

Healing by Art within Palliative Therapy/-Medicine: A Holistic Case-Study

Marie-Christin HALLIER

Alanus University, Germany



Abstract

There is a growing engagement in a better understanding of the relation between “Life and Medicine”, medical schools becoming more innovative, by combining art and medicine, while marketing is challenged to spread the healing further by focusing on customer’s needs and helping them. The following case is a documentation of effects by art therapy stabilizing the subjective life-quality of the today’s healthcare “customer”, the patient, while proving a better understanding, compassion and empathy in the interaction.

Keywords: Holistic healing practices; Patient-driven health care service; Combined art and medicine; Marketing challenges

JEL Classification: I, M31, Y80

Introduction

As we are firmly engaged in a better understanding of the relation between “Life and Medicine”, we are trying to create new knowledge and competencies, by developing better abilities in innovation, differentiation, branding and patient-driven health care service, while reconsidering the essential role of communication in an adequate offering of the right answers in accordance with the changes in medical care, quality of life being one benefit. (Purcărea, 2008) There is a clear evidence that medical schools have become more innovative, (Glatter, 2013) and that in today’s digital, image-based world of medicine there is a real chance for both students (with more “right brain” qualities related to imagery, visual and drawing skills), and educators (to develop unique new ways of focusing on skills in diagnosis and observation to understand a patient’s needs by combining art and medicine).

On the other hand, it is widely recognized the growing acceptance of alternative medicine and holistic healing practices, while marketing is challenged to provide the

opportunity to expand the network of connecting with more people and spreading the healing further, by focusing on customer's needs and helping them. (Remington, 2014) There is no doubt that today's healthcare customers, the patients, are in an entirely different stratosphere of expectations and interactions, being necessary a more comprehensive approach, including, for example, offering compassion and empathy in any interaction. (Vennum, Ditmer, Oldenburg, 2015)

A documentation of effects by art therapy stabilizing the subjective life-quality of the patient

The following case is a documentation of effects by art therapy stabilizing the subjective life-quality of a 40 year old patient suffering of ALS (Amyotrophic Lateralsklerose). Considering to ask to cut off her artificial respiration in December 2014, she asked for art therapy for her two younger children (4 and 11 year olds) wanting to watch them painting while herself being fixed at her bed/ wheelchair. In addition to her muscle atrophy, she cannot speak anymore due to the medical treatment of her main disease. Communication was only possible from her side by nodding with her head meaning a "yes" or "no".

Taken home from hospital for her last phase of her life-cycle (Kuebler-Ross, 1969; Jonen-Thielemann, 2012) to realize her wish to be surrounded by her family group-settings of art-therapy started with her two children and the children of her sister who supported the family together with (Forgeyand Bursch, 2014) a Palliative Care Team (photo below: "Group-setting").



At the end of January 2015 it was tried already to involve the patient into the art-work for example by putting her hand between the hands of her two children for a colored hand-print (photo below: "Hand-prints").



To support the “dialogue” with the patient an alphanumerical chart was developed (photo below: “Chart”) where she was asked for a “key-word” for a picture she would like to be painted.

A	B	C	D
E	F	G	H
I	J	K	L
M	N	O	P
Q	R	S	T
U	V	W	X
Y	Z		
1	2	3	4
5	6	7	8
9	0		

The finger of the therapist goes to the “A” and then step by step to the next letters: waiting for the nodding patient for “yes”. After the first letter fixed the finger goes again to the “A” in search for the second letter... By this method the basic work of Herborn (Herborn, 2011) about “dictate of pictures by patients” was enlarged and in the beginning of March 2015 the picture “Birch-Trees” could be painted by the therapist although the patient is not able to speak anymore (photo below: “Birch-trees”).



For the interpretation of this picture it is important to know an intercultural context: the patient is Russian, her husband is from Kazakhstan both living in Germany now. Birch-trees are symbols for their homelands! The two trees are symbolizing the couple. In April 2015 the group-settings swift read over for individual settings for the mother only. The topic of birch-trees continued with painting “wood”. A wood of tall birch-trees cover three X-mas trees: symbolizing the “great family of parents, aunt and uncle, grandparents all coming from the East” sheltering the two youngest and their older brother (all three born in Germany) - (photo below: “Wood”).



In the beginning of May an aquarell-picture shows the family again. The black/ brown background is representing the mother while the coloured points are the three children and the father: all “flowers” painted from above: which can be interpreted as “seen from Heaven”. Parallel to the floating colors at the picture tears were running across the face of the patient (photo below: “Feelings”).



