



**THE ARTS IN HEALTHCARE MOVEMENT IN THE UNITED STATES  
CONCEPT PAPER**

**THE ARTS IN HEALTHCARE SYMPOSIUM**

**March 19-20, 2003**

**WASHINGTON DC**

*I see healing and art as one. They are two sides of the split between the rational and the intuitive...I see healing and art as an expanding sphere...for both the healer and the artist, art heals in the same way. Images held in the brain stimulate the hypothalamus and the autonomic nervous system and change the autonomic parasympathetic nervous system, our brain waves, our immune state, and the neurotransmitters.*

*Dr. Michael Samuels, "Art as a Healing Force "  
Alternative Therapies in Health and Medicine <sup>1</sup>*

*When I come to the hospital for an appointment, I leave the doctor's office with nothing. I have no idea what the diagnosis will be, or, when I know, if I will live. I'm not me, I'm nobody, I am my illness. I'm nothing. Then I see the artwork and I walk down the gallery. I start to feel again... 'I' am back. I am myself again. I have an identity, I have a life. That's what your galleries do for me. I want you to know what they have meant for me.*  
*An oncology patient at University of Michigan*

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## PREFACE

The purpose of the paper is to provide background information for a symposium to be convened in March 2003 in Washington, DC by the Society for the Arts in Healthcare and the National Endowment for the Arts. The meeting brings together experts in medicine, the arts, social services, media, and government to develop a strategic plan for advancing the arts in healthcare across the country. The symposium report, together with this background paper, will be published and posted on the NEA and SAH Web sites.

This paper:

- describes the history, scope, and accomplishments of the arts in healthcare (AIH) movement, with primary focus on AIH programs that are incorporated into medical care and education,
- provides examples of programs and resources, and
- addresses challenges and opportunities of the field.

## INTRODUCTION

*Especially important to us, while visiting was the wonderful artwork...Playful and sometimes soothing...[we were] helped by this vital piece of healing.  
Written by a patient's family member to the University of Washington Medical Center arts program*

The arts serve patients and caregivers as powerful aids in times of emotional vulnerability and bring beauty into the stress-filled healthcare world. The arts touch spirits that seek solace and encouragement. The arts help to celebrate and build community among patients, families, and professional caregivers.

The Arts in healthcare (AIH) encompass a broad array of approaches. Patient medical care programs take place in both inpatient and outpatient settings

in hospitals, rehabilitation centers, hospices, mental health facilities, community health centers, nursing and convalescent homes, assisted living facilities, and private practices. For example, the Hasbro Children's Hospital in Providence, RI looks more like a children's museum than a hospital. In the lobby, children and artists have created art tiles, and artist Howard Ben Tré has fashioned a fountain and waterfall; children stand on floor mosaics to activate colorful waterspouts. At bedside and in playrooms, artists and children paint, make prints, sculpt, create masks, write poetry, and tell stories.

In Seattle, The University of Washington Medical Center offers an Arts Program for its community of patients, visitors, faculty, and staff. It features an artists-in-residence program with visual arts, poetry, and writing components, as well as a permanent art collection on exhibition throughout the facility and a healing garden. The program at The Connecticut Hospice in Branford, CT includes five to seven literary, visual and performing artists who work with patients on a daily basis. The hospice features framed poetry, pottery and paintings, and a sculpture garden created by patients and artists.

The University of Michigan Health System in Ann Arbor sponsors the Gifts of Art program that includes weekly lobby and bedside performing arts programs. The Art Cart allows staff and patients to select original art for their rooms in this 900-bed facility. DrawBridge is an arts program for homeless children in San Francisco, CA where artists and formerly homeless teens travel to homeless shelters to help children create visual art based on their personal stories.

Vanderbilt University Medical Center in Nashville, TN sponsors a Cultural Enrichment program that includes journal painting where patients express their thoughts through writing, poetry, water colors, and sculptures. The Center also has a Poetry Place that includes thematic or seasonal poems, and visits to patient rooms by performing artists. Shands Hospital: Arts-in-Medicine Program at the University of Florida in Gainesville includes fourteen visual, literary, and performing artists in the facility. On a given day you might find musicians strolling the corridors or a dancer dancing with a child in her room. The atrium of the hospital contains Healing Walls, comprised of ceramic tiles painted by patients.

The Lombardi Cancer Center at Georgetown University in Washington, DC has considered the whole healthcare environment as critical to the issue of the use of art in healthcare. Their program includes interior design, wayfinding, donor recognition, as well as an art & humanities program to create an environment in which to heal. Children's Hospital and Health Center in San Diego, CA has an art collection, English- and Spanish-speaking storytellers, numerous musicians, visual artists-in-residence, healing gardens, a therapeutic harp program and several changing galleries featuring community and children's art. Appendix A provides more examples of AIH programs nationally.

Appendix B describes and distinguishes the variety of AIH programs, as well as related programs such as the creative arts therapies and programs that use the arts to promote health and well-being within the broader community.

## **BENEFITS OF THE ARTS IN HEALTHCARE**

*My dancers and I were working regularly at Children's Hospital National Medical Center. During one of these interactive performances I noticed a boy doze off and continue sleeping soundly as he was wheeled back to his room. What were we doing wrong that we were unable to hold that child's attention? Then one of the nurses excitedly approached me. "Thank you so much!" she said, "We've been trying to get that child to calm down and go to sleep for three days!"*

*Sometimes art achieves what therapy, medication or the best care cannot. These moments can feel like little miracles when they happen, but they are usually instances of art functioning as it normally does: inspiring motivation, engaging parts of people's bodies or brains that they haven't been using, or allowing them to transcend their environments for a little while.*

*Liz Lerman, Founding Artistic Director, Liz Lerman Dance Exchange, Takoma Park, MD*

The benefits of AIH programs are now recognized by a major accrediting organization for healthcare facilities. The Joint Commission for the Accreditation for

Healthcare Organizations (JCAHO), which monitors and certifies quality of every licensed healthcare institution across the country, has established Environment of Care (EC) standards that reflect this growing awareness and recognize AIH programming in their language. The EC document states that the environment of care includes “a variety of ‘key elements and issues’ that contribute to creating the way the space feels and works for patients, families, visitors, and staff experiencing the health care delivery system.” The EC standards, stipulate that:

- The hospital establish an environment that meets the needs of patients, encourage a positive self-image, and respect their human dignity (EC.3.1)
- The built environment support the development and maintenance of the patient's interests, skills, and opportunities for personal growth (EC.3.4).

Examples cited in the EC standards include art exhibitions, musical performances, access to nature, and opportunities for “social interaction among patients through recreational interchange. The examples call for hospitals to make adequate arrangements for patient's leisure-time activities that consider and respond to their needs<sup>2</sup>.”

Benefits of the arts to patients, family members, and caregivers include:

### *Enhancement of Treatment*

The arts can positively affect medical outcomes. Research shows that interior elements can affect the well-being of patients as evidenced by positive changes in measurements of anxiety, delirium, elevated blood pressure, self-reported need for pain medication, and length of hospital stays. Roger Ulrich's studies show that, without positive external stimulation, patients may focus more on their own worries and further increase stress<sup>3</sup>. (See Appendix C for research on these topics.)

Opportunities for creative expression fortify the patient's ability to cope with illness and treatment. Facilitated art projects provide patients with:

- New appreciation of their innate ability to express themselves through the arts
- A safe outlet for their emotions
- An experience of mastery at a time when they have little control over their daily lives
- Access to resources to help cope with illness and trauma.

### Reduction of Common Stressors

*I have been on the faculty ... since 1989. It is one of the pleasures of my job to admire the art that is situated throughout the hospital. In my opinion, it not only brings sunlight to my day, but it brings pleasure to the stressed patients and their families. Indeed, many are the times that the patients and I have discussed the art hanging in their room rather than focusing on their ill health. The residents, too, are appreciative in their long days.  
Moir Aitken, Assoc. Prof, University of Washington Medical Center.*

Art can mitigate the four most commonly reported stressors in hospitals: wayfinding, physical discomfort, lack of privacy, and intrusion into personal territory. Displays of visual arts provide directional assistance and points of familiarity within often large and confusing facilities. Sanctuaries and healing gardens provide destination choices for patients and visitors at a time when the range of choice and personal control over clothing, room, dining, scheduling and the like are often taken away. The arts provide relief from anxiety, distraction from pain, and respite from boredom.

### Patient Satisfaction

Hospitals devote significant resources to surveys of patient and family satisfaction. Survey results indicate art contributes to the perception of quality of care by bringing more warmth, stimulation, and comfort to a healthcare facility. Art can have an impact on the mood of patients, their families, and the healthcare professionals who are tending to them.

Patients who compare healthcare facilities notice the difference between those that feature artwork and those that do not. Art can trigger a positive healthcare experience, potentially reducing the frustrations that patients and families currently experience as a result of the present nursing and staffing shortages, over-booked appointments and long waits, confusing facility design, parking woes, and other common problems mentioned in consumer surveys and comment cards.

### Respect for Diversity

Exhibitions of artwork can reflect the composition of the healthcare community and express its respect for diversity. In a 2001 survey of 21 Puerto Rican women, the participants reported that the ideal environment was one that was comfortable and friendly, with many books, videotapes, and bright, colorful art depicting Puerto Rican culture<sup>4</sup>.

### Employee Retention

*... I came to Seattle in the fall of 1997 [from] Pakistan... as an oncology fellow. Dealing with cancer can be emotionally challenging and being homesick did not help. During my initial months as a fellow, I clearly remember [rounds] during the late hours on the oncology in-patient service... the artwork on the long walls, or in the patients' rooms, was a great source of comfort. I used to get very excited and happy when I [found] a piece of traditional textile, a rug, a piece of embroidery from India and Pakistan nicely framed, hanging on one of the walls around my work place; clinic, lab, patients room, radiology, outside operation theatre, almost everywhere. And now I hear the same comments from my [colleagues], patients, house staff and students. And every morning this artwork fills me with positive energy, something I really need to help me take care of my patients.*

*Nehal Masood MD, Medical Oncology  
University of Washington/SCCA  
Fred Hutchinson Cancer Research Center  
Seattle, WA*

Shared art experiences strengthen communication and relationships between patients and hospital staff. Artists who are on staff or are brought in for temporary projects augment the hospital's patient support services by working directly with patients and families.

An enhanced environment will help attract and retain professional healthcare workers. Artwork can help create a rejuvenating and respectful environment that will nurture the entire community.

