

Art in Clinical Practice

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According to authors Gary Knowles and Ardra Cole, “Images can enhance empathic understanding by seeing someone else’s point of view. Artful representation works when it facilitates empathy or enables the viewer to see through the researcher-artist’s eye.”¹ Physicians are key to the provision of support, empathy, and compassion for their patients, yet these skills are difficult to teach and quantify. Teaching the arts in various forms—visual art, photography, music, poetry and narrative—is helpful for physicians as well as their patients. The literature shows that medical students can benefit from exposure to arts programs. Researchers at the University of Pennsylvania School of Medicine found a significant improvement in observational recognition skills among medical students in an art observation course.² Another study with five medical schools confirmed that exposure to the humanities is associated with important personal qualities (tolerance for ambiguity, empathy, emotional appraisal of self and others), resilience, and prevention of burnout, stating importantly that “if we wish to create wiser, more tolerant, empathetic, and resilient physicians, we might want to reintegrate the humanities in medical education.”³ At the Dr. Kiran C. Patel College of Osteopathic Medicine in Ft. Lauderdale, I developed an Arts in Medicine course offered to fourth year medical students, which has been well received. The medical community understands the importance of cultivating strong communication, observational and emotional skills to help improve patient care, and there is a need to develop required medical curricula that can be validated to foster those skills. The following essays examine the use of the arts in a clinical setting and offer us a rich opportunity to understand just how important the arts can be in medicine.

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The Health Professional—A Story Listener and a Storyteller: The Role of Narrative-Based Medicine in Clinical Practice and Education

Pradnya Brijmohan Bhattad, MD, Michael Durkin, Lauren Fine, MD, and Vijay Rajput, MD, FACP, SFHM

There have been tremendous technological advances in current medicine with the advent of artificial intelligence, robotics, and the use of algorithms. However, the place of humanistic medicine cannot be replaced by any form of artificial intelligence or the most modern technology. Practicing medicine is humanistic art that can be developed through narrative-based medicine. An important aspect of narrative-based medicine involves listening carefully to a patient’s stories. A clinician must listen thoroughly and carefully and be able to understand a patient’s perspective without being judgmental.^{1,2} A doctor does not simply treat disease. They treat people, combining broad scientific and technical knowledge with compassion for and understanding of their patient. However, with the pressures that are placed on clinicians, medical care tends to the efficient, impersonal, and technical. Every patient, every individual, has their own story to share. It is important for physicians to be good listeners because patients have all the information that is needed to help their physicians make accurate diagnoses and implement treatment plans.

As physicians, we have to learn as much as we can about our patient's health. Listening to our patients and their narratives can help us understand their experiences especially when diagnosed with serious disease. Regardless of the number of modern tests, listening to a patient provides the most useful piece of information that helps the physician to make a diagnosis. Listening to a patient's history is an important aspect of bedside medicine that cannot be replaced by any number of current day investigative modalities. The ability to witness the patient's narrative, to be able to take care of the patient as "the whole person," relies in listening to the patient. Despite the best intentions of healthcare providers, the lack of interpersonal training in medical school often is the problem because physicians are not given the training in humanistic medicine that can make an enormous difference in their practice.

What Is Narrative Medicine?

There is no specific definition of narrative-based medicine in the literature. Rita Charon, MD, a leader in narrative medicine education at Columbia University has defined it as medicine practiced with narrative competence "to recognize, absorb, interpret, and be moved by the stories of illness."³ When a physician listens to a patient carefully, this empowers the physicians, as they have a complete knowledge and accurate history of the patient's ongoing medical situation. Excellent listening skills lead to development of an accurate history, which helps build patient-centered management plans. Development of a patient-centered care approach empowers patients and makes it easier for them to be involved in their own medical decision-making.

Listening to a patient's story helps develop empathy and reflection in physicians. A patient encounter involves a narrative being told by the patient and, if heard carefully, provides many diagnostic clues because it is a dynamic interaction between the physician and the patient. Often considered the "old-fashioned" manner of medical practice, the narrative can offer opportunities for both patient and physician to understand what patients truly experience.

