

To Heal, Escape: Using Theatre Arts to Promote Holistic Health in the Clinical Setting

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A Senior Thesis submitted in partial fulfillment
of the requirements for graduation
in the Honors Program
Liberty University
Fall 2017

Acceptance of Senior Honors Thesis

This Senior Honors Thesis is accepted in partial fulfillment of the requirements for graduation from the Honors Program of Liberty University.

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Abstract

The purpose of this thesis is to provide an argument for the implementation of theatre arts therapy in the clinical setting. The effects of traditional art therapies involving visual arts, expressive arts, and music on the holistic health of the patient in the clinical setting have been thoroughly researched and understood. However, the extent of the influence of theatre arts therapy on the holistic health of individuals in the clinical setting lacks sufficient evidence and therefore cannot be compared to the influence of traditional art therapies on the holistic health of individuals in the same setting. Following an overview on holism and holistic nursing, the influence of creative arts on holistic health will be determined. After discussing the integration of traditional arts therapies into the clinical setting, the benefits of theatre arts therapy will be explored and recommendations on the application of theatre arts therapy in the clinical setting will be made.

To Heal, Escape: Using Theatre Arts to Promote Holistic Health in the Clinical Setting

If one were to ask a patient confined in a hospital room subjected to the monotony, dullness, and pain of a typical clinical experience what they desired most, many would claim an escape. Arguably, the greatest desire of hospitalized patients is to escape their pain, suffering, or boredom. Because of the multidimensionality of the person, an escape from reality can heal. In her book, *Notes on Nursing, What It Is, and What It Is Not*, Florence Nightingale explained how all aspects of the person may be impacted by an escape from reality, resulting in improved holistic wellbeing (1946). Theatre arts utilized as a therapy in the clinical setting has great potential to facilitate healing by means of offering the patient the opportunity to escape. Understanding that the person is made up of a body, mind, and spirit, the holistic nurse must be willing to think creatively and innovatively in order to cater to all of the needs of the patient, especially those that transcend the body (Mariano, 2016). The key to wholeness and well-being is found in transforming the patient's environment (Nightingale, 1946; Watson, 2008). The holistic nurse must be willing to recognize the potential that theatre arts has to transform the patient's clinical environment into a healing environment.

Holism: An Overview on Holistic Health and Holistic Nursing

Like nursing practice, the definition of health is constantly changing in order to accommodate the latest evidence-based research. Therefore, in order to proceed in exploring the effects of creative arts on holistic health, a pragmatic and modernized definition of health needs to be determined. The World Health Organization (WHO) (2017) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition incorporates all

dimensions of the person. When addressing the health needs of the patient, the nurse must be aware of all determinants of the patient's health. Only then will the nurse be able to treat and care for the patient holistically. In order to understand the concept of holistic health and what it means to nurse from the perspective of holism, it is best to consult the American Holistic Health Association and the philosophies of revered nursing theorists.

The American Holistic Health Association

The American Holistic Health Association (AHHA) brings to light a common misconception of holistic health. According to the AHHA (2017), the mainstream view of holistic involves avoidance of conventional medical treatment options when dealing with illness and alternative treatments are the sole intervention options when used in holistic care. On the contrary, the AHHA's view of holistic supports the use of both conventional and alternative therapies as long as they are all intended for the maintenance of balance among the spiritual, mental, emotional, and physical aspects of the person. This concept of holistic acknowledges that these interrelated aspects of the person are dependent upon one another in order to preserve and promote wellness (AHHA, 2017). If, for example, the mental state of an individual is not protected, then the well-being of that person is threatened which will cause the other aspects of the person to suffer. According to the president of the AHHA, Suzan Walter (2017), holistic health is an approach to life. She states that the goal of holistic health is to achieve maximum well-being wherein every part of the individual is functioning at its greatest potential (Walter, 2017). Walter emphasizes the crucial role of the person's environment in the maintenance of balance between the mind, body, and spirit (2017). All aspects of health in a person depend upon the environment for consistency, renewal, and protection (Walter, 2017).

Nursing Theorists on Holistic Health

Florence Nightingale. Nursing theorist Florence Nightingale laid down the groundwork for modern nursing practice. Although Nightingale would not have claimed to be a nursing theorist, her concepts concerning the relationship between the nurse, the patient, and the environment have been used to explore and establish strategies in the nursing profession to improve and protect patient health. Understanding that people are made up of dimensions, the most important being a spiritual dimension, Nightingale called for intentional care mindful of the complex aspects of health of individuals. As stated by Nightingale and referenced by Masters (2015), health is “not only to be well, but to be able to use well every power we have to use” (p. 29). With this holistic view of health, Nightingale created a model centered on environmental awareness and management. Nightingale’s philosophy of nursing care focused heavily on the patient and his or her environment. Her environmental model of nursing is made up of the following 13 canons:

- Ventilation and warmth
- Health of houses
- Petty management
- Noise
- Variety
- Food intake
- Food
- Bed and bedding
- Light

- Cleanliness of rooms and walls
- Personal cleanliness
- Chattering hopes and advises
- Observation of the sick

(Masters, 2015, p. 27)

All 13 canons are components of the patient's environment that are to be manipulated in order to preserve and promote well-being. It is the nurse's responsibility to monitor the impact and influence of the patient's environment on his or her health. According to Nightingale (1946), nurses are oftentimes misguided, believing that disease can only be matched with medicine. Instead of relying solely on medicine, the nurse must assist nature's reparative process by means of environmental manipulation (Nightingale, 1946). Nightingale stated that nursing involves careful assessment of the patient's status in relation to the 13 canons. When necessary, the nurse must manipulate the environment in order to ensure that the patient is existing in a state that will best allow the natural laws of health to restore the patient to his or her greatest potential (Masters, 2015).

