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Perceived Benefits of Art-based Interventions and Nursing Implications: A Systematic Review

by

Audrey Anna Meyer

A Senior Project in Partial Fulfillment of the Requirements of the Honors Program

ST. CATHERINE UNIVERSITY

April 2\textsuperscript{nd}, 2012
Acknowledgments

I would like to thank with all sincerity the guidance of my Project Advisor Corjena Cheung and my Committee members Carol Lee Chase and Carol Geisler. Many others helped shape and steer the direction of this project, notably Jennifer Larsen, Sr. Joan Kain, CSJ, Dianne Erickson, Petronella Ytsma, and Anna Stanley. My family and friends who have provided support throughout my work deserve a hearty token of appreciation. The ultimate inspiration for this project lies with patients and clients who I have had the privilege to care for in the past and to those whom I hope to provide comfort to in the future.
Preface

At the commencement of this project, my intention was to combine my knowledge I have gained from my professional experiences as a nursing major with my personal interest in art I have expanded with my elective courses. Intuitively, I have known that art can have a positive impact on the creator and it seemed natural to incorporate art in nursing with the purpose of promoting healing. From the personal experiences I have had with making art, I wanted to explore how I could integrate this into my major.

I originally wanted to research the empirical benefits that could be gained from art by using art as an intervention with individuals. I quickly learned that without a degree of my own nor having any funds, I would not be able to see this idea to fruition. I became limited to identifying what research had been done, which I found was still very limited. To supplement the findings in the literature, I wanted to follow individuals who used art in health care with the purpose of healing and observe what benefits were produced. While I found that there were numerous examples of people using art for healing, my lack of a degree once again proved to be a barrier as student research in health care systems contains many liabilities.

To be honest, as the possibility of implementing my ideas and subsequent adaptations to my original purpose dwindled, so did my ambition to follow through with this project. My multiple commitments in addition to school along with the considerable demands of the nursing program at St. Catherine University competed for attention with my goal of completing my final Senior Honors Project. To move forward with this project given my setbacks, I had to engage my creative thinking. I made a promise to myself at the beginning that I would construct more than a paper—I wanted to complete something tangible that someone else could benefit from in
addition to research that I conducted. I learned that I did not need to look any further than the nursing program I was already in.

When I thought back to my experiences as a nursing student in the clinical setting, I knew that students had the perfect set-up to use art with their patients given the amount of attention the student could devote to the patient. For the average student nurse, however, there is simply a lack of time to research and learn how to implement art for healing. Art as an intervention would not be a priority at this stage in a student’s learning. Still, I believed that art could be accessible.

As a second step to my project, I was determined to bring what I would find in my research directly to student nurses in the form of a handbook of art-based interventions. This handbook is presented in the appendix of the paper. It is my hope that every student nurse, as well as every nurse, could pick up this handbook and feel comfortable using art with her patients. This handbook is still rudimentary, however. I need feedback from others as they use this handbook to improve the quality of it. More interventions need to be developed to create a more comprehensive resource. Additionally, I would like to incorporate more research on art-based interventions as it is conducted to improve the empirical basis of the handbook along with the personal experiences that will shape future versions.
Background

The Role of Art in Health Care

Art has gained popularity as a complementary and alternative therapy for use in health care practice in recent years. The movement of interweaving art and healing can be traced to ancient Grecian times when the treatment of illnesses involved a holistic approach to treatment (Pratt, 2003). As the focus on the scientific nature of medicine took hold in the early twentieth century, consideration for the arts in clinical practice declined. In the 1960s, clinical settings began displaying paintings in hospitals to create a better environment, taking heed from Florence Nightingale’s (1860) theory that environment has a profound effect on healing. Nightingale had said that the “variety of form and brilliancy of color in the objects presented to patients are actual means of recovery,” (p. 43).

A decade later in the 1970s, grants allocated to hospitals spawned the development of arts programs within these facilities, bringing the arts directly to patients’ hands, not just as decorations on hospital walls (Pratt, 2003). As attention increased to measuring patient satisfaction during hospital stays, the shift to a more comfortable setting rather than an overly sterile, white-walled institution promoted the use of art both within the clinical environment and in clinical practice. The Society for the Arts in Healthcare, a major foundational organization in the arts for healing movement, established themselves in 1991, signaling the advance of this movement.

Today, many healthcare disciplines have already integrated various forms of art into practice ranging from visual arts, dance, theater, creative writing and more. Art therapy, another form of art and healing, has become a widely established profession since the late twentieth century, originally flourishing in the fields of mental health and has since expanded to other
realms of health care including oncology, rehabilitation and in the treatment of chronic diseases like asthma and AIDS (Malchiodi, 2003).

Medical and nursing practices have now begun to integrate art-based interventions, often in an interdisciplinary manner. As a more holistic view on disease, health, and well-being centered on the patient took hold in Western medicine, rather than maintaining a focus on curing specific diagnoses, other variations of art became more accepted and incorporated into health care (Dosamantes-Beaudry, 2003). The World Health Organization’s (2012) holistic view of health is reflected in its definition: “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,” (para 1). Art-based interventions, as will be laid out in the next section, are well-suited to provide holistic care centered on the patient.

**Distinguishing Art Therapy and Art-based Interventions**

Art therapy differs in intent to promote healing from art-based interventions in a few major ways. Art therapy has become a formal discipline in which individuals are specially trained in the particular theories and perspectives guiding art as a therapy. The underlying purpose of many of these theories lies within the idea that art has the power to solve or treat particular problems, often psychological problems, through creation and interpretation of art (Dosamantes-Beaudry, 2003). Producing one definition of art therapy may differ depending on the focus and intent of the therapist, however, one main theme encompassing the discipline of art therapy involves discovering the relationship between mind and body. Psychoanalytic interpretations of art are another widespread theme in many art therapists’ work, who often draw from the works of Freud and Jung.
Creative and art-based interventions are often more interdisciplinary and may involve various individuals such as artists, nurses, physicians and other health care workers who receive training in at least one medium of art. The processes which by art-based interventions are implemented vary greatly, but all are unified by the intent to promote healing in the individual.

The philosophy guiding art-based interventions lies within the holistic view of health and wellness, encompassing the physical, emotional, spiritual, and psychosocial aspects of a person (Dosomantes-Beaudry, 2003). Art-based interventions often do not seek to understand the internal psychological workings of an individual. While there is certainly overlap between art therapy and art-based interventions, art therapy can be seen as a tool in which healing is an end product, whereas in art-based interventions, it is the process of creating art that appears to be healing.

