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# *PULSE*

THE MEDICAL STUDENT SECTION OF *JAMA*

## THE THERAPEUTIC VALUE OF THE ARTS

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Address submissions and inquiries to  
Pulse Coeditor in Chief Ivan Oransky,  
545 First Ave, Apt 1R,  
New York, NY 10016;  
phone (212) 696-5553;  
e-mail: iqo7789@is.nyu.edu

## Incorporating Art and Creativity Into Medical Practice

Ron Willy, *Brown University School of Medicine*

As a medical student, I often hear comments such as “medicine is both art and science.” I rarely see the incorporation of the creative arts in daily medical practice. This issue of Pulse presents new perspectives on the value of the arts in medical therapy, healing, and recovery.

Exactly how the arts improve a patient's condition has yet to be answered. Perhaps the value of art in medical practice is best gleaned from the stories of those actively incorporating it into their lives.

Annette Ridenour reviews the changes in how medical institutions incorporate art into health care delivery. The goal of Patch Adams, MD, is to transform the lives of his patients through clowning. When he writes about his encounter with a young, bed-ridden Russian girl, one no longer

wonders just how creative a physician can be with patients in order to relieve their suffering.

Next, Pamela Cruze recounts the creation of the sculpture *Night Light* with artist Christiane Corbat. Recovering from breast cancer, Cruze took the process of creating a piece of art as an invitation to influence her healing process.

Finally, Eric W. Ring, MD, remembers lessons from his clerkship during medical school.

Ring found the act of writing about difficult situations to be therapeutic. Like Cruze, he used the creative process—in this case the act of writing a fictionalized account—to transform past events into experiences he then was able to better understand. His story and the others illustrate the power the creative arts hold for patients as well as practitioners.

About the Cover: *An Opportunity for Choice* by Christiane Corbat in collaboration with Talbot Page. (Photograph by Chee-Heng Yeong.)

When artist Christiane Corbat asked me to help her create a sculpture on my experience of cancer, I readily agreed. But how do you create such sculpture? Make art out of cancer? Snatch meaning from the jaws of meaninglessness? Christiane has her own approach. We had many conversations in which she tried out various ideas for making the intangible tangible. We made continual adjustments during a year-long collaborative process. The result is what you see on the cover.

The point of departure for this sculpture occurred 19 years ago. I was lying in bed in a cloud of pain a few days after surgery for an adenoid cystic carcinoma of the ear canal, a rare neoplasm. I was drawn up into the cloud as it opened into a tunnel, leaving the noise of the hospital behind. The pain dropped away and I had the strongest sense of peace and of my mother's presence.

I had a choice to make. Do I accept or do I struggle? The choice was a totally free one. I felt reassured that either choice was suitable for me. Struggle was what I chose. I drifted back down the cloud's tunnel, the hospital chatter and bedside pain reemerging.

What I especially like about the piece is the space between the arms and the horses' heads. It reawakens in me the same sense of peace that I felt in the hospital bed. The upper head is perhaps my mother's presence, or a more compassionate and reassuring part of myself, or a bit of the Buddha. The lower head represents the part of myself that needs reassurance. The horses' heads may be protective, like a Greek warrior's helmet, or may represent something out of one's control. The wasp nest skin is just the right touch. Christiane's collaboration with me made tangible this moment of meaning. John Conley, my surgeon 19 years ago, practiced with skill and compassion. Both were part of this healing touch. I hope future physicians do not overlook the power of compassion as they develop their skills and gain authority.—by Talbot Page

Note: Christiane Corbat is based in Providence, RI.

## Creativity and the Arts in Health Care Settings

Annette Ridenour, *Aesthetics Inc, San Diego, Calif*

Major health care institutions across the country have recognized the power of the arts, in all their modalities, to provide messages promoting healing and a sense of community. As this new and significant trend in arts programming evolves, those of us working as health care arts consultants are fielding an increasing number of questions pertaining to the power of the arts to improve the quality of patient care.

