

Turning Up the Volume of Our Inner Voices: Using Art in Spiritual Care in a Time of Crisis

Caitlyn Bailey and Zaccheaus Katta

One of my most vivid patient encounters was with a woman I (Bailey) will call Joan. Joan had been through many difficulties, and on the day we met she had just received devastating news from physicians. This latest crisis piled on top of what sounded like a lifetime of pain and struggles. She was tired, and her words were few. I pointed out the Bible sitting on the tray table in front of her. She shared that she had been reading Scripture—specifically, the psalms. She asked about my favorite psalm. I shared that my baptism verse had been my grandmother’s favorite: Psalm 121. As I began to recite the words, she quickly joined in, “I lift up my eyes to the hills, where does my help come from? My help comes from the Lord who made heaven and earth. The Lord is my keeper and the shade upon my right hand.”¹

When we finished reciting some verses, her response shook me to my core. “Chaplain,” she stated, “I have been looking to the hills and nothing is coming.”

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I did not know what to say. What a powerful image this was—the image of empty hills as she looked longingly in their direction for her help. I stayed with that image, and I asked what she saw in the hills instead of help. The conversation continued, and she shared what she saw coming her way when she lifted her eyes. She saw struggle, pain, the loss of her dignity, and, ultimately, her death. She worried for her children and for their children, their struggles, their imperfections and mistakes. She worried her life was not enough, and she was afraid. When she looked, she saw more problems, more suffering and darkness. She wondered why her help was not coming.

Over the next hour, I used the images from Psalm 121—of the hills, the shade, the keeper, and the contents of her hand—to help explore her story. Joan grounded herself in the moment in these familiar words and images. As she spoke, I gently tied pieces of the narrative together around these powerful images. We explored the feeling of abandonment when we experience forsakenness and when we look for help and it does not come. We talked about her panic and how quickly all of the worst-case scenarios were flying through her mind. The poetic words of the psalmist became Joan's words, and slowly she crafted her own heartfelt lament. We continued to repeat the phrase "I lift my eyes to the hills" as the framework for her expression. Through these images, she was able to tell her story, explore her theology, and describe her inner thoughts and feelings in the moment.

In light of the chaos Joan had been experiencing in the hospital and beyond, she struggled to know where to start to share. Moreover, no words seemed to convey the depth of her sense of despair and loss or her panic at the news she had been given. She was helped by the images and symbols we explored together that created space and pillars around which she could share the depth of her story. In short, Joan found her voice with the images of this psalm in the background.

"People just want to be heard." This is a common refrain in my practice of CPE supervision. Students struggle with what to do or what to say to "fix it" in intense moments of pastoral care. Many feel that their presence and listening seem to fall short in comparison to the depth of suffering they witness. The sudden death of a loved one, a new diagnosis, or a devastating injury are among the situations CPE students encounter. I often remind students that helping someone to be heard, helping someone to find their voice and empowering them to use it to tell their story, is our beautiful work. Being a good listener, however, is sometimes not enough

to be able to help others to share, especially in crisis moments. Many have lost touch with their voice, and amidst chaos and confusion their voice has gone silent. Still others have never had the experience of hearing their own inner voice. For all who are struggling to hear their voice amidst the loud, often demanding voices and noises around them, the chaplain's work is to help them silence these and to turn up the volume of their own voice. The beauty of this hearing is that, long after the chaplain encounter, those who have experienced hearing their inner voice can continue to grow in their ability to draw on this internal resource. I have met many patients who appear rather frail upon first meeting who then come out of their proverbial shell and gain strength as they tell me about their life's journey, their loves, their losses, and their hopes for a better day. Telling our stories and being heard by others not only connects us together but it also connects us with ourselves. And, it can ground us all in moments of deep anxiety and chaos. When the stories do not readily come and words seem to fail, art can help.