**Research on Art-Based Interventions**

The general assumption among those employing art-based interventions in a health care setting is that such work must be beneficial to health and healing, however, succinct summaries in scientific literature of the wide range of these actual benefits are difficult to find. The wide variations of study designs, the broad definition of what constitutes art and the differing populations used in studies have created results and implications that have remained isolated within these highly individualized studies. Additionally, nursing books aimed at illuminating the wide range of complementary and alternative therapies to the profession often fail to address the visual arts and creative art interventions (Snyder & Lindquist, 2010; Koopsen & Young, 2009).

More and more individuals are expressing interest in and using complementary and alternative therapies. In the United States and other developed nations, more than 66% of adults have used some form of complementary and alternative therapies (Fadlon, 2005). It is likely that
this interest will continue to grow, making research more important to evaluate the safety and
efficacy of these therapies. The established benefits of art therapy combined with the increased
use of art-based interventions makes research on these two separate modalities of healing more
pressing. Synthesis of data from the research would help disseminate what information is
available to the health care professions, specifically the nursing profession, and would aid in
nursing’s ability to adapt and apply the findings to their patients and clients (Snyder & Lindquist,
2010). While the data is far from comprehensive, synthesis would help identify future areas in
which to focus further research.

The aim of this review was to identify the benefits patients perceived from participation
in art-based interventions. As far as the author is aware, this review is the first review in which
art-based interventions are the sole focus. An additional aim was to synthesize these perceived
benefits and discuss what implications they may have for the nursing profession. For the
purpose of this review, *art-based interventions* will be defined as including the visual arts such
as painting, drawing, collage-making, and other similar activities. The purpose for including the
previously outlined art forms is to make the results of the study more clinically relevant and
accessible to the average nurse interested in complementary and alternative modalities of
healing. Excluded art forms in this review included dancing, theater, music, poetry, creative
writing, and singing.
Method

A preliminary review of the literature using the search terms *art, healing, arts in healing* and *arts in healthcare* was conducted between June 2011 and September 2011 using the following databases: CINAHL, PsychINFO, and AMED. The accepted age range included participants who were eighteen or older, maintaining consistency with the researcher’s aim of studying adults. International articles were considered and only articles available in English were included. Qualitative, quantitative and mixed-method studies were included as the research available on art-based interventions in health care, excluding art therapy, is limited. The purpose of the preliminary review was to ascertain the availability and scope of research available as well as determine additional search terms to utilize.

A secondary review of the literature was performed from October 2011 to February 2012 using the previously mentioned databases with the addition of The Cochrane Library (Figure 1). The search was performed using the following terms either alone or in combination with another term: *art, interventions, healing, health, creative arts, visual arts, healing arts, art-making, and art-based interventions*. Terms were combined using *in* (i.e. visual arts *in* healing) and *and* (i.e. art *and* healing). Such range of terms was used as there is no current standard language to describe the use of art in healing not used for the purposes of psychiatric therapy. Limiters used within the databases included: ages eighteen and older, peer-reviewed journals, English-language articles, and articles published between 2000 and 2011. Results were exported to RefWorks and managed for duplications. A total of 948 initial articles were identified with 872 remaining after duplications were deleted.

The 872 articles were then screened for inclusion based on the article title and abstract narrowing the available articles to 64 for further review. The following parameters were used to
exclude articles: pediatric and adolescent research, lack of testing art for healing or exploring patients’ use of art for healing, use of art as a purely psychological or psychoanalytic therapy, interventions based in schools and communities, art in the health care environment (i.e. wall hangings), secondary sources of data including literature reviews, and specific types of art used for healing that did not include the visual arts such as dance, movement, singing, narrative expression, creative writing, poetry, theater, and music.

Figure 1—Flowchart of Study Selection

A review of the text in the remaining 64 articles narrowed studies further, resulting in a total of six articles available for consideration. Critical appraisal of individual studies was not conducted due to the experience of the researcher. The same inclusion and exclusion criteria were applied to the articles upon reviewing abstracts and the design of the study. Studies that identified, explored, and reported participants’ benefits from arts engagement were selected.
Articles during this stage were excluded based on study designs that did not test an art-based intervention. Two additional articles were found by chain-referencing from the articles selected for inclusion, based on the same inclusion criteria mentioned. Four studies contained purely qualitative data, one study used quantitative research methods, and three studies combined quantitative and qualitative methods in the study design.
Results

Table 1 summarizes the results and details from the eight studies. The findings have been synthesized into the follow categories discussed below: empowerment, building support systems, distraction, and expression (Table 2). The four categories were developed based on prevalence of the topics researched, reported, and discussed in the studies reviewed as observed by the author.

Empowerment

Exact criteria for the concept of empowerment was not defined in the studies included. Participant descriptions of their experience with art-making outlined in many studies were interpreted as manifestations of empowerment by the researchers. In-depth interviews from one study that researched participant responses as they displayed their artwork produced evidence of empowerment (Kennett, 2000). One participant reported that her involvement in creating and displaying her art project “makes me feel more in charge of myself…it gives you a reason for living,” (p. 422). All participants in this study had terminal illnesses, a significant detail as chronic and terminal illnesses often leave individuals bereft of autonomy and choice. Another study by Reynolds and Lim (2007) found women with cancer had gained an increased sense of choice and control by participating in leisure art-making. Participants reported that receiving a diagnosis of cancer and cancer treatment were experiences full of uncertainty—art-making seemed to be an avenue to express autonomy for these individuals according the researchers. Two other studies interviewed individuals with chronic illnesses and found evidence that involvement in self-directed art projects gave them tangible goals work towards completion, often stimulating feelings of hope (Reynolds & Prior, 2003; Reynolds & Lim, 2007). A sense of guarded hope and feelings of personal growth were fostered as individuals set future goals to
achieve. The researchers in these studies found that the women who had set personal goals with their artistic creations experienced empowerment; individual placed their concentration on possibilities made available through art rather than dwelling on the limitations enforced through their illnesses.

An additional study that followed participants in a twelve-week arts program reported similar findings of hope from attending multiple sessions (Eades & Ager, 2008). Sixty-four percent of participants (n=59) completing evaluations of this arts-on-prescription program expressed decreased feelings of anxiety and depression and an increased positive outlook on the future (Eades & Ager, 2008).