For example, if a patient has had dozens of hospitalizations for acute alcohol intoxication, and undergone several alcohol rehabilitation treatments, and was not successful, their physician may be judgmental. However, listening empathetically to their patient to learn about their perspectives and expressing faith and confidence in their patient's ability to quit alcohol abuse regardless of previous failures, can go a long way to help build confidence and faith in their treatment.

Seeing the "bigger picture" is taking into consideration the patient as a whole. This involves integrating the stories told by our patients, other clinicians, and healthcare team members to obtain accurate and detailed history leading to precise diagnoses. All of this comes from being a witness to the patient's stories and listening to them, giving them adequate time and understanding them as an individual. Narrative-based medicine can help physicians develop a patient-centered approach in the care of a patient. When patients feel their voices are

heard, they feel acknowledged and cared for, which enhances the physician-patient relationship.

The 7 principles in narrative medicine are: Conversations, Curiosity, Context, Complexity, Challenge, Caution, and Care.¹ Inviting a conversation with patients, exploring individual stories in appropriate context, creating new ideas, complete acknowledgement of one's limitations, and providing nonjudgmental care to the patient summarizes these 7 principles in narrative-based medicine.

Literary reflection as a fundamental aspect of healthcare is not a new concept.

Narrative techniques increase patient satisfaction.⁴⁻⁶ Development of a therapeutic physician-patient relationship is important in all clinical and academic settings. Creating newer tools such as checklists to assess competency in listening and communication skills may help trainees develop a patient-centered approach.

There are many reasons to consider implementing narrative based medicine with your patients and literature has shown that:

1. Narrative Medicine significantly improves communication between the physician and the patient, providing a rich source of knowledge regarding the patient's health conditions.
2. Patient history becomes accurate and stronger in providing complete care.
3. Improves the physician-patient relationship.
4. Involves the patient in shared medical decision-making. Patients need to be involved in their medical decision-making and should be empowered via appropriate education, which can be best done after taking an accurate and thorough medical history.
5. Helps avoid medical errors.
6. Improves work satisfaction and as a result minimizes physician burnout.
7. Improves interpersonal relationships with patients, patients' families, colleagues and the entire health care team, leading to improved outcomes.

A practical approach for including narrative medicine in the patient encounter includes the following suggestions:

1. Ask open ended questions.
2. Be non-judgmental.
3. Maintain a non-confrontational attitude.
4. Listen to the patient without interrupting.
5. Don't make any assumptions about the patients' life.
6. Don't jump to conclusions.

Vulnerable patients with chronic illnesses, poor medication adherence or appointment attendance, complex psychosocial factors, and health inequalities or disparities can benefit particularly from the integration of narrative medicine techniques because these techniques are patient centered and encourage empowerment, engagement and education and often patients do not feel empowered in the patient encounter, or listened to. Narrative techniques provide opportunities for patients to not

only share their stories, but to help educate their physicians about their lives and lived experiences.

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Practicing Medicine through an Artist's Eyes

Jia Jennifer Ding, MD

Long before I found my passion for medicine and clinical care, I spent my days filling canvases with colors and textures. Art was my creative escape away from Advanced Placement classes and science competitions. Whereas everything else in my life seemed to follow a predictable and logical order—learn framework, apply framework, expect replicable results—art constantly surprised and humbled me with its ever-elusive path to realization. After my initial years building technical skills and learning about everything from color theory to the golden ratio, I graduated to more personal and interpretive work that celebrated movement, energy, and dynamism.

More than any other subject, I most loved the discipline of portraiture. I drew my parents, my friends, and my teachers as they coached, slept, and laughed. I yearned to capture each person's essence, their current state of being, whether that was the cusp of young adulthood or the content acceptance of retirement after a lifetime of service. Some paintings took months, whereas others I finished with fervor in a day, but every experience was meditative in its process of balancing technical likeness with something more ephemeral and emotive, where personalities clarified and hidden sides shone.



