

### Healing through Self-Expression: The Role of Art Therapy in Medicine

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**A Note about the Artwork:** This article was greatly enriched by the artistic accomplishments of two particular artists who have given permission for their usage of their work. The artists wish to remain anonymous within the article itself. However, they are open to being known to individuals and credited for their accomplishments upon request. If any readers wish to know the artists and acknowledge their giftedness, individuals should contact the first author who will assist the sharing of credits and any potential connections between the artists and interested readers.

### Abstract

Art has been a part of human culture throughout time. However, more recently it has been adapted into medical practice in the form of art therapy. Art therapy strives to utilize a variety of forms of creative expression to allow individuals to identify and vocalize their inner thoughts, feelings and identity in a positive environment with the goal of improving their quality of life. While initially utilized in a variety of psychological conditions, such as post-traumatic stress disorder (PTSD) and anxiety, it has now been utilized for individuals with psychosis, cancer, stroke, dementia, traumatic brain injury, autism spectrum disorder, chronic pain, and a variety of other conditions. Participants report decreased feelings of hopelessness and depression, increased social networking, and increased quality of life among a variety of other benefits. While research into art therapy is still in its infancy, this article hopes to illustrate the potential of this non-pharmacological adjunct to traditional therapy. To further emphasize the benefits of art therapy, this article includes vignettes of multiple patients who have found new identities and emotional solace by turning to art during their recoveries.

**Keywords:** art therapy, quality of life, personal identity, social isolation, post-traumatic stress disorder, brain injury

### Introduction

Art is a form of human communication that extends both verbal and nonverbal expression. It is useful as a means to connect with others and can be a healing force both for the artist and for those who interact with the end product. From the spiritual sand mandala rituals performed by Tibetan Buddhists to the painting performances of Bob Ross, the meditative power of the humanities has arisen as a useful form of medical therapy. As utilized today, the term art therapy refers to the use of arts and art materials of all varieties to enhance the lives of individuals, families, and communities by exploring personal and relational goals, thoughts and feelings while connecting with the therapist in a safe, non-judgmental environment (“About Art Therapy,” 2017; D. Waller, 2006).

According to Margaret Naumburg, an originator of art therapy, a pillar of this tool in medicine is to release the unconscious by utilizing free association in order to create a piece that can be analyzed for the benefit of the patient (“Art Therapy History - When Was Art Therapy Started,” n.d.). These expressions are a non-verbal demonstration of suffering in a person who may otherwise be unable to vocalize their inner thoughts, emotions, and identity (Schouten, de Niet, Knipscheer, Kleber, & Hutschemaekers, 2015). Although art therapy is nascent in its development, research has indicated that art projects tend to enhance empowerment, mental health, and social inclusion for individuals suffering from a variety of conditions (Brady, Moss, & Kelly, 2017). The aim of this article is to summarize the utility of art therapy in medicine.



*Take A Look At My Life, 2016 (9x12, oil on canvas). A painting by PH, an man who became an artist following significant brain injury. Depicts Neil Young performing at the Bethel Woods Center in Woodstock, NY.*

### Art Therapy in Medicine

Art therapy began to emerge as a viable therapeutic tool after World War II (WWII). Veterans’ hospitals first offered art therapy to patients in 1945 when the Winter Veterans Administration (VA) Hospital created the service for WWII veterans returning from the war (“Art Therapy History - When Was Art Therapy Started,” n.d.; “The History of Art Therapy,” 2016). Veterans were struggling with a large number of psychiatric issues, most notably post-traumatic stress disorder (PTSD). Art therapy was utilized to aid in recovering from these challenging maladies (Scope, Uttley, & Sutton, 2017). It was in patients suffering from PTSD where art therapy was first found to be successful (Baker, Metcalf, Varker, & O’Donnell, 2018).

