



Mary Rockwood Lane, PhD, RN

Spirit Body Healing—A Hermeneutic, Phenomenological Study Examining the Lived Experience of Art and Healing

KEY WORDS

Art
Creativity
Nursing care
Phenomenology
Spirituality

Spirit-Body Healing was a hermeneutic, phenomenological research study that examined the lived experience of art and healing (using Max Van Manen's method of researching the lived experience) of 63 participants over a 4-year period. Data included taped interviews with artists and hospitalized cancer patients who could articulate their lived experience of art and healing, observations of artists at work, journal writings, and material from the Arts In Medicine program at Shands Hospital, University of Florida. The researcher interpreted data through Van Manen's method of writing as inquiry to elucidate the themes of the participants' experiences. The themes that emerged were (1) going into the darkness, (2) going elsewhere, (3) making art as a turning point, (4) slipping through the veil, (5) feeling the healing energy of love and compassion, (6) surrendering to the process, (7) knowing the truth, and (8) experiencing transcendence. Understanding the power of art to heal mind, body, and spirit has important implications for cancer nursing practice, and nurses can provide the leadership and commitment to integrate the arts into patient care.

The effect on sickness of beautiful objects, of variety of objects and especially of brilliancy of color is hardly at all appreciated. I have seen in fevers (and felt, when I was a fever patient myself) that most acute suffering produced from the patient not being able to see out of the window and the knots in the wood being the only view. I shall never forget the rapture of fever patients over a bunch of bright colored flowers. People say the effect is only on the mind.

It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form; by color and light, we do know this, they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients are actual means of recovery—Florence Nightingale.¹

Contemporary clinicians are discovering that art, music, dance, and poetry can have profound healing effects, combined

From the College of Nursing, University of Florida, Gainesville.
Corresponding author: Mary Rockwood Lane, PhD, RN, Health Science Center, University of Florida, PO Box 100187, Gainesville, FL 32610 (e-mail: mlane@health.ufl.edu).

Accepted for publication April 8, 2005.

with traditional medicine. General reviews describe the entire process,²⁻⁵ while specific research on illness shows physiological effects and outcomes.^{6,7} Arts In Medicine (AIM) programs have been described and evaluated,^{4,8} and each modality studied: dance,⁹ drama,¹⁰ music,^{11,12} poetry/writing,^{13,14} storytelling,^{15,16} visual arts,^{17,18} and finally, art in environments, and how art affects a hospital stay.^{19,20} Healing gardens,²¹ palliative stay,²² and art and spirituality^{23,24} have also been subjects of investigation.

Doctors and nurses are working with artists and musicians to treat people of all ages with all kinds of diseases, including cancer and AIDS. Hospitals all over the world are incorporating art into patient care. The most sophisticated university medical centers are now creating programs that invite artists to work with patients and literally change the hospital environment. These programs take the artists and musicians into a patient's room or have the artists perform in atrium spaces. The patients watch and experience the exhilaration of a concerto or the beauty of an exhibition or, with the artists, they paint, play music, or dance themselves.

In 1990, along with John Graham-Pole, MD, I helped create and implement the Arts In Medicine program²⁵ at the University of Florida, which incorporates artistic materials and activities into patient care at Shands Hospital. This program has had over 350 artists on 15 units working with patients with cancer, diabetes, and many other illnesses. It began initially on the bone marrow transplant (BMT) unit in 1993, with the goal of reducing morbidity and improving recovery time, mood, behavior, compliance, and quality of life (QOL) for children and young adults (under 21) during their admission for BMT (and with the intention of achieving more cost-effective healthcare delivery).²⁶ From its start as a pilot program on the BMT unit, it has grown over a 10-year period into a world-renowned program that uses art in healthcare settings to facilitate healing, with more artists, musicians, writers, and dancers joining the growing program each year.

Every day, as part of the AIM program, artists enter the rooms of patients with cancer and other illnesses and make art with them. The artists play music, dance, draw, and sculpt. They write poetry, tell stories, and even dress as clowns. Patients watch, tell the artist what they want them to do, or make art alongside the artist. The artists also perform and create in the hospital lobby. Patients are brought from their rooms; families and staff stop by as they go to lunch.

