Dreams Project 2006

Artwork and Evaluation
An Introduction

The Dreams Art and Health Project was developed by Arts Care at the Mater Hospital as a three year project with a two-fold purpose. Firstly, Dreams was set up as a participatory visual arts project involving patients, staff and community groups associated with the hospital. Secondly, the project was developed to have a strong research-based component aimed at assessing the value, or otherwise, of participation in visual arts projects by patients, staff and community members associated with the Mater Hospital Trust.

“Dreams” was chosen as a theme for the project which would lend itself as a powerful enough subject to provide a true distraction from everyday hospital life and which would also allow a wide range of choice in personal interpretation according to the creative ideas of individual participants. The project commenced in April 2003, funded by the Mater Hospital Trust, Arts Care and the Arts Council Northern Ireland Lottery Project.

Arts Care was founded in 1991. It acts as an umbrella organisation with a central base in Belfast. Local committees engage 18 Artists-in-Residence and project artists in various healthcare settings in Northern Ireland. There has been an established Arts Care committee in the Mater Hospital Trust from 1993 and an Artist-in-Residence from 1995. The Dreams project is a development of work already begun at the Mater Hospital with the addition of a new dimension in terms of the emphasis on comprehensive evaluation and outcome measurement.
**Project Outline**

3 year programme - year 1: pilot, year 2: definitive, year 3: results

Components -
1. Co-ordination -
   a) Arts Care Artist-in-Residence at the Mater, Beverley Healy and Patricia Lavery covering maternity leave
   b) The Dreams Steering Group comprising a diverse range of highly experienced medical and arts professionals associated with Arts Care and/or the Trust
2. Printmaking - visiting professional printmaker Anushiya Sundaralingham
3. Video/DVD - to document the progress of the project - created by the Nerve Centre
4. Evaluation - to assess the work of Arts Care at the Mater more formally - CENI (Community Evaluation Northern Ireland)
5. Funding - the project was funded primarily by the Arts Council NI Lottery and also by Arts Care and the Mater Hospital Trust

Participants -
1. Inpatient Unit, Department of Psychiatry
2. Day Hospital, Department of Psychiatry
3. Medical wards
4. Surgical wards
5. Hospital staff
6. Community groups - Cancer Lifeline; (Indian Community Centre - year 1 only)

Medium -
1. monoprint - a one-off, drawn or with stencils (no press necessary)
2. linocut - cut out from the tile
3. collograph - collage onto card
4. dry-point - scratch into perspex
5. etching - scratch into wax ground on metal plate and cut with acid
6. photo -etching - transfer image photographically

Prints were created using a portable press wherever possible. When not possible artists printed the plates at the Belfast Print Workshop and their original print was sent to each participant at later date.
Evaluation -

Hypotheses:
1. Arts participation in the healthcare environment will have a positive effect on the general well-being of patients, staff and community members in a number of ways: reducing anxiety and promoting relaxation; building confidence and self-esteem; increasing enjoyment; developing self-expression; improving interaction; learning new skills and offering a sense of achievement.
2. Patients’ anxieties will be alleviated as a result of participation in art workshops, thus enabling patients to become more relaxed which will ultimately contribute to improving health.

Methodology and Evaluation Tools:
The research methodology developed to test these hypotheses was devised by the Artist-in-Residence in association with an in-house Researcher. It involved a combination of qualitative and quantitative measures.

1. General Enjoyment Survey
2. Interviews by external assessor (CENI)
3. Video documentation
4. Observations recorded by external assessor and Co-ordinator (Artist-in-Residence)
5. Hospital Anxiety and Depression Scale (HADS)
6. Physiological measures - pulse, respiration rate, blood pressure
The Results

This chapter provides a summary of the results of the study. A more detailed interpretation of these results is available in CENI's final report from which the following information is extracted.

General Enjoyment Survey Results

The General Enjoyment Survey is an unpublished evaluation tool developed by the Dreams project. It was employed during the pilot year and further refined for use in the definitive year. The survey is a 26-question self-reporting questionnaire with questions designed to assess responses of all groups of participants in the Dreams project with regard to:

- Reason for participation;
- Frequency of attendance;
- Reported effects of participation.

The questionnaires were distributed to participants during their final session with the artists.