Author's self portrait

Now, though I rarely have time to bring pencil to paper for creative pursuits, I often find myself mentally tracing the edges of my patients' faces and bodies, marveling at their strength and vulnerability. For someone who was so fascinated with depicting people at their most honest and vital, I do not find it surprising that I was drawn to the field of obstetrics and gynecology, where I am met with raw emotion and bare intimacy on a daily basis. Though regularly filled with new life, my chosen

profession can also be an incredibly painful experience for patient and provider, and the best medicine I have found for myself to process and recover from the physical and emotional toll of my work is to return to an artistic realm, whether that be treating myself to a virtual MOMA exhibit tour amidst our current pandemic, visiting a cultural site such as Storm King Art Center or the Clark Art Institute, or hosting a paint night for my colleagues. Giving ourselves the freedom to create, without the pressure of life or death outcomes, where our only audience is ourselves, is an extraordinary freedom that is rare in medicine, and one we do not take for granted.

Like art, medicine is highly technical, but meaningless without the relationships that allow us to reflect on our mutual dependence and connection with each other. I dream of the day when I can host figure drawing classes, where a room of obstetrician gynecologists can draw and celebrate the strength and beauty of the human form, one that we are intimately familiar with as a vehicle of illness, but instead reframe our perception to celebrate the body that creates and bears life.

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Using the Arts to Improve Communication and Quality of Life

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Imagine if someone you love or care for loses the ability to communicate. This loss is life changing, not only for the person

Table 1. The Forms of Expression and Participation for an Art Activity

“Appreciation”	“Re-creation”	“Creation”
<i>Activity:</i> Viewing paintings <i>Strategy:</i> While the person is viewing each painting, ask closed (yes or no?) and open-ended questions (how does it make you feel?) <i>Goal:</i> Improve verbal/gestural commenting	<i>Activity:</i> Copying line drawings or pictures of functional objects that are part of a person’s daily routine <i>Strategy:</i> Show the picture you want him or her to name and draw (copy while in view). <i>Goal:</i> Improve word finding and ability to convey a message	<i>Activity:</i> Making an art collage <i>Strategy:</i> Provide a large piece of canvas art paper, colored pencils, markers, scissors, tape, glue, and several magazines <i>Goal:</i> Improve following directions, writing, word retrieval, recall, and organization skills

with the communication impairment, but also the caregivers and loved ones. A communication impairment can make the person feel invisible to others. However, an artistic outlet that allows expression of thoughts and feelings in a therapeutic modality can help communication and improve quality of life. The arts are a very powerful tool for patients, clinicians, and caregivers. The key element is that the clinician, or others who see the patient with the communication impairment on a regular basis, is initially trained and provided with information on how to use artistic activities to improve communication.

Patients with a communication impairment often seek speech, language, or cognitive therapy to improve or maintain communication skills. Speech-language pathologists are finding and using creative ways to incorporate the arts, along with a patient’s hobbies and interests, into treatment plans. This can include activities such as singing, acting, dancing, painting, or drawing. The use of the arts, as a therapeutic modality, can help improve impairment in communication, word finding, memory, organization, and socialization. Often, patients with communication impairments can become isolated, depressed, and unmotivated and the provision of an outlet using the arts can help motivate the patient and give him or her confidence in the ability to express thoughts and ideas through a chosen art form.

Individuals with a communication impairment may have had a stroke or been diagnosed with something progressive, like Parkinson’s disease. Mirabella expressed when progressive neurogenic communication disorders develop within an individual, that individual’s quality of life diminishes without possibility for improvement; therefore, clinicians are turning to art therapy (e.g., painting and drawing) to improve quality of life through a holistic treatment as opposed to or along with typical interventions.¹ Artistic expression is an effective outlet for improving communication skills. Art, music, dance, and acting stimulate the entire brain, while increasing motivation

and socialization. There are similarities between music therapy and speech therapy. For example, elements of music, such as melody, tempo, harmony, and rhythm can improve expressive and receptive language.

Researchers have found that clinical treatment using musical intervention can improve speech and language skills in individuals with communication impairment.² Altenmüller and Schlaug indicated that music has significant implication on the effects of an individual’s emotional, sensorimotor, and cognitive experience.³ The power in brain plasticity is a result of musical activities. Neuroimaging studies reveal correlations between Melodic Intonation Therapy and the reorganization of the brain’s functions. In addition, such therapeutic approaches have shown significant gains in patients with motor deficits as a result of a stroke. Carryover of speech and language improvement can also be expected using dance, as it incorporates both music and the patient’s overall body movement.

