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Arts Therapies Practice

(The differences between the UK and Saudi Arabia)

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ABSTRACT

The differences in practicing arts therapies between the UK as western country and the KSA as an middle eastern country manifest themselves in cultural context, aims, approaches and theories. This study into the differences between the UK and Saudi Arabia saw value in examining these differences to see whether divergent approaches can help to inform and improve competing pathways. This study used semi-structured interview to identify the differences in practicing arts therapies in both countries, and to identify the cultural issues in practicing arts therapies in KSA. Data was collected using interviews from twelve arts therapists from the UK and nine informants from KSA. The findings demonstrate that art therapists in KSA focus on behavioural modification while arts therapists in the UK focus on improving emotional wellbeing. Art therapists in KSA used more structured approaches which are less effective for children with ADHD. There may be cultural problems in using arts therapies in KSA, particularly music and dance. Safety, routine activities and ground rules were adopted from the current practices in the UK and adapted to be appropriate for the cultural context in KSA. Understanding cultural issues by the therapist may increase the value of arts therapies interventions.

Keywords: Arts therapies; Art therapy; Music therapy; Dance movement therapy; Dramatherapy; culturally sensitive; Saudi Arabia; Qualitative and Practice.

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Introduction

Attention deficit hyperactive disorder (ADHD) refers to three main behavioural symptoms; (i) inattention, which manifests itself in having a short attention span, getting easily distracted, being unable to concentrate, difficulties in listening and following instructions as well as organising tasks; (ii) hyperactivity, which can consist of being unable to be calm or sitting still in quiet environments, talking and moving excessively, fidgeting constantly and being unable to focus on tasks; (iii) symptoms of impulsiveness that involve an inability for children to wait their turn, and a tendency to act without thinking as well as interrupting conversation, breaking rules and having no sense of danger (Brue and Oakland 2002; NHS 2011). There are three subtypes of ADHD: predominantly inattentive type, predominantly hyperactive-impulsive type and a combination of both types (NHS 2011). The most prevalent subtype, according to one extensive study, was the combined type (Skounti et al. 2010).

Children with ADHD are at risk of developing a broad range of difficulties such as cognitive, emotional, educational and social issues (Tsal et al. 2005; Lavoie 2008), while adolescents with ADHD are at risk of substance abuse, underachievement, demoralisation and low self-esteem (Waite and Ivey 2009). The economic cost, as a result of lost work days associated with ADHD, was estimated as equivalent to 19.5 billion dollars in 2005 in the US (Kessler et al. 2005; Kessler et al. 2009) and the direct cost of treatment for ADHD was estimated around €2040 per patient per year in the Netherlands (Hakkaart-Van et al. 2007).

In the United Kingdom, ADHD affects approximately 3-9% of children and teenagers in schools (Dulicai 1999; NHS 2011). According to Holowenko and Pashute (2000), ADHD is likely to be under-represented in the UK, due to the discrepancies in reported cases. Globally, there are great variations in the prevalence of ADHD, from 2.2% to 17.8%; according to Skounti et al. (2007). The prevalence of children with ADHD in Saudi Arabia is high (Al-Haider 2003; Al-Habeeb et al. 2012). According to some estimates, the prevalence of children with ADHD in the KSA is between 11.6% and 13.5% among male and female children (Abdur-Rahim et al. 1996; Abu Taleb and Farheen 2013; Homidi et al. 2013), and 16.4% among male primary-aged children (Al Hamed et al. 2008).

However, despite these levels of need, there is a nationwide lack of treatment for children with ADHD in Saudi Arabia; for example, there is only one specialist school in the country and as a private school, access to it, is limited by financial factors. In addition, teachers are not aware of the necessity of early diagnosis, nor of the symptoms of attention deficit hyperactivity disorder, because there is a lack of awareness and training about how to deal with children with ADHD.

Aims of the study and the current paper

This study, conducted in the UK and in the KSA, aimed to describe how arts therapists practiced in the UK and what the current provision of art therapy regarding

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children with ADHD. Twelve disciplines recognised in the UK and nine disciplines also recognized in the KSA work with children with ADHD. The data collected through semi-structure interview to offer a description and exploratory of arts therapies practice in particular. However, the culture of KSA may limited some activities, such as dance and playing musical instruments, this activities are forbidden in schools, in the KSA. This research adapted UK arts therapies practice to fit these cultural requirements by answering the following questions:

The arts have a long history of therapeutic and healing properties. However, it was not until the middle of the 20th century that the term ‘art therapy’ was coined and formally recognised. Since then, there has been a growing trend in research into the separate disciplines of art, dance and music therapies in all areas of healthcare. According to Jones (2004), Pratt (2004), and Karkou and Sanderson (2006), arts therapies have an important role to play in the modern healthcare system. Arts therapists attend specialised training courses and receive robust professional development. As a result, there is growing recognition of the valuable contribution to well-being that arts therapies make.