In a pilot study that evaluated the effectiveness of a prospective art education program with patients who had cancer found that improving participants’ self-confidence and allowing for personal growth were keys to empowerment (Singer et al., 2010). In participants’ interviews, individuals stated being surprised, yet proud that they were able to produce something which appeared to lead to their reports of increased self-confidence. One participant who had previously stated “I will not make it!” in regard to her final art project subsequently said “Now I am pretty proud of myself,” after its completion (Singer et al., 2010, p. 368).

Connected to higher self-images resulting from arts-participation was the acquisition of a new skill set. Two studies that included individuals reporting either little or no practice in the creative arts found that learning these skills became the key to accessing the empowering effects of arts participation (Secker et al., 2007; Reynolds & Lim, 2007). One participant stated: “It’s all about learning something new, it helps you feel better about yourself,” and another participant stated, “occasionally I look at a picture [I’ve done] and it has been really good for my self-esteem,” (Secker et al., 2007, p. 19). Learning new skills by exposure to the arts also
Table 1—Details of Studies Reviewed

<table>
<thead>
<tr>
<th>Authors</th>
<th>Study Design</th>
<th>No. of participants: population</th>
<th>Aim of Study</th>
<th>Implementation of art intervention</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burton &amp; Stevenson</td>
<td>descriptive research</td>
<td>8: patients with cancer and caregivers</td>
<td>Determine perceived benefits of patients and carers taking part in art projects</td>
<td>Artists and facilitators</td>
<td>Improved healthcare environment, relaxing, offered sense of friendship, facilitated conversation, provided distraction from treatment.</td>
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<tr>
<td>Singer et al.</td>
<td>pretest-posttest, quasi-experimental</td>
<td>23: Patients with cancer and relatives</td>
<td>Develop an art education program for outpatients with cancer; assess feasibility and possible effects.</td>
<td>Art education teacher</td>
<td>Decreased anxiety, increased self-confidence; no change in coping or depression.</td>
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</tr>
<tr>
<td>Eades &amp; Ager</td>
<td>descriptive research</td>
<td>59: Men and women with mental health conditions</td>
<td>Evaluate effectiveness of a twelve week arts on prescription program</td>
<td>Artist team</td>
<td>Decreased indicators of depression and anxiety, improved social health, self-esteem, outlook on life and inclusion of creativity in future; increased interest in the arts, interest in other endeavors, mixed evidence on change in health status on follow-up</td>
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<tr>
<td>Reynolds &amp; Lim</td>
<td>phenomenological</td>
<td>12: Women with cancer</td>
<td>Gather description of meaning of art-making</td>
<td>Self-directed, organized courses, art-making groups</td>
<td>Symbolized cancer experience, focused attention on non-cancer life experiences, maintained personal identity and self-worth, preserved an “able” social identity.</td>
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<tr>
<td>Secker et al.</td>
<td>outcomes study, phenomenological</td>
<td>88 at baseline, 62 in follow-up, 34 in interviews: individuals with mental health needs</td>
<td>Evaluate arts participation for people with mental health needs</td>
<td>Facilitated workshops, organized courses, self-directed</td>
<td>Increased empowerment and motivation, aided expression of self, improved connection with abilities, promoted rebuilding identities, expanded horizons.</td>
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<tr>
<td>Reynolds &amp; Prior</td>
<td>phenomenological</td>
<td>30: Women with chronic illnesses</td>
<td>Explore meanings and functions of art for women with chronic illness</td>
<td>Self-directed</td>
<td>Filled occupational voids, distracted from illness, promoted flow and spontaneity, helped expression of grief and maintenance of a positive identity, extended social networks.</td>
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<tr>
<td>Walsh et al.</td>
<td>pretest-posttest, quasi-experimental</td>
<td>40: Family caregivers</td>
<td>Test efficacy of creative arts intervention of caregivers</td>
<td>Nurse-artist team</td>
<td>Reduced stress, lowered anxiety, increased positive emotions after participation.</td>
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<tr>
<td>Kennett</td>
<td>phenomenological</td>
<td>10: men and women with terminal illnesses</td>
<td>Explore experiences of patients participating in exhibition of their creative art work</td>
<td>Art tutors and facilitators</td>
<td>Increased enjoyment, enthusiasm, excitement, pride, achievement, satisfaction, sense of purpose, mutual support, permanence.</td>
</tr>
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Table 2—Perceived Benefits of Art-based Interventions Reported in Studies by Category

<table>
<thead>
<tr>
<th>Authors (year)</th>
<th>Empowerment</th>
<th>Building support systems</th>
<th>Distraction</th>
<th>Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Autonomy</td>
<td>Hope</td>
<td>Self-confidence</td>
<td>New skills</td>
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<tr>
<td>Burton &amp; Stevenson (2010)</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<td>Singer et al. (2010)</td>
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<td>Eades &amp; Ager (2008)</td>
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<td>Reynolds &amp; Lim (2007)</td>
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<td>Secker et al. (2007)</td>
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<tr>
<td>Walsh et al. (2004)</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Kennett (2000)</td>
<td>+</td>
<td>+</td>
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</table>

Note: The vertical axis shows the authors of the studies included in the review. The categories on the horizontal axis—empowerment, building support systems, distraction, and expression—correspond with the four broad categories of benefits reported in the results. The subcategories (e.g. autonomy, hope, self-confidence) comprise the contributing elements to each perceived benefit as reported in studies. Subcategories were included when at least two studies reported the same benefit. A “+” denotes when a study reported a certain benefit.
empowered and encouraged participants to begin other artistic endeavors or pursue other hobbies, as reported in three studies (Secker et al., 2007; Reynolds & Prior, 2003; Eades & Ager, 2008).

