The Doctor podcast | Episode 2 | Life in Colour

Voiceover: Art is one of the many tools doctors can use to help treat and heal patients.

However, this wasn't something Dr Sabina Dosani was taught about at medical school.

Dr Sabina Dosani: When I was training in child psychiatry, we'd often have art materials in the room and while other family members might be speaking to the therapeutic team or the assessment team, children would be drawing to occupy themselves. And I don't think that collectively, we paid as good attention to those drawings as I like to think I have learned to do now.

Voiceover: Now, as a consultant child and adolescent psychiatrist, Dr Dosani has found art to be a valuable tool to get to the heart of things with the young people she works with – in ways that are more effective than talking alone.

And there is a growing evidence base for this.

Art psychotherapist Megan Tjasink has been researching how art therapy can help burnout for healthcare professionals, and her findings so far have been promising.

Megan Tjasink: Burnout and mental distress in the healthcare workforce is an increasingly worrying issue.

If we look at systematic reviews around interventions to address burnout, often the results are kind of negligible or have very low effect sizes.

And so, we don't really have a handle on how we address this issue yet. And so, to find that this art therapy-based approach has been effective and is also very acceptable by the participants – I think it offers a lot of hope.

Voiceover: Welcome to the second episode of The Doctor podcast, brought to you by the British Medical Association. Each month we bring you conversations inspired by stories featured in *The Doctor* magazine.

This episode builds on the feature article ‘Life in Colour’ by Tim Tonkin. You don’t need to have read the article to enjoy this episode but if you’d like to do so you can find a link to it in the show notes and at thedoctor.bma.org.uk/podcast

Sabina: I'm Sabina Dosani. I'm a consultant child and adolescent psychiatrist, mostly working with young people in the court service and I'm also an honorary researcher in the medical humanities at the University of East Anglia in Norwich.

Megan: I'm Megan Tjasink, I'm an art psychotherapist. I work at Bar ts Health NHS trust, primarily in oncology and palliative care, and I'm a final year PhD student at the Wolfson Institute of Populat ion Health at Queen Mary, University of London.

The therapeutic use of art has been part of healthcare for decades, however defining 'art therapy' can often prove challenging.

Sabina: Megan, could you help me with an accurate definition of art therapy?

Megan: Art therapy is a form of psychotherapy. It uses creative methods, particularly visual art, as a core component of the therapy.

It integrates psychological theories and skills with creative processes. In order to practice as an art therapist, candidates need to undergo postgraduate training that is accredited by the Health and Care Professions Council.

The focus is on providing psychological support, which is often, I guess, kind of misunderstood. And sometimes there's this perception that it's a diversionary activity, and it can provide diversion. But that's not the main focus.

The main focus is to support psychological and emotional processing in the ways that you've described using the art-making and the sort of in the embodied art-making processes as a key route to getting hold of something – perhaps providing different perspectives – on difficulties in order to work through them and to process them.

Megan: Sabina, can you say a bit about your experience of art therapy?

Sabina: Art therapy wasn't a career or a therapeutic modality I'd come across during my time as a medical student and during my years as a medical student, I became quite unwell with clinical depression and was in hospital. As part of my treatment, I had a weekly art therapy group session and assumed that this was what happened when people were admitted to psychiatric hospitals.

Later as a medical student resuming my training, I realised that the experiences I had were quite rare and that I'd been very fortunate. And right through my training as a junior doctor, I never met another art psychotherapist until I was later working as a consultant.

So, I came to see art therapy as something extremely precious and valuable to me. What I appreciated as a student and later led me to go back to, was that it was a very playful, non-verbal exploration of experiences that I didn't have words for and couldn't otherwise express. Through both the group and the individual therapies, those experiences were reflected and presented back to me in a way that I later became able to make sense of.

Sabina: I was really struck by what you said about art being perceived, and I think particularly by my profession, sometimes as an adjunct or an add on, or a distraction, and how negative and demeaning that can be.

And I think particularly when I was training in child psychiatry, we'd often have art materials in the room and while other family members might be speaking to the therapeutic team or the assessment team, children would be drawing to occupy themselves. And I don't think that collectively, we paid as good attention to those drawings as I like to think I have learned to do now.

I think there's so much rich material that children bring through play and through the marks they make that can be so much more powerful to attend to than often the answers to questions that may or may not make sense to young ears.

Megan: Yes, and that I think, what you were saying earlier about how you are able to express through your art therapy and your art-

making, things that weren't really accessible with words at the time, is perhaps especially pertinent to children who don't necessarily have the words or the means to be able to express their feelings and thoughts.