Art therapy can also have a positive effect with upper body movement when drawing or painting, in addition to communication. Kline explained that art therapy stimulates both the right and left hemispheres of the brain and bilateral parietal lobe activation.⁴ This in turn increases brain plasticity, which helps the brain make reorganizational strides. Acting improves speech by strengthening the muscles for speech and improving breath support, voice, and loudness. Overall, using the arts provides results that are promising and the individual with a communication impairment is better equipped to communicate thoughts, wants, and needs for activities of daily living. The three forms of artistic expression and participation are “appreciation,” “re-creation,” and “creation”⁵ (Tables 1–4).

Knowledge of impairment and skills of the patient will also provide physicians with a guide when recommending services to professionals that use artistic activities and strategies. For example, a speech-language pathologist, occupational therapist,

Table 2. The Forms of Expression and Participation for a Music Activity

“Appreciation”	“Re-creation”	“Creation”
<i>Activity:</i> Listening to music <i>Strategy:</i> Ask closed and open-ended questions <i>Goal:</i> Improve verbal and/or gestural commenting	<i>Activity:</i> Sing along <i>Strategy:</i> Online karaoke. Search the web for online karaoke songs. Let the person choose the song. <i>Goal:</i> Improve verbalizations	<i>Activity:</i> Writing new words/lyrics to an existing melody or song <i>Strategy:</i> Find a song that has a strong and repetitive melody and is liked and very familiar <i>Goal:</i> Improve recall, word finding and writing

Table 3. The Forms of Expression and Participation for a Dance Activity

"Appreciation"	"Re-creation"	"Creation"
<p><i>Activity:</i> Viewing a dance routine of a waltz, rumba, foxtrot, jitterbug, or other favorite type of dance <i>Strategy:</i> While the person is watching the dance routine, ask closed and open-ended questions <i>Goal:</i> Improve verbal and/or gestural commenting</p>	<p><i>Activity:</i> Dance along <i>Strategy:</i> If the person and/or caregiver has a background in dancing and previously enjoyed dancing, start here <i>Goal:</i> Improve recall and following directions</p>	<p><i>Activity:</i> Developing a new piece of dance to an existing song <i>Strategy:</i> Find a song that has a strong and repetitive melody and is liked and familiar to the person <i>Goal:</i> Improve listening, recall, following directions, and writing skills</p>

or physical therapist, who currently may be treating the patient or have assessed and treated the patient in the past, will provide information regarding skills and level of impairment and the patient's stimulability to treatment when using the arts. Physicians can consult with and refer an arts-based therapist (for example, music therapist or drama therapist) to help their patient improve communication.

The following examples include specific activities used by the author at Nova Southeastern University's Speech-Language Pathology Clinic to improve communication, socialization, and quality of life in adults living with communication disorders. Aspects of the arts that were used within these examples included: (1) painting, drawing, coloring, and mixed media design; (2) music, singing, and dancing; and (3) writing a script, singing, and acting. Specific treatment techniques using the arts took place while patients also received individual or group speech therapy. Treatment techniques were used with adult patients with communication disorders over a period to produce a functional result that showcased their talents and, most importantly, progress with treatment goals. A home program implemented with the patients and caregivers from week to week was a key element in achieving a positive result. The planning process included a weekly group individual treatment session, an individual treatment session for some, and a home program implemented with the caregiver for both group and individual treatment.

Example 1: "Art through the Hemispheres"

Treatment strategies were used with aphasia group patients and their caregivers that incorporated the use of artistic expression through painting, drawing, coloring, and collage.

Through the efforts of the aphasia patients and their caregivers, an art gallery opening event was held at the Nova Southeastern University Speech-Language Pathology Clinic. *Art through the Hemispheres* offered an opportunity for the aphasia group patients and caregivers to present their art and discuss the benefits of using art to improve communication, socialization, and quality of life.

