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# Arts informed Research based on spiritual care research interviews. A workshop report

## Abstract:

**Background:** In Arts informed Research (AiR), artistic forms of expression are used as a means of research. AiR is well suited to data relating to issues that cannot be adequately described in words. This is a common problem in Spiritual Care research.

**Method:** An interdisciplinary group endeavoured to interpret data from a qualitative research project on ‚boundary situations in health care’ by painting pictures as part of an exploratory workshop. Two passages from the audio recordings of the interviews were interpreted, and individual pictures, as well as a joint picture, were created. The group discussed the process and its outcomes.

**Results:** The workshop experiment of analysing passages from qualitative interviews in the field of Spiritual Care using artistic means produced promising insights.

**Conclusion:** AiR could enrich research areas like Spiritual Care, in which topics are often difficult to put into words.

**Keywords:** Spiritual Care, arts informed research, boundary situation, Karl Jaspers, psychotherapy research, qualitative studies

## 1 Background and research question

Arts informed Research (Cole a.o. 2004) combines academic research and artistic practice. Creative processes and artistic forms of expression are used as a means of research. This form of research is well suited to data relating to issues that cannot be adequately described in words – a common problem in Spiritual Care research. A handbook states: “Arts-informed research is a mode and form of qualitative research in the social sciences that is influenced by, but not based in, the arts broadly conceived. The central purposes of arts-informed research are to enhance understanding of the human condition through alternative (to conventional) processes and representational forms of inquiry, and to reach multiple audiences” (Cole & Knowles 2007: 59). Arts informed Research can be done through

various artistic disciplines such as visual arts, music, theatre, dance, poetics, film and other creative fields.

In contrast to Arts based Research in the narrower sense, we define Arts informed Research (AiR) as the application of artistic means by the researchers themselves, without specifically requiring an artistic identity or even training.

By definition, Spiritual Care deals – as well as for example psychotherapy – with the inexplicable and unspeakable, that which transcends not only our understanding but also our words. However, this particularity is not always considered methodologically in both disciplines. Vogel (2023 – in: *Das Geheimnis der Seele*) advocates methods of approaching and encircling the data, working with narratives, images, metaphors and allegories, including the expansion of research to include artistic means, when researching facts and phenomena from the sphere of the non-measurable – which is often the case in Spiritual Care research.

On the occasion of the lecture “L’art c’est la science faite clair. Plädoyer für eine kunstbasierte Forschung im Feld der Spiritualität und Analytischen Psychologie”, given by Prof. Ralf T. Vogel at the INFAP 3 Annual Conference 2023 at which he presented Arts informed Research (AiR), the idea, therefore, arose to try out the use of artistic means to interpret data from current Spiritual Care research within the scope of a workshop. The explorative workshop should be carefully documented and then evaluated with regard to the method.

The research questions for the workshop were:

1. Are artistic means suitable for interpreting qualitative interview data in the field of Spiritual Care?
2. Can insights be gained and communicated through the artistic process and its results that go beyond those gained and communicated by interpretation through language?

## **Data used – the “boundary situations” project**

At the Professorship of Spiritual Care and psychosomatic health ([www.spiritual-care.de](http://www.spiritual-care.de)), qualitative interviews are conducted in various research projects in which evaluation using art-informed research could be beneficial. For the envisaged experimental workshop, a project on “boundary situations in health care”, currently being conducted at the professorship, was selected (cf. Gutschmidt 2024). In this research project, people were interviewed who have experienced the unspeakable (diagnosis of a terminal illness, imminent death), so the data seemed particularly suitable for the workshop. Against the background of Karl Jaspers’ notion of the boundary situation, the interviewees were asked to describe how they experience their situation and the effect of this experience on them-

selves. When analysing the data, the first aim is to better understand the experience of boundary situations. What does it feel like for people to experience a boundary situation and how does this experience change their view of themselves and the world? Building on the insights into the experience of boundary situations, further investigations will focus on possible implications for the treatment of affected patients.

The interviews followed a semi-structured approach with subsequent open questions and were conducted on various wards at the University Hospital of the Technical University of Munich in January and February 2024.

## 2 The workshop

**Roles:** The workshop was moderated by HR (author). A theologian accompanied the process as an anonymous observer, all the other authors contributed to the interpretation of the data.

The workshop took place in the clinic's art therapy room, which was ideal for this purpose due to the wide range of artistic materials and the size of the room.



**Image 1:** The art therapist shows the materials and their possible applications.  
Fotos: Katharina Zimmerbauer and Ruth Mächler.