And so, you know, there are lots of situations in which people would struggle to articulate verbally what's going on for them. And the use of the art-making in therapy, I think, can make it more kind of equitable and accessible to a broader range of people perhaps than would necessarily be able to connect and process through talking alone.

Sabina: Absolutely, and I didn't understand at the time why I found art-making and art therapy so helpful and useful. But I have since read the work of Arthur Frank, who is a sociologist who wrote about the wounding that happens during illness and how the experience of illness doesn't just wound the body, but also the voice. And that made me think very much about how much narrative and verbal exchange is a key to psychiatric practice.

Sabina: I'd love to tell you about New Zealand. It's really there that I felt confident to use arts within my practice.

So, I was in New Zealand as a visiting psychiatrist to a number of remote, rural, predominately Māori communities and flew once a month to a geographically and economically isolated town called Ōpōtiki. And the young people I saw there were completely different to the young people I had worked with in South London in that there were very high rates of parental unemployment. It was about 30%.

Rates of depression were very high; drug use was very common. But most of the young people I saw were also in touch with the youth justice system.

And although Ōpōtiki was a very small town, it was in the national news in New Zealand a lot because of the amount of graffiti that young people were doing on public buildings, many of which were buildings that had closed down, like the theatre or a cinema. And the mayor of the town, I remember, described it on national television as being plagued by graffiti.

An artist moved to the town, Shona Hammond Boys. She had been a New Zealander who moved to America, had a very successful career, and came back ostensibly to retire. And she was very distressed by the graffiti but saw that there was mark making and artistic potential in the young people.

So, she persuaded the local Māori elders to give her a house that was empty and wrote 'children's art house' over the door, and invited children to come and paint with her, and was given paint by a national paint manufacturer.

And in three years, with about 30 children, she painted 20 very large murals all around the town. And I was flying in to do this clinic, and seeing the same young people who had been written off, if I can put it like that, by school and they were often not attending clinic appointments, and the nurses were driving around trying to find them, and they were in and out of police stations, and they made something extremely beautiful in a very bleak town.

And I was really struck by how these very large images were also expressions of identity, particularly bicultural identity, and of a very different way of living, as a post-colonial way of identifying themselves. And I couldn't help but think and be changed and really be profoundly moved by that.

Megan: That sounds amazing. I think there is so much in there, it's so rich. And the fact that the artwork could be witnessed, I feel is an

important part of that, isn't it? It's not hidden. It's sort of seen and witnessed. And there's a community witnessing the adolescents and they're witnessing each other in that process, which kind of brings something quite important, I think, and transformational.

Sabina: Definitely, and I think that also being able to be seen through their own eyes, through their own colours. Having that representation seen. And I think that's an area where there is occasionally a small overlap between the different types of work that we do.

Very often when I'm mandated to see young people by the court, it's not therapy. It's not intended to be therapeutic. But if I feel if I can bear witness to what they present and have experienced, that may set a groundwork for something therapeutic in future. But you're right, I think it is that witnessing by peers that was so hopeful.

Megan: And there's something about their individuality, you know, their sort of unique creative expression that was so key. And through being able to express their individuality, it felt as if something really shifted for a community.

Sabina: Absolutely, it did. Ōpōtiki has changed. It's become a place that's been transformed by other artists wanting to move to the area.

It wasn't a panacea. Very sadly, some of the young people I did work with have ended up being committed to prison and serving sentences. But for others, it was a way of developing an economic identity as well, where there was such high unemployment and it served as a catalyst for quite a lot of regeneration in the town.

Voiceover: With staff in the health service facing record levels of burnout, the concept of using art therapy to address this crisis is one that is garnering interest. In her role as an art psychotherapist,

Ms Tjasink has run a number of art therapy groups aimed at clinical staff in the NHS.

Megan: So, we've been talking about adolescents and young people using visual art methods. But for me, there was something that really struck me in the very first cohort of junior doctors that I provided art therapy groups for when I provided clay and asked them to create something together.

And that was it, it was just the material and then, you know, see what happens. But they were making something together. And I had this incredibly strong feeling of being a mother. And at the time – I mean, I'm older now – but at the time I was a similar age to them.

But it was about, you know, that sort of creating of potential space and there was the play that came that came through. And the way that they sort of connected in a playful manner, was actually quite transformative. And a lot of them commented back on that session in particular, bringing something, bringing relief but also forging connection to the other doctors in the group in a kind of very different way.

It's one of the elements of the very first art therapy groups that I ran for junior doctors that I've carried through my work for the last 10 years. So, this kind of experience with clay and providing a space, a playful space, where sort of childlike play comes out.

