

The essential dialogue

– a Norwegian study of art communication in mental health care

Abstract

Background: This study focuses on how semi structured art dialogues can be used to communicate with elderly patients with reduced mental health.

Method: The study was conducted at a psycho geriatric ward at a University Hospital in Norway. In order to communicate with the patients via works of art, health professionals used semi structured art dialogues. Data was collected by qualitative methods.

Results: The results are based on citations from health professionals' verbatim experiences of their communication with the patients. The main themes are "Physical domain" and "Caring domain".

Implications in mental health care: Dialogues about figurative as well as non-figurative art forms did stimulate and evoked memories. For some patients these dialogues were essential door opener to create well-being as well as more-being.

Introduction

There is a need to further develop practical approaches for conversation to be used by health professionals working with patients in psycho geriatric wards. The study describes how art dialogues had a stimulating effect on the communication between patients and health professionals. The dialogues were essential because they provided a key to the patient's inner world through associations to art works. The approach was based on a study in which health professionals had visual art dialogues with patients (Wikström, 2003). Expanded knowledge of how to use art in mental health care can help be a catalyst for communication (Ingeberg, Tallaksen and Eide, 2006).

Aim

Communication is particularly important in mental health care. Therefore the aim of this study is to explore how visual arts can be used to increase the understanding of interpersonal communication in mental health care.

Nursing background

Florence Nightingale (1859-92) was one of those who saw aesthetic expression as an important part of nursing care of the patient, and put this idea into practice in the form of a work of art to be contemplated from the hospital bed. Since the time of Florence Nightingale, art and science in nursing have become more separated but are now reconnecting.

The meaning of aesthetics in nursing for psychological, physiological and psychiatric health is well developed in nursing research (Watson 1985, Watson & Chinn, 1995; Kaplan, 2000; Wainwright, 2000; Wikström, 2003; Ingeberg *et al.*, 2006; Larsen 2009).

Based on a humanistic approach, Paterson and Zderad (1988) wrote about humanistic nursing. They describe nursing as a lived dialogue under the collective term of the “health-illness continuum”, concerned with human potential. They use the term “call and response”, meaning that both patients and nurses are in the position of giving and receiving. Paterson and Zderad use “well-being” as the collective term for development and for the experience of involvement, health, freedom, and openness. In their view, the foundation for nursing care is the patient’s own experience of his or her situation. However, it is also important that the nurse should have a humanistic genuine commitment (Ingeberg, 1994). According to Paterson and Zderad (1988), equal dialogues are essential. They have an existentialist commitment which is aimed at nourishing the human potential. They use the terms “well-being” and “more-being” of the human response. When nursing care is given such that the patients maintain or improve their health status, the term well-being is used. By providing nursing care in this way, the nurse also experiences well-being. The goal for the nurse is to promote and encourage the potential of the patient, regardless of his or her life situation.

More-being concerns the immanent resources of a patient increasing the well-being of the patient as well as of the nurse. Paterson and Zderad (1988) use the term “encounter”, developed in philosophy by Buber, in the context of the nursing profession. They argue that the process is as follows: relating to oneself, relating to the patient, being in relation to the patient, using the new knowledge for new understanding, and finally using this under new conditions and in new ways (Ingeberg, 1994; Hummelvoll, 2004).

In Buber’s central work from 1923, “Ich und Du”, he describes life with nature in the meaning of our general context. This gives a diversity of experience. However, these diverse messages can be difficult to understand because we are sometimes unable to communicate what we really want to say, resulting in a one-way communication. Understanding the communication therefore depends on its contextual relationship (Ingeberg, 2000).

The contextual relationship is also described by Martinsen (2005), who queries the language interaction during conversation. She refers to the “three-way conversation” discussed by Skjervheim. Martinsen propounds that if one does not properly focus on – and evaluate the content of – another’s communication then the conversation is only bilateral. In bilateral conversation the other’s content is objectified, which is a threat to the conversation.

Art dialogues

When health professionals use visual art as a conversation instrument in the contact with elderly persons the elderly person’s fantasy, experience, and knowledge will be decisive. Health professionals will give the following four instructions to the elderly persons:

Semi structured visual art dialogue:

- I am interested in showing you some of the visual arts objects at our ward that you and I can have as a topic of conversation

- Which of these visual art objects capture your interest?
- Describe the visual art object, what it represents...
- Pretend you are the artist and know all about it, what does it bring to your mind?

The role of the health professional is to support and encourage the elderly person to get closer to the visual art object and combine earlier memories and experiences with new impressions from the visual art object. The conversation will be conducted in a free and independent form (Wikström, 1992; 1994; 2000; 2002). In the study this semi structured visual art communication program was used in a psycho geriatric ward in mental health care in a Norwegian University Hospital. The approach from the researchers was to participate in staff meetings at the ward in order to create confidence and trust. The intervention started March 2008 and was finished June 2009. At the first meeting the staff had just been informed that the department was to move due to a preliminary localization. There was a shortage of staff members which created a turbulent situation. From the management point of view, the art program was described as a way of providing energy during a difficult time.

