Editor’s Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Bearing Witness and Healing Through Creativity

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When a patient enters the exam room, we often sense the unsaid images or dreams that live beyond the more-obvious physical complaints. Our patients look for a meaning to their suffering, and they frequently turn to us in their search. As family physicians, we may call this the world of the psychological or mental or spiritual, depending on our own backgrounds. What is clear is that healing is an inner process through which a person becomes whole, more individuated, though not necessarily cured, and that creative expression allows us to create meaning through our personal inner intuitive resources.1

So, how do we, as family physicians, assist our patients to access this creative process that is, as C.G. Jung wrote, “this living thing imprinted in the human psyche.”?2

This is the question that has accompanied me for many years, whether I was working with patients in community clinics in the United States, or with displaced and refugee populations struggling with the effects of genocide or other political violence in the Balkans or Latin America, or conversing with my own body’s unexpected surgeries and grief work. Art, as painting or dance or poetry, seemed to be a form of medicine for the body, yet not a tool frequently explored or taught in medical education. I had seen art used for fundraising for health programs and for expressive stress relief and communication by children in refugee camps, and I longed to explore it personally. Laurie Zagon’s methods in California through “Art and Creativity for Healing” introduced me to a series of exercises with collage, watercolor, pastels, and acrylics,3 and with this guidance, The Children’s Clinic in Long Beach, Calif, started a therapeutic arts program of “Bien Estar/Well-Being,” in which we create an artistic encounter via group sessions for our adult patients suffering from grief, anxiety, or depression. Both this work with patients, and my own personal experience with art and surgical healing, motivated me to consider ways of sharing an arts-based approach to well-being with physician colleagues.

This past autumn, at the combined American Academy of Family Physicians Scientific Assembly and Wonca 2004 meeting, I presented a workshop titled “Creativity and Healing: An Experiential Workshop,” in which the participants had the opportunity in a 90-minute session to paint with acrylics through a series of three exercises designed to promote healing by accessing personal images associated with stress or illness and transforming these images. The audience was a group of international family medicine and general practice physicians from countries as geographically and culturally diverse as Sweden, Afghanistan, Canada, the United Kingdom, and the United States. After personal introductions, I described the tools we would be using: acrylic paints, matte board or other thick paper, sponge wedges, Q-tips, fingers, and
water. As Laurie Zagon shares in her approach, paintbrushes are often more intimidating for individuals who do not necessarily consider themselves “artists,” so sponges and Q-tips cross that barrier. Acrylic paints are more visceral than watercolor and can assist us in accessing those images that precede even words in self-expression.

The physicians then participated in the following three exercises:

1. A first warm-up exercise, “Emotions,” helped participants transition from the world of the intellect to that of feelings, using color. Participants were given four words consecutively (“fearful,” “angry,” “compassionate,” “peaceful”) and were asked to choose one color and one stroke to express each different type of emotion on a sheet of paper. Each participant was then invited to share his/her work.

2. A second more-detailed warm-up exercise, “Out From the Void,” encouraged participants to close their eyes, breathe deeply, and relax. They were then asked to imagine color and light emerging from darkness or a great vacuum and to express their own feelings about creation through acrylics. Again, participants were invited to share their work.

3. The third, and more-intensive, exercise was “To Gaze Within My Body.” Again, the physicians were asked to close their eyes, breathe deeply, and relax. They were then asked to imagine that they could look inside their body, as we journeyed from area to area. They were given 3 to 5 minutes per area and were asked to choose two colors to paint what they saw at each stop point on the journey. These stop points were the head/brain/mind, the throat/voice, the heart/yearning, the gut/instinct, the back/support system, the feet/how we walk on this earth. Last, they were asked to go to any bodily area that was not feeling healthy or that they wanted to explore further. If desired, they could then surround these areas with personally healing colors. Once more, the participants were invited to share their works.

Physicians in the workshop shared their insights that the exercises helped them view their artistic communication with their body as a correspondence with, rather than a battle with, disease or illness. One colleague described a greater lightness of step and a diminution of arthritic pain that she associated with the hues of deep indigo and green, a link to the colors of water and of fluidity of movement. Several colleagues expressed surprise at the images that surfaced through their use of color—one spoke of the passion of “finding voice” within her chosen field of medicine, depicted as flames of orange and red fed by the heart. These participants were living what C.G. Jung had described: “A symbol is the intimation of a meaning beyond the level of our present powers of comprehension.” Participants were encouraged to take their artistic works home with them for further discovery and were stimulated to encourage artistic expression by patients as a strategy for living and healing, to facilitate the creative process.

There may not always be ways to compensate for an atrocity or severe illness or injury in one’s life, but there are ways to transcend them, and art can offer us a possible path:

The Wound

I burst through the wall of spine, heaving disc and shattered bone in my wake, mufing the memory of movement and sensation in the world external and creating the path to inner journey instead.

To show that one can still dance with paint and graphite intertwined on paper to complement the mad flamenco of living limbs.

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REFERENCES