

CHAPTER 7

Art and Wellness: Expressive Arts as Therapy in the Pacific Context

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Abstract

Expressive arts have been used for therapeutic purposes for centuries, and today therapists use the arts to heal a range of recognised psychological problems. Many of the current commentaries and research reports have been concerned with children, adolescents, and adults who have been traumatised. However, there is minimal robust research and investigation into the efficacy of impacts and therefore detailed descriptions of programmes are needed. In this case study, a Sāmoan “art as therapy” programme is briefly outlined along with the research describing the outputs and outcomes. This was designed to assist 177 children traumatised by a tsunami in 2009. Using different modes of the arts, the children displayed their sorrow, disbelief, and anguish initially; then, as the programme developed, a noticeable improvement in mood was detected. Almost all of the children indicated that it was a beneficial programme. In addition to this, an evaluation study some years later indicated the worth of the programme as a means that provided immediate and long-term coping strategies. The implications, recommendations, and limits of the programme and research are discussed.

Introduction

In an informal way, expressive arts have been utilised throughout the centuries for psychological/psychiatric therapeutic purposes. From the Nineteenth Century, there was an acknowledgement of the place of the expressive arts as a healing medium and in the Twentieth Century formal art therapy training programmes were established. There is now considerable literature documenting the use of the arts therapies for children and adults with a range of conditions including behavioural and emotional problems, physical ailments, accidents, abusive relationships, domestic violence, war, and the psychological trauma linked to natural disasters such as tsunami,

earthquakes, and flooding. There is a recognition however that there is a need for further development of the discipline and more rigorous research undertakings to assess the efficacy of the approaches for healing. In this paper, attention is directed to the Sāmoan programme although other successful programmes in the Pacific region are also noted. This is followed by a discussion highlighting key issues, recommendations, and the future research needs for expressive art therapies.

Literature Review

There is a range of expressive arts therapies and the following definition, although excluding music, provides an encompassing description:

[Expressive therapies]..... are a form of psychotherapy that uses creative modalities, including visual art-making, drama, and dance/movement to improve and inform physical, mental and emotional well-being. Arts therapy works by accessing imagination and creativity, which can generate new models of living, and contribute towards the development of a more integrated sense of self, with increased self-awareness and acceptance. (ANZATA, 2012)

These expressive modes are interwoven with psychological therapies to provide an integrated approach to facilitate healing. In one sense, expressive arts therapy can be considered an adjunctive approach as it is a means of promoting interaction and facilitating meaning that is incorporated within a traditional therapeutic response. However, one of the foremost specialists, Malchiodi (2005), has outlined that the expressive arts therapies have a significant and unique position in healing for two significant reasons. Firstly, thoughts, feelings, and voice can be readily accessed in a more speedy and efficient fashion than talking therapy; and secondly, the arts therapies are action-oriented rapidly promoting the release of the client's thoughts and feelings. The client reflects on the past, present, and future to assist with the resolution of issues via a positive psychosomatic response and alleviation of stress. This is particularly important reflective process when considering the psycho-neurological explanation of the alleviation of stress. The amygdala, one of two parts of the brain that affect how people feel emotions (especially fear and pleasure), is impacted upon and the level of the activity decreases when individuals describe or label an emotion (Lieberman, et al., 2007) – expressive arts therapy often enables this to occur more readily.

There is a growing commentary on the effectiveness of expressive arts therapies. In an expansive mainly philosophical positioning, Levine (2011)

and McNiff (2011) maintain that there is real value in expressive arts acting as a catalyst for individual and social action. On the one hand, there is indeed considerable clinical evidence accrued outlining the benefits of expressive arts. For example, Carey (2006) promotes a wide-ranging compendium of approaches to use with trauma survivors, Malchiodi and Crenshaw (2015) describing the importance of creative arts for attachment issues, and Wikstrom (2005) detailing the value of an individually-developed art therapies for hospitalised sick children. There are many such studies centred on similar clinical evidence. Dunphy, Mullane, & Jacobsson, (2013), have noted, however, that although there is a range of inconclusive scientifically rigorous studies in the literature, there is sufficient evidence to support it as a psychological healing intervention but that more research is necessary to consolidate its standing in the field of psychological treatment. In more recent times, researchers have been directing their attention to quantitative means of establishing the validity of the approach (Kirkcaldy & Hankir, 2018). For example, Quinlan, Schweitzer, Khawaja, and Griffin (2016) used an experimental design, and explored the value of the expressive arts approach with refugee adolescents and found that there was improved behavioural emotional responses. Furthermore, increased sophistication in the measurement of change is being developed. Gendler and Pinna-Perez (2018), for example, have advocated the use of tracking procedures via numeric values and visual mapping, shifts in a client's information processing, brain function, human development and creative intelligence to measure therapeutic changes. It is hoped that the combined value of improved quantitative and qualitative research will facilitate an increased realisation of the value of expressive arts as a healing medium.

