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Aphasia and Art Therapy: a narrative synthesis

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ABSTRACT

This thesis provides a narrative synthesis investigating art therapy as a treatment for individuals with aphasia. Centering around visual art therapy and its mental health benefits, this thesis lays out the ways in which art therapy may assist this population as they struggle to communicate verbally. In order to synthesize these two concepts, a review of the literature was conducted on both art therapy and aphasia as they relate to mental health. Studies specifically concerning these topics through the lens of mental health are summarized and the potential benefits of applying art therapy to aphasia recovery are discussed. Future directions and gaps in research I've discovered while assessing this intersection are shared in the final chapter. My findings suggest that visual art therapy groups are an effective method of treatment for those with aphasia. I hope to promote further research in this area to inspire additional art therapy programs in this population and support current offerings of visual art therapy.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	v
1. Introduction.....	1
2. Mental Health and Aphasia.....	5
3. Mental Health and Art Therapy	9
4. Current Studies of Art Therapy in Individuals Living with Aphasia	12
5. Potential Benefits of Art Therapy in Individuals Living With Aphasia	14
6. Gaps in Research and Future Directions.....	17

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1. Introduction

This section introduces the main concepts used throughout the paper. A narrative synthesis involves previously established topics and aims to bring them together with new understanding; in this case, creating an overview of the benefits of art therapy in populations of people with aphasia. I chose this format of review because of the lack of research on art therapy within this population and unique benefits that have been seldom recognized in previous research. Thus, it is essential to be aware of the terms used throughout this paper and their implications in the context of relevant areas, such as mental health.

Art Therapy

According to the American Art Therapy Association website (2023, para. 1), art therapy is defined as a treatment involving “active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.” It has been widely recognized as a tool for mental health professionals to help their patients understand and process their emotions. Used in many settings with varying artistic skill levels, it is not focused on the quality of the work produced but the insights that come from creative expression. The actual benefits are likely twofold; the therapeutic nature of generating art and the new form of communication it provides between the artist and evaluator (Malchiodi, 2011). Art therapy is known to take many forms, but for the purpose of specificity, this paper will primarily be discussing the uses of visual art therapy.

Common Uses of Art Therapy

Art therapy is known to relieve the mental health symptoms of a large variety of disorders and diseases, from anxiety disorders to depression to schizophrenia to cancer (Hu et al., 2021). The types of art therapy include, but are not limited to music, dance, theater, film, writing and visual arts (Malachiid, 2011). Within visual arts, therapy often takes the forms of drawing, painting and sculpture (Hoffmann, 2016). Since the mid-1900s, art therapy has expanded beyond psychiatric hospitals and is now used in locations such as inpatient and outpatient clinics, residential care homes, medical facilities, schools and community centers (malthoid, 2011). The expanse of the use of art therapy reflects its far-reaching success in diverse populations.

Aphasia

Aphasia is a language disorder characterized by impairment in the production and/or comprehension of speech, writing, and/or reading. There are several different types of aphasia, such as Broca's aphasia (affecting mainly the production of speech) and Wernicke's aphasia (affecting mainly the comprehension of speech). Regardless of the type of impairment, individuals living with aphasia tend to experience a reduced quality of life due to the complications that come with the disorder (Hilari et al., 2012). Consistent language therapy can treat aphasia directly with significant results (Bhogal, 2003). While language therapy is usually the focus of aphasia rehabilitation, in some aphasia rehabilitation centers, there are additional therapy programs set up to aid with the negative mental health effects of aphasia.

Mental Health and Aphasia

As long as there have been individuals living with aphasia, there have been people living with the mental health issues that are often coupled with this disorder. When evaluating a population experiencing post-stroke aphasia, it was determined that the physical and communicative effects of the stroke showed improvement at a quicker rate than the psychosocial wellbeing of the individuals (Spaccavento et al., 2014). An entry from the British Journal of Psychiatry from the 1970s describes the emotional state of a patient with aphasia which is still very prevalent today:

In general, the individual who has lost language ability feels frightened and alone; his ability to cope with everyday problems is diminished and there is a feeling of helplessness. (Benson, 1973, pg. 564)

Further mental health issues within this population will be elaborated upon in the next section.

Art Therapy and Aphasia

Visual art therapy, when it comes to people with aphasia, seems to be the overlooked twin of music therapy. While the prevalence of music therapy programs in aphasia rehabilitation centers is backed by many studies demonstrating a relationship between music and communication (e.g., Raglio et al., 2016), the existence of visual art therapy programs and their contributions to the mental health of people living with aphasia goes largely unnoticed.

