

Introduction to Art Therapy in Health Care Settings

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In working on this book, I recalled many children and adults living with serious or chronic illnesses or physical challenges who I have been privileged to encounter in art therapy sessions over the last two decades. Many have had cancer. Others have struggled with autoimmune illnesses like rheumatoid arthritis. Some have had to adjust to traumatic brain injury, paraplegia, or chronic pain due to accidents, disasters, or war. While each has had a lasting impact on me, one individual's story comes to mind in particular because it eloquently summarizes how art therapy makes a difference in the lives of people confronted with a medical illness or physical disability.

At the age of 43, Michaela was diagnosed with ovarian cancer. For most of her adult life she had been a triathlete and a self-proclaimed "health nut" who was careful about her diet and health. She was also nurse who worked in the adult oncology unit and assisted in surgery at a university hospital. Because of her medical background as a nurse, Michaela knew in great detail what a diagnosis of ovarian cancer meant and the challenges that were ahead of her, including treatment that would be physically exhausting and often toxic in order to rid her body of cancer. When I met her for our first few art therapy sessions, Michaela explained to me that she wanted to include art making and creative writing as part of her treatment. She jokingly referred to her illness as "cancer schmancer," maintaining a uniquely positive attitude during what were months of debilitating side effects of chemotherapy and fatigue resulting from radiation. From the outset, Michaela committed herself to do whatever possible to treat not only the disease, but also to explore the "psycho-social-spiritual" effects of the illness on mind and body with everything available, including art therapy.

Michaela had never considered herself a creative person, but she decided to risk expressing herself in art and writing as a way to cope with her diagnosis, medical interventions, medications, and changes in her life. In initial sessions, we focused on the

feelings she had about her cancer diagnosis through drawings and collage. One of the first images Michaela created (see Figure 1) was a drawing of her anger; for the first time in her life, she felt deeply angry, even questioning and blaming herself for her illness despite her own medical knowledge about ovarian cancer. While she felt uncomfortable expressing this anger to even her closest family members and friends, drawing and writing about her feelings provided ways to acknowledge feelings, put her emotions into perspective, and release some of the stress associated with the challenges of being a patient for the first time in her life. We also explored the growing depression (see Figure 2) she was experiencing and how well she hid it from family, friends, and colleagues at the hospital. When we discussed the content of this particular drawing, Michaela immediately recognized how well she disguised her depression, keeping it deep inside herself, and how the lines in this art expression mimicked those in her anger drawing. These early art expressions became the basis for a series of larger drawings and paintings that Michaela eventually exhibited at the local Gilda's Club, a support program for cancer survivors, where she also shared her creative writing about her experiences with other patients and families.

A year after surgery, chemotherapy, and radiation treatments, Michaela's cancer went into remission. She began long distance running again, took on more responsibilities at work, and became more hopeful about her prognosis because there was no evidence of cancer according to tests. The remission was short-lived and 9 months later her cancer returned in an inoperable Stage 4 form in her liver and lungs. Right after this recurrence, her husband of 13 years decided that he did not want to remain in a marriage to a terminally ill wife and filed for divorce. As Michaela recalled, "things really have hit rock bottom," and she subsequently experienced a month of severe grief reactions and depression due to the divorce and her prognosis. Fortunately, she had extensive



FIGURE 1. Michaela's "anger" drawing.



FIGURE 2. Michaela's depiction of "depression."

social support from family and friends who were available to help Michaela during the inevitable progression of the cancer and the loss of a primary relationship. In many art therapy sessions during this time she depicted what she called the "struggle between life and death," and we talked about the process of dying and if there was indeed an afterlife, soul, or spirit. Art making and writing strengthened Michaela's resolve to find peace from any lingering anger and sadness about simultaneously having cancer and enduring a divorce.

