

## Book Review

**Creating Connections Between Nursing Care and the Creative Arts Therapies: Expanding the Concept of Holistic Care.** Carole-Lynne Le Navenec and Laurel Bridges, editors. Springfield, Illinois, USA: Charles C Thomas Publisher, Ltd., 377 pages.

*Creating Connections Between Nursing Care and the Creative Arts Therapies* is a significant project that encompasses multiple disciplines within the creative arts therapies and nursing care within various contexts. Many authors have collaborated to discuss individual disciplines in diversified clinical settings, offering repeated definitions of a particular theoretical framework, case presentation for purposes of illustrating the theory in practice, and some interesting perspectives on the value of collaboration or the team approach to patient care.

Art therapy, music therapy, creative writing, dance/movement therapy, and drama therapy are explored with various populations including patients who are adolescent, adult, geriatric, physically ill, physically injured and emotionally ill. Despite much repeated information, each author hones in on his/her point, making some contribution to the overall message that health professionals should be working in concert as a team. A more careful editing would have eliminated some of the repeated passages, especially in definitions of theory, making this a less tedious, more enticing work. However, material is well researched and presented in a clear, somewhat harmonious voice and blended style, despite the number of contributors from diversified professional backgrounds.

In the dance/movement therapy section of the book, entitled *Dance and Movement*, three authors focus much concentration on the roots of theory and practice with an abundance of references to much of the early research and theoretical papers. Some of the case studies are poignant and well written. In Christine Zimbelmann's chapter *Dance/Movement Therapy in an Adult Psychiatric Unit*, the author provides a detailed and

comprehensive overview of the theory, techniques and practice of DMT. Her case study explores the process of one patient and demonstrates the transition from resistance to engagement quite successfully. Susan Kierr presents several cases in her chapter *Dance Movement Therapy and Nursing Care*. Her casework is presented in detailed anecdotal style, with much attention paid to the context, dialogue and overall intervention within the treatment of the patient, and less focus on the dance/movement aspects of her work. However, her successful integration with the treatment team is evidenced in the presentation of the individual cases. Clearly, she worked diligently to communicate with the nursing staff and have impact on overall decision-making regarding patients.

Rudolph Laban's work in effort is presented in a clear, logical way and is translated for any professional reader in Laurel Bridges' chapter *Application of Dance/Movement Therapy Principles to Nursing Care for People with a Dementia: a Non-Verbal Approach*. She is also able to clarify Kestenberg's Movement Profile articulately. When discussing KMP she discusses the individual needs of the caregivers and the patients, emphasizing something we all learn initially but of which we need to be reminded: the relationship between patient and staff is dynamic. Both roles have individuals with her/her own personal needs and styles. It is crucial for the caregiver to keep track of his/her response to patients and each one must be individually understood and approached. For example, the warm, physically affectionate professional may be experienced as helpful and loving, offering one patient a very positive experience; another patient may have very different needs and could experience the same style of the same caretaker professional as overbearing or unhelpful. "By experimenting with different styles of moving, and speaking while providing care for each patient, the caregiver can discover the style that works for each one. This is not a static process. Each person's movement style (e.g., patterns and rhythms of tensions, or body shape) changes constantly and may reflect one's mood and cognitive functioning." (323) Bridges' chapter is fitting as the final voice in the DMT section of the book. She takes the time to express caution to the reader, advising of the potential power and misuse of dance/movement therapy techniques without proper training and experience.

The target population of *Creating Connections Between Nursing Care and the Creative Arts Therapies* is the broad field of health care workers. It would be a useful exercise for treatment teams comprised of physicians, nurses, social workers, psychologists, case workers and aides in settings where creative arts therapies are an integral part of the treatment program, to read sections of this book which pertain to his/her particular setting. It may help to encourage more referrals to the creative arts and a better understanding. The sequel to this book which would

might expand the topic, would educate the creative arts therapists more intensively to the nursing perspective and job requirements and limitations therein. Such a book would educate the creative arts therapist to the environment, which they are attempting to penetrate and impact significantly.

Le Navenec and Bridges have undertaken an arduous and cumbersome task in one publication. They were successful in choosing and elaborating on a critical topic in health care, researching thoroughly and integrating so many separate voices into a meaningful exploration of the significant relationship between the creative arts therapists and the nursing care professionals. Though we have been warned historically never to judge a book by its cover, *Creating Connections Between Nursing Care and the Creative Arts Therapies* might be more compelling to a broader audience with a more aesthetically pleasing and imaginative cover that would illustrate the working connections amongst the disciplines.

*Amy Beth Wapner*