1 Characteristics of Respondents

Out of 71 who took part in the project in the definitive year, a total of 49 respondents completed the GES questionnaire, of which 18 (36.7%) were male and 31 (63.3%) were female. GES surveys were only distributed at the final session of the workshop series or after an individual session in the bedside wards.

The groups represented were as follows:
- 2 respondents - Cancer Lifeline (4%);
- 5 respondents - Day Hospital, Department of Psychiatry (10.2%);
- 4 respondents - In-patients, Department of Psychiatry (8.1%);
- 9 respondents - Staff members (18.3%);
- 14 respondents - Surgical Wards (28.5%);
- 15 respondents - Medical Wards (30.6%).

The average age of respondents was 52.6 years. 21 (42.8%) were Catholic, 23 (46.9%) were Protestant, and 4 (8.1%) were other. 19 (38.7%) of respondents were employed, 13 (26.5%) were unemployed, and 17 (34.6%) were retired. The majority of respondents 39 (79.5%) had not been involved in an arts project before, whilst 10 (20.5%) indicated that they had.
2 Reasons for Participation

The following table indicates respondents’ main reasons for getting involved in the project. These are presented in descending order of overall frequency with which they were scored. Some participants gave more than one reason - all responses are included.

<table>
<thead>
<tr>
<th>Option</th>
<th>No of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Opportunity to relax</td>
<td>22</td>
<td>44.89%</td>
</tr>
<tr>
<td>To relieve boredom</td>
<td>16</td>
<td>32.65%</td>
</tr>
<tr>
<td>I was curious</td>
<td>14</td>
<td>28.57%</td>
</tr>
<tr>
<td>Wanted to have some fun</td>
<td>13</td>
<td>26.53%</td>
</tr>
<tr>
<td>Spend time with other people</td>
<td>12</td>
<td>24.48%</td>
</tr>
<tr>
<td>Interested in the subject area</td>
<td>8</td>
<td>16.32%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
<td>8.16%</td>
</tr>
</tbody>
</table>

3 Reported Effects of Participation

The core part of the questionnaire, asked respondents a series of questions about the specific effects of participation in the art activity. The response to each of these twelve questions is detailed in the following graphs, charts and tables.

Participants were asked their views about whether art activities in hospitals are beneficial for patients and about their overall enjoyment of the art project.

87.7% reported that art activity in hospitals is beneficial for patients.

95.8% reported that it was “Very Enjoyable” or “Fairly Enjoyable.”

Respondents were asked if they were pleased with the artwork that they produced and whether the art activity allowed them to express or unburden their thoughts and feelings.

Pleased with the art work they produced

- Strongly Agree: 34.6%
- Agree: 51.0%
- Disagree: 8.1%
- Strongly Disagree: 2%

Helped to express or unburden thoughts and feelings

- Strongly Agree: 32.6%
- Agree: 44.8%
- Disagree: 18.6%

* Not all participants completed all questions.
The majority of all groups were pleased with the artwork they produced with results most positive amongst the staff and psychiatry participants. The majority of all groups found that the sessions helped them to unburden their thoughts and feelings, again with the effect strongest amongst the staff and psychiatry participants.

We may speculate on the reasons for the differences between groups. For example, they may reflect the longer time spent on average by the staff group in art activity and the fact that they engaged in structured group sessions as opposed to individual sessions by the bedside in the medical and surgical wards which were often delivered at short notice and were prone to interruption.

Respondents were asked if participation in the art activity improved their confidence, made them feel proud of themselves and whether it gave them a sense of achievement.

**Improving Confidence**

- Very Much: 24.4%
- Moderately: 38.7%
- Somewhat: 4%
- Not At All: 28.5%

**Makes you feel proud**

- Very Much: 28.5%
- Moderately: 22.4%
- Somewhat: 18.4%
- Not At All: 26.5%

**Sense of achievement**

- Very Much: 44.8%
- Moderately: 26.5%
- Somewhat: 20.4%
- Not At All: 4%

*Not all respondents completed all questions.

The majority of all groups reported some impact with regard to improving their confidence, a feeling of pride and a sense of achievement, again with the effects strongest amongst the staff and psychiatry participants.

The only negative responses occurred in the medical and surgical participants where a number of respondents reported no positive impact in all three categories. As before, the reasons can only be speculative.
In the next set of questions respondents were asked to rate their reaction to statements regarding how much they felt at ease and relaxed, how much their stress and worries were relieved and to what extent their pain and symptoms were relieved.