Due to its successes, art therapy grew rapidly from its origins in the military; and, by the mid-20<sup>th</sup> century, many hospitals and free-standing centers developed functional art therapy programs which have expanded rapidly since that time (Brady et al., 2017). Today, art therapy is widely practiced with literature supporting its use for a variety of conditions including psychosis, cancer, stroke, dementia, traumatic brain injury, autism spectrum disorder and chronic pain. It is important to note that the patient does not need to have skill in art to find the art therapy exercises rewarding and worthwhile (“About Art Therapy,” 2017). Art therapists and art therapy centers exist in most major medical and psychiatric hospitals as both an outpatient and inpatient service. Art therapy also is offered in residential treatment centers, halfway houses, shelters, schools, correctional facilities, elder care facilities, pain clinics, universities, and art studios across the United States (“Art Therapist Locator,” n.d.; Kreisler & Horton, 2019).

Art therapy can now be seen in a number of productions throughout popular culture. In his early book entitled *Musicophilia*, famous author and neuroscientist Oliver Sacks discusses a number of individuals who have developed musical talent after injury, such as a forty-two year old man who became a pianist after being struck by lightning (Sacks, 2008). The novel *Speak*, which has since been adapted into a film starring Kristen Stewart, tells of a high school student who turns to art in order to reclaim her voice and identity after suffering sexual assault (Anderson, 2011). The true story behind the novel *Sybil*, since adapted into a film starring Sally Field, tells of a woman suffering from dissociative identity disorder with sixteen distinct personalities who finds solace and healing through arts and painting (Schreiber, 1973). The book *The Broken Jar* chronicles the work of a man who became a watercolor artist after being diagnosed with Alzheimer’s disease and has since been exhibited around the world (Potts, 2006).

Increasing evidence to support the use of art therapy continues to be published with recommendations to make the practice more widely available (Jensen & Bonde, 2018). Art therapy has now been recognized as a profession since 1991 (Stuckey & Nobel, 2010). Art therapists are required to receive at least a master’s degree in the field from a program accredited by the Accreditation Council for Art Therapy Education, part of the Commission on the Accreditation of Allied Health Education Programs (CAAHEP), according to standards established by the American Art Therapy Association (“Becoming an Art Therapist,” n.d.). Programs confer a degree of ATR or ATR-BC. Completion of a program requires a minimum of 24 semester credit units in art therapy as well as 1,000 direct client hours (Kreisler & Horton, 2019).

## What is Art Therapy?

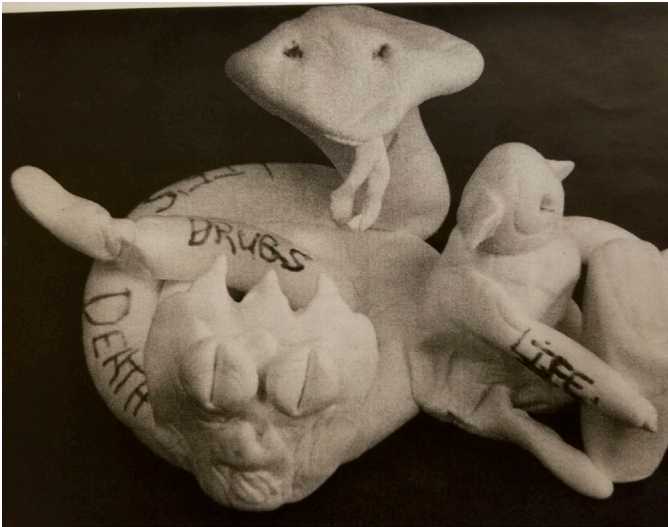
Art therapists are trained to utilize a variety of techniques in either group or individual settings to aid their patient populations. Therapy sessions can be wide ranging in content. Therapists may utilize methods such as drawing, painting, sculpture, clay molding, collage making, music, dance, creative expression, literature, and free expression to help their patients (“About Art Therapy,” 2017; “Art Therapy,” n.d.; “Art Therapy History - When Was Art Therapy Started,” n.d.). Material selection can be very important with age and gender being taken into account. Many times colorful, large materials, such as pastels, can promote greater expression; while crayons may be viewed as childlike or cause an adult patient to regress to a childlike state. Regardless of the medium used, patients are assured that this is a judgment free space and prior artistic ability is not necessary (Kreisler & Horton, 2019). In a conversation with an art therapist, the therapist reported one patient entered a session by stating “I don’t do

art. I can't draw." At this point the goal was to have her come in, relax, and simply observe. By allowing her to feel comfortable in a group setting, she later confessed that the therapist was the first person to allow her to "feel human again" after an assault. On a very basic level, "the art can make [people] feel. It touches on things inside and allows them to release that" (Kreislser & Horton, 2019).

