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# Creative activities as intervention in mental health

Exploring the concept and the occupational value of creative activities as intervention

BODIL WINTHER HANSEN | FACULTY OF MEDICINE | LUND UNIVERSITY





Creative activities as intervention in mental health



# Creative activities as intervention in mental health

Exploring the concept and the occupational value  
of creative activities as intervention

Bodil Winther Hansen



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LICENTIAT DISSERTATION

by due permission of the Faculty Medicine, Lund University, Sweden.

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Creative activities as intervention in mental health Exploring the concept and the occupational value of creative activities as intervention			
<b>Abstract</b> <p>This thesis focuses on describing the concept of creative activities as intervention (Cal) and the occupational values experienced in doing Cal. Creative activities are frequently used as interventions in occupational therapy and are associated with subjective health and wellbeing. There is a lack of clarity in the definitions of the concept and there is no research presented regarding the experiences of occupational value (OV) when doing Cal.</p> <p>The aim of the thesis was thus to describe the concept of Cal as defined in occupational therapy literature and explore how and to what extent people with mental illness experiences OV in doing Cal in a mental health context.</p> <p>Two studies are included in the thesis. Study I is a concept analysis (including a systematic review) of Cal using 15 selected scientific publications. The results were validated by using a questionnaire sent to a reference panel of occupational therapists. Study II has an explanatory sequential mixed-methods design. Data were obtained by the OVal-9 questionnaire at two measure points from 33 participants with severe mental illness, who were participating in interventions using creative activities. Eight of the participants participated in additional qualitative semi-structured interviews. Non-parametric statistical methods and manifest content analysis were used for the data analyses.</p> <p>In Study I, five attributes describing Cal were identified: 1) Often consisting of elements of art and craft using mind and body, 2) Being experienced as meaningful, 3) Creating creative processes, 4) Developing skills, enhancing occupational performance and managing everyday life, and 5) Being easy to modify individually or in groups with different approaches. Three cases were generated from the five attributes to illustrate the integrity of the analysis. The attributes and the cases were recognized and found relevant for research and practice by the reference panel.</p> <p>In Study II, a high degree of experienced occupational value was indicated, both at measure point 1 (M1) and measure point 2 (M2) in the process of doing Cal. The experiences reported were associated with all three dimensions of occupational value. No statistically significant difference in perceived occupational value was detected after the process of doing Cal except for one item: "I feel happiness and/or pleasure.</p> <p>This thesis contributes to the knowledge base in terms of the description of the attributes of Cal and ability of Cal to facilitate a high level of experienced occupational value. The results are discussed and reasoning on how this specific intervention benefits to mental health recovery. This knowledge provides research and practice with a shared language and may develop and facilitate the use of Cal in supporting rehabilitation processes in mental health care.</p>			
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## Guidelines for reading this thesis

This thesis comprises two studies, one concept analysis (including a systematic review) (Study I) and one mixed-methods study (Study II), which together explore the concept of creative activities as intervention (CaI) and the experiences of occupational value in participating in CaI.

The thesis starts with an **abstract** containing a concise summary of the thesis and a **list of definitions** of main concepts and **abbreviations**. The following **introduction** sets the stage for the thesis and contains the author's motivation and an introduction to the core concepts of this thesis. The **research background** provides an understanding of the study context and an understanding of psychiatry today in Denmark and internationally. This includes a presentation of the mental health services and an understanding of today's vision of recovery and reflections on the environment of contemporary psychiatric services that risk creating occupational injustice instead of increased well-being. This is followed by a presentation of the theory of occupational value and reflections on the relationship between CaI and recovery.

The **methods section** describes the two studies: design, sample selection including inclusion and exclusion criteria, participants/informants, data collection and the data analysis process in the two studies.

The main findings of the studies are presented in the **results section** and is discussed thematically in the **discussion section**. Furthermore, methodological considerations are discussed focusing on the strengths and limitations of the studies and finally a **conclusion** and the need for **future research** are presented.

## Definition of main concepts and abbreviations

<b>Activity</b>	Activity is defined according to a more general, culturally shared idea about a category of action, known in the socio-cultural context but without consideration of the performer's personal experience (Golledge, 1998; Pierce, 2001).
<b>Creative activities</b>	Creative activities is defined as any arts-based activity that evokes a creative process in an individual (Perruzza & Kinsella 2010) and is often but not necessarily always, resulting in a product such as painting or a poem (Gunnarsson & Björklund, 2013).
<b>Mental health and well-being</b>	Mental health and well-being are defined by WHO as a "... <i>state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life</i> " (World-Health-Organization, 2018).
<b>Occupation</b>	Occupation is defined as a person's individually constructed performance that is seen as a one-time experience within a unique context containing the individual's perceived meaning (Pierce, 2001).
<b>Occupational Value (OV)</b>	The theory of OV is used to describe the experiences of occupational value in doing, i.e. occupation (Persson, Erlandsson, Eklund, & Iwarsson, 2001). The experiences, generated in doing an occupation, are operationalized as three dimensions of OV: concrete OV, socio-symbolic OV, and self-rewarded OV. (Erlandsson, Eklund, & Persson, 2011; Persson et al., 2001).
<b>Recovery</b>	Recovery is defined as a unique, personal journey of finding meaning and purpose through living a satisfying, hopeful and contributing life even with limitations (Anthony, 1993). Recovery has been conceptualized as a vision, a philosophy, a process, an attitude, a life orientation, an outcome and a set of outcomes (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011).
<b>Rehabilitation</b>	Johansen, Rahbek, Møller, & Jensen, (2004) defines rehabilitation as a "... <i>targeted and timed collaborative process between a client, relatives and professionals. The purpose is that citizens who have or are at risk of getting seriously diminished physical, mental and / or social functional ability to achieve an independent and meaningful life. Rehabilitation is based on the clients' entire life situation and decisions and consists of a coordinated, coherent and knowledge-based effort.</i> " (p. 16).
<b>Severe mental illness</b>	Severe mental illness is having a psychosis or another mental illness where the psychiatric symptoms are severe, persist over two years, are functionally disabling and impact everyday life (Ruggeri, Leese, Thornicroft, Bisoffi, & Tansella, 2000).

## List of publications

- I. Hansen, B. W., Erlandsson, L.-K., & Leufstadius, C. (2020). A concept analysis of creative activities as intervention in occupational therapy. Accepted for publication in *Scandinavian Journal of Occupational Therapy*.
- II. Hansen, B. W., Leufstadius, C., Pedersen, H. A., Berring, L. L., & Erlandsson, L.-K. (2020). Occupational value experienced in doing creative activities as intervention - a mental health context. Manuscript submitted for publication.

# Introduction

The motivation for this thesis is to reinforce and support rehabilitation and the use of CaI in mental health services. Seeing life in the eyes of people suffering from mental illness who participate in CaI and hearing statements such as: “*When I succeed with the composition in my painting, I go home to do the dishes*” and “*I forget time and place - making art is like reading a good book: calmness, excitement and joy!*” stimulated my curiosity about the function and characteristics of this type of intervention. It appeared to have such a great impact on the clients, and it led to a need to explore, in depth, the value of participation in CaI. The roots of this thesis are thus firmly planted in practice and in the perspectives of the users of psychiatric services and their recovery. This thesis was carried out in close collaboration with practice and is inspired by principles of action research. Action research is considered as a method for reducing the traditional gap between theory, research and practice (Duus, Husted, Kildedal, Laursen, & Tofteng, 2012; Hummelvoll, 2010). Consequently, an action research inspired design was chosen in one of the studies since the thesis was made in order to both generate knowledge and to develop practice.

## Definitions of creative activities, creativity and CaI

There is a lack of clarity regarding the concepts of creative activities, creativity and CaI that often gives rise to ambiguity and occupational therapists and other professionals use many different words for and have very different understandings of these concepts.

Creative activities are used by professionals, both as main treatment outcomes (resulting in something tangible) and as therapeutic tools to achieve certain goals for clients in rehabilitation services. Activities that have been especially prominent in stimulating creative processes and generating therapeutic effects, i.e. creative activities have been used in interventions in occupational therapy since the early days of the profession (Friedland, 2003; Kielhofner, 2009; Reynolds, 1997; Wilcock, 2006). Creative activities are specified as activities such as drawing, pottery, craftwork, music and drama (Griffiths & Corr, 2007). There is a broad range of both usage and

definitions of creative activities within occupational therapy, which often include elements of creative art and craft. The definitions of creative activities vary depending on which perspective the emphasis is made. For example, Reilly, (1974) emphasized the role of creative activities in human development describing creative activity as an integrated part of basic processes of adaptation, affecting the entire life span. Creek, (2002) underlined that creative activities have to be experienced as being creative and meaningful for the individual and often involve imagination and a novel, worthwhile product that may be concrete, such as a painting or an original idea or train of thought.

Creative activities are defined in this thesis as any arts-based activity that evokes a creative process in an individual (Perruzza & Kinsella 2010) and is often but not necessarily always resulting in a product such as painting or a poem (Gunnarsson & Björklund, 2013).