Example 2: "Dancing with the Aphasia Group Stars"

Treatment strategies were used with aphasia group patients and their caregivers that incorporated the use of artistic expression through music, singing, and dancing. Two of the aphasia patients and their spouses were previously ballroom dancers, and they sang, and danced with full passion. I thought that dancing could also nudge other aphasic patients out of their shells too and move them to interact and talk to others. When the patients and their caregivers agreed, the *Dancing with the Aphasia Group Stars* show, modeled after the television show, *Dancing with the Stars*, was born. The seasoned ballroom-dancer patients and their caregivers taught the other group members the steps. The patients learned to follow specific instructions and use words tailored to their needs while they were learning to dance. In the end, the patients and their caregivers participated in *Dancing with the Aphasia Group Stars*. During one dance routine, a nonverbal patient and her spouse were dancing a foxtrot to "Fly Me to the Moon," by Frank Sinatra. While dancing, the patient sang every word to the song as her spouse and the audience beamed. The judges were two speech-language pathologists and one occupational therapist. The 1st through 3rd place winners received trophies. One patient's spouse stood up to share her ultimate praise for

Table 4. Forms of Expression and Participation for an Acting Activity

"Appreciation"	"Re-creation"	"Creation"
<p><i>Activity:</i> Viewing a clip from a favorite television show or movie <i>Strategy:</i> While the person is viewing each clip, ask closed and open-ended questions <i>Goal:</i> Improve verbal and/or gestural commenting</p>	<p><i>Activity:</i> Orally reading and acting out short scripts or plays <i>Strategy:</i> Find short scripts or plays created for adults through an online venue or the library. Two person scripts are most appropriate for this activity. <i>Goal:</i> Improve speaking skills</p>	<p><i>Activity:</i> Rearranging a script <i>Strategy:</i> Find short scripts or plays created for adults through an online venue. Ask the person to take a portion of the script and rewrite it with a different outcome or focus. <i>Goal:</i> Improve recall, word finding, reading comprehension, and writing</p>

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the show and the care received by her and her husband, saying “This experience changed our lives. Now my husband is talking more and is more engaged.”

Example 3: “The Parkinson’s Monologues”

Treatment strategies were used with Parkinson’s group patients that incorporated the use of artistic expression through writing script and song and acting and singing. To give some of the Parkinson’s patients the opportunity to tell their stories in a way that would feel comfortable to them, they were invited to write and later perform dramatic monologues that described their experiences with their disability. The idea came as an ode to the *Vagina Monologues*, an off-Broadway play in New York that inspired the author’s artistic treatment approach. He envisioned a play of monologues about the “Parkinson’s experience.” The result was “The Parkinson’s Players,” a group of adults who participated in a weekly support and treatment group that not only helped them deal with their struggles with speech and language, but also turned them into actors. By the time the players started to rehearse and eventually stood on a stage to deliver their monologues to a 150-person audience, they were speaking with a clarity, conviction and confidence.

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Expressive Arts for the Healing Professional and Their Patients

Nina Utigaard, MFT, REAT

Few individuals have been given the adequate guidance or tools to deal with intense feelings, and as the complexities of

our society and day-to-day living heighten in times of crisis, a rise in anxiety and depression occur. We all know about the cost of stress within the body. Creative expression, however, can be a powerful way for individuals to release and communicate their inner emotional landscape. This creative release can also help us understand and transform these emotions into new insights and personal empowerment.

In addition to the general public, physicians and others in the healthcare profession often find themselves in situations where a diagnosis evokes difficult and intense feelings—whether it’s a patient hearing negative results from a recent test and accepting that outcome, or a medical colleague witnessing the death or distress of someone they’re caring for. One does not have to be a psychotherapist to provide space for listening and being fully present for another going through an immensely challenging time. In addition, anyone feeling emotional overload can express themselves using a piece of clay, writing down how you’re feeling in a poem, or drawing your anger on a blank page, moving those feelings out as a healthy way to release. The powers of creative expression can be used to assist ourselves, patients and others around us who are dealing with a multitude of stressors in the world right now. It can be a tool to deal with our current pandemic, as well as a future crisis that may emerge. While it is challenging to condense all that can be shared about this rich topic in a limited amount of space, I hope this introductory guidance is helpful and inspiring, whether one is a counselor, someone in the healing profession, or someone who is facing their own personal challenge.