As Michaela became more physically debilitated, her visits to my office became too exhausting and I brought art materials to her apartment. In these final sessions before she became too ill to participate, I helped Michaela organize her writing journals and create colorful binders for them. She also continued to make art, working on what she called an "inner sense of compassion" for herself that she eventually symbolized in a small mixed media collage piece called "Buddha Blossom" (see Figure 3). Michaela created a hand-drawn image of a brilliant yellow, orange, and red rose blooming and placed it on a background that she said represented the cancer cells overtaking her body. In this artwork, she depicted her transformation into someone who was no longer a cancer patient. It had helped her to leave cancer behind and make peace with both the divorce and the process of dying.

Michaela's story is both compelling and inspiring to all those who confront mortality when living with a diagnosis of cancer or other condition. From working with Michaela, I learned much of what I now believe about the role of art expression as therapy for individuals and families with life-threatening or chronic illness. Michaela and I never discussed art therapy as a "cure" for her cancer, but we often talked about how her creative expression through art and writing were part of her "healing" in the



FIGURE 3. Michaela's mixed media collage: "Buddha Blossom."

sense of coming to terms with her illness, a divorce, and eventually the process of dying. After Michaela died peacefully at home with her family and hospice care at her bedside, I continued to work with her parents and her brother to help them through their grief. A large part of our family sessions were not only focused on commemorating Michaela's life through art expression, but also in collecting, reviewing, and framing many of the artworks she created during art therapy. Her writing journals became a treasured legacy and a record of a life well lived and well loved by family, friends, and colleagues.

In a growing number of hospitals and medical settings in the United States and internationally, many patients, not just those with cancer but also those of all ages with chronic or serious illnesses and physical challenges, are using art to express their experiences and reduce stress. Art therapy programs and services are finding their way into inpatient and outpatient treatment, complementary medicine, wellness programs, rehabilitation units, assisted care, and hospice/palliative care. These applications of art therapy are often defined as "medical art therapy," the clinical use of art expression and imagery with individuals who are physically ill, experiencing bodily trauma, or undergoing invasive or aggressive medical procedures such as surgery or chemotherapy (Long, Chapman, Appleton, Abrahms, & Palmer, 1989; Malchiodi, 1993, 1999a, 1999b, 2005, 2012a). Additionally, medical art therapy is part of the continuum of the "arts in healthcare," a wide-ranging international movement including art therapy and other creative arts therapies, that promotes the development and application of the arts, creativity, and imagination as agents of wellness. In a 2009 monograph, the Society for the Arts in Healthcare reported that hospitals and healthcare settings are increasingly applying the arts, including art therapy, as an important and integral part of health care.

GOALS OF ART THERAPY IN HEALTH CARE SETTINGS

This volume is rich in content and examples from practitioners on how art therapy is used with a variety of individuals and patient populations of all ages and in medical settings ranging from inpatient hospitals, outpatient clinics, hospice, assisted care, rehabilitation, open studios, and independent practice. Because of the diversity in settings and patient needs, art therapists often tailor treatment and intervention to meet individuals' unique needs and specific circumstances. However, there are also many goals that are part of most patients' art therapy in medical settings; these include, but are not limited to the following: (1) psychosocial care, (2) rehabilitation, (3) health benefits, and (4) reauthoring the dominant narrative of illness.

Psychosocial Care

In most inpatient hospital settings, the central goal of art therapy is to address and enhance the psychosocial care of patients. In brief, psychosocial care focuses on psychological and social aspects of cognitive and emotional growth and development. For example, art-based interventions may be used to support children's self-expression of perceptions and emotions about having cancer or a chronic illness, or social aspects such as the capacity to form attachments to caregivers, family, and peers and to maintain relationships during medical treatment and recovery. The overall goal of psychosocial care is to support and enhance patients' growth and recovery by addressing emotional, cognitive, and social needs. With children, developmental characteristics are central to successful psychosocial intervention (see Chapter 3, this volume, for more information on psychosocial care).