*I love art, and just seeing the sculpture...when I come in is uplifting to me. I look for the art wherever I go, because I often see something I haven't seen before. It just makes me feel like I am in a caring environment and cheers me every day. I think without art the hospital would be very sterile; the artwork softens everything.*  
*Barbara Beach, M.Ed., CRC, Director of Rehabilitation Services, Department of Rehabilitation Medicine, University of Washington Medical Center*

## **THE HISTORICAL ROOTS OF THE ARTS IN HEALTHCARE**

The visual, literary, and performing arts have existed in western and eastern healthcare systems since the beginning of recorded history. The American AIH movement has its roots in the Greco-Roman tradition, in which Apollo was the god of music and medicine. Pythagoras stated that the daily practice of singing and playing were means by which the soul achieved catharsis<sup>5</sup>. Hippocrates and Galen advocated the diagnosing and treating of the “whole” man, an approach that implies the interrelationship of soul and body<sup>6</sup> that has resurfaced in our time as the field of psychoneuroimmunology<sup>7</sup>, which examines the mind-body connection. A contemporary theory in this field is the biophilia hypothesis, which holds “that humans maintain, as a holdover from evolution, the visceral, survivalist need to be

sensitive and responsive to their surroundings. The startle response of infants is an example of this theory<sup>8</sup>. “

In the nineteenth century, Florence Nightingale wrote:

The effect on sickness of beautiful objects, of variety of objects and especially of brilliancy of color is hardly at all appreciated. People say the effect is only on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, by color and light, we do know this, they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients are actual means of recovery<sup>9</sup>.

Early in the twentieth century, the arts were effectively dropped from western healthcare, with the intention of making healthcare facilities appear sleek, sanitary and more focused on technology. The “Modernist” movement in architectural design further contributed to the coldness of hospitals. Nevertheless, there was a resurgence of interest in the second half of the century in bringing art back to healthcare settings. The Work Progress Administration (WPA) funded artists to paint murals in hospitals in the 1930s and, in a handful of hospitals in the 1950s, patrons donated private art collections. In the midst of a sterile technological environment, art was helping people to feel more comfortable in healthcare settings. While there has been “art as decoration” in hospitals for some time, the trend in the current AIH movement to include programming in a wide variety of arts disciplines and designs has been shaped by the concurrent tides and trends within the community arts and public arts movements, as well as the healthcare system itself.

In the 1970s, the “arts in communities movement” was in full swing, providing an encompassing philosophical approach to the arts that supported the production of good and diverse artworks, and advocated increased accessibility to the arts. Arts councils and arts services organizations grew in profusion, and much of this growth was nurtured by funds from the National Endowment for the Arts (NEA), whose budget flourished.

Duke University Hospital launched its in-house arts program with a Special Projects grant from the NEA in 1978. The Duke program grew out of collaboration

with the local arts council, with the guidance of a consultant from Hospital Audiences Inc. (HAI) in New York City. HAI was a major trailblazer in the 1970s, integrating artists into facilities such as mental health centers, drug treatment programs, and prisons.

The “public art movement” in the late 1970s gave rise to percent-for-art programs in some cities and states whereby a legislated percent of the construction budget of new public buildings (schools, government buildings, hospitals, etc.) was designated for artwork for those buildings. Some percent-for-arts programs such as the Iowa City model provided initial funding for university hospital art programs. The state percent-for-art regulation funded the purchase of an art collection that grew into a comprehensive patient services program, with the arts at its center. In Seattle, the local percent-for-arts program brought earthworks and murals to the University of Washington Medical Center, setting the stage for a professional art program that would be supported by the hospital and private donations.

Simultaneously in the 1970s the climate in healthcare was beginning to shift. Helen Orem, an AIH consultant, notes:

Whereas in the 1970s, when most hospital administrators were shocked by the suggestion that their organizations would ever advertise, hospitals in the 1980s were shifting into a “marketing mode.” Consequently, more importance was placed on patient/family satisfaction surveys, which revealed the desire for a “more homey and attractive atmosphere”<sup>10</sup>.

Orem continues that the typical American seeking medical care today expects efficient reception and processing at the facility, personal attention, and a pleasant environment.

In an *International Journal of Arts Medicine* article, Janice Palmer, former director of the Duke University Medical Center’s Cultural Services program, and Florence Nash describe the incorporation of the arts in healthcare:

The new experimental hospital arts movement includes a broader integration of the arts into the life of a hospital or medical center. In so doing, the

benefit of the arts extends beyond the patient population and their families to the entire medical and support staff as well as students... Hospitals... [have come] to resemble giant machines, high pressured and impersonal. No environment contains more deeply emotional, fundamental experiences than a hospital, and the arts give voice and legitimacy to these experiences. They express for us the inexpressible; they speak for the human spirit<sup>11</sup>.

Gradually, during the 1980s, AIH practitioners began to connect with each other, sharing information and asking advice. In 1989, a small group convened to discuss establishing a national organization, which culminated in the founding in 1991 of what was to become the Society for the Arts in Healthcare (SAH). In the last decade, there has been a growing awareness of the relationship between the arts and health among the public at large. Popular culture, which impacts the broader community, increasingly recognizes the arts in healing. For example, scores of arts and healing activities and Web sites were generated following the 9/11 tragedy. Stories of shrines, theatre, music, and other artwork about the tragedy have been covered extensively in news reports and popular literature.

Although spurred by the economic, political, arts policy and healthcare factors cited above, the AIH phenomenon is due in large part to the talent and vision of professionals from all parts of the arts community as well as physicians, nurses, healthcare administrators, and others who have welcomed artists into the healthcare environment.

## THE ARTS IN HEALTHCARE TODAY

*The increasing interest in arts in healthcare is a manifestation of a global acceptance of the movement. Arts in healthcare are complements to medical science rather than substitutes. The creative arts help people reclaim power over their lives and their health.*

*Dr. John Graham-Pole et al. "Restoring lives, restoring selves: The arts and healing." International Journal of Arts Medicine<sup>12</sup>.*

### Current Research and Evaluation

There is a great deal of information of varying quality about AIH in current publications and on the Internet. Much of the scientific research about the effects of the arts on human behavior has been conducted by arts therapists and arts medicine scholars who focus on controlled research with outcome measures. Databases such as MedLine, Cinahl, ERIC, and PsychLit include only peer-reviewed articles, theses, and dissertations and are, therefore, quality controlled information sources. For this background paper, a search of these standard healthcare databases produced thirty-seven AIH Studies. (See Appendix C for abstracts.) These studies represent a modest body of literature compared to the extensive research in the creative arts therapies and arts medicine.

Research is primarily classified as quantitative and qualitative. Quantitative research is controlled investigation with a strict protocol and clearly defined measures. Qualitative research instruments such as questionnaires and surveys that convey information about patient, staff, and family responses to their experiences and to the healthcare environment are especially useful to an institutional administration. Qualitative research has utility in the AIH field because not every benefit derived from the arts can be measured quantitatively. Loneliness, fear, joy, and relief are best reported in a subjective way by persons experiencing the emotion.

Nevertheless, since efficacy of any treatment or procedure in a healthcare setting is generally proven by scientific methods and quantitative research, an argument can be made that AIH should be no exception. It is clear that such research and documentation examining all AIH modalities would help practitioners garner more credibility and support. There is, however, little controlled AIH research for several reasons. Firstly, it is expensive and requires expertise in research techniques and methodologies. Secondly, research studies are highly competitive for support in institutions that are already experiencing budget cuts and tight resources. Thirdly, medical and administrative staff members disagree as to the value of conducting AIH research with the same models used in traditional

healthcare research. AIH practitioners, administrators, and experts are seeking some clear direction concerning the role of research on the effect of the arts in modern healthcare.

The importance of research has been addressed in recent AIH conferences. In January 2002, SAH and the U. S. Department of Health and Human Services, Agency for Healthcare Research and Quality, convened a conference to develop model strategies and sets of protocols for using and determining the effectiveness of arts and humanities activities in the well-being of patients living with diabetes, in particular, adult onset diabetes, type 2. The purpose of the conference was to review existing and current research, develop a set of proposed activities, recommend evaluation criteria for these activities, and recommend evaluators, test sites, participant profiles and a timeline. The results of this conference are posted on the SAH Web site<sup>13</sup>.

In 2000, the Center for Health Design, a nonprofit research and advocacy organization based in California, initiated the Pebble Project that focuses on facility design. In collaboration with selected healthcare providers, the Center is researching and documenting examples of healthcare facilities whose design has a positive impact on the quality of care and financial performance of the institution<sup>14</sup>.

An annotated, selected bibliography that includes research projects and AIH program descriptions is available on the SAH Web site ([www.theSAH.org](http://www.theSAH.org)). In addition to a selected annotated bibliography of research, the National Coalition for Creative Arts Therapies provides an up-to-date calendar of events, conferences, and projects presented in the creative arts therapies, and current research is often reported at their meetings ([www.nccata.org](http://www.nccata.org)).

### *Growth of Organizational Support*

The AIH movement has become a professional field within the past several decades. The movement has attracted the attention and interest of hospital administrators and staff as well as medical and nursing schools and arts communities throughout the country. The following organizations have contributed significantly to the growth of this movement.

### Society for the Arts in Healthcare

The Society for the Arts in Healthcare (SAH), Washington, DC, founded in 1991, promotes the incorporation of the arts as an integral component of healthcare by:

- demonstrating the valuable role the arts play in enhancing the healing process
- advocating the integration of the arts into the planning and operation of healthcare facilities
- assisting in the professional development and management of arts programming for healthcare populations
- providing resources and education to healthcare and arts professionals
- encouraging and supporting research and investigation into the beneficial effects of the AIH.

SAH presents national and regional meetings that report and discuss new research and clinical projects and programs that contribute to AIH, and publishes seasonal newsletters and monthly online news to members. Through alliances with the NEA, Johnson & Johnson and others, SAH provides grants, consultations and other opportunities to members.

The Society of the Arts in Healthcare has seen an exponential increase in its membership and conference attendance since 1991. From twelve founding members, the 2003 membership now includes over 500 organizations and individuals, and represents an increasingly broad professional cross section including physicians, nurses, medical students, healthcare administrators, architects, designers, administrators, and artists<sup>15</sup>.

### National Endowment for the Arts

The National Endowment for the Arts, a federal agency, supports a broad spectrum of professional arts programming in healthcare settings. This work

reinforces the Arts Endowment's goals to make the arts more widely available and to improve the quality of life for all Americans through the arts.

Beginning in 1978, Endowment support for model projects included providing seed monies to:

- Duke University Medical Center in Durham, NC to establish its Cultural Services initiative, one of the first comprehensive arts programs for patients and staff in a hospitals
- The Connecticut Hospice in Branford, CT to hire artists to establish a multi-disciplined arts program for and with its patients and staff. As a result, the Arts Endowment received the 1992 Ella T. Grasso Award for its "pivotal role in developing and funding the first professional arts program in a United States hospice".

Examples of the wide variety of projects that received Endowment funding in 2001-2002 include:

- Stuart Pimsler Dance & Theater in Minneapolis, MN for a collaboration with two healthcare groups, Pathways and Virginia Piper Cancer Institute to create workshops and a new work, involving caregivers and patients.
- Regional Arts & Culture Council in Portland, OR to support its Arts in Healthcare Consortium, a multifaceted arts program in hospitals.
- Richmond Art Center in Richmond, CA for its Quilt of Many Colors Project, a series of curated exhibitions installed in Richmond's public health facility.
- COSACOSA, Inc. in Philadelphia, PA to support artist Pedro Ospina for a three-month residency, that included creating a large sculpture, Safe Harbor, with the children, that is installed in the lobby at the Temple Children's Medical Center.

- Big Apple Circus, Ltd. In New York City for its Clown Care Program for hospitalized children.
- Newark Museum Association in Newark, NJ to support an ongoing artist residency by children's book illustrator E.B. Lewis at the Children's Hospital of the Newark Beth Israel Medical Center.