- How can arts therapies be introduced in the KSA in culturally sensitive ways? This question incorporates the following questions:
- What is the current provision in the KSA regarding art therapy?
- What are the lessons that can be learnt from arts therapists practising in the UK?
- How the culture context can limit the development of arts therapies in KSA?

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Art Therapy in Saudi Arabia

By reviewing the literature, it is emerges that there are limited studies that adopt or adapt an arts therapies programme to be appropriate for a culturally sensitive society. Moreover, there are limited studies that identify the differences in practice of arts therapies between the Western countries and the Eastern countries such as KSA. As outlined above, most studies into the use of arts therapies in general, and with clients with ADHD, have been conducted in Western countries. To date, there is a lack of studies which have been conducted in Middle-Eastern countries such as Saudi Arabia (KSA). It is widely accepted that there are cultural differences between Western countries and Middle-Eastern countries; such as the KSA where religion plays such an important role (Jones 2005). Cultural differences have an impact on the intervention, particularly arts therapies for children with ADHD. For example, There are controls for practicing the arts such as dance and music in the KSA Due to the religious beliefs in Saudi society, these art forms may be considered haram, (Van Nieuwkerk 2008).

As a result, at schools and health centres in KSA, arts therapies are still in the early stages of development. However, art therapy was introduced by Alyami through a private clinic. It was the first clinic specialising in the field, and the license was issued in 2000.

Summary of the impact of cultural norms on arts therapies

It is clear that the cultural and religious situation in the KSA used to imposes limitations on the growth of arts therapies practice in the country. In Saudi, traditional music contains poetry and is sung as a group, where instruments like ‘rababah’ and few percussion instruments, like drum and tambourine, are used. As per the Quran’s directives, music is not usually allowed for religious services, and usually a part of private life (Long 2005). In Islam, one does not sing or play music when praying as it is prohibited. Much modern music use to be a matter of concern for mainstream Saudi culture, due to its prevalent themes of love, drugs, or fornication. Recently, interest has begun in performing arts such as music, cinema, theatre and dance, after they were limited in Saudi Arabia. Dance is permitted in the country, in the form of Arabian traditional dance called “Ardah”. This dance features traditionally dressed men wielding swords, dancing to the beat of tambourines and drums. Women usually dance in front of other women, as long as they show good manners, and do not behave in such a way as to stimulate physical desire (Janin and Besheer 2003

Regarding the visual arts forms in Saudi Arabia. The Quran lays down clear rules against creating images, which includes photographs and painting. The Quran does not favour images of real objects and hence Saudi culture tends against painting naturally occurring entities such as animals and people. This belief derives from the possibility that statues or images may be worshipped, or at least idolatrously admired; in this case, the sculptor, buyer, deifiers and worshippers will all be deemed to have

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sinned (Janin and Besheer 2003. The artist focuses on paintings, sculptures, or photographs that do not contain living beings, such as landscapes, abstract figures, and Arabic calligraphy, as these are the basic art forms. Despite this prohibition, there are a number of artists who practice art freely and without restrictions, as long as they do not touch upon the divine essence or religious symbols. The use of dance movement therapy, music therapy, and to an extent dramatherapy, would raise questions around the exhibition of the body in a prohibited manner. Similarly, the limitations on artistic depiction constrain the activities which can be used in art therapy. These factors have decelerated the growth of arts therapies in psychotherapy treatments, especially for people with learning difficulties. Further, because the arts therapies profession is new in Saudi Arabia, many people are not familiar with what the practice entails, nor of its therapeutic value; as a result, they may be suspicious.

Art therapy was not widely known in Saudi Arabia and there are no art therapists working in schools (Alkhenaini 2013). Therefore, the purpose of this study was to introduce, conduct and evaluate a culturally sensitive programme of arts therapies for children with ADHD in Saudi Arabia. The study recognised the current provision regarding support for children with ADHD in the KSA and learned from arts therapists practising in the UK with this group. Subsequently, a culturally sensitive programme of arts therapies was developed for children with ADHD in the KSA. Finally, this programme was evaluated from the perspective of the children themselves, their parents and their teachers.