As a practicing psychotherapist in San Francisco, I worked for several years as a Clinical Director and Supervisor with psychology interns who were seeking new ways of working with elders diagnosed with dementia and Alzheimer’s. Our collective vision was to create an environment in which the elders in an assisted living facility felt valued, honored and supported for continued growth. During that time, I was continuously inspired by how powerful expressive arts can be for those challenged by verbal language. When words could no longer be accessed, elders with “forgetfulness,” as we chose to label it there, were able to communicate with pure forms of language. Among these pure forms of language was the individual’s creative expression.

Sometimes this form of expression involved a singing circle, where participants sang songs exercising their lungs while also finding calm in the familiar tunes from their youth. Sometimes it was with storytelling, prompted or inspired by a theme of the day. Or, sometimes it was creating a drawing or collage that represented how they felt, or their history. Whichever form it was, I noticed they seemed less anxious and fearful, more connected, and most often they left in a better mood than when they arrived.

Something that I have come to understand through this experience, is that words are sub-symbols, whereas a body gesture, sound, drumming, and a stroke of color across the page are all immediate forms of communication that the brain can access much easier. And, because it comes from a more immediate form of communication, it tends to be more authentic

and connected to our emotional system. So, the creative process, especially when offered in a person-centered approach, is a perfect way to support those who are having difficulty talking about how they feel, whether it is due to emotional overload or neurological issues. In the case of the elders, it provided them a way to release the angst they were holding inside. Their creative process helped them move and shift the difficult feelings within. We utilized the language of music, art, drama, painting, storytelling, poetry, collage and drumming, with each modality providing a way for the individual to communicate to others nonverbally, ridding them of a sense of isolation or abandonment. More importantly, it provided them a way to release and express pent-up feelings, which often causes agitation and other health problems.

I have found this approach to be successful. The emphasis is on the process not the product, as being concerned about the beauty or performance can raise anxiety. If the individual knows this is truly for themselves, rather than others, it reduces the fear of creating. When you create a safe, accepting environment in which others can openly share how they are feeling internally, without critique or judgement, using their creative language provides multiple benefits. Language is an important descriptor and to lessen anxiety about doing “art,” I would say, “we are going to explore painting or drawing.” Instead of saying we’re going to be “dancing,” I would say, “we are going to explore moving and letting our bodies express how they feel.”

Encouraging singing or drumming with others helps individuals feel connected and part of a community, thus decreasing loneliness. If offered in a fun and playful way, expressive arts offer a way to be silly at times and experience joy, which can boost the immune system. The creative process can also assist in understanding inner angst and confusion, supporting the creator to feel more empowered, especially when they are dealing with something out of their control like serious illness or a community crisis, such as a pandemic.

Facilitating creative expression is not only helpful for patients—it can be an immensely helpful form of self-care. Remember to carve out space for yourself to express what you have endured the prior hour or day. Keeping emotions locked up inside is not helpful or healthy. Clay can be used to mold and shape feelings. Dancing to music at the end of the day can also move emotions or writing on an empty page is therapeutic. It does not have to be a pretty picture. Remember this is for the individual person, no one else, and is a tool to express, release and process the feelings and anguish inside. One can always choose to throw away their written expression or art piece when they are finished if they don’t want to share it with others or save it. In fact, sometimes that feels really good—to wad up the paper filled with anger and throw it in the nearest wastebasket.

Natalie Rogers, daughter of the famous psychologist, Carl Rogers, my mentor and colleague, demonstrated and shared with me the essentials of a facilitator that creates a safe environment so that others are more open to explore and express themselves creatively, citing that “As facilitators, it is helpful to understand that creativity comes from our whole being

and that each of us has an inherent drive and need to express ourselves: to use our imagination and inner resources.”¹ In addition, the following essentials are important:

1. Establishing a collaborative relationship with the participant or artist
2. Helping to develop and sustain an environment of trust and openness where everyone feels safe to talk honestly and where a diversity of opinions are respected
3. Ensuring that all participants feel included and have the opportunity to participate
4. Creating a person-centered environment with: unconditional positive regard, empathy, congruence and being fully present

There are also several ways one can show respect for the participant’s work. First and foremost, respect the participant’s space as they are working. Be sensitive to their reactions in being approached and having their artwork viewed by others. Before one makes any comments to a participant’s art, ask them if they want input. If they don’t want input, then don’t offer it. Do not take it personally. Remember art can be very personal and it is essential for the facilitator to respect this. If given permission to share one’s reaction or make inquiries, you might ask questions such as: Would you like to tell me what the process of creating was like for you? What meaning does this piece hold for you? What do you feel when you look at your creation?

