Creativity at the nurse’s service

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To speak of creativity in our highly technological health system, with its panoply of treatment methods, injections, intravenous solutions, dressings etc., may seem anachronistic. Nevertheless, in the course of their duties, nurses frequently encounter people of all ages who are going through a very difficult period for which our therapeutic arsenal remains insufficient. Whether they be children, adults overcome by physical pain, especially when it is chronic, those who suffer psychological distress, those with terminal illnesses or the elderly whom old age has diminished, their distress calls out to us. Very often nurses wonder what more, beyond medication and current therapies, they can do to help.

It is obvious that the support of the nurse, the sympathetic relationship, the extended hand which helps the patient traverse a difficult period, act as a lifeline. In a way, the nurse is a bit like Charon, the boatman of antiquity who ferried people between the world of the living and the world of the dead; not only do nurses help patients live through trying times but they support the passage to more serene, happier moments and if possible towards well-being.

But often nurses ask themselves how to do this? At times, it seems that we are helpless in the face of suffering and unfortunately, in certain cases, this is true. However, at other times we can propose alternatives which may enable the person in distress to find a bit of relief either directly by our interventions or indirectly by following our suggestions.

More complex means of providing relief

There are certainly sophisticated methods for appeasing pain, calming anxiety and diminishing the perception of suffering. The stimulation of certain larger nerve fibres by massage and stroking the skin overcomes the influence of the finer fibres which transmit pain thus blocking the message of pain to the brain (gate theory) and closing the gate between the nerves which transmit pain and the spinal cord1.

In addition, one can use the transcutaneous electrical nerve stimulator (TENS) which also brings relief for muscular lesions, bone and articular injuries and even the area around a

surgical wound. This device sends a weak electrical current which is transmitted to the nerves by electrodes placed on specific areas of the skin. The analgesic action produced can be explained by the gate theory and by endorphins, our natural pain killers whose production is stimulated by the passage of an electrical current through the nerves².

Furthermore, EMDR (Eye Movement Desensitization and Reprocessing) can also bring relief from fear and anxiety during post traumatic periods or during an episode of deep depression or phobia³.

These methods although very effective are not always available to the nurse. Faced with this insufficiency, we must seek to enrich our repertoire of autonomous interventions.

Translation of the chart « Présentation du matériel »

**The material**

- Equipment generating an electrical current
  - High frequencies of 120-80 hz (gate control) or low frequencies of 5 to 2 hz (endorphins)
  - Adjustable or continuous current
  - Variable intensity
- Batteries
- Cables (2 channel)
- Electrodes: 2 or 4 self-adhesive electrodes

**Diversion at the service of well-being and the relief of pain**

We should thus try to find complementary methods which are simple, low-cost and without risk, and this calls upon the creativity of the nurse. Diversion via accessible and effective activities may be a useful solution to distract the ill, children or the elderly, from their pain and provide relief for their tension or distress.

It has been shown that distraction enables one to diminish one’s stress, to distance oneself from one’s physical pain, and aids in achieving a better balance between the sympathetic and parasympathetic systems thus creating a state more favourable for the interplay of the intrinsic mechanisms of pain relief, that is, the secretion of endorphins, our physiological pain killers.

With reference to the pain of fibromyalgia, Dr. Pierre Arsenault of the Faculty of Medicine of the University of Sherbrooke wrote: “If one manages to diminish the (chronic) stress which accompanies the experience of pain, one will succeed in calming the sympathetic nervous system and by so doing, increase control of pain”⁴.

**Diversion by laughter**

It is even better if the diversion is accompanied by laughter which acts as an analgesic and even has an anti-inflammatory action on our joints. It brings about the secretion of adrenalin and noradrenalin provoking a certain degree of anesthesia and liberating the tension which accompanies all forms of suffering. The state of well-being, even if it is transitory, favours the development of a more positive attitude to life which in itself is an advantage in the face of pain.

Laughter therapy (in French, gélothérapie, which comes from the Greek word to light up, to enlighten) generates humour and laughter in the daily life of the patient.

Several authors corroborate this information. As far back as the Renaissance, Rabelais, doctor, writer and humanist, recommended laughter for his patients⁵. And closer to us, we have the example of Patch Adams who considered laughter the best medicine⁶. Several others have also published on the subject⁷ ⁸.