The Importance of the Study

This study has benefits not only as a contribution to knowledge, but also as the groundwork for further development of services in the KSA for this client population. Since children with ADHD in Saudi Arabia currently have minimal access to therapy of any sort (Eisa and Abdulrashed 2010), this research has a key role in developing a culturally sensitive arts therapies programme for children with ADHD, with the aim of improving emotional wellbeing, social skills, and increasing emotional regulation. These outcomes would, in part, be indicated by reduced hyperactivity/impulsiveness, and increased concentration. If this programme is found to be beneficial, it may have a significant impact on the treatment of children with ADHD in the KSA. On the whole, these interventions are not regarded as highly invasive, and the potential to benefit children is particularly high. The data collected during the first stage of the research found that reported benefits for children taking part in arts therapies in the UK include increased concentration, decreased aggression, decreased hyperactivity, better social skills and improved emotional wellbeing. In the KSA, such intervention is greatly needed, and will only be accepted if it is sufficiently researched, sensitively designed, and appropriately evaluated, in the way that this study is proposing.

Method of data collection and analysis:

Semi-structured interviews were used for data collection to obtain information regarding perception, experience and issues regarding treatment for children with

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ADHD. According to Ryan et al. (2009), interviews are a useful and flexible method of data collection and are particularly suitable for collecting information on participants' experiences, perspectives and beliefs. Interviews were preceded by a review of the available literature in the field, to gain insight into both the theories informing arts therapies practice in relation to ADHD, and the practical methods used in such programmes in studies to date.

In both Phase One and Phase Two of the study, thematic analysis was used as the method for analysing interview transcripts. Thematic analysis is a method for identifying, analysing, and reporting themes within qualitative data (Braun and Clarke 2006; Bryman 2012). Thematic analysis allows researchers to identify patterns in their raw data, and create 'codes' and 'themes' which allow for the collation and analysis of examples of these patterns. Patterns may be explicitly expressed, or they may be implied through context. When the 'codes' and 'themes' have been identified, the patterns in the data are found.

There are two ways of conducting thematic analysis; an inductive or 'bottom up' approach and a theoretical deductive or 'top down' approach (Braun and Clarke 2006). An inductive approach means the themes identified are strongly linked to the data themselves 'data driven' and includes a process of coding the data without trying to fit it into a pre-existing coding frame. In contrast, a theoretical thematic analysis would tend to be driven by the researcher's theoretical or analytic interest in the area (Braun and Clarke 2006; Vaismoradi et al. 2013).

In this research, inductive thematic analysis was used to analyse qualitative data. Joffe and Yardley (2004) recommend inductive analysis especially in fields that are under-researched, thus for this study, this mode was maintained as much as possible. Therefore, codes were derived entirely from the content of the data, without any prior agenda.

Qualitative Data Analysis:

Current provision and practice of art therapies in the KSA

There are very limited treatments available for children with ADHD. Only one school for children with ADHD exists in Saudi Arabia. One special educator commented that 'regular school is the natural environment...for students with special educational needs arts therapies provision is also very limited, and is rarely used to treat ADHD. There is a private art therapy institution (Art Therapy Office, Riyadh); however, it focuses on autism more than any disorder. In addition, though King Fahd Medical City has an art therapy rehabilitation department, it focuses on treating injuries rather than specific disorders.

Some interviewees related the deficiencies in ADHD treatment, and the lack of arts therapies, to diagnostic issues. Whereas other lamented that 'the lack of specialists' in arts therapies in KSA. One interviewee suggested that 'no one has the patience to

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work in a field such as this' while one therapist noted that the inexperienced therapist would struggle to find 'suitable activities' A few interviewees mentioned 'a lack of clear curriculum' for arts therapies especially since materials 'may be written in English only' (ED KSA 1, 193-4).

Art therapists interviewed in the KSA described a very structured therapy. According to the participants in UK, It is possible that such a structured approach may not be appropriate for patients with ADHD only. The approach commonly considered the best was behavioural though not all interviewees provided clarity in their response to the question of what approach they used. One therapist stated that the 'analytic approach holds less value' for children with ADHD. A number of other approaches were mentioned. Sessions were a mixture of group and one-to-one. Significantly, a couple of therapists implied that one-to-one sessions were a stepping stone into group work – children were integrated into groups when 'they have progressed significantly' Sessions were significantly more frequent than UK sessions, ranging from 2 weekly to 5 weekly. The sessions were shorter than many UK sessions, ranging between half an hour and 45 minutes. Significantly, around half the therapists noted that 'some children may have to end the session early'. Some therapists maintained 'the same time' for each session, while the times of another therapist's sessions differed.

In general, sessions were very structured, though one therapist mentioned allowing the child some choice in the use of music and colours. A few interviewees made use of the child's preferences, allowing them, in one case, to choose their own colours in the session .A few interviewees mentioned adapting to the child's needs. For example, one aimed to 'develop' creative children, while another integrated the child's need to move into the session, allowing the patient to 'work standing up'. '. Several therapists used reinforcements such as sweets to encourage good behaviour, with one therapist using peer reinforcement as encouragement. Two therapists stated that they use punishment. They did not specify what methods of punishment they use. One punished for 'involuntary' urination or clothes tearing.