Creativity is a vital part of doing creative activities and creativity is in this thesis understood in line with Schmid's (2005) definition of it as "... *an innate capacity to think and act in original ways, to be inventive, to be imaginative and to find new and original solutions to needs, problems and forms of expression*" (p. 6). Creativity is thereby an inherent capacity of being creative that can be found and used in all activities. The experience of being creative can thus occur in all daily activities, not only while performing activities that have traditionally been used in CaI.

CaI as a concept is so far not defined in the literature. The term intervention is not included instead the definition of the concept of creative activities and/or creativity is used (e.g. Hickey, 2016; Reynolds, 2005). Often, the definition is divided into two parts, one about creative activities and/or creativity and one about activities or occupations.

For example Perruzza and Kinsella (2010) define creative art as "... *any arts-based occupation that evokes a creative process in an individual, such as painting drawing, creative writing, music, textile arts and crafts*" (p. 262). In addition to this Perruzza and Kinsella adds Hasselkus' (2002) definition of occupations as "*anything and everything that individuals do to occupy themselves; occupation is a group of activities in everyday life, which are named, organized and given meaning by the people taking part in these occupation*" (p. 261).

The term intervention is thus not mentioned specifically in these and other definitions of creative activities. However, intervention is often embedded within these definitions or described as "therapy". For example, Gunnarsson and Eklund, (2009) argued that creative activities e.g., "... *painting or sculpture, are often used in psychosocial occupational therapy*" (p. 229). Creative activities are often reported as "therapy" and therapeutic vehicles, as an activity - as means to attain mental health (Dickie, 2011).

Finally, occupation and activity are often used interchangeably in occupational therapy, although activity could be defined as a more general, culturally shared idea about a category of action, known in the socio-cultural context but without consideration of the performer's personal experience (Golledge, 1998; Pierce, 2001). Occupation on the other hand, has been defined as a person's individually constructed performance that is seen as a one-time experience within a unique context containing the individual's perceived meaning (Pierce, 2001). In this thesis, the concept of creative activity is used rather than considering the unique personal experiences embedded in doing a creative occupation.

Creative activities as occupational therapy intervention departs from different theoretical frameworks and have different therapeutic approaches, depending on the goal and setting of the intervention. For example, the focus of the intervention is emphasized on the product or process or both (Riley, Corkhill, & Morris, 2013). One theoretical framework and therapeutic approach to creative activities, is thus to focus on increasing knowledge and skills (Griffiths & Corr, 2007; Harris, 2008; Horghagen, Josephsson, & Alsaker, 2007). Another theoretical framework and approach is the use of CaI as a media for self-expression and self-development (Creek, Lougher, & Bruggen, 2008; Gunnarsson, Jansson, & Eklund, 2006; Henare, Hocking, & Smythe, 2003; La Cour, Josephsson, Tishelman, & Nygard, 2007; Thompson, 1998).

Occupational therapy interventions with creative activities in this thesis will be termed as CaI which is a new abbreviation to clarify and distinguish the concept of CaI from the concepts of creativity and creative activities generally applied within occupational therapy. CaI is not investigated in this thesis as a concept from a particular intervention context, nor from a particular treatment purpose or perspective, CaI will instead be described based on the descriptions of CaI's attributes in the occupational therapy research literature.





# Research background

## The context of this thesis

### *The international and national perspective on mental health and mental health services*

Health predictions for the western world show that mental illness will be the biggest public disease in the coming years (Danske regioner, 2018; WHO, 2001, 2015). In a national perspective, the number of people being diagnosed with mental illness is increasing. There was an increase of 3.2 percentage points in the proportion of severe mental health in Denmark from 2010 to 2017 (Sundhedsstyrelsen, 2018). Every fifth person of working age in Denmark has mental health problems according to estimations in a report from the OECD (Organization for Economic Co-operation and Development), (2013). Mental illness constitutes the largest disease burden in society by 25% in a comparison between diseases in Denmark. The National Research Centre for the Working Environment (2010) estimates that the total direct and indirect societal costs of mental health problems in Denmark amount to 55 billion DKR annually (Borg, Nexø, Kolte, & Andersen, 2010).

Mental health services internationally work today towards a vision of recovery for all service users, with principles such as self-determination, creation of meaning, and participation in communities as essential aspects of service delivery (Mancini, 2008). The concepts of recovery and rehabilitation are increasingly intertwined in mental health services. The recovery perspective has influenced the professionals' understanding of rehabilitation, partly due to the concept of recovery demonstrating ways in which the person's individual experience of well-being (Juliussen, 2013). Thus the individual's wishes and understanding of a good life can become the focal point of the mental health service delivery (Juliussen, 2013). Despite the development of the vision of recovery as an essential element in the mindset of today's psychiatric healthcare professionals, there is still a need for mental health services to give priority to increasing well-being, rather than to treating illness. Slade, (2010) stated that the focus of mental health services should go beyond reducing symptoms and returning basic functioning; they should support people to find their 'element' so that they can flourish though full re-engagement in life.

The mental health services in Denmark have changed over the past few decades (Danske regioner, 2018). Mental health patients were in the past often hospitalized for six months or more or even several years. People who receive psychiatric rehabilitation today are more likely to be outpatients. The average patient's stay in hospital is about one to two weeks when hospitalization is necessary, and only a small number receiving long-term hospitalization. There are many re-admissions among, for example, adult patients (+19 years), and 23% of all psychiatric admissions are followed by a re-admission. Re-hospitalizations typically take place close to the time of the discharge after the previous hospitalization, and approximately 25 % take place within the first three days (Sundhedsdatastyrelsen, 2019). Diagnoses, symptoms, and medicine have a prominent role in mental health rehabilitation compared to other therapies such as psychotherapy and social initiatives, although it may vary between individual therapist and departments (Jørgensen, Bredkjær, & Nordentoft, 2012; Lindhardt, 2011). The everyday lives of people having mental illnesses are also greatly influenced and limited by mental illness as those who have become ill often lose a number of everyday activities that give life structure, consistency and social content, which in turn, often leads to social marginalization and isolation (Horghagen, Fostvedt, & Alsaker, 2014).

#### *Mental health service under transition*

The need to review and re-consider the provision of mental health services is part of the political debates in Denmark. A prominent Danish debater, the politician Özlem Cekic, stated that the environment in psychiatry (psychiatric hospitals) is characterized by a high level of conflict, which is often caused by patients who lack suitable meaningful activities (Ergoterapeutforeningen, 2014). This can lead to a loss of social and physical skills, a lack of stimulation and a risk of significant increased medication usage (Ergoterapeutforeningen, 2014). An association "Hope in psychiatry" (Landsforeningen af nuværende og tidligere psykiatribrugere [The National Association of current and former Psychiatric Users], 2019) has been formed in Denmark, which has the purpose of helping patients to gain a meaningful content in their lives when hospitalized. According to the association, patients often complain that they miss having activities to do and that they are bored during hospitalization - especially at night and on weekends (LAP, 2019).

Wilcock (1993) stated early the need for meaningful occupations since all humans are doers and have a need for using time to do things, to be occupied in a purposeful way. According to Wilcock, (1993) this need is innate and related to health and survival since it enables individuals "... to utilise their biological capacities and potential, and thereby flourish" (p. 23). The Danish psychiatrist Karin Garde, who for many years has worked as a chief physician in a large psychiatric hospital, is also concerned about the

lack of meaningful activities and not having anything to do in connection with the closure of workshops in psychiatry. Furthermore, she points out that performing activities does not cure patients, but that they can experience and learn that they are able to do something and that makes them feel useful (Rasmussen, 2016).

This lack of meaningful and purposeful occupation can be understood in the perspective of occupational injustices. Occupational injustices are defined as a deprivation of occupation or unwanted dependence on occupations in disabling environments that may create substantive health issues and reduce individual lifespan (Wilcock, 2006). No attention is given to the treatment environment or to meaningful occupations in the contemporary guidelines and recommendations for the development of psychiatry in Denmark. This is disconcerting in relation to research findings that point to the beneficial relationship between occupation and health (Legault & Rebeiro, 2001; Wilcock, 1999). However, there has been a focus on the importance of the environment for reducing of coercive measures in recent years, which is based on an understanding that a sufficient number of staff can initiate more activities with the patients. Activities where the patients are allowed to exercise their musical or creative abilities, create peace and security in the wards (Danske regioner, 2018). This need and the possibility of being able individually to choose activities that meet personal needs is stated by Hocking, Smythe and Sutton (2012). They argue that the environments that provide opportunities for people to engage in occupations that meet personal needs for being are more conducive to enabling recovery and in addition they reason that the way mental health services are provided, has the potential to either expand or restrict the living space of people in recovery.

### *Creative activities in mental health services*

Interest for the field of arts and health is increasing in Scandinavia and a number of initiatives focusing on people who were off work due to ill health have taken place. In Sweden to prescribe culture activities as e.g. arts, painting, pottery has been tested, in order to increase mental health. 'Kultur på recept' [arts on prescription] was provided in Sweden from 2012 to 2014 as a pilot project for citizens who were off work due to mental illness. The project showed improved mental health wellbeing among the participants (Stigmar, Åstrom, Sarbast, & Petersson, 2016). Four municipalities in Denmark, inspired by the Swedish initiative, delivered 'Arts on prescription' (AOP) programs (2016–2019) for citizens on sick leave, mostly due to depression, stress and anxiety (Jensen, 2019). Results from a study by Uttley, Stevenson, Scope, Rawdin, & Sutton, (2015) indicate that art therapy appears to be cost-effective compared with other treatments but further studies are recommended to confirm this finding. Assisting people to find and express their own way of being and use their abilities in varied and

demanding occupations is a powerful recovery tool (Hocking, Smythe, & Sutton, 2012). Harris, (2008) states that craft-making has therapeutic value because human beings has an innate need to be creative and to make and to do.