This evolution has required many paradigm shifts. No longer are arts consultants the experts. Now we facilitate institution-based arts committees composed of doctors, nurses, administrators, patients, community members, and local artists to develop strategic plans for arts programming or to make selections for installations. The questions asked are not “What color is the furniture?” or “Does it match the carpet?” but “Who are the patients?” and “What do they need to feel comfortable in this environment?” These newer questions reflect the now widely accepted belief that the arts have a powerful effect on how we feel; and that the arts can promote the overall well-being of the patient by helping to reduce stress levels,

Several associations, such as the Society for the Arts in Healthcare and the Center for Health Design, support research investigating the link between art and well-being, and recently these two agreed to collaborate. Roger Ulrich, PhD, from the Texas A&M School of Architecture and a board member of the Center for Health Design, published a pioneering report in 1984 on the benefits of a room with a view of trees in full foliage to a group of postsurgical patients.<sup>1</sup>

Ulrich examined the medical records of 46 patients who underwent cholecystectomies between 1972 and 1981 at a Pennsylvania hospital. Half the patients had recovered in a room with a view of a stand of deciduous trees full of leaves. The other half had recovered in a room with a view of a brick wall. Controlling for factors such as age, sex, tobacco use, weight, and general level of health, the analysis showed that the patients with a view of the trees recovered more quickly, used less pain medication, and suffered fewer complications from surgery.

The conclusion was not that all patients need views of trees, but that, as Larry Dossey, MD, writes, “most ordinary perceptions have a way of entering the body and influencing rates of healing and degrees of pain.”<sup>2</sup> In an age of increasing consciousness of the cost and quality of care rendered in the hospital setting, Ulrich’s study caught the attention of physicians, administrators, and arts consultants alike.

However, arts programming at major domestic and international health care institutions has been supported largely as a result of personal accounts from patients, visitors, and staff who have experienced the benefits of being in enriched environments. Their stories have spread from one hospital to another, promoting the belief that good-quality, patient-focused arts programming is providing significant

therapeutic benefits to patients. Such benefits are difficult to quantify, which suggests that science’s traditional measures may never reveal the entire story.

Some of the most interesting arts programming today is interactive. Artists are working at the bedside drawing, painting, and dancing with patients. Storytellers, poets, strolling musicians, and clowns are becoming more common in hospitals across the country. Art programs bring artists into the recovery facility to provide experiences that counter stress and humanize the environment. Interactions between patients and artists provide positive distractions and lend social support in environments that otherwise may be isolating and frightening.

At San Diego Children’s Hospital, an in-house group called the Healing Environment Committee (HEC) has developed a comprehensive arts program with several interactive art installations in waiting areas and public spaces. The radiology department’s waiting area has seating for children in the form of a railroad train and boasts a model railroad room donated by the local Model Railroad Society. This room contains a very detailed miniature village that local volunteers change seasonally. One parent told me the story of her child’s insomnia, which persisted until they visited the railroad room, where the movement of the trains lulled the child into slumber.

The hospital’s corridors are filled with petting sculptures and play stations comprised of interactive art. Recently, a new healing garden designed by a renowned landscape architect and the HEC opened to the public. The garden has an impressive dinosaur topiary at its entrance, a shadow room, a windmill, birds, and a dragon fountain.

Is all of this art therapeutic? Does it relieve symptoms and induce a positive outcome? What we see is that it all helps children forget that they are ill while being in a strange place that otherwise might be frightening. It connects them to delight and discovery and brings back some of the experiences of being a child, not just a sick child. The hospital’s administration has initiated a study to determine the uses of the garden and the effects it may have on patient outcomes.

Paradise Valley Hospital, also in San Diego, has stood for 90 years as a central institution in its community. The hospital administration wanted an arts program that would speak to the community, which is multicultural and working class. Community groups collaborating with local artists created “The Healing Journey,” a project that addressed the question: “What does healing mean to the different cultures served by the hospital?” The project tells the healing stories of the community through more than 100 works of multimedia art installed throughout the medical center.

At the hospital entrance is a series of photographs depicting the many significant gateways, landmarks, and people in the community; the installation sets a welcoming tone in the neighborhood vernacular. Another artist worked with



The community shrine at Paradise Valley Hospital, San Diego, Calif. (Photograph by Marv Sloben.)

local senior citizens and elementary school students at an after-school program to develop images depicting health and safety that now hang on the pediatric floor.

In many cultures, the support and nurturing of family and community are important factors in the healing experience. Through participation in family and community festivals and celebrations, we enhance our emotional and physical well-being. Accordingly, one local artist and a community photographer captured a year's worth of community celebrations. Their renderings of these events line the hospital's main corridor with the message that time spent with family and community in celebration is healing.

An alcove hosts the "community shrine," a series of display boxes containing amulets, figurines, religious objects, photos, folk remedies, and other 3-dimensional objects that tell different stories about healing and belief systems.

