

Art Therapy Practice in Latvia, in the UK and in Russia: a Comparison of Different Environments of Work

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Introduction

The topic of this research study is marked by the development of arts therapies in Europe – there is an overall tendency to develop common understandings about this field and identify similarities and differences regarding education and practice. These processes are largely coordinated by the European Consortium of Arts Therapies Education.

This paper presents selected findings from a survey into the practice of art therapy in particular, that deal with differences between working environments in three countries: (i) in Latvia, where art therapy is a new profession (first graduates have received the master degree of the health care and the qualification “art therapist” in February 2009), (ii) in the UK where art therapy is a regulated profession already for more than 10 years; and (iii) in Russia where the profession is currently under development.

The reasons for choosing these three countries for comparison are historical. Art therapy has been developing in Latvia since the middle of the 1990s and until 2004, mostly through teaching input and experiential workshops of varied types and levels led by Russian specialists. Since 2004 the development of art therapy in Latvia is mostly influenced by theoretical and methodological principles emerging from the British art therapy.

The basis of the comparative study discussed here is the nation-wide survey of arts therapists completed by Karkou in the UK (Karkou, 1998, 2007; Karkou & Sanderson, 2006). In the UK study arts therapists from all specializations have been brought together in order to identify common and distinctive characteristics of their work. Based on the same UK study, a similar survey has been carried out by Nazarova (2007) in Russia where partially comparable results have been generated. Finally, the questionnaire used in the UK survey has also been translated and disseminated to art therapists in Latvia for the study completed by Martinsone (Martinsone & Karkou, 2008).

The terms *arts therapies*, *art therapy* and *art therapist* in Latvia, in the UK and in Russia.

Arts therapies is a new health care profession in Latvia, that consists of four specialisations: art therapy, dance movement therapy, music therapy and dramatherapy. On the whole, arts therapies are characterized by the use of the arts (in terms of music, art, dance/movement and drama/therapy) in the context of a therapeutic environment and within a therapeutic relationship that aims to address a wide spectrum of health, psychological and social problems.

According to the Standard of the Profession by the 22nd August 2008, the arts therapist is a health care person trained at a postgraduate Master's level in health care with a professional specialization in one of the four arts therapies (art, dance, music, drama)¹.

An arts therapist participates also in research studies, undertakes professional education and promotes the development of the profession. He/she is responsible for maintaining and increasing of his/her own professional qualifications through continuing professional development.

The roots of the development of the practice of art therapy as a modern profession in the UK go back to the beginning of the last century. Since March 1997 art therapy became regulated by *the Health Professions Council* next to health professions such as occupational therapy, physiotherapy, and speech and language therapy. Art Therapists in the UK are expected to register with the Health professions Council as well as their professional association (*the British Association of Art Therapists - BAAT*).

As a regulated profession art therapists (along with the other arts therapists, such as music therapists and dramatherapists) are under strict quality control and have an obligation to continue with their professional development.

Turning back to east Europe, art therapy is not a formally recognized profession in Russia. Art therapeutic methods and techniques are extensively used in education, social work, psychology and business but less so in health care. The main reason for this is that those who want to work in hospitals need to have medical training. Taking into account the absence of state recognition for the profession of art therapy, there are a number of different professions that are closely connected with art therapy. "Existing wide use of art therapeutic methods and techniques give us hope that there will be further professional development of art therapy as a unique profession in Russia" (Nazarova, 2005, 370). At the present moment, art therapy activities in Russia do raise two interrelated questions regarding: (1) *the professional development of the field of art therapy*; (2) *the personal development of art therapists as professionals*.

Furthermore, the recognition of art therapy is connected with the integration of the profession within the Russian health care system. This is one of the reasons why other professional titles have also been used to refer to art therapy practice such as art psychology, art pedagogy, creative self-expression, creative rehabilitation, special arts, arts technologies. All these terms often incorporate aspects of art therapy and are applied in health and social care, in education, production etc. However, the use of different titles and their associated differences of emphasis and application raise the question on whether they do indeed fall within the field of art therapy or not.