Art therapy directives can vary widely, depending on the issues the patient is working through. For example, in psychiatry the directives are often built around sorting out feelings and emotions whereas in substance abuse treatment the focus may shift towards spontaneity, cooperation, confronting denial, and improving self-esteem. Art may allow patients a method of expressing themselves, even when they have lost their verbal skills. Art therapists often refer to themselves as "the sneaky therapists" in accomplishing these goals as they often hide the session objectives within the activity (Kreislser & Horton, 2019). For example, one art therapist explained that she keeps beads for a bracelet-making exercise in a single container, forcing participants to interact and cooperate. Eventually, they can reveal the objectives of a session after they, the patients, have already experienced it to reach an "aha!" moment.

### Sample Sessions Led by Art Therapists

Art therapists have a wide-ranging list of activities to use during their sessions. For example, slime making allows patients to create a tool for stress relief from materials that are messy and disorganized individually, so as to prompt discussions on teamwork and cooperation. On Valentine's Day, patients may write love letters to themselves to bring their focus to themselves



*An individual's clay-made sculpture from an art therapy session designed for substance abuse patients. Participants were asked to create a sculpture to represent how they feel their addiction would look if it were a creature. This patient represented his addiction as a snake-monster with the words "life", "death", and "drugs" inscribed on it.*

and what they have, as opposed to their feelings of loneliness. A grid-based board of paintings with each patient given one square to work on during an admission may provide a visual demonstration of patience, respecting other's space, and, when a square is left incomplete, being comfortable with tasks left unfinished in life. A substance abuse session asking participants to create a clay sculpture of their addiction if it were a creature may elucidate and open discussion on deeply seeded internal emotions.



Art therapists may also play a game of Pictionary, utilizing a drawing of a boat with an anchor lodged into the sand far below the water's surface. Anchors can be a powerful image. Some see them as holding the boat steady amidst waves where others may see them as holding the boat back from its journey. This drawing may prompt discussions on permanence in patients' lives and what their personal, metaphorical anchors are. For some, their anchors are their family holding them steady with support whereas for others a person close to them may be holding them back from pursuing their dreams. The discussion of anchors may take positive or negative directions. Both interpretations are invited. This is then followed up by individual decoration of wooden anchors to identify the things that keep them in place. A patient who participated in this specific session phrased its purpose best when she began crying at the conclusion: "I had all these [doctors] asking who my supports are and what are my coping skills. But looking at [this] and seeing [them] makes it physically there for you. Now I can't back away from it. This way it does not go in one ear and out the other."

Another popular art therapy session involves the decoration of a box. Participants are invited to paint the outside of the box to represent the way they feel others see them, and the inside of the box to represent the way they see themselves. One young woman with an outgoing and loquacious personality was known for being very friendly. At the time, she was going through a particularly traumatic breakup and was struggling with depression. During this activity, she notably painted the exterior of her box with a beautiful rainbow spread while choosing to leave the interior empty, to represent the way she felt inside. This activity opened a discussion about feelings she often denied or ignored, allowing her to improve her coping strategies.



One notable patient was a child from an abusive household whose parents had lost custody. Over the course of a year, he utilized art therapy sessions to learn to sew. Initially he worked to

*A patient's creation when participating in a box design art therapy activity. Participants were asked to decorate the box with the exterior representing how others see them and the interior representing how they see themselves. This patient represented her extroverted, loquacious exterior with a bright and beautiful rainbow watercolor spread while leaving the interior empty to represent how she felt while struggling with depression.*

make a blanket as something to wrap himself in, to feel cared for, when his mother was more absent. The blanket evolved into creating a shirt, which he often wore when his mother was not present. After one particularly negative visit from his parents, he tore the sleeves off the shirt and turned it into a vest. Through therapy sessions, it became clear to him that he was searching for a replacement, of sorts, for his absent mother. Eventually, he progressed to recognize the clothing as his own creation and that wearing it began to represent a pride in himself and marked an evolution towards independent self-confidence.