Visual art therapy is not limited by factors such as age or language and is often easily accepted by people (Hu et al., 2021). Art therapy is proven to improve self-esteem and

empowerment (Heenan, 2006), which can aid those with aphasia during times of isolation and hopelessness. Additionally, art therapy is unique in its relationship with aphasia treatment in that it can offer a respite from verbal communication, the main area of impairment in this population. Art therapy is a unique outlet for those who struggle with conversational interactions as it offers a new form of expression and connection. These benefits among others will be further explored in chapter 5.

2. Mental Health and Aphasia

Aphasia has several mental health implications that are often overlooked. In this section, we will observe three direct impacts – loneliness, loss of autonomy and social isolation – as well as three indirect impacts – depression, anxiety and low self-esteem.

The Triangle Aphasia Project, one of the nation's top organizations servicing families and individuals living with aphasia, presents a scenario on its website to those who are unfamiliar with aphasia:

Suddenly you are transported to a foreign country where you can't speak or understand the spoken or written language. Your intellect is intact, and you have a clear knowledge of what you want to say. You have your thoughts but can't access the words to say or even write them. Words you hear or read appear unclear or without reference. "Why can't I communicate?" (Triangle Aphasia Project, 2023, "What is Aphasia" section)

As one may imagine, being unfamiliar with the spoken language of those around you can bring feelings of loneliness and social isolation. Communication disorders may bring similar feelings. It has been found that loneliness is prevalent in those with aphasia, regardless of the duration since the onset of aphasia or the severity of the case (Ross, 2008). Changing the aspect of loneliness can be particularly difficult as those with language disorders struggle to be vocal advocates (Elman, 2000). Loneliness can contribute to a host of mental health issues, most notably depression. In a sampling of over 40,000 individuals, Erzen and Çikrikci (2018) found that loneliness had a moderately significant effect on depression. Depression is understood to be common in people post-stroke, with especially heightened rates in populations living with aphasia (Beblo et al., 1999; Gillespie et al., 2017; Simmons-Mackie, 2018). Depression leads to

worse health outcomes and lower rates of functioning across many populations (Boockvar, 2014). The loneliness it stems from is not associated with the impairment of communication *per se*, but rather a lack of integration in a social system (Ross, 2008).

Additionally, Individuals with aphasia commonly experience heightened anxiety with fewer coping resources (Laures-Gore & Buchanan, 2015; Laures-Gore et al., 2007). Although less often studied than the link between depression and aphasia, available literature suggests stress may also have a substantial impact on the ability to successfully communicate for people with aphasia (Laures-Gore et al., 2010). A paper by Cahana-Amitay et al. (2011) proposes the term “linguistic anxiety,” defined as an emotional state of nervous anticipation threatened by potential failure of communication. Anxiety post-stroke tends to last longer than depression and has been proven to effect patients for several years (Morrison, 2005). Anxiety is tied to many negative repercussions, such as significant distress and impairment in general functioning (World Health Organization, 2023). Heightened stress is also linked to aggression, dissatisfaction, unhealthy behaviors such as smoking or drinking, attention capabilities and decision-making (Steptoe, 2007).

Loss of autonomy is a notable contributor to mental health issues associated with aphasia. One clear example of this loss is the low rate of return to employment following an aphasia diagnosis. A study of stroke patients by Graham et al. (2011) analyzed the rate of successful return to work (RTW) in individuals from 16 to 65 years of age. The results reflected the difficulties that people with aphasia experience in continuing employment; the average rate of successful RTW for those with aphasia was 28.4% versus a rate of 44.7% for those without. In

another RTW post-stroke study, Vesting et al. (2003) found that the population which successfully returned to work had a significant increase in self-esteem and sense of significance in and outside of the home. Longer unemployment is associated with many negative health effects, including decreased self-esteem (Sheeran & McCarthy, 1990). Another example of the loss of autonomy is the living situation of those with aphasia versus those without. Individuals with aphasia return home from rehabilitation services less frequently and are more commonly placed in residential areas if discharged (Flowers et al., 2016; Bersano et al., 2009; González-Fernández et al., 2013).

Overall loss of independence is correlated with low self-esteem (Ulfiana et al., 2017). Low self-esteem can lead to other mental and physical health issues. Herbert (1987) highlights two coping methods for individuals with low self-esteem; externalizing tendencies (such as risk-taking behavior, aggression and indulging in unhealthy habits) and internalizing tendencies (wallowing in feelings of despair and depressive moods). A study by Spaccavento et al. (2014) assessed the quality of life of individuals diagnosed with aphasia and concluded that rehabilitation workers should focus on more than just the improvement of the disability. The article calls for aphasia centers to aid in the reinforcement of self-esteem and personal autonomy, which can be lost due to impairments of ability.