The purpose of conducting this study was to illuminate the process by which art heals, so nurses might better understand the power of this particular form of intervention. Creative arts interventions as implemented by the artist can easily be translated into nurse-directed interventions. As a nurse-painter, I have been committed to creating a model that integrates creative art and artists into nursing practice. As a researcher, I have tried to glimpse the deeper meanings of these experiences. What are these experiences like for the patients and for the artists? What are the stories of individuals' lived experiences when a musician comes into the hospital room of a patient with cancer and, with deep emotion, plays a song from the

patient's childhood, or when a harpist plays with loving sensitivity for dying cancer patients? What happens when musicians chant or tone with AIDS patients? Are they left feeling more hopeful, happier? Do they experience less pain? What is the process the patient experiences?

The creative process is an expression of the life force. By facilitating the creative life of an individual, the artistic process can promote self-expression, self-healing, and self-awareness. This is significant for nursing because nurses are advocates of healing, which is, essentially, a holistic human health experience. Through interventions that encourage creative expression, nurses can encourage positive health outcomes such as compliance, empowerment, self-care, symptom control, and pain management.

■ Method

This research study used Max Van Manen's hermeneutic, phenomenological method of research as documented in his book *Researching the Lived Experience*.²⁷ This method has been used extensively in nursing research²⁸ and incorporates the perspective of the researcher; therefore, much of my own personal experience is woven throughout the article. The phenomenological, hermeneutic process is an interpretive method, in which the researcher interprets the phenomenon being described.

In phenomenology, the researcher attempts to focus on the lived experience rather than theories, personal opinions, or generalizations about art and healing. The lived experience encompasses each participant's experiences of what actually happened when they participated in art and healing: what were the thoughts, what were the feelings, what was the event and activity, what were the body sensations? Phenomenology is a descriptive inquiry into the life world of a person, and what is happening to him or her. Hermeneutic inquiry looks at this descriptive life as it is presented and analyzes it, to elucidate the essences of a phenomenon, in this case art and healing. The interpretive analysis is the exploration and discovery of the themes that reveal themselves in the descriptive data; it approaches the data to understand what actually happens in the lived experience.

In the hermeneutic, phenomenological method, the researcher interprets the stories of each participant to illuminate their meaning and essence. The researcher asks the participant to return to the experience and to describe his or her experience of healing. The researcher then explores this lived experience, which preceded scientific schematization. The phenomenology posture is one of a perpetual beginner, which means the researcher takes nothing for granted. The method is to listen to the stories, record them, and to write as inquiry, rewriting the stories until the researcher begins to see what emerges. An open mind is essential to understanding what actually happened, and exploring how this experience was described as healing. The question was "How was the process of making art an experience of healing?"

Participants

Although the projected sample size was proposed to be 8 to 10 persons—a convenient, purposive sample—data collection actually involved interviewing 63 participants. The study²⁹ continued for 4 years with participants being added until there was data saturation. The participants were hospitalized patients ($n = 23$), artists ($n = 18$), family ($n = 12$), and healthcare providers ($n = 10$) and were selected on the basis of their ability to articulate the experience of art and healing. Each participant had to have had a significant experience in art and healing, as determined by both participant and researcher. The significant experience entails subjective reality based on the participant's lived experience of what happened. Some of the participants were well-known people in the field of art and healing because their stories had been chronicled in major installations of their work.

In the hermeneutic, phenomenological method, the process of storytelling is a sacred and confidential process. Each person was invited to tell his or her story and each story honored. Many participants were deeply appreciative of being able to share their stories. The procedure for participant protection was a conscientious intent to follow the phenomenological tradition and to create a relationship with each person based on consent, honoring equality and integrity throughout the process. All participants signed releases and consent forms, and an institutional review board (IRB) process was completed.

Formal Interviewing

The interviews were conducted in the hospital, in studios, or by telephone if the participants lived far away. Each interview was tape-recorded, transcribed, and put in line-numbered form to read and analyze in detail. The questions were simple. The formal list of questions included, "What was your lived experience of art and healing? Can you describe in your own words your experience of your art? How did you heal yourself with art? What did it feel like in your body? What was the experience like?" These types of open-ended questions facilitated the likelihood of people responding with stories and memories of body sensations, rather than with intellectual theories.