**Felt at ease and relaxed**

- Very Much: 48.9%
- Moderately: 30.6%
- Somewhat: 16.3%
- Not At All: 2%

**Stress and worries were relieved**

- Very Much: 46.9%
- Moderately: 20.4%
- Somewhat: 26.5%
- Not At All: 4%

**Pain and symptoms were relieved**

- Very Much: 16.3%
- Moderately: 24.4%
- Somewhat: 8%
- Not At All: 36.7%

*Not all participants answered all questions*

Strong positive effects were reported in terms of feeling at ease and relaxed and relief of stress and worries. Although less strong, a sizeable number also reported a positive impact with regard to relief of pain and symptoms.

Patients were asked to what extent they felt tense and unable to relax following participation in the art activity and whether overall the art activity improved their mood.

**Felt tense and unable to relax**

- Very Much: 4%
- Moderately: 10.2%
- Somewhat: 10.2%
- Not At All: 73.4%

**Improved mood**

- Very Much: 55.1%
- Moderately: 28.5%
- Somewhat: 8.1%
- Not At All: 6.1%

*Not all participants answered all questions*
Overall 73.4% reported no feeling of being tense or unable to relax after participation in the art activity.

**Over 90% reported some improvement in their mood.**

Participants were asked about their interaction with others. They were asked to consider whether they enjoyed spending time with other people and whether the art activity helped them to interact with others.

**Enjoyed spending time with other people**

<table>
<thead>
<tr>
<th></th>
<th>Very Much</th>
<th>Moderately</th>
<th>Somewhat</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>48.9%</td>
<td>24.4%</td>
<td>20.4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Not all participants answered all questions*

**Helped me to interact with others**

<table>
<thead>
<tr>
<th></th>
<th>Very Much</th>
<th>Moderately</th>
<th>Somewhat</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>48.9%</td>
<td>24.4%</td>
<td>16.2%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

**Over 90% of all groups reported positive effects with regard to improving their interaction with others and their enjoyment of spending time with other people.**

There were even strong positive effects reported in the individual sessions. At first this may seem contradictory as these were individual sessions. However our observed evidence shows us that, in the ward situation, the presence of the artists and the involvement of individual patients in the art activity generated considerable interest from other patients in surrounding beds and appeared to change the group dynamic in the ward situation. This effect, and the company of the artists themselves, is presumably what we see reflected in the answers of these participants.
In the final part of the questionnaire, participants were asked how participation in the activity made them feel and if they would like to carry on making art after the project if given the opportunity.

**All Groups**

**How did participation make you feel**

![Graph showing feelings and percentages]

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>36.7%</td>
</tr>
<tr>
<td>Excited</td>
<td>4%</td>
</tr>
<tr>
<td>Content</td>
<td>48.9%</td>
</tr>
<tr>
<td>Angry</td>
<td>0%</td>
</tr>
<tr>
<td>Sad</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Would you like to carry on making art**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.1%</td>
<td>24.4%</td>
<td></td>
</tr>
</tbody>
</table>

*Not all participants answered all questions*

Again there were variations in the response to this question between the groups, with the most positive effects in those groups who had spent most time in the art activity. Also in the final question some participants either did not answer the question or indicated some uncertainty with regard to whether they would like to go on making art if offered the opportunity.
**Hospital Anxiety And Depression Scale Results**

The Hospital Anxiety and Depression Scale (HADS) is a standardised tool which was designed for the detection and assessment of these two mood disorders.

HADS was employed with those patients who participated in the group art sessions but not with those who participated in the individual sessions.

The results for each group are shown separately in the three tables below.

**Day Patient Group**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Anxiety At First Session</th>
<th>Anxiety At Last Session</th>
<th>Depression At First Session</th>
<th>Depression At Last Session</th>
<th>Difference Anxiety</th>
<th>Difference Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>12</td>
<td>11</td>
<td>11</td>
<td>-5</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>4</td>
<td>10</td>
<td>10</td>
<td>-8</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>+1</td>
<td>+2</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>13</td>
<td>13</td>
<td>11</td>
<td>-4</td>
<td>-2</td>
</tr>
<tr>
<td>Average</td>
<td>13.5</td>
<td>9.75</td>
<td>10.5</td>
<td>10.5</td>
<td>-3.75</td>
<td>0</td>
</tr>
</tbody>
</table>
### In-patient Group