Over the years, the Endowment has supported projects that enhance healthcare environments through good design such as the Universal Design Leadership Initiative that addresses all aspects of designing for the human environment, targeting schools of design, designers, city planners, government officials and other decision makers. A result of this initiative is the Universal Design Exemplars, a collection of designs on CD ROM that were selected through an international competition and disseminated to targeted groups throughout the country. The Exemplars include: the Matheny Hospital's Performing Arts Auditorium in Princeton, NJ; a Unit Dose Medication Cart; and the Rehabilitation Center at Danbury Hospital in Phoenix, AZ.

Recognizing that artists themselves are a critically underinsured population, the Endowment convened a 1994 national symposium on Health Insurance for the Arts, where participants recommended that a national clearinghouse of insurance information be established to help artists and arts groups acquire appropriate health insurance. Subsequently, the Endowment conducted a competitive search and selected the Actors' Fund of America in New York City to develop the "Artists Health Insurance Resource Center". Launched in 1998, the Center's Web site includes a wide variety of information, organized on a state-by-state basis, to assist artists and arts groups in selecting and obtaining coverage.

Further, the Arts Endowment works with other federal agencies to promote and assist arts programming in healthcare such as a partnership with five other agencies to plan and convene the October 2001 conference, Effect of Working Conditions on Quality of Care. The conference brought together professionals in

healthcare, research, and government to look at the relationship between working conditions and the quality of care. In addition to the Endowment Chair Bill Ivey's keynote address on how the arts enhance healthcare, the Endowment sponsored an AIH expert to participate in the deliberations. As a result, the conference report identified the arts as an important player in improving healthcare environments for staff and patients.

Beginning in 1999, the Arts Endowment's AccessAbility Office developed a leadership initiative with the Society for Arts in Healthcare to support the first-ever national technical assistance project for developing arts programming in a wide variety of healthcare settings. Endowment support continues to assist this effort that selects and trains arts administrators and artists as "AIH consultants," and sponsors them to provide direct assistance to interested healthcare organizations on developing and establishing arts programming within their facilities. This unique program is infusing quality arts programming into healthcare settings across the country<sup>16</sup>.

#### International Society for Music in Medicine

The International Society for Music in Medicine (ISMIM) was founded in 1982 by two German physicians, Roland Droh and Ralph Spintge, in Lüdenscheid, Germany. ISMIM is a medical research society, and nearly sixty-five percent of its members are physicians; others are scientists and researchers of other academic specialties with particular knowledge and skill in the field of music in medicine. The goal of ISMIM is to initiate and coordinate interdisciplinary research about physiological and psychological research about music in medicine. Scientific exchange is organized through international symposia and publications. Conferences are alternately held in Germany and the United States<sup>17</sup>.

#### Center for Health Design

The Center for Health Design (CHD), Pleasant Hill, California, is a nonprofit organization that supports, develops, and disseminates information and research that demonstrate how supportive environmental design enhances health and well-being. Since 1988, CHD's focus has been on healthcare facilities. CHD offers

technical support, a healthcare design action kit, research reports, a journal of healthcare design, a booklist, a directory of products, and a list of exemplary facilities in the United States<sup>18</sup>.

### Americans for the Arts

Americans for the Arts, Washington, DC, is an advocacy organization, dedicated to representing and serving local communities and creating opportunities for every American to participate in and appreciate all forms of the arts. American for the Arts has a special work group on the AIH and frequently includes AIH issues on their conference programs<sup>19</sup>. At the invitation of Americans for the Arts and in conjunction with Arts Advocacy Day, the president of SAH served on a panel of artists that was convened before members of Congress on March 12, 2002, and presented an address on the importance and value of the arts in healthcare.

### Resources

AIH resources include information, training opportunities, and funding. Of these three, information is the most plentiful, while training opportunities and funding are limited to a fraction of the practitioners and programs in the field.

- Internet, Web sites, and Libraries.

Libraries are beginning to create special sections where AIH articles, books, and other materials are featured. For example, the Harold B. Lee Library, Brigham Young University has gathered a special collection, called “Music in Medicine” that includes articles, journals, theses, and other documents together with 20 years of correspondence, programs, and other information from the archives of Rosalie Rebollo Pratt, currently a vice-president of The International Society for Music in Medicine, and former director of a hospital arts program co-sponsored by Arts Access/ Utah and Brigham Young University<sup>20</sup>

The Internet offers an electronic gateway to AIH information that includes historical and current events. Articles and reports about AIH appear regularly in newsletters, magazines, and journals for the healthcare professional. Information about AIH has been published in peer-reviewed publications including medical journals such as *JAMA* and nursing journals such as *Pediatric Nursing*<sup>21</sup>.

- Training Opportunities

AIH administrators and artists come from many backgrounds, a few with training in arts administration, and others with a wellspring of goodwill but no training or experience as managers. SAH's annual conferences are the primary source of training for the field, providing educational opportunities for both experienced and new AIH practitioners. Effective as these programs are, they are limited to a relatively small number of AIH practitioners. At the 2002 conference in Florida, for example, a pre-conference "tool-box course" covered topics such as developing policies for art collections and performance programs, training artists to work in healthcare settings, fundraising, and advocating within one's own institution.

SAH also encourages and supports the development of regional organizations. SAH's Northeastern Region group has sponsored workshops and conferences on its own. North Carolina has launched a statewide support and service organization that provides a Web site for the state's AIH programs and presents an annual training institute. The 2003 institute will focus on research methods. VSA Arts of Florida and the Florida Center for Creative Aging are in the process of organizing a statewide service organization for AIH.

Additional training programs are emerging across the country<sup>22</sup>.

Organizations such as the Creative Center: Arts for People with Cancer, Hospital Audiences Inc. in New York City, and Shands Hospital in Florida train artists to work in a variety of settings. For example, the Creative Center launched a week's training for hospital artists in May 2002 for ten artists from across the US and

Canada. The training included presentations, workshops, individual consultations with practitioners, and two-day internships. The Creative Center also offers shorter-term training workshops throughout the year.

- Funding

AIH programs receive funding and ongoing support through myriad resources and methods. Funding models run the gamut from completely hospital-supported to dollars entirely from the private sector, with varying combinations in between. The picture is complicated by the fact that each healthcare organization has its own internal culture, political and economic issues, and policies and legal concerns regarding funding, fundraising and donations. For example, some state-funded medical centers are not permitted by state law to accept commissions on gallery sales, while in other states, the practice is allowed. In some organizations, the development office works hand-in-hand with the arts program, while in others, the arts program may be perceived as a competitor for local philanthropic attention and any outside fundraising by the arts program is not allowed.

Some organizations have incorporated the arts into their donor recognition programs:

*How creatively...corporate gifts are acknowledged – with resultant exposure for donors – has a significantly demonstrated effect on donations. An innovative system at Lombardi that was projected to fill in 10 years did so in closer to half the time...and resulted in real respect and cooperation from development people<sup>25</sup>.*

*Helen Orem, President, Orem Assoc.,  
Chevy Chase, MD*

In a few cases, arts programs have been initiated by healthcare institutions based on a program policy decision and funded by institutional revenue. A program may begin as a grant-supported entity and, when its efficacy has been demonstrated to the healthcare staff and administration, become incorporated as an ongoing service of the institution. As budget

flexibility and operating margins shrink, however, these programs may be some of the first to be cut.

Sometimes, public institutions will receive funds for the purchase of art as a part of the overall budget. This was the case with the collections at the University of Iowa Hospital and Clinics and the University of Washington Medical Center, both of which were initially funded by state and local percent-for-art monies. Private institutions such as Duke University Hospital may allocate building funds for art as part of the budget for furnishings. Some major collections including those of the Mayo Clinic, Stanford Medical Center, the Eisenhower Hospital, and Cedars-Sinai Medical Center have been contributed by donors. Artist Robert Rauschenberg made an exchange agreement with the Hospital for Joint Diseases and Medical Center, New York City, wherein he contracted for major artists to donate their works in exchange for free healthcare for artists in need<sup>24</sup>.

At the Gifts of Art program within the University of Michigan Health System, funds are generated from a variety of sources, including vending machine revenues, community alliances, and gallery sales commissions. Their Caring for the Caregiver initiative was made possible with a grant from the Michigan Arts Council with matching funds from their Human Resources Department as part of staff retention and patient satisfaction efforts. Seattle's University of Washington Medical Center Art Program initially found private funding from a nearby foundation to launch the art program, begin building an art collection, and support a part time artist-in-residence. For the last several years, its volunteer Service League has donated funds to maintain the artist-in-residence program and the art purchase budget, from revenue generated by gift shop and coffee stand sales at the facility. The Medical Center funds the director's salary and overhead.

At Duke University Hospital, grants from the NEA, the NC Arts Council, and a private foundation provided initial support. While gifts and grants support specific projects, staff salaries are paid from hospital revenue, which has been significantly reduced in the past few years. An

endowment campaign yielded a small base of ongoing income. The Complementary and Alternative Medicine program at Cox Medical South in Springfield, MO, remunerates its artists with funds from an endowment set up by the family of a patient.

Often these funding schemes may provide adequate program start-up dollars, but fail to provide ongoing revenue streams to support programs on a long-term basis. During a time of fiscal constraint, AIH programs will have to learn to be more competitive in budget allocations and fundraising.

### Awards and Grant Opportunities

Within the past three years, SAH has partnered with other organizations to create subsidized consultancies, grants, and awards to support and promote AIH initiatives.

- The National Endowment for the Arts has awarded SAH two Leadership Initiative grants for consultancy training and services to the field. These trained consultants are available to healthcare programs across the country for site visits and evaluations to help them develop, strengthen, and improve their AIH programming.
- Over 40 percent of the NEA budget is given to the 56 state and territorial arts agencies, and those funds, matched at the state level, are generally awarded as grants for arts projects within each state or territory. Contact information for the state arts agencies, as well as the Arts Endowment's funding guidelines, are listed on the Endowment's Web site at [www.arts.gov](http://www.arts.gov).
- A collaboration between Johnson & Johnson and SAH provides competitive grants to artists and organizations wishing to implement or strengthen and improve their AIH programming.
- San Diego Children's Hospital CEO Blair Sadler, in cooperation with SAH, launched an innovative international healing arts competition in 2001 to elevate awareness of the role of artists in improving the quality of

experience for patients, families, visitors and staff working in healthcare. The grant criteria required a research or evaluative component.

While both public and private support are crucial to the success of such efforts, these funds target only a fraction of the field's present needs.

## **Planning for the Future**

### *Trends In Healthcare*

Some trends in healthcare that have the potential to impact AIH include:

- *Healthy Lifestyles. The current impetus toward providing measures to support a healthy lifestyle, and the humanization of the delivery of health services*

The Patient and Family Centered Care movement, and other new models for hospital care such as the Planetree model, support the premise that the physical environment, positive distractions, and social and personal interactions with artists complement medical treatment to shape quality of care.