The interviews lasted 1 to 1.5 hours. Many times the participants shared their artwork and talked about it during the course of the interview. In some interviews, the artistic processes were observed. For example, dancers were observed in clinical settings, and storytellers were observed telling stories in the hospital. Some participants shared manuscripts of their journals and poetry and gave permission to use these as data.

Clinical Artist Rounds

Clinical artist rounds were held weekly in Shands Hospital, to which all artists in the AIM program were invited. The purpose of these clinical artist rounds was for the artists to share their experience of working with patients at the bedside. During this time, patient stories were shared (if prior permission had been

given), and artists told how they implemented art at the bedside and what their lived experience of working with patients in clinical settings had been like. Clinical artist rounds functioned like a focus group where the focus was art and healing.

Rewriting the Stories

The key to Van Manen's hermeneutic, phenomenological research²⁷ is for the researcher to rewrite the stories over and over to grasp the essence of revealed themes. The researcher retells the stories in concrete, detailed ways that allow him or her to see out of the eyes of the participants.

As Van Manen's method observes, the stories of participants are rich in images.²⁷ Observing these images, the author rewrote the participants' stories from one to several times, sometimes focusing on passages that had particular resonance, always trying to focus on the person's own words and images, moments of transcendence, and how the person changed and healed. The goal in rewriting the stories was to use intuition and analysis to illuminate images and themes. In this way, participants' experiences of healing could be felt and seen deeply by others who might read the stories and have their understanding of healing enriched.

The experiences in art and healing are both unique and shared. They are so ordinary that most people take them for granted and fail to see them in their own lives when they occur. For example, when a woman turns away from an examining table during a checkup, which occurred in the story below, it seems an ordinary enough event. But when that movement is transformed into a dance and her spirit soars, it becomes extraordinary. The emotional impact on readers is part of the teaching.

I turned away from the table; I was afraid. I was afraid of the pain of the procedure. I saw the size of the needle on the table. I was afraid of the outcome if the cancer had spread. But as I simply turned away from the table, my body took me. I felt it spin and I felt it rise. I stood up in my red leather boots and turned around slowly. As I did this, I raised my arms up and started to spin. I stopped and paused. It was unintentional, an accident. It was as if my arms rose spontaneously. I closed my eyes. Then, I spun intentionally and raised my arms, closed my eyes, and put my head back. I turned and pirouetted and seemed to rise off the ground. I saw myself as a beautiful dancer.²⁴

In rewriting the stories, the researcher illuminates details that are transcendent in a routine situation, listening for the moment of the shift that describes the essence of this process. There is that moment in a patient's story where he or she moves from an experience that is frightening and challenging to a creative shift toward beauty. That moment happened, for the woman above, when she felt her own body take over, "spin," and "rise" into a spontaneous dance. The examining room, the table, and needle disappeared from her consciousness and were replaced by the image of herself as a "beautiful dancer." In a moment this woman transcended her fear—she became more than the sum of her circumstances. Using the phenomenological research method, the author listened to the voices inside the voices, and stories, from the essence of experience.

The Themes of Healing with Art

On the basis of the interviews, several themes emerged from these stories. What people said over and over again was that they went to a place inside themselves where they actually experienced a shift of consciousness. This allowed them to see their entire lives in a new way. When this shift in point of view occurred, the life healing began. Although the experiences were different for each person, the underlying theme was the same: each person went from a place of profound darkness, fear, or illness to a place where they experienced luminosity. The healing experience was described as feeling intensely alive and transformed. Each person described a transcendent way of being where the spirit became awakened, visible, and illuminated.