<table>
<thead>
<tr>
<th>Patient</th>
<th>Anxiety At First Session</th>
<th>Anxiety At Last Session</th>
<th>Depression At First Session</th>
<th>Depression At Last Session</th>
<th>Difference Anxiety</th>
<th>Difference Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>-4</td>
<td>+4</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>-3</td>
<td>-3</td>
</tr>
<tr>
<td>Average</td>
<td>7</td>
<td>3.5</td>
<td>5</td>
<td>5.5</td>
<td>-3.5</td>
<td>+0.5</td>
</tr>
</tbody>
</table>

### Staff Group

<table>
<thead>
<tr>
<th>Patient</th>
<th>Anxiety At First Session</th>
<th>Anxiety At Last Session</th>
<th>Depression At First Session</th>
<th>Depression At Last Session</th>
<th>Difference Anxiety</th>
<th>Difference Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>-2</td>
<td>+1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>3</td>
<td>6</td>
<td>5</td>
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<td>0</td>
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<tr>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>+2</td>
<td>-3</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>6</td>
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<td>9</td>
<td>8</td>
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<tr>
<td>8</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Average</td>
<td>4.7</td>
<td>4.3</td>
<td>2.5</td>
<td>1.8</td>
<td>-0.4</td>
<td>-0.7</td>
</tr>
</tbody>
</table>

Numbers are small so we cannot deduce any significance from these results. However we do see possible evidence of a trend here in a reduction in anxiety amongst both the psychiatry in-patient and psychiatry day patient groups.
Physiological Measurement Results

Blood pressure, pulse rate and respiration rate were recorded before and after each workshop in the Medical and Surgical wards. Results show no significant difference before or after the intervention in mean values or in change between time 1 and time 2. (Testing with Mann-Whitney U test due to the non-normality of some of test variables). This is perhaps unsurprising as the environment was not a controlled environment and patients only participated once and for a short time in the activity, due to the nature of the wards.

Qualitative Data

Qualitative data was gathered through focus group discussion, participant observation and one to one interviews with participants.

Focus Group Discussion with Cancer Life Line Participants

Consultation was undertaken with two participants from the Cancer Life Line group in the definitive year, who had taken part in a series of art sessions using dry-point and monoprint focusing on images around dreams in relation to nature and the sea.

The discussion with these two participants provides some additional insight in terms of the benefits of participation in the arts activity. The words in italics in the following sections are quoted directly from the participants.

Both participants indicated that had enjoyed participation in the group, although they both commented that they could not draw. Reasons why they enjoyed participation were strongly linked to the need to improve mood and take their minds off more distressing aspects of their lives associated with illness:

*It was good for lifting your mind from other things.*
*We’re all in a state of emotion. You need something to relax you.*
*It’s very relaxing.*
*You get a laugh too.*

They both believed that participation in art is beneficial for health for various reasons:

*They say art is the best thing.*
*Yes I’ve read about it and they say it is.*
*Yes it’s a distraction – your mind is in turmoil.*
*It helps to be with people in the same position.*
Following treatment for breast cancer, both participants had difficulty with other activities that they had previously enjoyed but found that the art activity was easier from this perspective especially when they were assisted by the artist.

Although these participants had their experience of art activity in a community-based setting, they were asked to reflect on the potential benefits of access to art activity in a hospital setting as both had recent experience of hospital treatment. Both agreed it was a good idea:

There’s nothing to do in hospital. This type of thing - it would be brilliant.
It would put in the day... it would distract you... it would give you something to do.
It would be good to have something to do - to join in or watch.
It would be relaxation.
It’s therapy.
It would be somewhere to go rather than sit by the bed.
Something other than counting how many times you can walk round corridor outside the lift.
With our illness - the shock – you need something to bring you back to earth.

They went on to talk about the emotional experience of undergoing treatment for cancer and how art activity would help in this situation:

It’s the shock, the decisions – you’re sitting on eggs.
You are waiting to hear if the operation is a success or not a success.
You wait in limbo to find out if it’s aggressive or malignant.
Your mind is a blank... you are watching the door for the doctor – it’s just waiting.
I waited 10 days to find out about treatment.
On the twelfth day I heard about my treatment –
you need somebody with you - you need something simple.
It’s difficult to do crosswords – on your own - wracking your brain.
This is a better activity – it’s simple and creative.
Participant Observation with In-patient Psychiatry Group

The session was facilitated by the Resident Artist and the printmaker on the last day of the in-patient psychiatry programme. It was set up as a reflective session to look at the group’s work.

