CREATING CONNECTIONS BETWEEN NURSING CARE AND THE CREATIVE ARTS THERAPIES

CREATING CONNECTIONS BETWEEN NURSING CARE AND THE CREATIVE ARTS THERAPIES

Expanding the Concept of Holistic Care

Edited by

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and

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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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Anne Nazareth, University of Calgary Nursing Faculty, for her secretarial assistance, enthusiasm, patience, creativity, calmness, and kindness. Her absolute dedication and the rays of sunshine she always creates were very evident.

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Michelle McGrath and Gord Southham, Learning Commons, University of Calgary, for assisting us in expressing this book's purpose and vision in a creative visual form on the cover illustration design.

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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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