Again, the shrine provides an experience for all to behold,

in addition to being a place where one can reflect on personal values and beliefs about healing and wellness. Members of the community regularly visit these works, often leaving flowers and other offerings. In what more powerful way can a hospital validate the individual and the importance of community than by honoring its cultural beliefs?

Everywhere we are delivering medicine in communities entrenched in belief systems that intertwine spirituality and healing. If we can honor those communities' beliefs and cultures through art that shares these stories and brings delight, perhaps this art will, at the least, alleviate some fearfulness, and that is surely therapeutic.

#### References

1. Ulrich R. View through a window may influence recovery from surgery. *Science*. 1984;224:420-421.
2. Dossey L. *Meaning and Medicine: A Doctor's Tales of Breakthrough and Healing*. New York, NY: Bantam Books; 1991:231-232.

#### 1998 Pulse Art Contest

Pulse is pleased to announce an art competition for all current medical students. Art composed in any media may be submitted. We welcome slides of your best paintings, etchings, pencilworks, and sculptures. Send computer graphic entries with both a diskette in jpeg format and a printout. Send photographs as large glossy prints. Entries must be clearly labeled with the artist's identification (name, address, telephone number, medical school) plus the title of the piece, media used, and the date of completion. All entries will be returned.

Entries must not have been previously published in print or electronic format nor have been submitted elsewhere during the review period. Winners will be selected based on composition and quality of the work and will be considered for publication on the cover of Pulse.

Entries must be postmarked by June 1, 1998, and sent to: Pulse Art Contest, c/o Li-Yu Huang, Senior Pulse Editor, 2602 S 39th St, Apt 131, Temple, TX 76504. Additional inquiries may be directed to Li-Yu Huang at (254) 899-1993.

## When Healing Is More Than Simply Clowning Around

Patch Adams, MD, *The Gesundheit! Institute, Arlington, Va*

I remember the first time I used the pouch, on a trip to Russia in November 1996. We were working in an orthopedic hospital for children who have tuberculosis of the bone. I have been a family doctor since I graduated from the Medical College of Virginia in 1971, but I visit these patients as a clown. For 9 years I have taken 30 would-be clowns to Russia for 2 weeks during which we practice the art of clowning all day long in hospitals and orphanages.

The pouch is a potent medical tool to relieve pain. Before its creation, we often would be in hospitals that could not afford treatments readily available in the United States. I found myself wanting to add something to my work that would be good medicine yet not detract from my clowning. I thought of myself as a clown-shaman. Since a symbol for a clown is the nose, I thought I could also use aromatherapy, an ancient healing technique. I had my costume designer create a rectangular flat pouch that resembles a fanny pack but holds aromas and other surprises.

Wearing the pouch I soon met an 11-year-old girl who had been hospitalized for 3 years, all of them spent on her stomach. She was beautiful, having lost none of her sparkle. She was quickly enchanted by my clown character, a simple, sweet, and slow fool whose presence creates a magical atmosphere.

The pouch has many distractions. Soft bells and beads dangle on the outside. The surface is richly colored and textured so that a blind person can experience it. On either side of the pouch are 2 pockets. From one pocket I plucked a mirror, showing the girl I can put her in the mirror so that I can keep her memory. And I propped up the mirror so that I could see her twice in any moment.

The other pocket has a red satin pouch containing various minerals. Gems have been used for healing since Egyptian times. Different gems are supposed to have different healing qualities. I took one up and, with hands spread, I passed the gem over the girl's entire body. There is no hurry.

From one pocket I pulled a magnifying glass. I examined her all over slowly, then turned to her stuffed animal. I constantly monitored her absorption by observing her face and body language. I could see she was delighted, intensely focused, and pain-free. By looking at her tenderly in the eye and focusing my attention on her, I implied that she was the center of the universe.

Each of the 10 vials of aroma at the center of the pouch are individually wrapped with different fabric and tied with a colored ribbon. We selected an aroma, untied its bow, slowly unwrapped the vial, and presented it to everyone attending, including the girl's mother. To observe this procedure is to learn the art of distraction. In nonpharmaceutical pain relief, distraction is a potent tool. Every gesture and prop becomes part of the melange of magic that drew her attention away from suffering.



Dr Patch Adams with a young Russian patient. (Photograph by Benjamin Stechschulte.)