Concern for healthcare for older adults was the impetus for a U.S. Senate hearing on 1 August 1991, where the neurologist Oliver Sacks testified:

*There is no question that the relationship of music and medicine will blossom because of the advent of previously unavailable techniques that can now show the effects of music<sup>26</sup>.*

*Oliver Sacks, Testimony to U.S. Senate hearing "Forever Young: Music and Aging," 1991, Washington DC*

AIH consultant Helen Orem theorizes that the current transition in healthcare institutions will result in community-focused environments where emphasis will be on prevention and control. The arts will be increasingly important in this paradigm because services will be healthy lifestyles given on a day-to-day basis, and focus will be on providing a pleasant, healthful environment that includes the arts. She elaborates:

*This may involve teaching skills such as journaling, meditation, art, music, movement, quilting, and many coping skills for caregivers as the focus shifts more and more to the community... The demands will come from the community as is now happening where people know of the accessibility of such programs.*

AIH consultant Lynn Kable works with New York City social service agencies to use the arts as public health educational tools, for example, an actor and a doctor working with women in a homeless shelter to learn about prevention of AIDS/HIV. Kable sees the arts as effective, even in the face of economic pressures in healthcare.

*Efforts must be continued to humanize healthcare even as it becomes more high tech and more business oriented. Preventive healthcare, prenatal, and early childhood education are the areas that must be more emphasized.*

- *Humanizing End-of-Life Care.* The societal impetus toward humanization of end-of-life care and bereavement

Palliative care organizations, hospices, and social service programs for patients who are terminally ill, are increasingly accepting the arts into programs for their patients, and existing hospital AIH programs are offering arts programming within their hospice units. The successes of the arts in the AIDS caregiver movement and now in cancer care bear witness to the efficacy of the arts to provide patient and family self-help<sup>29</sup>.

- *Caring for Caregivers. The increasing concern about caregiver stress and burnout and staff retention*

Increasingly, schools of medicine are offering both for-credit and extracurricular classes and workshops in the arts and humanities. Medical training programs at Hahnemann School of Medicine, University of Virginia, University of Massachusetts, Georgetown University, Kansas City University, University of Florida, and the University of Washington were designed to help medical students and doctors find balance between their clinical work and the needs of patients, themselves, and families for tenderness and empathy.

With the current healthcare challenges involving staffing shortages and retention, programs such as the Days of Renewal program at Shands Hospital in Gainesville, FL are showing that stress and fatigue caused by incessant demands can be relieved by intervals where artwork is created and in which music is played.

- *Cultural Diversity. Attention to cultural sensitivity and an increasingly diversified population*

Heightened awareness in health services of the needs of diverse cultures has prompted greater sensitivity in environments such as waiting areas and the perception within that culture of a welcoming and respectful gesture. Hospital art collections such as those at Duke University and the University of Washington Medical Center are purchasing international textiles and artworks to reference and celebrate the cultural diversity within their patient, family, and staff populations.

### *Opportunities*

During a presentation at the 2002 SAH conference, President and CEO Blair Sadler from Children's Hospital in San Diego described a bleak picture of the current economic climate within healthcare, calling it "the perfect storm." He said, however, that from the storm, there is an "emerging quality revolution" within which

there is “an unprecedented opportunity for the arts.” He pointed to his own hospital’s arts program, and the patient surveys and other program evaluation indices that have convinced him that arts programming adds to the hospital’s bottom line, in addition to enhancing the healthcare experience for patients, families and staff.

*My cornerstone belief: Hospitals that totally commit to providing optimal experiences for their patients, families and staff will significantly differentiate themselves from their competitors. The arts can play a major role in providing these experiences<sup>30</sup> Blair Sadler, President and CEO, Children’s Hospital, San Diego CA*

### Strategic Alliances

The new and emerging relationships among healthcare administrators, accrediting organizations, healthcare professionals and arts professionals offer promising potential for exchange of knowledge, support and talent to foster the infusion of the arts into healthcare settings. At the national and international levels, opportunities for collaborative projects, research, meetings, and publications are stimulating globalization of AIH and interest among the healthcare professions.

### International Exchange and Collaboration

International cultural exchanges and collaborations provide opportunities to share research and knowledge on AIH efficacy. SAH, together with the Tanpopo-No-Ye Foundation and the Japanese Association for the Arts in Healthcare, are collaborators in a project examining *Caring for Caregivers* programs. Lynn Kable, an AIH consultant, was the Project Director for a recent exchange involving site visits and conferences in both the U.S. and Japan.

Cultural exchanges with Europe, Australia, and the British Isles continue to present opportunity for cross-pollination of ideas. The

Manchester Conference, held in April 1999 at the Metropolitan University in England, was called “Culture, Health, and the Arts World Symposium.” Nearly four hundred participants from twenty-six countries strengthened worldwide cooperation for the AIH movement as they presented lectures and poster sessions about their programs<sup>31</sup>. The International Society for Music in Medicine will present its eighth biennial conference in Hamburg, Germany, at which Rosalie Rebollo Pratt has been invited to present a keynote address on AIH in the United States<sup>32</sup>.

The Work Group on the “Arts and Humanities for the International Work Group on Death, Dying and Bereavement” met in 2000 to develop a position and assumptions paper. It states in part:

*The integration of the arts and humanities in all health care delivery systems is essential to assure compassionate humanistic patient and family care. The arts and humanities with their images, symbols, and sounds express themes of life, death, and transcendence. They are the language of the soul and can enable people to express and appreciate the universality as well as the particularity of each person’s experience... Engaging in the arts and humanities can enable people to mourn, grieve, and celebrate life. The arts and humanities allow for other ways of knowing<sup>33</sup>.  
“Arts and Humanities for the International Work Group on Death, Dying, and Bereavement,” *Journal of Death Studies*, 2000.*

### Issues

The intention of the March 2003 symposium is to formulate a set of recommendations to improve and expand the arts in healthcare and create a strategic plan for implementation among organizations in the arts, healthcare and other human service fields. Specific issues to be addressed are how to:

- Develop and maintain excellent human resources to enable the best work to be done

- Better inform healthcare professionals and the public about the value and utility of AIH
- Foster and develop evaluation modalities that will provide substantive data on the specific benefits of AIH
- Locate and develop ongoing sustainable funding to support AIH programs, including appropriate compensation for AIH professionals.

## **Human Resources**

### Training program for an AIH administrator

*Needs assessment.* Arts in healthcare administrators and practitioners intersect with patients and families during a critical time in their lives. Many of the most successful AIH programs include a full- or part-time dedicated staff arts administrator or consultant who can focus on getting the best arts programming for the venue. The AIH administrator may first explore the facility to determine the needs and unique nature of the facility. Specific patient and staff needs, community demographics, and cultural issues should be addressed. The next step is to identify the areas of the facility that are appropriate for the inclusion of arts programs. AIH administrators should make these judgments with input from hospital administration, staff and other stakeholders, patients and families.

*Safety measures.* Planning for the safety of artists as well as that of patients, staff, and personnel should be determined by means of: discussions among those involved to be certain that all aspects of the proposed arts program are appropriate and acceptable; thorough preparation of artists in pertinent hospital protocol, observance of patient, nursing, and physician schedules that might coincide with visits of artists; and instruction in hospital codes and rules that may apply.

*Selection of artwork.* Setting up and conducting the selection process for artwork, literature, or arts performances involves a variety of considerations: decision makers, standards of appropriateness, and donations. Choices that might be appropriate in the larger community may in fact be inappropriate in certain medical settings because of the nature of patient illness, sound levels, and sometimes content.

### Quality Control

Issues of quality control include: enabling arts practitioners to do the best job, establishing professional standards and/or certification, and deciding if hospital volunteers are qualified to run or provide AIH service.

### Support for Practitioners

AIH administrators and artists have substantial needs, including: the need for opportunities to improve the wide variety of skills required for this work, and guidance in developing increased support inside and outside the institution.

## **Education and Advocacy**

### Informing Professionals and the Public

*Communication and outreach.* There is a need for improved communication and more strategic outreach measures, including increased AIH writings in journals and magazines read by decision makers, healthcare practitioners, administrators, and patients; and determining specific information needs of the wide variety of constituents so that meaningful information is delivered. This includes learning more about their needs and priorities, and where AIH intersects with them.

Issues of complementary and alternative medicine are discussed regularly on radio and television. Interviews and participation of AIH experts on broadcasts

of this kind at the local, regional, and national levels could dramatically raise awareness of AIH.

### Changing Perceptions about AIH

What are the best avenues to change the perception that art is a “frill” and demonstrate the real benefits that arts programming delivers in healthcare settings? Some successful AIH programs rely on volunteers. When free services have been available, how does one make the case that programs should be supported on a professional basis? How does one justify the expenditure of philanthropic dollars that might otherwise go to patient care or social services?

With the advent of new ways of looking at healthcare – the hospital as a profit center – and with sometimes frequent changeovers of administration, the AIH practitioner must stay in a perpetual mode as educator, helping new people understand why this non-revenue generating program is important.

### Positioning within Healthcare Organizations

Which situations within healthcare organizations create a climate of inflexibility? How can these obstacles be overcome? Developing strategic alliances, important to the success of a program, involves: determining the strongest allies, and how relationships with them can be better nurtured; identifying and attracting those who need to be on board.

### Communications Challenges

Areas for consideration include: determining the best venues to get the message across; and a common professional language that facilitates communication and interdisciplinary collaboration.

## **Evaluation and Research**

What does experimental and descriptive research need to show to convince the healthcare personnel and staff of the desirability of supporting AIH

programming? How may meaningful research and evaluation modalities be further developed and improved in order to address the specific benefits of AIH; and specific populations? How may the development of excellent and feasible research designs be best supported and made available to practitioners?

What additional advocacy tools need to be developed to encourage hospitals, government, foundations and other organizations to support and/or administer research projects? Studies about the AIH that use simple outcome measures to demonstrate real benefits such as shortened hospital stays, reduced medications, and lowered levels of anxiety and stress are persuasive to hospital administrators and staff.

Succinct abstracts of successful studies, highlighting specific benefits and cost-effectiveness can convince an administrator or the head of a unit in the hospital that a similar approach can be useful and save money. Data showing shortened unit stay of patients was a strong point in convincing the neonatal unit at UVRMC in Utah to allow a study using music with thirty-three premature infants in a Newborn Intensive Care Unit.

## **Funding**

### Locating and developing sustained funding sources

Within the current economic climate, what are reasonable funding options for AIH programs? How is ongoing funding for AIH staff and programs located and sustained, including professional-level salaries for artists and arts administrators?

Competition for philanthropic dollars is becoming tighter. The economic downturn of the 2000s means more social needs will be met with fewer dollars. Contributing to the funding challenge is the increasing cost of healthcare delivery, and the turning away of foundation and corporate donations from the arts to education and social needs. AIH providers will need to become more creative at cobbling together funding sources, generating more research to improve credibility, and making themselves better known to hospital administrators. AIH will be competing for limited resources. Nevertheless, an AIH program is a cost-effective

idea that is currently cited by JCAHO as a way to satisfy licensing criteria. Where possible, hospitals should be willing to pay for benefits from AIH. Of the better-known programs, an organization takes its AIH program more seriously if some of the support comes from the organization's budget. Nevertheless, it should be part of the AIH program's mandate to raise outside funds.

For the most part, donors of large amounts, such as corporations and wealthy individuals, support organizations with whom they have some kind of on-going relationship, for example, a hospital or university. Programs for populations such as minorities and economically deprived communities are generally supported by government or foundations.

