

What's our impact? Transforming art therapy through connectivity, action, and research

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Abstract

What are the implications for the field when art therapists put connection, action, and impact at the front and centre of all their efforts? Collaboration and rapid dissemination across interconnected groups offer tremendous opportunities to transform art therapy knowledge directly into action. This article argues for strategic use of the 'ripple effect' to multiply art therapy impacts across time, distance, and cultural differences. The author proposes an art therapy research paradigm that is rooted in practices and communities instead of philosophies or orthodoxies of methodology. In such a paradigm various sub-communities of art therapy would be understood to exist within different subject areas, orientations, and research traditions. Intentional interaction with diverse standpoints, identities, and sociopolitical experiences will dissolve long-standing barriers and transform knowledge.

Keywords

Collaboration, research, research paradigm, multiplier effect, strategic action, cultural diversity, art therapy.

Introduction

'Embracing Ripples of Growth' was the theme of the LASALLE College of the Arts/The Australian and New Zealand Arts Therapy Association's 2014 symposium in Singapore that engaged international critical reflection on the discourses of contemporary arts therapy research and practice. Ideas presented in my keynote address (published herein) were drawn from experiences shaped by my 30 years as an art therapy educator, researcher, consultant, activist, and editor of a leading scholarly journal in art therapy. I asked, what are the implications for the field when art therapists put connection, action, and impact front and centre in all their efforts? My hope is that the ideas that follow will continue to inspire reflection and knowledge-sharing in the field.

Confounding art therapy research

I begin with an anecdote that occurred just weeks before the symposium. One day, an art

therapist I will call Lisa was reading an issue of *Art Therapy: Journal of the American Art Therapy Association*. She happened across something I wrote in an editorial, which posited that if "more art therapists [were] documenting outcomes with a standard measure before and after treatment and publishing the results, we would have a much stronger case on which to base claims" (Kapitan, 2012, p.48). Lisa thought, "Well, hey! I have some evidence. My hospital is collecting data from patients as part of a standard protocol they use to evaluate the art therapy program in order to keep funding it." The hospital's measure, called the Distress Thermometer (Baken & Woolley, 2011), had cancer patients rate the level of their distress before and after an art therapy session. Data had been collected for six months of art therapy programming in four distinct delivery methods: (a) individual art therapy, (b) group art therapy, (c) informal encounters with art therapists in the waiting room, and (d) the weekly open studio. But it seemed that no-one had analysed