Whatever responses are given, listen with openness and empathy. Empathy is defined by Natalie Rogers as “seeing the world through the other person’s eyes, ears and heart.”¹ By walking alongside the participant in their journey, one offers them support and becomes a witness to their experience. Often it is this sharing of the experience that is most valuable to the artist. Just having another person genuinely listen and try to understand can be very validating. They are no longer alone.

After patients/individuals have had a chance to creatively express themselves in a safe, accepting environment and have had the opportunity to share, explore and process their creative expression, there are often shifts and changes including: a sense of relief, feeling understood (even if no words are spoken), less agitation and confusion, feeling tired or more relaxed from the release, insights or solutions and sometimes a new sense of acceptance about a situation. I sometimes will encourage artists to set the piece up somewhere to continue learning from it.

Energy (and emotion) either stays locked inside our bodies, sometimes creating other problems, or it gets released somehow. If we can reduce the stress, fear, anxiety and depression that we are holding inside, we can then face the next day with a little less overwhelm and exhaustion. If we can use other innate language forms like movement, visual art, writing, drama, poetry, music and drumming, to express and/or share with another what we cannot put into words, then this energy can shift, move and change. Creative expression is one method that supports us to reach those goals.

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A Change of Art

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People with aphasia and other communication disabilities, either due to acquired or developmental health conditions, face a high risk of social isolation. People with communication disabilities are often excluded from participating in their own health care decisions by well-intentioned physicians and others who are facing limited time or limited strategies to support effective communication. In addition to health care decisions, people with communication disabilities face exclusion from participating in all aspects of their daily life, including social interactions. Aphasia is a language disorder that can affect the way a person communicates and comprehends information, but does not diminish their intellect. Often, patients know what they want to say, but can’t get the words to come out or may say the wrong words.¹ “Without the ability to participate in conversation, every relationship, every life role and almost every life activity is at risk. With additional reading and writing difficulties, the impact is devastating. The results are an inevitable loss of self-esteem and a profound sense of social isolation and depression.”²

Physicians can take steps to address the social isolation of their patients with communication disabilities. In this brief article, we would like to highlight two things physicians can do. First, physicians can use communication supports in their interactions to include patients with communication disabilities into health conversations and decision-making. Second, physicians can encourage accessible activities, such as art-based activities, by offering specific examples and making community referrals.

There are several evidence-based communication strategies that can enable a physician to have a constructive interaction with a patient with a communication disability. Here are some of the most important, taken from members of a community-based aphasia center in Florida called *Voices of Hope for Aphasia*.

- Speak directly with the patient, not to the caregiver or partner. Make eye contact with the patient when asking questions or giving information.
- If possible, sit across from the person with a communication disability so that they can take advantage of all of the visual cues of your facial expression.
- Eliminate background noise as much as possible, especially when providing directions for taking medications or when talking. If you are in a hospital or long-term care setting, turn off the TV.
- When providing instructions verbally, use short, straight-forward sentences.
- If necessary, use gestures and write keywords on a whiteboard.
- Provide written, straight-forward step-by-step instructions with visuals.
- Avoid talking down to the patient and don’t engage in communicating the way you would with a child or a baby.
- Do not increase volume of speech unless there is a known hearing disability because aphasia and hearing loss are not directly correlated.
- Pause frequently and confirm understanding with your patient.
- Allow enough time for questions.
- Repetition can enhance understanding. Repeat or rephrase directions as necessary.
- Avoid asking open-ended questions. Ask yes/no or multiple-choice questions.
- Ask one question at a time and provide plenty of time to respond.
- Avoid finishing your patients’ sentences unless they ask for help.
- Allow independence. If you aren’t sure if they need help or not, ask, “Can I help you?”

