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Development of an art program on a bone marrow transplant unit

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This article describes a project created as part of the Arts in Medicine program at Shands Hospital at the University of Florida. The overall mission is to identify and develop connections between the creative arts and the healing arts that will improve the physical, mental, emotional, and spiritual health of our community. The immediate aim of this project is to facilitate the development of similar programs on other clinical units and in other hospitals. The key component is the inclusion of professional artists as artists in residence in an intensive care unit setting. Their primary function is to conduct creative arts workshops and to work one on one to facilitate the use of art as a therapeutic intervention with patients, families, and health caregivers. This pilot program is being conducted on the Bone Marrow Transplant Unit and is exploring the links between nurses, physicians, artists, patients, and families in the creative process. The nurse's role has proved to be that of facilitator and advocate, directly incorporating the artist's interactive process into the daily activities of patients and families. The artists have designed and implemented each creative project and acted as consultants in how to incorporate it. The basic assumption is that every individual is a natural artist. We believe that creating opportunities for everyone to explore the possibilities of artistic expression without judgment or criticism can lead to greater self-awareness and self-esteem and can release our innate creative energy. We hypothesize that this energy can be directed as a potent force into our physical, mental, and spiritual healing.

Key Words: Creativity in nursing—Journal writing—Nurse/artist—Physician-poet—Poetry—Drawing—Painting—Nursing interventions—Advocacy—Art program development—Artist-in-residence—Artist-healer.

Protective Isolation

"I can see the faces of all the other patients who've occupied her room."

Bone marrow transplant nurse

These sterile layers of air
encase her, tenuous as thoughts
that spark poems. On this parchment
she pens an epiphany
to lay a cloth of flesh
upon her sanctum's barrenness.
Her muse: have her predecessors
healed and borne off their
mortal burden? Or does their
presence still share in this meager

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space with her, hosts and
guests, a lingering assembly
of ghosts that take their
turn unravelling the drama
of this poem she lives?
Can then her muse reform these
shadows, fragments of the
universal mind, to substance?
She feels these shades curled with her
about the pillows, lifting the pain,
easing it around the edge
of this cool draft, blowing it
clear with the motes that
swirl away beneath her door.
(Reprinted by permission of The Journal of Medical Humanities.)

The nursing profession has reached a critical threshold in its commitment to science and technology. It is generally conceded that modern technology has, for all its contributions, not created a healthy society (1). In response to this, there has been widespread interest in the past few years in the intrinsically artistic aspect of health care and how this aspect may provide a more balanced approach to clinical practice.

In September 1992 we embarked on a project on the bone marrow transplant unit (BMTU) at Shands Hospital at the University of Florida to incorporate the creative arts as part of health care. This artist-in-residence program has been created and implemented by the authors, one of whom (M.R.L.) is a nurse and visual artist and the other (J.G.P.) a physician and poet. This is a collaborative relationship focusing on introducing the creative arts into the traditional health care setting. During the initial phases of the pilot project, we have drawn on many other health care and arts professionals to incorporate the arts into the care of these people with life-challenging illnesses and their families.

Nurses on this unit face daily suffering, human despair and pain, and often death. Their training has given them the high level of technical expertise needed to provide care but may have deemphasized or even eroded their resources and skills to cope with the emotional needs of patients, families, and themselves. The same is true of other health professionals, perhaps particularly physicians.

Art offers health care professionals the chance to explore a new strategy to enhance their caregiving abilities. We consider the creative arts to be a potentially important component of care of these disabled and often very ill patients and their families. We are exploring on an individual basis which activities prove most appropriate, and the extent of patient involvement on the basis of both individual preference and physical limitation. For example, these activities may be limited to the sharing of poetry, music, or visual art in individual rooms with only passive involvement of patients, or activities may be more interactive and include patients producing their own artwork and attending workshops conducted by artists. The essential nursing intervention has been to support, facilitate, and validate the use of these art materials and activities in this setting.