Thus, there is a growing interest in using creative activities as intervention in mental health services.

### **Occupational value in engaging in occupations and relationship to meaning in life**

The concept of people's occupations being characterized by their value, or being able to generate meaning, is often stated in occupational literature (Hammell, 2004; Hasselkus, 2002). Values was in 2008 defined by Kielhofner as "*what one finds important and meaningful to do*" (p. 13) and by the AOTA (American Occupational Therapy Association, 2014) as "... *principles, standards or qualities considered worthwhile by the client who holds them*" (p. 7). The concept of values understood from these definitions is that values give beliefs and an understanding of what is right and wrong to do and govern a way of life and everyday doing. These personal values and beliefs are developed over the course of a lifespan and can derive from multiple sources including personal experience, culture (e.g. how one ought to act and which goals or aspirations are desirable), social environment, religion and politics (Billock, 2013). Kielhofner, (2008) connects these personal values with the experience of values of occupation in that "... *values and beliefs often influence a person's subjective experience of occupation because of the qualities of individualized meaning and centrality in the person's life*" (p. 311). This is an expression of how personal values affect the values that are associated with the occupations we participate in and claims that values and beliefs are important facets of occupations and impact an overall common sense of meaning in life (Billock, 2013). This aspect of occupations creating meaning in life was highlighted in the Value and Meaning in Occupations model (ValMO) (Persson et al., 2001). The model focuses on the value people experience when performing a single occupation and relates this to our perception of overall meaning in life. The experiences we have in life are thus strongly influenced by what we do and the experiences generated in doing an occupation are what Persson and colleagues, (2001) call Occupational Value (OV). The experiences, generated in doing an occupation, are in the ValMO model operationalized as three dimensions of OV and are labelled concrete OV, socio-symbolic OV, and self-rewarded OV (Erlandsson et al., 2011; Persson et al., 2001). The concrete OV dimension concerns the visible features of one's doings, characterized by their tangibility. The socio-symbolic OV dimension regards the social, cultural and universally experienced value of doing an occupation. Finally, the third self-reward OV

dimension is about the immediate rewards that are inherent in the experience of doing a certain occupation.

This thesis is based on an understanding that the OV in doing occupations is important for people's experience of meaning and health and that OV thus facilitates personal development. Daily activities have a natural inherent value as an important prerequisite for well-being and meaningfulness as conceptualized in the ValMO model (Erlandsson & Persson, 2020; Erlandsson et al., 2011). There is limited research available about the experiences of OV associated with occupations in general and the experiences of the OV dimensions associated when participating in CaI have not been focused on.

### **The perspective of CaI and recovery**

Several studies report on CaI applied by occupational therapists in mental health settings as having a positive influence on people's experiences of well-being (e.g. Gunnarsson & Eklund, 2009; Mullersdorf & Ivarsson, 2016; Saavedra, Pérez, Crawford, & Arias, 2018) by constituting a path to recovery and helping to cope with everyday occupations (Caddy, Crawford, & Page, 2012; Griffiths, 2008). Furthermore, a strong relationship between CaI and mental health recovery was identified in a study by Stickleby et al., (2018). Recovery is described and viewed as a unique, personal journey of finding meaning and purpose through living a satisfying, hopeful and contributing life even while experiencing limitations (Anthony, 1993). The study by Stickleby et al., (2018) investigated the five core processes of recovery proposed to promote recovery in clinical practice, called the CHIME framework, in relation to CaI. The results suggest that CaI can be a mental health intervention that promotes recovery. Associations between CaI and recovery processes have thus been found.

### **Rationale for the thesis**

There is a need for methods that can supplement medical treatment due to the increased prevalence of mental illness and the consequent increased burden and cost for society. The use of health-promoting activities in psychiatry is important as the medication cannot be the only treatment strategy. CaI could be a supplement that does not only improve and provide people who experience mental illness with the experience of OV but also creates meaning and content during hospitalization and may even contribute to recovery by strengthening mental and social health.

However, in order to use the concept of CaI in research and practice the concept needs to be clarified beyond the existing ambiguity and form a concept that is based on a shared description, common understanding and a knowledge-based platform.

The literature focusing the specific influence of CaI on rehabilitation and the strengthening of everyday life is sparse. And there is no research presented regarding the experiences of occupational value (OV) when doing CaI. Thus, it seems important to develop an understanding about how the experiences of individual variations of OVs that develop in the process of doing CaI. This knowledge may provide scholars, practitioners and future research with a knowledge-based platform to develop and empirically validate the use of CaI in order to use, describe, evaluate and compare interventions and their effectiveness in future research.

## Overall aim and specific aim of the studies

The overall aim of the thesis was to describe the concept of CaI as defined in occupational therapy literature and to explore how and to what extent people with mental illness experience OV in doing CaI.

*The specific aims were:*

- To explore and clarify the concept of CaI and to validate the findings of the concept of CaI in occupational therapy practice (Study I).
- To explore how and to what extent people with mental illness experienced OV when participating in a process with CaI (Study II).

# Methods

## Research design

This thesis is based on two studies, a systematic review followed by a concept analysis (Study I) and an explanatory sequential mixed-methods study inspired by principles of action research (Study II). An overview of the studies is presented in Table 1.

**Table 1.**  
Overview of the study designs.

<b>Study no.</b>	<b>I</b>	<b>II</b>
<i>Research design</i>	A concept analysis approach, inspired by Walker & Avant, (2011) (part 1) qualified with a validation of the perceived quality of the concept in clinical practice (part 2)	An explanatory sequential mixed-methods design inspired by the principles of action research
<i>Sample selection</i>	A systematic literature review by searching the databases: Embase, Cinahl, Pubmed and PsychInfo (part 1) A purposeful sample of seven occupational therapists forming a reference panel (part 2)	Participants consecutively and conveniently recruited
<i>Inclusion criteria</i>	Articles published in English language scientific occupational therapy journals 1997-2017, samples of adults of working age, 18 - 68 years, describing the types and definition of Cal used in intervention (part 1) Selection of occupational therapists based on recommendations as Cal experts from a "Cal network" and from O.T. professionals, who worked with Cal in their practice (part 2)	Inpatients or outpatients participating in workshops providing Cal in a Danish psychiatric hospital who. The patients were all able to actively participate by completing questionnaires and being interviewed
<i>Exclusion criteria</i>	When screening the abstracts: a) not original research article or a review article b) not samples of adults between 18-68 years, or articles not describing occupational therapy intervention (part 1)	Not being able to complete the study due to i.e. anxiety or cognitive dysfunctions.
<i>Participants/ informants</i>	A reference panel of seven occupational therapists (part 2)	Thirty-three participants either inpatients or outpatients with severe mental illness who had recently (< one week) started participating in workshops applying Cal. Eight of the participants were subjected to additional interviews
<i>Data collection</i>	Systematic literature review by PRISMA (part 1). Data about the validation of the result of the concept analysis of Cal was obtained by using a questionnaire sent to a reference panel of occupational therapists (part 2)	The instrument OVal-9 questionnaire at (M1) and (M2) and eight additional qualitative semi-structured interviews
<i>Data analysis</i>	Concept analysis inspired by Walker and Avant (2011) (part 1) Data from the questionnaire was analyzed with non-parametric statistical methods (part 2)	Non-parametric statistical methods and manifest content analysis.



## Sources

### *Study I*

Study I consisted of two parts: a systematic review followed by a concept analysis (part 1) which was qualified with a validation of the perceived quality of the concept in clinical practice (part 2).

The first step of Part 1 was a systematic review (See Figure 1). The inclusion criteria were peer reviewed articles published in Occupational Therapy journals, written in English between 1997-2017, with samples of adults of working age, 18 - 68 years, describing the types and definition of CaI used in interventions. The exclusion criteria used when screening the abstracts were: a) not an original research article or a review article b) not samples of adults between 18-68 years, or articles not specifically describing occupational therapy interventions (e.g. art therapy).

A sample consisting of seven purposefully selected occupational therapists from Sweden and Denmark formed a reference panel in Part 2. The selection process for the participants in the reference panel were based on recommendations from a "CaI network" (network established and founded by the Danish occupational therapist association) and from occupational therapy professionals as CaI experts.

### *Study II*

Study II consisted of an explanatory sequential mixed-methods study (Creswell, 2014) inspired by principles of action research (Duus et al., 2012; Hummelvoll, Eriksson, & Cutcliffe, 2015). The study thus included dialogue with a reference group consisting of four users of CaI and two members of the staff from the facility providing CaI in workshops. The reference group had active roles as co-researchers and were involved throughout the research process and collaborated with the first and third authors on three occasions to plan and discuss the research process; prior to and after the pilot study and after the data analysis to review the findings as peers. Action research has been found to be an appropriate approach within occupational therapy research because it addresses the gap between researcher and practice and activates the clients' experiences and voices in the shaping of the mental health services they receive (Hammel et al., 2015; Taylor, Suarez-Balcazar, Forsyth, & Kielhofner, 2017).