Methods for data collection



Figure 1: Visual art used to increase the understanding of interpersonal communication in mental health care. Art work: "Arctic Border" Porcelain. 35x38x16cm .



Figure 2: The alternative placement of one art image in the physical domain created discussion, reflection and identification.

Use of art

Visual art objects in the form of ceramic stones (Figure 1) (Berg, 2011) and ceramic images (Berg, Ingeberg & Wikström, 2009) were placed in the ward in order to stimulate and create opportunities for dialogue through both visual and tactile means. Touch and the tactile dimension was an important part of the communication. One of the images was placed in a non-traditional way close to the floor (Figure 2). The intention was to create something unexpected – to break with the tradition in which visual art is often placed purely as a decorative element. The staff members were informed about the approach. They invited all patients to participate in an art dialogue.

Focus group interviews

We used focus group interviews with the staff members in order to ascertain the perceptions and expectations for the visual art communication program. Two researchers were present, one as a moderator and the other as a note-taker and observer. Two focus groups were used with six health professionals in each group. An observer took notes during the interviews. A semi-structured interview guide was used. The focus groups were intended to provide the opportunity to obtain a nuanced and deeper understanding of staff members' views on using visual art as a way of communicating with patients. Focus group interviews allowed each participant to contribute to the discussion, which was intended to provide a synergistic effect in the group (Wibecke, 2000; Kamberlis & Dimitriasis, 2005).

One supplementary interview

In order to underpin the validity of the findings, a qualitative semi-structured interview with open questions was used (Kvale & Brinkmann, 2009). This method clearly demonstrates the distinction between a phenomenon and how it is experienced. This study focuses on the aspect of how it is experienced. The purpose of the method is to look for differences and similarities within the experiences and expressions of the individuals. One of the focus group members was contacted for an individual interview in order to obtain supplementary data. This person was chosen because of her interest in art and because she had used art in communication with patients before.

Reflection and observations

Photos and video tapes were used throughout the process. The research group had reflection meetings and took notes to clarify the data (Bjerknes & Birch, 1994).

Ethical considerations

The researchers decided not to interview the patients out of consideration for their integrity due to their defenselessness. The project was approved by the Regional Committees for Medical Research Ethics (REK 2008:2333) at the University of Oslo. The study was approved by the Norwegian Social Science Data Services (NSD) at the University of Bergen once it was ensured that the data collection followed the declaration (Williams 2008). Qualities that are judged are ethical perspectives, the research design and the need in society for such a project.

Data analysis

Bricolage was used as the method of data analysis (Kvale & Brinkmann, 2009). With this form of analysis, meaningful content is presented on the basis of various collection methods. The disciplinary and interdisciplinary relationship promotes a synergistic interaction. It is a method comprising a diversity of data that happen to be available regardless of their purpose. The researcher moves freely between different analytical techniques and theories in order to get a conceptual grasp of the complexity of data (Crabtree & Miller, 1992; Huberman & Miles, 1994).

The interviews and notes from the reflections were transcribed verbatim. The health professionals' different ways of experiencing visual art conversations with patients were studied. A close examination of the data was conducted, and a comparison of similarities and differences was carried out. Questions were asked about the phenomena as reflected in the data, which were reviewed for emerging themes. These were categorized, coded, and counted.

An open coding of each interview classified the data and allowed the identification of categories.

Results

The results are based on citations from health professionals' verbatim expressions of their communication with the patients via works of art. The results will be present in six sub categories to exemplify external and internal influence in mental health care. There are two descriptive categories related to the healing environment organised from the staff expressing their own responses to the physical domain. Further there are four descriptive categories related to the caring domain and the will to create a meaningful dialogue. These categories are about communication collected from the staff referring to the reactions of patients.

Staffs response to physical environment		
Category	Description	Example
Physical Domain "Healing environment"	Traditional hospital thinking	<ul style="list-style-type: none"> • ...the relatives were surprised about all the pictures on the walls • ... it should be figurative motives • ... could it be broken? • ... I know little about what family members thought about art, whether it could be helpful in the conversation or not, relatives should preferably not be in the public spaces • ...could the patients be damaged by the art? • ...could the art be damaged by the patients? • ...could the patients hurt themselves or other patients with the art?
	Alternative thinking	<ul style="list-style-type: none"> • ... it's so hospital like here. The walls often are white with nothing on them. Now there is added more life to the walls... • ...The walls talk to you • ... It makes the ward more homelike and we have something to talk about • ...I is expressed worries about when the time comes and the art objects have to be taken down • ... The new leader has used the art when the ward was promoted • ... When I am passing by, I ...it is like the wall talk to you • ...what kind of motives would be suitable?