LITERATURE REVIEW

This review of the literature is only a partial list of articles that have shown with empirical data and controlled studies the value of visual and expressive arts in promoting physical, mental, and emotional recovery from many different illnesses. The literature abounds with the use of creative arts as a therapeutic modality (2–6). Lazarus (7) reported extensive empirical studies showing the value of systematic creative writing and journaling in significantly improving mental and physical health. Pennebaker's (8) was one of many reports of controlled studies showing the highly significant therapeutic effects of creative writing in recovering from ill health as measured by psychological and physiological measures as well as reducing subsequent episodes of physical illness. Another study demonstrated how the use of drawings, paintings, photographs, and poetry helped nurses, physicians, and hospice workers communicate with patients and bereaved families and helped the recovery process (9).

Art as therapy can be a powerful tool to facilitate the emotional expression of children with cancer and their healthy siblings (10). This investigator developed art techniques and structured focused questions to understand the individual child's reality.

There are specific resources used to help children cope with hospitalization (11) and for bereaved youth in hospice care (12). Art is also used in therapeutic drawings with children (13), as a diversional activity to enhance coping skills (14), and as an intervention with suicidal adolescents (15). Adolescents with emotional and behavioral difficulties were shown by serial videotaping to improve significantly through the use of art therapy on parameters that included cooperation, personal mastery, interpersonal skills, and tolerance of negative experiences (16). Short-term art therapy has also been shown to significantly lessen anxiety, depression, and sense of rejection in a group of severely disturbed adolescents (17).

In the clinical area of pediatric oncology, several investigators have reported on the use of artistic

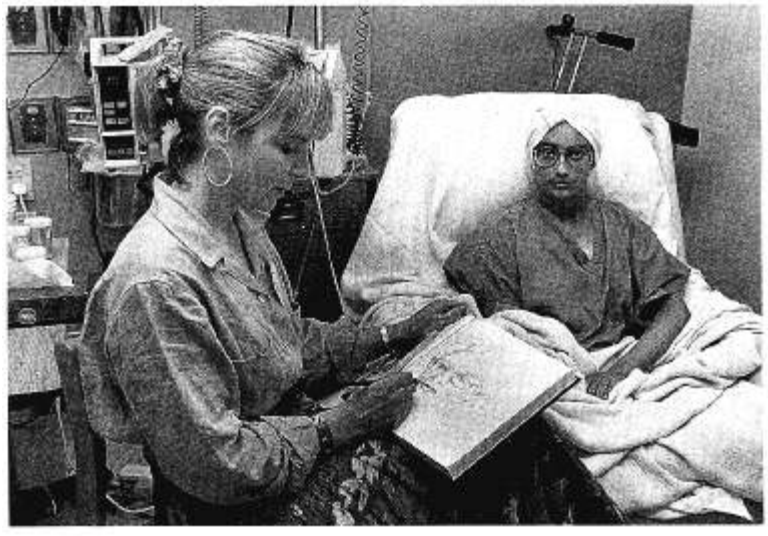

FIG. 1. Our first artist-in-residence working with a patient shortly after she had received her bone marrow transplant.

therapies (18,19). One interesting study described the use of an autobiographical scrapbook as a coping strategy that nurtured creativity in the intellectual and physical developmental process of the child and also served as a mechanism for emotional expression (20). This nurse participated with the child in creating the scrapbook, which allowed the nurse to assess perceptions and adjustments the child made to the experience of hospitalization.

On a BMTU, there is an opportunity for prolonged encounters because the average length of stay is 6 weeks. Robert Coles (21) in his book, *The Spiritual Life of Children,* states that prolonged encounters with children are the essence of his clinical work. Each child becomes an authority on their situation, and all the meetings become occasion for the teacher—the child—to offer, gradually, a lesson (21). The job is to listen, to record, to look at pictures (drawn, painted, photographed), and to make sense of what has been heard and seen. Children, as they struggle to figure out the world, show the complex, ironic, inconsistent, contradictory nature of human character, and, of faith and doubt.

PROGRAM DESIGN AND IMPLEMENTATION

This project was funded by the local Children's Miracle Network, which provided the art supplies and the honoraria for community artists for the first year. The primary objective has been to explore the connection between the creative arts and the healing arts, linking health care professionals of many disciplines in this endeavor. The creative arts have been introduced as optional extras into the care of patients and families, as well as for the use of nursing staff and other caregivers on the unit.