The quality of life of those with aphasia can be lessened by emotional distress, activity limitations and social network factors among other aspects (Hilari et al., 2012). Vickers (2010) found a significant reduction in social networks and an increase in social isolation after the onset of aphasia. She discovered that participation in an aphasia group as little as once a week was

correlated with significantly less social isolation and greater social connection. However, those with severe aphasia often view these community aphasia groups to be high risk (Lanyon, 2018). These individuals commonly require tangible materials to aid in their interactions as well as a communication approach that caters to their needs in order to establish connections with the group.

In conclusion, there are several common negative impacts of aphasia; loneliness, loss of autonomy and social isolation being among them. If left unattended, these impacts can manifest into serious secondary impacts on mental health, such as depression, anxiety and low self-esteem. It is essential that the mental health issues associated with aphasia are considered when treating this population and programs are accommodating not only to the impairment of communication, but the secondary losses as well. People with aphasia could benefit from therapies which involve physical materials and foster social connection.

3. Mental Health and Art Therapy

Visual art therapy has been known to provide a method of relating to others when verbal communication can be difficult (Kuipers et al. 2014). It has been used to treat a variety of mental illnesses, including dementia, anxiety, depression and schizophrenia (Malchiodi, 2011; Hu et al., 2021). During this treatment, the typical visual art methods used are painting, drawing, clay or collage (Malchiodi, 2011). In this section, the impact of art therapy will be discussed through its effects on mental health struggles such as depression, low self-esteem, and anxiety.

The impact of art therapy on depression has been studied in a host of different populations. A study by Blomdahl et al. (2022) examined the impact of a 10-week art therapy program on patients diagnosed with moderate to severe depression. The results showed that the group of participants that engaged in art therapy made a quicker recovery, and this improvement was maintained during a follow-up 6 months after the original study. Qualitative studies conducted to study the effect of visual art therapy on prison populations found a significant decrease in depressive symptoms (Gussak, 2007). A study by Puig et al. (2006) examined the effects of individual art therapy sessions on women with breast cancer. The participants were randomly assigned to a treatment group, which received a month of weekly visual art therapy treatment, or a control group, in which treatment was delayed for 4 weeks. After all sessions concluded, the negative and positive emotions of the cancer patients were assessed. It was found that some negative emotions—*anxiety, depression and anger*—were significantly reduced in the treatment group.

A narrative review by Attard and Larkin in 2016 found that the effects of visual art therapy on those with psychotic disorders included improvements in self-esteem, self-expression and emotional wellbeing. This review included 18 studies with participant diagnoses ranging from schizophrenia to depression to bipolar disorder. In a study of individuals with MS, Fraser (2014) concluded that a visual art program including watercolor, collage-making, beading and knitting significantly improved the following scores: the Rosenberg Self-Esteem Scale, the Herth Hope Index, the Modified Social Support Survey, and the MS Self-Efficacy Scale. Several other studies found similar results, with art therapy being correlated with reports of higher self-esteem across various populations (Dow, 2008; Visnola et al., 2010). Susan Buchalter, a licensed art therapist, summarizes the relationship art therapy has with personal growth and self-esteem:

Healing begins as the artist gains better perspective of his problems and concerns. Energy is expended in a healthy manner while meaningful images and symbols are created. A catharsis or release is frequently experienced while clients become focused and involved in the artwork. Self-esteem increases due to a sense of accomplishment and the completion of a project from start to finish. (Buchalter, 2015, p. 15)

Additionally, art therapy is known to lessen anxiety and stress levels (Visnola et al., 2010). Art therapy is said to aid with anxiety in multiple ways: inducing relaxation, working through emotions, trauma and memories through creative expression and aiding cognitive regulation (Abbing et al., 2018). In a case study of two individuals diagnosed with generalized anxiety disorder, it was found that the involvement in an art therapy program reduced symptoms of anxiety and panic disorders (Morris, 2014). Additionally, the testimonies of the subjects revealed the usefulness of cognitive restructuring and the ability to turn emotions or ideas into

physical symbols. Visnola et al. (2010) found that art therapy increased communication and collaboration which in turn decreased the stress levels of the participants. Although the physical and mental processes of doing art are understood to be soothing, there is yet to be extensive research on many ways that art therapy likely lessens anxiety levels (Abbing et al., 2018).

