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Abstract

Objective: This pilot study investigated the effects of group process and manipulation of therapeutic art forms among patients with Parkinson's disease. It follows the earlier work demonstrating art therapy's positive effects on quality of life with patients diagnosed with Parkinson's disease (Elkis-Abuhoff et al, 2008 & Goldblatt et al, 2010). **Hypothesis:** Engagement in a six-week case-control study involving art therapy for patients diagnosed with Parkinson's disease will decrease symptomatology in areas of obsessive compulsive thinking, phobia, depression and stress. **Methods:** A licensed psychologist and a licensed and credentialed art therapist led this six-week case control study involving seven (n=7) male participants diagnosed with Parkinson's disease. The group met weekly and had a focused discussion around a selected topic. Each was asked to then engage and manipulate different forms of clay in response to the weekly topic. **Results:** The results suggest that verbal discussion and art therapy intervention increased the participant's ability to explore and enhance their emotions individually and within a group, leading to decrease in symptomatology in areas of obsessive compulsive thinking, phobia, depression, and stress.

Introduction

This study looks at the effects on people living with Parkinson's disease participating in a 6-week therapeutic program involving manipulation of art materials. The assumption is that there will be a significant reduction in clinical symptoms. Elkis-Abuhoff, et.al. (2008) investigated art therapy with Parkinson's disease to decrease somatic and emotional distress. This use of clay manipulation with PD patients resulted in decreased somatic symptoms and emotional distress. Patients engaged in the activity, reduced negative thoughts, and found success within the clay medium, reducing fears and presenting with positive outcomes (Goldblatt, et.al, 2010). This study explored if effects were greater and last longer if patients entered a 6-week program. Are positive effects related to visual/ kinesthetic; and are these results transitory, cumulative, or long term? Answers have a significant impact on the field of Arts in Healthcare, providing a model for implementing programs to ameliorate the chronic effects of Parkinson's disease.

Purpose

We propose a 6-week case-control study involving art therapy for patients diagnosed with Parkinson's disease. The modeling clay art form to be used involves both kinesthetic and visual elements. It is hypothesized that engagement in a 6-week case-control study involving art therapy for patients diagnosed with Parkinson's disease will decrease symptomatology in areas of obsessive compulsive thinking, phobia, depression, and stress.

Methods

Participants

A total of N=7 male participants between the ages of 59 and 78 with a mean age of 68.2 who were diagnosed with Parkinson's disease were included in this study.

Procedures

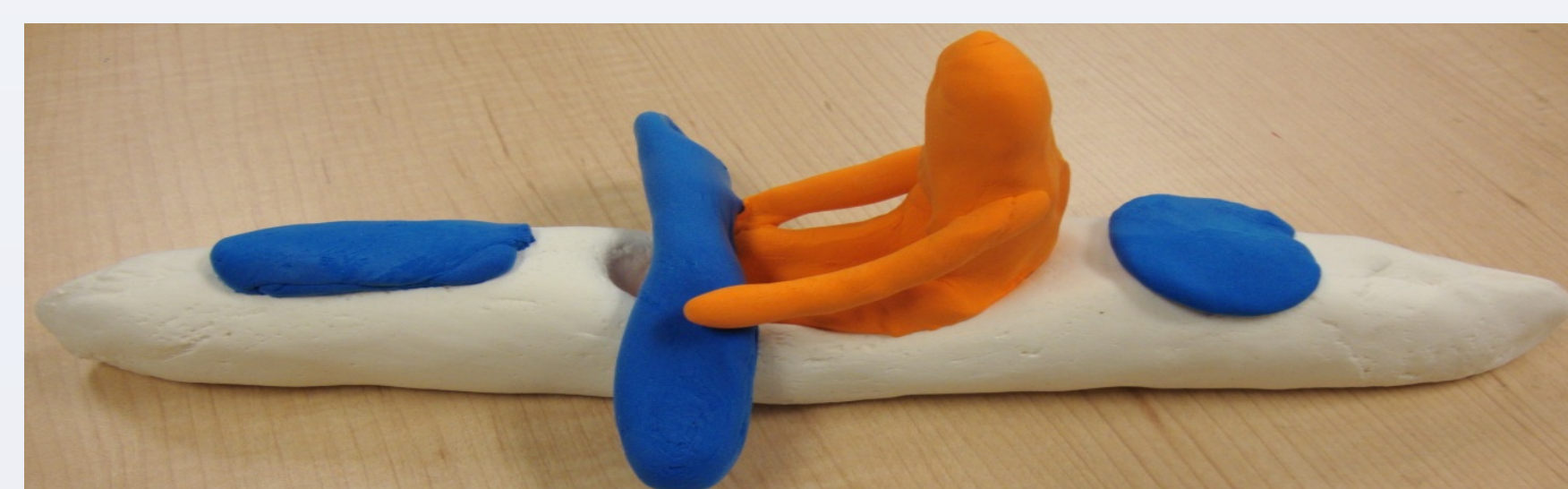
Participants were engaged in the art therapy group over a 6-week period, with one session per week. These sessions were co-facilitated by both a NYS licensed Psychologist and Art Therapist (LCAT). After informed consent participants were asked to complete a (Modified) Brief Symptom Inventory (BSI; Derogatis, 1993) consisting of only the Obsessive-Compulsive (O-C), Depression (DEP), and Phobic Anxiety (PHO) subscales and the Perceived Stress Scale-4 (PSS-4; Cohen & Williamson, 1988). Each session consisted of a one-hour experience of modeling clay manipulation, with each week focusing on a specific topic which was discussed prior to the clay manipulation experience. After the creative process was completed participants were able to discuss their creation and process according to the presented topic. Assessments were completed pre- and post- on weeks 1, 3 and 6. All quantitative data was analyzed accordingly, and artwork was photographed and evaluated for qualitative content.