But actually, it’s not infantilising, it's allowing playfulness that has been so pushed down by the responsibilities and the weight of work with patients in the hospital.

And through that initial playfulness, really meaningful pieces of work emerge. And without me giving any instruction about, you know, what it needs to be about, just giving a space, what emerges is what needs to emerge.

So, for that very first group, who were oncology and palliative care doctors, themes of death came out, sort of an underwater theme with fish skeletons and bones and caves and pearls. And they were able to talk about how difficult it was when patients died unexpectedly and working with death in their everyday lives.

And so, themes like that, which continue to come out when you give people space. And it starts with what may seem a little bit frivolous, or you know playful, but that potential space brings out what people need to share and connect through and discuss together.

Sabina: And what do you think it is about clay in particular as a medium that facilitated those responses?

Megan: Clay often connects adults back to childhood, and I think clay gets around these concerns about, oh, I can't draw, or I can't paint. So, it's more accessible, it's more playful.

There isn't that potential sort of self-judgment about whether you're going to make a good picture. And different people, different doctors who've engaged in clay workshops with me over the years have different associations.

So, an Italian doctor recently said it reminded him of making pasta with his mother and his family when he was younger. I had another doctor from Sri Lanka whose mother would make cakes and do cake decoration, and it reminded him of his mother and making these icing roses.

So, there are all kinds of these associations that come out. For one of the nurses, it reminded her of her childhood making clay animals by a river in a village in India where she grew up.

So, people connect back to childhood through the body. So, it sort of bypasses intellectual or cognitive processes and goes straight to the memory that is stored, I think, in the senses and in the body. And

that frees people up to be playful but also is really important because it reconnects them with themselves and with their whole selves, their sort of young selves, as well as their current selves.

Sabina: As you were saying that, I was reflecting that you've said there isn't a right or wrong way to do this, and how different that is from everything else that doctors are tasked to do with our hands, and that mistakes can be very critical.

But with clay, there's also permission to get it wrong and not have to be perfect in the way that drawings have often been judged in in school by an art teacher, for example. I wondered if that lack of judgment was important.

Megan: It's absolutely crucial. In clay, it's easier to get away from that potential for kind of feeling judged by often by oneself or one's colleagues or the teacher. I work quite hard to get away from this potential for judgment in the art-making process.

So even when I'm not using clay, I use things like inks, natural objects and also non-traditional art materials so that they're actually quite hard to control and you're almost forced to make mistakes because that's part of the process. And some of the workshops require artworks to be torn up, or destroyed, and then you use the pieces to create something new.

So purposefully introducing risk, safe risk, chance, making a mess. And the doctors in particular have commented on what a huge relief that is.

There isn't anywhere else in their professional life where they are allowed to be so focused on the process and experimenting through risk, making mistakes, chance, to see what emerges and what comes out.

So, it's not thinking about the outcome or the end product. It's very much focused on the process. And with patients, you wouldn't always have such a focus on the process. But with doctors, I find that it is really important because of this innate perfectionism, and tendency towards self-criticism.

Sabina: That really resonates. At the art group that I do weekly yesterday I said, ‘this is the one place I can come and make mistakes and make a mess’.

And we talked about that ability to have some risk-taking and some self-reflection and self-management, and to construct a self who gets it wrong, and it doesn't matter, and that resonates very much.

Megan: And I think that something emerges in that process, which like can feel a huge relief. And some of the doctors have given feedback that the art-making process carried them so they could, in a way, sit back and allow the process to support them and carry them.

And they knew they would get somewhere meaningful, but they didn't have to know what it was when they started. So, it's very much this sort of bottom-up process where you start with ‘doing’, and through the process of ‘doing’ in a creative way, you do reach a new perspective or new ways of thinking about things, but you don't know what they're going to be. So, you sort of just learn to trust the process and something emerges.

Sabina: Do you think that that's common to all forms of artistic practice, or do you think there's something specific in the visual arts?

Megan: Well, I think the creative process in itself requires experimentation, taking risks, being open to mistakes or to processing what happens.

I suppose all art forms, I mean if you want to, if you need to present a show or, you know, a dance, I suppose you need to learn what you're going to present. But I think one of the difficulties for art therapy as a profession, from my perspective, is this word ‘art’, because it's associated often with exhibitions or shows or fine art like a gallery.

And so, for me, the art or artifacts, the objects are quite important. But there’s very much a focus on the art-making process rather than art that's going to be seen, looked at, shown, judged. So, I think, yes, the creative process innately is about sort of risk-taking and so on. Visual art, perhaps as much as others. But at the same time, there is also that element of sort of being shown or seen.