In hope of prolonging the relief, I left objects that will evoke special memories. From behind the pouch I pulled out a cartridge belt lined with quilted pillows, each one unique and the size of a postage stamp. The girl selected a pillow which I christened with a few drops of the scent explored earlier. She kept the pillow and a photograph of the moment. I hope the magic of the visit will linger indefinitely.

I am just beginning to understand the value of the aromatherapy pouch and have used it on nearly 50 occasions with people of all ages. Suffering seems to diminish during those moments. It is a tool of what I call the medicine of inefficiency.

Modern medical practice often sacrifices contact with the patient in the name of efficiency. This loss of intimacy hurts both doctor and patient. So much of the great magic and therapeutic power of the doctor-patient relationship occurs because we spend time getting to know each other.

Even in the sophisticated hospitals of this nation, patients suffer from afflictions that cannot be relieved by technology or pharmacology. For those patients, compassion and creativity in any form should be called into play.

## Healing Cast in a New Light: The Therapy of Artistic Creation

Pamela Dalziel Cruze, *Providence, RI*

One does not usually think of art and breast cancer in the same breath but I am learning to do just that as I explore the use of art to help me heal.

Ten years ago, I attended a presentation by sculptor Christiane Corbat. She crafts beautiful, powerful images based on the human body and has created a series of Amazon torsos with mastectomies. I was struck by the power of those pieces and way they combined the myth of the Amazon warrior with a contemporary experience of breast cancer. The images created are not simply medical illustrations or stories of personal tragedy, but very strong and beautiful visual art.

I remembered Christiane's work 4 years later when I found myself undergoing a mastectomy for breast cancer. Christiane and I discussed her work and my operation, and I was stunned to hear her say she had difficulty finding women able to bring something positive from the experience of breast cancer to the process of sculpting. I, too, felt unable to interpret my experience in a positive light. It was an extremely difficult ordeal, and I had nothing good to say except that I was alive. I struggled with this problem for years until I became aware that my health and happiness depended on my ability to transform my experience with breast cancer and surgery into something positive.

The day came when I was ready. I did not want to be an armor-plated Amazon warrior. It was significant to me that my left breast had been removed, which I interpreted as insulation taken from over my heart, bringing it closer to the surface. As I stood covered in petroleum jelly, Christiane began applying wet plaster gauze to my torso giving me a new, tight hard skin that I found strangely comforting. I felt safe and protected, like a giant bug with all my squishy bits tucked inside my exoskeleton.

The plaster cast made me think that I was broken and being reset in order to heal. My plaster exoskeleton became a warm chrysalis and my soft bug bits solidified as my pupa matured to imago. As I wriggled out of my hard shell I remembered having watched a monarch butterfly pump its moist crumpled wings out full and shapely and dry. I mimicked the movement and made as if to take flight. I felt transformed!

The magnitude of the changes I have been able to effect in my life since creating the sculpture astonishes me. I realize I am as happy and optimistic as I have ever been. I had no idea of that possibility when I found the lump in my breast while showering in 1991. When the shock of the wholly unexpected diagnosis the trauma of major surgery, and the rigors of chemotherapy were over, I found that living my life and coming to terms with cancer became one process. It is the same life forever altered in ways I discover every time I dress and undress, look in the mirror, encounter the glossy cleavage of *Cosmopolitan* cover girls, discuss



The sculpture *Night Light* created by Pamela Cruze and artist Christiane Corbat. (Photograph by Chee-Heng Yeong.)

medical insurance with my boss, see the oncologist, or look at my daughter.

Christiane took our conversations and my plaster exoskeleton and created the sculpture *Night Light*. A night light is a small beacon that burns through the darkest hours offering comfort and hope. When I first saw the sculpture, I noted in my journal, "I'm having trouble with the color and finish. It looks like angry skin. Too red and shiny. I think of the redness caused by radiation treatments. Of the Mayan victims who were flayed. It looks like perhaps it is without skin."

Now I no longer find the sculpture disturbing. I love the jagged edge that addresses the invasiveness of surgery, the softness of the down that gently whispers that it was done out of love, the vaulted arcs that echo the rib cage and remind me that my body is a temple for my soul. I find it honest, simple, comforting, quiet, strong, peaceful, and filled with beauty.

*Night Light* travels. She has been in galleries and conferences across the United States. Now she is visiting my house for a while. The other day I followed an old plumber as he turned and stopped short in front of her. "Look at that!" he said. "Isn't that something. An open heart. That looks like it's inspiration. . . . Is it about an open heart?"

