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RESEARCH ARTICLE

# Use of Creative Activities in Occupational Therapy Practice in Sweden

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## Abstract

The aim of this study was to describe the prevalence of creative activities in occupational therapy in Sweden and how often Swedish occupational therapists use creative activities as a means of intervention.

A web-mail survey was sent to 2975 Swedish occupational therapists working in health care at regional, county council or primary health care level, and those working in vocational rehabilitation.

A total of 1867 (63%) answered the questionnaire and showed that 44% did use creative activities as a means of intervention and most often by practitioners working in psychiatric health care. The most commonly used form of creative activity was arts and crafts followed by gardening. This web-mail survey was based on a limited amount of items regarding creative activities.

Further research should focus on in-depth inquiries about how occupational therapists and their patients perceive the use of creative activities as a means of treatment in occupational therapy. Copyright © 2012 John Wiley & Sons, Ltd.

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**Keywords**

creative activities; occupational therapy; web survey

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## Introduction

The core assumption in occupational therapy is that occupation enhances health and well-being (Hopkins and Smith 1993; Law et al., 1998). This was clearly stated in a literature review of occupational therapy-related journals revealing occupation as a basic need and a necessity for human life (Ivarsson and Müllersdorf 2008). The concept of occupation has been studied in a Swedish context, showing that occupation contributes to personal development, stimulates people's senses and generates positive energy, happiness and satisfaction. Occupation may not only constitute a goal and a meaning but may also result in fellowship and the creation of relationships (Müllersdorf and Ivarsson 2008, 2011; Ivarsson and Müllersdorf 2009). Creativity and creative activities might be one form of occupation that mediates the aforementioned effects (Wikström 2002). Perrin (2001) supported this idea by stating, ". . .creativity is the capacity to meet and engage fully with our environment, making of it something that is uniquely our own" (page 132). Griffiths (2008) concluded from a grounded theory-based study that creative activities could give experiences of flow – a state of total involvement in activity giving a sense of control

and purpose (Csikszentmihalyi and Csikszentmihalyi 1988). Creative activities have been used as a means of intervention in occupational therapy since the beginning of the profession, especially by occupational therapists working with patients in psychiatric health care (Thompson and Blair 1998) and also in the rehabilitation of soldiers during World War I (Haltiwanger and Stein 2009). Westerlund (Jonsson 1998) in discussions about the roots of Swedish occupational therapy stressed the importance of a balance between food, sleep and activity, advocating variation both in work and leisure activities. In Sweden, clinical-experienced occupational therapists discuss that fluctuations in occupational therapy have led to creative activities being used in varying degrees, but no empirical studies have been found to support these ideas. Perrin (2001) also discusses that occupational therapists are assessing rather than actually working with occupations as therapy and that the reduced use of creative activities as intervention in occupational therapy may be explained by a feeling of embarrassment about being connected with creative activities as such. Another possible explanation may be related to the following statement from Pollard and Walsh (2000):

> Occupational therapy's relationship with medicine has been a one-sided affair. This feminine profession, based in innovation and solutions to individual problems, in practical and domestic activities, has struggled to accommodate male demands for scientific rigour: thus medicine has still to recognize the value of its work" (p. 426).

In an editorial column, the frequent use of physical agent modalities (e.g. hot packs, ultrasound and exercise) and its importance in occupational therapy was confirmed, and it was also underlined that these modalities could and maybe should be combined with creative activities (Stein 1996, 2008).

Studies in occupational therapy and in related areas such as social science (Smith 2007), education (Safford and Barrs 2007), nursing (Hume 2010) and midwifery (e.g. Demecs et al., 2011) demonstrate the benefit of creative activities and the positive impact and value that it has for human health and well-being. In a review (Perruzza and Kinsella 2010) based on papers published between 2000 and 2008, six main outcomes of creative arts occupations in therapeutic practice were presented. These were as follows: 1) enhanced perceived control; 2) building a sense of self, 3) expression; 4) transforming illness experience; 5) gaining a sense of purpose; and 6) building social support. In a recently published review on the therapeutic effectiveness of creative activities in the area of mental health based on papers published between 1990 and 2010, Leckey (2011) found that creative activities could have a healing and protective effect on mental well-being.