## The individual pictures

While listening to the excerpt, each participant's task was to resonate and then respond to the excerpt by painting or drawing a picture. In the afternoon, a joint picture was created based on another excerpt.

The aim was not so much to attempt to describe or even explain the excerpt through the picture. Rather, the aim was to make visible what was experienced and felt within but lies beyond words and even consciousness.

### Excerpt patient 1

*(German original excerpt) [...] weil ich habe dann die ganze Zeit angefangen zu prüfen, ok, woher weiß ich jetzt, dass ich wach bin und nicht träume. Woher weiß ich jetzt, dass, ähm (1s), ja, weiß nicht, ob mein Gesicht im Spiegel mein Gesicht ist, und nicht ein verändertes, ver-rücktes Gesicht. [Interviewer: Ja.] Ähm (1s) und es fühlt sich nicht so bedrohlich an und es fühlt sich auch nicht so schlimm an, wenn ich in so Momenten eigentlich wie so mich auflösen kann. Also wenn ich zum Beispiel beim Tanzen bin. Wenn ich tanze, dann merke ich nicht so doll, dass ich nicht hier reinpasse. ((kichert)) Wenn ich male und Musik höre und mich richtig fallen lasse in diese Welt und (- -) nicht über meine Existenz nachdenke, dann ist es am (- -) wenigsten schmerzhaft. Ja.*

*[...] because then I started checking all the time, ok, how do I know now that I'm awake and not dreaming. How do I know now that, um (1s), yeah, I don't know, if my face in the mirror is my face and not a changed, crazy face. [Interviewer: Yes.] Um (1s) and it doesn't feel so threatening and it doesn't feel so nasty when I can kind of dissolve in moments like that. For example, when I'm dancing. When I'm dancing, I don't notice so much that I don't fit in here. ((giggles)) When I'm painting and listening to music and really letting myself fall into this world and (- -) not think about my existence, that's when it's (- -) least painful. Yes.*

At first, the group felt the need to listen to the excerpt several times. After that, there was no more talking. The participants looked for the materials that suited them and created their pictures.

*Excerpt from the observer's report:*

*Everyone is entirely focused on themselves during the painting process. At the same time, I perceive a certain openness and transparency – perhaps not so much towards each other, but towards.... maybe towards what we have heard in the interview?*

## The exchange about the individual pictures

During the first exchange, the group discussed their experiences during the process of artistically interpreting the interview excerpt. Did painting help them to



**Image 2:** Listening to the excerpt.



**Image 3:** Working on the picture.

apprehend the excerpt better? The answers could be summarised as follows: Not necessarily better, but different, perhaps “more comprehensive” – as one person put it. During the exchange, terms such as “emotional perception” or “atmospheric perception” were used. The pauses between speeches in the audio recording were discussed in the group; they suddenly took on a greater significance when painting: silence, pausing or a faltering search for words – how can this be trans-



**Image 4:** Working on the picture.

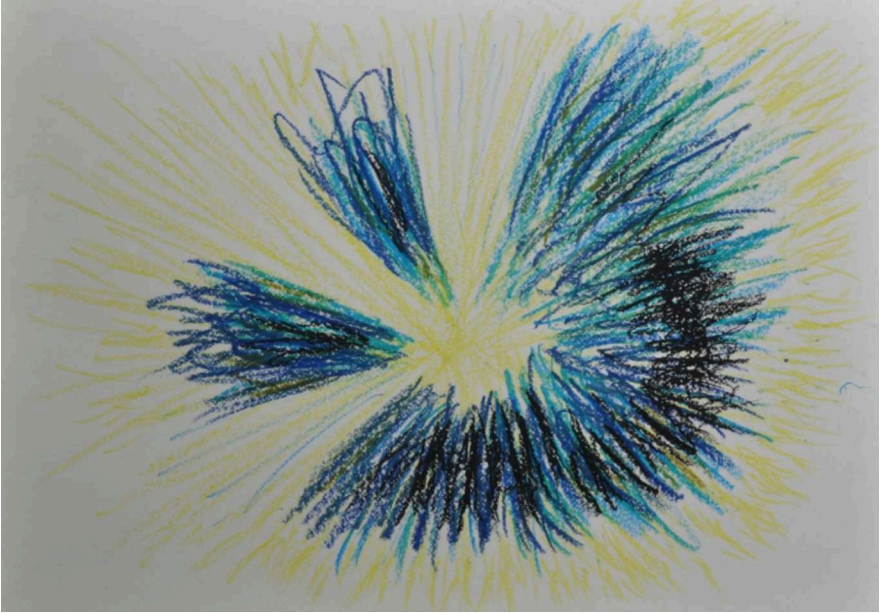
lated into a picture? One participant sensed the unspoken emotions in the pauses between speeches and hoped “to be able to show them in the painting.”