The Development of Art therapy in Latvia: Influences from Russia and the UK

During the turn of 20th and 21st centuries the development of art therapy in Latvia was influenced primarily by developments in art therapy in Russia. Later on – after 2004 – developments have been led by the UK tradition. Because of this historical context, at the moment there are still professionals in Latvia who continue to practise following the Russian traditions. They use art therapy methods in their work and name themselves as art therapists or specialists who use art therapy methods.

Since the establishment of the profession of art therapy in Latvia, requirements have been set for the status of professional members as well for their education, further education, supervision, certification etc. It transpires that the previously characterized specialists are not allowed to name themselves as art therapists anymore. Furthermore, with 'art therapist' becoming a protected title, to name oneself an art therapist without having met professional requirements and registration becomes illegal. During the 6th international arts therapies conference in Latvia (2008) an alternative term has been suggested for this group of people: 'specialist who uses art (art methods) in his/her work'.

¹ The Professional Standard of Art Therapy Specialist has been confirmed in a meeting of Professional Education and Employment Council for the first time at the 14th December of 2005. It has been defined that an art therapy specialist is a health (care) person with a professional education on the second level (postgraduate studies). The confirmation of this standard has been a turning point for the development of the profession and gave the possibility for the development of a formal training programme for arts therapists in Latvia.

In terms of current professional trends and training, in February 2009, the first group of students graduated from Riga Stradins University (RSU) after 2.5 years with a Masters degree in health care and the qualification of the “art therapist”. These will be the first group of art therapists to start their professional practice very soon. This Masters (MA) programme is based on the model in the UK and adapted for Latvia’s situation and local traditions of the health care.

Given the way art therapy has developed in Latvia up to now there has been a need to examine practice (current and planned) and identify areas and degrees of differences amongst professionals. It is anticipated that this study, which has involved RSU MA students (the first art therapy practitioners in Latvia), as well as specialists from other professions who use art in their work, will reflect the development of the practice and its vision for the future. There are no doubts that with the entrance of the newly graduated art therapists in the labour market the needs and requirement of employers have to be recognized. At the same time, practice needs to be evaluated and appropriately modified to adapt to the different areas of work that art therapists are expected to work in as indicated by the art therapy professional standards. It is also hoped that in the first instance the study will offer a solid ground for the development of an effective cooperation between student art therapists and student placements, while it will also support qualified art therapists to locate clearly within a range of working environments and offer useful information for potential employers.

Methodology of the Study

The questionnaire *The Practice of Arts Therapies* (Karkou, 1998) has been used in this research which has been adapted for use in Russia (Nazarova, 2007) and in Latvia (Martinsone and Karkou, 2008) to achieve comparable results. The aim was to achieve comparative analysis of just of few aspects of the work. For example, not all questions have been included, and some – have been modified for the Russian version of the questionnaire.

In this paper, only a section of the collected data will be presented and discussed; in particular findings relating to comparisons between working environment in all three countries.

In Latvia, the questionnaires were completed individually or in small groups. Data from the following groups of people was collected: (1) 21 art therapy students and (2) 26 other specialists (from other professions) who used art in their work. All 47 respondents were women.

The UK sample consisted of 299 art therapists who were working as art therapists, were trained as art therapists and registered with their professional association (the British Association of Art Therapists - BAAT). This sample included 224 women (75,6%) and 73 men (24,4%). (Note that in the UK study data was collected from all different arts therapies disciplines including music, drama and dance movement therapy next to art therapy and targeted the whole population, i.e. all arts therapists registering with their respective professional associations. However, in this study for the purposes of comparison, only data from art therapy is included).