4. Current Studies of Art Therapy in Individuals Living with Aphasia

Most studies which synthesize these topics don't do so through the lens of mental health, as this paper aims to do. In many studies of people with aphasia doing art, skills that were negatively impacted by aphasia were the focus of improvement, not the mental wellbeing of the client. These skills include but are not limited to word retrieval (Kinney et al., 2020) and comprehension (Saccett et. Al, 1999). However, there are a few literature reviews on the assessing visual art as a therapy for those with aphasia (Lyon, 1995; Parrish 2014). Below, a study by Johnston (1999) and a literature review by Lazar et al. (2018) are summarized, both which mention the emotional benefits of art for individuals with aphasia. In the future, those involved in the treatment of aphasia would likely benefit from empirical evidence on the efficacy of group art therapy programs and their impact on the mental wellbeing of those living with aphasia.

Two case studies by Johnston (1999) determined that visual art therapy was an effective treatment for people diagnosed with Parkinson's who are experiencing aphasia. In both studies, self-reports of motivation and awareness of their "inner being" improved throughout the program. There were clear ties to emotional expression throughout the sessions. The second client, Ivan, used the art to express his frustration at first, then moved onto more creative and enjoyable depictions, mirroring his calmed state. Johnston asserts that art therapy was used to allow both clients to express and accept the hardships they had gone through, as well as reconnect with their sense of integrity through life review.

Lazar et al. (2018) wrote about the potential of art therapy in helping those with complex communication needs, like aphasia, express themselves. Although the population being considered is broad—encompassing those with traumatic experiences, cognitive or developmental disabilities and speech-language impairments in general—the findings are reflective of potential benefits for those with aphasia. Drawn from interviews with over 20 art therapists, Lazar et al. writes that people with complex communication needs can prosper through the exposure to the language related to the materials and the opportunity for self-expression. The study mentions other advantages of art therapy within this population throughout the article. For example, working alongside a therapist can create a new dynamic and make a safe space for these individuals. Additionally, it allows the therapist to be a follower instead of a leader. Letting the client dictate the session can be a unique opportunity for those who struggle with communication. Lazar et al. wraps up by suggesting that most approaches to engage with this population are focused around bridging the gap left by impairment or experience, leaving the scope of opportunity for connection limited. Art therapy offers a new strategy in engaging with these individuals on their own terms.

5. Potential Benefits of Art Therapy in Individuals Living With Aphasia

There are several potential benefits of art therapy for those with aphasia, including nonverbal communication, physical materials, improvement of mental health issues associated with aphasia, increased mental health awareness, and the opportunity for self-expression and social engagement. This section will go over those benefits in more depth.

An outstanding characteristic of art therapy is the nonverbal communication it offers. Rather than depending on language to create an intergroup connection, art therapy would allow individuals with aphasia to connect through creation. This would remove some of the pressure from those living with aphasia, as it may be difficult to find social settings where verbal communication is not required. It would also offer people with severe aphasia physical materials such as paints or clay to use during the session, which has been linked to more successful integration in aphasia community groups (Lanyon, 2018). Also, art therapy would give these individuals a shared group activity to provide connection and aid their interactions with other people with aphasia.

Not only does art therapy offer an alternative form of communication and connection, but it is routinely used to treat depression, anxiety, etc.—the same mental health struggles those with aphasia often experience. As previously discussed, loss of autonomy and social networks, as well as feelings of loneliness, can lead to depression, anxiety and low self-esteem in people living with aphasia. Art therapy has been effective in decreasing depressive symptoms (Blomdahl et al., 2022; Hu et al., 2021; Gussak, 2007; Puig et al., 2006), increasing self-esteem (Attard & Larkin,

2016; Fraser, 2016; Buchalter, 2015) and lessening symptoms of anxiety (Hu et al., 2021; Visnola et al., 2010; Morris, 2014).

Offering a therapy specifically targeting the mental wellbeing of those with aphasia could aid not only in improved mental health, but also in mental health awareness within this population. Mental health in this population is a subset of the impacts of a condition that already has underwhelming public advocacy. The word “aphasia” itself is used with significantly lower frequency than other conditions and disorders such as Parkinson’s disease, autism or muscular dystrophy (Elman, 2000). Although the low usage of “aphasia” may seem dismissive, it is reflective of a smaller support system and a series of unfortunate ramifications, such as less funding, less research, and limited knowledge of services. Further research supporting art therapy community groups and their effect on the mental health of those with aphasia, as well as the advertisement of existing groups as a helpful method of promoting mental wellbeing within this population, may aid in the awareness of aphasia, its implications, and the available resources.