Example of One Participant's Artwork

WEEK 1: LIVING WITH PARKINSON'S DISEASE



WEEK 2: ANXIETY AND FEARS



WEEK 3: RELATIONSHIPS



WEEK 4: GETTING OLD/ AGING



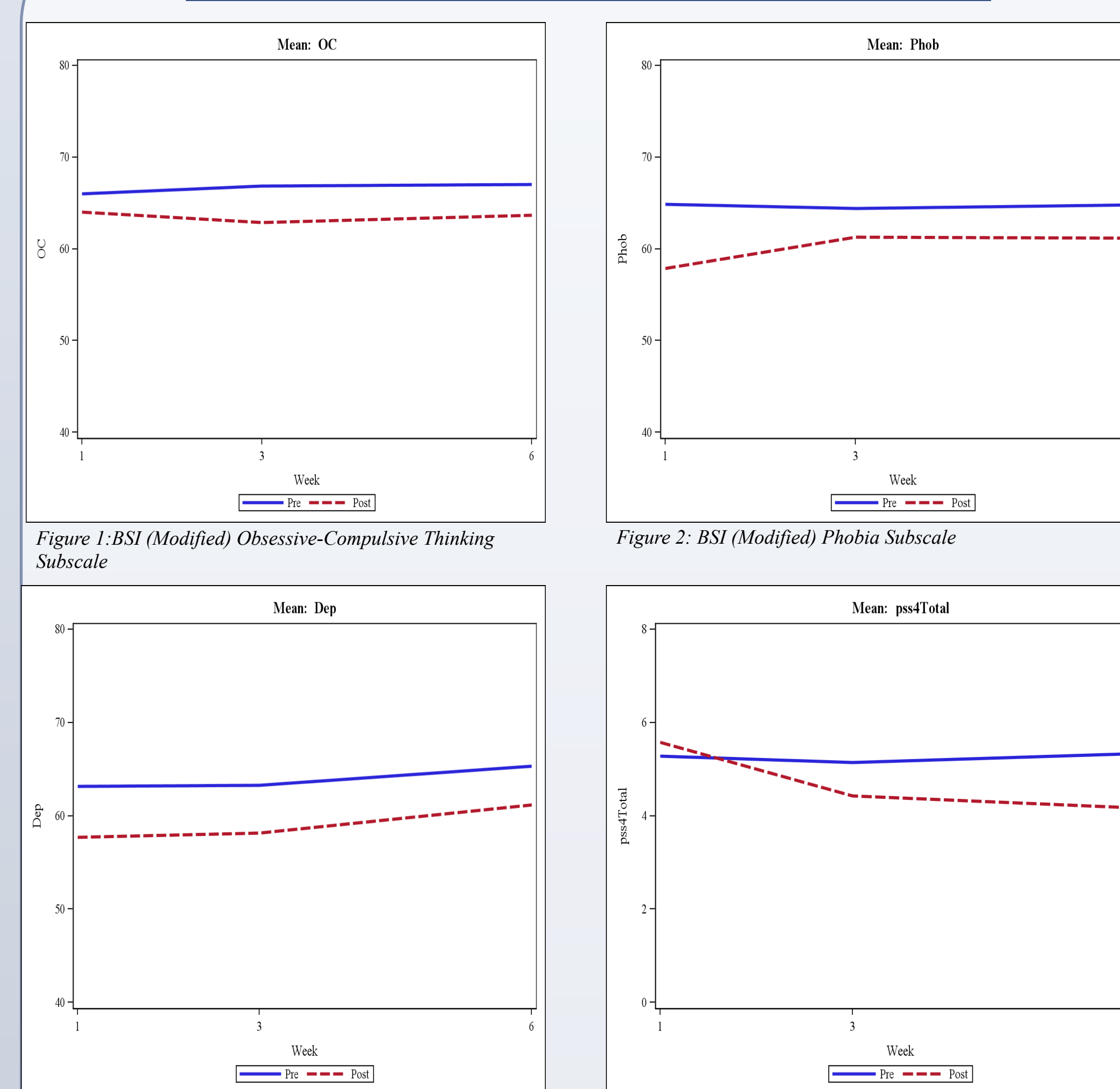
WEEK 5: EMOTIONS/CONTROL



WEEK 6: GOAL SETTING



GRAPHS OF BSI ADAPTED AND PSS-4



Week #1 Living With Parkinson's: Participants were asked to repeat the methodology of Elkis-Abuhoff, Goldblatt, Gaydos, and Corrato (2008) as published in the article *The effects of clay manipulation on somatic dysfunction and emotional distress in patients with Parkinson's disease*. After a discussion about living with PD, participants were asked to squeeze the modeling dough in one hand then the other, then asked to pull it apart and reintegrate it into a shape other than a ball.