### How Art Therapy Works

The manner in which art therapy works is still unclear, but it is theorized that the tool provides patients with a wider social network, an improved understanding of self and others, and the opportunity for patients to confront mental health issues while gaining self-confidence and self-esteem (Brady et al., 2017). Many believe that art therapy proves beneficial by allowing people to express their internal feelings and psychological status in a positive manner to both relieve the toll on their selves and to support their social relationships (Eum & Yim, 2015).

A significant theory as to the mechanism of art therapy lies in the potential of art to disproportionately activate an individual's right brain hemisphere, as opposed to the commonly dominant, regimented, and logical left brain, thereby increasing their ability to express themselves emotionally and creatively (O'Brien, 2004). In traditional neuroscience, the lobes of the right brain are largely responsible for imagination, visualization, rhythm, and the arts; whereas the lobes of the left brain work for logic, mathematics, and factual or linear thinking (Pietrangelo & Weatherspoon, 2017). By this theory, health issues such as trauma and dementia are thought to preferentially impede the left brain, and to improve an individual's attraction to the arts (O'Brien, 2004; Schneider, 2018). Thus, in patients with dementia affecting the left side of the brain, creativity is seen to increase even as their ability for speech diminishes. This may allow a further method of communication even in patients with no prior artistic experience (Sackett, 2018). There remains a lack of scientific literature to support these theories, and further evidence-based work is needed to better understand the mechanism and potential of art therapy.

### The Benefits of Art Therapy

Since its introduction, art therapy has been found to be especially impactful for a wide variety of patients. Art therapy has been shown to support patients in building confidence, reducing social isolation, and, more importantly, providing a positive endeavor with the opportunity for self-expression by allowing a stress-free environment without fear of judgment (Brady et al., 2017). Art therapy experts believe the practice provides a meaningful vehicle for individuals to express their personal history while relating to their inner self, noting clinical benefits for not only for the patient, but also for staffers and family members (Blomdahl et al., 2016; Dean, 2016). In children's hospitals, positive outcomes have been observed in emotional, developmental, and cognitive growth (D. Waller, 2006). The National Institute for Health and Clinical Excellence (NICE) asserts that the use of art therapies can actually encompass an even wider range of treatments including art therapy or art psychotherapy, dance movement therapy, body psychotherapy, drama therapy and music therapy. It is also asserted that these processes further improve or even enhance the patient's creativity, emotional expression, communication, insight, and ability to relate to themselves and others (Attard & Larkin, 2016). Furthermore,

mental health professionals persistently advocate the innumerable strengths of art therapy, highlighting the improvement of communal ties and accentuating social gratification provided by clients' support systems (Brady et al., 2017).

Patient perspectives may provide a clearer and even greater understanding of the strengths of art therapy in their treatment. When asked, patients reported that they appreciated the wide scope of possibilities in art therapy, felt enabled to discuss elements of their experience normally not discussed, and even felt the therapy helped to give their life a purpose by allowing them to feel "listened to and understood" (Brady et al., 2017). From these statements it is evident that art therapy service users enjoy the artwork and that it creates an environment that allows them to explore thoughts buried deep within their psyche. Art therapy treatment restores patients' hope and enables them to recoup and recover from the injury or pain. Artistic exercises have clearly been shown to provide significant benefits and a well-rounded improvement in overall health.

