

Experience of the implementation of felt therapy classes (using of non-spun wool in the art therapy process) while working with the emotional state of patients of the FSBSI “National Medical Research Center for Rehabilitation and Balneology”

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Abstract

The article describes some psychological peculiarities of the work with the emotional state of patients and one of the possible ways to correct it using art therapy – felt therapy, (the use of non-spun wool in an art therapy process). In the article are described the possibilities of this material and the effects of its use. The main tasks of the work are the formation of a conscious attitude to the disease, the recognition of the “secondary benefits” of having a “symptom”, the actualization, awareness and replenishment of the spectrum of internal resources, the evolution of the ability to gain the access to them, as well as the integration, acceptance of the “symptom” and the suffering part of the personality, the acceptance of the diversity of one’s own “I”. The art therapeutic exercise described in the article also aims to reinforce a new positively colored creative experience, the formation of positive thinking. All of these helps the patient to feel a holistic personality, more harmonious and happy. *Clin Ter 2021; 172 (3):236-240. doi: 10.7417/CT.2021.2321*

Key words: *art therapy, Balneology, felt therapy, Rehabilitation*

The objective of the article

The purpose of this article is to familiarize the professional community with the experience of implementing psychological support for the rehabilitation process on the basis of a rehabilitation center using an art-therapeutic approach. In particular, we aim to highlight the experience of using a unique natural material of non-spun sheep’s wool in art therapy work with the emotional state of patients with various nosologies during the implementation of the author’s methodology “Abode of Resources”.

Introduction

Today the psychosomatic etiology of a whole spectrum of diseases, so-called ordinary psychosomatoses such as bronchial asthma, ulcerative colitis, essential hypertension,

neurodermatitis, rheumatoid arthritis, duodenal ulcer, hypo- and hyperthyroidism, various psychosomatic reactions, conversion symptoms has been determined. At the same time, the onset and course of any disease is also affected with such phenomena as “The internal picture of the disease” (Luria 1977: 56) and the “The internal picture of the health” (the term was introduced by A. B. Orlov in 1991). The individual psychological characteristics that form a subjective attitude to the disease (temperament, character traits, personality traits perfectionism, workaholism, a high level of anxiety, the prevalence of negative emotions over positive ones, a negative background of family or other significant relationships, difficulties in adaptation, acute stresses, inability to cope with the requirements of life) have a special effect on the onset of the disease itself and on the formation of “the internal picture of the disease”.

At the same time, today medicine is increasingly turning to an integrative three-component model of the causes of the origin of somatic diseases - the “Biopsychosocial model” of Th. Uexkull and W. Wesiak (Th. Uexkull and W. Wesiak, 1991). Thus, along with the biological component in the occurrence of the disease, the leading role of the mental and social components is also accepted.

In some cases, the subjective-emotional reaction to the disease can have so expressed negative character that its relief in the early stages of therapy is sometimes more necessary than the treatment of somatic diseases.

It becomes obvious that a whole range of tasks for the prevention and restoration of health lies not only in the field of medicine, but in the field of psychology, and can be realized using psychological techniques and methods.

In this regard, for a more effective, in-depth treatment, rehabilitation and prevention of somatic diseases, it is necessary, along with improving the body, to pay special attention to improving the patient’s psycho-emotional state.

The patient’s psycho-emotional state is essentially the result of a complex interaction of personal characteristics, attitude to his illness (“the internal picture of the disease”), interpersonal relationships (in family life, in the professional sphere), self-efficacy experiences (Vodopyanova, Serebryakova, Starchenkova 1997). Depressed emotional

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background, partial or complete exclusion of emotions in response to traumatic effects can be considered as a mechanism of psychological defense (Boyko 1999: 105). In addition, the onset of an unfavorable psychoemotional state may be the result of a conflict between conscious aspirations and unconscious needs, opportunities and desires, spent and received resources. It should be noted that a negative emotional state could have a dynamic nature and go through several stages in its development, characterized by a sequential manifestation of different symptoms. Such dynamics of the deterioration of the psychoemotional state can lead to a violation of fundamental motivations associated with trust in oneself and the world, with the quality of life, with a sense of one's own uniqueness and with an existential vacuum - the loss of the meaning of life. The consequences of this condition can manifest themselves at different levels: psychosomatic (insomnia, headaches, fatigue, gastritis, stomach ulcer, etc.), interpersonal (worsening of interpersonal relationships, for example, satiety with communication, conflicts), personal (intrapersonal conflicts, disturbances in emotional and motivational areas).

