



An inside view: A typical art therapy session set up at bedside. This is a photograph of a typical art therapy set up at bedside. Here, the patient is sitting up in bed, using a side table as a desk, and working with natural materials and watercolor to create a collage. Medical art therapists must be attuned to and acquainted with the bedside space in order to create an environment conducive to art-making, taking into consideration medical equipment, areas for meals, and privacy concerns if the space is shared. Depending on the abilities of the patient, art therapists may utilize portable lap easels or clipboards to support a patient who would like to create while lying down in bed. Traditional art materials can also be modified to fit the physical needs of the patient, welcoming a more comfortable experience.



Supporting children: “Life at home” created by a young child whose father was recently diagnosed with cancer. Art therapists may support even the youngest family members affected by serious illness. Due to developmental vulnerability and still developing coping that comes with maturation, children may turn to art and play to express complex feelings and communicate their fears. In this example, a young child creates an image of her “life at home”. Using markers and crayons, the child draws her house on a bright day. Using model magic clay, she creates a large ball that she forcefully threw on top of her drawing, denoting some kind of danger. Even without extensive verbal explanation, the child is able to clearly express the intense and devastating effect her father’s cancer diagnosis has on her family and home life through her creative process and remaining art product.



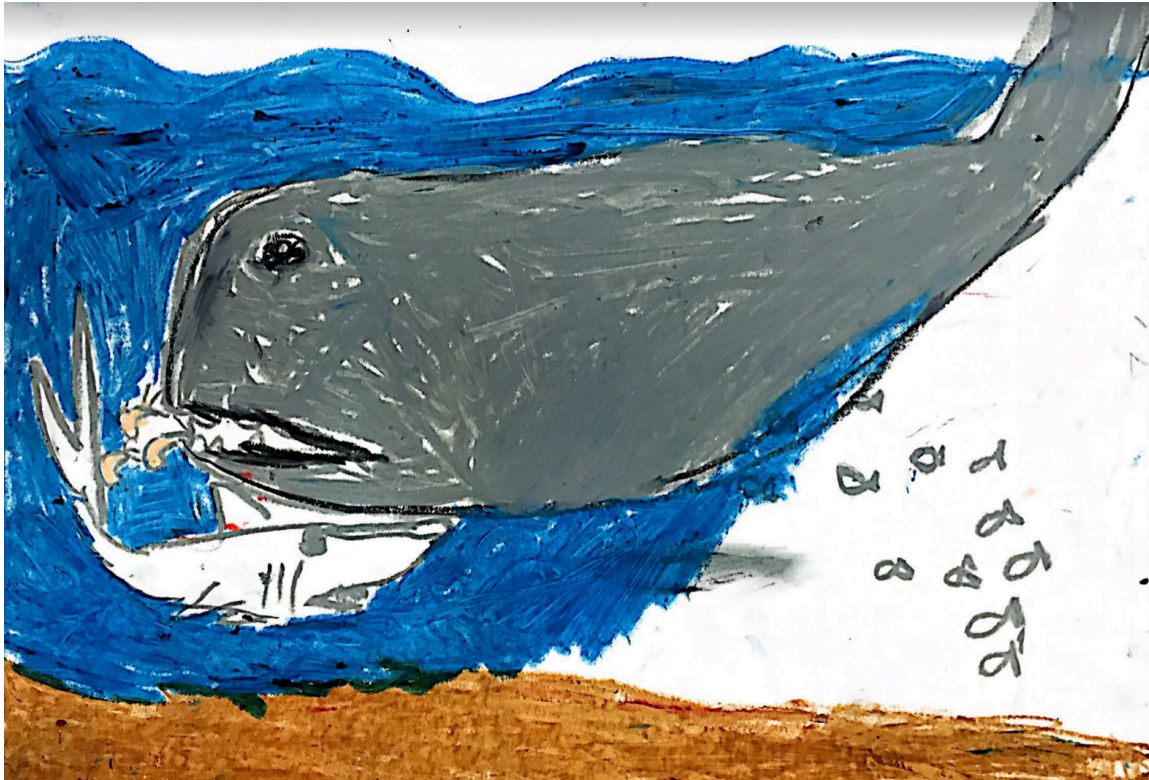
Family bereavement support: A mold of a child's hand. Art-based legacy building projects, such as this 3D hand mold, allow for patients and their loved ones to maintain connection, reflect on relationships, and begin the process of saying goodbye. Here, parents create a hand mold of their young child, who is actively dying in an intensive care unit. The process allowed for comforting touch between parent and child, and welcomed the parents to share moments of love within the family the therapist facilitating the session. The art product provided the family with a keepsake that would later serve as a transitional object in their grief process. Legacy projects are not limited to hand printing, and can include any creative work made with intention. The use of photography, videography and other technology platforms are increasingly utilized to support legacy-building projects.