I have used poetry, prose, song lyrics, music, and visual art in my ministry with patients and have done so in two different ways, depending on patients' spiritual needs. More often, I've brought to patients art created by others as a reflective tool for using a poem or piece of writing to borrow images or words to express emotions; exploring their personal connection with certain songs or lyrics; or analyzing a piece of visual art such as a photograph or a painting to draw out spiritual truths or beliefs. At other times, I've facilitated patients' creating original art as a means of expression and exploration. I've discovered that patients and their families can benefit from painting, writing poetry, or journaling as means to explore their inner voice and bring their thoughts and feelings to the surface. We have found that the use of art in spiritual caregiving can be particularly powerful and effective in forging meaningful connection in high-stress environments such as a Level I trauma center and/or caring for those struggling with illness in the midst of the COVID-19 pandemic.

This was the case with a woman I will call Betty. I met Betty immediately following her self-admission to our psychiatry unit. Betty was fearful of her suicidal thoughts and had come to seek help. She appeared terrified when I entered her sparsely adorned inpatient psychiatry room. She had requested the chaplain, and yet when I arrived she said nothing. I greeted her, inquired about her request, and waited for her to begin.

Betty talked about the neglect she suffered growing up, her abusive marriage, her volatile relationships with her children, and her decision to check herself into our hospital. It seemed to me that Betty had spent her entire life getting smaller, walking on eggshells, and trying to please those around her. This had resulted in one toxic relationship after another.

When I attempted to move the conversation to the spiritual, Betty got quiet again. She shared she was a Christian and offered several doctrinal statements about Jesus, his life and death. These felt flat and seemed rather disconnected from her current situation. I asked what was getting her through, and she pulled a crumpled piece of paper from the bedside table. On the paper was a familiar image of a painting of Jesus on the cross. I asked Betty what the painting meant for her. She talked about her deep sense of being held by Jesus. I asked her what the painting told her about God. She shared that God is with us in all times. I asked about the cross, and she shared her sense that the pain on the face of Jesus assured her that Jesus understands suffering. I asked where she was in the painting, and she responded she felt like she was also being crucified.

This piece of art gave Betty touchstones on which to reflect about how her story fit into the greater story of God's promises and the work God was doing in her own life. Not only did it help focus Betty's reflection, it grounded her in an image she was able to use to express not only her feelings but also her spiritual and theological beliefs. Our conversation continued as Betty reflected on several aspects of the picture, and together we made connections between her lived experiences and the picture before us.

The use of poetry and other forms of art and images in spiritual care has never been more crucial than in the time of constant crisis in which we are now living. As I write this article, we are living in a time of global pandemic, intense social unrest, and profound political division. In our culture, where crisis is not acute but often chronic, Joan and Betty are not alone in struggling to know where to start to share their experiences of trauma, grief, and loss. Patients and families that we meet in the hospital face with a constant barrage of information and voices and a tremendous amount of the unknown. Spiritual and emotional realities and experiences are often difficult to convey and explore. Words often fail to convey the intense emotions and spiritual experiences and wonderings that being in the hospital brings up.

Art, images, and symbology are well suited for use in spiritual care. As other writers have noted, art has the power to bring out the creative spirit within patients, to aid them in making sense of their illness, and to act as a tool to identify their source of meaning and express hope.²

I have often used art with patients and family members as they attempt to process deep feelings and experiences that seem to exhaust words. In my own practice, this includes images from familiar sacred texts, famous visual art pieces, hymns, popular music and poetry, and the creation of original art. Since I began my work as a CPE educator, I have invited music therapists, song lyrics, and imagery into our learning space as a means to offer chaplains in training additional ways to help another person explore their story. Often those in crisis find in art a vocabulary of expression that is accessible where existential, theological, or spiritual language may overwhelm.

It is not only our patients and their families who struggle with trauma, grief, and loss. The staff we work with do too, particularly now. Research has shown increased mental health struggles among healthcare professionals as they practice amidst the COVID-19 pandemic.³

Chaplains work alongside physicians, nurses, therapists, nutritionists, medics, and others, all of whom experience the same heart breaking and heart opening that spiritual care providers experience as they too listen to and participate in the painful and beautiful stories of the humans they serve. Like chaplains, they are not immune to the cost of these experiences and the witnessing of these stories. In fact, because their roles are often more technical and little time is offered for exploring the affective side with patients and families, they may struggle even more deeply with what they experience. The impact of the pandemic has brought a new sense of urgency to finding ways to meet the emotional and spiritual support needs of these individuals; healthcare workers need ways to process experiences, make meaning of their role in helping those who suffer, and find ways to express deep emotions and grief.

