

# **Using the Creative Arts in Therapy and Healthcare**

A Practical Introduction

Third Edition

*Edited by*  
**Bernie Warren**

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# Using the Creative Arts in Therapy and Healthcare

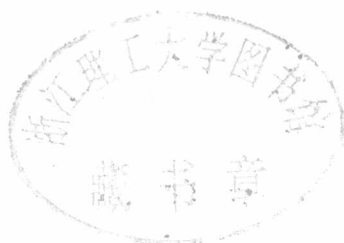


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A practical introduction

Edited by Bernie Warren



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## Contributors

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**Cheryl Neill** is a musician, storyteller and teacher living in Montreal, Canada. She has over 20 years experience teaching people of all ages and abilities. She has extensive experience in conducting professional development

workshops in storytelling and drama and is the author of many original musicals. A published poet and author, she has taught developmental drama and storytelling at Concordia University. Currently she works full time as a storyteller and singer/songwriter.

**Susan Pointe** directed the McMullen Gallery, Art Collection and Artists On the Walls for eight years. Pointe left her position as Art Advisor to work with Cohos Evamy Integratedesign™ on the Lois Hole Hospital for Women in Edmonton. She has since opened S. Pointe & Co. Inc., an arts consulting business to assist other healthcare organizations and private corporations in integrating original artwork into their facilities and professional artists into staff and client wellness programs.

**Judy Rollins** is a researcher and consultant with Rollins and Associates, Inc., in Washington, DC. Initially trained as a nurse, she has a BFA in Art, an MS in Child Development/Family Studies, and a PhD in Health and Community Studies. She is on the faculty in the Department of Health Sciences at Montgomery College, adjunct faculty in the Department of Family Medicine at Georgetown University School of Medicine, and associate editor of *Pediatric Nursing*. She developed 'ART is the heART', a program for children and families in hospice care, and 'Arts for Children in Hospitals', a course for medical students, both of which are being replicated worldwide. She developed and directs arts-in-healthcare programming for children and families at Georgetown University Hospital and Hospital for Sick Children in Washington, DC. Dr Rollins consults, writes, and researches on children's issues internationally, with a special interest in the use of the arts for children with cancer. She currently serves as Treasurer on the board of the Society for the Arts in Healthcare.

**Magdalena Schamberger** is the Executive Director of Hearts&Minds, a registered charity established in 1997 to promote the quality of life for people in hospital and hospice care. It promotes clown doctoring for children's services and an Elderflowers program for elderly people with dementia in hospital. Last year Hearts&Minds benefited over 10,000 children, older people and their families in Scotland. Schamberger's experience in visual/physical theatre companies covers three continents. She has worked as a director in her native Austria, as a performer in New York as well as performing and directing with many leading UK companies, such as Théâtre sans Frontières and Benchours and Hullabaloo Children's Theatre, in Scotland, where she now lives.

**Peter Spitzer** is a western trained physician who also actively uses acupuncture, hypnosis, counseling, psychotherapy, provocative therapy, nutrition, vitamin therapy and herbal medicine in his general practice. He is the founder, chairman and medical director of The Humour Foundation Australia, for whom he works as a professional clown-doctor (Dr Fruit-Loop). In add-

ition, he is involved in the training of clown-doctors in hospital issues and establishing clown-doctor teams. A sought-after speaker worldwide, he has presented papers and workshops to the corporate sector, community groups and medical students. In 2001, Dr Spitzer was awarded a Churchill Fellowship to study the international impact of hospital clown units on the healthcare system.

**Bernie Warren** was born in England. He has worked as an actor, choreographer and musician. As a community worker, drama teacher and drama therapist he has worked with people of all ages and abilities. In addition he has studied Chinese and Japanese healing and martial arts for more than 35 years. His research and practice brings together his Eastern and Western training in his work with children with disabilities, seniors and people living with life threatening conditions (e.g. cancer). In 2001 Bernie was the recipient of the University of Windsor's Alumni Award for Distinguished Contributions to University Teaching, and has been included in Canadian *Who's Who* since 1994. Currently he is Professor of Drama in Education and Community at the University of Windsor and Director of Fools For Health clown-doctor programs, Windsor. He regularly works in hospitals and healthcare facilities as Dr Haven't-a-Clue.