**Building Support Systems**

Many of the art-based interventions in half of the studies reviewed involved multiple participants, patient families or groups (Walsh, Martin & Schmidt, 2004; Burton & Stevenson, 2010; Kennett, 2000; Singer et al., 2010; Eades & Ager, 2008). Creating art in a group environment appeared to promote the development of relationships among group members and between patients and their caregivers who were often family members. Social support systems were improved by a reported sixty-nine percent of participants enrolled in an arts-on-prescription course (Eades & Ager, 2008). A group offering art-based interventions to patients while waiting to receive cancer treatments in the hospital helped participants meet others and create friendships among group members (Burton & Stevenson, 2010). Friendships that resulted from participation in this program were the second most commonly reported theme the researchers documented in interviews. A caregiver who participated in this study expressed the connections the group atmosphere fostered, stating “we got to know people through the art, which is something I hadn’t thought would happen,” (Burton & Stevenson, 2010, p. 35)

Group settings offered the benefits of meeting new people who inherently had illnesses in common, however, one study discovered that participants’ shared interest in the art activities drew individuals together rather than their respective conditions and diseases (Reynolds & Prior, 2003). These new shared interests also helped participants cultivate new identities that were not based on their illnesses, a phenomenon that will be expanded on later. Participants in another study who created art as a leisure activity also found art as a medium to build social groups.
unified by their artistic interests without an underlying theme of illness or cancer, thereby creating less focus on one’s cancer identity (Reynolds & Lim, 2007).

Group settings also allowed for the reciprocal exchange of newly acquired skills and the chance to learn from each other, which served to nurture the bonds between participants (Reynolds & Prior, 2003; Kennett, 2000). Participants reported in interviews that the opportunity to create art for others as gifts or to share their expertise with peers not only helped to strengthen social relationships, but prompted feelings of positive self-esteem and a sense of self-worth, echoing the previous phenomenon of empowerment (Reynolds & Prior, 2003; Reynolds & Lim, 2007). One participant elaborated that she liked “to make things for people who have done stuff for me or looked after me or been kind to me,” (Reynolds & Lim, 2007, p. 7). Another study found that group art activities helped stimulate and promote conversation as well as improve the hospital environment, two conditions which created a ripe atmosphere for building connections (Burton & Stevenson, 2010).

Researchers at a university hospital implemented the use of ArtKarts to study the effects of art-based interventions on caregivers, a population known to experience immense mental and emotional burdens without reprieve, often due to their dual role as a caregiver and a family member (Walsh et al., 2004). The study intended to focus solely on caregivers and therefore was not a group-based project but it was observed that patients frequently asked to join their caregivers in the activities. In the process of creating their art projects, caregivers often engaged with whom they were caring for and exchanged ideas, whether the patients formally asked to participate or not. Caregiver-patient interaction often enhanced the art-making experience of the caregiver. The researchers frequently observed that patients’ interest in the project often gave the caregiver unspoken encouragement to begin and express excitement with the art.
Distraction

In one study, diverting focus from illness was the most commonly identified phenomenon that patients experienced during their involvement in art-based interventions (Burton & Stevenson, 2010). Participants in this study welcomed the chance to occupy themselves with creating art than ruminating on their cancer—distraction was seen as a positive occurrence. One patient offered that such distraction may be a way to remain in denial about the gravity of one’s condition, however, she claimed she appreciated the opportunity to occupy her mind with thoughts other than her illness. This sentiment was seen in another study where participants’ engagement in self-distraction via art was seen as a way to cope with the stressors of their illness (Reynolds & Lim, 2007). Individuals in this study had also been willing to acknowledge their fears regarding their illness during interviews, evidence to the researchers that art-making was not a means for denial. One participant offered a justification for benefiting from the distractive qualities of art making, explaining that her “approach to the whole problem with my health is put it on one side and do the best I can with it. Otherwise, it can consume you. And it will,” (Reynolds & Lim, 2007, p. 5).

Involvement in art-making afforded more physically immediate benefits through limiting participants’ focus on their pain, sleeplessness and even nausea (Kennett, 2000; Reynolds & Prior, 2003; Reynolds & Lim, 2007). Other participants partaking in other art-based activities reported less anxiety and worrying than before making art, and more relaxation post-intervention (Reynolds & Prior, 2003; Burton & Stevenson, 2010; Reynolds & Lim, 2007).

Reduced participation in rumination on illness was reported in two studies (Reynolds & Lim, 2007; Singer et al., 2010). Results from a pilot study of an arts education program suggest that patients engaged in less rumination as a result of intervention. In this study, patient
rumination scores began at 32.1 and decreased to 30.8 (p=.15) (Singer et al., 2010). Although these scores were not statistically significant, the researchers stated that the tools used to measure patient outcomes were unlikely to be sensitive enough to empirically capture these changes.

Patient reports of improved coping and emotional stabilization from additional in-depth interviews in this same study also suggest that the art-based interventions contributed to the reduced rumination and increased distraction from their present conditions (Singer et al., 2010).

Art activities in another study helped participants nurture new roles to fill the extended free time illness had often forced on these individuals through early retirement, providing distraction from consuming boredom and obsession with their diagnoses (Reynolds & Prior 2003).

Art provided individuals with a new identity in which to spend time developing rather than consistently focusing on an identity of being ill (Walsh et al., 2004; Secker et al., 2007; Reynolds & Lim, 2007). In one study, the researchers found that caregivers’ involvement in art-making helped distract both the caregiver and the patient from their respective physical and emotional burdens brought on by an illness (Walsh et al., 2004). In relation to this study were the art-making experiences of participants with chronic mental illness who were involved in one of six art-based intervention projects (Secker et al., 2007). Eight patients in this study reported art-making gave them a new identity to develop, which allowed patients to view themselves as more than their identity as a mentally ill individual (Secker et al., 2007). In this sense, art not only distracted these patients from their diagnoses but gave them an entirely new identity by which to define themselves.

**Expression**

In one study, participants reported that art creation before their chemotherapy and radiation therapy over time allowed them to speak with more ease about their cancer to their
family and friends, whether through their own words or through the art they created (Burton & Stevenson, 2010). Another woman in this study explained that her art-making helped her visualize her cancer, illuminating the effect that her cancer had on herself. Singer et al., (2010) found that patients’ involvement with art helped them communicate their experiences with cancer to their children and helped improve communication within their families.

Many participants found art a helpful medium in which to express their emotional pain and grief (Reynolds & Prior, 2003). The researchers in this study commonly observed that participants infused their artwork with the emotions they were experiencing, only realizing this occurrence upon reflection. Art-based interventions were especially beneficial for patients with chronic mental illness who had histories of self-injurious behavior (Secker et al., 2007). Participants felt that the chance to develop a style of expression through art-making that was unique to them encouraged individuals to see value not only in their creations but in themselves, promoting self-acceptance. As one participant explained about her art projects, “They’re a way of expressing me, who I am…it’s helping me change as a person to know myself,” (Secker et al., 2007, p. 19).