In spite of the many benefits that have been reported from art therapy, much of the literature remains largely theoretical, with few papers discussing specific outcomes and even those incorporating only small sample sizes thereby limiting generalizability (Stuckey & Nobel, 2010). As initially developed for individuals with PTSD, art therapy proved widely successful ("Art Therapy," n.d.). PTSD affects millions of individuals worldwide and is characterized by distressing intrusive memories of the traumatic event, high levels of arousal, attempts to avoid the memories and reminders of the event such as nightmares, and negative alterations in cognition and mood. Art therapy has shown success in managing this condition by allowing individuals to manifest their inner emotions and to discuss aspects they are often unable to confront via traditional therapy models (Schouten et al., 2015; Walker, Kaimal, Gonzaga, Myers-Coffman, & DeGraba, 2017). The complexity of PTSD remains difficult to treat. While conventional trauma-focused psychotherapy provides a helpful methodology for certain individuals, the availability of alternative treatment options remains essential. Art therapy has been shown to be a viable way in which military veterans suffering from PTSD can creatively process, cope and recover from this form of mental illness (O'Brien, 2004; Schouten, van Hooren, Knipscheer, Kleber, & Hutschemaekers, 2018). For example, a mask-creation exercise with military veterans suffering from PTSD showed many patients using the masks as an opportunity to reflect their self-image and as an avenue for those around them to understand the way they feel, with a significant number reporting alleviation of stress and anxiety through the exercise (Walker et al., 2017).

Today, art therapy is actively used for other psychiatric conditions. It has proven successful for both children and adults at easing major life transitions, relating to all aspects of a patient's identity that can take place in the hospital setting ("The History of Art Therapy," 2016). Art therapies, such as mandala design, collage making, free painting, clay work, and drawing techniques, have shown statistically significant decrease in symptoms of generalized anxiety disorder compared to controls (Abbing et al., 2018), as well as statistically significant decrease in the negative symptoms associated with psychosis (Attard & Larkin, 2016). In spite of this, a large randomized trial did not show significant benefits from a free-expression art therapy curriculum for patients with schizophrenia (Crawford et al., 2012). Incest survivors have reported finding significant catharsis, cohesion, and insight through art therapy (C. S. Waller, 1992). Numerous studies show children with and without disability evidence improved emotional awareness, socialization and decreased anxiety with a variety of art therapy programs



ranging from free expression to drawing (Freilich & Shechtman, 2010; Kearns, 2004; Rosal, McCulloch-Vislislis, & Neece, 1997; Smitheman-Brown & Church, 1996). Individuals with diverse mental health needs have been shown to attain benefits such as increased confidence and motivation even from home-based art therapy programs (Jones, Warren, & McElroy, 2006). Incarcerated individuals have also evidenced decreased depression, as per the Beck Depression Inventory Short Form (BDI-II), and improved socialization skills following an art therapy initiative (Gussak, 2006).

Art therapy has expanded far beyond its initial use in the field of psychiatry. Many other fields of medicine have begun to see benefit in the use of art therapy. Individuals with a variety of chronic illnesses have been shown to experience improvements in expression of grief, decreased depression, and improved social networks with experience-based art therapy (Reynolds & Prior, 2003; Stuckey & Nobel, 2010). Individuals on hemodialysis who participated in an art therapy program --- which included painting, poetry, crocheting, crafts, and music --- have been shown to have decreased weight gain, greater carbon dioxide content, greater phosphate levels, and decreased rates of depression as measured by the SF-36 questionnaire (Ross, Hollen, & Fitzgerald, 2006; Stuckey & Nobel, 2010). In oncology, literature has shown a significant overall increase in quality of life, as measured by the EORTC-QLQ-C30 quality of life domains, and lowered instances of depression, according to the Hospital Anxiety and Depression Scores (HADS) in individuals undergoing paint-based art therapy during chemotherapy (Bozcuk et al., 2017; Nainis et al., 2006; Stuckey & Nobel, 2010). A number of studies have shown decreased stress levels, decreased hospital stays, and increased quality of life in patients with coronary artery disease and those recovering from open heart surgery who participate in music and drawing therapy (Doğan & Şenturan, 2012; Guillemin, 2004; Stuckey & Nobel, 2010). Additionally, art therapy has a long history of success in management of chronic pain syndromes (Baierlein, Masuch, Gosch, & Singler, 2019; Müller-Busch, 1991).