Table 1: Staffs response to physical environment.

Staffs comments about patients' response		
Category	Description	Example
Caring Domain <i>"The will to create a meaningful dialogue"</i>	Door-openers	<ul style="list-style-type: none"> ...She opened herself in a special way and she talked a lot about art, about which methods were used in the art object and she was very open in her way to express her self ...In order to have a specific art object to talk about makes the conversation much easier ...I sat together with a patient most of an evening and had the feeling that I was not able to reach her mentally. However, when I talked about the art I managed to reach her.... even if I was the one who talked most of the time ...have you seen the paintings?look at the nice colours, and the conversations started (a patient to another patient) ... it is a door-opener to the inner life ... it is often easier to open a conversation, via work of art it can lead to further conversations It is like a kind of bridge to the other person when you talk about art ...The image down by the floor is like me, I have a distance from my family.
	Out of the line	<ul style="list-style-type: none"> ... It was not the subject, but the placement that reminds me about my self ... They comment a lot of the work of art: look at the one placed close to the floor – do you think it has fallen down? Or? ...Was the art object misplaced? ... Why is that one out of the line? That one is not like me.
	Associations	<ul style="list-style-type: none"> ...one of the art objects made her remember a cave when I was on a journey to France or Spain... ... one patient associated about a non-figurative object and asked why we have stinging arrow outside the room where the nurses meet and report about nursing procedures ...an insect reminded a patient about dung and a dung pile close to a stable where I live .. and about horses ...a patient associated to her siste... something about a bird, or ? ...when she saw a picture of a fish she associated to a face of male ... a couple of days later she came to me and wanted to show me what else she saw in the pictures
	Being in the moment	<ul style="list-style-type: none"> ...when she talked about art she communicated in a different way, her focus was neither on me or herselfone patient was only being in the moment when she talked about a picture – she was much more present in her body, consciousness ...one patient did not talk much, however, she followed me with her eyes, ... a patient needed to feel safe. It was difficult because she was so clinging. I tried to change her clinging by talking about the pictures and she got less clinging. ... to use the art is like an awareness test ...

Table 2: Staffs comments about patients' responses.

Discussion

We found that the data indicates that there is a relation between the physical domain and the caring domain. We found that visual art stimulation promoted perceived stimulating dialogues expressed by health professionals. The participants and all involved in the action were, however, not blinded, but aware of the experiment. Churchill once said *"We shape our buildings; thereafter they shape us"*. In different ways this statement is actualized in this study.

The moving to a new ward was an opportunity to see if the research results might indicate if something fruitful would arise from the change of context. The ward had walls with no decoration. This offered multiple alternatives in terms of placing the art objects. Even though the staff was preoccupied with thinking of colleagues who had chosen to leave their jobs, they had to begin reorganizing the ward. This resulted in less continuity, a lack of communication and a decrease in engagement for the study. However, on the other hand it was an opportunity for the staff to communicate with each other and to find out whether they could use art as a door-opener in conversations with patients.

One example of this was that the placement of an art object close to the floor promoted many discussions. The placement was a starting point for an engagement. It is impossible to answer fully whether this was a good way to stimulate conversation, however, a number of associations in people's minds were described. One of the ideas behind this placement was to include depressed patients because they have a tendency to look downward (Ingeberg et al., 2006). Research by Nordenfelt (1993) shows how the relationship between internal and external influences can be understood. His description of the experience of well-being is similar to the results of this study, saying "Let us coin the expression "*inner welfare*" for that combination of inner properties which lead to positively affecting our well-being" (Nordenfelt, 1993, p. 37). He calls the opposite an "*inner illfare*".

Several respondents spoke about the art object being a door-opener for conversation. It may be difficult for some mental health patients to articulate what they want to say, which can result in confusion and denial. To understand the reality of another person, its complexity and symbolic metaphors, the staff have to use both time and fantasy to reach a common understanding (Ingeberg et al., 2006). One woman identified with the porcelain image placed close to the floor (Figure 2). This is an example of a patient who compares the placement of the art object with her own life. It gave an opening to have a dialogue with her about her family situation and different circumstances which had not been mentioned before. It was the start of a long conversation which developed into a more therapeutic dialogue.