I flipped the switch and the lights glowed. "It's a response to breast cancer," I answered. "But yes, it is about an open heart." I felt triumphant, victorious over my disease for the first time. The guy gets it. He understands. It is exactly about an open heart.

## Forgive Me, I'm Bleeding

Eric W. Ring, MD, *Texas Technical University School of Medicine*

I let go of my bleeding hand, grabbed the steering wheel, and tried to refocus on the road, away from the angry conversation I was having in my head with Dr Lethy. I had met him my third year of medical school and thought he might be the mentor I had been seeking. Instead, as a consultant to my medicine team, he seemed to take pleasure in humiliating me, and I never again went to him with questions.

A patient assigned to me, Señora Creer, had hypertension, diabetes, and renal failure in addition to the foot ulcers that had brought her to the hospital. She and I became very close. Indeed, she considered me her doctor, and told everyone so. After several days of medical therapy without improvement and with Señora Creer in need of dialysis, my team consulted Dr Lethy, who recommended we place a central line into her subclavian vein.

The senior resident and I tried to place the line but had a very difficult time. We called Dr Lethy to insert it, and he appeared confident as he pierced through skin with the introducer. I wasn't sure which approach he was attempting but knew better than to ask.

It became an awkward situation that kept getting worse. We finally saw good blood return into the introducer, but the wires and dilators kept coming back bent. My discomfort grew, but Dr Lethy continued with a monologue about the importance of experience. With a catheter inserted, he aspirated for blood return with a syringe. Pale, yellow fluid mixed with air appeared. "Well, maybe we have gone into the lung," Dr Lethy said, interrupting his demonstration.

As we left the room, Dr Lethy stopped me to explain how he had found the vein, at the same time drawing lines on my chest with his fingers, as if nothing had gone wrong. He then left for home. I returned to Señora Creer and put my stethoscope on her chest. I heard no breath sounds on her left side.

She died that night after bleeding profusely during chest tube placement. I was nearly in tears. Dr Lethy appeared later, only to write a note in the chart and ask me if I had eaten any dinner.

The next day was difficult as my team's attending physician probed into the details of Señora Creer's death and tried to create some perspective. He told us that having responsibility can cause one to do foolish things in order to save face. He also said that a wise man is capable of learning from another person's mistakes.

Two weeks later Mr Veris, another patient in renal failure, entered my team's service. When we again consulted Dr Lethy, I realized I still blamed him for Señora Creer's

death. I remained angry with him for his callous behavior and for having fooled me into thinking I could trust him.

The senior resident and I now attempted to place a central line into Mr Veris. After I was unsuccessful once and the resident twice, I said, "Maybe we shouldn't push it." The resident agreed, and instead we placed a femoral line that I removed 2 days later. After withdrawal of the catheter, Mr Veris bled vigorously, but with firm pressure I stopped the hemorrhaging. I went to lunch and afternoon lecture. When I returned, the senior resident waved me aside and said, "You took out the femoral catheter but you didn't stop the bleeding. He is uremic, and uremic people are hypocoagulable. He was exsanguinating in his bed." My heart almost stopped. I assured the resident that I had waited until the bleeding had stopped. He studied me closely and then apparently chose to believe me, saying, "This is how you learn. It'll be all right."

I finished my work, checked on Mr Veris, and went to my locker. As I reached inside, my hand scraped against the sharp metal edge of my locker which sliced a chunk of skin from my knuckle, exposing raw pink flesh and fresh blood. I grabbed a towel and held pressure on it until I arrived home. During the entire trip I felt blame from Dr Lethy that was actually coming from myself. I was blaming myself for what had happened. I was now the recipient of the feelings I had once directed against Dr Lethy.

My ignorance still feels overwhelming. Good role models surround me, yet each encounter with an insensitive physician shatters my self-esteem. I have to fight the tendency to become insensitive myself. I feel unwilling to forgive Dr Lethy, but I cannot help thinking that perhaps he really does understand how I feel.

The conversation with him in my head continued as I held my knuckle and the steering wheel. It took a long time to stop bleeding.

**From the author:** As I examined my reasons for writing this story, I realized that the process of fictionalizing a painful experience has been an integral part of my healing process. I had experienced the death of a patient, a new and difficult event in my training. I had reached for guidance from my instructors and received it, but in quite unexpected and at first unrecognizable forms. Bleeding represents a loss of oneself. For me, it also represents naiveté about what it means to be a physician. Bleeding goes along with pain. It hurts and takes time to heal.