Jean Watson. The 10 carative factors and their corresponding caritas processes were brought to the table of nursing theories by nursing theorist Jean Watson. Watson proposed that nursing is the process of providing transpersonal care with the intent of facilitating optimal harmony within the mind, body, and spirit of the patient (Masters, 2015). To Watson (1996), the person is a "unity of mind-body-spirit-nature" (p. 147) while health of the person is harmony and wholeness within all aspects of the person (Masters, 2015). Good health is dependent upon harmony in the relationships between the self and others and the self and nature (Masters, 2015). Wellbeing and wholeness are

affected by disharmony within the unity of mind-body-spirit-nature and worsen when disease is involved. However, disease itself is not the sole enemy of health according to Watson. Health's enemy is disharmony which can be caused by disease. Concerning the patient's environment, Watson stated that the nurse not only influences it by means of manipulation, but simply by being. She proposed that the nurse, although present in the physical environment, *is* the environment (Watson, 2008). A nurse who is aware of the holistic nature of humans works committedly to demonstrate ontological competencies that help create a healing environment. Examples of these competencies that cause the environment to derive from the presence and being of the nurse include interactions such as eye contact and regarding the patient with an attitude of unconditional loving-kindness and dignity (Watson, 2008). Unlike Nightingale whose primary focus in patient care involved management of the patient's environment, Watson believes that the process of nursing should be guided by the 10 carative factors and caritas processes. Only the eighth carative factor and its corresponding caritas process address specifically the environment in which the patient is subjected and how the nurse can contribute to this healing environment in ways other than simply being.

Other nursing theorists. Patricia Benner defined health as the human experience of wholeness (Benner & Wrubel, 1989). According to her theory, illness is the human experience of loss. If one does not experience loss as a result of a disease, then they have remained healthy and are not considered to be ill (Masters, 2015). So, as per Benner, disease does not equate illness. Virginia Henderson stated that the person is made up of four components: biological, psychological, sociological, and spiritual (Masters, 2015). In order to achieve health and wholeness, the patient must be assisted in becoming

independent in his or her ability to meet the 14 basic needs. According to Henderson, these needs, which include breathing normally, avoiding dangers in the environment, and worshipping according to one's faith to name a few, need to be identified by the nurse so that appropriate nursing care can be provided to restore the patient's independence in these areas. Only when the patient demonstrates independence in relation to the 14 basic needs will he or she be considered whole and healthy (Henderson & Nite, 1978).

Madeleine Leininger believed that health is a state of well-being that is culturally defined (Leininger, 1991). She noted that all cultures vary in their view of health. So, when defining health one must take into account every aspect of the patient's specific experience. This includes the patient's spirituality and social structure which are influenced by the patient's culture.

The most consistent concept concerning holistic health, shared by the AHHA and several well-regarded nursing theorists, is the multidimensionality of the person. Humans are not just physical or spiritual beings, but are a unity of the body, mind, and spirit. Health, therefore, does not simply mean wellness in one aspect of the person. Holistic health is balance and harmony within the body, mind, and spirit resulting in wholeness and wellbeing to the point where one is not only considered to be well, but, as stated by Nightingale, is "able to use well every power" (Masters, 2015, p. 29). The concept of holistic health rejects the notion that disease is the greatest enemy of health. If there is more to a person than just the physical, then care must be directed towards more than just the body. It is the duty of the holistic nurse to deliver care to the patient with the intent of achieving physical, mental, spiritual, and social well-being (American Holistic Nurses Association, 2017).

Holistic Nursing

Any nursing practice with the objective of treating and caring for the entirety of the person is considered holistic nursing. The holistic nurse provides care while valuing the physical, mental, emotional, social, and spiritual needs of the patient (American Holistic Nurses Association, 2017). According to Watson's theory, the nurse can only be considered a holistic nurse when he or she acknowledges the multifaceted existence of the human and chooses to subject the patient to a healing environment (Watson, 2008). According to the American Holistic Nurses Association (AHNA) (2017), "Holistic nurses are legally licensed nurses who use nursing knowledge, theories, expertise and intuition to recognize and care for the totality of the human being within the scope and standards of their state and the Holistic Nursing specialty." Only recently, in 2006, was holistic nursing recognized by the American Nurses Association (ANA) as a specialty within nursing practice (Mariano, 2016). As a result of this, scope and standards of practice specific to the specialty of holistic nursing have been defined.

Scope of Practice. The scope of nursing practice of holistic nursing is consistent with the overarching Scope of Nursing Practice as defined by the ANA. However, because it is a nursing specialty, the scope of practice of holistic nursing must be more defined in order to maintain focus on the desired goals of the practice. The Scope of Nursing Practice as explained by the ANA describes the "who," "what," "where," "when," "why," and "how" of nursing practice (2017). Simply put the Scope of Practice of Holistic Nursing Practice answers these questions with the intent of helping the patient achieve wholeness in every dimension; body, mind, and spirit. Mariano described well the Scope of Practice of Holistic Nursing Practice. He stated that holistic nursing must

“recognize the totality of the human being and the interconnectedness of body, mind, emotion, spirit, energy, society, culture, relationship, context, and environment” (2016, pp. 58-59).