The themes that emerged were as follows:

1. Going into the darkness: Most people began with an experience of pain, psychological and physical, and articulated loneliness, fear, and grief.
2. Going elsewhere: Inside the darkness or pain, the person experiences some pause, some trigger, and begins to leave the pain behind.
3. Making art as a turning point: The participant becomes immersed in some kind of creative process.
4. Slipping through the veil: Participants go deeper into themselves, through a veil, to a place they have not seen before.
5. Feeling the healing energy of love and compassion: Through the creative process, participants feel compassion for themselves and others.
6. Surrendering to the process and knowing the truth: The person begins to know, who she or she is and what he or she needs to do to heal.
7. Embodying spirit: The physical and the spiritual seem to converge. There is a merging of attention, breath and spirit.
8. Experiencing transcendence: Participants feel oneness, connectedness with something larger than themselves. They feel deeply changed, more powerful, and more fully themselves. They come to believe they are capable of healing themselves and even others.²⁴

The themes did not always emerge in this order; they were often mixed and may have happened all at once. Some people's stories did not include all themes, and some were heavily focused on particular themes. Other people's stories reflected a direct path to transcendence without spending much time in the other stages.

Bill's story:

I was sick with Hodgkin's disease and my lungs filled with water. I felt like I was drowning; I was terrified. I had come up against something that was so huge that I felt totally overwhelmed. I was so angry and so sick, I refused to get out of bed. I thought I was going to die. An Arts In Medicine artist came into my room and asked me if I would like to paint. I refused. I had never made art before but the idea of painting enthralled me. In the morning, I got up out of bed for the first time, walked to the chair and started to paint. Immediately my pain and fear lessened. I began to paint every day while I was in the hospital having a bone marrow transplant. Then painting became the most important thing

to me every day. All the paintings I made had water in it. The water had to do with my fear of drowning. About the tenth painting, I painted a bridge between two islands. When I saw it, I gasped. Immediately, some sort of calm poured in and for the first time, I knew I was not going to die. At that point I would say that a shift happened where I moved out of my own fear and pain into a place where I felt serenity begin for me because I didn't have the fear anymore. I become open and I knew the bridge in my painting would take me over to the other side, and I believed for the first time I could get well. I experienced a realization from my painting and trusted myself. The painting was like a message from inside—now I believed I would heal. I kept painting every day with more intense interest. I began to share my painting with the hospital staff and hung my paintings in my room. As I painted, I felt buzzing energy in my body and I was so excited about each painting. Everyone was so responsive and I had something to talk to people about. I felt myself as intensely alive and felt a sense of well-being and inner strength that I had not felt before. I painted seventy-four paintings in all. In the last paintings, I painted the sky filled with birds, airplanes, and rockets. I could fly over the water now; I was free. Art changed my life. I am out of the hospital now and I believe I am cured. My paintings hang in my home. I am so thankful for art in healing in my life.²⁴

This story has all the themes of *Spirit-Body Healing*. Bill went from the “darkness” (an ordinary consciousness of pain and fear) to another world, “elsewhere,” a consciousness involving his unique creative life force, as he started painting. The act of painting became the “turning point” that developed into a healing experience as he “slipped through the veil” of ordinary consciousness to a deep spiritual place in himself. He felt “healing energy” and “trusted the process” of art in healing. Finally, he felt his own physical being merge with his spirit being and experienced transcendence in his deep, newfound connection to life.

In contrast to a linear, step-by-step progression, most people's experiences of these transcendent themes could best be described as a spiraling process that began with psychic and physical pain—pain that moved them to begin to experiment with art. Participants articulated loneliness, grief, fear, psychological pain, physical pain, and the shattering pain of a newly diagnosed cancer. From the place of pain, the participants fell or moved into darkness: the 3-dimensional place where pain lives. Darkness is the person's perception of fear and death. Something happens in the lived experience of darkness—themes emerge: going elsewhere, a pause, trigger event to make art. These themes *spiral* together.

Participants became immersed in the creative process and the doing of art. They painted, sculpted, danced, wrote journals, composed poetry. The process of making of art was another large spiral. The spiral contracted. Participants slipped through the veil, going through art as a doorway. The witness in themselves appeared: they saw themselves. This part of the process is about art as a turning point. The embodiment of spirit healing and transformation is the next part of the spiral. When the participants made art, they experienced changed body sensations of energy, feelings of compassion, and deepening attention. The final spiral, a spiral of transcendence, deals with oneness, interconnectedness, luminosity, and, often, with perceiving a

spiritual presence. It is about receiving love and restoring their lives. The participants became different, powerful, full of energy, and intensely alive. They healed themselves and became motivated to heal others, even the earth. Many devoted time and energy to helping others use creativity as a way of healing by volunteering in AIM program or making art to share in a positive way. They also did community art projects to heal their environments and even made earth art to heal rivers.