Most therapists helped prepare the child for therapy – telling him 'details of this session, so that he is aware of what he is going to do'. This preparation may involve making the child aware of the session timeframes. Several therapists mentioned the importance of clear timeframes, with one adding, 'We should tell the child himself the details of this session'. Principles behind the activities chosen included 'consistency in the use of materials' 'motor activities...that require focus and attention' and trying to 'keep [the child] busy'. Precautions specified included avoiding small beads which could be swallowed; ensuring that tools are 'disinfected immediately after use' using non-toxic colours, and not using 'scalpels and knives'. Methods varied significantly between KSA therapists. One therapist uses drawing – both free drawing, and drawing behaviour issues in order to reflect on them objectively. Another specified a variety of unique activities, mostly relating to motor skills and focus: cutting shapes out of cork, matching shapes, colouring shapes without crossing lines, arranging tiles

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neatly inside pre-drawn forms. This therapist also ran tests to measure focus, and might set homework. Another therapist let the child dance, performing moves for the child to imitate. A few therapists allowed the child to colour.

Several therapists used music – a striking fact, given how frequently music was mentioned given cultural inhibitions around the use of this art form in KSA. Therapists might use 'soft music to calm the atmosphere', or dance to music. However, these therapists are working within private practice, which is more permissive than a school environment.

Venting of aggression or energy was a commonly used technique, often achieved 'through the use of clay'. A few therapists used clay to 'calm tantrums' or 'make different shapes'. Other techniques included 'venting through drawing', as it used the arm and hands, and dance, 'as it helps in unloading energy through movement'.

Several therapists mentioned progressing therapy, as the child begins to 'accept the activities and materials' Therapists might 'gradually introduce more challenging situations' such as leaving the door open or might integrate the child into groups.

The primary issue mentioned regarding work with parents was a lack of parental follow-up at home, and an expectation that 'the doctor will do all the work'. Another therapist noted that parents may not 'support session' when they are present, and have to be excluded. Children might also be 'absent from the therapy sessions'. A number of interviewees noted the negative impact of poor parental engagement with therapy: if they 'do not pursue their child's behaviour and help to modify it', then the parents 'waste our efforts'. One therapist cited a case which has 'not improved, due to the non-implementation of the therapist's tips'.

Most interviewees described working closely with parents, particularly regarding cultural issues: they might need to explain or justify the use of music during the therapy or obtain a signed work plan from the parents, 'in order to have something proves parental consent'. They might also need to explain to parents why they do not immediately tackle the socialisation issues which tend to be the parents' priority, explaining that the patient may have to 'wear Pampers for example' while they focus on deeper rehabilitation.

Cultural issues

KSA therapists appeared more confident than UK therapists about the degree to which art therapy works with this client population, perhaps due to reduced acceptability of art therapy in the country, potentially forcing them to be defensive about their practice. Assessment methods were formal and organized, though they varied between therapists. Most therapists interviewed used tests in assessment; either informal tests for instance, asking a child to hand him pieces of fruit from a plate or more formalised tests, such as 'the test of drawing the House' to measure

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concentration. Therapists might also 'repeat' the tests to eliminate the effect of external factors on the results it was not specified whether or not the tests were repeated over time to check for changes.

Many therapists mentioned cultural issues surrounding arts therapies. For example, one therapist noted that it is usually 'the mother that, according to our culture, cares for children'. The cultural taboo in the KSA against women and men associating had a number of implications for arts therapies. One therapist noted that 'the female patients themselves may not interact with you as a man' necessitating a female specialist, while another remarked that she, 'as a (female) therapist can't shake hands with a (male) doctor'.

Though a number of interviewees noted that the religious feeling against music in KSA causes 'difficulties' for arts therapists most therapists used it in some form. However, they had to manage cultural difficulties: they might have to explain or justify its use to parents. One therapist replaced musical instruments with the sound of rain, or Quranic readings. Most of the art therapists are private therapists so they are much freer to use music or dance in their choice of activities; while one art therapist does not use music, since she works in a hospital and is more publicly observed. This is worth considering with regard to the intervention for this study.

One educator thought that Western materials and techniques would be problematic to apply in KSA, 'because the children there and their nature and the ways of programs are also different from here, Many of the therapists interviewed mentioned issues of parental consent: parents may or may not consent to the use of music in the session. One therapist mentioned the difficulty in convincing some parents to allow their children to access arts therapies: 'I...explain to them, give them information brochures. I invite them to attend one of the sessions...if they are not satisfied at this point, I find it is difficult to convince them'.