In order to prevent and correct the psychoemotional state, to improve the general condition of the patient, an integrated approach and the coordinated work of a number of specialists are needed. Of course, professional psychological or psychotherapeutic help is very important and it includes such aspects as revealing the individual's creative potential, reaching deep resources, adopting the versatility of one's self, finding new meanings of personal and professional activity, teaching self-regulation skills, assertive behavior. And here, it seems, one of the effective approaches is to use the potential of art therapy.

“You cannot cure the eyes without treating the head or cure the head without treating the whole body, just as you cannot cure the body without treating the soul.” Socrates

Art therapy is based on the belief that the content of the person's internal “I” is reflected in visual images whenever a person draws and sculpts. During these processes, harmonization of mental states takes place. “Art therapy is a method of artistic therapy aimed at correcting the emotional, cognitive, communicative, regulatory areas of the personality and leading to the development of personal potential, the disclosure of creative potential. This method provides an opportunity to study unconscious processes, express and actualize latent states” (Purnis 2008: 15). That is why it is no coincidence that the latest research focus on the study of the relationship between medicine and art (Ferrara and De Santis 2015) and confirms the effectiveness of the use of art therapy techniques in the training of medical students (V. Ferrar, S. De Santis etc. 2020).

We have developed and implemented a program of art-therapeutic work with patients “Art therapy as an element of an integrated approach in patients' rehabilitation based on the Federal State Budgetary Institution “National Medical Research Center for Rehabilitation and Balneology”. An interdisciplinary team of doctors, clinical psychologists and art therapists was created during the development of the art therapy program and the implementation of the project. When developing this program, we relied on a regimen of facile introducing patients into art therapy classes (informing about what will happen, determining work targets, motiva-

ting for work), the preparatory phase of work (symptomatic stabilization, adaptation of participants, building of trust and cohesion), active working phase (the study of the facts of the emergence and development of painful conditions, social, role relationships, awareness and study of various problematic aspects), the final stage (analysis of the results, analysis of how they will be implemented in the “real” life of the patient, filling with a resource), a facile exit from the group art-therapeutic space of the classes and parting.

All classes were held in the format of a semi-open group in patients' free from procedures time in a specially equipped space. In total, while they were in the hospital, patients were invited to attend 6 art therapy classes. The duration of one lesson was 2 hours. The recommended frequency of attending classes was 2-3 times a week.

At all stages, the participants of the group were offered the implementation of various creative tasks, it was proposed to use various creative materials, including natural ones, such as stones, cones, sticks, dry fruits, clay, non-spun wool, painted in different colors.

A psychologist-art therapist conducted all classes. Patients could attend the group as they wished.

As an interdisciplinary group of specialists, we see our main goal of art therapy work as to improve and stabilize the psycho-emotional state of patients, consolidating the results of the rehabilitation phase.

We understand art therapy as creative therapy with creative expression using visual material. We consider it an instrument of progressive psychological assistance that promotes constructive awareness and expression of one's feelings, thoughts, emotions, awareness and resolution of internal and interpersonal conflicts, realization of creative potential, stress relief and improvement of psychoemotional and, as a result, somatic state. In the course of art therapy, we did not set the task for the participants to learn any kind of art, but suggested that we look at the products of our fine art and see in them our inner experiences that guide their hands in the creative process.

During lessons in a comfortable emotional environment, in an environment of strong support, acceptance of oneself and others, in a creative atmosphere, patients examine themselves, their attitude to the disease, recognize their emotional states, areas of mental stress, express themselves, their emotions using art. In our classes, we work out a wide range of issues that participants worry about within the framework of one main topic: “Improving one's emotional state, acquiring effective self-regulation skills”. At the same time, it is very important to enable the patient to believe in his own strength, gain access to internal resources, and also to establish and realize the connections hidden for the person between his emotional conflicts and the occurrence of somatic symptoms. Below we give a description of one of the author's art-therapeutic techniques aimed at studying and correcting the emotional state of patients.

In art therapy classes, along with other creative materials for working with the emotional state of patients, we use non-spun, heat-treated sheep wool. Despite the increasing popularity of this material in art therapy practice, today in Russia there is no precise definition for the inclusion of non-spun wool in the art therapy process. Based on our ten-year experience with this material, we suggest using the

working definition of Lanberg O. A.: **“Felt therapy (felting: from the English felt - ‘felt, filtz, stuffing’ and Greek Therapía - ‘treatment, healing, medicine’) is one of the art-therapeutic methods based on the use of non-spun wool and the use of different techniques for working with it (dry and wet felting, laying out pictures from pieces of non-spun wool, creating of two-dimensional and three-dimensional compositions of wool with the possibility of adding other materials) with the aim of solving psychological problems, developing and harmonizing the individual with an orientation toward the process of spontaneous creative expression”** (Lanberg 2017: 64). We do not exclude that the definition proposed in this article in the future will require correction and refinement.

