

**CREATING CONNECTIONS
BETWEEN NURSING CARE AND
THE CREATIVE ARTS THERAPIES**

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Expanding the Concept of Holistic Care

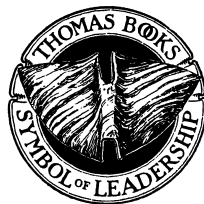
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To all the mentors in my journey up to, and since donning my nursing cap, particularly my late mother, Marie, who demonstrated how “things take time”; grade three teacher, Walter George Epp, who taught me how Mozart could really help me fly like a bird; Sister Marie Felicitas, the Director of the School of Nursing who understood my occasional naps during class as being related to changes in altitude; my late doctoral thesis supervisor, Dr. Norman W. Bell, who created my love of the case study approach; the late Gaile Hayes, a cherished friend and gifted music therapist, who created such an effect on people every time she sang; and finally, to my co-editor, Laurel Bridges, who has helped me so vividly see how dance/movement therapy, as well as other creative arts therapies, all have their parallels in nursing art, or what Florence Nightingale might have called the finest art.

CAROLE-LYNNE LE NAVENEC

To my late parents, Ewart and Pamela Bridges who fostered in me a desire for creative expression in dance and art, a love of books and research, and through our international experiences, the strong motivation to connect and collaborate with others. To my co-editor Dr. Carole Lynne Le Navenec, whose vision, enthusiasm, and love of the arts have motivated her to create a research environment for creative art therapists and artists in health care that has made this book possible.

LAUREL BRIDGES

PREFACE

This book seeks to create a closer connection between nursing care and the creative arts therapies in order to promote professional collaboration and to expand the concept of holistic care. Most of its twenty chapters explore the theoretical and practical implications of the creative arts therapies as illustrated in single and multiple-case studies. The chapters' authors are creative art therapists, nurses, social workers, therapeutic recreation specialists, and occupational therapists. They describe creative therapeutic approaches involving art, music, creative writing, dance/movement, and drama in various health care settings.

Creating Connections Between Nursing Care and the Creative Arts Therapies is designed for a wide range of health care professionals, including nursing; the creative arts therapies; psychology; social work; medicine; occupational, recreational, and physical therapies; and others who are interested in learning more about creative treatment approaches and their application to varied care settings. Its primary aim is educational advancement for health care professionals on the topic of how the creative arts therapies can assist patients or clients to achieve specific goals or outcomes. Some of the ways it will assist health care professionals include the following: to gain an understanding of the principles of creative art approaches in order to enhance the level of creativity in their evidence-based caring practices, to increase awareness of the ways creative expressive approaches can be applied in health care settings, to assess clients' or patients' responses to these approaches, to assist in making referrals to various creative arts practitioners, and for advocating for access to such therapies for clients and their families.

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All the co-participants, both chapter authors and the people who were discussed in the case studies; they indeed were co-creators in enhancing our knowledge and understanding of the caring practices that help the individual and his or her family feel more connected in body-mind-spirit.

Last but not least, we are truly honored that the publishers, Charles C Thomas, accepted our proposal a few years ago and assisted us every step of the way. It is only because of their consistent help that we have been able to realize this dream.

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Chapter 1

CREATIVITY, COLLABORATION, AND CARING

CAROLE-LYNNE LE NAVENEC AND LAUREL BRIDGES

INTRODUCTION

This book demonstrates three interrelated concepts: creativity, collaboration, and caring. In the following nineteen chapters, the authors have described creative art approaches in working with a wide variety of clients in different health or illness contexts. As these health care professionals seek innovative ways to care for their clients, they have illustrated how both creativity and collaboration are key parameters. In terms of the collaborative nature of the book, the reader will note that there is a sharing of knowledge regarding the diverse and innovative ways between the disciplines of assessing a client, of planning their interventions (including a strength and needs list), of implementing the particular type of intervention, and for evaluating outcomes of the treatment. These concepts of creativity, collaboration, and caring will be addressed more fully later in this introductory chapter.

How does this book differ from the many others on this topic? Certainly, there are books on the use of the creative arts in health care (e.g., Kaye & Bleck, 1998; Samuels & Rockwood Lane, 1998), holistic nursing (e.g., Dossey, Keegan & Guzetta, 2005), and the creative arts therapies in this domain (e.g., Goodill, 2003; McNiff, 1992; Malchodi, 1999; Nathan & Mirviss, 1998; Warren, 2000). However, there are several unique features of our book: (1) its exploration of the theoretical and practical implications of the creative arts therapies as illustrated in single and multiple-case studies; (2) the presentation of approaches from a range of practitioners in the creative arts therapies and from health care practitioners who use creative therapeutic approaches; and (3) the creation of a closer connection between nursing

care and the creative arts therapies in order to promote professional collaboration and to expand the concept of holistic care. As our title reflects, this process of creating connections is perhaps the most significant contribution of our book.

Creating Connections Between Nursing Care and the Creative Arts Therapies is designed for a wide range of health care professionals, including nursing, the creative arts therapies, psychology, social work, medicine, occupational, recreational, and physical therapies, and others who are interested in learning more about creative treatment approaches. Health professionals and artists who are interested in Arts in Medicine will be inspired and challenged to discover the ways that creative expression could further enhance the care of patients or clients.