The initial program has emphasized the visual arts. Materials were chosen for simplicity and comfort (avoiding things that could possibly be alarming or confrontational), as well as for their ability to be easily cleaned (because these patients are immunocompromised). Each patient was provided with an acid-free paper, 8 × 10 inch journal and a stocked art bin with a variety of supplies. These supplies included drawing pens, colored pencils, water-soluble pastels and/or crayons, colored markers, a watercolor packet with brush, fabric paint in several colors, three squares of fimo clay, an eraser, pencil sharpener, glue, and scissors. These materials were chosen to foster a full range of exploration with mixed media, encouraging each individual to develop and define a process that feels comfortable but is also challenging. The art journal provides an opportunity to create a personal story blending past and present, even collaborating with others if desired. Patients can draw, paint, or write in their journals, and this can be experienced as an integral component of their care. It can become self-directed and personally significant for the patient and family, and represents a commitment to create space and time for self-expression.

This pilot program was initially implemented on the BMTU because of these patients' long hospital stays and the severity of their illnesses. The artist-in-residence program is an unusual, perhaps unique, opportunity for local artists to work in such an intensive medical setting. They are required to work

directly with nurses, physicians, and other health caregivers in interfacing the creative arts with traditional health care. The artists may include painters, sculptors, poets, writers, dancers, musicians, storytellers, song writers, and clowns. Each artist is asked to commit to be an artist-in-residence for 2–3 months and to introduce their own creative medium. Most have agreed and have spent 5–8 h per week on this project. This allows for orientation of everyone to the breadth of the artistic process. The idea of a 1-month rotation as was initially planned was abandoned when it was recognized that the artists needed longer to experiment with different approaches and techniques. This has required great flexibility and responsiveness on their part to the staff's changing work demands as well as the patients' medical condition. It has also required that these artists acquaint themselves with and adapt to the modern intensive care unit setting. Conversely, staff members have had to acquaint themselves with the diverse types of art and artists and to be as flexible as possible to integrate the program into the unit.

INITIAL PLANNING

The program began with an initial unit staff presentation, during which we defined the philosophy, goals, and implementation of the project and the staff had the opportunity to discuss a variety of possible ideas. A critical element of this process was their active participation and commitment to the project's development. It included sharing the personal story of the first author, who became an artist in the process of using art for inner healing. She showed slides of eight self portraits, which expressed her journey through despair, depression, and pain to inner transformation.

She explained how the painting process allowed her to express herself more clearly, and ultimately confront major life problems. The creative energy in her paintings reflected her emotional and spiritual healing and was deeply grounded in her subjective and personal life. This artistic inquiry provided an opportunity for the staff to see how the artistic process can relate to personal healing if we define this as a process of recovery through self-awareness, decision-making, and self-transformation. The goal is to allow every individual the time and space to accept themselves in an authentic and spontaneous way. This example can empower other nurses to develop their role as advocates to support the patients' and family members' self-expression.

ARTIST RETREAT

The next step in creating this program was a professional artists' retreat. Interested community artists were invited to cocreate this project by exploring their own ideas and possibilities for implementation. This "grassroots" approach was envisioned as a way to explore in a hands-on way links between artists and the traditional health care system. Twenty-two artists took part, including musicians, storytellers, painters, sculptors, dancers, photographers, and poets. A nurse and a physician from the unit also attended. Each artist was encouraged to submit a proposal to the program coordinator.

ROLE OF COORDINATOR

The nurse/artist coordinator has fulfilled the role of facilitating the integration of artists into the unit's activities and also has served as a role model with expertise in art as a healing process. She chose and developed the initial art materials and collaborated with each artist-in-residence, participated in staff workshops and family support groups, and interfaced with patients and families. She also explored options with the unit's nurses based on individual needs and abilities. She identified and facilitated the initial art projects requested by the staff for themselves as well as for the patients and families.