Supported Conversation for Aphasia™ is an evidence-based approach that has been used to successfully train doctors and other health care providers in quick and effective techniques to accomplish effective communication with patients with communication disabilities.³ The main steps in this approach are: 1) support comprehension through strategies such as writing down key words or repeating, 2) support a means of expression, such as allowing the patient to write or draw, and 3) verify the message. The Aphasia Institute in Toronto, Canada offers training in this technique, including a self-directed training module appropriate for physicians as well as their nursing and office staff.⁴

These communication strategies, relevant for physician-patient encounters, also highlight the importance of providing alternative means of self-expression to those with communication disabilities. Specifically, the arts can offer reduced stress levels, distraction from medical issues, and increased confidence. In a study conducted by the authors, held at the community-based aphasia center, *Voices of Hope for Aphasia*, group art experiences for people living with aphasia were offered during a four-month period in an effort to facilitate both communication and social connection. During this time, one-hour, weekly group art sessions were attended by 8–10 people with aphasia. Additionally, a one-time, two-hour art experience was offered to collect data analyzing participant attitudes towards art-making using surveys. Participants were asked to express their views before and after the structured art session. Participants were asked to rate their enjoyment level of the art experience, and how important it was to them. They were also asked to discuss what they liked or disliked about the art experiences, and whether they would continue to engage in art by themselves or in a group setting.

All but two of the participants indicated a strong desire to engage in art within a group setting and all but one participant stated that they would be unlikely to create art by themselves. Participants found the group art experiences offered them a form of self-expression and an ability to share their experiences with others; for example, in the “What My Aphasia Feels Like” project, participants used markers to fill the silhouette of a head to create wonderful visual representations of their own experience. During our study, we found that art projects that are low-risk/fail-proof were best because the creative art processes can intimidate and easily frustrate participants. Projects should be centered around the experience rather than the final outcome and focus on the benefits of creativity rather than perfecting artistic abilities. These results are consistent with previous literature that suggests that art experiences are powerful facilitators of social interaction and engagement.^{5,6}

Creating art as an adult can be intimidating, embarrassing, and frustrating. When a physician initiates a short conversation about art or music with a patient with a communication disability, it can open the door to a new world for many patients.

Take, for example, the case of a patient we’ll call Ron. Ron had experienced a single large left CVA with resulting global aphasia at the age of 60. Prior to the stroke, Ron was a business executive who spent long hours at work. After his stroke, speech therapy helped improve his comprehension for basic conversation, so he could follow what was happening around him, but he was only able to verbally say “yes,” “no,” and “I don’t know.” In speech therapy, a treatment called “Back to the Drawing Board” was initiated, which helped Ron make simple line drawings to communicate his ideas. This helped Ron hold conversations with his wife at home. Despite these improvements in communication, he was isolated and limited to interactions with his wife. No other friends or business colleagues maintained their relationship with Ron.

Ron had no hobbies before his stroke and had never engaged in any art-related activities. His wife wanted him to try art, but Ron refused. One day, at a routine doctor’s appointment, Ron’s wife asked the doctor if art would be helpful. As the doctor encouraged Ron to try it, she saw that the doctor’s comments might make an impact on Ron. Ron tolerated the first aphasia group art session and by the third session he was producing art that was admired by all of the group members. This first aphasia art experience ended up becoming a major landmark in Ron’s life. He continued with art and ultimately began a small business creating small paintings and wearable-art T-shirts. Ron became confident and proud of himself. Ron’s life was completely changed thanks to a one-minute conversation with the doctor who encouraged art as a therapeutic activity.

The realization that being creative can bring joy or improvement to their lives occurs frequently by not only the participants, but also by their caregivers and family members. The opportunity to be creative in a group also creates a sense of camaraderie amongst the participants as they face similar challenges or triumphs with the creative process or maneuvering new art-making materials. As a group, making jokes and laughing with each other is always part of the creative process. Creating art can give participants with aphasia a sense of pride in things they create, new awareness of abilities they did not know they had, opportunities for new ways to express themselves, and an improvement in quality of life. Physicians can play an important role in creating new forms of communication, self-expression, and accomplishment by encouraging arts-based activities.

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