Another noteworthy benefit of art therapy is its use as a mode of self-expression. Creative self-expression is the expression of one’s beliefs, personality or feelings (Jamwal, 2019). For those who cannot communicate these things with words, art therapy can give them a new platform to do so. Morris (2015) and Visnola et al. (2010) found that art therapy helped clients reveal and process complex emotions through self-expression, *without* verbal communication barriers. If art therapy results in significant benefits for self-expression and client communication within a fully verbal population, how great could the benefits be in a population that struggles to

be heard or understood? Outside of art therapy, people with communication difficulties are often marginalized (Lazar et al., 2018). Art therapy allows these individuals a chance to express themselves more freely and in a way that they themselves choose.

Finally, art therapy offers social engagement for those with aphasia. Not only does this alternative approach to social connection level the playing field for those with more severe aphasia diagnoses, but it creates a safe space by letting the participants choose what they create and express. Art therapists attempt to cultivate a more collaborative relationship between therapist and client(s), using art as an outlet for individuals who find verbal communication challenging (Lazar et al., 2018).

6. Gaps in Research and Future Directions

The purpose of this paper is to synthesize the concepts of art therapy and aphasia, as art therapy has the potential for unique benefits as a treatment for aphasia and its effects on mental health. However, there is little research on the effects of art therapy in this population and the topic of mental health in studies of people with aphasia doing art is seldom mentioned. This gap in research deserves attention, especially within aphasia centers that have the resources to offer art therapy in group settings (or already provide such services). An additional gap in research that has become clear in the writing of this paper is the specific effects of art therapy on mental health concepts, such as self-esteem. Although positive outcomes of art therapy tied to mental health are often implied, empirical research to support the efficacy of this treatment may lead to more availability of its unique benefits.

Two gaps in research not addressed in this paper are the motor benefits of art therapy in stroke populations and the increase of comprehension and successful communication in clients with aphasia. Both improvements are relevant to art therapy and its positive impacts on individuals with aphasia, yet for the purposes of specificity this paper focuses on the mental rather than the physical or skill-related profits of art therapy. Drawing therapy programs for people with aphasia have shown improvement in communication, measured in accuracy and recognizability (Saccett et al., 1999). In a study by Kongkasuwan et al. (2016), stroke patients have demonstrated improvements in physical functioning. These studies and similar investigations suggest additional benefits dealing with the more direct impairments of stroke and aphasia.

One potential future direction for this research is other nonverbal art therapies that can be beneficial to individuals with aphasia. Dance and theatre, for example, could be social activities for people with aphasia that would not require linguistic communication. Both examples may aid in self-expression and allow the participants to regain some independence, similar to visual art therapy. Another future direction is the impact of art therapy on other groups that struggle to communicate verbally, such as those with traumatic experiences or cognitive disabilities, as discussed in Lazar et al. (2018). What mental health impacts are closely tied to other populations with communication barriers and how may art therapy aid in the social or emotional treatment of these groups?

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ACADEMIC VITA

AMELIA REESE

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EDUCATION

The Pennsylvania State University | Schreyer Honors College

Expected Graduation: May 2023 | Bachelor of Science in Psychology, Life Science Option

Seneca Valley High School

Graduated: 2019 | Highest Honors

WORK EXPERIENCE

Helping Hands Home Care Service Inc. | Pittsburgh, PA

Caregiver | January 2021 - Present

- Ensures on-call home support and assistance for multiple elderly and disabled clients
- Aids with rehabilitation, mobilization, hygiene, assistive medical care, housekeeping, etc.

Starbucks | State College, PA

Barista | March 2022 - Present

- Making and serving coffee and other beverages and managing the register

Urban Air Trampoline and Adventure Park | Cranberry Twp, PA

Court Monitor | June 2018 - August 2020

- Managed harnessing climbers, securing equipment and directing jumpers

Steam Studios | Cranberry Twp, PA

Teaching Assistant | May 2017 - August 2017

- Led educational activities and lessons for elementary-aged kids with a passion for science

Famous Footwear | Cranberry Twp, PA

Salesperson | June 2017 - February 2018

- Helped customers navigate the store and managed the register

LEADERSHIP EXPERIENCE

Zang Taekwon-Do | Wexford, PA

Volunteer Master Instructor | May 2015 - Present

- Teaching students of all ages

St. Kilian Parish Fish Fry | Cranberry Twp, PA

Food Assembly Manager/Server | February 2014 - Present

A Night To Remember: Special Needs Prom | Cranberry Twp, PA

Volunteer Buddy | May 2017 - May 2019

EXTRACURRICULARS

Penn State Club Taekwon-Do | State College, PA

Student Instructor | September 2019 - Present

Penn State Outdoor Club | State College PA

Member | September 2022 – Present