NURSES AS ADVOCATES

Several self-selected nurses have acted as liaisons between artists, other staff, families, and patients and have helped in the project's implementation. We saw nurses as key facilitators because the families most often sought them out to request inclusion in the program and to facilitate the artists' relationship with the patient. Two initial liaison nurses were identified who planned and scheduled the art activities and monitored the appropriateness of timing and the strength, ability, and readiness of patients. These nurses worked closely with the artists-in-residence, and many others identified interested patients and families for them.

ARTIST ORIENTATION

Hospital orientation is organized through the volunteer department and informs each artist-in-residence of basic hospital protocols. Each artist was officially registered as a volunteer and attended an

orientation presentation. The artist was requested to show proof of immunization to measles, mumps, and rubella and to have a tuberculosis skin test.

ARTIST WORKSHOPS

Each artist conducted several hands-on workshops for both families and staff. This has provided opportunity for all to become familiar with these art activities and materials. The objective is to facilitate each individual's experience in the creative process and hopefully to kindle their interest through this personal experience in a process that nourishes spontaneity, self-expression, and creativity. The artist is then enabled through acquaintance and acceptance by staff and families to establish one-on-one relationships with the patients themselves, who spend the whole of their stay in isolation and are very ill or at least disabled the greater part of that time.

The artist-in-residence program included fimo clay, collaborative painting and drawing, fabric painting, theater/magic workshops, theater games, sign language, laughter playshops, and music. The artist introduced the concept of the art intervention by creating and keeping a journal. They even used Polaroid snapshots for the patients to take pictures of themselves, of their family, and of the nurses and physicians and to put them into their journals and begin to write about their thoughts and feelings. The artist also encouraged the use of the journal for all kinds of artistic expression.

Our first artist was a multimedia artist who worked initially with fimo clay because it is easily manipulated into three-dimensional objects such as sculpture, jewelry, and holiday ornaments. Each workshop was attended by about 10 individuals, including families, nurses, physicians, occupational and physical therapists, child life workers, clerical staff, and physicians' assistants—representing all the different staff of the unit. These workshops were lighthearted, spontaneous, sharing occasions that served to lift barriers. There was both joy and a sense of achievement in working with these simple materials and in determining as a team if they were appropriate to use with patients. There was a lot of feedback during the workshops, and family members and nursing staff took several materials to the patients. In subsequent workshops artists were introduced to families and then invited to work with individual patients. The first artist worked one on one with eight patients during a 3-month residency.

In another workshop, which was titled "The Freedom of Creativity," the nurse/artist and artist-in-residence introduced the art materials to staff and families. During this workshop the artist presented slides of her own work. The expertise of this artist-in-residence was mixed media. Our objective was to create a collaborative art work. Each participant would draw on a large piece of paper, respecting what another person had drawn, then would take it and create their own forms, lines, and colors. It became a piece that was a collage. Some individuals glued magazine images with other people's colored images, drawings, paintings, or simply swashes of color. This was done simultaneously with staff and patients' families. The artist also presented a similar workshop at family support groups. At this point, there was a set-up of art materials in the family waiting room, and the families were encouraged to collaborate on their own piece as well. This seemed successful in that it was stress reducing and fun, and a comfort level was achieved with the families in the creative process.

The second artist-in-residence on the unit was a fabric artist who conducted several hands-on workshops with staff and families as well as family support groups. She found that painting hats and t-shirts was user friendly and participants felt comfortable starting with this functional art project. These workshops were attended by nurses, clerks, aids, and several physicians, as well as a few family members.

This artist has become very involved in the design and development of a fabric painting art box. She has designed it for convenience and an easy set-up to work for patients in a hospital bed. This artist continues to explore avenues for effective utilization of materials and integration in the hospital environment. This box is set up with a readily available paint selection and a stretched t-shirt to paint; the entire box can be slipped under the hospital bed to dry.

At this point we are developing the program to orient artists to the hospital as well as to teach health care providers the possibilities that the creative arts can offer their practice. The workshop objectives are to involve and orient the participants to specific creative art activities. The coordinator continues to facilitate the introduction of each artist to the unit as well as focusing each artist's involvement. The implementation of this program on several other inpatient units of the hospital is in process.

