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CREATING CONNECTIONS BETWEEN NURSING CARE AND THE CREATIVE ARTS THERAPIES

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

Chapter # & Author	*Art Form*	*Population of Case Study*	*Life Stage*	*Authors' Profession*
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 Adolesence	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 Aults	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*

Chapter # & Author	*Art Form*	*Population of Case Study*	*Life Stage*	*Authors' Profession*
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

aspects of their art form. Over the last five years, this group has developed undergraduate courses in the arts therapies and nursing and engaged in several evidence-based outcome research projects. The members of this research group that contributed to *Creating Connections Between Nursing and the Creative Arts Therapies* contacted their colleagues to find others in related fields who use creative expressive means in a variety of nursing care settings.

The entire book has been edited through an ongoing collaboration between a nurse educator and sociologist and a dance/movement therapist and counselor who have also co-written this introduction. In the process of discussing the chapters written by authors of diverse professional backgrounds, we have learned much about each other's professions (nursing and the creative arts therapies) and have also learned more about our own disciplines through describing them to each other. Open communication, curiosity, and mutual respect have enabled us to attempt to emphasize the most important concepts in each author's chapter and to clarify those concepts that were not clear. We have sought to use language in this book that facilitates understanding and connection between the professions by reducing the use of jargon and by including brief definitions when needed.

In his discussion of the theme of collaboration between the creative arts therapies, Landy (1995) describes a fluctuation between the need for "isolation" (p. 84) or definition of each profession's unique skills set, emphasis, and treatment approaches and collaboration or sharing of similar language and goals. He conceptualizes this by using the metaphor of borders and walls between the professions and gives the following advice:

> We need community with those of our colleagues who have taken a similar journey. Yet in our quest for a unified field of creative arts therapy, let us not abandon our borders and walls. Just let them be neither too high nor too thick . . . let us search for ways to break through even as we retain. (p. 86)

Similar advice can apply to collaboration attempts between the creative arts therapies and the nursing profession. Each one of us has developed specific areas of expertise. Creative arts therapists, occupational and recreational therapists, and artists who work in health care settings cannot perform medical nursing procedures, and nurses are not trained to perform in-depth creative arts interventions. There are boundaries between our areas of expertise, but it is important that we do not allow those boundaries or walls to be so high that we cannot see the similarities between our goals and find ways to break through them by learning more about each other's disciplines and finding ways to work together in the common goal of providing a high level of care for our clients and patients.

CARING AND HOLISTIC CARE

The concept of *caring,* which Montgomery (1993) described as "a natural condition of being human" and "a readiness to help or connect with others" (p. 13), is viewed here as the essence of the art and science of nursing. Although there is a voluminous body of literature on caring, the debate continues about how it should be conceptualized in nursing practice and nursing education (see overviews by Beck, 2001; Benner & Wrubel, 1989; Kapborg & Bertero, 2003; Peplau, 1988; Scotto, 2003). Some perspectives of caring such as the one reflected in the "sickness-cure" mode (Quinn, 2005, p. 49) emphasize the *objective* components of caring; that is, activities performed by an "expert" that involved "doing to or for" (p. 49) another person who is in need of particular types of health care interventions. This perspective of caring often makes use of various types of (a theoretical) classification systems developed by nurses to summarize data about: (1) the patterns, challenges, or needs of the patient or client such as the system developed by the North American Nurses Diagnosis Association–NANDA (2003–2004); (2) the independent and collaborative treatments provided by nurses such as the Nursing Interventions Classification–NIC (McCloskey, Dochterman & Bulechek, 2004); and (3) specific patient or client outcomes that are viewed as being influenced by the nursing intervention(s) such as the Nursing Outcomes Classification–NOC (Johnson, Maas & Moorhead, 2000).

By contrast, other perspectives of caring in health care contexts emphasize its *subjective* component, and hence portray it as a relationship, as a way of "being with" another person in a way that facilitates "healing" (i.e., "wholeness or harmony of body, mind and spirit"; Quinn, 2005, p. 43). Viewed this way, "caring is expressed through meaningful participation in an experience with a client, rather than trying to control the outcome" made in advance by an "expert" (Mongtomery, 1993, p. 76). The nursing care process is depicted as including what are variously referred to as (1) *carative behaviors* such as facilitating trust, mobilizing social support and related approaches to creating authentic "presence" (Watson, 1994; see also Scotto, 2003, p. 289); (2) *caring qualities* (Montgomery, 1993) such as transcending judgment, having a hopeful orientation, and related "predispositional" qualities; empowering others through the mobilization of resources, advocacy, creating positive meaning and hope, and related "behavioral" qualities, and demonstrating "relational" qualities by taking steps to enhance self-awareness (including beliefs about treatment approaches) and capacity to identify the aesthetic qualities of caring (such as the capacity "to be sensitive to another person's rhythm" (p. 72); and (3) *caring dimensions* (such as those outlined in the "Caring Dimensions Inventory–CDI" (Watson, Deary & Lea, 1999, p. 1081). Thus, from this perspective, "the process" of caring is in the foreground, and

its "outcomes" constitute the background.