All participants in this study were consecutively and conveniently recruited (Creswell & Poth, 2017) over a period of six months by the staff at the therapy ward. The recruitments were performed in accordance with the following inclusion and exclusion criteria. The inclusion criteria were inpatients or outpatients who were able to actively participate in completing questionnaires and responding to questions in interviews.

The exclusion criteria were not being able to complete the study due to, for example, anxiety or cognitive dysfunctions. All were referred to and participated in workshops in a Danish psychiatric hospital.

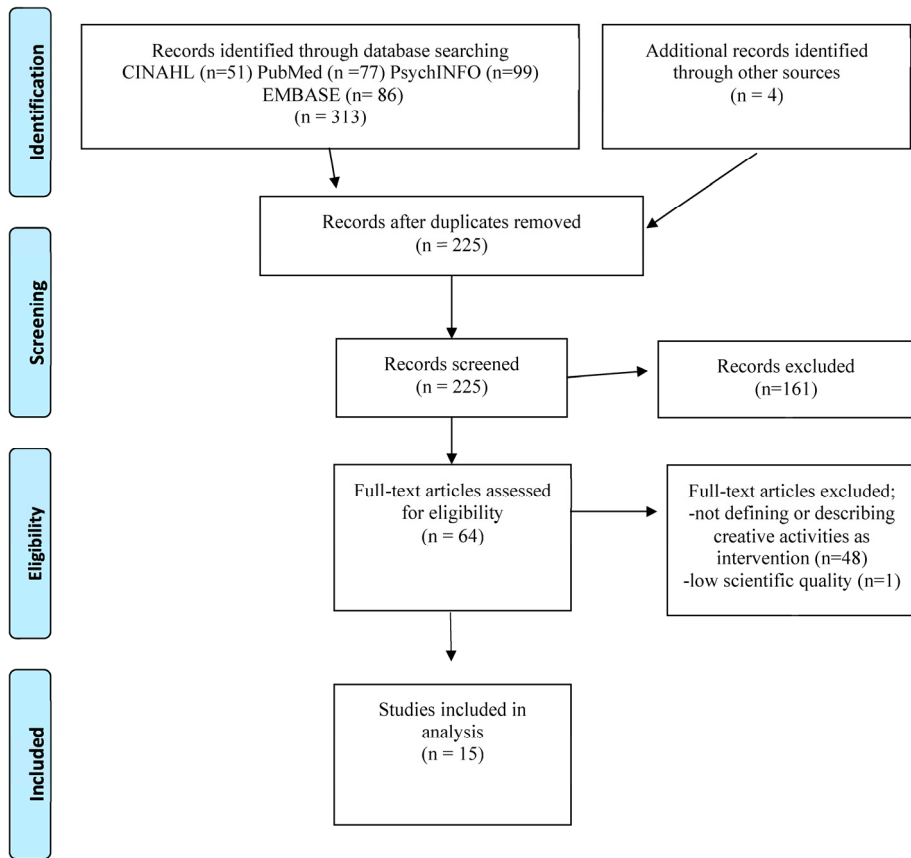
The workshops were led by workshop assistants under the leadership of occupational therapists. The overall objective of the interventions is to promote activities in everyday life and strengthen the participants' experience of being an active person. There were seven workshops, focusing on: leather, jewellery, recycling shop, drawing/painting, pottery, metal and carpentry, and there were ten (half day) weekly sessions, 2-3 hours in length.

## **Data collection and procedure**

### *Study I*

#### *Systematic literature review by PRISMA*

The concept analysis in Part 1 started with the identification of relevant studies describing the concept according to systematic literature review by PRISMA (Moher, Liberati, Tetzlaff, & Altman, 2009) in the databases: Embase, Cinahl, Pubmed and PsychInfo. The search was repeated several times in all selected databases in order to meet the challenge of the large number of synonyms for organized intervention activities containing creative elements. Relevant search terms and synonyms for creative activities were used (creative activities, or art and craft or creative media or creativeness or arts intervention or creative arts or creative art activities or handicraft or art therapy or craft activities or handicrafts) and combined with the MeSH term: occupational therapy, which includes intervention. The flowchart of the systematic review is shown in Figure 1.



**Figure 1.** Selection of studies according to PRISMA (Moher, Liberati, Tetzlaffe, & Altman, 2009)

The screening was performed by the first and last authors independently. Sixty-four articles were then read by the first and third authors independently in full text for the final selection. The selected articles at the end of this phase were then read to determine rigor by using the Swedish Agency for Health Technology Assessment, and Assessment of Social Services (SBU) standards for scientific quality on the selected articles for the analysis (SBU, 2016). Articles meeting less than 50% of the criteria in SBU standards were excluded. One article was thus excluded due to low scientific quality. Fifteen articles were finally selected, eleven qualitative and four quantitative studies (See Table 2).

**Table 2.**

Description of the 15 included studies on creative activities in intervention

Article	Country of origin	Sample and context/ study field/ study group	Study method and analysis	Measures	Published in Journal
Caddy et. al. (2012)	Australia	403 acute inpatients in mental health.	Quantitative Statistical analysis	Four different clinical assessment tools	Journal of Psychiatric and Mental Health Nursing,
Griffiths, (2008)	UK	Five occupational therapists and their eight clients with mental illness.	Qualitative Grounded theory	Observation and semi-structured interviews	Journal of Mental Health
Griffiths & Corr, (2007)	UK	66 occupational therapists working with people with mental illness.	Qualitative Grounded theory	38-item questionnaire	British Journal of Occupational Therapy
Gunnarsson & Björklund, (2013)	Sweden	31 former patients in psychiatric care.	Quantitative Statistical analysis-	Self-rating questionnaires.	Australian Occupational Therapy Journal,
Haltiwanger et al., (2011)	USA	Case study with one inpatient with cancer.	Qualitative Thematic analysis.	Individual and group interviews, group reflections, and field observations.	Occupational Therapy in Mental Health
Harris, (2008)	Australia	One occupational therapist working in mental health service.	Qualitative Narrative analysis	Narrative inquiry	Australian Occupational Therapy Journal,
Henare et.al. (2003)	New Zealand	14 participants in pain management program, in a group setting.	Qualitative Phenomenology methodology	Art and narrative inquiry	British Journal of Occupational Therapy
Hickey, (2016)	UK	Three occupational therapists working in psychiatric intensive care units.	Qualitative Thematic analysis	Semi- structured interviews	Journal of Psychiatric Intensive Care
Horghagen et.al. (2007)	Norway	Six retired occupational therapists experienced in working with diseases such as: Polio, epilepsy, tuberculosis and mental illness.	Qualitative Textual analysis	In-depth interviews	Occupational Therapy International
Horghagen et al. (2014)	Norway	Twelve people with severe mental illness attending mental health meeting places.	Qualitative Paradigmatic analysis	Ethnography	Scandinavian journal of Occupational Therapy
La Cour et. al. (2007)	Sweden	Eight patients participating in a palliative intervention program.	Qualitative Phenomenological analysis	Interviews	Palliative & Supportive Care
Müllersdorf & Ivarsson (2012)	Sweden	1867 occupational therapists working in different areas of health care.	Quantitative Descriptive statistics	Web-mail survey	Occupational Therapy International
Müllersdorf & Ivarsson, (2016)	Sweden	304 occupational therapists working in different areas of health care.	Quantitative Descriptive statistics	Web- mail survey	Occupational Therapy International
Reynolds & Prior, (2003)	UK	30 women, with living in the context of chronic illness. (Rheumatoid arthritis and multiple sclerosis.	Qualitative Interpretative phenomenological analysis	Interviews and written narrative	Disability and Rehabilitation
Schmid, (2004)	Australia	Three occupational therapists working in rehabilitation, mental health and palliative care.	Qualitative Thematic analysis.	Interview	Australian Occupational Therapy Journal

## Questionnaire

The results were validated in Part 2 by using a questionnaire sent to a reference panel of occupational therapists. The questionnaire, which was completed via e-mail, included descriptions of the five attributes and the cases together with questions. The following topics were covered: a) the relevance of the conceptual definition for research, practice and clients, b) the extent to which the conceptual definition was recognizable and clarified as a CaI, and c) whether the conceptual definition could be of use for clinical practice (Table 3).

**Table 3.**

Questions for validating the concept of CaI

Questions	
How relevant is a definition of the concept: creative activities used as an intervention?	
	For research
	For practice
	For clients
To what extent has the conceptual definition given you a better understanding of the concept of creative activities, used as an intervention?	
To what extent are the described model cases meaningful?	
Is the model case recognizable as a creative activity as used in occupational therapy interventions?	
Is the contrary case recognizable as a creative activity as used in occupational therapy interventions?	
To what extent do you think that the attributes occupational therapists attach to creative activities, used as an intervention, were clarified?	
To what extent do you consider that the conceptual definition of creative activities, used as intervention, can be used in clinical practice in occupational therapy?	

The participants in the reference panel were asked to assess their level of agreement with the statements concerning the topics a) – c) using a 7-point scale from 1) to a very small extent to 7) to a very great extent.