The Stories of Spirit-Body Healing

While the 8 themes of art and healing this research revealed are not linear, I will describe them as linearly as possible. They comprise the essence of “spirit-body healing” and serve as a roadmap for describing individuals’ experiences when art and healing merge.

This researcher found that most people started with an experience of pain. Here is Barbara’s story:

When the pain worsened, I became more frightened; I would find myself staring into this beautifully patterned bowl. It was my first experience of a mandala. [The mandala is a circular form, which has been used for thousands of years in many cultures to facilitate silence, concentration, and meditation.] This became an important discovery for me. I suddenly realized that when I was looking into the bowl, I was not afraid and I was not in pain. I would go into the experience of seeing beauty and lose myself in it for a small period of time. I realized that when I made art, I was not suffering.²⁴

From the place of pain, they fell or moved into darkness. “Darkness” is the place beyond physical pain, the fear of death, the fear of medicine. One participant described the experience as something akin to a death wish: “I went into the darkness; in my sadness, I never thought I could feel so much pain. I felt like dying.”²⁴ Darkness is the 3-dimensional place where pain lives. It is the person’s experience of fear and death. Inside the lived experience of darkness, other themes emerged: going elsewhere, a pause, the trigger, triggering an event to make art. These themes spin in a spiral together. They were not all present in every participant and did not emerge in one order, but they are significant for understanding the meaning.²⁴

Next, each participant became immersed in the creative process and the doing of art. They became involved in painting, sculpturing, dancing, journal writing, and/or composing poetry. The theme that emerged is doing art as a process; when the patients make art, they see a product that enables them to look at and examine what is happening in their lives. The making of art is another large spiral. Each person became involved in art in a different way: some were invited by friends, some were artists already, and some made art almost by accident.

A woman with pancreatic cancer was up late at night, writing in her journal. She called it “going elsewhere.” She said, “Tonight I become Lily Penelope, one of the characters in my books. I embody her and make her my own. I create aspects of myself that are fun, wicked, mischievous. I become wild and free. I go elsewhere in nighttime darkness, I go elsewhere in the gloom. I move away from my darkness, my constant pain, my despair.”²⁴

Inside the doing of the art what was the turning point for participants? Something appeared that they had never seen before. This is a powerful theme, this slipping through the veil into another world, the world of the artist. Bill told me:

This picture is called Sanctuary. It was my turning point. I did not know what was going to happen next month or next year. The wooden bridge is leading me into my future and I don't know where it leads. I guess it leads the way to my soul and my unconscious. There is no place to run. I guess I have to look at myself.²⁴

The next spiral is the embodiment of spirit healing. The stories illuminated this experience, an experience of attention, breath, and compassion. Embodying spirit deals with other themes that emerge, themes of restoration and of transformation. When the participants made art, they experienced changed body sensations of energy, feelings of compassion, and deepening attention.

The patient with Hodgkin’s disease mentioned above told me about his dream of falling into water and nearly drowning, a dream presaging his Hodgkin’s experience. Although he claimed he had never created art before, 1 day he drew the picture described above, of an island surrounded by water. In the foreground there was land and a bridge. He said this painting was his turning point. When he painted it, he suddenly realized he could now draw the bridge across the water to the island. In that realization, he felt an insight that he suddenly trusted, and he felt he would get well. In one moment he knew the truth. He saw and believed completely that he could get well.