Despite the growing evidence for expressive arts efficacy, one of the debates revolves around the criteria for its success. Is it the formal therapeutic interventions that promote change, or is it the activity that promotes the thinking, reflection, and change? This highlights the role of the therapist – is it the therapeutic role that the therapist adopts or is it the art making itself (encouraged by the therapist) that facilitates the change? Malchiodi (2014) opts for an integrated viewpoint and discusses a continuum of practice from “art as therapy” to “art therapy” with both having the potential to be therapeutic. A parallel argument has occurred in mainstream talking therapies with some acknowledging the importance of the client-counsellor relationship (e.g., Rogers, 1986) which endorses the provision of a context for change only, whilst other theoretical positions such as cognitive-behavioural acknowledge the importance of the relationship as well as action strategies. Jones-Smith (2014) notes

that both approaches can be effective in counselling. Malchiodi (2013) states that given such contexts for growth (and with adequate planning and resources), art therapies can contribute significantly to the alleviation of stress and psychological discomfort.

There are now many commentaries discussing the use of arts as therapy to promote healing. Much of the literature initially focused on mentally ill adults, children, and adolescents; what is clear, however, is that the numerous reports have attested to the effectiveness of the therapeutic intent. For example, Frost (2005), in a historical account, surveyed a 200-year period and outlined many scenarios including the holocaust, in which children had coped in adverse conditions being involved in play, work, and the creative arts. In a more focused account of the use of expressive arts therapies, Carey (2006) outlined how well-designed programmes with a range of modes promoted the psychological welfare of traumatised young people and adults. Similarly, Beauregard (2014) discussed programmed healing for USA school children who had experienced trauma as a consequence of country conflict, natural disasters, severe economic disadvantage, and refugee turmoil. Another successful programme, outlined by Chilcote (2007), was a four-week school-based arts therapies programme for children involved in the destructive 2004 Asian tsunami. In surveying the literature, it is evident, then, that expressive arts therapies have become a widely-accepted healing/rehabilitation process.

In the Pacific region, although there have been limited accounts of the use of expressive arts therapies, there is a growing literature outlining how the arts can be used to facilitate healing in this region. For example, in a visually evocative account which arose from an expressive arts therapy programme, Latai and Taavao (2012) produced a report of children's outputs following the Sāmoan tsunami in 2009. This programme (refer Latai & McDonald, 2016), designed to alleviate the stress and promote meaning, is elaborated upon below. Other contexts in the Pasifika region have also utilised the expressive arts in a healing manner. For example, Gray (2012) promoted empowerment, human rights, and social action in a South Auckland Maori and Pacific Island community. This programme resulted in fence paling designs and mosaic structures emphasising the restoration of a cultural identity and belonging – art was used as a political tool for personal and social change. In a Rarotongan setting, prisoners were introduced to art as a medium for personal exploration and rehabilitation (Art therapy project, 2016). The prisoners drew self-portraits, safe places, and emotions which had a therapeutic impact upon them. As one prisoner commented “Feels good, ay, this big-as weight dumped on paper and then

you can start again.”

These accounts of the use of expressive arts therapies have been designed to facilitate growth in the individual although, as Varghese (2010) notes (and evident in the above examples) importance needs to be given to the cultural, ethical, and spiritual contexts to maximise recovery. Nevertheless, it is important that additional research is undertaken to clarify what specific features of the context and implementation characteristics are important for the success of an intervention. In addition to this, Van Westrhenen, and Fritz (2014) and Machiodi (2005) have urged that more research be undertaken to identify sound methodological approaches to assess the efficacy of the arts therapies approaches; this could promote it as being effective alternative to mainstream talking psychological therapies. A noticeable gap in the research literature is the lack of rigorous quantitative reports – these are needed alongside the qualitative accounts to assess the efficacy and usefulness of programmes.

