations.(Publication no. 152) Retrieved from <http://digitalcommons.lmu.edu/etd/152>
- Shapiro, S. L., & Carlson, L. E. (2017). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions* (2nd ed.). Washington, DC: American Psychological Association. <https://dx.doi.org/10.1037/0000022-001>
- Siegel, C. (2011). Materials and media in art therapy: Critical understandings of diverse artistic vocabularies. *Art Therapy*, 28(3), 146-147.
<https://doi.org/10.1080/07421656.2011.600223>
- Stephens, L., Spalding, K., Aslam, H., Scott, H., Ruddick, S., Young, N. L., & Mckeever, P. (2017). Inaccessible childhoods: Evaluating accessibility in homes, schools and

neighborhoods with disabled children. *Childrens Geographies*, 15(5), 583–599.

<https://doi.org/10.1080/14733285.2017.1295133>

Stigma. (2003). In *Merriam-Webster's dictionary* (11th ed.). Springfield, MA:

Merriam-Webster. Retrieved from <https://www.merriam-webster.com/dictionary/stigma#other-words>

Taub, D., Fanflik, P., & Mclorg, P. (2003). BODY IMAGE AMONG WOMEN WITH PHYSICAL DISABILITIES: INTERNALIZATION OF NORMS AND REACTIONS TO NONCONFORMITY. *Sociological Focus*, 36(2), 159-176. Retrieved April 22, 2020, from www.jstor.org/stable/20832198

Types of physical disabilities. (2019, July 22). Retrieved from <https://www.aruma.com.au/about-us/about-disability/types-of-disabilities/types-of-physical-disabilities/>

United Nations Department of Economic and Social Affairs. (2018). *Realization of the sustainable development goals by, for and with persons with disabilities: UN flagship report on disability and development*. Retrieved from <https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2018/12/UN-Flagship-Report-Disability.pdf>

Violante, C. (2018, November 16). Why is stress different for everyone? Retrieved from <https://medicine.yale.edu/news-article/18792/>

Viscardis, K., Rice, C., Pileggi, V., Underhill, A., Chandler, E., Changfoot, N., Mykitiuk, R. (2018). Difference within and without: Health care providers' engagement with disability

arts. *Qualitative Health Research*, 29(9), 1287–

1298. <https://doi.org/10.1177/1049732318808252>

Watson, N., & Vehmas, S. (2020). *Routledge handbook of disability studies* (2nd ed.). London:

Routledge. Retrieved from

<https://books.google.com/books?hl=en&lr=&id=eB24DwAAQBAJ&oi=fnd&pg=PT164&dq=oppression+faced+by+adults+with+physical+disabilities&ots=8MstBBipEe&sig=tsH9VNy7zCNudcO9HKEQjfjWgIs#v=onepage&q=oppression%20faced%20by%20adults%20with%20physical%20disabilities&f=false>

THESIS APPROVAL FORM

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Student's Name: _____ Kelly Brennan

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Title: _____ Reducing Stress in Creative Spaces: Art Therapy with Adults Living with Physical Disabilities, A Literature Review

Date of Graduation: _____ May 5, 2020 _____

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: _____ Dr Tamar Hadar, MT-BC _____