Three groups were selected in Russia: (1) 23 graduates from the Saint-Petersburg State University of Culture and Arts, Department of Arts after completing a 5 year training programme (2001–2006) and gained qualifications in special art pedagogy (art therapy). In this group there were 20 women (83%) and 3 men (17%), aged 20–50 years old. In total they had attended more than 2,000 hours of art therapy during the studies. (2) 10 graduates with a diploma from Saint Petersburg Academy of Postgraduate Pedagogical Education who had studied for 2 years (2004–2006) and gained a diploma on top of their existing professional qualifications; they were psychologists with rights to use art therapy methods. This group consisted of 8 women (80%) and 2 men (20%). Total: 33 graduates: 28 women (84,8%) and 5 men (15,2%). (3) 60 specialists who used art therapy methods and techniques in their professional work. These were specialists with different levels of training: 50 women (83%) and 10 men (17%), aged 25–60 years old.

Data from the Russian graduates and specialists were compared to identify if the groups were similar and if they could be merged into one group. Findings indicated that there were several statistically significant differences between the graduate and specialist groups. As a result the groups remained separate and data from Latvia and the UK was compared to data from the two groups from Russia – graduates (1. and 2. group) and specialists (3. group).

The different samples used in this study were named as follows:

- Latvia art therapy students - *LaSt*
- Latvian specialists who use arts methods in their work- *LaSp*
- Russian graduates - *RuG*
- Russian specialists - *RuSp*
- British art therapists - *BAt*.

Results of the Study

Descriptive Statistics were calculated in order to identify characteristics of the different groups of the study. Percentages (%) of the two Latvian, the British and the two Russian samples were compared using z-test.

Groups compared were: (1) *BAt* with *LaSt* and (2) *BAt* with *LaSp*, (3) *RuG* and *LaSt*, (4) *RuG* and *LaSp*, (5) and *LaSt*, (6) and *LaSp*.

In the comparison of Latvian samples, if $z > z_{crit}^2$ ($z_{crit} = 2.01$, $p < 0.05$), then percentages (%) did present statistically significant differences. In the comparison of *LaSp* and *LaSt* with *BAt*, if $z > z_{crit}$ ($z_{crit} = 1.96$, $p < 0.05$), percentages (%) differed in a statistically significant way. Note that in the table following (Table 1), statistically significant differences are marked in bold font and the numbering of the item of the questionnaire is preserved in the table.

Differences between Russian graduates (*RuG*) and Russian specialists (*RuSp*) are not discussed in this paper.

Table 1. Descriptive Statistics and z-test results from the Latvian, Russian, British samples relating to Art Therapy Practice: *working environment*

Item No.	Item	LaSt %	LaSp %	BAt %	RuG %	RuSp %	LaSt & LaSp z	BAt & LaSt z	BAt & LaSp z	RuG & RuSp z	RuG & LaSt z	RuG & LaSp z	RuSp & LaSt z	RuSp & LaSp z
A6.1	health service	42,9	3,8	72,2	20,7	38,9	3,2	2,8	7,1	1,8	1,7	1,9	0,3	3,1
A6.2	social service	33,3	19,2	24,4	6,9	18,5	1,1	0,9	0,6	1,5	2,5	1,4	1,4	0,1
A6.3	educational setting	47,6	53,8	14,7	57,7	68,5	0,4	3,9	5,0	1,0	0,7	0,3	1,7	1,3
A6.4	private agency	19,0	7,7	17,1	00	3,7	1,2	0,2	1,2	1,1			2,3	0,7
A6.5	voluntary agency	19,0	38,5	10,4	6,1	22,2	1,4	1,2	4,1	2,0	1,5	3,1	0,3	1,7
A6.6	Private practice	52,4	34,6	17,1	36,2	51,9	1,2	4,0	2,2	1,5	1,2	0,1	0,0	1,5
A6.7	other	00	7,7	8,4	00	1,9	1,3	1,4	0,1	0,8		1,6		2,2
	charitable institutions				00	5,6				1,4				

According to the results presented on Table 1, around half of the *LaSt* group plan to work in private practice (52,4%) or in educational settings (47,6%). Health service (42,9%) and social service (33,3%) are also expected working environments for several *LaSt*, while not many expect to work in either private (19%) or voluntary agencies (19%). On the other hand, *LaSp* work more often in educational settings (53,8%), voluntary agencies (38,5%), private practice (34,6%), social service (19,2%), but less often in private organisations (7,7%) or the health service (3,8%). Interestingly, statistically significant differences are found between *LaSt* and *LaSp* in relation to the item ‘health service’ (42,9% and 3,8% respectively, $z = 3,2$).