His paintings continued to develop, and he drew passionately every day. He shared the images with staff and hung them on the walls of his room. He showed them to nurses and the doctors. He became excited and encouraged. It was a development in his life. His art portrayed the journey he was on. I asked him, “What is it about art that was an experience of healing for you?” He told me about an experience of walking in a forest:

I realized I was dealing with the fear of my own death. I was afraid. When I made it through, I realized suddenly what I was afraid of. It was the unknown behind each tree. Then I realized I had nothing to be afraid of. What was behind each tree did not matter. I was not afraid anymore. You know, if you walk down a path in the forest, the smells change as you walk. Did you know the leaves sparkle and become illuminated at their edges, and the shadows dance across the branches? Did you know you can feel the wind shift directions over your body, you can hear each branch rustle, each acorn fall? All of a sudden, I realized I could see out of the eyes of the artist. I could see the forest illuminated alive and glimmering in a way I had never seen before, until I started drawing. That experience was a heightened sense of being, a way of being able to experience life as an artist.²⁴

Then came the final spiral, a spiral of transcendence that deals with oneness, interconnectedness, luminosity, with seeing a spiritual presence. It is about receiving love and restoring life, so participants see their whole past as being loved. They become different, powerful, and their authentic selves.

A breast cancer patient who was about to get a bone biopsy told me:

I saw myself as an angel. That scared me for a moment but my body was still taken. I could feel myself starting to spin, to rotate. And as I spun I could feel my spirit arise within me. I could see Her. I could feel Her getting brighter, more powerful than ever before. I did not do anything. I was rising off the ground like a spirit. I was soaring, and I was full of light. I was much larger than my body, and the examining room was gone.

And in a moment, I was not afraid of death. I was not afraid of anything. The procedure had receded and did not seem important to me in regards to my spirit. And I spun, twirled and rose, and then to my surprise, I jumped up in the air and clicked my heels together in a movement of joy and, in a sense, mocking death. I laughed, it was wild, it was not me. I don't do things like that. And then I went back to who I was. I was back in the examining room but different. I was myself. I was calm, energized, and strangely happy. I could not have predicted this journey. I do not want to have cancer and I hate all this.²⁴

Another woman with breast cancer told me about her experience creating a work of art:

My series was called the "Warrior Woman" and it was about becoming a warrior to be able to fight breast cancer. One of the last pieces that I did, I called it "Warrior Woman—Wings of Transcendence." It was very winged-like, and there was a body and it was very very feminine. I had completed the piece, and I had sent the slide off to be included in an exhibit for women who had had breast cancer. It was accepted, but I was not happy with the piece—there was something wrong with it. I completely took it apart. I was really frustrated and I thought that I had really not transcended—it had not happened. I tried a lot of different things and a month or so went by, quite a long time. I went on a walk, and I just decided that I was going to let go of it and when it came together, it would be together. It could be today or it could be next year. So I came home from my walk. I had all the pieces disassembled on my deck, and I looked and the answer was there.

It was the most awesome experience because I really felt—I'm not sure that I really believe in God—but I really felt like this really is. There really is something more and it was allowing myself to see that. I think that was probably one of the most thrilling moments of my life. It was also about trusting myself to listen to what my voice was telling me. Maybe I did not understand it at the moment but I just followed my instinct. I just felt like I'm the vehicle and there is something greater in me and I've tapped into that. I'm making these things hopefully so that other people will see and they will also be transformed or transcended or feel something, in regard to their own problems in their own lives. It just was a terrific experience; it was a turning point.

The piece is about a woman. She's transcending. She's going to a place where She's never been before. For me it is symbolic of allowing myself to go within myself. Inside here is this vibrant, creative, passionate woman that I don't think I ever allowed myself to see. It's very frightening and scary, particularly after breast cancer—I think breast cancer takes away from you that feeling. Another thing occurred here in regard to this piece. I finished it and knew it was perfect and fabulous. I put it together in just a few hours. I hung it on a wall—I have a wall set up with the correct lighting, and I put it on

the wall and I turned on the light. I looked back into the kitchen and looked at it. The inside part of this was glowing red—I mean it was totally the most frightening, exciting, exhilarating experience. It was absolutely unplanned—it was just wonderful because it truly was alive—it represented life. And when my husband came home I asked him "what do you think of this piece" and he was totally moved. He doesn't necessarily understand that part—he's not a person who looks within. He really couldn't believe it and other people that have come over and have seen it are aghast. It was not planned that way, but I really feel that it was meant to be—I really feel that there are no accidents and it was destiny.²⁴

For one participant, something greater than her life had stepped in. She experienced the unexpected. Something came through that was mysterious in the moment that it was happening. An instinct emerged. Is this the meaning of an instinctual way of working, where we feel free? Something greater appears in the process. Art brings spirit to healing.