Standards of Practice. The Standards of Practice lay out the required level of competency that a nurse must possess in order to provide sufficient nursing care. This level of competency can be achieved by means of the nursing process (American Nurses Association, 2017). The nursing process transcends all specialties of nursing, but is executed within each practice of nursing in a way that best supports the practice’s goals. Holistic nursing practice requires that assessment, diagnosis, planning, implementation, and evaluation all be carried out with the intent of restoring and maintaining well-being within the body, mind, and spirit (Mariano, 2016). Mariano (2016) explained the role of the holistic nurse in regard to the nursing process and discusses competencies required for successful completion of each step of the nursing process. Assessment involves collecting data that speaks for the state of all dimensions of the person. The data from the holistic assessment is used to determine a diagnosis. Understanding the needs of the patient from a holistic standpoint, the nurse then plans and implements patient-specific interventions while also using himself or herself as an instrument of healing. Finally, while evaluating the effects of the individualized interventions, the nurse must work to modify the plan of care until the patient’s holistic well-being is restored. In addition to the standards of the nursing process, Mariano (2016) mentioned 10 professional performance standards of the holistic nurse, one of which will be discussed when exploring the influence of the environment on holistic health.

The Influence of Creative Arts on Holistic Health

Jean Watson (2008) recognized that the holistic nurse needs to integrate knowledge of humanities and arts into the nursing profession in order to meet the holistic needs of the patient. In her book, *Nursing: The Philosophy and Science of Caring*, Watson stated that there is an intersection between art and science that the nurse must be aware of and be willing to work with (2008). The primary concern of science is with order, control, methods, predication, and objectivity (2008). Science is undeniably important in healthcare, but it fails to satisfy all aspects of the person. Humans possess the capacity to experience joy, love, heartache, and fear. Science has little to offer to satisfy the human needs that transcend the physical. Watson explained that in contrast to the art of healing is the “trim” of healthcare. This “trim” includes the practice setting, procedures, functional tasks, clinical disease focus, technology, and techniques of nursing (Masters, 2015). More often than not, healthcare is dedicated only to the execution and success of the “trim.” Although clinical disease focus, techniques of practice, and other aspects of the “trim” are undeniably significant in healthcare (Watson, 1997), nurses must be sure to not overlook patient needs that are unrelated to their disease. These needs are able to be met through the use of alternative therapies, particularly through art therapies. In order to effectively care for the patient as a whole, the holistic nurse must be aware of the strong influence that the environment has on the holistic health of the patient and the impact that artistic interventions can have on the environment. According to the concept of holistic health, well-being of the individual is not reached if all parts of the person, the mind, body, and spirit, are unequally treated and cared for.

Environment

When providing care for a patient from a holistic perspective, the holistic nurse must understand the strong influence that the environment has over the body, mind, and spirit. The nurse has the ability to utilize artistic interventions in order to create a healing environment. A healing environment is one that reduces stress and promotes internal relaxation and well-being, thus reducing hindrance of the natural healing process. Florence Nightingale believed that the art of nursing was being able to control the patient's environment by introducing elements into the environment that would promote and facilitate holistic healing (Morley & Jackson, 2017). Modern hospital facilities are designed in a way to allow the delivery of health services to be as efficient as possible. Design is determined based on what Watson refers to as the "trim," on that which is concerned with the scientific approach to healthcare. Hospital buildings, units, and rooms must be built in a way that allows for optimal efficiency in diagnosing and treating. However, a common concern in regard to the delivery of healthcare is that the patient's environment is not being protected. Although all dimensions of the environment affect the healing process, the protection and manipulation of the physical environment is of particular importance. For it is the physical environment that impacts the health of patients by influencing the behaviors, actions, and interactions of patients, their families, and members of the healthcare team (Schweitzer, Gilpin, & Frampton, 2004). The physical environment will also greatly influence the state of the patient's internal environment. In order to understand how the physical environment influences all aspects of health of the patient and how the arts can be used to manipulate the environment for

the betterment of the patient, a discussion must be had on the environmental theories of Nightingale and Watson.

Variety of environment. Florence Nightingale's environmental model of nursing identifies 13 canons that the nurse must manipulate in order to promote a healing environment. Of the 13 canons, variety addresses the need for change of scenery in the patient's environment. In her book, *Notes on Nursing, What It Is, and What It Is Not*, Nightingale discussed the impact of a monotonous environment on not only the patient's inward state, but also on the patient's physical well-being (1946). Her remedy to the wearisome repetitiveness of the patient's experience due to lack of variety is to introduce color, art, and beauty into the patient's environment. Nightingale stated in her book that one of the overlooked sufferings of sick patients confined in their hospital rooms is the inability to change their thoughts due to lack of variety (1946). Without variety, patients are left only to ponder their sickness and the dead wall in front of them. It is a form of torture that the nurse must be aware of and help prevent. Nightingale (1946) summed up perfectly the experience of the sick in a setting with no variety:

You little know how intensified [anxieties] become to those who can have no change; how the very walls of their sick rooms seem hung with their cares; how the ghosts of their troubles haunt their beds; how impossible it is for them to escape from a pursuing thought without some help from variety. (p. 34)