**Rob Watling** was born in England. He began his career as a drama therapist, before working in community arts, local government, higher education, and the BBC. He studied English and folklore at the University of Stirling, media studies at the Polytechnic of Wales, and leadership at Ashridge Business School. He wrote his PhD at the University of Nottingham on the links between education and community development. He has written extensively on these subjects and is particularly interested in the role of the arts in tackling social exclusion. He has worked with European, national and local government departments; a range of community groups and trade unions; Southern Arts and the Welsh Arts Council; the Universities of Leicester and Nottingham; as a Learning Executive at the BBC; and most recently as an educational consultant for the BBC World Service Trust. He now runs his own consultancy, providing coaching and facilitation services for individuals, teams and whole organizations.

**Wende Welch** trained as a dancer, actress, puppeteer and mask-maker and has an MFA in theatre performance from York University, Canada. She has worked as a performer, designer and director with a number of professional companies in Canada and the United States most notably 50/50 Theatre Co. – a company dedicated to integration through the theatre arts. In addition to her professional work, she has taught theatre performance at Concordia University, Montreal and at the University of Windsor.

**Keith Yon** was born on the island of St Helena and received his professional training in England at the Royal College of Music, the Guildhall School of Music and Drama, and the Central School of Speech and Drama. His work bridged the boundaries between dance, drama and music and he employed his innovative and eclectic style of working with a broad spectrum of people, covering a wide range of ages and abilities. Yon worked for over 20 years at Dartington College of Arts, Totnes, Devon where he taught acting-directing and voice music. Sadly Yon died in 2002.



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In addition, I wish to thank all those who contributed to the development of previous editions of this book, especially Donna Harling, Roberta Nadeau, Julie Ortynsky and Kerrin Patterson. I must also mention Tim Hardwick (Croom Helm) who first suggested I write this book and Edwina Welham (Routledge) who suggested the second edition.

For several reasons this third edition took a lot longer to put together than either of the previous ones and as a result many people helped me. First, I wish to thank Joanne Forshaw and Routledge for first suggesting and later agreeing to publish this current edition. I also wish to thank Claire Lipscomb and Jane Harris and everyone at Routledge who has helped transform an idea into a manuscript and finally into this book.

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My greatest praise and thanks go to my research associate, Nicole Gervais, who has worked on all my research and literary projects for the past four years. Sadly this project will be her last with me before she takes up her new job. Without her sage advice, her eye for detail and her persistence I doubt if anything would have been completed!

Lastly I would like to take this space to express my sincerest gratitude to all those people with whom I have worked as facilitator, teacher, therapist and friend. The amount I have learned from you, about the strength of the human spirit struggling against adversity, is truly immeasurable.

To all these people (friends, students, colleagues and clients alike) I dedicate this book.



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# Contents

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<i>List of illustrations</i>	vii
<i>Notes on contributors</i>	ix
<i>Acknowledgements</i>	xiii
<b>1 Looking backwards, looking forwards: A preface and introduction to using the creative arts in therapy and healthcare</b>	<b>1</b>
BERNIE WARREN	
<b>2 Guidelines, preparations and practical hints: A brief checklist for workshop leaders</b>	<b>8</b>
BERNIE WARREN	
<b>3 Don't forget to breathe and smile: Breathing exercises as warm-ups for art activities in healthcare settings</b>	<b>19</b>
BERNIE WARREN	
<b>4 Folklore and ritual as a basis for creative therapy</b>	<b>31</b>
ROB WATLING AND VERONICA JAMES	
<b>5 Using the visual arts to expand personal creativity</b>	<b>43</b>
ROBERTA NADEAU	
<b>6 Dance: Developing self-image and self-expression through movement</b>	<b>64</b>
BERNIE WARREN AND RICHARD COATEN	
<b>7 Expanding human potential through music</b>	<b>89</b>
KEITH YON	