BAt work more often in the health service (72,2%) and social services (24,4%). In relation to the health service, there are statistically significant differences between *LaSt* and *BAt* (42,9% and 72,2 %,

² z - observed z; z_{crit} - critical value of z at $\alpha < 0.05$

$z = 2,8$) and between *LaSp* and *BAt* (3,8% and 72,2%, $z = 7,1$). Regarding social service, there is a statistically significant difference between *LaSt* and *RuG* (33,3% and 6,9%, $z = 2,5$).

It should be pointed out that in comparison to other groups, *BAt* neither choose to work in educational settings nor in private practice, and in comparison to the *LaSp* group they do not work as often in voluntary agencies either.

Discussion of Results

On the whole, health or social services, educational institutions or private practice are recognized as the most common areas of work. Special attention will be paid to health services and work in schools, because: 1. health services is a relatively new area of work for Latvian art therapists, 2. education is the original working environment for a number of the Latvian art therapy students; there are many teachers amongst the Latvian art therapy students who used art/art methods in their professional work prior to beginning their training at Riga Stradins University.

In the Russian sample data have been included from one group of graduates with a teaching (pedagogue) diploma and another group that retrained in art therapy on top of their existing professional qualifications. This link with education seems to be the reason why the Russian art therapists are less likely to be found in a health environment compared with Latvian students, and even more so with the British art therapists. Furthermore, art therapy is not recognized as a profession by the Russian government. Consequently, working in health care is restricted by the status of art therapy and the absence of an associated medical diploma. Because of this, it appears that professionals may have the need to look for other areas of work in which they can put into practice the knowledge and experience they acquired from their training. The ways into the field of art therapy in Russia appears to involve (i) non-professionals who want to get higher education and wish to engage in personal and professional development; (ii) it may also involve professionals from different professional fields who need creative self-expression and self-development. Both of these groups have an interest in arts therapies. They may then complete an arts therapy training which leads into the following three options: (i) they return back to their initial professional field with the same professional role and use arts therapy as useful additional method; (ii) they do not use art therapy; and (iii) they pursue a career in art therapy that often involves finding a new job and acquiring a new arts therapy professional identity and role. The Russian art therapy education is characterized by short-term programmes – courses and seminars education. Based on research data from 2005-2006, just 18,6% from the respondents have gained long-term education (2-4 years), a small percentage of respondents come with qualifications from abroad and some have no education but have acquired art therapy 'status' through experience and self-education (Nazarova, 2007).

The integration of art therapy within the health care system demands a clear professional positioning as a precondition for the establishment and development of the profession. Here it is the right place to refer to Kopytin and Svitovska's (2007) invitation to identify the content and form of the art therapy practice, to clarify its therapeutic aims and tasks in a way that does not allow for confusion or distortion of professional boundaries. The authors stress that no innovative approach should be denied to other professionals (Kopytin & Svitovska 2007). For example, teachers can use methods in their professional work, based on art and play. But this activity does not have to be named as a therapeutic practice as it is used in a different context and for different purposes.

In the study of all arts therapists in the UK, the authors point out that work in health settings is linked with the National Health Service's (NHS) policies, regulations and career structures. In contrast, the work of arts therapists in educational settings is less recognized and thus employment remains sessional, contracted and rarely permanent. Karkou and Sanderson (2006) argue that this is the case because of the historical link between the two professions, arts teaching and arts therapies, that does not seem to have been substantially modified. It is also speculated that developments of employment in the NHS such as career structure and payment will lead the way to the development of the profession in other work environments including education as well as community-based settings.

