

Chapter 1 : Welcome To Poetic Expressions | Donate to Marie Curie Cancer Care

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This is an open access article distributed under the Creative Commons Attribution License , which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The arts empower patients to fulfill the basic human drive to create and give patients a sense of possibility. Through creative expression, patients regain a feeling of wholeness, individually and as part of the larger world. Although spiritual caregivers have made occasional use of the arts, it would be better for the arts to be seen as a pillar of spiritual care provision. We discuss how to match the art form intervention to the individual patient and give examples of many kinds of uniquely spiritual arts-based interventions. Using a theoretical foundation drawn from theologian Michael Fishbane, our model of arts-based spiritual care bridges the experience of the caesura to a renewed sense of meaning, or spiritual reorientation, that can be discovered within the reality of illness.

Introduction The arts are an extremely valuable, if occasionally neglected, pillar of spiritual care chaplaincy. A spiritual caregiver is an integral part of the interdisciplinary team in most hospitals [1 , 2] and particularly in palliative care [3 , 4], providing patients and family members undergoing a life crisis with an open heart and a listening ear. Patients also feel more connected to themselves and the world around them, having touched their personal world of the spirit and rediscovered their own spiritual resources. Spirituality is broadly defined: The arts refer to a wide range of means of creative expression, including visual arts with media such as paint, clay, stone, cloth and yarn, poetry or writing, music, dance and movement, storytelling, and drama. Enabling the patient to engage with the creative side of his being is part of the holistic approach to patient care as described by Sulmasy [5]. There are innumerable creative ways for a medical center to integrate the arts [6 – 11]. Lane has written extensively about current efforts to integrate the arts and health care [12 – 15]. Hundreds of hospitals and nursing homes around the world have adopted the concept of bringing artists into the health care setting. In any hospital, staff can play a crucial role in enabling artistic expression by asking patients what creative outlets they enjoyed in the past, either recent or remote, and bringing them the means to reengage creatively even while hospitalized, such as through music, drawing, movement, or journaling [12]. When these authors consider or study the ways in which these activities benefit the patient, the results are very often on the spiritual plane. Bailey summarizes five benefits of the arts for patients: This last reason points to the additional significance of the arts in enabling a deeper form of communication with those suffering from cognitive decline and dementia [18]. Although the arts have other benefits for patients, their contribution to spiritual health and well-being is clearly strong. This indicates that it would be beneficial to integrate a professional spiritual caregiver into these arts programs to enable patients to direct their attention to the spiritual side of the creative experience. In that same vein, it would seem that all spiritual caregivers should be sure to incorporate some or all modalities for creative expression into their approach to providing spiritual care. Some of these articles describe doing just that [6 , 7 , 18]. Drawing on the theoretical approach of theologian Michael Fishbane, we will describe the model we have developed for the integration of the arts and spiritual care as well as expounding its benefits from a theological point of view.

Becoming a Creator There is a deep connection between the spirit and the arts. The spiritual caregiver should make use of the arts as one of the most meaningful ways of connecting patients and all those around them to the healing power of the spirit within. The world of the arts is rich and broad, including the intangible relationship to aesthetics, music, drawing and sculpture, dance, architecture, poetry, and more. When man is created in the Bible, he is imbued to a certain extent with the nature of his Creator: In the following chapter, this act of creation is described differently: The creative force has two aspects: Every patient, even the sickest or most disoriented, is a human being, created in the image of God and possessing inner spiritual resources that could aid in healing. Through the use of creative resources, the spiritual caregiver creates a language that connects the material with the spiritual and the brokenness of the body with the wholeness of the spirit. In this