We also have the testimony of Norman Cousins who succeeded in curing himself of an incurable illness solely by watching funny films. He said that ten minutes of profound laughter which stimulates the abdomen produced a calming effect so that he could sleep about two hours without pain.

Robert Ornstein and David Sobel in their book written several years ago, **“Les vertus du plaisir”**⁹ state that “joyous laughter is a remarkable exercise for the body, a sort of internal jogging”. It works the muscles of the face, the shoulders, the diaphragm and the abdomen. Roaring with laughter even involves the muscles in our arms and legs.

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⁵ Image. Rabelais : [http://www.medarus.org/Medecins/MedecinsTextes/rabelaisf.html](http://www.medarus.org/Medecins/MedecinsTextes/rabelaisf.html)


They go on to say that “the pulse and arterial tension increase momentarily, breathing becomes deeper and more rapid and the blood stream is oxygenated. Joyous laughter can burn as many calories an hour as rapid walking or bicycling. Theoretically, you could stay in shape just by resting on your couch and watching a video of the funniest films”.

Robert Ornstein and David Sobel also wrote: “Faced with an adversary, laughter, or at the very least, humour, is an effective antidote. Confronted with danger, animals have only two options: fight or flight. Human beings on the other hand have the advantage of a third choice: laughter. Tackling a stressful situation with humour creates a diversion which dedramatizes the situation and relaxes psychologically.”

These same authors add: “When one laughs, one cannot at the same time think about what is bothering us. Humour enables us to disconnect from danger and put a stop to the feelings of anxiety and powerlessness which paralyse us. It has been shown that the concentration of stress hormones (epinephrine and cortisol) diminish in subjects who watch comedians do their funny acts for an hour. Healthy humour constitutes a universal balm which provokes a feeling of confidence and sweeps people into a collective euphoria. Nothing beats laughter for getting rid of our inhibitions…”10. These considerations demonstrate that our scientific and technological principles are limited and that to develop a diversionary approach by humour in our caregiving may be beneficial.

The means available to us are both simple and limited. First of all, there is our way of creating a relationship with the patient and our attitude during caregiving. The tenderness of a smile, the balm of warmth and good humour can make all the difference and dedramatize the situation. Some authors even consider that well-placed humour is a special aptitude in the helping relationship11. Obviously, one must always take care to be in harmony with the patient and their state. Other possible means include recommending amusing books and humourous TV programs.

Creativity both as a means of diversion and personal fulfillment

In several sectors, the nurse is limited with regards to the means available to distract patients. In pediatric, psychiatric and geriatric wards, it is much more common, but in short term care units, it is far more difficult. Even though their effect is not negligible, in short term care, interactions with other persons such as visitors and other patients, reading and television are almost the sole possibilites of distraction available to all.

However, it has been shown that using various forms of art, whether it be music, drawing, etc. is beneficial and art therapy can become an invaluable “tool of empowerment”12 when faced with painful experiences.[...] This is what we learn from those who suffer and who find

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10. Robert Ornstein et David Sobel, ibid

“Oh suffering! Oh suffering! Time devours life, and the dark enemy who gnaws our heart grows and is fortified by the blood we lose.”

Charles Baudelaire, 1861/1994
Les Fleurs du mal
meaning to their lives, the time of a drawing or a watercolour. Art is a break from reality. And even though it does not enable us to flee from our existential condition, we can at least hope that it will rekindle the desire to dream even in those who would flee unto death\textsuperscript{13}.

**The advantages and pitfalls of unconventional approaches**

One must admit that many stumbling blocks appear before the nurse who wishes to take up the path of diversion in caregiving. First of all, the patient is not always in the mood to take up these activities and in our very conformist departments these approaches are not habitual. But also, there is not much material available. Nevertheless, for many patients whether they have cancer, are suffering, are sapped by worry and overcome by the discomfort of their treatment, those who live the torments of chronic physical illness or elderly patients losing their cognitive autonomy, self-expression via an artistic activity can become an escape, a means of putting some distance between themselves and anxiety and suffering and recovering their desire to live. A creative activity gives them the sensation of being alive, at least for a certain time and stimulates the desire to live to the full whatever time is left to them.

