

Research Methodologies for Arts-Based Health Interventions

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ABSTRACT

Arts-based health interventions have gained recognition for their contributions to promoting health and well-being. These interventions, spanning visual arts, music, and performance, have evolved into established therapeutic modalities. However, there is limited research that systematically addresses the methodologies employed in studying the effects of these interventions. This paper examines both qualitative and quantitative research methods used to investigate arts-based health interventions, highlighting narrative approaches, thematic analysis, focus groups, and surveys. The paper also discusses challenges in measuring efficacy, balancing scientific rigor with the subjective nature of arts-based practices, and the importance of interdisciplinary approaches. This review underscores the need for robust, ethically grounded research designs that can capture both the nuanced experiences of participants and quantifiable outcomes.

Keywords: Arts-based interventions, Health and well-being, Therapeutic modalities, Qualitative research, Quantitative research.

INTRODUCTION

Arts-based health interventions are increasingly recognized for their contribution to promoting health and well-being. Over the past two decades, the arts have gained acceptance as a tool for clinical, health promotion, and therapeutic alliance. Several disciplines, including visual arts, music, and performance arts, have advanced rapidly in their application, research, and dissemination. Based on the premise that the creation and appreciation of these disciplines provide comfort to the individual, elicit the poetics of the human, and contribute to facilitating interpersonal relationships, this is a highly sought-after approach in health environments. The integration of the arts into the healthcare environment can be traced back to the Industrial Revolution when arts, beauty, music, and literature were integrated into patient settings as a distraction and source of comfort. Modern-day applications of arts in health environments have developed a more rigorous research base and continue to diversify in scope. In Australia, the Creative Recovery Network was established in response to the impacts of natural disasters, with a special focus on trauma and recovery. As early as 1944, there were examples of using painting and sculpture against public health. In contemporary healthcare practices, arts-based health activity is no longer viewed as peripheral or secondary to the standard treatment but may also be viewed as having the potential to contribute to patient outcomes. Despite the growing interest, there remains a lack of research and new literature covering a methodological base and ethical parameters in conducting and including arts-based health research [1, 2].

Theoretical Frameworks for Arts-Based Interventions

Theoretical frameworks underpin all practice in the arts-based health arena. This exploration of theoretical foundations that have been used to inform designing or implementing interventions about health outcomes involves the arts. Arts-based practices must be supported by what are generally understood as theoretical principles concerning theoretical approaches and observations that might inform a methodological or practice-based approach. When the discussion of establishing theoretical principles takes place, it is therefore important to unpack the meaning of "theory" in this context. The use

of this term is informed by its Greek origin, which means speculating or looking at a mixture of information, both empirical and philosophical [3, 4]. An understanding of these theoretical and philosophical frameworks that underpin arts-based health interventions is critical to ensuring the highest level of intervention efficacy. Creative therapeutic practice is an area that encompasses the arts in health interventions, which has a growing evidence base to substantiate its efficacy across many areas of healthcare. The health myths we discussed reflect foundational knowledge associated with theoretical work in the field. The range of individual health needs and concerns required a range of theoretical approaches and models. The importance of art, aesthetics, and creativity has been written about by several theorists from a range of academic and practice areas. These theories developed in different times and places and have been underpinned by the social and political contexts in which these have their origins [5, 6].

Arts-Based Therapeutic Approaches

Arts-based health interventions utilize a wide range of therapeutic modalities for facilitating the creative expression and embodiment of knowledge among participants. Music, drama, and art therapy practitioners, for example, work with their clients to approach emotional, psychological, and social issues in specifically tailored ways that require little to no verbal reflection about the process or outcome of their creative practices. As a result, it is inaccurate to assume that they all share the same goals, modalities, advantages, or outcomes despite each being 'arts-based.' At their most fundamental levels, however, all facilitative expressive and therapeutic practices encourage participants to be actively engaged in the creation of expressive works that give voice to their emotional or embodied experiences, nurturing empathetic imaginaries, creative communities, and equality among participants, and even helping regular homework completion and creativity despite barriers [7, 8]. Facilitatively engaging someone in a creative process (alone or in a group setting) with the therapist or facilitator is a therapeutic practice that has profound and powerful effects on physical, mental, and emotional health and resilience. Below, I will provide a brief overview of different forms the arts therapies have taken, provide case details for some current and ongoing examples where primary data were available, and conclude with some of the challenges in this field, including tensions between scientific evidence and practitioners who attribute mystical, magical, or energetic qualities to the creation process [9, 10].