## Study II

The process of Study II started with a pilot study that included five participants, who were selected according to the inclusion criteria, and which was conducted in order to evaluate the feasibility, time, cost, and adverse events of the study, and to improve its design prior to carrying out a full-scale research project (Ismail, Kinchin, & Edwards, 2017). The pilot study generated only minor changes, such as in the distribution of the questionnaires, and thus data from the five participants were included in the total sample.

### *Sociodemographic data*

Sociodemographic data were collected by a questionnaire concerning: age, gender, education, status, civil status, source of income, type of workshop and self-reported diagnoses.

### *Oval 9 questionnaire*

The OVal-9 instrument (Persson & Erlandsson, 2010) was used to assess the patients' experiences of OVs as participating in CaI and was independently completed by the participants both at M1 and M2, with a maximum of 30 minutes after participating in a CaI. The individual rates the level of experienced OV in performing a specific occupation, in the questionnaire OVal-9. The questionnaire assesses experiences of OV immediately after completing an occupation. The nine items reflect the three value dimensions of the OV-triad and the three items per occupational value are randomly presented in the instrument. How much the specific aspect of an occupational value was experienced is rated on an ordinal scale from 1 (*to a low degree*) to 7 (*to a high degree*). The instrument has been shown to have good content validity (Persson & Erlandsson, 2010).

### *Interview guide*

A semi-structured interview guide was developed to provide a deeper understanding of the participants' experiences of OV in participating in the CaI process. The interviews were carried out after completion of the OVal-9 questionnaires at M2 and were conducted by a hired occupational therapist experienced in working with people with mental illness. The questionnaire was distributed and briefly explained by the workshop assistant. The interviews were conducted in a room well-known to the participants in the workshop facilities. The interviews were carried out during a period of six months and were all recorded and subsequently transcribed verbatim. The interview guide was designed by the first author based on the structure and content of the questionnaire OVal-9. An example of the general structure and content of the questions is "You *rated this question X with 7, can you elaborate on how you were thinking?*".

## **Data analysis**

### *Study I*

A concept analysis (Walker & Avant, 2011) was performed in Part 1 based on 15 scientific publications found by a systematic literature review according to the PRISMA guidelines (Moher et al., 2009) (Table 4).

**Table 4.**

The eight stages of the concept analysis of CaI according to Walker and Avant (2011).

<b>The stages in the Concept analysis *</b>
1. Concept selection.
2. Determine the aims or purpose of analysis.
3. Identifying uses of the concept (PRISMA guidelines for systematic reviews 1-14, was applied).
4. Determine the defining attributes.
5. Identify a model case
6. Identification of a borderline, related, contrary, invented and illegitimate cases
7. Identify antecedents and consequences of the concept
8. Define empirical referents* (Replaced with a validation process with a reference panel)

\* This eighth step according to Walker and Avant (2011) was replaced with an empirical process.

After selecting CaI as concept in Step 1 and having determined the aim of the analysis in Step 2, the systematic selection of studies by adopting the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al., 2009) was performed in Step 3.

The articles were read carefully and text units describing the use and characteristics, definition of CaI and function of CaI were identified. The text units were read and coded concerning main content. In the next step, the text units and codes were read several times and codes that shared common characteristics were grouped into preliminary categories. Then the third author randomly selected five articles and performed the same procedure as the first author and the categories and emerging attributes were discussed. The analysis continued with the first author going back and forth, re-reading text units, categories and emerging attributes several times while abstracting the content in a dynamic process. In step 4, the defining attributes of CaI were finally listed and compared with each another and discussed to clarify and describe the final attributes.

Subsequently in steps 5 and 6, three additional cases were then created by the authors based on the five emerging attributes of CaI. The authors created the cases so that they could illustrate the attributes from the results in different ways in accordance with the method (Walker & Avant, 2011). The cases were to illustrate; a model case, a borderline case and a contrary case, when applying CaI in occupational therapy practice. The authors used their own knowledge and experiences of working with CaI in occupational therapy practice to create and ensure an occupational therapy context of the cases. In step 7, the antecedents and consequences were found through the same analysis process as for the attributes for CaI and they helped refine the defining attributes.

The final Step 8 was in this study, replaced by an empirical process. Step 8 in the concept analysis normally entails defining empirical referents that can be measured and

that demonstrate the concept. Developing an assessment was not considered meaningful for CaI. The final step was thus performed as a validation of the perceived quality of the concept in clinical practice with a reference panel using a questionnaire (Table 3). The questionnaire rated the agreement among the participants in the reference panel from a scale from 1) to a very small extent to 7) to a great extent, and the data from the questionnaire were analyzed with descriptive analysis by the first author.

### *Study II*

The seven rating-steps in the OVal-9 questionnaire were in this study clustered in three levels: 1-3 denoted a low degree of OV, 4 was considered as a nonaligned rating and ratings from 5-7 denoted a high degree of OV. Each of the OVal-9 item ratings was analysed using percentage distribution. An overall score and the three dimensions of OV respectively, were computed and Wilcoxon signed rank test was used to investigate any statistically significant change of OV scores between M1 and M2. The significance level was set at 5% and the test was two-sided. The Statistical Package for Social Sciences (SPSS version 25) was used.

The transcribed interview data was processed with manifest content analysis in order to describe the meaning of the qualitative material in a systematic way (Graneheim & Lundman, 2004; Schreier, 2012). The first and third authors performed the first parts of the analysis and read the transcripts several times independently to gain a sense of the whole, focusing on elements in the text concerning OV. In the second step of the analysis, the three OV dimensions were used as a model for sorting the meaning units. The meaning units were then condensed, clustered and initial codes were identified. These were then finally grouped together into categories and sub-categories (Graneheim & Lundman, 2004) illustrating aspects of the three OV dimensions respectively. All the authors were involved in this final part of the content analysis. The result was then presented to the reference group who recognised the relevance of the results of the analysis.

### **Ethical considerations**

The studies comply with the principles of the Helsinki Declaration's (World Medical Association, 2013) and were performed in accordance with principles of informed consent. Study II was approved by Health Science Research Board in Region Zealand (nr.: REG-201-2017), which includes approval from the Danish Data Protection Agency. There were no potential risks or disadvantages associated with the completion of the study for the participants, while the project appeared instead to generate the



participants' reflection and provide knowledge for their own rehabilitation process. Sufficient and comprehensible oral and written information about the purpose of the study, the methods used, the expected benefit and the opportunity to leave the study at any time and that it would not affect their treatment, was provided prior to the participants signing an informed consent. The written information was reviewed by the head of the therapy department and by the staff working with the participants on a daily basis in the workshops. All material was treated and stored confidentially and reliably in relation to registry security and the publication of results has been carried out so that it is not possible to identify any individual participant.

# Results

The aim in **Study 1** was to investigate, clarify and describe the concept of CaI and to validate the findings of the concept of CaI in occupational therapy practice. The results revealed five attributes defining CaI:

- CaI entail working with body and mind, and most often contain elements of arts and/or crafts.
- CaI are experienced as meaningful and are used in a safe, facilitating environment.
- CaI enhance creative processes, inherent experiences and opportunities for self-expression and reflection.
- CaI can develop skills, enhance occupational performance and the managing of everyday life.
- CaI are used individually or for groups and modified with different therapeutic approaches as means to achieve specific goals in different settings.

Three cases were generated from the attributes to illustrate the integrity of the analysis: a model case, a borderline case and a contrary case. (See outcome of concept analysis in table 5) .

**Table 5.**

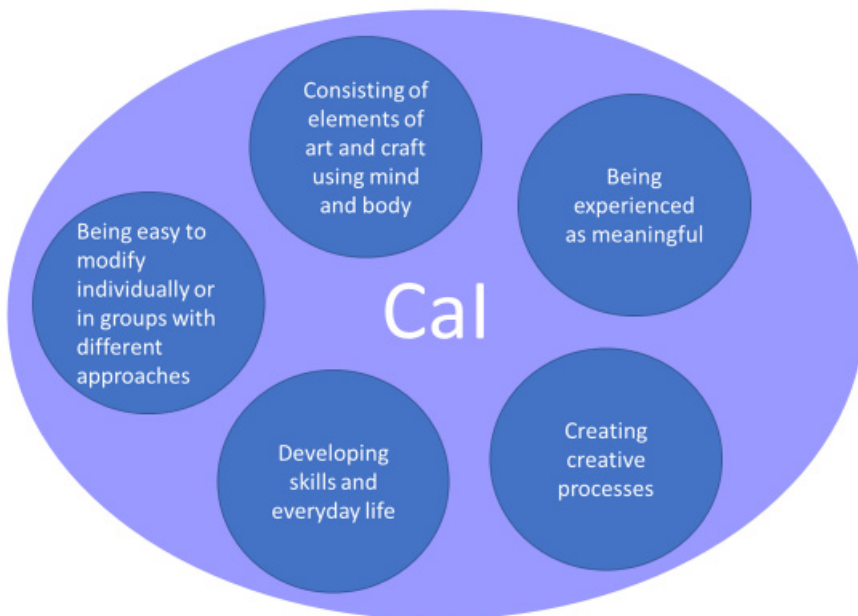
The outcome of the concept analysis of CaI

<b>Outcome of the stages</b>
1. CaI were selected as concept.
2. Aim: <i>To explore and clarify the concept of CaI and to validate the findings of the concept of CaI in occupational therapy practice</i>
3. The steps involved in the systematic review are summarized in the PRISMA-flow-diagram (Figure 1). Fifteen studies were included (Table 3).
4. Five attributes of CaI were found.
5. A model case describing the attributes of CaI was found.
6. A borderline case and a contrary case of CaI were found.
7. Antecedents and consequences of the concept of CaI were found.
8. A validation of the concept of CaI.