In our hospital, as in most, chaplains are responsible for staff care and support as well as spiritual care for patients and families. As our times become more fraught with emotional trauma and crisis seems to loom around every corner, spiritual care providers are being challenged to find creative ways to address staff needs. Spiritual care providers need to be particularly attuned and find creative ways to address the impact the crisis environment

of a healthcare setting has on the interdisciplinary team. We see the use of art as particularly important in this moment.

“SPIRITUARTY”

In order to better support staff and enhance their coping, I (Katta) created the “SpirituARTy” program in our medical center. The term SpirituARTy is a combination of the words “spirituality” and “art” in a manner meant to convey the importance of art in the spiritual and emotional well-being of a person. Since its inception, this program has been well received by a wide variety of hospital staff. I run each of these sessions and tailor them to meet the needs of the team with which I am working.

The members of the trauma team in this institution face particularly difficult cases around the clock, day after day. Due to the nature of their work, integrating any new interventions with this team is a highly challenging task. After a thorough spiritual assessment of various clinical departments, I identified caregivers struggling to practice self-care and receive spiritual care services for their ongoing spiritual and emotional challenges. Hence, I introduced SpirituARTy as a connecting tool for providing care to the caregiver. It is designed to facilitate the team to process and cope with their challenges through creative art. SpirituARTy creates space for caregivers to translate and access their inner voices into images, symbols, and themes. In this, the hope is to facilitate resilience in the stressful work atmosphere through these experiences. Fairly quickly, the caregivers recognized SpirituARTy as a connecting tool, and they integrated it into their work culture. Overall, it received a great response from several departments, including the Pediatric Trauma Emergency Department, Palliative Department, Oncology, and ICU.

I use a three-step process in conducting SpirituARTy sessions. First, I lead the team in a brief group discussion on a randomly selected theme. Some of the themes we’ve explored are as follows: “I may not have gone where I intended to go, but I think I have ended up where I needed to be”; “Life isn’t about finding yourself. Life is about creating yourself”; “Life is like riding a bicycle. To keep your balance, you must keep moving”; and, “The flower that blooms in adversity is the rarest and most beautiful of all.” Second, I motivate the team to link their experiences to images, symbols, and themes. In the final step, I facilitate the group to paint their images,

symbols, and themes on the canvas. The group works together on one art piece.

The process takes several hours, and the caregivers are allowed to participate at their convenience without affecting their patient care. Throughout each intervention of SpirituARTy, the team members explore their creativity and process ongoing challenges. As a result, the group experiences a sense of team spirit through mutual learning, listening, and sharing of stories. The visual art created from this time together becomes a proud display of the unit and a reminder of their collaboration.

Staff members' lack of time and availability are two of the biggest challenges our project faces. In order for staff to partake in this spiritual care offering, I knew I would have to be intentional about overcoming these barriers. First, I introduced it in the trauma room of the emergency department because of its unique work culture, especially on the overnight shift. Nurses on this shift are often met with a barrage of trauma cases as acuity on overnight shifts can be very high. Additionally, fewer support staff and administrative staff are present on these shifts, and thus staff who work overnight can often feel overlooked and disconnected from the greater hospital culture. I focused on connecting with each team member between the arrival of trauma cases and at other times as staff were available. Second, instead of requiring the caregivers to step away from their patient care area, I facilitated the activity at the nurses' station and integrated it into their unique work culture. By bringing the art supplies in a cart to the nurses' station, I created a space in their workplace and made myself available. The staff did not have to physically step away from their work in order to engage in this spiritual care offering. As a result, the caregiving team was enthusiastic about the project and actively participated in it