Sabina: It can be important, as you were saying before, but potentially a hindrance if people hear it and think oh, I'm not artistic?

Megan: Yes, I think it can hinder people because they are worried about producing something good. And so that can take away from feeling free to play and experiment in the moment.

Voiceover: Over the last few years, Ms Tjasink has led the development of an art therapy intervention that’s designed to fit around doctors’ work schedules and address burnout.

She has been testing this intervention, getting groups of healthcare workers together to make art and engage in discussion.

The findings so far have been hopeful.

Megan: The research that I've done has been to deliver a randomized controlled trial testing a group art therapy method that I've developed at Barts over a long time in collaboration with groups of doctors.

And I'm really interested in what has emerged following an analysis of participant feedback and participant experiences. So, what is actually happening? Because I think that's something that's also often mysterious in terms of, you know, when other professionals think about art therapy, it's a little bit of this sort of magical thing that happens.

So, in the analysis of participant experience, it emerged that the art therapy groups had a positive impact on relationships, and then that improved relationships with and communication with colleagues. So, engaging in art therapy in a group context had quite a widespread impact, positive impact on relationships with colleagues and also relationships with patients.

And something that surprised me that I wasn't quite anticipating was feedback that people's relationships with friends and family and relationships at home had improved.

And connecting this theme of improved relationships with the quant itative outcomes, which were reduced burnout, reduced anxie ty, reduced depression. You can see how if people are feeling bette r about their relationships, then that is going to feed into their imp roved mental health and improved sense of wellbeing, not only at work, but at home.

Sabina: It's really powerful to hear about your research outcomes. I'm struck that we're recording this on World Mental Health Awareness Day.

The theme this year is improving mental health in the workplace. And we're here at BMA House, and I'm thinking of the backdrop of the very sad increase in suicides, particularly among women doct ors and all the different measures that could be put into place.

And that arts and art therapy are not as valued as they could be in mental health workplaces.

And to hear about the improvements that you have seen, both in your qualitative and quantitative measures, particularly around measures of burnout, depression, improved relationships is really hopeful on a day like this.

Megan: Yes, and I mean, they are really hopeful. And compared to other interventions for burnout and other individual-based interventions, the results and the effect sizes are very promising. And so, I'm very excited about it.

But I think one of the one of the reasons this research feels so meaningful to me is because it was so welcomed by participants, by the doctors in our hospitals at Barts. And so, the recruiting for the study – often recruitment is difficult for an RCT (randomized controlled trial) – but we recruited three months ahead of schedule, actually over-recruited.

So, it felt very much sort of, almost grassroots, that people felt they could get on board with because they felt ownership and it was something that they wanted, and they felt a part of, rather than something that was put onto them in a way which I think often wellbeing initiatives can feel like, that they‘re sort of foisted onto clinicians without them being included in deciding about, well, what they actually want.

Sabina: And I think sometimes they’re seen as an alternative to putting things right in the workplace that are not yet right. Your work I think is very different.

Megan: Yeah. I mean, I think one of the critiques of it could be, well, why are you providing a sort of individual-based intervention, rather than looking at, kind of organisational change.

But for me, providing something that's different like this, it's not just an individual intervention. So, it's provided in groups, and the feedback shows that it changed people's relationships with each other and also their perceptions of the organisation. But I feel it it's also linked to changing culture because it's doing things a different way.

Sabina: And I don't think it's necessarily binary. I think there are systemic things that we could all discuss that need to be fixed and there are individuals suffering in that system who could provide better care and be happier, more effective doctors.

I think doing both is important. And you know, there are parallels with the young teenage muralists who I spoke about earlier, where there was such a need to improve employment opportunities in that particular area. But actually doing something with a group of people who were suffering was then the key that unlocked other changes happening. So, this feels hopeful in a similar way.

Voiceover: The current mental health crisis among healthcare workers makes this research particularly topical.

Megan: Burnout and mental distress in the healthcare workforce is an increasingly worrying issue. That's been exacerbated since COVID. And I feel it's a threat to the global supply of quality healthcare really. If we look at systematic reviews around interventions to address burnout, often the results are kind of negligible or have very low effect sizes.

And so, we don't really have a handle on how we address this issue yet. And so, to find that this art therapy-based approach has been effective and is also very acceptable by the participants – I think it offers a lot of hope.

And, finding I mean, I'm not going to say it's a solution to the problems because obviously it's not. But, you know, it's potentially a piece of the puzzle. And, we can offer something that that we know works, and that people want.

Sabina: I'm laughing in recognition. I feel a sense of frustration, not with your research at all, but with this revisiting of the same questions and perhaps looking at burnout, whereas we've known for a long time that creativity in helping people reconnect with that works.