A Sāmoan Case Study: The Moving On Art Therapy Programme

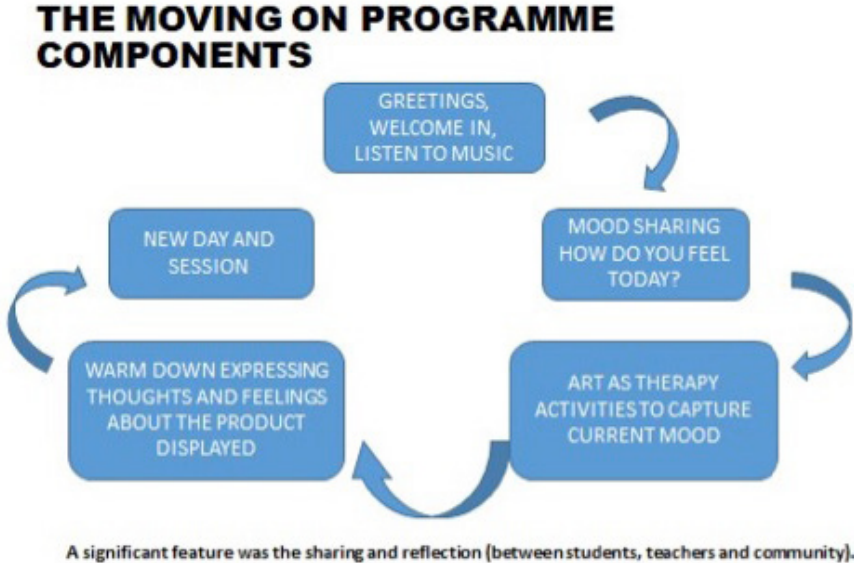
An earthquake of 8.3 on the Richter scale hit Sāmoa in 2009, and was followed by a tsunami devastating the southern side of Upolu, resulting in the loss of 143 lives. A major concern was the effect it had on the children of the Aleipata School district who encountered and experienced the aftermath of the earthquake and tsunami. Consequently, an intervention “Moving On: Art as Therapy” programme was created in 2010 to promote the healing progress of this community. It consisted of six workshops conducted over six months and offered creative self-discovery art experiences and opportunities for expression to heal the children and assist the community at large to recover from the emotional and traumatic experiences. What evolved was a Sāmoan contextualised model to assist the community in times of disaster, and it built on the existing international literature concerning the value of expressive arts therapies. Leua Latai, senior lecturer for visual arts at the National University of Sāmoa, developed and led the programme with the facilitation of the research programme undertaken in conjunction with Lex McDonald (Victoria, University of Wellington, New Zealand), an experienced child psychologist.

Three sites were targeted to facilitate the programme – Satitōa, and Lalomanu primary schools and Aleipata secondary school. These students were directly affected by the disaster and were either on their way to school, or at school, when the tsunami occurred. These children witnessed a calamity that had significant psychological, social, and community consequences with loss of lives and destruction of the environment.

Nevertheless, the national and international responses were directed toward physical and material restoration. The Moving On programme was designed to facilitate emotional regulation and healing.

The Moving On creative art therapy programme was comprised of a range of activities including drawing and painting, creative story writing, poetry, puppetry, drama, and creative movement to music. These outputs became a focus for discussion and exploration of feelings. The following graph (Graph 1) depicts the nature of the programme.

Figure 1. The Moving On Programme Components



Along with the children’s outputs, a significant component of the programme was the family healing night community art exhibitions and anecdotal feedback which involved the sharing and reflection of student artworks, poetry, and storybooks between the children, facilitators, and community members. This community engagement became a catalyst to assist in the community’s cathartic response. The children, teachers, parents, and wider community repeatedly reported that they benefitted from the programme and this was supported by the data gathered during the programme operation and in the findings of an evaluation undertaken some years later.

The research data examining the immediate programme outputs and outcomes was a mixed approach, whilst the evaluation, undertaken some

years later, was a qualitative outcome study. Ethical approval for both projects was obtained from the University Research Ethics Committee of the National University of Sāmoa and the anonymity, confidentiality, right of withdrawal, and intention to publish conditions were outlined to all participants. The facilitator for the Moving On programme was supported by the community including the principals, teachers, parents, and personnel from the Ministry of Education, Sports and Culture to implement the programme. The participants in the programme included 177 children and young adults ranging in age from 5 to 18 years who were affected by the tsunami; teachers and parents also participated in many of the activities.

The artefacts collected consisted of drawings, paintings, creative stories, and poetry and the production of these was recorded on video, photographed, and exhibited throughout the duration of the programme. Additional data were obtained via interviews/discussions with the programme coordinator. Large group interviews/discussions with approximately 15 children were undertaken and these were followed by smaller group discussions with 5-6 children. In addition to this, most of the children were spoken to individually to explore feelings and responses. The group sharing sessions were important because they provided peer support and assisted with the expressions of responses.