SpirituARTy has been very well received by team members and departmental leadership, who have requested that it be continued on a regular basis. Participants have included physicians, managers, nurses, clinical coordinators, social workers, care partners, secretaries, security personnel, and environmental services staff. We have received positive, direct feedback from participants, including such statements as "It is very therapeutic" and SpirituARTy "is helping us to feel connected and work as a team." One nurse added, "I always think out of the box, and this is a good opportunity to bring my ideas through art." A unit secretary shared, "It reminds me of my grandfather, who taught art to us in our childhood." A medical student

affirmed that he had never painted anything and, because of the program, had started to learn to paint. Finally, an attending physician noted, "I have many things to chart, but right now, I need this art to relax which will help me to focus on my work." Anecdotally, we have also been told that participation in SpirituARTy has increased teambuilding irrespective of the various roles on the team. These and other reflective stories have helped the team members build resilience and pave a way to work effectively in challenging times.

SpirituARTy has received organization-wide attention and praise. The artwork created on the themes "Life is like riding a bicycle. To keep your balance, you must keep moving," and "The flower that blooms in adversity is the rarest and most beautiful of all" were displayed in the National Art Program 2020, conducted at Virginia Commonwealth University Health. The Magnet nursing inspection team noticed the impact SpirituARTy was having on the organization and expressed its appreciation to our program. And, as a result of the project being featured in a hospital leadership meeting focused on the topic of resilience, we were asked to continue to build this program.

Figures 1–3 are several of the pieces of art created as part of SpirituARTy sessions.

Figure 1. "Resilience."



Figure 2. "Choose Your Own Destiny."

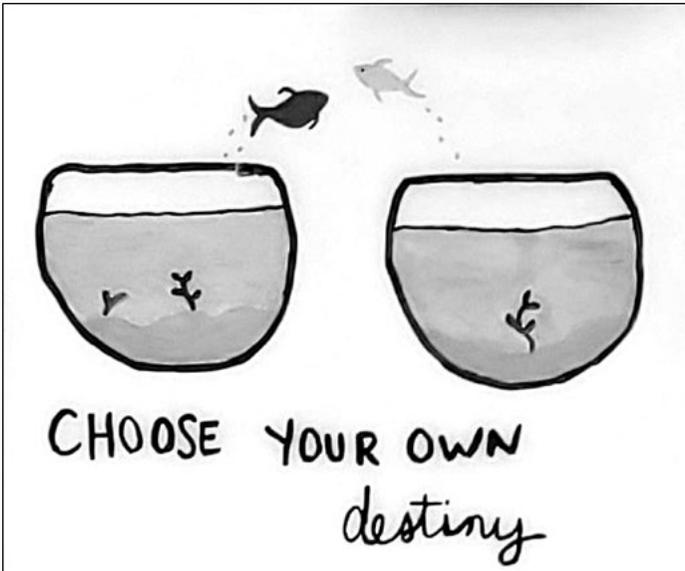


Figure 3. "Rollin' thru Life."



The use of art, in all its forms, has incredible potential for helping patients, families, and staff to access their inner voice. It is accepted that getting in touch with thoughts, feelings, and responses to crisis has the capacity to help individuals cope more effectively with what they are experiencing. Whether it is a patient who is in the midst of a health crisis, a family member grieving a sudden loss, or a staff member who has lost two patients in one day, art has the ability to connect each one to their own experience. There are tremendous future possibilities for work in this area of spiritual care. Some include research related to the measurable effects on patient and family emotional and spiritual outcomes and coping, looking at the potential impact on mitigating burnout in healthcare workers, and the use of art as a reflective tool for chaplains.

In summary, art is an exceedingly useful modality for use in spiritual care with patients, families, and healthcare staff. Using art as a reflective tool has wide application in crisis environments and serves to help ground individuals in chaotic times and offer ways to turn up the volume of their inner voices.

NOTES

- 1 Psalm 121:1–2, 5. English Standard Version.
- 2 Rachel Ettun, Michael Schultz, and Gil Bar-Sela, “Transforming Pain into Beauty: On Art, Healing, and Care for the Spirit,” *Evidence-Based Complementary and Alternative Medicine* (2014), article 789852.
- 3 Sofia Pappa, et al., “Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis,” *Brain, Behavior, and Immunity* 88 (August 2020): 901–7.