Development offices need to work closely with the arts program as partners, not competitors. On the local level, gift giving is tied strongly to an institution's community involvement. The AIH programs offer excellent opportunities for community outreach.

## **Conclusion**

The arts in healthcare movement has made dramatic strides in the last decade. Nevertheless, these gains need to be consolidated, and programs strengthened and expanded. In this period of change in American healthcare delivery, the arts have a unique opportunity to develop the most effective programs and strategies, forge new bonds with the healthcare community, and find new ways to ensure the role of the arts in this country's healthcare. This is the mandate for the arts in healthcare in the Twenty-first Century.

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## **Appendix A**

### **Examples of Arts in Healthcare Programs**

The visual, literary, and performing arts are flourishing in hospitals, outpatient programs, hospices, nursing and retirement facilities, as well as other healthcare institutions throughout the world. Although only a sampling of hundreds of programs around the United States, the programs described below are intended to give an indication of the impact and breadth of AIH inclusion in modern American medicine.

#### *Children's Hospital and Health Center* *San Diego, CA*<sup>1</sup>

Since 1993, Children's Hospital and Health Center/San Diego has been developing a model healing arts program that is fully integrated into the pediatric clinical environment. Originally developed in conjunction with a new patient care pavilion, the healing arts program at Children's engages all departments, old and new, creating an environment designed to enrich the experience of patients, families and staff. The program is in concert with Children's mission to restore, sustain, and enhance the health and developmental potential of children.

Currently, Children's has over 300 works of visual art, English- and Spanish-speaking storytellers, numerous musicians, visual artists in residence, a therapeutic harp program and several changing galleries featuring community and children's art. Over the past five years, several healing gardens have been created for patients and their families. Each involved commissioning many artists and designers to transform four lackluster courtyards into whimsical outdoor retreats. These peaceful sanctuaries provide quiet respite for patients, families and staff promoting health and well-being for all who visit Children's.

Connecticut Hospice

Branford, CT<sup>2</sup>

The Arts Program encompasses far more than a narrow “fine arts” spectrum of activities and often includes what many people consider hobbies. The goal is to enhance the lives of our patients and families artistically and environmentally, giving them the means to express and create in any medium that works for them. The Program includes a full-time director, several part-time artists-in-residence, a music therapist, and volunteer/storytellers. Many patient-care volunteers are multi-talented or multi-faceted, interested in more than just one field, and these hidden talents can be used with surprising and rewarding results. The holistic approach of the hospice emphasizes the meaning of the art piece created by a patient or family member rather than its merit as a striking work of art.

Caregivers are encouraged, when with patients and family members, to ask about their interests, particularly in the fields of the arts and crafts: visual, musical, and performance arts, literature and needlework. When a patient and/or family member wants some art involvement, a referral can be sent to the hospice. An arts volunteer or artist-in-residence or department member will then contact the person. Arts services are available seven days a week In-patient, and for all Home Care patients state-wide.

Cox Medical South Complementary and Alternative Medicine program

Springfield, MO<sup>3</sup>

The arts in healthcare component of Cox’s Complementary and Alternative Medicine (CAM) program has received an endowment from the husband of a patient in appreciation for the artists who performed for his late wife during her hospital confinement. Cox Medical South has committed itself to a more humanized environment by building an atrium in which patients and their families may socialize while live music is provided in the background. CAM sponsors theater events and concerts, which also serve as fundraising activities.

*The Creative Center: Arts for People with Cancer*

*New York, NY<sup>4</sup>*

The Creative Center offers free workshops in the visual, performing and literary arts to develop a community of support in which women, men, and children with cancer improve the quality of their lives through creativity as they meet the challenges of illness, treatment, and survivorship. The center, founded in 1995, also works within thirteen area hospitals in New York City, and has developed a training institute to teach artists from around the country to work with cancer patients in hospitals. The Center exhibits artworks created by cancer survivors, and works to make the public aware of the depth and diversity of the artistic expression of those who are often viewed as representative of their disease rather than unique individuals.

*DrawBridge: An Arts Program for Homeless Children*

*San Francisco, CA<sup>5</sup>*

Within the Bay area, trained staff, volunteers and formerly homeless teens travel to homeless shelters in the Bay area with high quality art supplies to create an affirming environment that will enable the children's stories to unfold through the images they create. The mission of the organization is to give homeless children an environment that fosters their childhood joy, creativity, and exuberance.

*Duke University Medical Systems Cultural Services Program*

*Durham, North Carolina<sup>6</sup>*

Established in 1978 Duke University Hospital's Cultural Services Program is one of the older hospital arts programs. The mission of the program is to integrate the arts and humanities into the life of the Medical Center, bringing the healing power of the arts to people who are suffering and to those who care for them, including staff and students.

The program's initial projects were the acquisition of original North Carolina-created visual art for patient rooms; an exhibition program; and performing arts events for patients, visitors, and staff. Additional programming came to include

artist residencies by NC and other US poets; artists participating in the design of hospital gardens; and programs especially for employees, including dance workshops, an annual arts and crafts festival, an annual stage production, and the weekly meetings of the Osler Literary Roundtable. Serving 10,000 employees and hundreds of thousands of patients each year, the Medical Center is essentially a small community and Cultural Services is its arts council.

*Hasbro Children's Hospital*  
*Providence, RI*<sup>7</sup>

Museum on Rounds provides classes for patients who visit the chemotherapy clinic for treatment and other related tests and exams. Over 600 children make over 4200 visits to the clinic each year. Each week art instructors bring a reproduction of a famous work of art to the clinic patients. The instructor engages the children in discussion about the artwork and the children then create their own works of art based on their observations. The projects involve painting, printmaking, sculpture, mask making, collage, etc. Each project is designed to be completed in one session so the children have a work of art to take home with them. Siblings are encouraged to participate in the program and create their own pieces and the instructor involves parents when possible.

*Hospital Audiences, Inc.*  
*New York, NY*<sup>8</sup>

Hospital Audiences, Inc. (HAI) is a not-for-profit organization founded in 1969 to provide access to the arts to cultural isolated New Yorkers. HAI serves people who are physically disabled, mentally retarded or developmentally disabled, sensually impaired, homeless, frail elderly, at risk, participants in substance abuse programs, HIV/AIDS positive, or in correctional institutions. HAI has reached audiences of more than 10 million people at more than 309,200 cultural events (as of 2002). HAI's work is supported by city and state agencies as well as foundations, corporations, and individuals.

HAI provides access to the arts by including people who are isolated by

illness, age, or disability from the cultural mainstream in a variety of visual and performing arts experiences. Through the arts, HIA gives people in life-threatening circumstances information that is vital about their health condition and programs and treatments that are important to their survival. This includes bringing the program into facilities for those who are unable to move about.

*Intermountain Health Center*

*Salt Lake City, UT*<sup>9</sup>

Intermountain Health Center (IHC) has adopted a “listening to music during surgery” program, based on their 1996 pilot research study about the effects of music listening on patients scheduled for surgery. Patients in all IHC hospitals in the Salt Lake area who are scheduled for surgery are given a flier with a list of audiotape selections and text explaining that patients who listen to music during their time at the hospital have been found to be more relaxed and experience less pain, and are not bothered by unfamiliar noises around them. Studies at IHC hospitals show that patients who have the music listening experience before, during and after surgery request fewer pain medications and report less anxiety than patients who do not take the option. IHC is exploring expansion into all the arts media to promote a healing atmosphere in their hospitals.

*Johns Hopkins University Medical Center*

*Baltimore, MD*<sup>10</sup>

Johns Hopkins provides arts and humanities events to students and staff as well as to the surrounding community. Programs have included dance and music performances; a Sunday concert series; art exhibits; performances by faculty and students; humanities lectures, seminars, and symposia; and a video library.

*Lombardi Cancer Center at Georgetown University*

*Washington, DC*<sup>11</sup>

The arts in healthcare program was established at the Lombardi Cancer Center in 1990 based on the model developed at the National Institutes of Health

at the Clinical Center in 1984. The Clinical Center program was mandated by a need to humanize the 12-story addition of clinics built in the cold, glass and severe lines that represented the height of modernism in architecture. Though somewhat different in design, the Lombardi Cancer Center's clean lines of cast concrete had become cluttered with contemporary institutional furniture and signage redundancy. Changes in furnishings to organic materials and additions of sculpture, fountains and local original art transformed the space into a welcoming environment. New colors and careful placement of signage have empowered the patients to find their way without having to ask for directions.

Concerning donor recognition, all portraits and plaques were removed and replaced by a two-story atrium wall containing a mosaic abstraction of the Potomac River with donor names reflected as white ripples on the water.

Lombardi's arts and humanities programs have grown to include painting, sculpture, journaling, quilting, movement, singing, and performance music for patients and families, staff and medical students. The doctors and fellows have an art show of their work once a year, as do the medical students.

*Mayo Clinic – CJ Kennedy*

*Scottsdale, AZ*<sup>12</sup>

Medical students and patients at the Mayo Clinic developed a traveling theatre piece aimed at increasing empathetic awareness about the experience of healthcare from the patient's perspective. "The Doctor Will See You Now", a musical drama performed by Arizona State University students and community actors with disabilities, strives to enhance the patient-caregiver relationship through improved communication via live dramatization. This Mayo-commissioned original musical was funded by the Arthur Vining Davis Foundations, with lyrics by Isaiah Sheffer and music by Bobby Paul. It is the outgrowth of a partnership between Mayo Center for Humanities in Medicine and Arizona State University College of Fine Arts.

National Institute of Art & Disabilities

Richmond, CA<sup>13</sup>

The mission of the National Institute of Art and Disabilities is to provide an art environment for people with developmental disabilities that promotes creative expression, independence, dignity, and community integration. The Institute serves up to fifty adults each day with training in painting, printmaking, sculpture, textiles, decorative arts and more. Their artwork is actively promoted through an exhibitions program.

Planetree Model<sup>14</sup>

The Planetree model for healthcare, which calls for a patient-centered approach to healthcare planning and design includes the arts in its philosophy as “Nutrition for the Soul.” Music, storytellers, clowns, and funny movies create an atmosphere of serenity and playfulness in the thirty-eight hospitals that have adopted the Planetree model. Artwork in patients’ rooms, treatment areas, and on art carts add to the ambience. Volunteers work with patients who would like to create their own art, while involvement from artists, musicians, poets and storytellers from the local community help to expand the boundaries of the healing process.

Shands Hospital: Arts-in-Medicine Program

University of Florida in Gainesville<sup>15</sup>

Shands Hospital created an Artists-in-Residence program in 1991 for the pediatric oncology clinic. The program spread rapidly to other units and by 1997, there were fourteen visual, literary, and performance artists in the facility working four to twenty hours each per week. On a given day you might find musicians strolling the corridors or a dancer dancing with a child in her room. The atrium of the hospital contains *Healing Walls*, comprised of ceramic tiles on which patients have painted their personal expressions of feelings associated with their illness.

The pediatric oncology unit is one in which Dr. Graham-Pole “never allowed the seriousness of his duties and responsibilities to compromise his inherent sense

of humor and sensitivity”. Dr Graham-Pole says that the AIH program has brought creativity to his own life. The release of human creative expression among children and adults in various stages of pain and physical ravage is a unique tool to be used alongside the medicines and treatments that accompany serious illness<sup>16</sup>.