One field of medicine that has taken particular interest in art therapy is neurology. Many patients with neurological disorders report a sense of hopelessness which art therapy has been effective in improving, as measured by the Beck Hopelessness Scale in a sample of 50 patients (Akhan, Kurtuncu, & Celik, 2017). Individuals post-stroke have been found to have reduced anxiety levels after clay work (Ali, Gammidge, & Waller, 2014), decreasing rates of depression after literature therapy (Eum & Yim, 2015), improving emotional intelligence and cognition from a variety of art therapies (Kim, Kim, Lee, & Chun, 2008), and improving physical function and quality of life with creative art therapy (Kongkasuwan et al., 2016). Early studies of art therapy involving discussion and clay modeling have shown significant decrease in obsessive compulsive thinking, phobia, and anxiety among a small group of patients with Parkinson's disease (Elkis-Abuhoff, Goldblatt, Gaydos, & Convery, 2013). A blinded study of 60 patients with epilepsy found a preference to certain types of drawing based on their form of epilepsy (Anschel, Dolce, Schwartzman, & Fisher, 2005). However, art therapy showed only qualitative benefits for children with epilepsy (Stafstrom, Havlena, & Krezinski, 2012). Art therapy based in voice and sound have been shown to increase speech intelligibility in children with cerebral palsy (Wilk et al., 2010).

Art therapy has a long history with individuals suffering from dementia, with research suggesting that dementia can even unleash an unknown creativity in patients (Sackett, 2018). Individuals with mild cognitive impairment have developed improved cognitive function and daily living ability with creative expression therapy as an adjunct to standard cognitive therapy (Zhao, Li, Lin, Wei, & Yang, 2018). Visual art, music and dance have additionally been

proposed as a method to improve the psycho-social care in patients with dementia (Schneider, 2018). Patients who experienced training in expressive arts have also been shown to have better cognitive function and physiologic health than their peers (Noice, Noice, & Staines, 2004; Stuckey & Nobel, 2010). In spite of these reported benefits, research on the effects of art therapy in neurologic disorders remains limited and additional studies are needed to draw further conclusions and generalizability (Deshmukh, Holmes, & Cardno, 2018). Further research is needed to better understand the constraints and potential of all forms of art therapy in many disparate patient populations.

Indeed art therapy in dementia has been gaining momentum to the point that it is now being covered in the lay media. An example is the recent article in the Washington Post entitled “Changing the ‘tragedy narrative’: More people try joyful approach to Alzheimer’s” (Bahrapour, 2019). In this article the author outlines a series of approaches that patient’s living with Alzheimer’s disease can use to not only cope with the disease but to learn to thrive despite the disease. Indeed, that article depicted numerous families that have been able to declare victories over the Alzheimer’s diagnosis by having the individual with Alzheimer’s disease finding joy they did not think they could find. This was often through poetry, music, dancing and other forms of art. These various activities allowed the individual to feel important and to have a purpose.

## Art in the Face of Brain Injury

In order to emphasize the potential benefits of art therapy for patients, we include vignettes of two individuals who, following significant brain injury, turned to art for healing in different ways. Both of the individuals are currently successful artists, though they came to the field in vastly different ways and paint for vastly different reasons. These artists are happy to include their works in this article to enrich the discussion of art therapy. All identifying information for them has been modified or left out of this discussion to protect their identities. Any readers interested in their works to recognize the talent of these individuals should contact the first author to arrange potential connection with the artists.