Another “bye bye” is the picture “Marriage” (photo below). It shows the couple at its wedding-day: but from the back and within a sunset! The patient asked to frame that picture and using it as a present for her husband at the wedding-day.



A third picture “Tulips” (photo below) shows her three children waving “good bye” - but with a smiling attitude.



Psychologically the patient wants to have the agreement from her children to pass away. All three pictures show that the patient wants to “empty her soul” - she is looking for relief.

But suddenly the patient’s mood is changing. Whilst before refusing sunshine in her pictures in the middle of May the title of the painting is “Beach with Sunshine” (photo below).



And in the beginning of June she starts a picture “Playground” being painted in the unusual format of DIN A3: which already is a challenge for its size - because it needs a lot of concentration of the patient to explain all details to be painted and a lot of time (photo below).



The standard situation is to paint one picture in a session; the playground took six sessions covering all June and July. Another remarkable thing is that all persons at the picture are not related to family-members. The patient starts to focus her expressions to the outcome of art: no longer being fixed to her situation and bad family-feelings. The same counts for the painting of “lilac” (photo below).



It is a sign of spring; the colors are symbols against evil.

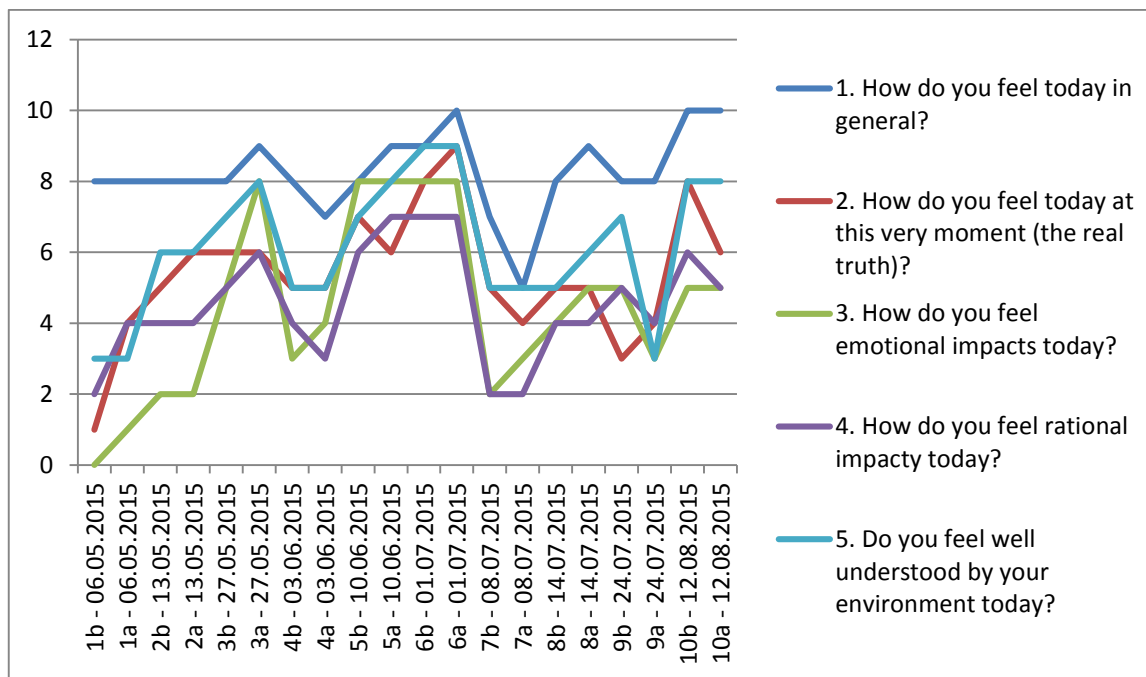
Further on it can be interpreted that blue stands for the dark side in the soul is mixing with the red of the life/body for violet. Another interesting fact with that painting is that the patient asked the therapist to sign it and to be hanged at the wall as a memory for the art-sessions. But only a patient who thinks on the future will ask for a physical piece of remembrance. Last but not least it is remarkable that the patient is no longer limiting the pharmaceuticals to the absolut minimum like in December 2014 but is asking for full medical treatment again.

Testing a “Well-Being Barometer”

For the academic part of this case-study since May 2015, a “Well-Being Barometer” was tested. Five questions regarding the topics of general well-being, well-being focused on health, emotional level, impacts from facts at that day, felt understanding by the home-environment/Care Team. Each question has a scale of 10 points: Zero stands here for low and 10 for very well. Each question was asked in the beginning and in the end of each art-session. By getting 100 values from May till August the evaluation over that time period can give a first hint about the development in general (Graphics).