Supporting a sense of control (Councill, 2012; Malchiodi, 2012a) is central to the application of art therapy as a psychosocial intervention with patients who often find themselves losing control when hospitalized or incapacitated. For example, consider the child or adult who is told to "hold still" for a painful procedure or test and often one that they do not understand (Rollins & Riccio, 2003); patients often feel fearful, powerless, and confused about medical interventions despite health care professionals' best efforts to provide comfort and assurance. In reference to work with adult cancer patients like Michaela:

Art expression is a way to convey painful, confusing, and contradictory experiences of illness that are difficult to communicate with words alone; in this sense, its central purpose is meaning-making. In addition, the very act of drawing, painting, or constructing can be a personally empowering experience in contrast to the loss of control that generally accompanies illness. For example, patients who are seriously ill often lose control of their time during their hospitalization because of the hospital's schedule and necessary medical treatments; they also may lose control of their bodies due to disease, medical intervention, surgery, or disability. In these circumstances art expression can help people regain some measure of control in their lives by providing an active process involving the freedom to

choose materials, style, and subject matter; to play freely with color, lines, forms, and textures; and to create what one wants to create. This element of choice can contribute to feelings of autonomy and dignity when other aspects of life seem out of control. (Malchiodi, 2012a, p. 399)

In the field of health psychology, self-efficacy (the internal perception of control) is a determining factor as to whether an individual is empowered to adopt and maintain a health behavior and feels positive about health outcomes. For example, Cohen's (2006) studies of creativity and aging provide evidence that the experience of self-efficacy through the arts provides older adults with a heightened sense of control and mastery and thus increased participation in healthy behaviors. Councill (2012), in work with pediatric patients, notes that successful art therapy provides a sense of mastery over troubling events inherent to medical intervention, particularly when ameliorating psychological trauma associated with loss of control.

Additionally, medical art therapists use approaches that provide patients with the opportunity for symbolic expression through visual arts in order to develop appropriate psychosocial interventions. They often use drawing, in particular, as a way to provide a subjective measure of how an individual is dealing with illness and recovery, as a developmental assessment with children, and as a form of communication about medical treatment (Councill, 2012; Malchiodi, 1998, 1999b). While there are few specific ways to evaluate patients through art alone, a great deal can be learned from the metaphors and narratives about their creative expressions (see Chapter 2, this volume, for more information). Art therapists working on pediatric units are well versed in evaluating the content of children's art expressions and how they may communicate perceptions and experiences with hospitalization, illness, and death and dying (Councill, 2012; Malchiodi, 1998; 1999b). Also, practitioners working with older adults who may have Alzheimer's disease, dementia, or cognitive challenges due to stroke also capitalize on art expression as a way to evaluate and understand how memory and cognition may be compromised or affected by these conditions (Levine-Madori, 2009; Malchiodi, 2012c; Wald, 1999).

Rehabilitation

For patients who have survived traumatic accidents involving brain injuries or other physical injuries, art therapy not only enhances psychosocial care, but also physical and cognitive recovery. As McGraw (1999) notes after several decades of work with individuals with physical disabilities and medical conditions, traditional verbal psychotherapy is often inappropriate or impossible. These individuals may have mobility impairments from paraplegia or quadriplegia, amputation or burns, traumatic brain injury, multiple sclerosis, or strokes. What becomes important in addition to self-efficacy and self-expression is addressing motor function, improving memory skills, and increasing cognitive and physical functioning.

Medical rehabilitation (also called medical rehab) is the process of helping people achieve their most functional levels of ability after a disabling illness or accident. Art

therapy that capitalizes on manipulation of materials and media focuses on both rehabilitative and developmental aspects that build skills and improve functioning. For example, young patients who may need to learn and practice age-appropriate developmental tasks might be encouraged to put together a gadget, build an object with clay, or learn how to hold a syringe filled with paint and create an image on paper. Because of physical challenges, some patients may need adaptations that make possible artistic expression when fine motor skills are compromised. In Chapter 1, this volume, Ulmann describes various ways to make adaptations in art materials to enable physically disabled children to benefit from art and improve developmental skills. McGuninness and Schnur (Chapter 17, this volume) and Weisbrot (Chapter 16, this volume) underscore the value of art therapy as a component of rehabilitation for a variety of conditions, including traumatic brain injury, stroke, tumors, burns, spinal cord injuries, and arthritis. In particular, McGuninness and Schnur cite the importance of art therapy as remediation for executive functioning lost due to brain injuries and cite improvement in attention and independence as important outcomes of structured art therapy interventions. Overall, art therapy, when used as a complement to rehabilitation, provides uniquely creative methods that assist in patient recovery by enhancing functionality and increasing or maintaining cognitive abilities, while providing an opportunity for personal expression about disability and physical challenges.