While listening to the excerpt, everyone had paid attention to their resonances, feelings and body perception, trying to translate this into a picture. It was probably also this task and attitude of resonance that – at least subjectively – caused an expansion or deepening of the individual perception of the excerpt.

*Excerpt from the observer's report:*

*The painter wanted to depict ‚moments of transparency’. Now he wonders whether one of the other participants could have captured it ‚better’? The others respond to his picture: They see it as ‚energetic’ and ‚dynamic’. That was not at all the painter's impression of the patient – and then a moment of awe: To realise he has intuitively captured something in his picture (namely*





**Image 5.**

*the patient's energy) that he had not perceived on the intellectual level solely in listening to her words.*

*Excerpt from the observer's report:*

*The black frame on the picture next to me really touches me. Having observed the painting process, I know it was only added relatively late. It is fascinating to see the different stages of the pictures.*

*The painter explains later that his picture became darker and darker during the painting process. The light he was starting with became dimmer. He could feel the patient's pain more and more intensely (in fact, towards the end of the interview, she is using the word "less painful"). In resonance with her, he sensed more and more something DANGEROUS, the FEAR in her. She didn't seem that way at first, but there was a great sadness to discover in her. The threatening aspect emerged only in contemplating her words for a while. – I am taking a note in capital letters: "THIS ASSUMPTION CORRESPONDS TO MINE!"*

The group first looked at the pictures in silence. Then each picture was reviewed. The participants gave feedback to the person who had painted and shared their perceptions and interpretations. All agreed that it was easy to relate the pictures to the excerpt: the mood, the energy conveyed by the picture, and sometimes also figurative elements taken from the interview. One participant commented that "what I heard affected me in a new way when I looked at the pictures". The con-



Image 6.



Image 7.





Image 8.

text of the excerpt seems important: “If I only saw the pictures now, I don’t know if I would find it particularly moving. [...] Maybe one or two things, but it’s this combination of words and text.” The link between the excerpt and the picture



Image 9.



**Image 10.**

was essential for her. Others also felt emotionally affected when looking at the picture and recognised new aspects and further possibilities for interpreting the excerpt: “There’s this anxious aspect, but there’s also this power aspect, there’s this explosive aspect. There are so many things that have resonated with us.” A possible interpretation of what is happening from a psychoanalytical perspective: The painter’s own unconscious is being ‘made available’ to grasp emotional aspects yet intangible for the patient.

The group discussed whether the pictures would be helpful for the readers of a scientific journal. In qualitative research, it is often the task to interpret what the interviewees say and then to convey your own interpretation in an understandable and comprehensible way. Researchers face the problem that words can only convey feelings and moods to a limited extent. They must describe, condense and channel their perceptions and interpretations; they are faced with the task of extracting an essence from long audio recordings of interviews. One workshop participant said: “I could imagine that a picture like this is a way of conveying something without someone having to read eight pages. And that such pictures help the readers get a feeling for what the traumatisation or boundary situation





**Image 11.**



**Image 12:** Viewing the pictures together and sharing.

means for the interviewees or whatever the topic is. I consider presenting statements about emotional content and experiences in this form to be something workable.” Others agreed. Another participant: “I think it’s quite different when I meditate on an image (compared to a text). If I immerse myself in it and feel the energy, it is far more powerful than when a text tells me there is energy. [...] It affects the gut feeling”. It was agreed at this point that the pictures – if they were to be used to interpret the interview data – were only useful as a supplement and could not explain the data on their own. However, the pictures provide valuable additional information and impressions.

Another aspect of qualitative research is that objectivity and reliability are never the aim. In this research method, the subjective influence of the researchers must always be recognised and reflected. Artistic interpretation does more justice to this fact than a description in words, often giving the impression of objectivity.

## The joint picture

In the afternoon, a second excerpt from the research project on boundary situations was presented and this time, a joint picture was created in response.