way, the patient connects to the divine creative quality within him. This experience of connection is itself one of healing, as distinct from curing [8]. The body is ailing, and the primary sense is one of injury and of what is lacking, a sense of being trapped. The spiritual caregiver, by inviting the creative act, opens the door of an alternative possibility [17], one that enacts that latent potential and fulfills our human need to create [6]. In place of the ever-growing feeling of meaningless waiting and powerlessness, there can be creation, vitality, and healing. Interestingly, in Hebrew, the words for creator and health share the same root. By entering into the creative process, a patient can switch from being the passive recipient of care to becoming active, choosing, and creating [17]. The act of choosing a shape and a color reinforces his basic freedom to choose life and spiritual growth until his final day. Hopefully, this picture is just a temporary one, and the patient who, until recently, had been independent and active will shortly return to his normal functioning. Yet many patients become depressed during their hospital stay and leave the hospital feeling depleted, lacking in self-confidence and an inner sense of hope moving forward. Part of this feeling derives from the illness itself, from no longer seeing oneself as healthy, and from the worries that accompany this new reality. However, we would like to suggest that a significant portion of this difficult emotional or psychological state results from our caregiving attitude itself. We should remind ourselves that this frail person who has come for treatment also has a healthy, active core identity that defined him in the past and will hopefully continue doing so into the future. By entering the room and pulling out his paints, the glue, and the colored paper, the arts-inclined spiritual caregiver wordlessly reveals a new reality: That wholeness is accessible to every person at every moment, regardless of what he may be going through. In the hospital, we work with people whose movements have become rigid and limited. When a spiritual caregiver enters the room and offers the possibility of merging with the larger picture, even temporarily, he is suggesting movement and flow rather than pain and immobility. When that experience of merging ends, patient and spiritual caregiver often speak about it. This enables the patient to give a framework of meaning to the artistic endeavor. In this way, the creative act goes beyond just being a moment of forgetting and gains the imprimatur of being an experience of connection to the sublime. At the same time, we should be very careful not to overly put into words that which was expressed in a different language, the language of art. In our spiritual care provision, we study and apply the unique approach put forth by the contemporary Jewish theologian Michael Fishbane. The arts are the primeval language of the senses, even before words and language developed [23]. By engaging his experience through art, a person experiences a reverberation of and glancing look at that dual consciousness as well as a means of maintaining it. As Fishbane writes, these ruptures may occur through events like illness: They rip the fabric of our own normal consciousness, bent on busyness and cultural buffers, and dispose us to a sense of unsettling finitude within vastness that exceeds all ordinary presumptions. Defenses fall and our fundamental fragility is suddenly manifest, at least for the moment. When we encounter a patient in the hospital who is in the midst of a caesura, the arts can provide an additional language. They are a bridge to the meaning of the reality with which he is contending. Putting the Theology into Practice In , the first author created Haverut Friendship , an arts-based spiritual care nonprofit working in medical centers, including Hadassah, in Jerusalem, in memory of her daughter, Ruth, who passed away from cystic fibrosis at age 6. During her short life, Ruth drew heavily on the creative realm as a resource that gave her life and opened before her a world of infinite possibility even while she found herself facing a very limiting, terminal condition. Unable to get out of bed, receiving oxygen and a continuous flow of morphine, Ruth continued to draw, to write in her journal, to weave, and to listen to music. She was constantly in creative, vibrant contact with the spirit and with the soul. She ultimately chose the arts as her means of saying goodbye to her loved ones, drawing a small painting on canvas to give to each person, without a need for further words. Box 1 shares the story of a poem Ruth composed at age 6, after one of her lungs collapsed, together with the first author. Elsewhere in the literature we find similar descriptions of the healing nature of the arts in spiritual care and the restoration of a sense of wholeness. Matching the Art Form to the Patient With such a wide variety of art forms available, how should the spiritual caregiver know what to suggest to which kinds of patients? The first step is to get a sense of the person through close listening and attunement. One thing to listen for is the language used by the patient—do they more often use words or images that are cognitive, visual, or auditory? That offers a preliminary means of indicating whether the