### Vignette #1

In the late 1970s, soon after graduating high school, P.H. was driving with a friend. He was forced to veer the car off the road, leading to the vehicle being flipped three times before he was thrown from it. While his friend was uninjured, P.H. suffered fractures to his wrist, ankle, ribs, and skull. He lost a significant amount of blood and spent the better part of a month in the hospital. At the time, he



*Gone, 2016 (16x20, oil on reclaimed canvas). A painting by PH symbolizing the sudden passing of his brother from overdose. The broken window pane is meant to represent his soul passing, where the rain drops represent tears.*

## Articles

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was not told of any neurologic injury, but he has significant amnesia surrounding the accident. On discharge, he returned to college and, although having missed a month of his semester, he was able to graduate on time with a degree in business. He recalls beginning to face depression around this time, eventually becoming increasingly dependent on alcohol. From then, P.H. had a successful 30 year career in a variety of positions, most recently as the Vice President of a prestigious bank.

In 2004, as part of his regular follow up with a neurologist, P.H. received an MRI which showed a 2cm lesion above the left eye with a fracture of the orbital socket puncturing his left frontal lobe due to his history of severe head trauma. Not long after, he began to notice increasing difficulty focusing and planning. His memory was progressively worsening. P.H. quit drinking in 2007, but his difficulties progressed, and he began to experience complex partial auditory seizures of his temporal lobe. By this time his memory and attention were becoming worse; and, following evidence of disability on neuropsychology testing, he retired from business in 2010.

P.H. recalls his grandfather who would often show him works as a child, but when he began painting after his retirement, he had no formal training in the arts. He immediately came to love his new hobby. P.H. could paint for hours without losing focus. He shares how he would get lost in his painting and would feel grounded in ways he had not felt in a long time.

The paintings would calm him and they allowed him to process his emotions. He credits his art to helping him not only handle the lingering symptoms of his injury, but also to helping him cope with the struggles of life today. Since 2010, he has gone through a series of marital troubles ending in divorce as well as struggles parenting his daughter. Painting, though, has been a constant source of meditation for him as he works. He looks at his works and can see himself in them as he contrasts his light, friendly personality with the darkness of his internal anxiety from the many hardships he has faced. As situations have become more complicated, so have his paintings; but they are always there to ground him and center him. Since beginning his work as a painter, P.H. has completed an Artist in Residence program in 2016 and has shown his work in a number of galleries since. He remains incredibly proud of his work and has trouble choosing his favorites pieces of his works; but he is happy to contribute a number of them to this article.

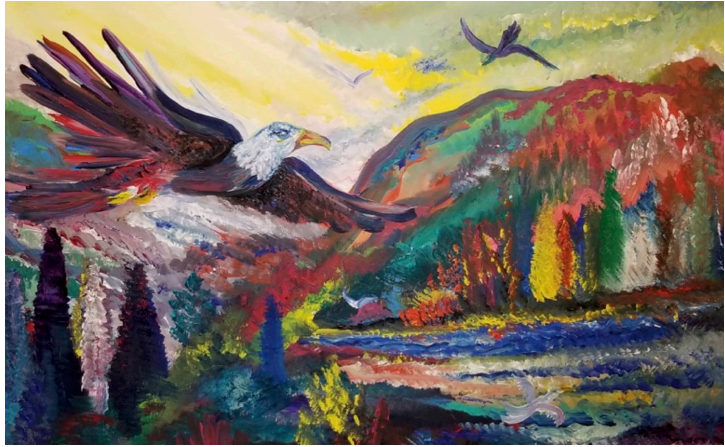


*Matters of the Heart, 2016 (18x24, Oil on Canvas). A painting by PH depicting his daughter following the death of her boyfriend.*