Another interesting topic to discuss relating to the results of the study is the choice to work as private practitioners. In comparison to the British and Russian groups, Latvian art therapy students choose private practice more frequently. The Latvian specialists who participated in this study seem to also favour private practice. However, such a choice will have an impact on the type of service delivered. For example, working in a private practice in the UK means that most likely practitioners work with clients who are relatively healthy, well-functioning and able to live in the community. This, relatively able, client group also determines certain therapeutic approaches adopted by arts therapists that “place clients in the centre of the therapeutic process, regarding them as their own experts and highlighting the artistic/creative components of arts therapies work” (Karkou & Sanderson, 2006, 103). This seems to also be very relevant to the Latvian situation where a relatively large proportion of respondents choose to work in private practice with clients/patients with no specific difficulties.

Differences in preferences for private practice, may also be explained through the different training programmes available in the different countries. In Latvia for example, art therapy groups during the turn of the century mainly took place with people without specific difficulties within the context of personal development groups or in experiential training groups. The same type of work was supported through the training programmes in art therapy available. A number of graduates from these trainings might have built their impression about art therapy and developed subsequent work based on their training experience.

But this cannot be the only reason. Possibly also other factors need to be considered that take into account the wider context (Karkou and Sanderson 2006). If we look at developments of other neighbouring fields that have started during the 1990s in Latvia, we will see that in the field of psychotherapy or occupational therapy for example, professionals work primarily in private practice. It should be pointed out that according to the Latvian Medical Law, a psychotherapist is a doctor who practise in a psychodynamic approach. However, there are a number of other specialists who call themselves psychotherapist, represent different schools and approaches and are unified in professional associations. These practitioners are also regularly found working in private practice, (There are no statistics available about the employment of these disciplines; comments made by the authors of this paper are based on observation and experience) Probably one more reason should be mentioned here: from a legal point of view, psychotherapists are not included in the health and health insurance system, and as such working in private practice seems to a natural consequence.

The previous discussion highlights the complexity of the existing situation. Although for instance, art therapy is included in the employment structure and payment of medical services (see the example of Riga Centre of Psychiatry and Addiction Disorders), there are no paid posts for an art therapist in the main health services as yet. As with the groups of psychotherapists mentioned before, it is inevitable that art therapists choose to work in private practice.

It is possible that if private practice is the only choice that qualified art therapists can make, the growth of the field will be hindered. Private practice bears similar threats to professional development as non-involvement in the field altogether. Such a threat can be prevented by carefully arranging procedures relating to certification of qualified practitioners, establishing standards of practice and ensuring clear guidelines for the incorporation of art therapy services within the health care system. These are areas of work that need to be considered by the professional associations. Working in private practice is also closely linked with payment rates, salaries and general considerations regarding income. It is possible that working in a private practice needs to be considered as just one option, particularly since work has to be carried out under the mentorship of a medical doctor for two years after graduating with an MA. (Note that mentorship is additional to regular supervision from a qualified art therapist that continues for the duration of one’s professional life.)

Work that will support the entry of art therapy in the health care system has already begun (e.g. Regulation of the Profession, requirement for certification, cooperation with doctors and other health professionals). It is worth noting that placement experience in the health service is part of the MA study programme. Regrettably, the entry of the profession in the health care system is complicated by the fact that the first cohort of art therapy students graduating in Latvia at the time of a global economical crisis which has a deep impact on Latvia.

It is clear that art therapy needs further development, especially regarding its inclusion in the health care system in Latvia. Legal and political considerations need to be taken into account. Karkou and Sanderson (2006) point out that in the UK, political choices often had a stronger impact upon the development of art therapy in the UK over philosophical or theoretical positions. Maybe political choices and professional alliances made over the years can account for differences between Latvian and British art therapy practice, especially in relation to working within the health care system.

In contrast, entering the health care environment leads to a number of problems and questions. For example, there is an expectation that an art therapist should see six patients per day and because of this, contact time should be reduced to one hour.

The study also suggests that the choice of working environment is defined by the guidelines, regulations and the politics governing the health services system. Integration of art therapists into the health services system demands a clear personal and professional positioning as preconditions for the establishment and development of the profession.

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