**Illuminating results**

Several evidence-based studies show the positive effects of artistic activities especially for cancer patients who thus discover an opportunity to realize greater meaning in their lives. Among others, let us cite a report on this subject which states in the conclusion that “based on the retrospective judgement of the patients as compared to their well-being before these activities, one notes a improvement in the general quality of life thanks to these activities”\textsuperscript{14}.

One also finds on the website of the Fondation québécoise du cancer, that “creativity does not belong only to renowned artists; it is present in each one of us and only seeks to blossom! We are all artists at work on our lives”. They also add that “we all have the capacity to create, to invent something new for ourselves. Creativity can awaken at the contact with illness and at the same time can activate the process of healing and accompany us on the path which leads to global health\textsuperscript{15}.

**The practice of artistic activities**

Although not an art therapist, the nurse can still orient the patient towards channels of expression and liberation of stress, when necessary. However, when one speaks of nursing care, it is preferable to speak of the practice of activities of an artistic nature, rather than of art therapy. In the situation where other intervenors cannot take over, the nurse can very well use this means of communication and distraction to help the patient, whether their distress stems from physical or psychological pain or the pain associated with age. The recourse to art is particularly effective for those for whom words are difficult, for example, children, those with cerebral deficiencies, those who are withdrawn into their own world, depressives or those with cognitive difficulties. An image, a form in space, a photo, music, needlework, all these can become a place to meet and exchange, a place to live.

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vehicle for our thinking, an exercise in concentration, a way to distance oneself from pain and a vehicle for self-expression.

Artistic ability is not essential for the practice of creativity. It suffices to want to spend a happy moment, to want to step away from our suffering, to open oneself to another way of communicating, first of all with oneself and subsequently with others. One should not seek high level artistic activities for that is not the objective. Many kinds of simple exercises occupy the mind and the hands and can easily be suggested to our patients.  

Methods which can be used or invented

Given the lack of means that nurses have at their disposal as regards creative methods to employ with their patients, they will need to develop their own imagination. Obviously, they can ask the patient’s family to procure the material necessary or what is perhaps more realistic, suggest that the patient take up these activities upon their return home.  

Going beyond the institutional limits for these kinds of activities and depending on the possibilities, the nurse can also constitute a small bank of materials for certain activities that could conceivably be integrated into the caregiving process. The nurse could procure mandalas to colour, material for writing, or furnish a bit of quiet music for the patient. These activities are more easily compatible with the hospital setting.

Music, especially for those who suffer, for persons with cancer or with a terminal illness who are not in palliative care units, is not superfluous. Even though some people may still consider this as hare-brained, it is now commonly recognized as being necessary. The calm which music brings, the concentration that certain activities bring about, stimulating colours, the possibility to express the unsaid things which make us suffer, all these have a remarkable power to alleviate stress and pain.

For ladies, needlework such as needlepoint and cross-stitch, knitting, crochet, patchwork, silk painting, can be real works of art and worthwhile outlets. Scrapbooking has recently come into fashion. It is an easy and useful exercise, as is modelling, stencils, ceramics and various collages.

One must remember that the important thing is not the beauty of the final product but the process which enables the patient to concentrate or focus themselves, to express themselves,
to reduce stress and negative thoughts and to develop self-confidence. It is often astonishing to note how a person who no longer expressed themselves because of a neurologic or psychiatric disorder, succeeds in doing what is necessary to draw, to thread beads on a necklace, or do some needlework.

**The use of music**

Music is an exceptional means of relaxation and today we better understand its effects on health. Don Campbell even speaks of the therapeutic effect of Mozart\(^{19}\). Its use in nursing care can be done in several ways, either as a distraction or for relaxation for a patient in general or palliative care, or as a means of stimulation for the elderly or as a distraction for children or in a more formal manner as a therapeutic intervention in mental health. The latter is known as music therapy\(^{20}\).

The nurse, unless properly trained, is not a music therapist, but in the absence of someone who exercises this profession can use these inexpensive and effective means, when it is indicated, to help patients traverse a difficult period.

**Recourse to writing**

Writing is another activity which the nurse can suggest to patients to diminish their anxiety, to get them to speak of themselves, to become conscious of themselves, to step back from their pain or from a painful situation. The use of writing, whether it is essays, poetry or a personal journal, as suggested by Ira Progoff a few decades ago, all have demonstrated favourable effects. Writing facilitates knowledge of oneself and liberates worries and inner conflicts.