Several benefits are available to the creative arts therapist who seeks to contribute to a particular nursing care setting: (1) awareness of the ways our approaches can be applied in a diverse range of nursing care settings; (2) a deeper acquaintance with the similarities of the various steps in the care process. For example, in nursing, we may use Parse's model (Mitchell, 1990) to guide our approach with the client in order to "synchronize rhythms through dwelling with" (p. 173) in a way similar to the one used by dance movement therapists who are guided by "Chace's dictum, which has been colloquialized as 'start where the patients are at' (Sandel, 1993, pp. 98–99) and join their rhythm; and (3) creating new ways to communicate between the disciplines through our use of shared language and concepts.

Some examples of how this book will help nurses and other health care professionals include enhanced understanding of: (1) the principles of creative art approaches in order to expand the level of creativity in their evidence-based, holistic, caring practices; (2) modes of assessing physical, social, psychological, and spiritual responses of clients who are participating in various creative arts treatment programs; and (3) possible reasons for making referrals to various creative arts practitioners and for advocating for access to such therapies for clients and their families.

Having discussed the benefits this book may afford its readers, it is also important to emphasize that for which it is not intended; it is *not* intended to equip nurses or other health care professionals to practice art therapy, dance/movement therapy, drama therapy, music therapy, or related approaches. Instead, the primary aim is educational advancement for health care professionals on the topic of how the creative arts therapies can assist patients or clients to achieve specific goals or outcomes.

Each chapter contains information about the therapeutic use of its art form(s) and in most cases, at least one illustration of its use in case study format. Pseudonyms are used for all case study subjects. The chapters are grouped by primary art form used. Therefore, there are five sections: one

each for art, music, creative writing, dance/movement, and drama. The chapters are arranged in each section by the life stage of the individuals described in the case studies; i.e., pregnancy, childhood, adolescence, adults (young and middle-age), older adults, and end of life.

The contributing authors are from Canada, the United States, England, and Ireland. As evident in Table 1, the professions represented (and the numbers involved) are as follows: nurses (5), art therapists (3), dance/movement therapists (3), music therapists (2), social workers (2), therapeutic recreation specialists (2), occupational therapist (1), musicologist (1), musician (1), and actor/educator (1). In addition, one of the social workers is also a drama therapist. All the authors are registered in and/or credentialed by their respective professional associations.

Table 1.1
SUMMARY OF CHAPTERS' CONTENT

<i>Chapter # & Author</i>	<i>Art Form</i>	<i>Population of Case Study</i>	<i>Life Stage</i>	<i>Authors' Profession</i>
2 Soderling	Visual Art	Childhood Cancer	Childhood	Social Work
3 Morrison	Visual Art	School Anger Management	Adolescence	Art Therapy
4 Briks	Visual Art	Abuse & Self Harm	Late Adolescence	Art Therapy
5 Bent & Taylor	Visual Art	Depression Mental Health	Young Adulthood	Occupational Recreation
6 Carr	Crafts	Traumatic Brain Injury	Middle Adulthood	Therapeutic Recreation
7 Heath	Visual Art	Physical Illness	Older Adults	Art Therapy
8 Fowler	Music	Childbirth	Pregnancy	Nursing
9 Edwards	Music	Theory	Education & Therapy Process	Music Therapy
10 Buchanan	Music	Vairous-3 Case Studies	Childhood to Older Adults	Music Therapy
11 Parr- Vinjinski, Pirner & Le Navenec	Music	University Students	Adulthood	Music/Psychology & Nursing

Continued

Table 1.1–*Continued*

<i>Chapter # & Author</i>	<i>Art Form</i>	<i>Population of Case Study</i>	<i>Life Stage</i>	<i>Authors' Profession</i>
12 Epstein	Music	Environmental	All Life Stages	Musicology
13 Murray	Creative Writing	Physical Rehab & Students	Adulthood	Therapeutic Recreation
14 Wagner	Writing & Art	Students	Adulthood	Nursing
15 Fuchs	Creative Writing	Palliative	End of Life	Nursing
16 Zimbelmann	Dance & Movement	Psychiatric	Young Adulthood	Dance/Movement Therapy
17 Kierr	Dance & Movement	Chronic Illness & Pain	Middle Adulthood	Dance/Movement Therapy
18 Bridges	Dance & Movement	Dementia	Older Adulthood	Dance/Movement Therapy
19 Osoff Bultz	Drama	Neurology	Late Childhood & Adolescence	Drama Therapy & Social Work
20 Christofferson	Drama	Caregiver Burnout	Adulthood	Acting & Education

Populations across the life span from childbirth to end of life are addressed, as can be seen in Table 1. The next nineteen chapters cover a range of topics pertaining to the role of the creative arts for health promotion and quality of life enhancement in a wide range of health care settings.