Although creative activities may not currently be used as an intervention in occupational therapy, studies of occupational therapists in the UK working in mental health show that creative activities are frequently used (Craik et al., 1998). Over a period of 10 years, two studies explored the use of creative activities (Craik et al., 1998; Griffiths and Corr 2007) and showed that 80–82% of the occupational therapists used creative activities as intervention in mental health. However, because the studies were based on fairly small numbers of respondents ($n = 137$, response rate 68.5%; $n = 66$, response rate 51%), the results should be interpreted with caution. Overall, studies within this area of research often have an explorative and descriptive character using qualitative methodologies and consequently often small numbers of informants (e.g. Reynolds 2004; Schmid 2004; La Cour et al., 2005; Haltiwanger et al., 2011), which limits generalization and the possibility of assessing the effects of creative activities in a broader sense. Limitations in research design and the need for further research grounded in rigour and credibility have been pointed out (Leckey 2011).

Another interesting aspect is how creative activities are defined. As mentioned earlier, not only occupational therapists use creative activities as a medium in treatment. Professionals in social health (e.g. Smith 2007), nursing (e.g. Hume 2010), midwifery (e.g. Demecs et al., 2011) and psychology (e.g. Camic 2008) have also perceived the potential of creative activities. Different expressions such as creative activities, art therapy, art making (Reynolds and Prior 2006), creative arts (Demecs et al., 2011; McGuinness and Finucane 2011), creative care (Hume 2010) and expressive arts (Haltiwanger et al., 2011) are used in the literature. Occupations with aspects of creative activities are, for example, animal-assisted therapy, horticultural therapy and caregiver singing. Animal-assisted therapy, that is, to use animals as a mediator for therapy, is receiving more interest in rehabilitation with beneficial outcomes in various areas such as the care of the elderly, alleviating the perception of loneliness (e.g. Banks and Banks 2002)

and depression (e.g. Dembicki and Anderson 1996), and with calming effects on children before dental care (Havener et al., 2001). Additional examples are children with developmental disorders who became more focused and playful when a dog was present (e.g. Martin and Farnum 2002). The use of animal-assisted therapy has been advocated in occupational therapy as valuable (Darrah 1996; Allen et al., 2000; Velde et al., 2005). Another form of occupation is horticultural therapy, including gardening, which has been described as a valuable option for rehabilitation and has been practiced in an occupational therapy context to enhance quality of life and well-being in a broad sense (Söderback et al., 2004). Horticultural-based therapy has, for instance, been suggested as an occupation to engage patients suffering from dementia who are difficult to involve in other activities (Jarrot and Gigliotti 2010). Various aspects of music as a therapeutic activity in occupational therapy are suggested as a possibility (Craig 2008), and care singing has been proposed as a therapeutic intervention to accompany daily occupations. Care singing is defined as singing for or together with a patient and has been used in dementia care-enhancing communication and positive emotions during caring activities (Brown et al., 2001). This variety of activities related to creativity reflects a great interest and also an ambiguity as a result of different understandings of the concept of creative activities. Leckey (2011), calling for clarity in definition, indicated that this could be a problem.

Reviews and studies concerning creative activities in occupational therapy seem to be carried out mainly in the area of mental health or with a focus on mental well-being (e.g. Craik et al., 1998; Griffiths 2008; Leckey 2011). We have not found any surveys concerning how often creative activities are used in other areas of occupational therapy. The aim of this study was to describe the prevalence of creative activities in occupational therapy in Sweden and how often Swedish occupational therapists use creative activities as a means of intervention. A secondary aim was to identify occupational therapists willing to participate in further research within this topic.

# Methods

## Respondents and data collection

A web-based survey (Netigate 2011) was conducted to explore the use of creative activities in occupational therapy practice in Sweden. The respondents' email addresses were collected from The Swedish Association for Occupational Therapists (in Swedish: Föreningen för Sveriges Arbetsterapeuter [FSA]) of which 90% ($n = 9800$) of the Swedish occupational therapists are members. Occupational therapists working in health care at regional, county council or primary health care level and those working with vocational rehabilitation were included in the sample. The survey was sent to a total of 2,975 respondents with three reminders every other week between 31 May 2011 and 15 July 2011.