Nightingale referred to variety as an escape; an adventure that the patient's mind must take so that his or her body can heal. The introduction of new colors, hangings on the wall, or decorations of plants and flowers in the patient's room may serve as a simple distraction from the patient's reality, a prompt on which the patient may explore his or

her ideas, or, on a more spiritual level, a reminder of God's beauty and presence. No matter the specific influence of variety on the patient, progress is being made to remove negativity from his or her experience. Many believe that variety can come from reading since it involves contemplating a world and experiences separate from reality. Although reading allows the mind to explore and leave the present, Nightingale believed that this is not an appropriate intervention when attempting to supply the patient with variety (1946). Patients need to be lifted from their state of suffering agitated by monotony and boredom by means of visual stimuli. They need variety in order to help activate their imagination. The environment in which patients are subjected must be changed and beautified in order to allow them to feel as though they have physically escaped into a more pleasing setting. In order to provide variety, the nurse must rewire his or her thinking from strictly scientific to both scientific and artistic. The holistic nurse must rely on creativity and innovation in order to usher in an environment that is colorful, thought-provoking, new, and ever-changing. Only when the nurse is able to cater to the often overlooked need for variety in the environment will patients' unseen suffering begin to be resolved (Nightingale, 1946).

Eighth carative factor and caritas process. In her book, *Nursing: The Philosophy and Science of Caring*, Jean Watson (2008) called for the establishment and regulation of a healing environment through the use of creativity. According to Watson, the eighth carative factor and its corresponding caritas process involve setting up an environment that promotes comfort, privacy, safety, and aesthetics in order to support the patient's wellbeing in every dimension; physical, mental, spiritual, and sociocultural (2008). The use of creativity and art therapy is of particular importance in the promotion

of aesthetics in the healing environment. Before beginning to create a healing environment, the holistic nurse must first choose to actively listen to the patient's needs, paying especially close attention to the patient's spiritual and cultural needs. Spiritual and cultural needs are often overlooked when providing care. In her discussion of the eighth curative factor and *caritas* process, Watson frequently referenced Nightingale's views on environmental quality. She agreed with Nightingale that beauty is of particular importance in a healing environment and that a bland and impersonal environment can feel life-draining. Being surrounded by noisy medical equipment and tangled cords and wires with nothing perceptually pleasing available may cause the patient to feel devalued. To remedy feelings of unimportance due to an unaesthetic environment, Watson stated that creativity and art need to be introduced into the environment. It is artistic interventions that help reestablish "harmonious connections, wholeness, and relationships between and among people and their environment" (Watson, 2008, p. 136). Such interventions restore human connections and feelings of worth. The effects of such an environment will not only bring peace and hope to the patient, but will also reduce stress and anxiety in the patient (Watson, 2008). It is well known that stress and anxiety have the potential to drastically affect the outcome of one's health. So, reducing these noxious experiences by calming the patient's environment will allow the patient to more easily achieve wholeness. This, according to Nightingale, is true holistic nursing; putting the patient in the best environment and condition in order to "allow nature to act upon it" (Nightingale, 1946, p. 75).

Arts in Healthcare

The question emerges: how can the holistic nurse integrate art and creativity into the clinical care setting? According to Mariano, professional performance standard 10, Quality of Practice, states that in order to meet the standards of nursing practice of the holistic nurse, the holistic nurse must use “creativity and innovation to enhance holistic nursing care” (2016, p. 71). The way in which care is being delivered in the clinical setting has changed over the course of the past several years due to the continued emergence of evidence showing that art and creativity can help facilitate healing in all dimensions of the person. Shaun McNiff (2014) stated, “Art and healing is a universal force that knows no limits in terms of application to the human condition” (p. 352). Nurses oftentimes have a difficult time tending to the nonphysical needs of the patient due to a high patient to nurse ratio and complex patient cases (Shields, Levin, Reich, Murnane, and Hanley, 2016). It is because of this that art therapies should be used in order to avoid neglecting the other aspects of the patient’s wellbeing. In order to implement creativity and art into the nursing practice as a means of healing, the holistic nurse must be able to think creatively. A good nurse will already think in a way that is innovative and creative, so implementing creativity and art as a healing intervention should allow the nurse to build on his or her strengths. The holistic nurse must understand that artistic interventions should be included in the patient’s plan of care with the intention of supporting the standards of practice of nursing care (Shields, Levin, Reich, Murnane, and Hanley, 2016). If the standards of practice of nursing care are *not* supported by the implemented artistic intervention, then the nurse’s actions will be considered careless and negligent (Shields, Levin, Reich, Murnane, and Hanley, 2016).

According to Shields, Levin, Reich, Murnane, and Hanley (2016), “Integrating aesthetics into holistic nursing often requires us to challenge established standards as well as to move forward to evaluate new practices and create innovative approaches where standards of practice do not exist” (p. 323). So, in situations where standards have not been determined, the holistic nurse must be willing to introduce practices based on art and creativity that are founded in the known philosophies, theories, and science that support the nursing practice (Shields et al., 2016).

Transforming the Environment

A transformation within hospitals is taking place as a result of the recent success stories of creative interventions. As awareness of the benefits of arts in healthcare continues, more and more arts in healthcare programs are being established, thus transforming the hospital environment into more of a healing environment (Lane, 2006). The fastest growing alternative art therapies and programs utilize the healing powers of visual arts, expressive arts, and music.