Making art aided in inducing positive emotions such as joy and humor in three studies, in addition to promoting a cathartic release of painful emotions previously mentioned (Reynolds & Prior, 2003; Walsh et al., 2004; Reynolds & Lim, 2007). Caregivers reported experiencing positive emotions within one hour of art-making and were frequently reluctant to cease their activities (Walsh et al., 2004). Pleasant feelings elicited from creating art were sometimes seen as a way to block out negative emotions, similar to the concept of art-as-distraction mentioned previously (Reynolds & Prior, 2003). Researchers in another study often observed indicators of positive emotions in participant artwork; rarely did themes of negative or destructive emotions
appear (Reynolds & Lim, 2007). The researchers concluded that art-making helped participants generate positive feelings in place of negative emotions connected with illness and disease.

**Development of a Handbook for Student Nurses**

In conducting research for the first part of this project, the author identified that art-based interventions produced numerous results for participants, yet nurses were not often a part of the implementation process. To increase the accessibility of the researched benefits of art-based interventions for use by nurses and their patients, the author has created a handbook of interventions to be used in the clinical setting (see appendix).

The handbook is specifically geared toward nursing students for certain reasons. The overall purpose in creating a small handbook of three art-based interventions is to make art and the multitude of benefits that transpire from art-making readily accessible to both nursing students and the patients for which they care. Nursing students often have extended periods of time in which to employ complementary and alternative therapies with their patients in addition to the delegated medical functions and independent nursing interventions they implement. Coursework is primarily focused on medical and nursing functions and many nursing students are not fully exposed to the wide range of complementary and alternative healing modalities. Thus, art often remains an untapped source of healing.

An additional barrier for nursing students accessing art as a healing intervention remains the stigma attached to art and who can participate in creating art. Many who have little or no experience in formal art-making experience fear and apprehension when approached with art activities. If a student nurse is to use art-based interventions with her patients, she will need to feel confident in her ability to facilitate and lead such an intervention.

**Layout of the Handbook**
In 1984 Patricia Benner developed a model in *From Novice to Expert* which described the stages of thinking and level of application through which a nurse progresses. The nursing student by virtue of beginning his or her career is categorized as a novice nurse. Nurses in this stage, according to Benner, require concrete rules and step-by-step procedures in which to guide and inform their practice in clinical experiences. With this knowledge in mind, the handbook of art-based interventions is organized in a clear, step-by-step and illustrated fashion. The hope is that such a layout will help dissolve the fear surrounding art to those unfamiliar with it, while providing the all the tools needed for a student nurse to guide his or her patient through the intervention. This layout also serves to provide these same benefits to patients if they choose to refer to the handbook.

Additional features of the layout which serve to increase accessibility to the nursing student and art-making participant include a brief description of the intervention, a list of needed materials, and the suggested mediums of art appropriate for the project. At the beginning of the handbook is a list of six guidelines which the student nurse should read to gain additional tools in implementing an art intervention. Such guidelines include assessing the appropriateness of an intervention for a patient and the immense importance of praising a patient when he or she completes a project. Near the back of the handbook includes a list of adaptations a nurse may employ to further the accessibility of these interventions to patients with a broad range of abilities and disabilities.
Discussion

All of the studies reviewed contained evidence of the psychological benefits of art-making (Table 2). Physical benefits from creating art, including reduced pain and nausea, were reported in some studies, though this was not a focus of all of the studies. The author has generated four broad categories to encompass the wide range of benefits perceived by participants in the studies reviewed. While the qualitative nature of the results reflects the majority of the research available on this topic, it renders the generalization of findings to other populations intangible. A combination of both qualitative and quantitative research in the future would allow for insightful and empirical exploration into the functions of art-based interventions and healing.

Despite the limited significance of implications from findings, the results of the review are not irrelevant—the benefit to the qualitative nature of the research includes the incorporation of participants’ perceptions of their benefits as opposed to the researchers’ perceptions. What is reported through the words of participants or interpreted by the researchers based on interviews deserves to be considered as truth for those particular individuals citing their experiences. Many of the qualitative studies applied safeguards to ensure the validity of their conjectures within the studies. All but one of the studies employed multiple reviewers or provided an audit trail of the interpretation of the interview transcriptions to increase accuracy of the findings (Burton & Stevenson, 2010; Kennett, 2000; Reynolds & Lim, 2007; Reynolds & Prior, 2003; Secker et al., 2007; Singer et al., 2010). Direct participant quotes were included in all of the qualitative studies. In one study, the researchers investigated the believability of participant reports and determined them to be reliable (Reynolds & Lim, 2007). These measures—including direct participant quotes, utilizing multiple researchers to review results, and questioning patient
believability—are all strategies that can be used to strengthen the validity of qualitative research and the results generated (Hannes, Lockwood, & Pearson, 2010). Thus, the outlined strategies employed by the researchers in this review serve to improve the accuracy and reliability of the findings.

Based on the varied perceived benefits gained from arts participation as seen in the eight studies reviewed, it would not be inconceivable to accept that art can contribute to healing in other individuals, yet defining exactly how art does so cannot be definitively stated until more thorough research has been conducted. To improve the quality of future studies, adding control groups to study designs and incorporating more quantitative data would help create a more comprehensive analysis on the interactions of participants, the art they make, and the benefits they receive from art-based interventions.
Implications for Nursing and Comparison with Previous Research

Six of the studies reported the phenomenon of empowerment as a product of art-based interventions. Empowerment is a theoretical concept often used in nursing and has been defined in the context of health care as “a social process of recognizing, promoting and enhancing people’s abilities to meet their own needs, solve their own problems and mobilize the necessary resources in order to feel in control of their lives,” (Gibson, 1991, p. 359). Gibson proposed that one can better comprehend the concept of empowerment by viewing it as the opposite of “powerlessness, helplessness, [and] hopelessness…” (p. 355). Additional characteristics of empowerment include psychological improvements such as self-esteem and the obtainment of skills (Wallerstein, 1992). Succinctly stated, empowerment is the process of helping patients help themselves.