The characteristics of the seven individuals constituting the reference panel of occupational therapists were: more than six years of experience of working with CaI, on average 15 years (range 6-22 years) and representing three different fields of occupational therapy - psychiatry (n=5), primary health care (n=1) and palliative care (n=1).

The reference panel agreed that the concept of CaI could be relevant for research and practice, but there was, however, less consensus in terms of whether the concept was relevant for clients. It was recognized that the definition could be used in clinical practice in occupational therapy.

The results led to a nuanced description of the attributes of CaI (illustrated in Figure 2) that could potentially facilitate future research, communication and a new definition.



**Figure 2.** Attributes of CaI as found in Study 1.

The aim in **Study 2** was to explore how and to what extent people with mental illness experienced OV when participating in a process with CaI and how they express these experiences. The mixed methods approach combined the results from the instrument and the subsequent qualitative elaborations of the OV experiences through interviews. The sample consisting of 33 participants mainly inpatients (n=31), completed the

questionnaire at M1 and M2 and eight of these participated in the semi-structured interviews. The characteristics of the 33 participants were: ranged in age from 19 to 72 years (average = 41,2) mainly inpatients (94%). Three fifths of the participants were women (67%) and (64%) of all participants lived alone. (36%) had no education, or (27%) had short-cycle higher education and (24%) had a medium-cycle higher education. Five had a work and the remaining participants were either unemployed or retired. The self-reported diagnoses (with the highest number first) were; depression/affective disorders, followed by paranoid schizophrenia, borderline and anxiety.

Most of the participants experienced a high level of OV both at M1 and at M2. The participants' experiences of participating in CaI were associated with all the OV dimensions in the triad. Concrete OV concerned a return to everyday life, new meaningful activities, having work and a possibility to develop as an artist. Socio-symbolic OV concerned a strengthened identity and the recognition of belonging and self-expression. Self-rewarding OV was described as positive emotions and well-being, distraction and creating a "free space". No statistically significant difference in perceived occupational value was found between M1 and M2 after the process of doing creative activities as intervention except for one item: "I feel happiness and/or pleasure". No change in the experiences of individual variations of OVs during the process of doing CaI could thus be identified.



# Discussion

## Discussion of the results

The two studies that made up this thesis focused on describing CaI and the experiences of OV of participating in CaI. In conclusion, the studies have together contributed to an understanding and description of the concept of CaI and of the extent of OV experiences and the variation in these experiences of OV in doing CaI. Figure 3 summarizes the findings and give an overview of CaI attributes and the experiences of OV in doing CaI.

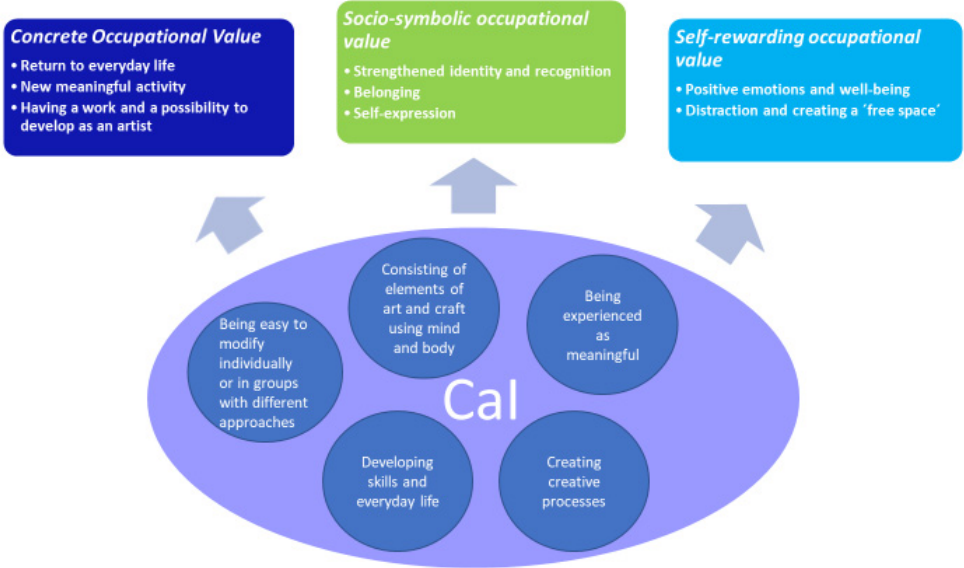


Figure 3. Tentative illustration of the concepts of CaI and the experienced aspects of occupational values of doing CaI.

The findings are further discussed through the following three questions and in relation to relevant literature.

*What characterizes creative activities used as occupational therapy intervention?*

The individual attributes of CaI can be found in other activities used as interventions however, the special features of CaI described as containing the five identified attributes has to our knowledge not been presented before. Some of these attributes of CaI could probably be considered as to be part of most occupational therapy interventions, such as for example being *perceived as meaningful* since activities that are perceived as meaningless to clients does not have a therapeutic utility. Meaning is linked to occupation when used in an intervention, since this is a core value of making activities therapeutic (Wilcock, 2006). Other attributes of CaI, such as *a tool to develop and enhance skills and occupational performance or can be used with different theoretical approaches and purposes*, is in line with the general characteristics of most interventions with goal-directed activity, but they are nevertheless highlighted and experienced by occupational therapists as special attributes of CaI. Thompson and Blair, (1998) stated that creative art (creative activities) share an underlying commonality of form and pattern, despite differences in their expressive faculties.

Attributes of CaI that contain art and/or craft elements and specific activity characteristics that promote creative processes, i.e. play and creative expression appear to characterize this type of intervention more and have greater associations with CaI. Walters, Sherwood and Mason, (2014) stated that occupational therapists encourage creative expression through the use of creative activities. Thompson and Blair (1998) suggested that creative activities is a legitimate form of play as it is a pleasurable exploration for adults. This enjoyment of play may stem from the individual feeling of being in control and being able to do and explore the creative art (creative activities) actively without anxiety, and is thus seen as a powerful motivator (Thompson, 1998).

Dennis Persson (1996), described a continuum of how creative activities are experienced by the individual. Persson argues that creative processes can be regarded as creative in some sense in any human activity but how creative they are experienced by the individual, varies. An activity becomes more creative the closer it comes to personal expression and less creative the closer it comes to reproduction. He defines the experience of doing creative activities as a continuum from reproduction to personal expression. In his definition, Persson focuses on the creative processes in creative activities and he finds that creative processes define creative activities, not the type of activity or whether it is meaningful. It seems that the attribute of initiate creative processes in the individual may have greater associations with and is more recognizable in relation to other attributes of CaI.

### *Why does participation in CaI create experiences of occupational value?*

When comparing the attributes of CaI and the experience of OV there is similarities between the attributes of CaI being experienced as meaningful, creating creative processes and the experience of the self-rewarding occupational value of positive emotions and well-being and distraction and creating a 'free space'. The participants in study II experienced that “their brain was on a pause” and they forgot time and place by focusing on doing something pleasant (CaI). These experiences of doing CaI can be recognized in the theory of flow (Csikszentmihalyi, 1990). The flow theory conceptualizes the optimal experience in the ranges of human occupation in which creative performance have a prominent place (Persson, 1996). CaI can be used as a “creative space” for creative thinking as a means to adjust and endure (Billock, 2013; Weinstein, 2013). Csikszentmihalyi (1990), uses the term “optimal experience” to describe those flow occasions where we feel a sense of exhilaration, a deep sense of enjoyment. These moments are often not passive, receptive relaxing times. They tend to occur when a person’s body or mind is stretched to its limits in a voluntary effort to accomplish something that is difficult or worthwhile. The key element of an optimal experience is that it is an “end” in itself. This happens when there are realistic goals with skills matching the opportunities for activity.

The experiences of self-rewarding occupational value of positive emotions and well-being of doing CaI can also be understood in the relationship between an overall sense of meaning and a high degree of OV in doing CaI. The relationship between occupational value, perceived meaning, and subjective health was examined in a study by Erlandsson and colleagues (2011) in a sample of individuals of working age, 50 men and 250 women. Their result showed highly significant relationships between occupational value and perceived meaning. Thus, high experiences of occupational value (OV) is considered to contribute to an overall meaning in the person's everyday life (Erlandsson et al., 2011). This can be understood in the light the of occupational value spiral (Erlandsson & Persson, 2020). A single experiences of occupational value (OV) can have an impact on an overall sense of meaning, in turn impacting on sense of subjective health and future occupational choices ( Erlandsson & Persson, 2020; Erlandsson et al., 2011) This described “impact” of experiences of OV in doing CaI may have led to motivation for new activities and a sense of meaning in life for the participants in study II. Doing CaI provided motivation and energy for physical training, social activities and filled the days with something that the participants recognized as being meaningful.