Charting growth: “The Lonely Tree”. A woman created this drawing in her thirties diagnosed with advanced cervical cancer. Grieving her ability to have children due to her illness, she created this image of a tree that is laden with symbolism. Monochromatic, fruitless and bare, the tree represented a felt sense of barrenness that the patient was not ready to confront. The points of the branches reflected physical sensations she experienced throughout her hospitalizations, including needle sticks and other invasive procedures. Many weeks later as she revisited her drawing and in an act of reconstructing her personal narrative, the patient stated that although she had created a barren tree, it was not a dead tree, but instead, lonely. She began to search for more meaning in her image, identifying with the trunk of the tree as her bodily shape, and thinking of the branches as antlers, a symbol of protection. Art can be an effective tool for patients to chart growth, and at times, may hold subconscious information that precedes verbalization, holding valuable information for its creator to make meaning out of their experiences.



Piece by piece: Mirroring fragmentation and reconstruction. Collage is an accessible approach to art making, especially for those who may feel intimidated to create, as it requires little artistic skill. The multi-layered symbolism of collage can yield sophisticated and complex representations of a person or one's experience. This collage was created by a woman living with breast cancer, post-mastectomy with flap surgery from her thigh. The kinesthetic act of cutting, tearing and rearranging fragments of paper mirrored her embodied experience post-surgery. She gravitated towards nature imagery that also reminded the patient of her breast tissue. For her, art became a source of self-knowledge and became a reflective mirror. Both the process and product allowed this patient to simultaneously identify, release and integrate emotions at a time literal and figurative reconstruction.



When words fail: Using art to express the unsayable. Art making as a process can be a disarming way to communicate difficult feelings. At times, symbolization may precede and eventually encourage verbal communication. An 8-year-old boy waiting for a heart transplant while on a LVAD created this oil pastel drawing. This image highlights the death of a smaller shark to ensure the survival of the larger underwater animal. This food chain imagery reflected the patient's emotional struggle of hoping for a transplant, understanding that a child would die for his new organ to become available. Survivor's guilt can be a significant issue for patients receiving organ transplants, as well as their families. This patient's art and play provided nonverbal opportunities to process feelings related to the unsayable aspects of his impending transplant. The entire art therapy trajectory of this patient can be found in the book *Art Therapy Practices for Resilient Youth*. The chapter is entitled, *On Becoming Whole: One Child's Journey Through Heart Transplant*.

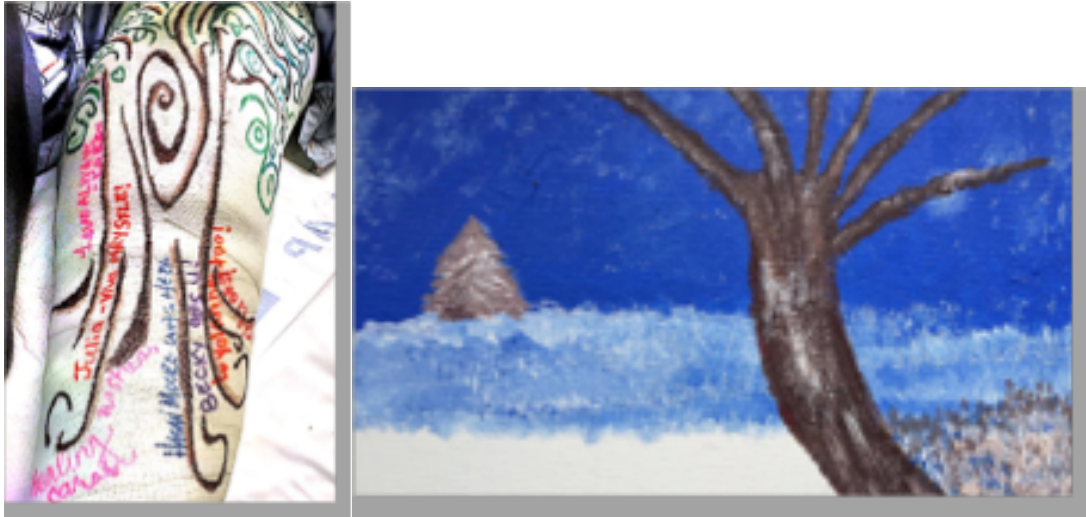


Supporting communication for nonverbal patients.

