

The Creative Path to Healing

Art in a Healing Environment

Leslie Davenport, MFT

Everything is expressive. Life, by its very nature, is constantly creating expressive forms—the dance of a bird communicating its yearning for a mate, the weaving of patterned fabrics to declare the territory of a clan, the cry of an infant seeking food and the comfort of its mother. And it’s the nonverbal communications that often speak most truthfully and carry the greatest emotional impact. If someone verbalizes, “I’m angry at you,” that may not tell you as much as seeing the flash of anger in their eyes as their body compacts with tension.

The rich language of sounds, movement, shapes, and colors is useful in a hospital environment, where patients are often overwhelmed with complex emotions not easy to articulate. The impact of illness and injury, both sudden and chronic, typically uproots a person’s sense of who they are, bringing chaos and confusion. Patients are frequently at a loss to clearly know and verbalize what they need and want or how they are truly feeling. The expressive arts provide an opportunity for patients to explore that rich inner landscape, and they give the practitioner a rapid understanding of the patient’s experience.

At the Institute for Health and Healing (IHH) at California Pacific Medical Center, as well as at Marin General and Novato Community Hospitals, expressive arts are offered to patients at the bedside, to outpatients in radiation oncology and cardiac rehabilitation, and in support groups. All of these services are provided at no cost to the patient. The expressive arts practitioners, who also blend guided imagery into their work with patients, are master’s- or psychiatric doctorate-level students in psychology who are interning to become

licensed marriage and family therapists, social workers, or psychologists. Enrolled in IHH’s yearlong Integrative Medicine Education Program, the guided imagery and expressive arts interns gain training, experience, and supervision within an interdisciplinary model. The practitioners are integrated into the team of medical caregivers, participating on departmental rounds and working closely with the hospital’s full clinical team.

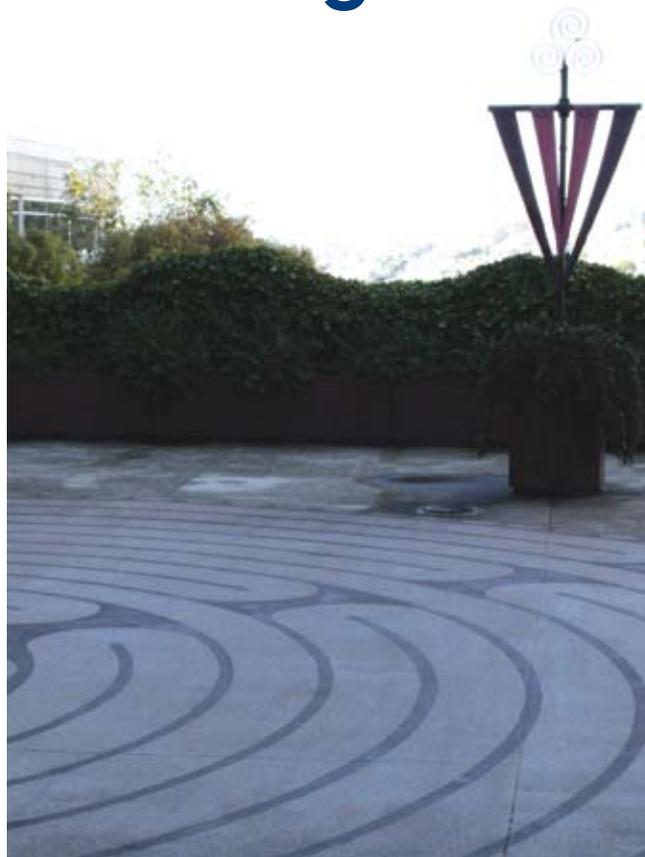
While expressive arts are not about creating pretty pictures, practitioners are often met with, “I can’t draw!” once the word *art* enters the conversation with a patient. So the expressive arts practitioners are skilled at very simple, and often fun, ways of encouraging patients to move into nonverbal expression. After cultivating a rapport, the patient may be encouraged to choose a picture from a stack of cards that best captures the feelings of the situation they were describing, or create a collage from magazine pictures whose images express their healing path, or transfer their stress and anxiety to a “worry doll.”