Overall, art therapy practice in the KSA was subject to the limitations expected, given the cultural context, and the relative newness of the profession in the country. As well as being highly structured, to an extent that may be counterproductive with an ADHD client population, it made limited use of movement, and no use of drama. Further, some of the interviewees' descriptions indicated that their clients may have had comorbidities describes one client who appears to have autism and epilepsy, which may have affected the reliability of their results. Finally, it is clear that the profession suffers from a lack of recognition, a societal confusion about the purpose of art therapy, and a significant shortage of qualified arts therapists, particularly dramatherapists, dance/movement therapists and music therapists.

Practice of Arts Therapies in UK

All UK based therapists all therapists identified aggression as an issue, to themselves, others and/or objects, particularly 'aggression that comes out of frustration' (-2) A few

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therapists noted that some patients turn their aggression in on themselves; they may engage in 'self-harm behaviours such as biting themselves'. This may be related to the fact that children can struggle to 'express how they feel', or 'can't explain' why they misbehave. More generally, they may be 'wasn't able to invent something or spontaneously move' Therefore, self-expression was cited extremely often as an aim for arts therapies: therapists repeatedly suggested that arts therapies represent a 'safe space' where clients can 'express without judgement' and 'be accepted'.

A majority of therapists noted that their patients are likely to have 'chaotic lifestyles' and as a result, a majority of therapists stated that 'understanding...their background, their early experience, their family' is or would be helpful. One therapist stated that she would find more statistics comparing ADHD prevalence and background helpful for her work. These observations have several implications: not only the importance of working with parents to create a calmer, more consistent environment (possibly offering whole-family therapy, but the significance of the therapy room as a stable point in otherwise chaotic lives. A few therapists observed that their patients are likely to be 'fairly deprived 'this may additionally affect their ability to take up the therapy, as one patient 'didn't have the money to travel to the clinic'.

In terms of cognitive skills, all therapists noted 'problems with concentration and attention, specifically sustained attention'. Concentration spans were estimated between 10 and 20 minutes. In addition, most therapists mentioned that the children they see are 'hyperactive, very impulsive'; they 'cannot be made to sit still. One therapist made the interesting suggestion that one reason for hyperactivity may be hypervigilance: 'needing to...check that the surroundings are okay.' This insight suggests that hyperactivity can be contained, at least partly, by a consistent and reassuring therapy environment.

Improved socialisation or social skills was a key aim of most interviewed therapists. This may take the form of developing a single 'reasonable relationship' with the therapist as a model or, may aim to improve general social skills such as 'listening, cooperating, respecting others' .The nature of the social skills aimed for will obviously depend on whether the therapy is in group form or one-to-one. The key to all of these aims is that, in every case, they are particular to the child: one therapist phrased it as the child being able to do more of 'whatever they can do now'.

Therapy approaches and strategies

The approaches and strategies depend on the type of arts therapies used. However, there are drama therapists who use music and some music therapists use art.

A wide variety of theories were cited, the most common being psychodynamic, with more than half of therapists stating that this informs their approach. Jung, Winnicott, and Klein were also frequently mentioned; more broadly, integrated approaches, person-centred therapy, attachment theory and, behavioural and developmental approaches were cited more than once. It is worth noting that CBT was repeatedly

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cited as a less effective approach, being 'rigid' and too directive. One therapist described CBT as 'sticking plaster over the cracks', Views on the most helpful approach differed greatly; the most popular choices were person-centred and behavioural, with other therapists making a case for psychodynamic. One therapist described her approach as 'going right back to very simple nurture'. However, most therapists appeared to use 'a blend' of approaches.

Managing behaviour was a primary concern when working with children with ADHD. Possible solutions included 'good support systems' for therapists, small number of children in groups, and factoring in the effects of comorbidities into expectations of children, as well as the therapy plan. Many therapists agreed on the importance of 'clear boundaries' with the most common rule being to forbid 'harm or damage' to anyone or anything. Other therapists created the rules as 'a collaborative effort',) or included other rules, such as giving everyone time to speak. The idea of allowing mess was frequently mentioned as a principle of work. A couple of therapists noted that modern children 'are never allowed to get dirty', which prevents them from exploring and expressing freely. Not only does 'messy play allow your child to have a physical sensation' but making and reflecting on mess can be an 'incredible step' for a child with ADHD. Encouraging trust is key to therapeutic success. The most common method of encouraging trust cited was a 'lack of pressure' Creating a space with 'no judgement' makes patients more 'calm and relaxed'

All therapists mentioned the importance of adapting the session or therapy plan to 'the needs of the children' Several therapists stressed the importance of treating each child as an 'individual' Most often, this took the form of reducing the time of the session, establishing 'how long they can manage' and tailoring the session accordingly. Several therapists used, or implied that they used, arts therapies materials for children to vent or 'calm their energy' One therapist linked this to behaviour control, so that 'the anger still gets expressed.' Music was used by some therapists as a specific method of behaviour management: they 'put on a piece of very relaxing music' to calm a hyperactive child or used strong rhythm 'to calm their energy'. The parachute was a very popular activity, used by all the dance and movement therapists interviewed. Above all, it was used to connect participants to each other, as they physically held on; one therapist always used it to help parents and children connect, as it makes them 'focus on each other'.