■ Discussion

Possibly the most important and unexpected outcome of the study was the concept of spirit that the experience of art and healing emerged in a spiritual dimension. The respondents talked about their pain and darkness and then moved to an articulated experience of transcendence. On undertaking this study, the author thought the primary concept was going to be empowerment, healing childhood. Instead, it revealed itself in the spiritual dimension. The mission statements of many hospitals today include a commitment to treat the whole person—body, mind, and spirit. Spirit is at the heart of why people want to do creative art to heal.

There are major departments in spirituality and healthcare medical schools and universities such as the Center for the Study of Religion/Spirituality and Health of Duke University, the Institute for Spirituality and Health of George Washington University, the Johns Hopkins' Spirituality and Health Care, and the Center for Spirituality and Health of the University of Florida. As research about spirituality in healthcare has grown, investigators of one study found that lack of private religious activity continued to predict a 47% greater risk of dying.³⁰ This was one of the first studies done that showed a significant association between private religious activities and longer survival rates in certain populations. Religious coping and blood pressure were related during daily activities as well as in the clinic.³¹ Compared with the control group (standard therapy), there was a 25% to 30% reduction in adverse outcomes in patients treated with any type of Noetic therapy.³² Religious activities and attitudes were inversely related to measures of physical illness severity and functional disability.³³ In addition, topics including religious attendance and survival, religion and blood pressure, religion and recovery from depression, and religion and healthy living have been researched extensively.^{31–33}

The process of art in healing is elegant and complex. In the darkness, something moves the person to make art. A creative process is born. Then, there is an extraction of pain from the self.

The person seeks healing by making art. In the process of making art, there is movement with rhythm, intensity, and life. There is volume and texture in this lived process. Within the process, suddenly life appears. Something breathes life into it. A presence is suddenly with it, a “breathing into.” It is a person’s own life force. It becomes art. The art has life. It becomes alive. The artwork has its own life. The person who makes art has a transformative experience. The individuals become healers, teachers, they cure themselves, they become advocates for other patients, they become inspirational people—people who help many others on an intimate level.

■ Implications for Nursing Practice

How can nurses implement the arts and spirituality, in clinical practice? How can a nurse offer a patient creativity and spirituality, when the patient has just been diagnosed with breast cancer? Can the arts be implemented into practice? Are we so busy as nurses that we cannot help patients incorporate creativity into their lives? Facilitating creative art activities can be powerfully therapeutic and cost-effective in our nursing care.

As nurses, it is important to ask ourselves what the possibilities of art and healing are. Can music be integrated into units? Can a dancer be invited to approach a patient who cannot move after surgery? Can a nurse gently remind a parent to bring a box of crayons to a child to encourage him or her to begin to draw and engage this child in play again? How can the nurse enter the room and with a glance and a gesture invite the patient’s creative life to be expressed?

When nurses first interact with patients, there is a wonderful opportunity to involve the patient with creative art interventions. As part of the first assessment of patients, which usually includes discussions of the chief complaint, disease symptoms, and treatments, the nurse can ask patients what it is in their lives they do that is creative. What is the expression of creativity that they immediately think of? It is an assessment of creative resources to be brought to bear on healing. Then the nurse can speak to the woman newly diagnosed with breast cancer or the mother of a child with a brain tumor and encourage her to make art as if their lives depended on it. The message for the patient and family is, “*This is the time to consider making art again. It is the time to reach deep inside and free your healing spirit.*” The message for healthcare professionals is, “*Art is a simple, cost-effective intervention that mobilizes self-care and facilitates the experience of healing energy. It heals in the physiological, the emotional, and the spiritual dimensions.*”

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AUTHOR QUERIES

TITLE: Spirit Body Healing—A Hermeneutic, Phenomenological Study Examining the Lived Experience of Art and Healing
AUTHOR: Mary Rockwood Lane

AQ1: The latter part of the sentence is not very clear. Check if the changes made are justified.

AQ2: Provide the volume number.

AQ3: Update this reference if possible.

AQ4: Provide more details for this reference.

AQ5: Provide the page range.