It is possible to give a shorter definition: **“Felt therapy – the use of non-spun wool in the art-therapeutic process to solve psychological problems, development and harmonization of personality”** (Lanberg 2017: 64).

Over the centuries, needlework has been an integral part of the traditional life of almost every nation. Previously, even in everyday affairs, people realized their creative potential, drawing strength in harmony with the surrounding nature. And in the last few years, we can observe a splash of interest in decorative and applied art (needlework), based on folk traditions and ancient crafts. And this trend, of course, cannot but affect the processes of modern art therapy, including the selection and expansion of the set of art therapeutic materials offered to the patient. (Lanberg 2016: 33). And since the wool undergoes heat treatment during coloring, it is a hypoallergenic material.

Making pictures using the layout of wool as an artistic direction appeared in Germany at the beginning of the 20th century. Its founder was the German philosopher Rudolf Steiner, who chose wool as the most common and cheapest material in provincial areas. Working with children, he noticed that during the lessons they relaxed psychologically, became more balanced, and their personalities acquired greater integrity. Wool has a very beneficial effect on the emotional state of a person; it calms and awakens creative abilities. Wool painting is a technique in which neither brushes nor paints are used. Each “brushstroke” is a small fragment of a non-spun colored wool. The woolen picture is fixed by placing it in a frame under glass; other fixing methods are not required. Thus, if you wish, you can return to work and make any changes. In addition to working with color, wool gives a wide range of tactile sensations; it is the warmest natural material with many different textures. Non-spun wool of different colors, obediently following the author’s intention, is laid out on a fabric basis. Interaction with such a pleasant to the touch, malleable material and color mixing bring emotional comfort and aesthetic pleasure. Non-spun colored sheep’s wool has a color palette not inferior to the palette of any colors, and its plasticity is comparable to that of clay: it allows you to create both two-dimensional compositions and three-dimensional sculptures. You can work with it in different techniques: dry or wet felting or simple laying out, similar to a mosaic or a collage.

In the author’s art and therapeutic exercise “Abode of Resources” (Lanberg 2017: 65), the use of non-spun wool, heat treated and dyed in different colors, is proposed for the application of the techniques of “wool painting” and

collage. By drawing the patient’s attention to environmental friendliness, unique properties, sensory characteristics and the symbolic meaning of the wool, an art therapist can help him to express his condition, needs, and feelings. Sometimes a new material unusual for the client can arouse interest in the creative process, in some cases – to reduce the level of resistance. Working with such material allows you to acquire the skill of translating ideas into a specific form.

Tracking the dynamics of changes in the emotional state of patients who has taken part in art therapy classes was based on the “Well-Being-Activity-Mood” test (Doskin and others, 1976), subjective qualitative reports of participants and questionnaires, which were conducted in writing at the beginning of the course and again upon completion. After analyzing the patient self-reports provided, one can notice positive trends: the participants noted an improvement in the psycho-emotional state, an increase in self-esteem, self-acceptance, self-awareness, as well as a decrease in general anxiety and tension.

Author’s technique. *Group lesson “Woolen collage “Abode of Resources”* (Lanberg 2017: 62-69).

Before the start of the exercise, the participants get acquainted with the material – non-spun wool: they make various manipulations with it, choose colors, try the basic simple methods of work that they can use (or come up with new ones) when creating their work, and examine their tactile sensations. You can offer the exercise “Woolen scribbles.”

Necessary materials:

Non-spun wool of various colors, pieces of fabric, threads, paper, photo materials, magazines. Frame with glass and a cardboard base in A4 or A3 size, scissors, non-woven fabric (universal napkins), glue stick for gluing the base.

Tasks:

1. **To identify the individual characteristics of one’s emotional state, one’s attitude to the disease, to clarify what it means and how the “symptom” is felt for each participant in the group session.** Exercises are aimed at exploring the various facets of one’s “I”, the relationship system, the patient’s attitude to his disease. These exercises can help in understanding and correcting attitudes toward disease, behavior, and thinking. An example is the compilation of the “Facets of My Self” role card (Kopytin, Plats 2009: 148).
2. **To find a visual image for the “symptom”, find its embodiment and work through.** Clarification of the basic needs of the “symptom”, the discomfort that it brings, the secondary benefits of its presence.
3. **To recall, find and discuss in pairs those events in life or the state when the lesson’s participants were “filled with resources”.** What is a resource for everyone, how does a person gain access to his resource part.
4. **To integrate the “symptom” and find ways to accept it, “change the emotional attitude towards it.”** The purpose of this stage is to establish internal contact with that part of the personality that most “suffers from the presence of a symptom”, its creative filling with internal resources (Lesovaya 2014).
5. **To activate the creative potential of participants, develop skills for transforming a non-resource state into a resource one** (Lesovaya 2014).