Health Benefits

While psychosocial and rehabilitative art-based intervention can be defined as health enhancing, the rapidly increasing knowledge about art expression and the brain is providing information on how art therapy actually may complement medical treatment in producing positive health outcomes. For example, Lusebrink (2004, 2010) observes that images are a bridge between body and mind that influences information processing and physiological and emotional changes in the body. Guided imagery, an experiential process in which an individual is directed through relaxation followed by suggestions to imagine specific images, has been used to reduce symptoms, change mood, and harness the body's healing capacities. Van Kuiken's (2004) meta-analysis of guided imagery literature since 1996 reported that imagery has the potential to improve immunity and psychological resilience. Four different categories of imagery include: (1) pleasant imagery, (2) physiologically focused imagery, (3) mental rehearsing or reframing, and (4) receptive imagery. As our understanding of how the brain processes and responds to imagery increases, art therapists and other professionals have applied these principles of mental and guided imagery with art therapy in their work with individuals in a variety of settings (Malchiodi, 1999a, 2012b) (see Chapter 9, this volume, for further discussion).

Additionally, most agree that art therapy can be used to tap the body's relaxation response. Drawing, for example, is hypothesized to facilitate children's verbal reports of emotionally laden events in several ways: reduction of anxiety, helping the child feel comfortable with the therapist, increasing memory retrieval, organizing narratives, and prompting the child to tell more details than in a solely verbal interview (Gross &

Haynes, 1998; Lev-Weisel & Liraz, 2007). Benson (1975; Benson & Proctor, 2010) pioneered medicine's understanding of the "relaxation response," a phenomenon that is now being embraced within psychosocial treatment of people with serious illness. Newer approaches such as mindfulness-based cognitive therapy and mindfulness-based stress reduction (Kabat-Zinn, 2006) have been adapted and integrated with art therapy for various medical populations including adult oncology (Monti et al., 2006), underscoring that art making is one way to reduce stress and, for some people, to induce the "relaxation response." Nainis, Paice, and Ratner (2006), in work with cancer patients, were able to demonstrate that even brief applications of art therapy reduces pain perception, a response often connected to relaxation. Because art making is a sensory activity, one that involves tactile, visual, kinesthetic, and other senses, it is naturally self-soothing and involves repetitive activity that can induce relaxation and well-being similar to what Benson reported in his studies (Malchiodi, 2008).

The following research provides evidence of the health-giving benefits of participating in visual arts or art therapy activities:

1. Several studies demonstrate that art therapy enhances the psychosocial treatment of cancer, including decreased symptoms of distress, improved quality of life, and perceptions of body image, reduction of pain perception, and general physical and psychological health (Monti et al., 2006; Nainis et al., 2002b; Oster & Svensk, 2006; Svensk et al., 2009).
2. Studies indicate a reduction of depression and fatigue levels in cancer patients on chemotherapy (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007).
3. Individuals who participate in an art therapy/museum education program experience increased perceptions of support, psychological strength, and insights about their cancer experience (Deanne, Fitch, & Carman, 2000).
4. Art therapy strengthens positive feelings, alleviates distress, and helps individuals to clarify existential questions for adult bone marrow transplant patients (Gabriel, Bromberg, Vandenvoerkamp, Kornblith, & Luzzato, 2001).
5. Research with children with cancer indicates that engaging in drawing and painting is an effective method for dealing with pain and other disturbing symptoms of illness and treatment (Rollins, 2005).
6. Research on art therapy with children with asthma indicates that it reduces anxiety, improve feelings of quality of life, and strengthen self-concept (Beebe, Gelfand, & Bender, 2010; also see Chapter 5, this volume).
7. Evidence indicates that art therapy and other creative arts therapies stimulate cognitive function in older adults who have dementia or related disorders (Levine-Madori, 2009) and may reduce depression in those with Parkinson's disease (Elkis-Abuhoff, Goldblatt, Gaydos, & Coratto, 2008).
8. Art making may reduce anxiety and stress reactions as measured by cortisol (Walsh, Radcliffe, Castillo, Kumar, & Broschard, 2007; see also Chapter 25, this volume).

