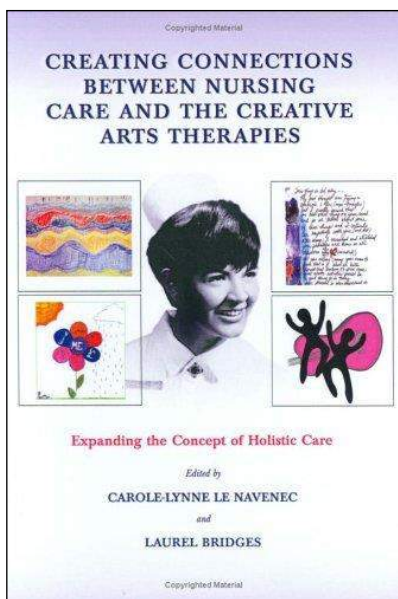


Book Reviews

Creating connections between nursing care and the creative arts therapies: Expanding the concept of holistic care.

Le Navenec, C-L and Bridges, L. (Eds.). (2005). Springfield, Ill: Charles C. Thomas.

Reviewed by Heather Hill



I am embarrassed to say that this book has sat in my “to do” box for rather a long time – the general busyness of life has certainly got in the way, but I must also confess to being somewhat daunted by the size of the

book and more particularly by what appeared to be a very textbook-type front cover. However, having at last read this book, I can only regret that I did not read it earlier. I have found the book very engaging– and not at all like the textbook I was anticipating!

The editors have written an excellent introduction, and I did admire the clarity with which they articulated the concepts central to their book. How does this book differ from others in this area? The authors acknowledge that there are already several publications on the arts in health care, holistic nursing and creative arts therapies but suggest that this book is unique in the following dimensions:

- (1) *its exploration of the theoretical and practical implications of the creative arts therapies as illustrated in single and multiple-case studies;*
- (2) *the presentation of approaches from a range of practitioners in the creative arts therapies and from health care practitioners who use creative therapeutic approaches; and*

- (3) *the creation of a closer connection between nursing care and creative arts therapies in order to promote professional collaboration and to expand the concept of holistic care. (p.3)*

They identify creating connections as possibly the most important contribution of their book. They are equally clear in stating what the book does not offer, namely that it is not a “how to” manual for nursing or other staff who want to “use” the arts therapies. It was good to see this so plainly stated. I’m sure I’m not the only arts therapist who has been infuriated at some time or other when a colleague assumes he or she can just do what we do without training or skill. At the same time, one does not want to stake out exclusive rights to the arts! Indeed, the more arts permeate our world, the better. Therefore, one of the things I like most about this book is that, through its in-depth discussion of practice by both trained arts therapists and professionals who have incorporated the arts into their practice, it creates a respect for the very real skills involved in working with the arts in therapy.

The book does indeed include a wide variety of practitioners, and the chapters have been divided into five broad sections: Art and Crafts, Music, Creative Writing, Dance and Movement, Drama. Through having several chapters in each section, the editors have been able to offer different perspectives, from different professional backgrounds, with different goals and different ways of working within the compass of each art form. The various chapter authors draw on their own professional experience and knowledge, on research and on other professional literature, so that both theory and practice are addressed. Several authors point out that specific skills are needed where health professionals wish to incorporate the arts in their work and suggest resources for interested readers to follow up. As with all such edited books, there is some variation in quality of writing and of course, as is to be expected, some chapters will appeal to the individual reader more than others. However, by and large I felt the diversity of styles, practitioners and ways of working provided a rich palette and I came to understand quite a bit more about other creative arts therapies and the specifics of what they might offer. It was also good to see common concerns and common issues faced by all of us working with the arts in therapy.

I was pleased to see that several authors note that there can be no recipes offered in this work, an idea which certainly goes against the predominant culture of identifying strategies, managing and controlling. Epstein, musicologist and cultural historian (ch. 12, *A sound basis for wellbeing: the acoustics of health*) offers general guidelines for the use of ambient background music noting that there is no failsafe choice and that it necessarily needs to involve negotiation and consultation with individuals.

In Murray's chapter (ch. 13, *Finding the 'Friend at the end of your pen': What makes journaling 'therapeutic' for patients and 'professional growth for students'*), Murray, a recreational therapist, shows how the rehabilitation journal kept by one patient, Belle, drew staff members in to contributing their comments.