Professor Daisy Fancourt is a professor of arts and health just around the corner at UCL. Right at the beginning of her career, she looked at the national child development cohort – 7,000 seven-year-olds – and those who were creative from age seven were much less likely, they had a significantly reduced relative risk of depression, and of social and behavioural disorders at secondary transfer, at aged 11.

And that cut across every demographic variable, it didn't matter what their parental income was or what their education was like, or what their living circumstances were, what the first language was, whether there were physical health conditions in the household. Creativity cut across all those other variables.

And when you spoke so movingly about bringing clay and feeling maternal in that. You know, doctors remembering making pasta, or making cake decorations with their mothers – you're taking those doctors back to an experience perhaps at seven years old.

And perhaps we should be looking to prevent burnout. And looking at among the cohort that we recruit medical students from and embedding creativity earlier on rather than as a fix when things have already gone badly wrong.

Megan: Absolutely. And there is, I think, in the medical humanities and in medical education, increasingly the use of creative methods with trainee doctors because this is increasingly being recognised. And it feels as if there's a momentum that's building. You know, as you say, we've known this for quite some time. But it takes a long time for systems and organisations to, I guess, get on board.

Sabina: Absolutely. And I've been very privileged at the University of East Anglia, I've taught creative writing to medical students. That's an option they do, some opt to do life drawing in that session and to pursue other creative modalities.

But across the country in medical curricula, arts are the first thing to go in funding crises and when there are other things to put into the curriculum, and they're seen as a nice to have rather than as a core essential.

So, you're right. These are things that we know but are not often implementing as well as we might.

Megan: And maybe there is something to do with the lack of understanding about the role of art-making in mental health or in reducing burnout. That's also why I'm quite excited about this research because now we understand more.

So, for example, you know, with the qualitative analysis of the participants feedback, the biggest or kind of richest code that came out in that theme was that art facilitated conversation. It's not just any conversation, but deeper conversation. So, clinicians saying that the art allowed them to have conversations that they wouldn't otherwise have had, and it took them to a deeper level that felt more meaningful than they would have in a sort of group that was just to do with talking.

Sabina: Yeah, I can relate to that too, clinically, without giving details of the clinical work that's I've been doing, very often children will draw a quick sketch of something that has happened to them and begin to find words for a story or draw a series of events. And it feels as if we get very quickly to the heart of what might have happened to them in a way that is deeper than would have happened in a verbal exchange over a number of sessions.

Megan: Yeah, that's really interesting. It makes me think about how maybe one of the misconceptions about art is that it's just that siloed thing, whereas it's the fact that art facilitates connection and conversation. You know, it's not it's not this thing that exists on its own. It exists in a way that it supports what happens between people, I think.

Sabina: Yeah, it’s the potential space.

Megan: Yeah, exactly.

Voiceover: Dr Dosani and Ms Tjasink share their vision for the role of art in healthcare in the future.

Sabina: I'd like to see arts-based practice and creative interventions taught at medical school, both as a tool for scientific inquiry, but also as a method of self-reflection, self-exploration. I don't want any medical students to go through five years like I did, not knowing that art psychotherapy existed either. And I think that it's important that the next generation of doctors in training learn about how art has a place in health care and in healing, and also in scientific inquiry about health.

I think one of the difficulties that exists at the moment is that art is seen as an adjunct that works alongside. But art can also be a mirror to clinical practice and one that we can look in and find ourselves wanting. And that can be challenging because I think

that's an important role that the arts have to play in healthcare in the future.

Megan: I think the arts and science, you know, in the Renaissance and earlier were very closely connected. And with the Industrial Revolution, they became separated and kind of siloed off. And there have been obviously great advances in science and healthcare. But it feels like it's not doing either a kind of service.

So now there's a sort of coming back together and how can we renegotiate this relationship? It's not a new relationship, but I think, you know, it took some time apart and how do we forge this new relationship going forward in a way that art enriches science and science enriches art, that relationship between the two?

I would recommend that if doctors would like to find out a bit more about art therapy within their organisation, there may well be an art therapist in their organisation hidden somewhere. And so, to kind of look them up.

Sabina: Sounds good. I was thinking too that the various royal colleges are being more proactive in presenting the arts in health. I'm a member of the Royal College of Psychiatrists, and we have our first artist in residence this year. There's an arts in health special interest group, and I think that other colleges have similar initiatives.

Megan: And the British Association of Art Therapists have lots of good information on their website.

Voiceover: Thank you for listening to this episode of *The Doctor* podcast.

If you are a doctor with experience of art therapy, you can take part in the conversation and share your art pieces and experiences by

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