Evidence of the extent of the benefits experienced came predominantly from the very strong positive non-verbal reactions of participants who became very animated during the discussion of the artwork which they had produced. It was also evident in spontaneous applause that broke out from the group at several points when discussing the exhibition of the art that is planned and when the artists talked about the sense of achievement which they had observed in participants during the sessions.

The volume of output in the many pieces of art displayed was also impressive and suggested strong engagement with the activity by participants. There was also clear evidence from the individuals concerned of a sense of pride, enjoyment and happiness when talking about the specific pieces of art they had produced. They were keen to reflect on their work and consider their favourite piece of work and the reasons why it was their favourite. Some had tapped into lost skills such as drawing that they had not used since childhood, others had taken evident pleasure in the use of colour or in the subject of dreams.

Perhaps most powerful to the observer was the negative mood change that occurred at points in the session when individuals moved away from concentration on the art and art works into other aspects of their everyday lives. At these points, individuals visibly became more serious and sombre, less animated, and stopped smiling.

Those who had participated in the art sessions appeared disappointed that the sessions were coming to an end.
Additional Qualitative Data (from the Pilot Phase)

The art activity often provided a much needed distraction:

*It helps sort of break up the boredom.*

*It’s something else to do and keeps the brain active.*

It assisted with feeling of anxiety or depression:

*It helps keep your mind off anything that’s going on - takes your mind off illness or whatever is going on.*

*It takes your mind off your illness ... it gives you that wee bit of a goal.*

*It gave me a wee bit of a lift ‘cause I be so depressed. I be in and out of hospital. I suffer from COPD and was only in a fortnight ago... I thought everything was going well, I took relapse. I am in and out of hospital like a yo-yo. It certainly did lift me, it did now. I must admit and I enjoyed it.... yeah it was good.*

It assists with feelings of stress:

*It was a way of unwinding without using your brain, it was therapeutic. I really did find it very de-stressing. I really did because I’d had a hectic day before that – working part-time, picking up the children, going to work as a volunteer (staff participant).*

It assisted in coping with pain:

*It’s something that, for a while...you’re concentrating on something other than either the reason you’re here or, you know, the pain or whatever. I wouldn’t say that it sort of takes pain away but it certainly put your mind at (pause)... it gives you something else to concentrate on.*

Some also referred to the quality and sensitivity of input from the artists:

*I thought she explained it well, it was nice that she helped me pick out different colours. I have no idea. I haven’t a clue. I’ve never designed or had much idea about colours or anything and even at home my husband will do all the choosing, his taste would be better than me. But it was, I mean, she gave me an idea and sort of put me in the direction. I was pleased actually that I had come up with an idea. You know I’ve never been asked to do anything like that before. They made everything so pleasant; they helped you and you know they didn’t even mock you or didn’t laugh at you. You know, they’re really good.*
Conclusions

Results from the GES, which was the opinion-based survey, show an extremely positive reaction from all groups of participants in response to a range of questions with regard to the effects of participation in the print-making programme. The majority of those who participated reported positive effects with regard to improving confidence, relieving stress and worries, relieving pain and symptoms and improving mood. The majority of participants in of all groups also reported that they were pleased with the art work they produced, that it made them feel proud and gave them a sense of achievement. Positive effects were also reported with regard to enjoyment of spending time with other people and assisting participants to interact with others.

Results from the GES were further corroborated by the results from the HADS scores. Analysis of the data produced using this standardised instrument showed a trend amongst psychiatry patients which indicated a reduction in anxiety amongst those who participated in four or more sessions.

The positive results from both the GES and the HADS scores were further reinforced by the results of CENI's analysis of a range of qualitative data that was gathered through focus group discussion, participant observation and one-to-one interview with participants.

The evaluation results from this project have provided a range of quantitative and qualitative evidence that was previously only available from anecdotal information of the beneficial effects of the participative visual arts programme at the hospital. The visual results - the prints themselves - have been stunning and produced highly praised bodies of work in both the pilot and definitive years. Finally the DVD forms a testament to the participants and facilitators of the project and illustrates the positive answers found in the assessment of the value, or otherwise, of participation in visual arts projects by patients, staff and community members in a healthcare environment.
All prints created by participants of the Dreams Project 2003 - 2006
with thanks to all contributors and participants