Graphic 1: Felt well-being/ Quality of Life time

Quantitative Test by measuring the mood of the patient: 5 questions per session in the beginning – being repeated in the end. Scale of 0-10 reflecting very bad feeling up to feeling very well.



But is also possible to cross-check each point comparing it with data from the other four categories and by checking the daily report of the sessions. By this it could be seen that for example the painting “Feelings” did let the patient's tears run, but after that session she was feeling better. On the other hand she was touched negatively within the session due to the fact that one of her kids had to be brought to the doctor. In so far the indices of that barometer do not explain but give the hint to go into deeper research to check all background.

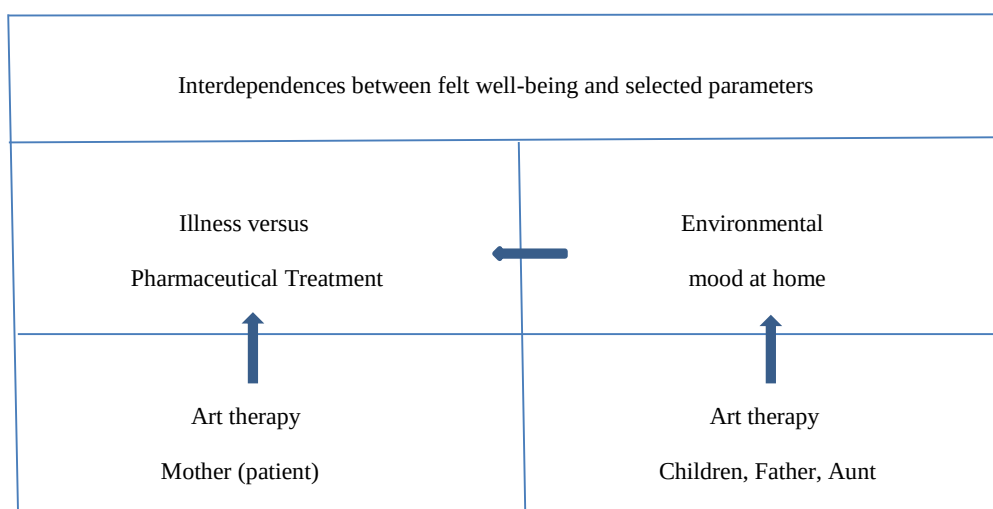
Table 1: Primary raw data – Mood-Barometer

Date	before lesson/ after lesson				
	1	2	3	4	5
	How do you feel today in general?	How do you feel today at this very moment (the real truth?)	How do you feel emotional impacts today?	How do you feel rational impacts today?	Do you feel well understood by your environment

	today?				
1.Les.: 15.04.2015	-	-	-	-	-
2.Les.: 29.04.2015	-	-	-	-	-
3.Les.: 06.05.2015	8 / 8	1 / 4	0 / 1	2 / 4	3 / 3
4.Les.: 13.05.2015	8 / 8	5 / 6	2 / 2	4 / 4	6 / 6
5.Les.: 27.05.2015	8 / 9	6 / 6	5 / 8	5 / 6	7 / 8
6.Les.: 03.06.2015	8 / 7	5 / 5	3 / 4	4 / 3	5 / 5
7.Les.: 10.06.2015	8 / 9	7 / 6	8 / 8	6 / 7	7 / 8
8.Les.: 01.07.2015	9 / 10	8 / 9	8 / 8	7 / 7	9 / 9
9.Les.: 08.07.2015	7 / 5	5 / 4	2 / 3	2 / 2	5 / 5
10.Les.: 14.07.2015	8 / 9	5 / 5	4 / 5	4 / 4	5 / 6
11.Les.: 24.07.2015	8 / 8	3 / 4	5 / 3	5 / 4	7 / 3
12.Les.: 12.08.2015	10 / 10	8 / 6	5 / 5	6 / 5	8 / 8

Those interdependences can be indicated by the Graphic “Holistic Approach”. The patients’ medical well-being could be influenced by the direct art therapy - but also indirectly by the art therapy for the children. Seeing her family more relaxed can/could improve her feelings - and vice versa can the well-being of the patient and of course the mood of the family: a spiral of positive (or negative) developments can influence the overall situation.

Table 2: Interdependences between felt well-being and selected parameters



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