Games were commonly used, particularly in drama and dance therapy. These games might focus on 'turn-taking' or to help the children 'focus on being still'. They may also 'copy the movement' of other children, which increases body awareness and empathy in the same way as 'feelings bingo' used by another therapist. One therapist encouraged trust between group participants by using a 'Blind Exercise' – one person shuts their eyes, while another leads them around.

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Qualitative analysis

Current practices in the KSA

Research into the current provision in the KSA regarding support for children with AHDH suggested that treatment options available at present remain limited (Eisa and Abdulrashed 2010), with a focus on medication to address the symptoms of ADHD in the children of the kingdom. This may be due to the argument that psychotropic had a more beneficial effect on children with ADHD in the KSA than psychotherapy (Al-Haidar 2003). As expected, the research highlighted how the majority of studies into the use of arts therapies on subjects with ADHD had been carried out largely in the Western world. Such a lack of studies on this topic in the Middle East is a reflection of the cultural differences and divergent perspectives between Western countries and Middle Eastern countries (Jones 2005). Such differences appear even more acute in the field of arts therapies given that in the KSA forms of music and dance are prohibited at schools, whereas in the West, music and dance can constitute 'stand-alone' therapies. Thus, art therapy in the KSA may be underdeveloped, despite the benefits that it could bring in treating subjects with ADHD in the country. However, an important shift is beginning to appear in clinical practice in the KSA. Alyami (2009) introduced art therapy in 1995, but for almost 10 years he was the sole practitioner in a single clinic. The King Fahad Medical City (KFMC 2010) Rehabilitation Hospital introduced art therapy in 2005; however as previously discussed they focused on just art therapy. Furthermore, this art therapy is not specific to ADHD treatment. As a result there is no substantial guidance on establishing or conducting arts therapies in the KSA.

The qualitative data analysis conducted on the current provision of arts therapies in the KSA reinforced the evidence that such programmes were very limited, if they existed at all. According to the findings, art therapists in the KSA had a far more structured approach than commonly used in the UK. UK based therapists found that rigid approaches designed to 'change behaviour' were less effective. KSA based therapists did not share the same focus on a pressure free environment, with their focus more on achieving tangible aims, such as improving the academic performance of the child rather than more abstract concepts such as the emotional wellbeing of the child. The focus of such therapies, such as the treatments available via the King Fahd Medical City attempted to treat the symptoms rather than the specific disorders. The lower profile of art therapy in the KSA is also reflected in the primary issues reported by the therapists, namely, working with parents. The lack of complimentary work with the parents to reinforce the therapy limited the treatment outcomes. This result aligns with the work of Regev et al. (2012) who conducted a quantitative methodology study in Israel and found statistically positive effects ($p < 0.05$) of mothers' participation in movement therapy on the emotional functioning of their school-age children.

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As previously stated, the acceptability of various forms of therapies available was restricted. Music therapy was largely prohibited. Where musical approaches were allowed, the 'issue' of music had to be handled carefully with parents, teachers and schools. Issues also emerged on the topic of art where one special educator in the KSA thought that sculpture 'might raise cultural objections' and one therapist in the KSA was concerned about allowing their client to draw images of natural entities.

The general theme therefore, was the extent to which the arts therapies had to work with or against Saudi culture. The limitations imposed on arts therapies in the KSA from the cultural environment are thus significant. The relative newness of the concept hinders an understanding of its practice in the country. Restrictions on music, dance, and other forms of arts limit the options available when attempting to design a programme of arts therapies specific to the Saudi context. Additionally, the highly structured approaches adopted by practitioners in the country appear to be less than optimal when treating children with ADHD. Finally, given the limited prominence of art therapists in the country, the lack of practitioners in the country, itself, becomes an issue.

Current Practices in the UK

The data collected on the effectiveness of such programmes in the UK suggested to the researcher that if it was possible to replicate such treatments - by developing a culturally appropriate approach - then the benefits that it could bring to children with ADHD in Saudi Arabia could have therapeutic potential. Although methods and exact practices varied; perhaps the strongest difference between the UK and the KSA methodologies was the focus of UK based arts therapist to respond to the child's need to nurture and support the child emotionally. This is achieved using a variety of different means, highlighted by the qualitative work carried out on the current practices of arts therapies in the UK.