<b>8 Drama: Using the imagination as a stepping stone for personal growth</b>	115
BERNIE WARREN	
<b>9 Storymaking and storytelling: Weaving the fabric that creates our lives</b>	135
CHERYL NEILL	
<b>10 Creating community: Ensemble performance using masks, puppets and theatre</b>	160
WENDE WELCH	
<b>11 Arts for children in hospitals: Helping to put the 'art' back in medicine</b>	181
JUDY ROLLINS	
<b>12 Friends' arts in Healthcare Programs at the University of Alberta Hospital: Fostering a healing environment</b>	196
SUSAN POINTE AND SHIRLEY SERVISS	
<b>13 Healing laughter: The role and benefits of clown-doctors working in hospitals and healthcare</b>	213
BERNIE WARREN	
<b>14 Songlines: Developing innovative arts programmes for use with children who are visually impaired or brain injured</b>	229
MAGDALENA SCHAMBERGER	
<b>15 LaughterBoss: Introducing a new position in aged care</b>	250
PETER SPITZER	
<i>Appendix: Resources</i>	262
<i>Name index</i>	265
<i>Subject index</i>	267

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# Illustrations

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## Figures

3.1	Opening and Closing Breaths: lotus flower opening	24
3.2	Opening and Closing Breaths: lotus flower closing	25
3.3	Opening and Closing Breaths: petals floating on the water	26
3.4	Crane Stepping into Water	27
4.1	Schematic relationships between context, function and traditional material	34
7.1	Duplet and triplet pulses	92
7.2	Absence acknowledgement	93
7.3	Framing	94
7.4	Good morning signed	94
7.5	Rhythm modification	95
7.6	Forwards–backwards rocking in duplet pulse	96
7.7	Forwards–backwards rocking in triplet pulse	96
7.8	Rocking sideways	96
7.9	Duplet becoming triplet	97
7.10	Pull the boat, push the boat	97
7.11	Toe song	98
7.12	Body blues	99
7.13	Football chant	105
7.14	Soccer chant	108
9.1	Storytelling techniques	145
10.1	A neutral mask	168
10.2	Half masks	175
11.1	Mirroring allows the dancer to support the child's choices physically and verbally	192
12.1	For those patients unable to create, the artists will paint to request on windows, sculpt creations to patients' specifications or draw portraits	203
12.2	Over 100 handprints and messages written by patients line the installation	207

13.1	'You'll never know, really know what your visits have meant to me . . .'	220
13.2	Oncology: 'Boy, you've got to carry that weight!'	221
14.1	A musical rupture	236
14.2	A non-verbal conversation	243
15.1	Love heart tennis – score: love all	256
15.2	Rub my back and I rub your back	258

## Tables

6.1	How you move	85
6.2	Basic descriptors	86
11.1	Sampling of visual arts activities	189

# **Looking backwards, looking forwards**

## **A preface and introduction to using the creative arts in therapy and healthcare**

*Bernie Warren*

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What follows is a personal retrospective in which I briefly look back at the first two editions of this book, try to place them in context and introduce the changes in this new edition.

### **The more the world changes**

This book was first conceived over 25 years ago. In 1982 when I was first approached by Tim Hardwick to write this book the world was a very different place. The United Nations International Year of the Disabled Person had just finished. I had just completed my work with the LUDUS Dance-in-Education company's Special School Project 'Learning Through Dance' and had recently moved to Canada to begin what has turned out to be my career as an academic.

So much has happened since then. There have been incredible discoveries in technology and medicine that have positively affected people's lives. At the same time, the events of 11 September 2001 and its aftermath have changed the world immeasurably. Moreover, if all leading experts are to be believed we seem to be facing potential ecological disasters of incomprehensible proportions.

Yet while the world may have become a scarier place, the arts not only continue to exist but also, with the advent of new technologies and media, continue to evolve. Throughout all the many changes to the world and our place within it, the arts in all their forms (visual, performing, electronic, written, mixed media) remain expressions of personal vision and belief, ways of conveying emotion and thought.