9. Visual arts also serve as a diagnostic tool; asthma symptoms may be revealed in children's illness drawings (Gabriels, Wamboldt, McCormick, Adams, & McTaggart, 2000).

Re-Authoring the Dominant Narrative of Illness

Finally, art therapy provides a creative experience that is not clearly categorized as psychosocial, rehabilitative, or health giving. In brief, it is art therapy's ability to provide patients with the chance to re-author the dominant narrative of their illness or physical disability and provide a way to explore what is referred to as "posttraumatic growth" (Joseph, 2011). Returning to Michaela's story as a person with cancer, art therapy ultimately not only became a way to find meaning and express the story of her experiences with a cancer diagnosis and treatment and the process of death and dying, but also provided a medium for reframing her cancer narrative. Art expression often becomes a pathway for transforming feelings and perceptions into a new life story and, as a result, creating a new sense of self (Malchiodi, 1999a). This "re-authoring" of one's life story may be different for each person, and it often includes one or more of the following aspects: development of new outlooks; discovery of answers to the unanswered questions (e.g., Why did God do this to me?); revisions in the way one lives life; creation of solutions or resolutions to personal struggles; creation of a new "post-illness" identity; or discovery of an explanation for why one's life has been altered by illness, disability, or physical trauma. It is a form of "meaning making" that can be ultimately helpful in an individual's adjustment and acceptance of serious or life-threatening conditions (Collie & Kante, 2011).

I also believe that art expression is particularly helpful to individuals with medical illnesses because people who are seriously ill often have two explanations for their condition, one verbal and one nonverbal (Malchiodi, 1999b, 2008). Their verbal explanation is often a detailed description of the illness and a rational recounting of their conditions based on medical knowledge. Art and expressive work facilitates a nonverbal explanation, one is a more personal and idiosyncratic, and often private, perception of illness. This personal explanation may or may not be conscious and may involve confusion, misunderstanding, fear, or anxiety, but it is more often expressed in a nonverbal modality such as art rather than initially communicated with words. Oliver Sacks (1990), the well-known British neurosurgeon, describes this in his conceptualization of awakening that he describes as ". . . a reversal. The patient ceases to feel the presence of illness and the absence of the world, and comes to feel the absence of his illness and the full presence of the world" (p. 53). Because people often shift away from the presence of illness in their lives while making art, momentarily forgetting that they are sick or disabled, they have the opportunity to become "awakened" to experiences other than their illness and, through art expression and the guidance of the therapist, are able to develop and express new perspectives and reframe the dominant story of illness into transformative and empowering narratives.

CONCLUSION

As you will learn throughout this book, art therapy is being applied to a wide array of health issues including cancer; chronic illnesses such as asthma, epilepsy, and renal disease; neurological disorders and traumatic brain injuries; physical disabilities; and Alzheimer's disease and dementia to improve individuals' wellness, symptoms, and quality of life. Each chapter explains and illustrates how art therapy helps children and adults address the psychosocial challenges of illness, regain a sense of empowerment and efficacy, improve functioning, and enhance health and well-being. Although these chapters have been written by expert art therapy professionals throughout the United States and internationally, and the world, this book is also intended as a guide for all health care practitioners who want to learn more about how art therapy complements medical intervention and supports patients' adjustment and recovery. As mentor physician Bernie Siegel once noted, "I wish all physicians would add a box of crayons to their diagnostic and therapeutic tools" (1990, p. 114). His observation highlights what art therapists who work in medical settings already know—that art has a powerful role in treatment and restoration of health in patients of all ages.

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