Larsen (2009) found that "small rooms and homelike atmospheres contribute to relaxation and recovering. Conditions related to caring comprise what encourages health. What is important for patients is to be in contact with relatives and friends. Watson (1995) and Borge (2009) point out that the interior of the room includes the atmosphere and whether this is friendly or unfriendly. However, in this study the staff put less emphasis on a homelike atmosphere. Instead they mentioned traditional hospital thinking like the demands of hygiene and visiting times. One question to be asked is why general ward traditions regarding hygiene are so important to professionals in mental health care even though there are no beneficial effects for the patients. The staff also thought in a traditional way when they said that the art had to be figurative and simple to understand to avoid disturbing the thoughts of the patient. Our data indicates that the combination of non figurative art and figurative art promoted discussion and reflection.

A finding was two patients' different associations about the same non figurative image. One patient remembered a wonderful journey to France, which gave her opportunity to tell about her life, unknown in advance by the staff. The image created a situation to strengthen her self confidence and this way contributed to more-being. The same image was experienced by another patient who asked why the staff had this image with stinging motifs, just outside the staff room. From a psychiatric point of view this statement maybe indicate that this patient suffer from a state of paranoia, which need further follow up. This could be an important gate

to her inner life. From this incident it is possible to discover that the patient expresses that she is not in a state of well-being. She probably feels insecure in relation to the staff, which is an important finding. Some of the patients expressed paranoid thoughts related to the non figurative art. In this way the art revealed inner thoughts of the patient that was unknown in advance, and these new insights is a potential for further therapy. By neglecting the non figurative art the staff would have cared for the patient to the extent of protection – a protection that also could have reduced the potential for good experiences and well-being. This might be an expression for the staff's good will. However it also indicates a weak paternalism (Martinsen, 2005) where the staff positioned themselves to know better than the patients.

The study indicates that art objects stimulate communication between patients and health professionals. It is the responsibility of the staff to initiate conversations with the patients that begin as everyday exchanges but may end as therapeutic dialogues. Several of the staff members had no practical experience in conducting art dialogues. It was important to ensure that the staff members used the art objects in a systematic manner as door-openers in order to gain knowledge about art conversations and to use their previous knowledge about communication with the patients. Bø and Sæther (2004) argue that those with long experience have this ability. The results of the interviews in this study showed that some of the staff felt they had nothing important to contribute with in an art conversation. Even those who did not use art conversations in a systematic way discovered art as a door-opener and began to value their fantasy. Being in a room with many visual impressions seemed to help staff find the potential in themselves to start spontaneous conversations. Patients and health professionals described both well-being and more-being from their experiences of finding themselves in dialogue with each other.

Several staff members were inspired by the art objects to initiate conversations with the patients. The patients decided when and how much they wanted to look at and talk about the visual art. This was in accordance with the research of Paterson and Zderad (1988) about patients and nurses being in the position of both giving and receiving.

One of the staff members reported that she became aware of some aspects of a patient not previously known to her. Schibbye (2009, p. 259) described this as "... to catch another person's awareness and give it back as mine appreciative awareness". Health professionals had to be open to receive expressions from the patient and to convey these messages in an acknowledging manner. Schibbye (2009) and Paterson and Zderad (1988) described this as more-being.

The ability to use empathy and imagination allowed health professionals in the present study to gracefully follow the patient and know when it was appropriate to be close and when the patient needed space and distance. Experience, both professionally and personal contribute to a openness and perceptiveness during the visual art dialogue.

There are certainly valid points to be discussed concerning the complexity of using 'art' or 'aesthetics within nursing science. In that discussion, however, the benefit of using aesthetics in nursing care should not be underestimated (Wainwright, 2000).

Extensive generalisations cannot be made from our findings. Although the subcategories are consistent it was found that all aspects of the material were not clearly displayed. However, the ceramic objects with a picture seemed to nurture the communication between patient and

health professionals. After each dialogue health professionals expressed that get a deeper understanding of art as a door opener to get in contact with the patient. The art dialogues in this study builds upon people's knowledge and personal experiences. It offers a cognitive and emotional tool by which nurses and patients can communicate.

Implications in mental health care

The semi structured art dialogue in this study demonstrates a way of using visual art objects in a hospital setting, not only as a means of decoration but also as a means of communication. The results show that both figurative and non-figurative art forms can stimulate and evoke memories and fantasy, creating good experiences among staff members and patients. By neglecting alternative art expressions the staff would have cared for the patient to the extent of protection – a protection that also could have reduced the potential for well-being and more-being. It could be a door opener to the patient's inner life. The semi structured art dialogue seemed to be a new approach that empowered existing knowledge. This was appreciated by the staff. Focus in the study was how to create contact with the patients, not the content in the conversation. The study shows that the use of art can be helpful in developing essential dialogues in psychiatric wards. It gives nurses complementary methods of communicating with patients.

However, more data are needed in order to explore the means by which art communication can be successful. An interesting idea for further research is to explore the abilities in aesthetics to develop practices for meaningful dialogues with elderly patients in mental health care.

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