In today’s health care settings, patients spend fewer days in the hospital than in the recent past and are sent home earlier to finish recovery. Patients or their caregivers are often taught procedures and learn skills, such as self-administering intravenous antibiotics, in order to complete their recovery or manage chronic illness. Because of this shift in care to the home setting, patients need to be prepared not only physically with the acquisition of new skills, but they need to feel emotionally and mentally ready to handle such new tasks. It is unlikely to assume that the average patient will receive the same amount of education that a nurse or a physician had regarding skills like catheterization or parental medication administration. Thus, a patient must master a new skill and feel confident in implementing it in a short amount of time.

It may be possible for nurses to use art-based interventions to development empowerment in their patients with the aim of ensuring a smooth transition from hospital to home or to better manage chronic illness. In the context of managing chronic illness such as diabetes, providing
the psychological tools to handle a procedure like self-injection of insulin is equally as important as teaching a patient the actual process of injection. This idea is supported by Kralik, Kock, Price, and Howard (2004) who view the transition to managing chronic illness as a process that involves more than just understanding education provided at the doctor’s office. They provide that it is important in living with chronic illness to be able to reconcile and integrate the physical, mental, and emotional effects of the illness throughout daily life so that self-management can become plausible.

Sufferers of chronic illness perceive that learning how to manage disease daily does not come directly from medical education and prescribed orders, but instead from going through individual life experiences day by day (Kralik et al., 2004). Self-management of a chronic illness can be seen as a progression of learning rather than a list of commands in which to follow. Empowerment is a tool nurses can use to improve the patient’s ability to handle this journey.

Nurses must approach empowerment interventions with the attitude of fostering this feeling of self-efficacy. Gibson (1991) stated in her analysis that it is only the patient who can truly empower herself, while the nurse’s role is to cultivate the seeds for empowerment. It is supported in other research that health care workers should promote patients to believe in their own abilities to manage their illness, specifically in chronic illness (Karlsen, Oftedal, & Bru, 2011). Thus, the nurse must help the patient so that she actually believes in herself, rather than saying she should believe in herself. Art-based interventions may provide nurses with the tools to accomplish this task. Creating art will not directly help one manage his or her chronic mental illness or cancer. However in the findings from this review, some participants reported art-making increased their feelings of self-confidence and hope, which became a catalyst for goal-setting and accomplishment of other tasks, an ideal example of art helping another person to
create their own change for the better. The ability of art to provide empowering feelings in
which to achieve something is seen in other studies (Stuckey & Tisdell, 2009; Stickley, Hui,
Morgan, & Bertram, 2007).

The development of better support systems was another theme identified in this review.
Living with illness on a daily basis often creates intense physical, mental, and emotional burdens
on an individual, challenging one’s ability to cope effectively. Illness is rarely a solitary
experience—it often affects those with whom one is closely connected. Paradoxically, illness
can also be isolating (Casey & Stone, 2010). Actions taken alone may not be sufficient to
successfully adapt to changes that disease and illness bring. Family support systems, friends,
and support from health care providers have had positive effects on disease management and
long term health conditions through improving psychological coping skills (Karlsen, Oftedal, &
Bru, 2011; Phillips, Burker, & White, 2011; Casey & Stone, 2010).

Art-based interventions in the studies reviewed were often performed in a group setting
with others experiencing similar conditions, or in groups sharing a similar interest in art.
Because of this group arrangement, participants often created bonds with other group members
or strengthened family and caregiver bonds. Other studies that observed art-based interventions
in group settings also observed the creation of support systems (Collie & Kante, 2010). Using
these findings, nurses can help facilitate groups that would allow for such interaction and
development of social bonds. This may not be practical for the fast-paced, medical-surgical
floors in a typical hospital, however centers focused on sub-acute care or rehabilitation—where
chronic illness is often present—may provide a ripe environment for such art-intervention
groups. Additionally, improved bonds between caregivers and their dependents were observed
in one particular study which could indicate that just two individuals creating art together, even
in an acute care setting, may be enough to produce positive support-building effects. Thus, art-making with the aim of building social supports may be adaptable to nearly all settings in nursing, given the right focus of intervention.

As reported in patient interviews, a new diagnosis can be all-consuming and infiltrate every aspect of life. Individuals are forced with the challenge of learning how to cope with integrating the changes brought on by a new illness or condition, yet retaining previous roles and identities such as one’s occupation, being a volunteer, or participating in sports. Illness may eventually make previous roles difficult or impossible to maintain and may require loss of roles, such as retiring early from a long-standing career (Jakobsen, 2001).

The distractive qualities of art-making found from this review may prove beneficial to those newly diagnosed with a debilitating, life-changing illness that imposes many difficult changes for an individual. While it is important to eventually acknowledge and cope with associated emotions that come with drastic change, becoming consumed and fixated on them represents the opposite of effective coping. The inability to concentrate beyond the role of illness can prevent adaptation and coping, as seen in individuals with depression who are unable to return to work (Millward, Lutte, & Pervis, 2005). Nurses can use art-based interventions for the purpose of providing temporary relief from overwhelming feelings patients with new chronic illnesses may experience. Patients can utilize art for distraction and temporary relief as they transition into a state of ordinariness resembling their pre-diagnosis state. This process of transitioning to a state of normalcy often signifies healthy coping and integration of changes (Kralik, 2002).

Participation in art-making as distraction from negative emotions, pain and boredom is an additional quality that have immediate relevancy for many types of nurses. Illness and disease
are rarely without pain, however, severe and intractable pain has numerous side effects such as delayed healing. Even in chronic illness, the presence of increased pain reflects the opposite of healing (Smith, 2001). Long hospital stays, transitional care settings, and other therapies such as dialysis remove a patient from the normal activities of daily life without providing substitutes for adequate mental stimulation, resulting in boredom. Feelings of guilt, depression, and anxiety are frequently seen with the development of chronic diagnoses (Reynolds, Lim, & Prior, 2008; Puid, Lee, Goodwin, & Sherrard, 2006). The use of art as a tool for distraction, whether from illness itself, pain, and even boredom has been identified and confirmed as a positive effect of art-intervention in other studies (Collie & Kante, 2011; Kelly, Cudney, & Weinert, 2012). Because of the capacity of art to reduce such a broad range of effects that nurses commonly deal with in health care, nurses have great propensity to positively influence the quality of life of patients and to promote healing by implementing art-based interventions.