The survey included an introduction to the study, stating the purpose, that participation was voluntary and how the results were to be used. It also provided information about the time expected to complete the survey, about the researchers and how the first author could be reached by telephone or email if the respondent wanted more information or to discuss the study. The survey comprised 13 items of which six offered open answer options in addition to the fixed options. Items 1–6 concerned background data and working conditions (Table 2), whereas items 7–13 concerned creative activities (Table 3). For the purposes of this study, "creative activities" was defined as arts and crafts-based activities, music-oriented activities (Griffiths and Corr 2007) and gardening-related activities (Söderback et al., 2004). In addition, we included animal-assisted therapy (Darrah 1996) and care singing (Brown et al., 2001) as alternative treatments.

## Data analysis

Data analysis was conducted using the Statistical Package for the Social Sciences version 19 (Statistical Package for the Social Science (SPSS) 2010). All questions were processed with descriptive statistics. Chi-square statistics were performed to explore relationships between background data (gender, years of experience as occupational therapist), working conditions and use of creative activities.

# Results

A total of 1,867 (63%) respondents responded to the survey. Overall, the response rate matched well with the proportion of occupational therapists working in the different counties in Sweden (Table 1).

Most respondents were women (women = 1,801; men = 66) who had more than 10 years' experience of working as occupational therapists with the county council as their principal employer. Approximately

**Table 1.** Response rate in relation to the proportion of occupational therapists in the different counties in Sweden

| County | Response rate | Proportion of occupational therapists in Sweden |
|---|---|---|
| Blekinge | 1.5 | 1.5 |
| Dalarna | 4.0 | 3.2 |
| Gotland | 0.7 | 0.6 |
| Gävleborg | 3.4 | 2.7 |
| Halland | 2.5 | 2.9 |
| Jämtland | 0.9 | 1.5 |
| Jönköping | 6.2 | 5.7 |
| Kalmar | 2.7 | 2.2 |
| Kronoberg | 1.5 | 1.8 |
| Norrbotten | 4.7 | 4.3 |
| Skåne | 9.1 | 12.2 |
| Stockholm | 12.0 | 14.5 |
| Södermanland | 3.0 | 2.7 |
| Uppsala | 2.5 | 3.0 |
| Värmland | 2.1 | 2.8 |
| Västerbotten | 4.6 | 4.8 |
| Västernorrland | 2.7 | 2.8 |
| Västmanland | 2.7 | 2.8 |
| Västra Götaland | 16.5 | 17.1 |
| Örebro | 3.0 | 5.0 |
| Östergötland | 6.9 | 5.9 |

one third worked at county council or primary health care levels. More than half the respondents worked with patients in somatic rehabilitation (excluding psychiatric, pain/stress and other forms of rehabilitation) and almost one quarter in psychiatric rehabilitation.

Significant differences were found between men and women concerning the health care level at which they worked, their principal employer and the category of patients they worked with. More men than women reported working with vocational rehabilitation (21.5% vs. 7.0%) and at "other" levels of health care (18.5% vs. 12.5%) and less reported working at regional health care level (9.2% vs. 16.9%) ($\chi^2 = 24.089$; df = 5; $p < 0.001$). Men also more often reported working in health care with the municipal as principal employer (15.2% vs. 10.3%) and "other" principal employers of health care (15.2% vs. 5.0%) and less often with the county councils as principal employer (60.6% vs. 77.4%) than women ($\chi^2 = 17.035$; df = 7; $p = 0.017$). Finally, more men reported working with patients in psychiatric rehabilitation (37.9% vs. 20.6%) and with stressed patients/patients with chronic pain (9.1% vs. 4.6%) and less often within somatic rehabilitation (36.4% vs. 54.6%) compared with women ($\chi^2 = 32.443$; df = 6; $p < 0.001$). Information about background data and working conditions are presented in Table 2.

More than half the sample reported working at institutions with the possibility of making use of creative activities. Of those, two thirds also used this form

**Table 2.** Background data and work situation of the respondents

| No. | Item | Answering options | *N* | Percent |
|---|---|---|---|---|
| 1 | I am a | Woman | 1,801 | 96 |
| | | Man | 66 | 4 |
| 2 | For how long have you worked as an occupational therapist? | 0–3 years | 128 | 7 |
| | | 4–6 years | 205 | 11 |
| | | 7–9 years | 181 | 10 |
| | | >10 years | 1,353 | 72 |
| 3 | Which county do you work in? | Open answer | | |
| 4 | At what level of health care do you work? | Primary health care | 565 | 31 |
| | | County health care | 596 | 33 |
| | | Regional health care | 341 | 19 |
| | | Vocational rehabilitation | 172 | 10 |
| | | Other | 204 | 11 |
| 5 | Who is your principle employer? | Municipal | 201 | 11 |
| | | County council | 1,423 | 78 |
| | | Private | 126 | 7 |
| | | Other | 104 | 6 |
| 6 | Which patients do you mainly work with? | Somatic rehabilitation | 1,056 | 59 |
| | | Psychiatric rehabilitation | 418 | 23 |
| | | Pain/stress rehabilitation | 237 | 13 |
| | | Other | 289 | 16 |

