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Article: ART as Palliative Care: Bedside intervention improves pain, anxiety and mood in hospitalized cancer patients.

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Many palliative care programs utilize interventions such as music and art therapy. These programs provide benefits that augment traditional medicine and have become increasingly popular. Creative art therapy (CAT) comprises a number of artistic concepts: music, dance and movement, yoga, drama, and even creative writing and poetry.

Art, however, is the most significant modality because it actually is a psychosocial intervention. In fact, according to the American Art Therapy Association, art therapy is a mental health profession. Art therapists are certified in psychosocial and creative visual art techniques and can therefore work with patients on issues such as exploring their feelings and self-awareness, improving reality orientation, increasing self-esteem, and managing anxiety.

Given that art therapy can have such positive effects, can art-making activities improve the state of mind and reduce the levels of pain and anxiety of a patient suffering from cancer? A group of scientists at the Mayo Clinic in Rochester, Minnesota, sought to find out. For their nonrandomized study they recruited 19 women and 2 men, aged 19 to 75, who were admitted to the Mayo Clinic for inpatient hematologic and bone marrow transplant services. The participants, whose median age was 53.5 years, all had [hematologic cancers](#). The Mayo group noted that hematologic malignancies often cause severe pain and are accompanied by acute emotional distress, so their research was to measure the effects of a visual art intervention on pain, anxiety, and mood.

Art as Holistic Medicine

The intervention was implemented by artist-educators from a community art center in cooperation with practitioners from the Mayo Clinic's humanities in medicine program. The artist-educators attended an orientation on the program as well as information on relevant healthcare issues such as patient confidentiality and mutual respect and professionalism when interacting with patients.

For their program, the Bedside Visual Art Intervention, artist-educators gave patients a 30-minute, one-on-one bedside art lesson using watercolors, oil pastels, colored pencils — even clay — as well as different types of art papers and a lap desk or clipboard. The patients' families were also welcome to participate and observe the lessons. All materials were left with the patients, encouraging them to continue working on their creations after the sessions — which could be longer or shorter than 30 minutes, if the patient makes the request. Some lessons were for only 15 minutes, others were as long as 120 minutes.

Just before participating in the art intervention, baseline assessments for pain, anxiety, and mood were made using standard inventories and rating scales. The identical inventories and rating scales were administered immediately afterward the intervention. Participants were asked to complete a short multiple-choice questionnaire in addition to one open-ended question to evaluate their overall

experience and whether they would participate in future bedside art interventions.

Patients reported lower pain levels after the intervention, with a 39.4% decrease among those who had high pain scores. The team says this indicates the potential impact of art on pain. A significant decrease — overall reduction of 21.6% — was seen in anxiety. In terms of mood, the results demonstrated positive mood was increased by 14.6%, and negative mood decreased by 18%.

The Mayo Clinic researchers felt the most significant factor in their study was that the program employed artist-educators, not art therapists. Although the researchers fully support the clinical role of certified art therapists, this study sought to determine if a holistic activity could provide clinical benefit for patients. In addition, the researchers felt that using artist-educators would provide an open-ended format for creativity independent of targeted clinical analysis. Furthermore, although artist-educators require orientation on communicating in a clinical setting, they may be more readily available within the community than certified art therapists.

Conclusion

The bedside interventions proved to be an overall positive experience, according to 20 of 21 participants, with most patients saying they would participate in other art-based interventions in the future. The researchers felt that programs such as their Bedside Visual Art Intervention could become more important as treatment becomes more holistic.

As one patient commented, “Excellent way to remind the patients they are still alive ... yes, you are a person.”²