When discussing the cognitive skills of the children they treated, the UK based therapists placed a special emphasis on the problems the children faced in terms of concentration and attention span. These challenging behaviours were found to be problematic in conducting the therapy (Redman 2009). As such, nurture was widely viewed as a key aim of arts therapies. Emotional support by the therapists took many forms, including tackling low self-confidence or increasing the child's self-awareness. Half of the UK therapists also noted problems with the children's coordination and motor skills. Improving speech and communication skills was mentioned by UK therapists. Likewise, all therapists noted challenging behaviour by the children and the disruption that this can bring to therapy sessions. When it came to managing behaviour, there was a common rule to forbid harm or damage. Most UK therapists stressed the importance of 'clear boundaries' and going over a 'contract of behaviour' was considered important by some. The final response, by UK therapists to unacceptable behaviour, was to stop the session completely. UK therapists also detailed repeatedly how working with groups of children with ADHD presented

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challenges which were difficult to overcome, as the level of distraction was too high for the children, for the therapy to be effective. The literature also highlighted the difficulties in dealing with and controlling ADHD children (Al Mulla 2008).

Furthermore, from the results, it is clear that the beginning of therapy sessions depended upon the personal style of the therapist but that an introductory song was a common theme. The hello song helped orient group members to both place and time. In the literature, there is evidence that the hello song was used in arts therapies for children in the age group of 5 to 8 years (e.g Erfer and Ziv 2006). Following the beginning of the session, the therapists followed different structures; from being child-led to a more formalised structure. Many sessions were balanced between structured activities and free-play, with time management seen as important to help structure the sessions. All UK therapists were adaptable in their approach, and often the therapy sessions were designed around the needs to the individual children. Props were carefully considered and introduced into therapy sessions, and several were chosen according to their value in helping the therapist to 'vent' the anger of the children. Again, within the theme of adapting the therapy to the children, one therapist detailed how they would channel a child's hyperactivity into a purposeful activity. The UK therapists detailed a wide range of activities that they used to achieve various aims with the therapy sessions. These included using foam blocks, a parachute, ribbons on sticks and dance movements from different countries. Clay was found to be particularly popular and useful during therapy sessions. Sholt and Gavron (2006) argued that there are many opportunities of modelling in clay for expressing or ventilating anger.

Simple concepts such as talking and meditation were also viewed as potentially useful approaches during therapy sessions, whilst, obviously, the music therapists all used musical instruments. Some dramatherapists drew upon the idea of 'liminal' or 'transitional' space during their therapies, where the child was encouraged to objectively view their behaviour. The use of puppets transcended the various disciplines and some played with the toys alongside the children. Again this shows the variety of methods employed by the various therapists to build rapport and trust with the child. In the literature, Karkou and Sanderson (2006) also emphasised the benefits of using different methods by therapists to build trust with the child. Games were commonly used by the participants and often designed to help the child develop particular skills such as patience, sharing and impulse control. From the literature, Chang and Liu (2006) used games to ADHD students to increase their trust and confidence and to support self-expression. One therapist participating in the study developed trust by using the 'blind exercise'.

According to the study participants, evaluations methods were varied. For example, this included standardised assessment tools such as Conners' Rating Scales and the Children's Global Assessment Scale and therapy tools such as the Nordoff-Robbins scales. Previous studies also used such scales; for example Al-Hamed (2003), Eapen

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et al. (2009) and Sobanski et al. (2010) used Conners' Classroom Rating Scale for ADHD. According to Carpente (2014), the Nordoff-Robbins scale is an assessment tool for music therapy that evaluates how clients perceive, create, and play music with the therapist. According to the study participants, the most important method seemed to be the observations of the child by the therapist. This was true for both the initial assessment and on-going evaluation. One important insight was that the therapists did not rely on the assessment of the children's teachers when conducting their own assessment. Observation can be a powerful check against what people report about themselves during interviews (Mack et al. 2005). Assessments had their limitations, especially when it came to getting an insight into the child's wider environment, including home life. Determining the effect of the therapy was complex as the therapy did not exist in isolation, and there may have been far more important factors in the child's life that affected their behaviour. "In practice, evaluation takes place in a wide range of settings that constrain researchers' choice of interventions to evaluate and their choice of evaluation methods" (MRC 2008, p.8).

Medication was another unknown variable when it came to evaluating the progress of the therapy sessions on the children, with several therapists describing the medication as having a negative effect on the child. The UK therapists were evenly divided about the role of medication, with half believing it had some role to play. The effect of drugs on children with ADHD remains unclear, and there is a lack of systematic data in this area (Prasad et al. 2012).