Aside from the complexity of feelings associated with serious illness, some patients may not have the ability to speak or utilize language to communicate with others or process their experiences. Those who have conditions that impede their ability to speak such as head and neck cancers or ventilator dependence, or those who speak a different language may gravitate towards symbolic expression out of need. Trauma may also impact processing and comprehension, affording inadequacy in expressive verbal language. A non-verbal patient created this image with end stage renal disease in the SICU while on a ventilator. Self-described as a “big talker”, he had previously stated that his main goal was to regain his voice, even briefly, in order to communicate with his family. *His greatest source of pain was his inability to speak.* Through painting and drawing, he was more able to communicate feelings of sadness as he coped with profound uncertainty. Using his art as foundational pieces, this patient used writing, mouthing and pointing to express himself, and expressed feeling seen and heard by the art therapist. The art therapist also aided family communication and connectedness between the patient and his family using his artwork. Art therapy provided a safe space, one that was patient-directed, and did not rely on other forms of communication that was ultimately frustrating to him. This patient demonstrated improved mood, increased range of affect and developed coping and communication strategies during his SICU stay despite his deteriorating condition. When working with individuals with illness or at end of life, making art can feel overwhelming, prove difficult, or seem frivolous. Kerr emphasized the importance of working therapeutically, “whether with words or pictures with patients facing fatal illness...as long as one is involved creatively in trying to make sense of things and communicate, one is not only living but living well, and challenging the despair and hopelessness that can otherwise easily feel overwhelming” (as cited in Connell, 1998, p. 140). Although this patient eventually became too weak to create artwork, he would often request to hold the art therapist’s hand, which underscores the importance of the therapeutic relationship between patient and art therapist.



Non-pharmacological pain and symptom management: Art materials as tools for Total Pain. As Dr. Eric Cassell emphasizes in depth communication as the palliative care clinician's greatest tools, so too does the art therapist utilize their tools—art materials—to relieve suffering. An art therapist considers the psychology of art materials alongside the needs of the patient and treatment goals when facilitating an art therapy session. Certain properties of art materials are resistive and easier to control while others are more fluid or expressive. Here, a 56-year-old patient undergoing treatment for leukemia utilizes clay to create a mask. This patient was referred to art therapy initially as he was experiencing high levels of pain that were not responding to medication. The patient was introduced to clay--a malleable, multisensory and grounding material--to help distract from pain. Clay work also allowed an entry for the art therapist to teach deep breathing and other mindfulness-based strategies using art materials to support pain relief. This patient eventually became comfortable with the material and felt inspired to create a mask, sublimating emotions and anxieties into a constructive project. Pounding, carving and smoothing out the clay were therapeutic functions in his creative process that helped his process the assaults he endured as a person living with cancer. Working with clay also helped him discover ways to express and relieve his suffering. Those with *Total Pain* (pain that encompasses physical, social, psychological and spiritual realm) often require multiple avenues of expressive communication, opening an entry for the creative arts therapist to provide support.



Exploring spirituality through symbol.

Understanding the spiritual dimension of patients and families lives is an integral part of healthcare. Music, art, prayer, meditation, community, and ritual are practices that comprise spiritual resources and are historically used to express faith and spirituality. Art-making specifically is permeated with transcendent, ephemeral and non-materialistic qualities of experience. Art therapists working in palliative care have described art therapy to “awaken spiritual realities” (Bell, 2011), “cast the spirit” (Rutenberg, 2008), “create sanctuary,” “leave traces,” and “find one’s way home” (Fenton, 2008). Here, a 31-year-old patient diagnosed with osteosarcoma after a pathologic femur fracture participates in art therapy. Nature became a recurring theme in her artwork. Confined to her bed as she spoke about her illness-related losses, her artwork transported her to faraway places that were safe and vibrant. Within her artwork, oak trees became a prominent theme that symbolized strength and growth. She identified with these trees—how they swayed instead of snapping in extreme weather conditions, how their extensive root systems grew as deep as the tree’s height and as wide as its branches. In paintings and in collages, an oak tree would almost always appear, reminding her of her own rooting. Together with the art therapist, an oak tree image was created on her cast, which concealed her body’s “trunk”. Humming as she worked, Kyla drew a hole in the tree trunk over the site of her tumor, and asked family and friends to write their signatures on the bottom to form the roots of her oak. As we worked on her cast, she spoke of her faith in things unseen, and prayed that healing was happening underneath the cast—“like roots, you trust that they are there, anchoring”. Concurrent with medical care, art therapy is one of the few parts of treatment where a patient may choose to participate and direct its course. Non-invasive and productive, creation that occurs in art therapy mitigates loss and provides symbolic planes for intentional connection. Active engagement also challenges the tight grip of illness and the victimization of time. Palliative care patients utilize art therapy for a multitude of needs—to regain control, find resolution, say goodbye, to find peace, even for a moment in time. The art therapist, in turn, bears witness. *To read more about this story, please visit [The International Handbook of Art Therapy in Palliative Care](#), chapter “An Art Therapist’s Approach to Total Pain”.*