Qualitative Research Methods in Arts-Based Health Interventions

In qualitative research, a wide range of methodologies can be used that aim to unpack people's lived experiences, the processes and meanings occurring in their lives, and/or the social worlds in which they are located. These research practices lend themselves particularly to arts-based health interventions where researchers may be interested in exploring subjective experiences and, in particular, the meaning of artistic engagement in therapeutic contexts. Our understanding of health and illness, health and well-being, and social determinants of health are all connected to storytelling and 'narrative' research. By taking seriously what people say – in the oral or written recounting of their lives – we assume that they are narrating events that have meaning and significance to them. Their stories or accounts are an attempt to make some sort of sense of their experiences and the social worlds in which they live. Narrative methodologies are particularly pertinent in arts-based practices. The creative and therapeutic effects of artistic processes are strongly linked to these narrative phenomena. In brief, narrative refers to the nature of all human experience as storied or lived in time. Different types of narrative analyses exist ranging from Thematic Narrative Analysis at one end of the scale (with an emphasis on the story as the primary unit of analysis) to Ethnographic Narrative Analysis at the other end of the scale (with an emphasis on context, culture, and social worlds that constellate upwards to form the broad forces that shape stories of lives). Issues of ethics and positionality are frequently raised in qualitative research, especially in health contexts where issues of privacy, sensitivity, and mental health can play a significant role. Reflexive practices are particularly important in qualitative methodologies and there is a growing body of literature that investigates research relationships or partnership research. Some academics and arts practitioners have already published methodological articles that outline the key components of successful arts-based health research and share lessons learned from this work. Integrating arts-based psychosocial research in a Phase I study in the Pediatric Hematology-Oncology population can serve dual roles. First, the creative arts can engage and motivate complete participation in the survivor's identification and mobilization of coping strategies for a painful test in the context of any challenging treatment situation. Second, empirical data will be generated and assessed on the effect art interventions have on younger children's self-reported and parents' observation of any change and perceived effectiveness of these interventions. This is only one example of how research in pediatric hematology/oncology and the creative arts can not

Interviews and Focus Groups

The illustration of interviews and focus groups as qualitative research methods in the evaluation of arts-based health interventions elicits insights that are 'in-depth and personal'. As a form of entering into dialogue with participants, such methods create a space in which participants are granted the freedom to 'talk about what matters to them'. This represents an opportunity to gather information about why participants were interested in engaging with arts activities in the health context. Indeed, both interviews and focus groups are 'used to collect detailed comments and opinions from individuals' [13, 14]. As a one-on-one approach, individual interviews function well as a method for producing the voice of the individual and generating a detailed subjective narrative. They work well where sensitive subjects and experiences are involved, as they allow for 'the development of rapport and probe for issues and ideas unique to each participant'. It is suggested that health outcomes indicate the need for one-on-one discussions when 'the group is heterogeneous in such a way that the relevance and significance of the subject might differ to the participants. However, individual interviews also yield data that is 'unverifiable'. Researchers can advance fact-finding by also using a focus group as they allow a group of people to 'share their experiences, opinions, and ideas in ways which may facilitate ideas, thoughts, and reflections which may not have emerged in a one-to-one interview' [15, 16]. Recruitment, data collection, and practices for the conduct of focus groups and individual interviews outside the academy are well documented in medical, health care, and social care research. This includes the facilitation of data collection in a familiar and safe environment, in groups of between four and twelve people. An open-ended approach encourages participants to 'tell [their] stories in [their] words', offering the potential for 'new information that is different, innovative and stimulating'. Prized for the volume of detail and depth of the information they elicit, interviews and focus groups in a health context benefit from a firm approach to data analysis, with information subject to thematic coding. This approach allows a focus on interpretation that helps to 'tell the story' that contextualizes each excerpt of data via coding to produce, in theory, 'new perspectives on relationships in the data'. While accounts from individual interviews and focus groups may reveal entirely subjective interpretations of arts activity, it is the commonalities that might be drawn between them that construct evidence of collective validation and import [17, 18]. Credibly, the combination of focus groups and individual interviews offers a comprehensive means of capturing diverse voices and understandings of the value of arts and health interventions. However, due to the potential for the unverifiable nature of individual interviews, it is our belief that a focus group provides the richest and most verifiable information on the topic, given the capacity to evidence shared stories and establish a degree of collective validation [19, 20].