In addition, art-based interventions may serve to fill a void in identity caused by forced retirement or an inability to attend social functions due to chronic illness. Personal identity is often strongly intertwined with an occupation (Jakobsen, 2001). The loss of job may mean more than a financial loss—the collapse of personal identity is often at stake. In addition, the identification with an illness may begin to overshadow and color other aspects of identity (Karnilowicz, 2010). This literature review indicates that art may serve as a buffer to the deleterious effects which chronic illness can have on personal identity by offering distraction from an illness or by facilitating a new identity as an artist. The physical end products in art-making may serve to remind others of such additional identities held by one living with chronic illness.
While many studies in this review specifically targeted those with illness, family members and caretakers often requested to participate. One study in this review focused solely on caregiver involvement in art-making. Participation in art-making may be beneficial for family members and caregiver of those afflicted with illness. It is well known that caregivers of dependent individuals, regardless of the type of illness, are prone to experience negative psychological and physical effects, a phenomenon known as “caretaker burden” in the literature (Buyck et al., 2011; Carretero, Garcés, Ródenas, & Sanjosé, 2008). The stress caregivers experience can have direct and indirect effects on the dependent individual’s health and this stress can remain even when the dependent individual is institutionalized (Carretero et al., 2008). With this evidence in mind, involving and focusing art-based interventions on patients’ caregivers may serve to lower the stress level of both parties. More research on this topic is needed as only the effects of art therapy on caregivers are documented in the literature.

The final commonly reported benefit from art-participation in this review lies in the expressive qualities of art. Participants in nearly all of the studies reported that art-making allowed for expression of emotions and thoughts that were connected to illness and healing. The ability of art in promoting expression has been observed and supported elsewhere in the literature (Puig et al., 2006; Stuckey & Tisdell, 2009). Major changes in health status can induce wide ranges of complex emotions from which patients can struggle to interpret meaning. Cultural and social norms may create additional barriers by discouraging conversation of negative health changes (Stuckey & Tisdale, 2009; Collie & Kante, 2010).

Nurses can provide art-based interventions for patients which function to allow time for reflections of these emotions, particularly for patients with a recent diagnosis. Nurses may also utilize art-making to allow patients to sort through complex thoughts and feelings if they are
emotionally incapable of doing so, a phenomenon that has often occurred subconsciously as seen in this review (Young & Koopsen, 2011). Art produced in a health care setting may serve as a visual representation of patient experiences to promote understanding between family members and nurses. Nurses may also suggest art-making as an outlet for patients who are physically unable to express their emotions verbally, including patients suffering from recent strokes or those with severe dementia, among many other conditions.
Limitations

There is no universally accepted and utilized term to describe using arts to promote healing in health care, creating challenges in finding all relevant studies across the databases. Varied examples include *art-based interventions, creative arts therapies, arts-in-medicine,* and *healing arts.* Using variations on a term such as arts in healthcare or creative art helped the researcher identify useful studies to examine. The broad scope of the term *art* and the numerous activities it can refer to lead to wide variations on the art studied in experiments. The experiments and art programs researched also varied considerably in their design, purpose, location and population of participants creating difficulty in synthesizing and interpreting the reported results. Small sample sizes and a widespread lack of diversity in the studies indicate the need for larger, more representative studies to fully deduce human responses to art in a health care setting. The phenomenological approach to many of the studies, while illuminating individual responses to art and healing, do not produce results that can be representative of or extrapolated to similar patients.

The close association with the healing arts in health care to art therapy has led to much cross over in interventions which have made the elimination of art therapy from this study challenging. Many studies not concerned specifically with art therapy which contained promising data still incorporated art therapists in their experiments or psychotherapy in analyzing patient-created art, grounds for exclusion in this review.

Many of the studies failed to delineate the actual art-based interventions participants were involved in. This lack of specificity makes clinical replication and further research on a particular art-based intervention nearly impossible for other researchers.
Conclusion

This study aimed to determine and synthesize the perceived benefits participants gained from involvement in art-based interventions through a systematic review of available research. The study also aimed to lay out implications of art-based interventions for the profession of nursing. An additional part of the project included increasing accessibility of art as a complementary and alternative form of healing to nursing students. This aim was fulfilled through the creation of a handbook of art-based intervention for use by nursing students.

After a review of eight studies, four broad categories of perceived benefits were identified including empowerment, building social supports, providing distraction, and promoting the expression of emotions. Nursing implications for art-based interventions were identified. Nurses can use art to help patients manage chronic illness and disease. Art may also be used in various settings to strengthen social bonds either in group settings or between patient-caregiver duos. Nurses can apply art in the clinical setting for its distractive qualities to help patients manage pain, boredom and consuming thoughts of illness. Finally, nurses can implement art-based interventions to provide patients with an alternative means for communication and expression of complex emotions.

Overall, more research is needed to develop concrete conclusions of how art-based interventions can promote health and healing. Further studies involving art-based interventions could include more quantitative research, control groups, larger and more diverse sample sizes alongside more rich, qualitative data that is available in the literature. Additional definitions and standardized language involving art as a complementary and alternative modality for healing could help distinguish art-based interventions from art therapy.
References


professionals. Sudbury, MA: Jones and Bartlett Publishers.


Reynolds, F., Lim, K., & Prior, S. (2008). Narratives of therapeutic art-making in the context of marital breakdown: older women reflect on a significant mid-life experience. *Counselling*


doi: 10.1177/1049732309355286


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Appendix

The Student Nurse’s Handbook for Art-based Interventions

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St. Catherine University
GROUND RULES FOR THE STUDENT NURSE

1) DO YOUR 3 CHECKS AND 6 RIGHTS
Treat an art intervention like any other nursing intervention. Are they in the right place to make art? Is this a good time for them? Would they rather sleep? Is this an appropriate person to try this with? Are you comfortable and familiar with the activity? Always let patients choose if they want to participate in art making.

2) YOU ARE THE GUIDE FOR YOUR PATIENT
*Do not* explain the project, provide materials and leave! The first few brush strokes can be scary. You will need to remain in the room with your patient at least in the beginning stages while he or she becomes comfortable with the project and the medium being used. Depending on your patient, you may need to stay for the whole project. Be your patient’s cheerleader.