### **Expanding human horizons**

#### ***The focus of the first editions***

When this book was first considered, it was against a backdrop where, for the first time, persons with a disability were seen as human beings who should be

empowered, enabled and encouraged to express themselves creatively. The subtitle for the original book, 'The Power of the Arts Experience to Expand Human Horizons', in part reflected this.

The goal of the first edition was to provide a practical introduction to the use of the arts not as therapy or treatment but rather as a way of expressing each individual's humanity. Most particularly it was focused on working with persons with a disability to help them find a creative voice and to use it to express themselves. In 1984 I wrote the following:

We have created the concept that artistic creation is the responsibility of a few gifted individuals. In so doing, we have denied the majority of individuals within our urban and technologically advanced society their birthrights: that, as a human being, everyone has the right to make his or her own 'unique creative thumbprint'<sup>1</sup> – one that no one else could make. We all have a need to make this 'mark', not because we necessarily wish to be the reminders to a future generation of a long-lost culture but because each creative mark reaffirms the self. It says 'I am here', 'I have something to express.'

(p. 4)

In the 1993 edition I elaborated on this point:

In using the creative arts in health care, rehabilitation and special education settings, and seeing the resulting growth in self-image, self-esteem and healthy social interactions, society as a whole is being handed a mirror concerning what is possible for all its members if only they are given the opportunity. . . . Slowly people are becoming aware of their creative potential, their need to make their mark. As a result more and more individuals, who because of birth, crisis or accident had previously been denied their rights as 'full members' of their society, are finally gaining access to the arts. The results, in some cases, are quite staggering. Individuals, previously seen as useless, incapacitated or catatonic, have begun to speak, move more freely and in some cases, over a time, take a full and active part in society.

(p. 4)

In 1983 when I began writing the first edition, there was no internet. When I was writing the revised edition, the world wide web was only just beginning. Now in 2007, it is possible for anyone to place their personal blogs, videos and music on the web enabling them to share their thoughts and creativity instantly with anyone who wishes to hear. Some may still question the 'quality' of these transmissions. Nevertheless the ability to make this mark certainly provides the opportunity for individuals to reaffirm themselves.

## **‘You say potato, I say . . .’**

### ***A few words about ‘arts for health’ and ‘arts therapy’***

From the beginning I actively fought against using the word ‘therapy’ in the title of the book – a battle which I lost. In 1993 I put my disagreement with the notion of the arts being used as therapy with persons with a disability into the Introduction:

As the workplace has become increasingly dehumanising and sterile (with fewer and fewer outlets for creative expression) it is not surprising that the arts have come to be seen as therapy. However, *Therapy* (which implies a prescribed course of treatment with predetermined expected results for a specific diagnosed condition) and *the Art(s)* (which at least in part suggests an exploration, one that usually finds the notion of predetermined expectation anathema) are strange bedfellows. Art is not a medicine that must be taken three times a day after meals. However, it can feed the soul, motivate an individual to want to recover and, in certain circumstances, cause physiological changes in the body.

(pp. 3–4)

These comments did not endear me to some arts therapists. However, it must be noted that I have always believed in the therapeutic power of the arts. What I took and continue to take issue with was the practice of calling *any* artistic experience or exploration therapy simply because the participants had disabilities. I did try to clarify this point by penning a working definition of ‘creative therapy’:

the use of the arts . . . and other creative processes to promote health and encourage healing. Implied in this working definition is the use of artistic and creative activities to help individuals accommodate to a specific disability; or recover from a specific medical or surgical procedure; or simply improve the quality of an individual’s life.

(p. 8)

However, in the revised edition I did also observe that there had been more opportunities for people to participate in arts activities, not because they necessarily wanted to be a professional dancer, painter or singer but because participating in the process made them feel good about themselves:

More and more people are becoming aware that being involved in the process of artistic creation is every bit as important as and in many cases more important than the end product. . . . The recent move towards



‘Arts for Health’ (which suggests the benefits of participation in creative activity) as distinct from arts therapy (which implies the treatment of a condition that produces ‘ill-health’) is a healthy and honest extension of these developments.