When Belle expressed amazement at this attention, the therapists became playfully competitive, making creative entries, or opting to use whole blank pages. For instance, a physical therapist drew stick figures to represent Belle's progress to move from sitting to a standing position. An occupational therapist began illustrating handwritten progress notes with watercolour drawings during treatment sessions, thereby aligning Belle's immediate functional goals to her self-articulated goal of recording her life story. (p.211)

This chapter brilliantly illustrates the contagious and enlivening impact of integrating the arts into a medical setting. Murray further goes on to propose journaling as an educational tool for healthcare students and suggests a format which dance therapy educators might find useful as a way to focus students' journaling efforts. Still in the writing section, Wagner (ch. 14, *The embodiment of nursing art: understanding the caring-self in nursing practice through reflective poetry-writing and art-making*) writes about her research in this area, specifically a case study which formed part of a larger qualitative study. She talks first about the centrality of relationship. As a dance therapist, I just love this description:

The higher level of caring relationship between nurse and patient/client, which is therapeutic, transforming, and life altering, is like dancing with another, responding sensitively to the signals of one another, and moving with a purpose through a space that is defined by the music of the relationship. (p.229)

This 'caring dance' requires that the carer attains a degree of self knowledge and especially self awareness.

Murray notes the importance of reflective practice, 'exploring nursing experiences, personally and collectively'. She describes how a student nurse used a layered process of story, poetry and art to reflect on a "caring moment". In describing this, the author gives a very interesting account of how the different arts forms together contribute to reflection and what those different contributions are.

The dance chapters seemed to complement each other well: Zimbelmann's chapter focussing on introducing dance therapy and also her work in a psychiatric unit, Kierr's on dance therapy in a hospital for patients with chronic illness and Bridges' on how a dance therapist can contribute to the care of people with dementia. Both Kierr and Bridges show how their dance therapy skills, knowledge and sensibilities can contribute to care/treatment. Kierr has some wonderful vignettes of her work with patients which shows her using all her dance therapy skills, though in ways which do not necessarily look like a 'classical' dance therapy session. Bridges shows how some of our dance therapy knowledge and sensitivities can be shared with carers who are struggling to find a way to engage in the non-verbal 'dance' and to connect with the person they care for.

In these dance therapy chapters, I also found some really useful ways of articulating what we do and how we answer those questions which are perennially asked of dance therapists. This would be especially helpful for dance therapists in the earlier phases of their career, but remains relevant even to the most experienced.

Another useful aspect of the book, apart from its insights into diverse practice and practitioners, is the introduction to different contexts and to individuals with differing needs. I found it very interesting to learn something of contexts I had not worked in, and again I think this would be very helpful for dance therapists perhaps starting out in a new area and wanting to gain some preliminary insight into it. Of course, it is also important to realise that the 'label' or 'diagnosis' is only part of the story. Osoff-Bultz (ch. 19, *A template for the multidisciplinary team-led social and life skills groups utilizing drama and other creative arts therapies: its application for girls experiencing neurological challenges*) in describing her experience of planning a program for girls with disabilities comes to realize 'that in

trying to address the girls and their families under a diagnostic label we were not looking at the child and the family holistically' (p.339). This leads to my next point.

Within this book – at times within the same chapter - I was aware of a tension which is omnipresent in our field, namely tension between the reductionist perspectives of the clinical/medical world and the rich, elusive world of the arts therapies and indeed most human activity. For myself, I was certainly most drawn to those writings which fully acknowledged the humanity and the hard-to-pin-down quality of an arts experience. At the same time, I was aware that even in those chapters where the authors attempted a positivist research model or a more medical practice approach, there seemed a tension between the need to reduce the experience to easily measurable/static components, and the absolute living, breathing and bubbling over aliveness of the experience itself. For instance, does one apply schemas for the 'meaning' of different types of music in one's practice with clients, or does one view music within an intersubjective framework, that is in interaction with the individual and the context. I think this just flags the tensions in attempting to address issues of what constitutes professional practice in the arts therapies, and in how we research our practice.

I think the chapters individually and the overall mix work very well to achieve the editors' goals. I do apologise to those authors I have not named – but be assured you are included in this review – implicitly if not explicitly! I found some parts of the book very moving as I saw the full impact of the arts on the people experiencing them. I also felt some sadness that these totally human and rich client/patient experiences, not to mention the wonderful skills of arts practitioners, are often so little valued in the health care system.

This book, according to the editors, is about creativity, collaboration and caring. In offering a better understanding how others – whether as arts therapists, or health professionals – work with the arts, the book indeed offers opportunities for us to grow and to reach beyond our own boundaries, to learn more about how we can best work in with others, and finally and most importantly to offer integrated and holistic care to the people we care for and care about.

Heather Hill Bio - see p. 27.