Visual arts. As with many forms of art, the healing power of visual art lies in its ability to provide momentary escape. Visual art supplies the environment with variety and beauty and can include murals, paintings, naturalistic images and videos, views of nature from windows, and so on. Hospitals utilize the beauty captured in paintings and pictures to decorate hallways, waiting areas, and patient rooms in an attempt to create a more welcoming, colorful, and peaceful environment. Though initially done to simply provide visual pleasure in the clinical setting, hospitals have begun to focus more on the healing potential of art. Many hospitals purposely choose art pieces for their restorative and meditative properties (Lane, 2006). When creating her program titled Art at the

Bedside, Susan Dodge-Peters Daiss made it her goal to unlock the potential that visual art has to satisfy the physical, emotional, and spiritual needs of hospitalized individuals (2016). She believed that visual art has the power to do more than simply decorate a hospital hallway. Art at the Bedside is a visitation program where patients are given the opportunity to explore an album of photographs and created pictures and discuss their ideas and thoughts on the images that they view (Dodge-Peters Daiss, 2016). Patients have responded to this intervention using the visual arts stating that they experience serenity, peace, and relaxation (Dodge-Peters Daiss, 2016). One patient stated that viewing the album helped with feelings of anxiety (Dodge-Peters Daiss, 2016). Another example of the success of visual arts in the clinical setting can be seen in a case study reviewed by Lankston, Cusack, Fremantle, and Isles that observed the postoperative experiences of 23 cholecystectomy patients (2010). Results from the study revealed improved postoperative experiences in cholecystectomy patients who were able to recover in a room with a scenic view compared to cholecystectomy patients whose windows showed a brick wall. In the study, patients whose view was of nature instead of a brick wall had shorter hospital stays, fewer negative assessment findings, requested less pain medication, and experienced less severe postsurgical complications (Lankston et al., 2010). The results from this study demonstrate the strong influence that nature has over a patient's environment.

Expressive arts. Lane (2006) stated, "A person who is in touch with her or his own creativity is in a state of joy and hope" (p. 74). The expressive arts take many forms. Drawing, painting, sculpting, singing, dancing, and reflective writing, such as poetry, story writing, or journaling, are all forms of expressive arts. Though very different in

execution and skillset, the purpose of all forms of expressive art is the same, to make sense of or derive meaning from personal experiences. Creating has the potential to change the patient's attitude and understanding concerning a circumstance or condition. Mary Rockwood Lane, the founder of the Arts in Medicine (AIM) program at the University of Florida, began a tile painting project in Shand's Cancer Center. The purpose of the project was to allow the children with cancer, their families, and staff to design their own tiles to be placed on the healing tile wall. Each tile told a story that was used to help spread joy, hope, and peace to everyone who looked at the healing tile wall. One particular tile designed by two leukemia patients was titled "Two Brave Men." The tile depicted the teenager patient holding the hand of the younger patient who had the same leukemia (Lane, 2006). On her own personal experience of the healing power of creative arts, Lane (2006) stated:

It wasn't until I threw myself into creative work, painting a series of self-portraits, that I felt a powerful healing effect. As I created portraits that embodied my pain, the pain was released; in seeing the paintings, I could step away from my own pain. The creative process transformed my life. (pp. 72-73)

According to Stephenson and Rosen (2015), the benefits of expressive writing, such as reduced feelings of anxiety and depression, result from self-regulation of emotion. A nine-week study involving chronic pain patients was conducted in order to understand the effects that expressive writing has on severity of pain, perceived control over pain, and depression. The study researched patients' anger concerning their chronic pain as a means to motivate them to express in detail their feelings through journaling. Results from the study revealed slight improvement in pain severity and significant

improvement in depressed mood and perceived control over their pain (Graham, Lobel, Glass, & Lokshina, 2008).

Music. Music therapy has been recognized as its own health profession due to its ability to meet physical, emotional, cognitive, and social needs (American Music Therapy Association, 2017). Although many interventions involving music require a music therapist's direction, there are many holistic health benefits from simply listening to music. A study conducted by Raglio et al. (2015) on the psychological, emotional, physical, and social effects of music on patients with neurological disorders found that patients' moods significantly improved simply from listening to music. Psychological improvements were noted per patients' reports of decreased feelings of depression and anxiety (Raglio et al., 2015). Results also revealed improvements in the patients' communicative and interpersonal skills (Raglio et al., 2015). These findings can easily be explained by music's ability to activate the limbic system which is responsible for emotion regulation. In response to increased focus being put on transforming the clinical setting into a healing environment through the use of the arts, some hospitals have begun implementing music programs that allow patients and their families to gather in atrium spaces to listen to musical artist. As Lane (2006) noted, having a pianist make beautiful music on a grand piano in a hospital lobby completely transforms the environment. Changes like this within the environment through the use of music support the goals of holistic nursing to care for the mind, body, and spirit.

Theatre Arts in Healthcare

Theatre, which is a branch of the performing arts, is an art form that involves the communication of a story through the use of actors. Actors use their bodies and voices as

tools in order to communicate ideas and emotions to audience members. According to American actress and respected acting teacher Stella Adler, acting is not simply imitating another's behavior, but is instead capturing the essence of that behavior (2000, p. 56). It is the actor's duty to invest every part of his or her being into a character in order to truthfully tell a story. Put simply, acting is about human behavior. The healing power of live theatre comes from its ability to influence human emotion. Sanford Meisner, an American actor and acting theorist, stated, "The greatest piece of acting or music or sculpture or what-have-you always has its root in the truth of human emotion" (Meisner & Longwell, 1987, p. 45).