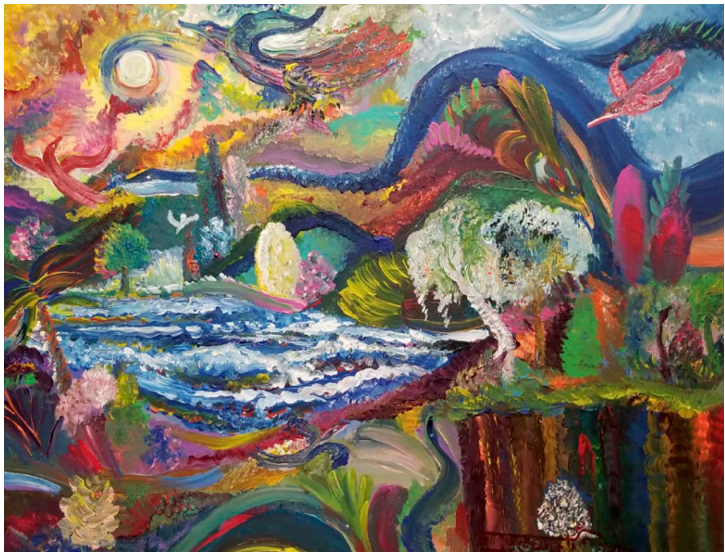
## Vignette #2

D.D. is a right-handed man in his early 70's, and a lifelong artist. He developed a fascination with art as a young child and has been drawing and painting since. He attended a fine arts high school and majored in arts in college before embarking on a long and successful career in graphic design and advertising. Even while working regularly in advertising at various levels, he has held a number of professorships in arts and has always taught classes on the side. He recalls art always being a beautiful and fascinating avenue for him to visualize what is in his mind. He uses colors, detail, and symbolism to show the world around him in the way he sees it. Still, all of his paintings primarily come from his own mind.



*A painting by DD, 2018. Acrylic on Canvas, 36x48.*

Approximately a decade ago, at the age of 60, D.D. suffered a large stroke of his left middle cerebral artery. He quickly lost use of his right arm and leg and developed a significant Broca's (nonfluent) aphasia. Immediately after the stroke, he recalls not being able to move the right side of his body at all and a complete loss of speech. His family reports that his attention changed drastically following the stroke, where he now has difficulty focusing for long periods or attending to the things around him. Through all of



*A painting by DD, 2018. Acrylic on Canvas, 24x36.*

this, painting became his one constant. Even while in the hospital recovering, he would try to draw, painstakingly teaching himself to become left-handed in hopes of maintaining his identity.

Now, painting has become D.D.'s major avenue to communicate. Even as his speech has returned to a small extent, he remains frustrated with his inability to speak with others. Painting allows him to put his mind, with all of his thoughts and wild imagination, out into the world so that others are able to find a window to relate with him. Paintings are a creation that he can call his own, and while painting he is able to focus in a manner he is otherwise unable to. A single painting may take as short as six hours or as long as days to complete, but in all that time he is able to relate with the outside world in the best way he knows how.



Photo by Naamon Horn

*A painting by DD, 2014. Acrylic on Canvas 24x36.*

## Conclusions

The origins of art therapy were primarily geared towards solving psychological disorders. The initial practitioners of art therapy wanted nothing more than a way to give patients an opportunity to effectively handle trauma, abuse, grief, anxiety, and eating disorders (“The History of Art Therapy,” 2016). However, the trajectory of the discipline has paved the way for complete personal expression by the ill, offering the patient a vehicle to verbally and non-verbally communicate their feelings and thoughts. Ultimately, this crafty communication tool clears the way for a patient working with a trained therapist to make sense of their lives (Brady et al., 2017). The use of art therapy as a therapy tool helps to promote healing and provides a triumphant feeling of achievement for the patient (Brady et al., 2017).

The feedback from providers and patients currently using art therapy is supportive and encourages further study and exploration of this non-pharmacologic approach (Scope et al., 2017). There is still much to research in the field of art therapy in order to fully understand its strengths and potential. Many systematic reviews emphasize that exploring the efficacy of art therapy, particularly in regard to specific disorders, is necessary to economically and ethically support its delivery (Ali et al., 2014; Attard & Larkin, 2016; Baker et al., 2018; Deshmukh et al., 2018; Müller-Busch, 1991).



Considering the positive outcomes of art therapy treatments and the results of current research, it is apparent that art and medical treatment and recovery can go hand-in-hand. The future of healthcare and art therapy will lead to even more innovative techniques that will improve the best practices for treating the ailments of people who are not holistically healthy. We are confident that further research and discussion on the role of art therapy will ease the promotion of using the arts in healthcare, with art therapy offering a new approach to treatment and adding a much needed humanism to the practice of medicine and healthcare.

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