appropriate intervention is a conversation or conceptual discussion cognitive , visual arts, or music. Of course, the spiritual caregiver himself must feel comfortable with any particular art form before he can offer it to others. Lane suggests an alternative approach, asking the patient what kind of art form they liked in the past, and then trying to enable that for them but without necessarily providing additional guidance, while occasionally starting the process with guided imagery to enable the movement inward [15]. Certain forms of art are more widely accessible while others must be selected more carefully. Classic visual arts tend to be approachable for most people. Crafts that can be used, such as jewelry or a cloth journal, or even creating musical instruments, are even more accessible. Music including singing , by contrast, because it makes noise and is less tangible, is more invasive and involves more of a kind of exposure, so it is primarily appropriate for patients who are already comfortable with it. Although one must be careful before introducing music, it can be a very powerful means of opening up the inner space. One approach to making music, singing, or art more accessible is to offer it to groups of patients. For example, many patients can work together on the same piece of art, as in the example in Box 2. The Unique Approach of Arts-Based Spiritual Care We have been exploring the spiritual benefits for patients of engaging in creative artistic activity. But we are not only suggesting a new way of looking at these kinds of services. There are also unique aspects of the practice of arts-based spiritual care, as distinct from art therapy, which we will now present. The first element of our approach is the intention, or focus, of the spiritual caregiver. The spiritual caregiver is focused on the divine image within the patient. Sometimes that purpose has a strong connection to hope, prayer, or blessing, as with a patient who composes a personal prayer or poem, or a patient who creates an artistic rendering of a mantra—a helpful phrase or sentence to repeat—that will aid them throughout the day. Drawing a mandala provides the patient with a focal point for personal ritual practices such as meditation. In other instances, the goal of the artistic endeavor can be the creation of a personal ritual, especially rituals for transitions. This kind of ritual is a repeating set of practices that can help people throughout the time of the transition. One patient might design a ritual that will accompany them preparatory to a worrisome operation and in recovery, a ritual that could include a variety of art forms including song, text, and movement. Another patient could assemble a personal prayer book before starting chemotherapy, to be opened up on each treatment day, or other objects that they can regularly turn to or touch as sources of strength. Another intersection of spirituality and art comes about through the holidays. Each holiday contains within it a particular set of meaning and resonances. Perhaps an ideal approach is to combine engagement with both the left and the right brain. The spiritual caregiver might begin by sharing a text, such as a poem or a traditional religious text, in order to open up a discussion of the issues raised by the text that relate to the experience of illness. But by then shifting to a creative means of engaging with those issues, by involving the whole body and even the imagination, then we have now given the patient the freedom to translate the topic of the text to their own lives. The patient can now feel entirely free to add his own interpretation and to make the text, and its subject, his own. If it was a traditional text, then this engagement is in effect a part of becoming, oneself, part of the tradition, and that itself could be a powerful feeling.

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Chapter 3 : Transforming Pain into Beauty: On Art, Healing, and Care for the Spirit

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Chapter 4 : /07 Capturing your Creativity: Haiku Poetry with Susan J. Farese | My Site

*Poetic Expressions in Nursing Sharing the Caring [Susan J. Felice-Farese] on blog.quintoapp.com *FREE* shipping on qualifying offers. Book by Felice-Farese, Susan, Farese, Susan J.*

Chapter 5 : Jeanine M. Carr

The review of nursing literature was conducted in works published in the English language using the keywords: poetry, nursing, and aesthetics. The initial search included all nursing literature with the above keywords from to

Chapter 6 : What are linguistic devices?

In this article, she describes the background and rationale for the research, the findings, and her use of the data to transcribe them into poetic expressions of the lived experience of vigilance.

Chapter 7 : When Irish Eyes are Smiling | Poems, Humour & Words from Poetic Expressions

Journal of Nursing Education | Writing haiku, an unrhymed Japanese verse form, was not quite what students in a first clinical course expected as part of their course requirements. However, a

Chapter 8 : Jeanine Carr, Ph.D., RN | The Department of Nursing | The University of Vermont

Dr. Carr has been a member of the Vermont State Board of Nursing since She is professionally affiliated with the American Nurses Association, the Vermont State Nurses Association, and the Vermont Organization of Nurse Leaders.