Of particular relevance to our book is that aspect of the debate about the nature of caring in regard to how nurse educators should go about designing curriculum threads about *the art* aspect of the art and science of nursing (Cook & Cullen, 2003; LeVasseur, 1999; Scotto, C.J., 2003; Watson, 1994). In this context, Darbyshire (1994) contended that in recent years "nurses have become increasingly concerned that the scientific and technological aspects of nursing [caring] are in danger of overshadowing the humanistic and artistic elements, which should be an integral part of both nursing education and nursing practice" (p. 856). Hence, he has developed a course that incorporates the arts and literature (or what might be coined "the Nursing Humanities"). According to Le Vasseur (1999), the art of nursing (or nursing art), which is inseparable from nursing science, includes "practical know-how," or knowing how to respond in variable situations" . . . to "help resolve, move, or restructure the [patient's] experience" (p. 60). She cites an account of the everyday version of nursing art: I see "this art every time I walk into an environment where nurses are busy "creating" the day for another person. They are busy using light, space, sound, words, movement and touch to deliver the message of care" (pp. 60–61). Le Vasseur (1999) concludes by indicating that the art of nursing is "an *essential* [our emphasis] activity grounded by practice and manifest in helping patients create coherence and meaning in lives threatened by transitions of many kinds" (p. 62).

It is perhaps in the field of *holistic* care nursing (Dossey et al., 2005) that one senses the importance of caring approaches involving both "nursing art" and the creative arts. According to Kinney and Erickson (1998), "holistic" care is "directed at deficits within one subsystem without much consideration for the interaction between or among multiple subsystems" (p. 94). By contrast, a "wholistic" caring perspective recognizes that the latter are "in continuous interaction and that mind-body relationships do exist" (p. 94; see also Dossey, cited in LeNavenec & Slaughter, 2001, p. 42; Eliopoulos, 1999). Unlike curing, caring might best be reconceptualized in the concise, clear manner expressed by Scotto (2003), as an "offering of self" in a holistic manner:

> offering the intellectual, psychological, spiritual, and physical aspects one possesses as a human being to attain a goal. In nursing, this goal is to facilitate and enhance [the] patients' ability to do and decide for themselves . . . [That is,] to promote self-agency. (p. 290)

These holistic approaches, which are sometimes referred to as *complementary and healing practices in nursing* (Snyder, Kreizer, & Loen, 2001), help strengthen the whole person as will be seen in all case studies of this book. The value of these approaches, as well as the creative arts therapies, for "whole person caring" is also reflected by Killick and Allan (2000, p. 16),

who are with the University of Stirling in Scotland. Although their comments in their three part series (beginning in 1999 and ending in May/June 2000) were directed toward the value of the arts for people with dementia, many of these benefits would apply to creating health and well-being in a range of health and illness contexts, and as a means of promoting self-care among nurses and other health care practitioners: (1) "The process and product (if applicable) may be a form of self-expression, an end in itself–an act of communication with the self" (p. 16); (2) "a form of communication between individuals" (p. 16); (3) "participation in the activity for its own sake"/ practical value (p. 17); (4) the aesthetic value, or the creation of a work of art "to bring something beautiful into being which enhances one's own and others' lives" (p. 16); and (5) the range of psychological benefits such as serving as a diversion, a source of satisfaction, provision of emotional relief, or as a formal therapy (p. 16).

Many of these benefits are also illustrated in this book's case studies. For example, Brik's late adolescent client reconnects with herself and her history through art. Furthermore, the non-verbal approaches suggested by Bridges allow her client with end-stage dementia to communicate with her therapist and other staff.

As nurses and other professionals who use the creative arts begin to collaborate with the creative arts therapists, let us strive toward identifying how it helps both our clients and ourselves as "carers" or "caregivers": "to clarify our visions, find our passions, work better in teams" and to access one's creativity (Lindeman, 2000, p. 5); "to let music speak when words cannot" (see Chapter 10) or to project ourselves in the image so that we can see the bigger picture (Lindeman, 2002, p. 5) as one of the authors in this book (Christofferson) did in her study of performance creation and self-care among mental health counsellors.

May all the readers find their "beat," "brush," "stroke," "sound," "role," "phrase," or "rhythm" as we begin our dance together to enhance holistic or integrative healing practices and authentic connections with others (Kreitzer & Disch, 2003). May we also not engage in "the ageism of knowledge" by passing judgments for the references used in this book that are over five years old. Like older people, these older references are still very relevant, and although "a best before date may apply to food purchases . . . it has no place in scholarship" (Gottlieb, 2003, p. 6).

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