DISCUSSION

Our overall conclusion is that this pilot program has provided an opportunity to explore a new aspect

of health care in an intensive care unit setting. We believe this setting to be one of the most challenging and have identified some specific benefits and limitations. The program is still in a relatively early phase of development and implementation.

Benefits

The artistic process experienced by patients, family members, and staff is self-oriented, has focused on the personal experiences of their situation, and has fostered a strong sense of accomplishment, mastery, and self-validation. It has focused on the individual's subjective experience of illness, care, and hospitalization. The art form, while simply allowing individual creative effort as an end in itself, i.e., a hand-painted hat and/or t-shirt, has also facilitated insight into their experience in the illness/health transition. The art form is personal, created, and "owned" by the individual; and inherent in the process is accomplishment, which is directly validated by the patient and others.

Members of the nursing staff have been able to provide leadership in a newly emerging area of health care. As advocates in implementing this program on the unit, they have facilitated the use of art materials and activities in close collaboration with the artists-in-residence. A hoped-for benefit has been the spread of the use of art to other hospital units through the nursing network.

Improved morale and cooperation, as well as reduction of barriers between patients, families, and staff members, have been obvious major results of the widespread use of art in the BMTU. The production of collaborative art works has been particularly effective in this regard.

Preliminary quantitative analysis has provided strong empirical support for the use of art in improving patient mood and lessening subjective feelings of distress, loneliness, and anxiety. Extensive quantitative assessments are being gathered by clinical psychology graduate students under the supervision of a clinical psychology faculty member. These include measurements of physical functioning and symptomatology, medical fears, pain location and intensity, child affect rating, behavioral adjustment to prolonged hospitalization, and parent mood.

Reports, journals, and other written observations by both participants and artists are being collected for use as documentary evidence for ongoing qualitative research. This form of study will focus on description and understanding of the meaning and value of the individual's subjective experience of the creative arts during their hospitalization.

The artist's feedback has been illuminating and has given us great guidance and direction. As one artist said, "This is an opportunity to share my art in more meaningful ways, reaching out, being with patients and their families, and making a difference." "A painting process can allow an individual to feel, express, and confront themselves, ultimately letting go of the despair." Another artist defined "healing as a personal self-awareness, insight, and transformation," proposing that the goal was "to allow the patient to be with and accept themselves in an authentic expressive manner." Artists spoke of their experience as intensely intimate and personal and said it was critical to be sensitive to the changing needs of patients, families, and staff. One artist said she was initially quite frightened of working with patients on the BMTU, and quickly learned that the nurses or family members with whom she became acquainted during her workshops provided the best introduction to the patients. Another stated, "A couple of times I would simply sit and draw, which seemed to please and delight them. Mostly, however, we just talked, and what seemed to be most important to the patients I worked with was the friendship and care. I was a *new* person concerned for them as people—not patients. I was focused on quality not quantity." "It was not important whether or not any piece of artwork was produced; what was important was introducing the idea that the patient can help themselves through a variety of expressive means including the simple art of conversation."

Nurses identified the greatest benefit as being the direct impact on the patients and families. This provided supportive care and intervention to highly distressed and sometimes deeply depressed patients. One nurse put it this way: "It appeared to mean a lot to the families and patients to have a 'friend' from the outside, since many of our patients are far from home."

Families were involved. One mother said, "I want my own journal. I'm writing and collecting little sayings that are important to me. They inspire me to keep focused to be as supportive as I can to my daughter."

Patients were responsive. A 15-year-old girl who had previously spoken very little to anyone started to lighten up when the artist visited, and she allowed her to draw her portrait in her own journal. This patient's enthusiasm came not just from the art but also from the relationship with an artist.

Local professional artists were already interested and committed to the concept of a relationship between art and healing. Artists wanted to become involved with the project. These artists were directly accessible and an untapped resource in the community. Local artists were selected because of their expertise in their particular medium. We believe art can be directly accessible to everyone at any level of talent. These artists offered their creative process to anyone who would like to engage in it.

A final benefit has been the widespread interest of the community and media. There has been extensive publicity about this program; several newspaper articles, a radio talk show, and the hospital newspaper featured the program.