Though there are many mediums through which an actor may perform, live theatre is the most engaging. Live theatre is a unique art form in that it has the potential to incorporate aspects of visual arts, expressive arts, and music. As stated by renowned acting theorist, Constantin Stanislavski, and referenced by Cole (1955), "Painting, music, and other arts, each of which exert a strong influence on the soul, are all brought together in the theatre, and their effect is therefore all the more powerful" (p. 21). Stanislavski described two different kinds of theatre: one serves only to entertain while the other leaves an impression deep within the soul (Cole, 1955). Stanislavski elaborated on the latter form of theatre stating that it has the ability to transport the audience into the world of the stage where they may become a participant in the story being told in the performance (Cole, 1955). Langman referenced the original preface of *To The Actor* in which the author, acting theorist and former student of Stanislavski, Michael Chekhov, expressed his belief that a new movement was arising that would involve the "unification of science, art, and spiritual knowledge" (2014, p. 284). Though theatre has been

integrated into healthcare before, little is known of the influence of theatre arts on health, especially in the clinical setting.

Gap in Literature

In an extensive review of literature, Wilson, Bunfay, Munn-Giddings, and Boyce (2016) analyzed the results of studies conducted between 2004 and 2014 on art intervention and its perceived effectiveness in the clinical setting. The literature review included studies that involved art therapies that utilized visual arts, expressive arts, and music. However, studies that involved research on the effectiveness of theatre arts in the clinical setting were not included in the literature review. This literature review demonstrates the gap in literature that exists related to theatre arts in healthcare. Some benefits of therapy involving theatre arts can be assumed based on what research has already concluded about the health benefits of visual arts, expressive arts, and music therapy in the clinical setting. However, a field of study has not been dedicated the influence of theatre arts therapies on holistic health in the clinical setting. Although extensive research has not been conducted on the positive effects of theater arts in the clinical setting, speculations can be made of the health benefits of live theatre based on the known holistic health benefits of other art therapies.

Speculated Benefits of Theatre Arts Therapy

Humans are emotive, driven by feelings, and capable of experiencing love, joy, and fear. No art therapy will utilize the natural emotive qualities of humans better than theatre arts therapy. It is known that sitting in the audience of a theatrical experience renders excitement, wonder, and mystery. However, when observing the moving, storytelling art on the stage, audience members are not only observing, but are also

participating, whether they know it or not, in the art that is being created. Members of the audience invest themselves into the story by projecting their own emotions onto the actors. Because of its ability to inspire emotion, theatre has the potential to invade the private and personal parts of the person. Theatre is an intensely immersive form of storytelling. The power of the therapeutic use of storytelling is explained by psychiatrist Mehl-Madrona (2008) who stated that telling stories empowers individuals and motivates them to rewrite their own stories. Smith and Liehr (1999) claimed that storytelling supports the nursing theory by being built on the concepts of intentional dialogue, connecting with the inner self, and creating ease.

The differences between film, books, and live theatre must be noted in order to support the case for theatre arts intervention in the clinical setting. Film, books, and theatre are similar in that they all communicate ideas and emotion in order to carry its audience through a story. Film utilizes editing, angles, and passionate yet simple and subtle acting to rope the viewer into the world in which the story takes place. Books welcome the reader into an imaginative world, allowing the mind to do all of the work. Theatre allows the observer to escape the existing world and enter into a new world that has been created to exist in front of and around the observer. The observer is affected physically, mentally, and even spiritually by the live theatrical experience.

Theatre arts physically changes the audience members' environment so that it becomes filled with variety and beauty. Understanding the effects that Nightingale and Watson stated variety and aesthetics has on the environment and consequently the holistic health of the patient, it can be easily seen how theatre arts has a great potential to provide healing to the patient in the clinical setting. Theatrical experiences introduce

variety into the patient's environment, allowing the patient the distraction needed for a change of thought. The theatrical set, costumes, and lighting provide the patient with variety in beauty, shape, and color. Although it is understood that the variety experienced from the theatre affects the mind, the body is greatly affected too. Nightingale (1946) stated:

Little as we know about the way in which we are affected by form, by color, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients are actual means of recovery. (p. 34)

In reviewing research directed at understanding the motivation for attendance of theatre arts events, Hagar and Winkler (2011) identified six common motivations: aesthetics, education, escape, recreation, self-esteem, and social interaction. Of these motivations, aesthetics and escape are perhaps the greatest cravings of a hospitalized individual. Performances give patients the opportunity to escape into a world of beauty. The beauty in regards to both the aesthetics and the stories presented by theatrical experiences transforms the dull hospital into an exciting healing environment. Live theatre can give patients the opportunity to exist in a world outside of their all too familiar hospital room. Along with the addition of beauty and variety in the environment, theatre arts provides distraction and relaxation, both of which can be hard to come by in the clinical setting.

The Alexander Technique. In addition to allowing for an escape, theatre arts has the potential to give patients the opportunity to strengthen their mind-body connection by means of active artistic participation. Strongly convicted of the healing potential of

fostering the connection between the mind and body, Australian actor Frederick Matthias Alexander developed what is now known as the Alexander Technique. The Alexander Technique was birthed from Alexander's "search for a means whereby faulty conditions of use in the human organism could be improved" (Alexander, 1985, p. 21). Alexander stated that he initially viewed the mind and body as separate entities. However, following his experiences with and investigations of the living human being, he took on the view that the mind and body are intensely interconnected (Alexander, 1985). Because of the unity of the mind and body, Alexander (1985) stressed that all training and therapies must be based upon the "indivisible unity of the human organism" (p. 23).