as a means of intervention. The extent to which the respondents used creative activities varied; 48% used creative activities once a week or more, 36% once a month or more and 14% at some point every six months or so. There was a significant relationship between the level of health care the respondent worked at and the use of creative activities ($\chi^2 = 176.916$; df = 5; $p < 0.001$). Creative activities were more often used by respondents working at county council, regional and "other" healthcare levels than by those working in primary health care or with vocational rehabilitation. Also, respondents who worked with patients in psychiatric rehabilitation used creative activities significantly more often than those working with patients in somatic rehabilitation, stressed patients/patients with chronic pain or other groups of patients ($\chi^2 = 110.593$; df = 3; $p < 0.001$). Occupational therapists working with patients in psychiatric rehabilitation reported using creative activities more frequently (3–5 times per week) compared with the other areas of health care ($\chi^2 = 238.811$; df = 15; $p > 0.001$). No relationships were found between the use of creative activities and the variables gender or years of experience as occupational therapists (Table 3).

The most common type of creative activity was craft activities using materials such as textile, cardboard, ceramics and leather, which 68% of the respondents reported using. The second most common types were image/painting (32%) and gardening (30%). "Other" activities (e.g. using computers/games; photography or cooking/baking) were also frequently used (19%). A smaller proportion (6%) used alternative therapy forms. Animal-assisted activities (specifically trained dogs) were used by 6% and caregiver singing by 3%. More common examples given under "other alternative therapy forms" were the use of "mindfullness" (10%) and "tactile massage" (10%).

Twenty eight percent ($n = 520$) of the respondents were willing to participate in further studies, contributing through interviews and/or written narratives about their experience of creative activities. Of those 520 respondents, 348 used creative activities and 172 did not. A significant relationship between years of experience as occupational therapist and willingness to participate in further studies was found. Those with fewer years of experience were more willing to participate in further studies ($\chi^2 = 9.319$; df = 3; $p = 0.025$).

## Discussion

The aim of this study was to describe the prevalence of creative activities in occupational therapy in Sweden

**Table 3.** Frequencies of the items concerning creative activities and willingness to continue in this project

| No. | Item | Answering options | *n* | Percent |
|---|---|---|---|---|
| 7 | Are there creative activities in the institution you work at? | Yes | 981 | 53 |
| | | No | 886 | 47 |
| 8 | Do you use creative activities in therapy? | Yes | 826 | 44 |
| | | No | 1,041 | 56 |
| 9 | To what extent do you use creative activities (average over the last six months)? | Always (3–5 times a week) | 154 | 18 |
| | | Often (once or twice a week) | 245 | 30 |
| | | Sometimes (every other week) | 141 | 17 |
| | | Seldom (monthly) | 154 | 19 |
| | | Very seldom (every sixth month) | 116 | 14 |
| | | Practically never (once a year) | 16 | 2 |
| 10 | What type of creative activities do you use? | Craft activities (e.g. textiles, cardboard, wood, metal, ceramics and leather) | 809 | 68 |
| | | Gardening | 357 | 30 |
| | | Theatre/dance/music | 80 | 7 |
| | | Image/painting | 382 | 32 |
| | | Other | 227 | 19 |
| 11 | Do you use alternative therapies? | Yes | 113 | 6 |
| | | No | 1,704 | 94 |
| 12 | If yes, what kind of therapies do you use? | Animal-assisted therapy | 7 | 6% |
| | | Caregiver singing | 3 | 3% |
| | | Other | | |
| 13 | Would you be interested to participate in further studies within this project? | Yes | 520 | 28 |
| | | No | 1,326 | 72 |

and the frequency of use of creative activities as an intervention by Swedish occupational therapists. A secondary aim was to identify occupational therapists working with creative activities in occupational therapy who are willing to participate in further research on this topic. The result of this study where 44% of the respondents reported using creative activities differs from the ones performed in the area of mental health in the UK (Craik et al., 1998; Griffiths and Corr 2007) where 80–82% reported being active users of creative activities. This difference in proportion is probably an effect of a difference in samples, the ones in UK were performed solely in mental health, and the present study included additional areas of health care. The respondents in this study working in psychiatric rehabilitation were indeed those who reported using creative activities most frequently.