There is also a likeness between the attribute of CaI of developing skills and everyday life and the concrete OV of return to everyday life. The participants in study II experienced that CaI provided substance for their days by maintaining a structure, an



everyday rhythm and giving them something to do and look forward to. This is in line with the results of the study of Horghagen and colleagues, (2014) which found that doing craft in group in a meeting place facilitated stability and routines, skills and abilities for people with mental health illness.

Finally, the attribute of CaI of enhancing creative processes, inherent experiences and opportunities for self-expression and reflection can be recognized in the socio-symbolic OV experiences expressed by the participants in study II. By expressing themselves artistically the participants were able to reflect on their mental status, their identity and feelings. This can be understood in the perspective of CaI generating reflection and better understanding of one's feelings and a sense of self-identity. Andersen, (2006) links Vygotsky's concept of 'nearest development zone' with Csikszentmihalyi's flow theory and describes how both concepts portray a potential development space that he calls the "flow zone". The flow zone is located between two outer poles: anxiety and stress. The flow zone gives the brain a particularly creative readiness that supports the emergence of new ideas (Andersen, 2006; Csikszentmihalyi, 1997; Vithner, 2013). Through the creative processes embedded in CaI, the individual can experiment and exceed boundaries, think in new paths and try things that have never been done before. Such a process facilitates an altered understanding of situations and circumstances, thus opening up possibilities for both individual and social change (Horghagen & La Cour, 2017). Creativity in itself is thus important for human health and according to Schmid, (2005) it can be further maintained that occupational therapists as professionals, have a responsibility for generating creative spaces for clients, i.e. using CaI.

#### *What does participation in CaI and the experience of occupational value create?*

Doing CaI generated a high level of OV in Study II, within all three value dimensions and high experiences of occupational value (OV) contributes to an overall meaning in the person's everyday life (Erlandsson et al., 2011). Meaningfulness has been proposed and emphasized as a key factor in health-promoting interventions (Hasselkus, 2011). There are several studies that point to the value of doing CaI for health and wellbeing (Hutcheson, Ferguson, Nish, & Gill, 2010; Leckey, 2011; Pollanen, 2013; Saavedra et al., 2018; Timmons & MacDonald, 2008). According to Molineux, (2004), humans are creative beings, who have an innate need to engage in creative art occupations. Especially the CaI attribute of creating creative processes seems in focus here. CaI is considered to stimulate creative processes and thus could positively influence an individual's health and wellbeing (Creek, 2005; Leckey, 2011; Perrin, 2001; Perruzza & Kinsella, 2010; Frances Reynolds, 2003; Schmid, 2005).

Perrin, (2001) states that creativity in the understanding of bringing something new to birth is central to the order of human life and human development and exists in the

potential of every human individual. Moreover, creativity is the capacity to meet and engage fully with our environment, making from it something that is uniquely our own. Hasselkus (2002) states that using creativity in everyday life may be beneficial to the health and wellbeing of individuals, and may improve physical, mental and social wellbeing. Creativity can be a valuable tool in the healing process when engagement in occupations are reduced due to illness (Hasselkus, 2011)

Experiences and outcomes of participating in Cal have been documented in research (Caddy et al., 2012; Griffiths, 2008; Griffiths & Corr, 2007; Mullersdorf & Ivarsson, 2016).

Participating in Cal in a safe environment could enhance:

- intrapersonal skills (increased self-confidence, building a sense of self, self-esteem, enhanced perceived control and increased motivation),
- relational skills,
- functional performance

and facilitate personal growth by exploring emotions, facilitating self-expression and transforming the illness experience (Griffiths & Corr, 2007; Leckey, 2011; Perruzza & Kinsella, 2010; Thompson & Blair, 1998). In a study by Harris (2008), connectedness, centeredness, and groundedness were described as fundamental needs for people with mental illness and as an outcome of participating in Cal. Furthermore, Cal's ability to provide opportunities for experiences of flow that can be relaxing, refreshing and peaceful was emphasized by Griffiths (2008). None of these studies refers to the OV of doing Cal, but when considering the results in Study II concerning the experience of OV of doing Cal, there are similarities between these experiences and the outcome/experiences of participating in Cal. This may indicate that the outputs described can be is linked with the experienced OV in doing Cal with perceived OV in doing Cal. See examples in table 6.

**Table 6.**

Examples of similarities between the experiences of OV and outcome/experiences of participating in creative activities understood as Cal as described in the literature.

<b>Experiences of OV in doing Cal (study II)</b>	<b>Outcome of participating in Cal (litterature)</b>
Being part of a creative community	Connectedness (Harris, 2008)
Self-expression	Self-expression (Griffiths & Corr, 2007)
Increased self-esteem	Increased self-confidence, self-esteem (Griffiths & Corr, 2007; Thompson & Blair, 1998)
Calming, relaxing, and stress reducing	Relaxing, refreshing and peaceful (Griffiths, 2008)
Created a 'free space' from tiresome thoughts	Transforming the illness experience (Perruzza & Kinsella, 2010)

The study by Griffiths and Corr (2007) indicates the very nature of CaI by providing a variety of opportunities to meet the needs of the client in their recovery to everyday life. Several of the categories in the qualitative results that describe the experiences of OV in doing CaI can be related to core recovery processes, CHIME (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011). CHIME is a framework and an acronym of core recovery processes proposed to promote recovery in clinical practice, i.e., Connectedness, Hope, Identity, Meaning in life and Empowerment (Leamy et al. 2011). The experiences of doing CaI being related to this framework of recovery processes have previously been reported (Lloyd, Su, and Petchkovsky, 2007; Stickle, Wright, & Slade, 2018). The results of Study II indicate that applying CaI may be important in relation to recovery since the participants' experiences of OV in doing CaI were very similar to several core recovery processes, as described by Leamy et al., (2011).

CaI's ability to create social identity and the experienced OV of doing CaI of "belonging" is important in relation to reducing the sense of stigmatization that people with mental illness experience by recovering a fractured part of self-identity (Van Lith, 2015). A social identity may form through feeling a sense of belonging to a group. This experience helps overcome stigma and discriminatory beliefs that impact the sense of identity for many people who experience mental illness (Howells & Zelnik, 2009).

## **Methodological consideration**

This thesis is based on two studies with very different methodologies; one a concept analysis (including a systematic review) that describes the attributes of the concept of CaI and the second an explanatory sequential mixed-method approach to obtain the experience of OV in a CaI process.

A great deal of consideration was required for the choice of methods, especially Study II, which dealt with participants with mental illness who were in a vulnerable period of their lives. The strength and limitations of this thesis are discussed with the purpose of ensuring the quality of the data, the interpretation and the results (Creswell & Clark, 2011).

### *Quality of the data*

There are strengths and limitations to be discussed in relation to the quality of the data in Study I. Concept analysis, according to Walker and Avant, (2011) proposes the application of search principles similar to those used in, for example, scoping reviews. A strength in this respect was using an established procedure for systematic review, PRISMA, (Moher et al., 2009) when selecting articles. This should have contributed

to improving the quality of data as only articles published in peer-reviewed scientific journals were included in the study.

A limitation of this systematic review can be that different terms for the same concept were used in the literature search. This may have clouded the attempt to describe the concept of CaI. On the other hand, the inclusion of several synonyms was made in an endeavour to capture a wider range of and more relevant publications within the field.

The included articles were publications from 1997 - 2017 regarding interventions for adults aged 18 - 68 years old. The higher age limit of adults of working age was made in order to obtain a comprehensive and homogeneous targeted group. CaI with children were excluded due to the characteristics of play in interventions with children, which differ greatly from activities used in CaI with adults. The definition of CaI presented in this study, should thus not be generalized or used in settings for children. Further research is needed concerning CaI with other groups. An important addition to the design of future research could be to include open-ended questions in the questionnaire to gain a further elaboration of an actual definition of CaI. The clients receiving CaI could also be involved in field studies or in different types of outcome studies in order to gain a more complete definition of CaI and the key components for therapeutic outcomes.

The consecutively collected sample in Study II was small and the external validity and generalizability of the research results are thus limited and may have affected the quality of the data. The participants interviewed at M2 are representative for the total sample despite variation in terms of self-reported diagnosis, civil status and type of workshop. Seven of the interviewed participants lived alone, their self-reported diagnoses were affective disorders (7/8) and schizophrenia (1/8) and the majority (6/8) attended the drawing/painting workshop. Thus, the deviation from the total sample means that the interviewed participant's experiences may be characterized by the perspective of this sample of interviewed participants.

### *Quality of the interpretation*

The interpretations in Study I were strengthened in an additional step by triangulating the description of the concept; with the use of a reference panel of occupational therapists (Creswell & Clark, 2011). This validation of the result using the reference panel should be regarded with caution. The sample was limited, and the results only provide an indication of how useful the attributes could be for clinical practice when describing and evaluating CaI. The research process, the findings from both the concept analysis and the questionnaire were however, continually discussed with all authors to

ensure corroboration of evidence and that the information addressed the research question.