(p. xi)

Since the publication of the original book there have been huge developments in the fields of arts therapy and arts for health.<sup>2</sup> Over the past 25 years there has been a rise in the use of the arts therapies in healthcare and with it a concomitance to professionalism and organizations to promote it.<sup>3</sup> Parallel to this there has been an upsurge in the role of the arts and artists in healthcare settings and organizations dedicated to their work.<sup>4</sup>

While some jurisdictions have clearly articulated their different scopes of practice (most notably in the UK),<sup>5</sup> professional organizations representing these distant ‘cousins’ often still eye each other warily. Nevertheless, many professional artists and arts therapists not only work amicably shoulder to shoulder in the same healthcare structure, but are also members of organizations representing both approaches to the work.

### **Putting the arts into professionals’ practice**

In 1984, I was hoping that the book would encourage professionals to incorporate arts activities into their practice. It was designed as a practical introduction to be accessible not just to trained artists and arts therapists but also for occupational therapists, nurses, psychologists, social workers and others working with persons with a disability or individuals who were in some way disadvantaged. Over the years I know that some professional arts therapists took issue with this. In part the problem can be attributed to the book’s title which still contained the word ‘therapy’. However, I wholeheartedly agree with their argument that therapists need to be trained in therapeutic procedures and should not be in the hands of untrained ‘amateurs’. It should nevertheless be noted that the book’s intended readership were already trained professionals. Nevertheless, in 1993 I did try to address what I felt were the therapists’ concerns:

It is important to realize that this book does not provide a panacea for all problems, nor will it make the reader an instant creative specialist. However, it will give an insight into *some* of the techniques, originating in the creative arts, that have proved beneficial in health care, rehabilitation and special education settings in aiding individuals to gain better understanding and control of their bodies and emotions. One outcome of this is that they are better able to explore their own ‘unique creative thumbprints’ within the fabric of their daily lives.

(p. xii)

However, it is important to remember that the arts do not stand in isolation and are most definitely not in themselves a cure for all ills. Nevertheless, in each individual's act of creation, the arts engage the emotions and free the spirit. This can encourage individuals to do something because they want to and not just because someone else decides it is good for them. The arts can motivate in a way possibly no other force can. It is only through making a mark that no one else could make, that we express the individual spark of our own humanity.

(p. 4)

## Changes to the second edition

While the world has changed markedly in the last 25 years, much of the material contained in the original and second editions remains relatively timeless. Included in this volume are edited chapters from the original and second editions of the book. Some such as Cheryl Neill's chapter on storytelling (Chapter 9), my own on drama (Chapter 8), and Wende Welch's chapter on masks and puppets in ensemble performance (Chapter 10) have only had superficial editing. The chapter on dance (Chapter 6) once again has been updated and revised.

Sadly, Yon's sudden and unexpected death in July 2002 not only robbed the world of one of the most dynamic, innovative and interdisciplinary teachers of the arts, but also meant that he could not revise his own chapter on music (Chapter 7). I have tried my best to be true to the essence of my late friend's work while streamlining his chapter.

Roberta Nadeau's chapter on visual art (Chapter 5) has also been streamlined a little,<sup>6</sup> while Rob Watling's chapter on the significance of folklore and other traditional material has been added to and brought up to date by Veronica James to include reference to rituals within modern society (Chapter 4).

## New chapters in the third edition

The chapters in the third section provide stories with an international perspective in the field of arts in healthcare that focus not so much on activities (the focus of the original book[s]) but rather on the area of developing programs in hospital and other healthcare settings.

Judy Rollins' 'Arts for children in hospitals: Helping to put the "art" back in medicine', and Susan Pointe's and Shirley Serviss' 'Friends' art in healthcare program at the University of Alberta Hospital: Fostering a healing environment' look at the ways in which artists can alleviate distress for patients in the hospital, regardless of their age.

My piece on 'Healing laughter: The role and benefits of clown-doctors working in hospitals and healthcare' takes a look at Fools for Health's