### Excerpt patient 2

*(German original excerpt) Interviewer: Sie haben jetzt diese schwere Erkrankung, die nicht geheilt werden kann, und Sie sind damit sozusagen auf eine besondere Weise mit Endlichkeit konfrontiert. Also gibt es, sehen Sie, haben Sie einen anderen Blick auf das Leben im Allgemeinen dadurch? Oder; ist das einfach—*

*Patient: So. (.) Da, so weit hab ich gar nicht gedacht. [Interviewer: Ah, ja.] So weit. Es ist (.) sie ist gekommen, die Krankheit, und sie ist da. [Interviewer: Ja.] Und die kann man nicht heilen. Was man alles auf dieser Welt macht. Gegen diese Krankheit hat man noch nichts gefunden.*

*Interviewer: Ja, nun, ja. (3s) Und—*

*Patient: Mhm, ja.*

*Interviewer: Und also, ja. Hm. (1s) Also ja, gibt es etwas, also was Sie sich wünschen würden, wie man mit Ihnen umgeht, irgendwie? Also, also sprechen Sie oft über die Situation, in der Sie sich befinden? Also ich meine, die Ärzte sprechen ja viel über den medizinischen [...] [Patient: Ja, das schon.] Aber das seelische Leiden, was Sie jetzt beschreiben?*

*Patient: Seelisches Leiden, wer kann mir da helfen. Da kann mir niemand helfen, dass man das macht. Mhm ((Stimme bricht)).*

*Interviewer: OK. (1s) Ja gut, dann weiß ich auch gar nicht mehr genau.*



*Interviewer: You now have this serious illness that cannot be cured and you are confronted with finiteness in a special way, so to speak. So do you have a different view of life in general as a result? Or, is that simply-*

*Patient: So. (.) There, I hadn't thought that far. [Interviewer: Ah, yes.] That far. It's (.) it has come, the illness, and it's there. [Interviewer: Yes.] And you can't cure it. All the things that are done this world. Nothing has yet been found against this disease.*

*Interviewer: Yes, well, yes. (3s) And-*

*Patient: Mhm, yes.*

*Interviewer: And so, yes. Hm. (1s) So yes, is there anything you would wish for in the way you are treated, somehow? So, do you often talk about the situation you're in? Well, I mean, the doctors talk a lot about the medical [Patient: Yes, that's true], but the mental suffering that you're describing now?*

*Interviewer: OK. (1s) Yes well, then now I also don't know how to go on...*

*Excerpt from the observer's report:*

*After listening to the second interview, the group seems very serious, the concentrated silence dense and heavy. It takes a while until someone starts moving towards the table where the painting materials and colours are placed.*

*Whereas – colours? The first strokes on the paper are all charcoal/pencil/grey and black. It will take some time before the first traces of colour appear on the paper.*



Image 13.

When painting a picture together, the interaction between the painters is an additional means of resonance. However, in this case, the works of the individuals initially appeared to be isolated, and connections were only hesitantly established.

*Excerpt from the observer's report:*

*The motives on the huge sheet of paper start growing together only in a tentative way. I notice the drawing of clear borders, like demarcation lines. I think this corresponds to the patient, who sounds like someone who isolates himself and thinks he can't be helped.*



**Image 14.**

*Excerpt from the observer's report:*

*They seem to hesitate: Have we already finished? – Almost like a ritual: They circle the table, taking in the details. There is the opportunity to add something to the motives – but no need to do so (apart from a tiny detail). A smile spreads: Relief to emerge from the heavy depths of the themes touched in the interview?*

After everyone had put down their pencils and brushes and looked at the picture in silence, the group heard the excerpt from the interview again.

*Excerpt from the observer's report:*

*Once again, a long silence settles in the room. Then the first remark: "A real boundary – also for you as an interviewer."*



Image 15.



Image 16.

## The exchange about the joint picture

When discussing the afternoon's process, the participants talked about their resonances, feelings, and body perceptions while listening to the interview. By trying to visualise these resonances in the picture, they became more aware of them than they usually would. The participants spoke of sadness, barrenness, tightness, a feeling of being pulled in, a painful plug in the throat and wanting to let out a

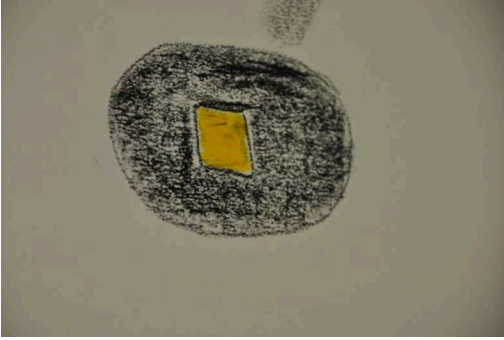


Image 17.



Image 18.

cry. This was then brought into the picture through a lot of black in the image, knots, tangled cords, tightening spirals and the like.