CREATIVITY

Although creativity is discussed extensively in the nursing literature, it is usually conceptualized as a thinking process. Grandusky's (1994) article "Cultivating Creativity," in the first issue of the *Creative Nursing Journal*, defined it this way: "creativity means generating new ideas, switching perspectives, and finding unique solutions to problems. It is an essential component of the critical thinking process" (p. 21). This definition of creativity as a thinking process is also endorsed by other authors in the social sciences. In the psychology literature, Nakamura and Csikszentmihalyi (2003) define it as

“a process by which new ideas, objects or processes are introduced into the evolution of culture” (p. 258). However, in the caring literature, creativity and intuitive practice are emphasized. (See the section below on caring.) Ruggeriero (1996), in *A Guide to Sociological Thinking*, cautions that creativity is not limited to the arts; instead, “any challenge can be approached more or less creatively” (p. 10). He also notes that all individuals can “learn to be imaginative, ingenious and insightful” (p. 10). In addition, Cropley (1990) stresses both the universality of creativity and its role in contributing to the maintenance of mental health. He explains that the characteristics of creativity, such as “openness, autonomy, playfulness humor, willingness to take risks and perseverance” (p. 168), are also characteristics that are associated with normal personality development. Cropley concludes that “the possibility of promoting mental health arises by fostering creativity in day to day life” (p. 167).

Although this inclusive way of thinking about creativity is encouraging, it is also crucial to stress the importance of artistic, creative expression as an essential component of creativity and its ability to foster improved mental and physical health. The current book’s authors certainly approach their clients by applying innovative flexible creative thinking approaches. Furthermore, they also take “creativity” a step further into creative art *expression*. This creative expression involves the clinician and the client or patient in participation in an art form: hands on to work with a visual art material, ears open to listen to and create music, and bodies moving in dance and dramatic expression to express feelings. The creative art therapies have documented the restorative effect that a creative and expressive act has on the emotional and cognitive and often also the physical functioning of individuals and groups (Aldridge, 1993; Goodill, 2003; Malchiodi, 1999; Ritter & Graff Low, 1996). The emerging field of Arts in Medicine studies the connection between health and the arts rooted in the strong conviction of the transformative qualities of arts for individuals and institutions (Lippin, 1991). Two of Arts in Medicine’s leading proponents, Samuels and Rockwood Lane (1999), describe the effect of artistic expression on patients:

Art and music crack the sterile space of fear the patients live in and they open it to the joys of the human spirit. The spirit freed then helps the body heal. Art frees the immune system so it can function at its best, relieve pain, heal depression, and raise the spirit. . . . When we make art to heal, the creative spirit within us is awakened . . . we are taken to the place of healing and healed. Art brings out our inner healer, which changes our whole physiology and our spirit mind and body heal. (pp. xiii–xiv)

As you read the chapters of this book you will see ample illustrations of the ways in which creativity and creative expression enhance health and well-being.

COLLABORATION

Collaboration has been defined by the American Nursing Association Congress on Nursing Practice as “a collegial working relationship with another health care provider in the provision of . . . patient care” (Kozier, Erb & Blaus, 1997, p. 68). This working together is seen to contribute to the goal of achieving a high quality of care. Elements that have been identified as essential in effective collaboration include mutual respect, sharing responsibility for the care provided, negotiation, and open communication (Kozier, Erb & Blaus, 1997). Similarly, Best (2000), a dance movement therapist, has found the following attitudes most helpful when collaborating with other mental health professionals: “respectful curiosity, mutual influence, self reflexivity, owning one’s position and acknowledgement of context” (p. 198). Several authors who discuss the benefits of collaboration between varying disciplines emphasize the importance of acknowledging both similarities and differences in each profession’s approaches (Best, 2000; Landy, 1995; Mariano, 1989). Best points out that awareness of diversity is a necessary part of collaboration. She believes that we learn more about our own beliefs when we see them in contrast to another profession’s beliefs, using the analogy of needing to “bump up against objects, people, and concepts” (p. 197) in order to fully realize who we are.

Although nursing and the creative arts therapies acknowledge the importance of collaboration, the connections between the arts and nursing need to be further developed. In her analysis of art therapy, arts medicine, and arts in healthcare at the beginning of the new millennium, Malchiodi (1999) expresses her surprise that “there has not been more direct collaboration among art therapy, arts medicine and arts in healthcare” (p. 2). She believes that by starting with a basic belief in the creative art process as “healing and life enhancing” (p. 3), Malchiodi maintains that collaboration between the professions needs to increase in order to strengthen and expand that belief and further its application in health care settings.

The creation of this book is an example of collaboration at many levels. It was created by drawing together authors from North America and Great Britain who are involved in the arts in health care to write a chapter on the ways they utilize the arts in a health care setting. In one case, an occupational therapist and a writer and creativity and learning specialist combined their efforts in writing the chapter (Bent & Taylor). Many of the authors first came together in a research group for the Creative Arts Therapies at a Canadian University (Creative Arts and Integrative Therapies Research Group available at www.ucalgary.ca/cait). This research group is comprised of nurses, other health care professionals involved in the arts, creative art therapists, artists, dancers, writers, musicians, and actors interested in the healing