It is a simple method and does not require much material\(^{21}\). The depressed person, those who have difficulty speaking, who suffer a disabling illness or a serious handicap find this a valuable outlet. Even those who are losing their cognitive autonomy can for a certain time write a few lines where they record their desires, their dreams and even sometimes their despair, which they cannot express otherwise. With a few directions, children can also practice this activity as soon as they know how to write.

**Creativity and child-care**

Freud said that the child is always playing. It is in fact their way of being and this does not change just because they are ill. Their playfulness lets them easily be beguiled by games even when they are suffering. And they must be really very very ill to stop this type of activity. The simplest things amuse them and our caregiving can take an entertaining turn which will stimulate them and create a distraction from suffering. There are also a number of possibilities to divert them and our pediatric units are generally well furnished with the appropriate material. But one must not forget that it is not enough to simply give a toy to a

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\(^{20}\) Marianne Bargiel et Linda Labbé. *Musicothérapie* : [http://www.csdm.qc.ca/musicotherapie/musicoth%C3%A9rapie.htm](http://www.csdm.qc.ca/musicotherapie/musicoth%C3%A9rapie.htm)

child, what counts is our attitude, which can take on a game-like character even during caregiving. Tickling, hide and seek, funny gestures are only a few of the possibilities. It is up to us to discover, according to the child’s age or their state, which games are appropriate. The primary use of games with the child is distraction. Games can also become an ally in therapy when used appropriately. “They become a catalyst enabling the child to appropriate their feelings of anguish and stress related to pain.”

**Drawing for self-expression and to distance oneself**

In addition to writing, one should also add drawing, which for the child is particularly appreciated and effective, either as a distraction or as a means of self-expression. In reality, a child’s drawing is to a certain extent a self-portrait revealing their difficulties, their sorrows, their pain. It is full of their desires and their conscious and unconscious emotions. What is astonishing, is that the drawings of children of the same age are similar. “Knowledge of drawing enables us to decode the creations of all children regardless of their origins, and their ethnic or social background.” All children’s drawings proceed through the same stages of graphic expression. Drawings are thus rich with meaning and one can discover what the child is expressing but they also occupy the child, chase away their boredom and calm their suffering and worry.

**The presence of Doctor Clown**

In certain circles, the presence of a clown does miracles to get the children to laugh and forget their pain and solitude if only for a moment. It enables them to better adapt to health care services which are very worrisome for both younger and older children and the presence of a clown helps to dedramatize the situation, however difficult. The effect is clearly observable on sorrow and the threshold of the subject’s perception of pain. One should not neglect it. If there is no volunteer to play this role, one does not need much to rapidly disguise oneself as Nurse Clown. One only needs a red nose and a funny hat to operate this transformation. It is our playful attitude and a willingness to help the child which counts more than the costume...

**What should one say to the patient**

When we propose an intervention to a person or a child, whether it is to carry out a treatment, offer a pill or execute an exercise, it is important to inform them at least minimally, of what the action consists of, on its conditions and on its effects. This is an intrinsic part of the nurse’s role. The same applies when we propose a diversionary activity. If the patient is in a state to understand and accept it, explain to them that the activity is not just to entertain. Tell them that the activity can help them to distance themselves from their situation and their pain.

As for all other interventions, one must also support the person during the execution of the activity and encourage them with positive reinforcement which supports their courage and incites them to continue in order to obtain the desired effects. It is also useful to note the

feedback that the person gives us after the intervention and note it in their file. One should not treat this lightly just because the activities are not habitual. They should be considered as important as all the others. Teaching our patients is always an important intervention25.

Conclusion

We can thus see that there are a large number of possibilities which can be explored in order to better aid our patients. Unfortunately, our hospital services have not yet integrated these unconventional therapeutic means very much.

It is true that short stays in the hospital do not favour the exploration of these means because of their short term nature and the overloaded work burden of caregivers. But under certain circumstances, it is plausible and we should investigate it. New paths are often difficult to take but they are immensely satisfying when they give good results. All means are good when they are effective said Jean-Paul Sartre and when it concerns our patients, it applies to nursing care. Also, why not use our own creativity and dare to propose habitual interventions . . .?

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The images

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