*Excerpt from the observer's report:*

*The interview was depressing for one of the painters: "Everything is closing in." This corresponds with my note: "I didn't even hear the cheerful noises in the background that some participants were referring to!"*



**Image 19.**

The interviewer's situation also evoked resonance in the participants. Overwhelm and discouragement were mentioned. Two painters had also depicted the interviewer, his somewhat helpless situation at the edge of the bed. On the picture, a small figure had been drawn into the patient's swirl of emotions. The group discussed the fact that interviewers and therapists are allowed to say, "I don't know what to do any more", and that this can even open a new door.

During the painting process, colours were added later: bright yellow, vibrant orange, colourful figurines, and green landscapes. The group almost uniformly noted that while painting, the thought had arisen that the patient also had a life, that there had been people and experiences – and that somewhere, there was perhaps hope for a future beyond the end of life, or at least a longing for one. The group talked about transcendence, that it had come into the picture late, but then in many places. There are also interesting symbols in the picture that were intuitively put on paper. In one case, the patient was supposed to be drawn in bed, but then it looked as if he was lying in a coffin; even a gravestone was recognisable. The interviewer reported that the patient's nurse had told him that death had not been discussed with this patient and that one could intuitively sense whether a patient wanted to talk about it or not. But death was still often palpable in the room, as in the picture where the patient is suddenly lying in a coffin instead of a bed.



It was also striking for those involved that connecting the individual pieces in the big picture had been so difficult. Attempts had been made to make contact, but it had not felt coherent. This corresponds to the feeling of distancing the interviewer had perceived in the conversation with the patient, who had seemed 'encapsulated' to him.

### 3 Exchange in the group regarding the research questions

The research questions for the workshop were:

1. Are artistic means suitable for interpreting qualitative interview data in the field of Spiritual Care?
2. Can insights be gained and communicated through the artistic process and its results that go beyond those gained and communicated by interpretation through language?

Regarding 1:

All in all, the participants – even those who never usually paint or draw – quickly familiarised themselves with the artistic means. Everyone had created something, and the group reported back with each picture that it had also 'opened up' something for the others. Each person was able to make the connection between what they heard and the task of intuitive painting, and the artists, as well as those who looked at the pictures, perceived the images as an interpretation and as a form of resonance.

Regarding 2:

The group agreed that the artistic form of interpretation had enabled a deeper understanding of the excerpt heard. The following statements were made during the discussion:

- *"I had the impression that observations were being made that I wouldn't have thought of."*
- *"I would say that I now have a deeper understanding of what has happened there."*
- *"The process of painting has brought me emotionally close to the patient."*

The reaction of the observer, who did not paint and therefore had a different inner process, was interesting:

*Excerpt from the observer's report:*

*It's our concluding discussion. The statement strikes me: "The process of painting has brought me emotionally close to the patient." I speak up twice and question the statement. I am bothered by the expression "to be brought close". Is it even presumptuous? – A good point from someone in the group is that perhaps I feel like this due to my role as an observer: The others got involved with what they heard by painting and thus resonated with it. As an observer, I also went along with what I heard, but in a more 'external', reflective way, not like them in an artistic-emotional-processual-creative way. – Another helpful clarification: "Getting close" does not mean actually knowing the patient. Rather, she has become emotionally close; resonance was possible through the process of painting, and through getting in contact with the painters' own emotions. – I will continue to ponder this topic, I feel I am not yet done with it.*

One possible problem discussed was that the artistic interpretation of the data material would create new data material, which might then have to be interpreted again. However, the group quickly came to the shared view that these images are the result of the evaluation and should not be analysed further, as is also the general attitude of AiR. Here, the artistic forms of expression stand alongside the results of other evaluation methods and are not a substitute for them.

## 4 Conclusion

The workshop experiment of analysing excerpts from interviews on boundary situations using artistic means produced a promising result. AiR could enrich research areas where the topics are difficult to put into words.

It would also be interesting to see how the resulting images are received by those who were neither involved in the research nor the evaluation but who are interested in the results, for example, the readers of this book. Do they also see the images as enriching when presented with the research results? It would furthermore be interesting to experiment with other artistic means of interpreting data from Spiritual Care research, such as dance, poetry, photography and many other art forms that could be applied here. The field is wide!

## 5 Contributions

R.M. and R.V. conceived of the presented idea. R.M., E.F., R.G. and R.V. conceptualised the workshop. All authors took part in the workshop. R.M. wrote the first draft of the manuscript. All authors discussed and contributed to the final manuscript.

## 6 Limitations

This workshop was experimental. It does not claim to be a comprehensive AiR project. The data was not collected for this evaluation, but existing data were used.

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