The principles of action research were followed in Study II and thus included dialogue with a reference panel of patients throughout the research process. The panel was involved in varying ways and degrees to ensure the credibility (is the result an accurate interpretation of the participants' meaning) of the result and interpretations. Scientific knowledge and practical knowledge thus mutually inform each other in an ongoing cycle (Taylor et al., 2017). Prolonged engagement with the reference group could be perceived as a strength as it allows for a thorough understanding of the particular study context (Taylor et al., 2017). However, this close collaboration, also involved a risk of getting too involved as a researcher and thus losing the overview and neutrality. In an endeavor to keep an analytical distance to the action research process, the first and third author who were in contact with the reference group focused on keeping the research purpose in mind and on the core nature of an open emergent process that the research process cannot be detailed in advance (Reason & Bradbury, 2008). The research process must be changed and developed as those involved gain a greater understanding of the issues and their ability to co-research both individually and collectively (Reason & Bradbury, 2008).

As the study had an explanatory sequential design, and mixed methods interpretation involves looking across the findings and making an assessment of how the information addresses the research question in the study (Creswell & Clark, 2011), it was important to ensure that the qualitative data explained the quantitative data. To achieve this the interviews were conducted immediately after completion of the OVal-9 instruments at M2. This may, however, also be a disadvantage as the content of the questions in OVal-9 could influence and adversely affect the answers in the interviews.

### *Quality of the results*

Study I was enhanced and strengthened by several validation strategies (Creswell & Clark, 2011). The consistency of the study was ensured through a systematic approach for searching, selecting, describing and organizing the process in the concept analysis. The sampling strategy and the findings were described in detail and explained, which should strengthen the transferability of the study. As proposed by Walker and Avant (Walker & Avant, 2011) borderline and contrary cases are designed to challenge the data and disconfirm the findings. Walker and Avant, (2011) acknowledge that concepts change over time and recognize that any concept analysis should not be considered a finished product, merely a work in progress. We have thus included literature published in the last 20 years but in future studies the inclusion of newer publications is expected to lead to a further development of the concept. However, in the meantime, an

increased conceptual clarity can contribute to ensuring research development. There are several ways of conducting a concept analysis, but this method was chosen due to its very methodical description with distinct steps.

Strategies were applied in Study II in order to ensure the trustworthiness of the qualitative data. A researcher triangulation was applied where all authors were at some point involved in the steps of the analysis in order to compensate for single-researcher bias. A member triangulation (Curtin & Fossey, 2007) where the findings were presented to and reviewed by the reference group in order to ensure whether the result of the data analysis was interpreted as congruent with experiences among peers.

The different CaIs available at the workshops were monitored to ensure that they mirrored the attributes of CaI in study I.

One item in the Oval-9 instrument *...I do something that is traditional in my culture or in my family*, had a different distribution of percentages in the rating (1-7). Less than 46 % of the participants agreed that this item was present to a high degree (rating from 5-7) at both M1 (33,3 %) and M2 (45,5 %). In a study of the psychometric properties of the related OVal-pd questionnaire (Eklund, Erlandsson, Persson, & Hagell, 2009) a similar item (concerning traditions) differed from the others. The explanation of the difference in the distribution of this specific item was in that study that it could represent an 'external' aspect of socio-symbolic OV. It thus does not necessarily represent something that has been considered valuable by the individual and therefore may be rated lower. A similar explanation can be applied to the different distribution of the item referred to in the current study. It thus seems important to carry out further validation studies with larger, similar or different, populations to investigate whether the items in OVal-9, e.g., would fit a Rasch analysis (Hagquist, Bruce, & Gustavsson, 2009).

Furthermore, the lack of results, which showed changes during the intervention, indicates that the OVal-9 instrument may perhaps not be useful for assessing changes in intervention outcomes, at least not in those with similar time frames as in the current study. Personal experiences of OV refer to the present and therefore depend on, for example, where an individual is in his/her recovery process. However, the instrument appears to be a good measurement in relation to the immediate experience of OV in an activity that has just been completed.



# Conclusion and future implications

This thesis indicated that:

- CaI can be described by five attributes
- Doing CaI enables a high degree of experienced OV
- Doing CaI is associated with all dimensions in the OV triad
- The experiences of OV in doing CaI may be important facilitators in a recovery process

The results of this thesis concerning the description of CaI and the high OV of doing CaI might be helpful for occupational therapists in developing interventions and strategies that in turn may contribute to better recovery process and everyday life for people with mental illness.

The thesis may contribute to the vision of a modern mental health service that stops creating occupational injustice and instead uses the health values of CaI to increase well-being.

## Future research

The two studies in the thesis have together contributed to an increased conceptual clarity in the understanding and description of the CaI and the experiences of OV in participating in CaI. A result that in turn might contribute to the understanding of how doing CaI can facilitate mental health recovery. There are, however, currently few studies in the scientific literature that describe the specific influence of creative activities on wellbeing and everyday life. Several studies call for both quantitative studies and mixed methods studies of the effect of using creative activities (Horghagen et al., 2014; Schmid, 2005; Van Lith, Schofield, & Fenner, 2013).

There is a need for a re-think in the mental health service concerning methods that go beyond medical treatment. Research indicates that interventions with creative activities could strengthen mental and social health and contribute to recovery and give meaning and content to life.





# Dansk resumé

Denne afhandling omhandler en beskrivelse af begrebet kreative aktiviteter som intervention (CaI) og de aktivitetsværdier (OV), der opleves ved at udføre CaI. Kreative aktiviteter bruges ofte som en interventionsform i ergoterapi og er forbundet med en subjektiv oplevelse af helsetilstand og velvære. Der mangler klarhed i definitionen af konceptet CaI og viden om hvilke OV-oplevelser man får når man udfører CaI og om hvordan de oplevede individuelle variationer af OV'er udvikler sig i et CaI forløb i en psykiatrisk kontekst.

Formålet med afhandlingen er således at beskrive begrebet CaI, som det er defineret i ergoterapeutisk forskningslitteratur, samt at undersøge, hvordan og i hvilken udstrækning mennesker med mental sygdom oplever OV gennem at deltage i et CaI forløb i en psykiatrisk kontekst.

Der er inkluderet to studier i denne afhandling. Studie I bestod af et systematisk litteratur review efterfulgt af en konceptanalyse af CaI ud fra 15 udvalgte videnskabelige publikationer. Resultaterne blev valideret via et spørgeskema af et referencepanel bestående af ergoterapeutfaglige specialister i CaI. Studie II havde et forklarende sekventielt (explanatory sequential) mixed-methods design, som var inspireret af principper for aktionsforskning. Der blev indhentet data via undersøgelsesredskabet OVal-9 på to tidspunkter (M1 og M2) fra treogtredive deltagere med alvorlig psykiske lidelser, der deltog i interventioner med kreative aktiviteter. Af disse deltagere deltog otte i yderligere opfølgende kvalitative semistrukturerede interviews. Non-parametriske statistiske metoder og manifest indholdsanalyse blev anvendt til dataanalyserne.

De vigtigste fund i studie I var fem attributter, der beskrev CaI:

1. består ofte af elementer i kunst og kunsthåndværk og indebærer brug af krop og sind
2. bliver oplevet som en meningsfuld intervention
3. generer kreative processer
4. udvikler færdigheder, forbedring af aktivitets udførelse og fremmer coping af hverdagslivet

5. let at tilpasse til individuelle eller grupper og modificeres med forskellige terapeutiske tilgange som midler til at nå specifikke mål.

Der blev udviklet tre cases ud fra Cal's fem attributter for at illustrere integriteten af analysen. Referencepanelet genkendte de fem attributter og fandt dem relevante for såvel forskning som praksisfeltet.

De vigtigste fund i studie II indikerede en høj grad af oplevet aktivitetsværdi gennem deltagelse af Cal, både ved måling M1 og måling M2. De rapporterede oplevelser var forbundet med alle tre dimensioner af aktivitetsværdi. Der blev ikke påvist nogen statistisk signifikant forskel i de oplevede aktivitetsværdier efter processen med at udføre Cal, med undtagelse af et punkt (item): "Jeg føler lykke og/eller glæde".

Denne afhandling bidrager således til en vidensbase inkluderende en beskrivelse af Cal's fem attributter, Cal's evne til at bidrage til et højt niveau af oplevet aktivitetsværdi, samt en diskussion af Cal's betydning for recovery processer. Denne viden kan, ud over at give forskning og praksis et fælles sprog, også medvirke til at udvikle og facilitere brugen af Cal som støtte i psykiatriske recovery processer.

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## Creative activities as intervention in mental health

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This thesis focuses on describing the concept of creative activities as intervention (Cal) as defined in occupational therapy literature and explore how and to what extent people with mental illness experience occupational value in doing Cal in a mental health context.

The results showed five attributes describing Cal:

1. Often consisting of elements of art and craft using mind and body,
2. Being experienced as meaningful,
3. Creating creative processes,
4. Developing skills, enhancing occupational performance and managing everyday life,
5. Being easy to modify individually or in groups with different approaches



People with severe mental illness experience a high degree of occupational value in doing Cal. The experiences reported were associated with all three dimensions of occupational value: concrete, socio- symbolic and self-rewarding occupational value.

This knowledge could provide research and practice with a shared language and may help occupational therapists in developing interventions and strategies that in turn may contribute to better recovery process and everyday life for people experiencing mental illness.