Stanford University Medical Center Hospital and Clinics  
Stanford CA<sup>17</sup>

Under the auspices of the Art Commission, the hospital’s art collection comprises over five hundred pieces of fine art and sixteen hundred posters. The collection is an array of contemporary art including paintings, photographs, monotypes, lithographs, and sculptures. The art enhances and humanizes the hospital environment for patients, families, staff, and the community. Art for Health brings an artist to the bedside with a variety of materials for patients to create their own art as a way to relieve stress and lift the spirit. Art for Health sessions are held in patient rooms or in support group situations. The coordinators use a wide variety of art materials such as paint, pastels, collages, and clay.

University Hospitals Rainbow Babies and  
Children’s Hospital Creative Arts Program  
Cleveland, OH<sup>18</sup>

The Creative Arts Program, begun in 1987, promotes the family-centered care philosophy of Rainbow. Both art therapy and music therapy reinforce the value of family interaction and support the health needs of the child's mind and body. Patients may be referred by the healthcare team or families may request individual sessions. The program offers a variety of interventions suitable for all age groups from newborn babies to teenagers. Families of patients are encouraged to join in during the sessions.

University of Iowa Hospitals and Clinics Project Art

Iowa City, Iowa<sup>19</sup>

With funding from the construction budget of a new hospital building in 1976, an art acquisition program was established to place original art in public areas. Bolstered by the positive response from patients, visitors and staff to the increased presence of visual arts, a feasibility study was conducted in 1977 to consider formalizing the art program. University of Iowa Hospitals and Clinics initiated Project Art the following year, with monthly art exhibits and leasing of art for public areas. Performing arts events and a traveling art cart and studio art sessions for patients were introduced later. The permanent collection now numbers over 1,400 original works of art and 3,500 reproductions. Rotating exhibitions representing Iowa and Midwest artists cycle through five hospital and clinic locations.

University of Massachusetts Medical School,

Program in Medical Humanities and the Arts in Health Care

Worcester, MA<sup>20</sup>

This program offers a variety of classes and workshops to advance education and training of healthcare practitioners, medical and nursing students, patients and family members who are dealing with chronic and life-limiting illness, death and bereavement. Drawing on the visual, literary, and performing arts, expressive therapies, literature, spiritual values, and cultural beliefs, educational opportunities are aimed at enabling people to build the foundations for enhanced skill and comfort with palliative care, loss, and end-of-life issues.

University of Michigan Health System Gifts of Art

Ann Arbor, MI<sup>21</sup>

Established 1987, Gifts of Art provides artistic and aesthetic opportunities for the patients, visitors and staff. Nine art galleries each mount six different shows a year as well as an employee show. In partnership with the University of Michigan School of Music, free weekly public performances are held in the main lobby year round. Other music programs include daily piano performances in the lobby

provided by volunteers; a bedside music practitioner and several interns from the Music for Healing and Transition Program; and bedside musicians who visit the burn unit, ICUs, and other patient units, including the neonatal intensive care. Doctors, nurses, staff and students in the hospitals and related life sciences departments at the University participate in the Life Sciences Orchestra. Gifts of Art operates art carts in both the adult and childrens hospitals, allowing patients to select the artwork for their rooms.

*University of Washington Medical Center Art Program*

*Seattle, WA*<sup>22</sup>

Since 1986, the University of Washington Medical Center has presented an art program for the benefit and enjoyment of its community of patients, visitors, faculty, and staff. The program includes: a permanent art collection, special projects and exhibitions, an artist-in-residence program, programs in literary and performing arts and art therapy, a healing garden and meditation room. The program is built on the beliefs that art:

- Helps create a rejuvenating and respectful environment that nurtures the entire community;
- Provides visual and cultural bridges to acknowledge and honor its diverse population;
- References the full range of human emotions and experiences that remind us we are not alone;
- Symbolizes and reinforces the spirit of innovation, humanity, and revelation that is vital in teaching, medical research, and patient care;
- Contributes to healing by providing a stimulating link to the world outside, and to the life force within that fuels every artistic effort.

Funding for the art collection purchases and the artist in residence program is provided by the UWMC Service League, a volunteer, non-profit organization that raises money for patient services. The art collection is run professionally, with a dedicated staff director paid for by the hospital, and utilizes an art selection committee composed of interested medical center staff, volunteers and patients.

*Vanderbilt University Medical Center Cultural Enrichment*

*Nashville, TN*<sup>23</sup>

The Cultural Enrichment program is responsible for the art works and sculpture gardens throughout the hospital. In addition, the program co-sponsors a quarterly art forum to discuss the use of art in public spaces. The Art Cart with a variety of art supplies and materials is wheeled up and down hospital corridors for the purpose of involving patients and their families in creative activities. Journal Painting is a program offered to patients to help them express their thoughts through writing, watercolors, or whatever medium they choose. The Celtic Commodores offer Irish music to patients, families, and staff. A harpist-in-residence can be found in various units of the hospital, and strolling musicians visit patient rooms. Poetry Place displays poems, often thematic or seasonal, which offer patients and families an opportunity to lose themselves in the beauty of healing words.

The Vanderbilt University Medical School has developed “Art for Children in Hospitals,” in which medical students earn credits as they work individually on artistic projects with hospitalized children. During an 8-week period, artists help students select projects to work with pediatric patients. This experience, often the first actual contact with a patient, offers the medical student a chance to see how the arts can empower a child from whom almost all control has been taken.

*WVSA arts connection*

*Washington, DC*<sup>24</sup>

WVSA arts connection (formerly Washington Very Special Arts) has arts-in-healthcare programs in five areas: ART is the heART; Arts for Children in Hospitals; WVSA/VA Artist-in-Residence; and WVSA Hospital Arts Project for Children. The ART is the heART program began in 1999 in response to the increasing numbers of children receiving healthcare services in the home. In partnership with the Visiting Nurse Association, this program helps children cope more effectively with illness, disability, and dying. Artists are carefully selected and

trained to serve in an internship program. In addition to scheduled visits to the home or hospice, artists may work with other family members, thereby caring for the caregiver. This program has been replicated in national and international sites.

The Arts for Children in Hospitals program was developed with Georgetown University School of Medicine in 1990 in order to help medical students maintain the sensitivity that is essential for the working with children and families. In the credited course, medical students work alongside artists who facilitate arts activities with hospitalized children. The course has been replicated through the VSA affiliate network in other medical schools in the nation.

The WWSA/VA Artist-in-Residence program, begun in 1999 at the Washington DC VA Medical Center, provides visual arts activities for veterans in a post-traumatic stress disorder group and an outpatient psychiatric group. A weekly music session is provided in the center's rehabilitation and long-term center. The veterans' artwork is shown annually at WWSA's ARTiculate Gallery.

The Hospital Arts Project for Children, begun in 2002, trains carefully selected visual artists, musicians, dancers, storytellers, and poets to provide classes to hospitalized children and their families.

## Appendix A References

1. San Diego Children's Hospital Web site: [www.chsd.org](http://www.chsd.org)
2. Connecticut Hospice Web site: [www.hospice.com/chospice/index.html](http://www.hospice.com/chospice/index.html)
3. Cox Medical South Complementary and Alternative Medicine program Web site: [www.Martee.Robinson@coxhealth.com](mailto:www.Martee.Robinson@coxhealth.com).
4. The Creative Center Web site: [www.thecreativecenter.org](http://www.thecreativecenter.org)
5. DrawBridge Web site: [www.drawbridge.org](http://www.drawbridge.org)
6. Duke University Medical Center Cultural Services Web site: [http://edservices.mc.duke.edu/cultural\\_services/](http://edservices.mc.duke.edu/cultural_services/)
7. Hasbro Children's Hospital Web site: <http://www.lifespan.org>
8. Hospital Audiences Inc, Web site: [www.hospaud.org/hai/index/htm](http://www.hospaud.org/hai/index/htm).
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12. Mayo Clinic, C.J. Kennedy. Scottsdale, AZ  
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[http://herbergercollege.asu.edu/college/news/newsreleases/2001/oas\\_Doc\\_Will\\_030101.html](http://herbergercollege.asu.edu/college/news/newsreleases/2001/oas_Doc_Will_030101.html)
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19. University of Iowa Project Art Web site:  
<http://www.uihealthcare.com/depts/projectart/index.html>
20. University of Massachusetts Medical School Web site:  
[www.umassmed.edu/commed/programs/medical\\_humanities](http://www.umassmed.edu/commed/programs/medical_humanities)
21. University of Michigan Health Systems Gifts of Art Web site:  
[www.med.umich.edu/chs/arts.htm](http://www.med.umich.edu/chs/arts.htm)
22. University of Washington Medical Center. UWMC Art Program Web site is currently under construction, although the host organization Web site is:  
[www.washington.edu/medical](http://www.washington.edu/medical) Art Program contact: Amy Hamblin, UWMC Art, Program, Box 356144, Seattle, WA 98195-6144.
23. Vanderbilt University Medical Center Web site:  
[www.vanderbilt.edu/insideVU/healthpro.html](http://www.vanderbilt.edu/insideVU/healthpro.html).
24. WVSAarts Web site: [www.wvsarts.org](http://www.wvsarts.org)

## **Appendix B**

### **Relationships between the Arts and Health**

#### 1. Arts in Healthcare Programs that are Incorporated into Medical Care and Education

- *Art as a healing activity - the “Expressive Arts”*

Artists (including visual artists, musicians, dancers, and writers, and others) help people to use the arts for expression, learning enrichment, social stimulation, relaxation, and recreation. Certified art therapists (see #2 below) use the arts as part of a treatment procedure or to improve or change a patient behavior or response.

People faced with life-threatening illness or adjustment to traumatic disability may be offered arts programming to help them find solace, strength, and affirmation through a creative process in which they take an active role. Artists help people to make arts and crafts; to perform or actively listen to music and drama; to write poetry and journals; and to dance. Artists may work at bedside or with groups, often bringing together patients who are at varying stages in their illness and convalescence, and sometimes including family members as well.

- *Creating a “Healing Environment” through the arts*

Artwork that greets the new patient or visitor with color and beauty; healing gardens where one may go to reflect and “get out of the hospital”; original artwork placed in patient rooms and waiting areas; live music in lobbies and on patient units; meditation rooms and sanctuaries; and art that is situated to assist with wayfinding within a facility are ways that help to create a healing environment. Artwork and artist-created spaces in hospitals, hospices, and other healthcare centers can welcome and lift the spirits of patients, visitors, and staff, and can help alleviate stress and anxiety. A substantial and expanding body of knowledge (see Appendix C) points to the beneficial effects the environment can have on patient

outcomes and perceptions of care. These environmental factors are increasingly being incorporated into plans for hospital interior and exterior designs.

- *Caring for Caregivers programs*

Caregivers include professionals (doctors, nurses, social workers, aides, etc) and nonprofessionals (family members, neighbors, friends, volunteers) who tend to the sick and dying in healthcare and palliative care facilities and in the home. Caregivers may become involved in the arts to help relieve their own stress and to use the arts as a way to communicate with the people they serve. The arts, together with other interventions, can alleviate the negative aspects of continued care of older people in the home<sup>1</sup>.