3) SOME PATIENTS NEED MORE GUIDANCE THAN OTHERS...
…but they may not want to tell you. If you sense your patient is uncomfortable, be proactive and offer suggestions. Some may feel more comfortable when the attention isn’t all on them. Working alongside your patient while you both create the project separately may help. Some may need you to guide their hand depending on their dexterity. If the patient is searching for ideas, ask them to talk out loud about their ideas. Some people may need step-by-step explanations. Encourage your patient to continue, but let them know they can stop at any time.

4) THERE IS NO “RIGHT” WAY TO MAKE ART
It is always a good idea to tell your patient that there is no certain way to make art. Mistakes can be an opportunity to stretch your creativity and see what you can make of it. Tell your patient to resist the urge to erase or redo something.

5) GIVE CREDIT WHERE CREDIT IS DUE
When your patient finishes a product, acknowledge it! If your patient is new to art making, completing a project deserves praise. Offer to display the patient’s art within the room or on the unit.

6) THIS IS NOT AN ART THERAPY BOOK...
…and you are not an art therapist, but this doesn’t mean you can’t facilitate art-making with your patients. However, creating and reflecting on art can bring up emotions that you may want to acknowledge. Part of your role will be to create a safe space for patients to feel comfortable expressing emotions that come up, without judgment. Remind your patient: *you don’t need to be an artist to create art!*
Mandalas

A mandala, meaning “circle” in Sanskrit, is a common art form seen in many world cultures. Mandalas feature symmetrical and repetitive geometric patterns that begin in the center of the circle. Creating mandalas can often produce meditative effects for the drawer.

**Step 1**
Use a pre-made mandala template (see end of handbook).

**Step 1a**
Use a round object to outline a circle that fills most of the page. Use a pencil to divide the circle into quarters or eights. These lines will help you make your mandala symmetrical and can be erased in the end.

**Step 2**
Draw a shape such as a circle or a star around the center. The key is to draw a shape in one section and repeat this same shape in the rest of the mandala. From there, you can draw whatever patterns you want around the circle until you fill it in. Take your time and use your imagination!

**Materials**
- mandala template OR round object to draw circle that fills the page
- pencil
- ruler

**Suggested mediums**
- colored pencil
- marker
- crayon
- chalk pastels or paints to fill in
Step 3

Continue creating shapes, dots, lines and other patterns around the center that build inward. Remember to use the lines on the template (or the ones you drew previously) as guides to help make your work symmetrical. You can make your mandala as simple or as complex as you choose.

Step 4

Once you have drawn your mandala, you may choose to add color using markers, colored pencils, pastels or other mediums. You can outline what you have just drawn or fill in the shapes.
Picture Consequences

Picture consequences is a drawing game involving 2 to 4 people that was popular among Surrealist artists in the 1920s. The object of picture consequences is for each person to draw a section of a body that remains concealed until the drawing is finished. The mismatched result often sparks laughter among the group.

**Step 1**
Take the sheet of paper and fold it length-wise into thirds for 3 players or fourths for 2-4 players.

**Step 2**
Assign players to draw a section. If 3 are playing, assign the head, torso and legs. If 4 are playing, assign the head, torso, legs and feet. If 2 are playing, each will alternate sections. To begin, fold the paper back into either thirds or fourths so the rest of the page is concealed.

*Hint: place something behind the first section to prevent bleeding through if using markers.*

**Materials**
- Sheet of paper (standard size or greater — the longer the better)
- 2 to 4 people
- Something to draw with

**Suggested mediums**
- colored pencil
- marker
- Crayon
Step 3

Each person draws their section and then folds the paper to the blank space for the next person to draw. Be creative! For example, the person who draws the head may choose to draw a human head or an animal head. You may draw something realistic, funny, scary, abstract or anything else you think of. To guide the next person as to where the body is on the page, draw your lines slightly over the fold. **Remember to fold the paper to keep the drawing**

Step 4

When the last person finishes, the final product can be revealed!
Image Cards

Image cards are small collages made on multiple note cards centered around one theme. Images may come from magazines, newspapers, online resources or personal photos.

**Step 1**
Start with 3-4 note cards. Choose a theme that all of the cards will have in common. Some examples you may use are:

- Past, present and future
- Spring, summer, winter and fall
- Specific emotions
- Colors

**Step 2**
Find pictures that you feel represents the theme you choose. Cut out the images with a scissors or rip them out with your hands.

*Tip: magazines like National Geographic are good sources for colorful images*
Step 3

Use a large piece of paper to layout your images before attaching them to the note cards.

Step 4

Use tape or glue to attach the images to the card and you’re done! If there are open spaces on your card, you may choose to fill them in with colored pencils, markers or other mediums.

Tip: Image cards could be useful for someone who has difficulty with verbal expression.
IDEAS FOR ADAPTING INTERVENTIONS

Many patients in hospitals who want to engage in an art intervention may have limitations due to decreased fine motor skills or diminished arm strength. Use these ideas, or create your own, to help adapt interventions for your patients.

1) If using drawing pencils, consider the hardness and softness of the lead. Softer leads, labeled with a “B,” may be easier to draw with for people with minimal arm strength. Drawing pencils labeled 2B, 4B and 6B are good levels of softness that work for most people and can be erased easier.

2) In general, paintbrushes with long and wide handles will be easier to hold. If these are not available, you can wrap foam or gauze around a paintbrush secured with a tape or rubber bands to add width. This can be used for almost any object, including markers, pencils and crayons. If needed, you can help guide the patient’s arm to create the marks on the page.

3) Decreased fine motor skills can make holding small objects like paintbrushes and pencils hard. To increase accessibility to such patients, you can wrap one side of a Velcro strip around the patient’s hand and attach a small patch of Velcro to the paintbrush, pencil or marker. Connect the two and instruct the patient to move his or her arms to create lines on paper.

4) Try using tube watercolor paints for projects involving painting. It is easy to adjust the color from tube watercolors by dipping a paintbrush in water, creating a wide range of shades from just one pigment.

5) Additionally, tube water colors or tempura paints can be mixed with water and put in a plastic squeezable bottle, like an empty dish soap bottle, to be used if dexterity is an issue for a patient.

6) Cutting images out of a magazine or from paper may be difficult. Images can also be ripped out or can be cut out by someone else.

7) If someone does not have the use of their arms, there are still ways to adapt interventions! One option is to instruct the patient to use his or her feet and toes, however, this may be impractical. In this case, you or a visitor can act as the patient’s arms. Position the paper so that the patient can see. Have him or her tell the “arms” to draw or paint the desired lines on the paper.