At the first stage of the lesson, after discussing the

individual characteristics of the “symptoms” of the group members, identifying the “suffering” part, the participants need to find a visual embodiment of it: shape, color. It is proposed to use various materials and techniques: draw, find the appropriate image and cut it out of the magazine, knock it out of wool, pick it up from your personal photo material. Then pair up and discuss the images, asking questions about the needs of the “suffering” part: what does she want? How does she feel? What attention does she need?

At the next stage, participants are invited to visualize and search for a resource state. Creating a metaphorical picture “Abode of Resources”. The author’s method of E. Lesovaya “Resource Map” was taken as the basis, but at the same time, non-spun sheep wool was used as an art therapeutic material to create a creative product.

Instructions

To create the picture “Abode of Resources” a method of directional visualization is proposed. The client is invited to recall the successful experience of overcoming difficult life situations. Each of us has his own set of resources in the form of certain thoughts, emotions, psychotechnics, people we turn to for help, resource places, etc. Remember what helps you the most in difficult situations, in conditions of lack of resources, support, time or money, when you are tired ... Each of the participants creates his own metaphorical “Abode of Resources”, where he will put in a symbolic form everything that helped him and helps in his life. Remember everything that supports you, and add to your “Abode of Resources”. If these are situations or people, they are also present in your inner world as supporting images. Portray them. You can simply create as if you were in the stream (Lesovaya 2014). Participants use non-spun sheep wool of different colors for work, laying it on the base.

After completing this stage, it is proposed to discuss in pairs what they managed to find and place in their “Abode of Resources”, give names to various elements, describe the emotions that have arisen and arise, the bodily sensations that have appeared during the work. You can add something to the work if during the discussion you realized that you “have forgotten” to place some kind of resource

At the third stage of the lesson, participants are invited to include an image of a “symptom” in their “Abode of Resources”: find a place for him, helpers, a safe and nutritious environment, you can add decorations and everything he needs and “wants”. Instruction: “Now when you have created your “Abode of Resources”, pay attention to the image of your “symptom”. Please place it there. Find the place for this part of yourself based on its needs. Maybe you will make a “symptom” a safe house or decorate it, or feed it, or make friends with some kind of resource. A “symptom” must be present in your “Abode of Resources” (Lesovaya 2014).

At the end of the exercise after the integration of the “symptom”, the work is placed in a frame and fixed with glass. This stage also needs to be given some attention. On the one hand, this is a technologically necessary process, because a picture of wool cannot exist without being fixed by glass, and on the other hand, it is a process endowed with

its own metaphorical meaning. The frame creates a sense of security, being a visual container protecting what is placed in it (feelings, perceptions, values, experience of the author). If the client’s feelings are contradictory, the need to use the framework in its protective, containment function may be even stronger. Also, framing in a frame involves exposing the work, its placement in space, gallery or home. From the point of view of the psychodynamic approach, placing a photo in a frame is often associated with the mechanism of sublimation, provides transformation, refinement of psychological material, its aesthetization. Due to aesthetization, the frame is able to add value to the work and the psychological reality of the client behind it. This helps to increase self-esteem, adds value to the experience, even if it was difficult and traumatic. Such work allows the patient to accept his experience as a resource, strengthens the feeling of possessing the experience that it reflects. Due to the frame of work, an act of appropriation of experience, taking responsibility takes place (Kopytin, Platts 2009).

After the picture is closed with glass and placed in a frame, participants are given time to interact with their “Abode of resources”.

Then all participants gather in a circle, arrange a vernissage of their work and a general final discussion is held. It could have different scenarios. For example, a dramatization may be proposed, when the participants one after another get used to the role of their “symptom” and share their feelings: what changed after the integration of the “symptom”, when it has been taken care of and when the place (role) for it was found? What emotions did the participants experience when placing the picture in the frame? Did it have any meaning for them? What methods and techniques did they see for themselves in this exercise? What new resources have they discovered in themselves? What of this new knowledge could they take with them into their lives? What are the simplest steps in life that each of the participants can take to achieve a more harmonious existence?

Conclusion

The use of art therapy methods today is one of the most effective and environmentally friendly areas of psychological and psychotherapeutic assistance, which could play an important role in realizing the tasks of modern balneology and medical rehabilitation. The presence in specialized institutions of art therapy rooms, specialists (art therapists) and programs for art therapy support of rehabilitation or medical processes could not only be a competitive advantage of such institutions, but also bring enormous benefit to patients in consolidating and maintaining the results.

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