Week #2 Anxiety and Fears: Based on the verbal discussion on the topic of anxiety and fear, participants were given a variety of Cloud/Model Magic colors to work with. Participants were asked to represent something in the modeling material that helps them when they are anxious and fearful.

Week #3 Relationships: Participants were given self-drying clay and a basic understanding of clay skills (score/slip, etc.). Based on the verbal discussion on the topic of relationships, they were asked to create something that symbolizes their most significant positive relationship.

Week #4 Getting Old/Aging: Participants were given a 4"x6" slab of self-drying clay and asked to either cut into it or build onto, to express their feelings about getting older with their illness.

Week #5 Emotions/Control: Participants were given a variety of Cloud/Model Magic colors to work with. Based on the verbal discussion about the different emotions that the participants might have difficulty showing or expressing, they were asked to create something that represents how they can best handle their emotions in a positive and productive manner.

Week #6 Goal Setting: Participants started the session by discussing moving forward and setting goals. Participants were then given a variety of manipulative materials (modeling dough, Cloud/Model Magic/Activa) to individually choose based on what material worked best for them to visually address the topic. They were asked to represent something that they would like to achieve as they transition out of the program.

After the participant finished the creative task, they were given an opportunity to discuss the experience, were again administered a BSI, as well as the PSS-4 self-report stress assessment.

Results

As can be seen in the outcome of the modified BSI, there has been a decrease in all areas, which includes O-C thinking, PHO, and DEP. In the outcome of the (Modified) BSI, there was a decrease in all areas from pre- to post- in weeks 1, 3, and 6 for O-C thinking, PHO, and DEP. When referring to Figures 1, 2, and 3, which extrapolates each specific subscales, one can look specifically at each subscales overall outcome.

As can be seen in week 1, O-C had a change in mean of -2.0 and a median change of -1.0. For week 3, O-C had a change in mean of -3.3 and a median change of -2.0. In week 6, O-C had a change in mean of -3.3 and a median change of -3.0.

For week 1, PHO has a change in mean of -7.0 and a median of -2.0. In week 3, PHO had a mean change of -3.1 and a median change of 0.0. For week 6 PHO had a change in mean of -3.7 and a median change of -2.0.

For week 1, DEP had a change in mean of -5.4 and a median change of -4.0. In week 3, DEP had a change in mean of -5.1 and a median change of 0.0. Lastly, in week 6 DEP had a change in mean of -4.16 and a median change of -4.

In reviewing the subscale outcomes for the PSS-4 (Figure 4) over the 6-week group sessions, Week 1 had an increase in mean of .29 points with no change in the median score. Week 3 had a decrease in mean of -0.71, with a decrease of -1.0 in the median score. Week 6 decreased -1.17 points in the mean with a no change in the median score. There was an initial increase in week 1 of 0.29 followed by a steady decrease in week 3 of -0.71 and -1.17 in week 6.

Discussion

Based on the results of both the BSI and PSS-4 it appears that symptomatology of O-C thinking, PHO, DEP, and stress had an overall decline in the assessments of week 1, 3, and 6.

The combination of both verbal discussion and art intervention allowed the participants to effectively explore and express their emotions individually and amongst a group. Participants were able to use the verbal portion of the study in order to validate each other and offer support for one another, while also inquiring about common thoughts, experiences, and feelings. Creating art following the verbal discussion gave the participants the opportunity to further explore their responses to the discussion while providing them with media to become physically engaged with and create personal reactions. The outcome shows a decline from pre- to post- in all areas studied, obsessive compulsive thinking, phobia, depression and stress, supporting the effects of the manipulation of therapeutic art forms such as a clay medium and within a group setting.

Conclusion

Due to the fact that PD is a neurodegenerative disease it is difficult to monitor this decline in symptomatology since it is inconclusive if the clay manipulation helps to increase or maintain abilities. In fact, there could have been a greater overall decline in the participants' emotional symptomatology if health could have been standardized as well.

There were several limitations to this pilot study that can be addressed in future studies. There was a small number of participants limit to only one therapy group, there was no control group to compare outcomes with and all participants for this study were male. In the future it would be best to have several groups that included both experimental and control, male and female, and even diverse geographic locations and cultural backgrounds.

References

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