Even those patients deemed unlikely candidates to enter a creative mode experience relief when guided into this very natural form of expression. As children, we were all artists in the freedom of our expressiveness, and it is simply a matter of

reconnecting to this inner spirit, even in the most sophisticated adult.

Jane is just such a patient. A woman in her early forties, she is going on week twelve of hospitalization without a clear timeline for discharge, due to complications from her surgery for Crohn’s disease. Jane’s husband and daughter live seventy miles away and can only visit on the weekends. The combination of pain, prolonged hospitalization, financial worries, and loneliness (plus, perhaps, other unknown factors) has put her into depression. The charge nurse calls in a referral, hoping that an expressive arts session will lift her spirits.

When I enter Jane’s room, the curtains are drawn, casting a grey hue to everything. She looks up at me, a time lag in her eyes meeting mine, as though they need to reorient after a prolonged stay in a hazy inner world. My inquires into how she is doing are met with one-word replies, as though





forming words requires more energy than she has available.

Starting with a slow pace to match hers, I do learn that she is an accountant, that her daughter is having her eleventh birthday party this week, and that she daydreams of being home.

Jane's expression is neutral when she speaks of her daughter, but a red stain flushes across her cheeks and neck, and I feel a painful streak in my heart that I sense is an echo of her inner realm. The experience of missing her daughter is a bright flash in Jane's grey hospital world, and I pick up that emotional thread, asking her if she would like to make a birthday card for her daughter. Opening my art supply box triggers in her a sense of her daughter's delight with the glitter pens and bright papers found there.

Jane nods in agreement and selects a few pens and colored tissue paper. She begins to shape some pink tissue paper by carefully tearing it. But the visceral experience of tearing releases another wash of color into her face and neck. This time the emotions living below the surface rise so strongly that they spill into tears. She keeps her head down, ripping more quickly and strongly, the focus shifting from creating shapes to the raw impulse to shred.

"Good, keep going," I say, to let her know that these strong feelings are understandable and acceptable.

After riding the arc of intense emotions for a few minutes, the cycle comes to a natural pause and she looks up at me, her eyes

now alert and animated. A pink mountain of paper rests on her tray.

I look into her eyes, and I am considering how best to invite her to say something about her experience when she starts speaking.

"I hate of being here. This disease has ripped my life apart," she says with a healthy edge of anger in her voice.

This session is that beginning of what becomes six meetings with Jane prior to her discharge. She speaks, for the first time in years, about the difficulties of living with her illness. She is especially impacted by the ways it has separated her from her husband and daughter. While she does later make a birthday card for her daughter, she uses the torn pink tissue paper as the first materials of a healing collage for herself. She eventually expresses not only her deep pain and frustration, but also her intentions for specific ways to commit to living well, even with a chronic disease.

In addition to bringing the healing arts directly to patients like Jane, the Institute for Health and Healing also recognizes the medical environment itself as an opportunity for fostering healing. The soft light, clean lines, and natural colors of the Health and Healing clinic express welcome and relaxation. It's a reminder that healing can start now, even before you meet with your medical practitioner. Artist Shelly Masters was commissioned to paint impressionistic murals suggestive of sky, clouds, sunlight, and plants. These can be found in the IHH

clinic, the library and yoga studio, and several patient rooms at Coming Home Hospice (see photo below of the author standing in front of a mural in the IHH). A labyrinth (pictured on opposite page) is in the plaza outside the hospital lobby. It is an ongoing invitation to patients, staff, and visitors to take time for a simple walking meditation. The expressive arts interns painted a healing mural on the wall of the ambulance entryway (pictured left), greeting patients who enter the hospital through that threshold. This year, an interactive art piece entitled, "A Place for Wishes and Thanks" was installed in the pediatrics unit.

Like a magical river with a current that runs in two directions at once, the healing environments at IHH intend healing to flow from the outside in, while patients like Jane find a way for healing to flow from the inside out. So whether through environmental design, visual arts, music, or other creative processes, all are invited to tap into their own creative flow to foster deep personal growth and promote healing. *(sfm)*

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