Alexander recognized in his own life how his unconscious, habitual tendencies influenced his posture and overall health. For over nine years, Alexander developed his technique driven by the desire to learn to consciously control his harmful habitual tendencies. From his extensive self-study, he concluded that in order to release bodily tension thus improving sensory perception and overall physiological functioning, one must relearn the use of body mechanics (Leibowitz & Connington, 1990). Alexander's personal experience with relearning and conscious control of harmful habits allowed him to see improvement on kinesthetic, visual, structural, intellectual, and emotional levels (Leibowitz & Connington, 1990). His technique allowed him to recognize the tensions in his body, see his habits more clearly, possess more control over his behavior and interactions with others, and have a better understanding of his anatomy, movement, body in space, and thinking process (Leibowitz & Connington, 1990).

Although birthed from his own experiences and initially developed with the intention of enabling actors to better achieve conscious control of their bodies in order to

improve their theatrical performance, the Alexander Technique is now used in healthcare to promote holistic well-being. Alexander (1985) stated that oftentimes doctors would send their patients to him in order to help better manage the symptoms of a diagnosed disease process or in order to assist in alleviating symptoms of an unknown and unexplainable disease. After witnessing the positive patient outcomes following the application of his technique, Alexander (1985) stated that his belief that there is a relationship between the manner of use of the mechanisms of the body and the standard of functioning of an organism was greatly supported. During his experiences training patients, he recognized that functional trouble resulted from the inappropriate use of the body's mechanisms. In his book, *The Use of The Self*, Alexander (1985) explained how specific areas of physical functioning, such as the circulatory and respiratory systems, were negatively impacted by his clients' unsatisfactory body mechanics. Alexander (1985) stated that these functional disturbances all "lower the standard of resistance to disease" (p. 87). Alexander (1985) stressed the need for the application of his technique in not only actors, but in all who desire to possess optimal control over their health and function of both the mind and body.

Theatre Arts Therapy Success Stories

In addition to the speculated benefits of simply observing theatre arts in the clinical setting, theatre arts can be used to promote patient education, particularly with children. A study performed in a children's hospital in England explored the benefits of bedside interactive performances with critically ill children. The study involved performing a 30 minute play based on a popular bedtime story. During the performance, the actors would teach the children breathing exercises that would help them stay calm

when they would start to feel scared or worried. Following the performance, the children reported feeling happy, important, and less lonely and remembered the breathing exercises long after the performance (Sextou & Hall, 2015). The performance not only helped ease the children's minds and provide physical relaxation, but it also addressed their social needs by allowing them to interact with the actors and their exciting puppets.

In the only study concerning theatre arts therapy included in a literature review conducted by Stuckey and Nobel (2010), results were found to favor theatre arts therapy in the clinical setting. The study on the effects of theatre arts interventions on cognitive function and quality of life in elderly patients aged 60 to 86 years showed significant gains in cognitive function and psychological well-being (Stuckey & Nobel, 2010). Study participants were sorted into three groups. The first group was subjected to interventions involving participation in acting exercises. Members of the second group were given images to contemplate and discuss. The third group acted as the control for the study and therefore did not participate in any interventions. Results from the study showed significant improvements in psychological well-being and cognition in the group subjected to the theatre arts intervention compared to the control group (Stuckey & Nobel, 2010). Specific improvements in cognitive function included word and listening recall and problem solving (Stuckey & Nobel, 2010). The study also found that the group that participated in the visual arts intervention experienced fewer improvements in cognitive functioning and psychological well-being compared to the theatre arts intervention group (Stuckey & Nobel, 2010).

Testifying of the healing power of theatre arts, actor Michael Kearns wrote that the theatre gave him the opportunity to experience freedom from his diagnosis of

acquired immunodeficiency syndrome (AIDS) (2006). He stated that as a result of his diagnosis with AIDS, he became overwhelmed with feelings of anger, helplessness, confusion, sadness, and fear (2006). He turned to the theatre for relief. Kearns founded a program that used the theatre to allow those affected by AIDS to tell their stories. Kearns (2006) stated that the program not only allowed participants to experience freedom from their diagnosis, but also gave members of the audience the opportunity to collectively confront their overwhelming feelings on the issue of AIDS.

Recommendations for Implementation

Collaboration between arts therapists, healthcare management, architects, and designers is necessary in order to bring to reality the concept of theatre arts therapy in the clinical setting. Professionalization of theatre arts healthcare programs must be supported if integration of theatre arts into the healthcare setting is to be successfully accomplished (McNiff, 2014). Professional theatre arts therapists must be qualified and meet the standards of practice (McNiff, 2014). McNiff stated that in order to professionalize an emerging arts therapy, graduate-level degree training is needed (2014). Furthermore, McNiff suggested that in order to successfully establish a new form of creative arts therapy in the clinical setting, organizations and programs dedicated to the utilization of creative arts as a therapy must be encouraged to work alongside artists and other professionals committed to using art to facilitate healing (2014). The only way that theatre arts therapy will begin to make an impact in the inpatient setting is through the strong collaborative efforts of arts and healthcare professionals.

Hospital organizations would benefit from involving an inpatient Certified Therapeutic Recreational Specialist (CTRS) in the development of a theatre arts program

within the hospital. CTRSs evaluate the needs of individuals and populations of potential clients with the intent of exposing and involving them in activities and programs that will improve holistic health (Frye, 2011). CTRSs are proficient in creating customized treatment plans with the goal of improving quality of life and restoring and protecting the client's mental, physical, and social well-being (Frye, 2011). With theatre arts therapy being a relatively uncharted territory of treatment, hospitals would do well to recruit CTRSs for their expertise in the development of innovative and activity-based treatment plans.