The hierarchical and/or gender perspective is seldom articulated in occupational therapy – a point of view justified both for discussion and research. In this study, some differences were found between men and women. Men more often worked with patients in psychiatric health care where creative activities were most frequently reported to be used. Almost half the respondents did not use creative activities in the rehabilitation process. Whether this is a hierarchical expression where occupational therapists and the institutions they work at give priority to evidence-based interventions or with a medicinal grounding as Perrin (2001) implied could not be deduced from the results of this study. Notwithstanding, if the occupational therapy profession finds creative activities as important treatment media, there is every reason to make great efforts to support such evidence through relevant research.

Crafts (e.g. using ceramics, leather) and arts (image/painting) were the most used forms of creative activities that might be a return to the roots of occupational therapy (Thompson and Blair 1998; Haltiwanger and Stein 2009). On the other hand, more modern and nowadays accessible activities such as the use of computers/games and photography were also reported as creative activities. It was interesting that the respondents included baking/cooking in creative activities, which is more commonly referred to as instrumental activities of daily living (Lawton and Brody 1969). This emphasizes the need for clarification of the concept of creative activities as called for by Leckey (2011). The use of animals in rehabilitation has been promoted as a valuable resource in occupation (e.g. Velde et al., 2005), and the respondents in this survey validated the use of specifically trained dogs in rehabilitation in the Swedish context. "Mindfulness" and "tactile massage" were the most reported "alternative therapy forms". Mindfulness is a method used in psychology in different areas such as care of the elderly (Lindberg 2005) and for persons with chronic pain and suffering from depression (Shahar et al., 2010). Tactile massage is a gentle form of massage that has been used, for example, among pregnant women (Agren and Berg 2006) and as pain relief among persons with rheumatic disease (Bergsten et al., 2005). Complementary and alternative medicine including forms of mindfulness and different forms of massage has previously been reported to be used by occupational therapists in Canada (Knupp, Esmail & Warren, 2009). However, neither mindfulness nor tactile massage is directly connected to occupation and could be considered as some form of complementary modalities that should be combined with occupation or as previously suggested with creative activities (Stein 1996) if used in occupational therapy.

Twenty eight percent ($n = 520$) of the respondents were willing to participate in further studies to share their experience of using creative activities as intervention in occupational therapy. It is interesting to note that a large proportion (33%) of those willing to continue in this project actually did not use creative activities in their work, which could be an indication of the respondents' interest in this area of research. This offers a special opportunity to get a deeper understanding of why creative activities are or are not used in occupational therapy from a wider perspective.

Web-based surveys response rates have generally been lower than those of traditional mail surveys but with extended access to the Internet in the population and better software products, a more positive trend in favour of web-based surveys can be detected (van Gelder et al., 2010). In this study, we reached a response rate of 63%, which might be considered as good. Recent studies within rehabilitation using web-based surveys have had response rates between 20% (McKiernan et al., 2011) and 66.3% (Baetens et al., 2009). However, sample selection (Wright 2005), the amount of items, choice of which day to send the web-based survey to the respondent and the time cycle of reminders (Netigate 2011) also have an impact. In this study, the sample was collected from The Swedish Association for Occupational Therapists in which a majority of Swedish occupational therapists are members. The topic for this study seemed to engage many

of the respondents, which might be represented by the level of those willing to participate in further studies. Netigate who supplied the software recommends sending the survey Monday, Wednesday or Friday, in the morning and with fewer items than 20. Our survey included 13 items that we sent to the respondents on a Monday morning. If it is possible to identify respondents who are interested in the topic for research and if the items are not too many, the web-mail survey seems to be an appropriate and cost-effective way to collect data.

## Conclusion

The results of this survey showed that occupational therapists in different areas of health care in Sweden use creative activities as a means of treatment. Arts and crafts were the most frequently used forms, but the definition of creative activities seemed somewhat unclear. Although more than half the respondents did not use creative activities in their work, the topic still seemed of interest, as the willingness to participate in further studies *outlined* within this project was great.

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