Quantitative Research Methods in Arts-Based Health Interventions

Quantitative research methods are useful for measuring the effect of arts-based health interventions and establishing efficacy. While some who prioritize exact numerical outcomes may prioritize a quantitative design to analyze effectiveness, this method can also help examine participant experiences of the artistic process and how it may impact standard health metrics. This is often the underpinning of an initial study beginning to shed light on an art intervention that offers insight for developing a future qualitative study. Advantages of utilizing numerical data to observe the following within arts-based health interventions: 1) scale of operation (many participants) offering detailed comparison, 2) objectivity, 3) testing internal, external, and ecological factors that are important to health, and 4) reliability of large numbers as related to the interpretation of results [21, 22]. Quantitative experimental designs in art-based interventions can be an accurate means of determining the degree to which a particular variable relates to a specific outcome; however, problems of causality can occur within complex behavioral health interventions as previously mentioned. Longitudinal studies can provide a significant understanding of intervention impact over time; however, considerations about attrition, and using appropriate outcome assessments and instruments become important design considerations. In the growing field of arts in health and qualitative methodology, it is important to apply reliable tools to evaluation. Valid and reliable tool development and data analysis strengthen the study and the conclusions offered. There are several available standardized tools and validated instruments in the review of arts in health interventions. Ethical considerations such as recruiting participants and data collection strategies, including the rights of individuals, are discussed. However, there is growing consideration in light of the expanding field of evidence that includes both quantitative and qualitative inquiries. Integrating changes of the qualitative with the quantitative methods expands and enhances our investigation to a greater depth of understanding than either method could accomplish on its own. Areas of challenge and recommended

future directions offer insight into the complexities of research in this expanding and crucial intervention area. Recommendations for the development of knowledge include more funded research, using an appropriate multidisciplinary approach, enough samples of the individual art-based modality, and inclusion of youth-focused programming. Therefore, broadening our intervention understanding in this area can help expand its development and successful implementation [23, 24].

Surveys and Questionnaires

Surveys and questionnaires are quantitative tools used in arts-based health interventions. They provide demographic data, personal experiences, engagement with the arts, and perception of program benefits. Surveys can use single or multiple questions, Likert scales, and open-ended qualitative questions. Pre- and post-test models are used for attitudinal outcomes. Surveys can also capture other forms of assessment and include validated tools for qualitative health improvement. Online surveys are effective for distributing to this audience. Response rates, attrition, and data analysis methods are important. Incentives can boost response rates. Replication ensures representativeness. Surveys can be part of a wider methodology, including qualitative interviews. The number of surveys collected depends on the research question and the target audience. Data collected for evaluation can be separated, with consent, and specific questions can gather datasets for statistical use [25, 26].

Mixed-Methods Research Designs in Arts-Based Health Interventions.

The Benefits of Mixed Methods

Many research projects are designed with a mixture of both qualitative and quantitative components. Mixed-methods research designs combine the strengths of both methodologies. Quantitatively oriented research may produce numerical statistics or hard numeric data that is complemented by a rich narrative, co-created in the grounded experience and reflection with the individuals involved. Quantitative investigation may produce firm evidence for the 'what' and the 'how many', while qualitative research could be used for uncovering the 'why'; the narrative, ground truth behind any statistical data. Mixed-methods approaches aim to use one data set to validate and elaborate the findings of the other, adding value to different parts of the overall inquiry design [27, 28]. Both qualitative and quantitative research may be used for insight identification and to generate a rounded understanding of a complex phenomenon. From narrative or numbers, a study may grow from inside and outside views. Here are some examples of integrating different methodologies: using numbers from one study to select cases for a qualitative study; using qualitative research to develop or validate a scale or measurement tool; or using qualitative and quantitative data to triangulate findings regarding service user outcomes. There are various strategies for integrating different kinds of methodologies and differing approaches to data, such as grounded theory and case study approaches. Research can involve combining the two methods or possibly using a two-phase investigation utilizing one dataset before the next. The spectrum of data integration gives context to the notion of developing a mixed-methods research question. Mixed-methods questions are those that can be addressed only if both datasets are used, and inquiring using both approaches enhances the overall program findings. A mixed-methods orientation can help to ensure a higher level of evidence and a deeper understanding of the research outcomes, improving the validity and clarity of findings [29, 30].

CONCLUSION

Research methodologies in arts-based health interventions are diverse, ranging from narrative-based qualitative approaches to experimental quantitative designs. Each method offers unique insights into how the arts can affect health outcomes, but no single approach fully captures the complexity of these interventions. Combining qualitative and quantitative methods provides a richer understanding of the therapeutic potential of the arts, supporting both the subjective experience of participants and measurable health improvements. Future research should focus on developing interdisciplinary frameworks that integrate artistic, clinical, and research expertise to ensure ethical, robust, and holistic evaluations of arts-based health interventions. This approach will not only enhance the credibility of arts-based practices but also broaden their application in diverse health contexts.

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CITE AS: Nabillah Kato Zawadi. (2024). Research Methodologies for Arts-Based Health Interventions. RESEARCH INVENTION JOURNAL OF RESEARCH IN EDUCATION 4(3):59-64. <https://doi.org/10.59298/RIJRE/2024/435964>