Making and enjoying art can rejuvenate caregivers, who see illness and death daily, and often experience stress, depression, fatigue, and burnout. Sharing paintings, poems, or music; singing or playing for patients or each other; moving expressively and rhythmically together; and writing creatively can also bring a sense of cohesiveness to the caregiving environment. Staff and nursing retention programs are starting to embrace caring-for-the-caregiver programs, providing financial support and, in some cases, continuing education credits for participants. Artists may make home visits, bringing artmaking and performance to homebound patients and their caregivers. Caregivers may opt to use this time as a respite from their caretaking responsibilities, or for participation on a joyful and memorable art activity with the patient. Painting or drawing workshops for families touched by illness help to mitigate the isolation many non-professional caregivers experience. Performing and literary artists offer other creative outlets for caregivers such as making music or creating a poem.

Medical and nursing schools are increasingly offering credit and non-credit classes and workshops in the arts and humanities to help healthcare professionals develop skills to maintain their balance and perspective while tending to the clinical needs of patients<sup>2</sup>. These programs include writing, art studios, and classes to enhance practitioner's observational skills, and encourage contact with patients and peers through joint projects. In fact, the General Professional Education of

Physicians report has recommended that medical schools admit more liberal arts graduates into their programs<sup>3</sup>.

- *Community programs utilizing the arts to address health issues*

Public and private health and community agencies use the arts in educational initiatives, including: workshops where teens create and produce anti-smoking videos or where they educated each other about AIDS prevention through dramatic skits. Students may go into nursing and retirement homes to record oral histories and memories of seniors, to present programs of music that seniors remember, to present short plays or readings, and to create art work together. These and other programs offered to healthy older adults in institutions or day programs help to prevent depression and encourage interaction. An additional benefit of these programs is that they connect generations within the community and raise consciousness about the needs of others in all age groups.

## 2. The Creative Arts Therapies: Art, Music, Dance, Drama, Poetry, et al.

As discussed above, visual, literary, and performing artists contribute through their presence and interaction with patients and staff to the re-humanization of a healthcare facility. By contrast, certified arts therapists contribute to the specific medical care of a patient, with whom they are trained to work as part of the healthcare professional team.

The purpose of the arts therapies is to use the arts as tools in a specific intervention to change the behavior of a patient<sup>4</sup>. Arts therapists work as part of the medical team, provide services in every division of psychological and physical care of patients, and are trained and certified at the baccalaureate, masters, and doctoral levels. Arts therapies were formally organized in the United States in the Twentieth Century; visual art therapy in the early part, and music, dance, and others toward the middle. Interest in arts in healthcare programs increased at the end of World War II, when convalescent veterans were forced to spend long periods of time in hospitals or rehabilitation centers. Volunteers provided needed distraction for the veterans with programs in music, art, and movement. When both

the short-term and lasting benefits of the arts in healthcare were realized by artists and healthcare providers, training programs in arts therapies were formally organized. The professional organizations of the arts therapies are resources for their histories, research, and activities<sup>5</sup>.

Certified creative arts therapists and arts medicine scholars have contributed substantially to research and clinical practices that are now accepted in modern healthcare. Medical art therapy, complementary therapies, and health psychology explore how the creative process may help patients to produce positive changes in their bodies<sup>6</sup>. In May 1959, the American Medical Association acknowledged the position of music therapy by inviting the National Association of Music Therapists to send a representative to a meeting of the AMA Joint Committee to Study Paramedical Areas in Relation to Medicine<sup>7</sup>. Collaboration of arts therapists and music scientists with medical teams in research and clinical projects has produced a body of research<sup>8,9,10,11</sup>.

### 3. Programs that Use the Arts to Promote Health and Well-Being within the Broader Community

In contrast to the arts in healthcare programming listed above, the following are some of the ways the arts are used to assist and benefit the broader community concerning issues of health and accessibility.

- *Supporting access to the arts for people living with disabilities*

Artists, arts therapists, and educators provide opportunities in the arts for people with disabilities to experience creative expression, personal growth, and community inclusion through outreach, day, community, and one-on-one programs

- *Delivering medical care to creative and performing artists.*

"Performance arts medicine" is practiced when, for example, a physician with a specialty in performance-related injuries treats a dancer's knee problem or a pianist's back pain. Physicians often use special techniques to help performers regain function and also prevent future injury. For visual artists, the Rochester

Institute of Technology Wallace Library provides information about toxic solvents in art materials.

- *Helping communities in times of crisis*

Artists work in communities that have experienced trauma, helping people to better deal with grief and loss, and to celebrate solidarity and support for each other. Projects of this type have been generated in response to natural disasters, acts of violence, and, more recently, the terrorist attacks in Oklahoma City, New York City, Washington DC, Pennsylvania, and Virginia.

## Appendix B References

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2. Georgetown University School of Medicine, Very Special Arts program; Rollins J: Medical students as facilitators for children in hospitals. *IJAM* 2(1): 3, 1993; Farnsworth W; Training physicians to be doctors: Teachers and healers: Problem solvers, and decisions makers. *J Am Osteopath Assoc* 91(10): 1005-1018, 1991.
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4. Pratt RR: *Hospital arts*. St. Louis: MMB Music, 1997.
5. These organizations include: AATA (American Art Therapy Association); AMTA (American Music Therapy Association); and ADTA (American Dance Therapy Association). Many arts therapists have specialties, much like their counterparts in medicine and nursing.
6. Malchiodi, C: Art therapy, arts medicine, and arts in healthcare: A vision for collaboration in the next millennium. *IJAM* 6(2):13-16, 1999. The fairly recent application of art therapy in medical settings is described by Malchiodi as medical art therapy.
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## Appendix C

### Research

The following are offered as examples of pilot and small and large population studies that indicate the efficacy of the arts in the healthcare environment. These are, of course, selected references that point to the scope and diversity of the studies of arts in healthcare. It is clear that, although there are many discrete studies in a variety of areas of interest to the arts in healthcare movement, there do not appear to be many long-term follow-throughs with more studies on the same topic adding to the solid research knowledge base.

#### Music

A 1996 study from the Dept. of Pathology, the Ohio State University, showed that sound had an effect on the growth of neoplastic and normal human cells. Specifically, five human tumor cells lines (lung, colon, brain, breast, and skin) and one normal cell line (fibroblasts) were tested in triplicate for each of an average of four experiments. Primordial sounds or hard rock music sounds were compared for their effects on cell growth. When primordial sounds were used, growth of cells with tumors significantly decreased the average growth across cell lines; on the other hand, when hard rock music was used, growth of cells with tumors significantly increased the average growth across cell lines, although the effect was not consistent<sup>1</sup>.

**1. Sharma HM, Kauffman EM, & Stephens RE: Effect of different sounds on growth of human cancer cell lines in vitro. *Altern Ther Clin Pract* 3(4):25-32.**

A 1983 study shows that there may be a difference in the effects of live vs. tape-recorded music on hospitalized cancer patients<sup>2</sup>. This factor may affect future programs of music in the hospital environment. Music may mitigate the effects of nausea and emesis of patients undergoing chemotherapy<sup>3</sup>. The idea of using music listening for palliative purposes during treatment of cancer patients dates back to 1948, University of Chicago hospital, where the use of music in the surgical

suite was also used specifically for patients under local, regional, and spinal anesthesia<sup>4</sup>.

2. **Bailey L: The effects of live versus tape-recorded music on hospitalized cancer patients. Mus Ther 3(17-28), 1983.**
3. **Standley J: Clinical applications of music and chemotherapy: The effects on nausea and emesis. Mus Ther Perspect 10:27-35, 1992.**
4. **Pratt RR: The historical relationship between music and medicine. In RR Pratt (ed). The third international symposium on music in medicine, education, and therapy for the handicapped (p. 264). Lapham, MD: University Press of America.**

Music may also affect children with preoperative anxiety<sup>5</sup>. Thirty-three premature infants (chosen with exclusionary criteria) in an intensive care unit were exposed to 4 days of a randomly ordered 3-part intervention of sung or spoken lullabies, sung by either a male or female voice. These infants were carefully compared by two neonatologists and a physician/statistician with 33 infants in the same unit who did not experience the music. The 33 infants who listened to the sung and spoken lullabies left the unit nearly 3 days sooner than their counterparts in the control group<sup>6</sup>

5. **Chetta H: The effect of music and desensitization on preoperative anxiety in children. J of Mus Ther: 18-100, 1981.**
6. **Coleman JM, Pratt RR, Stoddard, RA, Gerstmann D, & Abel H-H: The effects of the male and female singing voices on selected physiological and behavioral measures of premature infants in the intensive care unit. IJAM 5(2): 4-11, 1994.**

A study in 1997 showed that selected music can have a self-perceived stress reduction benefit for visitors in hospital surgery/intensive care unit waiting rooms. Implications for supervisors and healthcare personnel are discussed in the study<sup>7</sup>.

7. **Rothieux RL: The benefits of music in hospital waiting rooms. Health Care Surgery 16(2): 31-40, 1997.**

## Art. Graphic

Asthma symptoms may be revealed in children's illness drawings<sup>8</sup>.  
Children's drawings may also be a way to reveal a child's response to cancer<sup>9</sup>

**8. Gabriels R., Wamboldt M, McCormick D, Adams T, & McTaggart S: Children's illness drawings and asthma symptom awareness. J of Asthma 37(7): 565-574.**

**9. Rollins J: Childhood cancer: Siblings draw and tell. Ped Nurs 16(1): 21-27, 1990.**

Directed visual arts activities can play a role in the behavior of children with disabilities<sup>10</sup>.

**10. Banks S, Davis P, Howard V, & McLaughlin T: The effects of directed art activities on the behavior of young children with disabilities: A multi-element baseline analysis. Art Ther: J of the AATA 10(4): 235-240, 1993.**

Relaxation and distraction can reduce stress and anxiety during dental procedures. These effects may be measured by salivary IgA, self-report, or other measures of tension and stress<sup>11, 12</sup>.

**11. Corah NL, Gates EN, & Illig SJ: The use of relaxation and distraction to reduce psychological stress during dental procedures. J. Am Dental Assoc 98: 390-394, 1979;**

**12. Goff LC, & Pratt RR: Music listening and S-IgA levels in patients undergoing a dental procedure. IJAM 5(2): 22-26, 1997.**

A 1999 collaborative study at Duke University looked at the effect of using art, with or without privacy, to help patients relax during the venipuncture procedure to decrease their perception of pain. Results were inconclusive although the study raises some important questions about the effects of color on culture, personality, biology, genetics, learning, and experience. Another point is determining of criteria for art work selection<sup>13</sup>.

**13. Palmer J, Schanberg L, Taylor C., et al.: The effect of art on venipuncture induced stress. Presented at SAH conference on Diabetes 2, April 2002, Durham, NC.**

## Art. Environment

The medical literature shows little controlled research supporting the benefits of art in the healthcare environment. The Center for Health Design advocates the inclusion of design guidelines in requirements established by the Joint Commission on Accreditation of Healthcare Organizations. The Center and the Picker Institute have sponsored investigative studies that address patients' and families' perceptions of care of high quality<sup>14</sup>.