Family support: Legacy building and partnerships.

Excerpt from a Story Corps recording:

“I guess I would want them to know that certainly marrying their father was the best thing I ever did. And I feel very confident that he will keep me alive in the same way that my dad kept my mom alive, that he’ll tell stories, and he’ll make fun of me, and tell them how slow I was at eating, and all the tissues that I used to leave around the apartment. So I know that he will do that for me, and so I feel—I take great comfort in that. I think also my own experience of having lost my parents I know that you can go through great sadness and still be a very happy person. So I’m happy for them that they will have that, but it does make me sad as well to know that I’ll be missing big moments in their lives, their weddings. But I know that Craig will find a way to get me there...”

(Full interview available <https://storycorps.org/the-unedited-storycorps-interview-julie-stolzberg-and-abigail-pogrebin/>)

Art therapists may support various creative projects for patients that may later support the family in their grief. Julie was a 45-year-old woman who was hospitalized and dying of cancer when she was referred for art therapy. She and her husband had two school-aged children. The family also engaged in family art therapy, which became rich experiences for communication and family unity, and preserved their respective roles of mother and children. Julie and her husband courageously engaged in conversations with their children to share information about her illness and prepare them for her death. She engaged in several legacy-building projects, including a StoryCorps interview, an opportunity to orally record her life story (<https://storycorps.org/legacy>). In the interview, Julie directly addressed her children, recounted her experience of their births, and shared life lessons and joyful family rituals. *To read more about this story, please visit [The International Handbook of Art Therapy in Palliative Care](#), chapter “An Art Therapist’s Approach to Total Pain”.*



Interdisciplinary collaboration and group work: A multi-media group mural created by children and teens during an art-based memorial service. In collaboration with chaplaincy, the art therapist facilitated a developmentally appropriate, non-denominational, and art-based remembrance for children and young persons who had lost a parent or sibling. Participants were invited to paint a dark sky as they reflected on difficult moments; later in the service, participants were asked to answer the question “What would your loved one wish for you today?” on stars that were placed onto the dark sky. Through song, poetry, art making, and verbal discussion, participants were able to reflect on their loss and combat feelings of isolation by connecting to one another. Children and teens were screened prior to attending the memorial service; surviving parents and caretakers were welcomed to attend to provide additional support.

CAPC Patient Gallery
Sarah Y. Rubin, ATR-BC, LCAT, CCLS



Supporting team health: Artwork created by palliative care staff. Art therapists are uniquely positioned to support clinical staff by utilizing art based sensory approaches for self-regulation in the context of trauma and loss. Klein's (1973) early interest in adapting art therapy interventions to support staff in exploring countertransference founded the use of art in addressing work stress. Numerous creative arts and mindfulness-based interventions have been developed for work-related stress to support medical, nursing and psychosocial staff experiencing secondary traumatic stress in healthcare, oncology and palliative care. Here, images created by palliative care doctors exploring feelings of burnout and engagement. Art making allowed the doctors to relate to one another's experience by identifying with their peers images, and helped to destigmatize feelings of shame related to burnout. Doctors were also shared practices to cultivate resilience, which arose organically. Art therapists may also hold informal art-making sessions for staff to support team building and group reflection following loss or other work-related stress.



Looking inward: Cultivating a reflective practice through response art. Art therapists may also turn to art making to respond to material that arises within their work with patients. This reflective art making process is referred to as “response art”. “Response art” can be a containing experience that provides grounding for self-care for the clinician. Response art can be used in different ways—to gain insight, release emotion, or to share their experience with others. Here, the art therapist uses a personal symbol of resilience, found ginkgo leaves, alongside watercolor, poetry and collage, to reflect upon the therapeutic work she was facilitating between a child and her dying mother, at a time where she began the process of growing her own family.