Almost all UK therapists detailed the difficulty in working with the parents and teachers of children with ADHD. The same result also found in previous studies; for example, Hemmingsson et al. (2007) emphasise the lack of cooperation between therapists and teacher. Therapists often commented that they struggled to get both parents and teachers to cooperate in the therapeutic process. Where additional staff members have been included in therapy sessions they may not have a holistic understanding of the processes and environment that the therapy is dependent upon. The UK based therapists also noted that the parents may not incorporate therapeutic strategies into the child's daily routine, minimising the effectiveness of the entire programme. Furthermore, there may be general disagreements with parents over certain aspects of the programme. Additionally, UK therapists also noted that the parents may hold unrealistic expectations about what therapy can achieve with their child or indeed exactly what are the objectives of therapy sessions. This experience with the parents in the UK demonstrated the need to involve the parents and teachers to the greatest possible degree, to encourage communication from both sides and to manage the expectations of both parents and teachers regarding what can be realistically achieved by the therapy sessions.

Conclusions and Recommendations

The aim of this project was to develop a culturally sensitive arts therapies programme for children with attention deficit and hyperactivity disorder (ADHD) in primary

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schools in Saudi Arabia (KSA). This aim was approached through the use of mixed methods and multi-phased, and the research therefore followed a complex design which was, however, appropriate to the topic studied. Findings in this study originated from the analysis of qualitative and quantitative data and thus presented several perspectives. Therefore, it allowed for an understanding much deeper than could have been realised through the use of a single methodology. The main findings in this study may be summarised as follows:

According to the literature review, ADHD is a common condition in the KSA. However, there are very limited arts therapists in the KSA and no guidelines in terms of their practice with ADHD children. The result from this study indicates that there is a lack of understanding in the KSA of how to conduct an arts therapies programme. Art therapists in the KSA tend to focus on behaviour modification, while arts therapists in the UK focus on improving emotional wellbeing. Arts therapists in the KSA used more structured approaches, which are less effective for children with ADHD. There was culture problems in using arts therapies in the KSA, particularly with music and dance. According to the literature review and the results, safety, routine activities and ground rules, adopted from the current practices in the UK, must be adapted to be appropriate for the cultural context of the KSA. Moreover, while some parents in the KSA understand the importance of the arts therapies, many do not understand the role of arts therapies as a treatment for children with ADHD. Therefore, this research fills a gap in the knowledge regarding culturally sensitive arts therapies for children with ADHD in the KSA, by using an arts therapies programme that incorporates current practises of the UK and cultural issues of the KSA into a comprehensive intervention programme.

Future Research and Practical Recommendation

Further studies should be carried out on a large sample for the experimental phase, as it appears that arts therapies have the potential to improve the emotional wellbeing, relational/social skills, and increases attention span of children with ADHD and emotional regulation and, decreases hyperactivity/impulsiveness. Future RCT studies should have larger sample sizes to increase the statistical power of detecting differences between groups.

The current research was conducted only with male children; therefore, future studies should include both girls and boys as participants. Moreover, in this study the programme was of a two month duration; since a longer term approach may have been more valuable, a longer intervention period study could prove fruitful for future research. Moreover, a longitudinal study with more follow-ups could be a subject for further studies. Further studies on arts therapies with ADHD should focus providing more support and understanding at an early age (children younger than 6 years of age). It would also be valuable if future studies considered the cultural issues in the different context of the countries in which they would be conducted.

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Further research could also examine the role of the attitudes of both parents and teachers about the value of programmes of arts therapies in the KSA. It is suggested that in further research at least one parent could participate in the arts therapies programme, and the therapy could be moved to the home environment, which may allow parents to involve arts therapies activity at home. This may increase the effectiveness of such programmes.

The greatest value of the current research lies in its culturally sensitive approach. This is a relatively new field of study and therefore holds potential for both clinical and academic implications. Fundamentally, this study contributes new knowledge to the field of arts therapies when working with children with ADHD and adds to the discussion on best treatment choices in addressing cultural context. It also opens the potential for arts therapies to be more widely considered as a treatment option within educational and health care setting in the KSA.

This research can facilitate the adoption and combination of arts therapies within environments that may be to some extent culturally different from the West. On the other hand, the study suggests a pathway for consideration for many countries in the Arab world to evaluate arts therapies as a viable alternative practice that is compatible with their culture and society. Educational design makers in these counties should critically examine the potential benefits of integrating the practice of arts therapies as part of mainstream school activity. Professionals should also help in this evaluation process to devise a practicable approach that will help many children with special needs. Awareness programmes should be planned for both parents and teachers, to help children with ADHD reach their potential among their peers and in terms of academic challenge.

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