**14. Rubin, H.R and Owens, AC. A Concept Paper to Develop a Research Agenda to Determine the Effects of the Healthcare Environment on Patients' Health Outcomes. The Center for Health Design. 1995.**

Another study compared the effects of photographs of nature scenes, computer-generated abstract art, a blank panel, or nothing on heart surgery patients. Less postoperative anxiety was experienced by patients who looked at a picture of open water with trees<sup>15</sup>.

**15. Ulrich R. The effects of photographs of nature scenes, computer-generated abstract art, a blank panel, or nothing on heart surgery patients. Presented at the Conference of the Society for the Arts in Healthcare on Diabetes and the Arts, 2002.**

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## Dance

The literature shows that most of the experimental research about dance and movement has been done in the art therapy field. Nevertheless, this research makes points that are applicable to the arts in healthcare movement. For example, an annotated bibliography of dance/movement therapy shows the range of disorders that can be addressed by dance and movement, including adolescent illnesses, anxiety, childhood illnesses, eating disorders, family, geriatrics, mood disorders, neuroses, personality disorders, physical and sexual abuse, schizophrenia, somatic disorders, substance abuse, and traumatic brain injury. The bibliography covers studies from 1940 to 1990<sup>16</sup>.

**16. Fledderjohn H, & Sewickley J: An annotated bibliography of dance/movement therapy. Columbia, MD: American Dance Therapy Association, 1993.**

Inactivity is one leading cause of morbidity among older people. On the other hand, movement and exercise promote an active and productive lifestyle. The Oxford Health Plans of New York are one group that offers cost-effective programs to elderly people, including Tai Chi, which is in the Range of Motion Dance Program<sup>17</sup>.

**17. Scott AH, Butin DN, Tewfik D, et al.: Occupational therapy as a means to wellness with the elderly. *Phys & Occup Ther in Geriatrics* 18(4): 3-22, 2001.**

In the January 2002 issue of the *Journal of Advanced Nursing*, a systematic review of studies about the effectiveness of music as an intervention for hospital patients concluded that music is appropriately used during normal care procedures. Since the cost is relatively inexpensive and there are no contraindications reported, music is recommended as an adjunct to normal care practices<sup>18</sup>.

**18. Evans D: The effectiveness of music as an intervention for hospital patients: A systematic review. *J Adv Nurs* 37(1): 8-18, 2002.**

An article in a 2001 issue of the medical journal *Lancet* comments that medical settings can foster the creation of art<sup>19</sup>.

**19. Foster H: Medical settings foster the creation of art. *Lancet* 357(9268): 1627, 2001.**

#### Patient response -- Children

The drawings of children between the ages of 5 and 12 can help a child health professional assess and monitor emotional and developmental progress during an illness or hospitalization. Known as the Ipsative Method, psychosocial adjustment and coping are assessed using the child's own drawings as a standard for comparison. There are guidelines available for this technique<sup>20</sup>

**20. Rae WA: analyzing drawing of children who are physically ill and hospitalized, using the ipsative method. *Children's Health Care* 20(4): 198-207, 1991.**

Healing Icons is an art support program for patients with cancer who are 16 and older. In the program, patients create a three-dimensional mixed-media art piece to convey a unique personal perspective on receiving a diagnosis of cancer

and then experiencing treatments. Healing Icons provides a way for unstructured expression of feelings and thoughts participants, families, and staff in a cancer center have reported positive clinical evaluations<sup>21</sup>.

**21. Heiney SP, & Darr-Hope H: Healing Icons: Art support program for patients with cancer 7(4): 1 chart, 1 bw, 1999.**

Another important factor in assessment is found in children's human figure drawings, which can convey their feelings of being prepared as well as their anxiety about surgery. EIs (emotional indicators) of children, aged 4-12 years, increased only in those children who were both unprepared and anxious<sup>22</sup>.

**22. Sturmer RA, & Rothbaum F: The effects of stress on children's human figure drawings. J. Clin Psych 36(1): 324-331, 1980.**

Music, storytelling, and humor are increasingly recognized by the nursing profession as appropriate and effective interventions to help children cope with illness, hospitalization, and pain. These interventions may help children talk about emotional issues raised during hospitalization<sup>23</sup>.

**23. Grimm DL, & Pefley PT: Opening doors for the child "inside." Ped Nurs 16(4): 368-369, 1990.**

### Patient response – Adults

Patient biographies have become more valuable in recent years particularly in the care of older people. Nurses who share an interest in the arts with a patient can build a relationship through the art medium itself, using it to help a patient tell his or her life story and find a place of connection with a caregiver<sup>24</sup>.

**24. Penn B: Using patient biography to promote holistic care. Nurs Times 90(45): 35-36, 1994.**

When the elderly are taught how to use relaxation, imagery, music, or any of the arts, their sympathetic response to stress is reduced and the calming effect of the parasympathetic system takes over. Gerontological nurses can incorporate the arts and other kinds of alternative methods into innovative preventive and wellness-oriented programs for hospitals, clinics and communities<sup>25</sup>.

**25. Dossey BM: Complementary and alternative therapies for our aging societies. J. Gerontol Nurs 23(9): 45-51, 1997.**

Pain associated postoperative pain may be managed by nonpharmacological means as well as prescribed medications. After hospital discharge, many cancer patients must provide their own self-care, using suggestions from healthcare providers and independently developed plans for pain management. In a 2001 study, postsurgical cancer patients increased their use of relaxation strategies that included imagery and music. The study suggests that nurses in cancer units may benefit from learning about teaching similar strategies to their patients<sup>26</sup>.

**26. Kwekkeboom KL: Pain management strategies used by patients with breast and gynecological cancer with postoperative pain. Cancer Nurs 24(5): 378-386, 2001**

### Spirituality

Patients with life-threatening illnesses such as cancer may engage in art activities in order to mourn, grieve, and celebrate life. The arts also empower patients to endure painful treatment and post-treatment conditions, and to find healing and meaning in their experience. Artists can be part of an interdisciplinary team in which art has been incorporated into cancer patient care as well as the cancer unit setting<sup>27</sup>.

**27. Bailey SS: The arts in spiritual care. Semin Oncol Nurs 13(4): 242-247, 1997.**

### Environment

Nature photography is recommended for use in a hospital. Color photography, when coupled with nature, can be a healing medium on conscious and subliminal levels. Reproductions of scenes in nature can emit a healing energy<sup>28</sup>.

**28. Oberlander R: Beauty in a hospital aids the cure. Hospitals 53(6): 89-92, 1979.**

The year 2000 International Conference on Health and Design, held in Stockholm, proposed the theory that physical environment affects well-being. The

conference was a forum for physicians, health planners and architects to discuss the quality of hospital design<sup>29</sup>.

**29.Martin C: Putting patients first: Integrating hospital design and care 356(9228): 518, 2000.**

Integration of indoors with the outdoors is a trend in healthcare facility design. The 12 winning facilities in a design award competition sponsored by Modern Healthcare featured indoor courtyards and gardens. The healing role of nature is now emphasized in healthcare building design<sup>30</sup>.

**30.Pinto C: Going natural by design. Annual design awards show facilities are emphasizing integration of the indoors with the outdoors. Mod Healthc 26(45): 39-42, 1996.**

In a study of 120 undergraduates, a videotape of different outdoor natural vs. urban settings was presented. Data concerning stress recovery during the presentations were obtained by self-ratings of affective states and physiological measures. Recovery was faster and more complete when participants were exposed to the natural rather than the urban environments. Concerning cardiac response, there was a pattern that showed a strong parasympathetic component to the responses to the natural but not to the urban environments. These results reinforce Ulrich's psychoevolutionary theory that restorative influences of exposure to nature involve a shift toward a more positively toned emotional state<sup>31</sup>.

**31. Ulrich RS: Stress recovery during exposure to natural and urban environments. J of Environ Psych 11(3): 201-230, 1991.**

In the year 2001, the magazine *Modern Healthcare* focused on hospital healing gardens in the United States. Background information is given on the Good Samaritan Regional Medical Center in Phoenix, the Medical University of South Carolina in Charleston, and the St. Francis Hospital in Milwaukee. Some facilities incorporate wooded areas in the hospital grounds<sup>32</sup>.

**32.Tieman J: Healing through nature. Mod Healthc 31(2): 34-35, 2001.**

Twenty-four papers about innovations in healthcare design, presented at Center for Health Design symposia since 1988, have been republished, updated,

and enhanced with 29 color plates. The designs emphasize innovation, cover new design possibilities, and focus on sensitive approaches, patient-focused care, design impact, therapeutic outcomes, and design technologies. Examples from pediatric and long-term care facilities, hospitals, and medical offices are given<sup>33</sup>.

**33. Marberry SO: Innovations in healthcare design. New York: John Wiley, 1995.**

In 1999, the World Symposium on Culture, Health, and the Arts was held at Manchester Metropolitan University. Participants discussed the effects of art on medical outcomes, therapeutic benefits of landscapes and gardens in a report to the *Journal of the American Medical Association*<sup>34</sup>.

**34. Friedrich MJ: The arts of healing. JAMA 281(19): 1779-1781, 1999; The Manchester Conference, held in April 1999 at the Metropolitan University in England, was called "Culture, Health, and the Arts World Symposium."**

### Pediatric nursing

According to the *American Journal of Maternal/Child Nursing*, nurses must be prepared to offer new treatment methods when caring for children. Nurses need to be more familiar with human caring theory as well as complementary and alternative medicine and ways to integrate them into general care. A "Nurse's Tool Box" is suggested in which materials for drawing, storytelling, music, and humor are included. The article advises nurses that, by using these tools, they can mend children in ways they never have before<sup>35</sup>.

**35. Ward SL: Caring and healing in the 21<sup>st</sup> century. Am J of Matern/Child Nurs 23(4): 210-215, 1998.**

Performance Arts Medicine is an important part of modern medical practice. PAMA, the Performing Arts Medicine Association, publishes a journal and conducts conferences regularly. Performance Arts Medicine Clinics, such as the Cleveland Clinic and the Miller Clinic, specialize in injuries of dancers, instrumentalists and vocalists. Performance medicine specialists also practice privately, especially in urban areas in which there is a high concentration of artists.

The Alexander Technique, Pilates<sup>®</sup>, and Feldenkrais are used both for preventive measures as well as curative purposes<sup>36</sup>.

**36. Performance Medicine Web sites are available with more information for professional artists and nonprofessionals. <http://wally2.rit.edu/pubs/guides/healthhaz.html>.**

Performance arts majors appear to have important unmet health needs. A questionnaire was administered to 71 college students enrolled in dance, drama, and musical theater programs to assess health care problems, injuries, risk-taking behaviors, and sources of care. Many students reported a desire for help with depression, fatigue, and chronic bone or joint pain. Thirty-seven percent did not report a regular physician; 39 students reported 87 injuries involving the back, foot, ankle, and knee; 12% reported sustained injuries that occurred at least on a monthly basis; 72% of injuries occurred in class. Although eating disorders were not highly reported, alcohol use was reported by 71%<sup>37</sup>.

**37. Werner MJ: Medical needs of performing arts students. J. Adolesc Health 12(4): 294-300, 1991**

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