Limitations

There have been many difficulties and challenges in implementing this new program. The amount of time artists could spend on the BMTU was limited. It became clear that they required prolonged residencies for their role to develop into an ongoing supportive intervention. The major problem was the lack of funds to pay individual artists adequately. As their investment of time and energy increased, it became clear that our original concept of volunteerism was unrealistic and unfair. It was our general finding that artists in this community were very willing to donate a good part of their time; however, this seemed to us to be an inappropriate way to develop our model.

It became apparent as the artists discussed form, color, shape, art materials, and process that the nurses, patients, and families found the language unfamiliar. It has taken considerable time and practice to establish a "common language" to allow ready interchange about the creative process.

The first reaction of many individuals was, "I'm not an artist," which created a self-imposed inner barrier probably of long-standing. The older the subject, the greater the barrier. Patients over the age of ~10 years and almost all adults were frightened of creative expression, and this has proved to be an ongoing challenge. Techniques of guided imagery, music, and semistructured art activities were used without judgment to facilitate the process of letting go and trusting the value of their self-expression. Freedom and spontaneity were encouraged, in whatever the process was, and the results were celebrated as perfect in the moment of sharing it with others.

Nurses identified barriers of lack of experience with the art materials and expressed feelings of frustration when they felt inadequate doing a creative art workshop. One nurse shared her feeling: "I didn't like it when I couldn't manipulate the fimo clay to make something. I felt frustrated and didn't want to try again." Nurses asked for an introductory program grounded in a nursing practice framework instead of the initial orientation focus of the artist presenting a creative art process. There was an identified need to create a stronger bridge of language and communication between art as a process and nursing as a process.

The initial workshops were planned monthly, which turned out to be too many. The program has needed time to season and evolve. The artists and nurses needed more time to develop a collaborative relationship with patients and families.

The time restraint of the staff's responsibility to patient care on the shift was also limiting. Also, the expectation that the staff would attend workshops after or before their shift was unrealistic. Even a workshop arranged and initiated by the staff could be poorly attended if the unit's acuity level was high. The plan now is to offer CEU's for each workshop to support the staff's attendance.

Another barrier was occasionally inappropriate dress and behavior on the part of artists. Artists were not well received by nurses, patients, or families if their appearance and style was too extreme. This hospital environment typically places high value on professionalism and formalized role behavior. Therefore, the artists needed to be sensitive to this expectation and be willing to interface appropriately in a highly socialized setting.

FINAL THOUGHTS

This pilot program linking the creative arts and healing arts in a medical intensive care unit setting is innovative, indeed so far as we know, unique. It has proved, from our preliminary observations, to be extremely successful. A major secondary achievement has been the involvement in the creative process of family members and staff in addition to the patients themselves. The fact that this program has spread to several other hospital units underscores its potential value. There is a current pursuit for new ways to develop the integration of creative arts into clinical practice. Clinical Artist Rounds are conducted on a weekly basis to allow for discussion and feedback regarding patient and family involvement. Artists share what media work effectively, and support each other in their endeavors. Each artist is a pioneer entering new and unfamiliar territory. Presently a

fabric artist, painter, musician, and sculptor work in the program on a daily basis. The nurse liaisons are anxious to continue to explore the interactive relationships with the artists and the inclusion of the arts.

A future goal of the program is that the nurses would more directly use art as a therapeutic modality in their practices. This will be facilitated by their seeing themselves as natural artists sharing their artistic talents, in addition to giving the patients permission to participate in a creative process. This could then become a clinical component of the supportive care provided to the patient during their hospitalization. Everyone is an artist!

Loving Ourselves

I need nothing more than this:
the wrap of your wide smile last
evening through the gathered crowd,
arm slipped briefly round me,
small secrecy of a hand: ample,
boundless, sacred intimacy.
The task emerges: clasp the
ecstatic minute, honor this
chaste dance between us, trust
its mystic secret energy, grant
wholly this mingling of our
souls, not deserting other vows.
So we wash, bake, care for our young,
our old, love our chosen partners,
in our way and theirs. And seeing a
butterfly shake its wings in the sun,
we chart again this different map,
dance the loss of what might be.

□

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