The influence of architecture on the clinical environment must be taken into account when seeking to implement theatre arts programs in the hospital setting. Large lobbies or public spaces would allow mobile, independent, and stable patients and their families to enjoy theatrical performances. This requires early collaboration with architects and designers for future creation of atriums appropriate for and capable to accommodate theatrical performances. For patients unable to leave their room, the art may be brought to the bedside. It is important that patients confined in their beds or rooms also be given the opportunity to experience the excitement, intimacy, and therapeutic benefits of the performing arts. Introducing new colors, sounds, and characters through the use of bedside theatre arts therapy can brighten the environment of the still, changeless hospital room and is especially therapeutic for pediatric patients as seen in the aforementioned study conducted in a children's hospital in England (Sextou & Hall, 2015). According to Adams, Theodore, Goldenberg, McLaren, and McKeever (2010), the atrium model has become popular in the design of contemporary pediatric hospitals. Hospital atria are large, open spaces that accommodate hundreds of patients

and visitors (Adams et al., 2010). The Hospital for Sick Children in Toronto, known as SickKids, demonstrates the benefits of a social and inclusive hospital environment. The children's hospital's atrium, which serves as its lobby, is eight stories tall and is topped with a curved glass ceiling to allow for natural light (Adams et al., 2010). This atrium was uniquely designed in order to increase patient interaction with the outside, non-clinical, communal environment. Surrounding the lobby are four units with some rooms having large windows that overlook the atrium (Adams et al., 2010). The perceived advantages of the atrium concept similar to that of SickKids' in the implementation of a theatre arts therapy program are obvious. With a large atrium that is directly exposed to patient rooms, theatrical performances can be put on for both the mobile and bedridden or isolated patients. In addition to this advantage, the atrium concept conveys feelings of safety, improves relaxation, provides an opportunity for distraction and escape, and allows for exposure to natural light which can improve mood and overall health (Adams et al., 2010). It would be very difficult to find support for widespread implementation of the atrium concept in non-pediatric hospitals when only vouching for its compatibility with theatre arts therapy. Therefore, it is important that all benefits of the atrium design be acknowledged.

This author believes that art presented to patients through the use of theatre must be carefully considered. Shakespearean performances would be easy to perform and would allow for great distraction and audience involvement. The beauty in the words and stories of Shakespeare's plays provide a perfect escape. Bearing in mind the circumstances of the target audience in the hospital setting, it may be wise to exclude tragedies such as *Titus Andronicus* or *Hamlet*. Instead, comedies such as *Midsummer*

Night's Dream or *As You Like It* or even Shakespearean histories may have a more beneficial therapeutic effect. Also, as previously mentioned, theatre arts is a unique art form in that it has the potential to incorporate aspects of visual and expressive arts and music. In order to reap the greatest therapeutic benefits of a theatrical experience, theatre arts therapists may want to consider selecting musically and visually stunning performances.

Barriers to Theatre Arts Therapy

Because there have been very few attempts to date to blend theatre arts into healthcare, it is unclear how exactly theatre should be integrated in the clinical setting. Sextou and Hall (2015) identified barriers to theatre arts interventions relevant to their own study of bedside theatre. They stated that seeing success in attempts to bringing theatrical performances to the bedside depends on hospital routines, emergencies, and the patient's condition. Space is another significant barrier to theatre arts therapy. Large scale performances that include lights and sets pieces need ample room which is very difficult to come by in hospitals. When it comes to cost, hospitals will not support therapies unless they have been proven to be effective. Because theatre arts as a therapy is not well-understood or commonly used in the clinical setting, hospitals may be reluctant to support it as a therapeutic intervention. It is only through collaboration and willingness to accept innovative support of professionals outside of the patient's care team, such as activities directors and therapists, that theatre arts therapy can begin to be implemented in the clinical setting.

Recommendations for Future Research

With theatre arts therapy being a very new and emerging area of inpatient therapy, there are many opportunities for future research on its effects on not only the direct recipients of the therapy, but also nursing staff and other healthcare professionals. Future research is needed on the effects of theatre arts therapy on nurses and the quality of patient care as a result of its influence on nurses' wellbeing. More specifically, research is needed to understand if theatre arts therapy impacts stress and compassion fatigue in nurses by providing nurses with an avenue to project emotion. Finally, following more widespread implementation of theatre arts therapy in the clinical setting, a comparative study will need to be done on the effectiveness of theatre arts therapy done in a group setting versus privately at the bedside.

Arguably the greatest barrier to theatre arts therapy is the lack of research on the positive influence of theatre arts interventions on the holistic health of patients in the clinical setting. Without sufficient evidence, interventions involving the use of theatre will not be supported in the clinical setting. Based on the known health benefits of arts interventions such as visual arts, expressive arts, and music on the holistic health of patients in the clinical setting, the healing effects of theatre arts can be assumed. However, understandably, evidence must be presented before widespread implementation of interventions can commence. With an understanding of the necessity of variety expressed in Florence Nightingale's environmental model of nursing and the need for aesthetics in the environment as suggested by Jean Watson, a case can be made for theatre arts in healthcare. For not only does theatre arts transform the environment by

adding to it beauty and variety, it can also transform the person on a physical, emotional, and spiritual level.

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