All the data that were collected were compiled and allocated codes by both researchers and these codes were then classified into categories whereby themes were noted. To confirm the reliability, the same process was repeated some weeks later. This was an approach based upon the thematic analysis ideas developed by Miles, Huberman, and Saldana (2014). Trustworthiness of the data was ensured by the range of responses, the many artefacts, colleague evaluation of data, and the fidelity of the constructed overall research plan.

Some simple quantitative data were also collected about the programme and this supported the qualitative data findings. This data consisted of identification of favourite art therapy activities, overall helpfulness of the programme, suggestions for improvement, and the project meaningfulness to the participants. The data revealed that the favoured art therapy activities included painting and drawing, and many (39%) reported an enjoyment of the sharing sessions. In response to questions about how the art therapy programme was beneficial, 89% reported it lessened the pain and sad memories and facilitated an alertness and happier thoughts. The programme was reported as being meaningful and timely to 90% of the children and over half (53%) wanted a continuance of it. A few of the

children (2%) did not want to explicitly explore the tsunami topic any further even though they indicated the programme should continue to remind them of the tsunami.

This quantitative data, although not directly measuring outcomes in terms of healing, provided an account of the activities and outputs that promoted opportunities for the participants' expressions. Some encountered challenges with the specifics of the programme, however, although it was difficult to assess whether this was because of the nature of the topic or the modes of expression.

On the other hand, the qualitative data revealed a range of emotions and thoughts. In the analysis, several themes were detected – death, fear, destruction, heroes, spirituality, and moving forward. The most powerful and haunting reports were the children's anxieties with death and fear of the tsunami as indicated in the following figures.

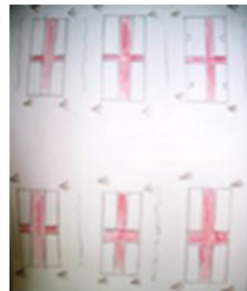
Figure 2. Illustrations of fear



Figure 3. The wounded and dead



Figure 4. Coffins of the victims



Overall, the qualitative and quantitative data revealed that the participants could communicate their feelings and emotions and this provided a powerful vehicle for healing. This provided an insight into the perceptions of the children and identification of the key responses that promoted sharing and community responsiveness creating a context for healing. Figure 4 is an example of the depiction of the beginning of the healing process.

Figure 5. Namu'a Island without the ravages of the tsunami



A qualitative summative evaluation impact study (Latai & McDonald, 2017) was undertaken several years later to assess the value of the Moving on Art Therapy Programme and to gauge the impact of the programme to support the students to overcome the trauma associated with the tsunami. The purposes were to assess, from a long-term perspective, the usefulness of such a programme and its impact and thereby forming a basis for planning future programmes, to share the findings, and to inform the growing literature base. A survey of the participants was undertaken and other indices such as anecdotal reporting were considered which provided additional feedback. This evaluation was implemented years after the intervention and provided data on the sustainability of the programme's objectives and outcomes, and whether the resources were adequate in helping with making meaningful assessment of the utility of the programme. This study was undertaken with a sample of 8 students and 6 teachers of the original Moving On programme participants.

Each semi-structured interview of 20-30 minutes was audio recorded and transcribed. The two researchers interviewed the participants in English; Sāmoan language was used when necessary to elaborate or clarify. In addition, many probes followed the answers and the children and teachers were also encouraged to elaborate upon their answers. The questions related to overall feelings and thoughts about the programme, the most memorable aspect of it, identification of any negative aspects, the impacts, and suggestions for improvements. Miles, Huberman, and Saldana's (2014) thematic analysis was used to interpret the data. Trustworthiness was established via use of the researchers' academic, research, and experiential backgrounds; the knowledge base of the local context and culture; understanding of the programme; and use of participants' narratives.

Overall, the participants in the evaluation study indicated a positive response and appreciated the opportunity to engage in the programme. From the analysis of the data, themes were identified: shared experience of the event, the value of emotional reactivity and well-being, unique personal recollections, teacher perceptions, the bringing of meaning and interpretation during chaos, the benefit of developing a framework for future calamities, the establishment of a historical record, and the cathartic experience of engaging with the art media. Several specific suggestions were also provided for improvement such as incorporating such art activities into the school curriculum. From an examination of these themes, a “meta-theme” of “healing and sharing” was evident as many ideas related to the opportunity the programme provided for recovery.

As indicated, there was considerable evidence from the data gathered that the Moving on Art Therapy programme assisted the children and community to deal with the tsunami. Being a local response programme it provided tangible unique healing and meaningfulness for the community at a time of calamity. The success of the programme resulted in wide interest from national and international spheres because the programme acknowledged the need for psychological and social healing activities beyond the physical need. It was regarded by many as a historical record and highlighted the need for a preparedness for future calamities.

What had been achieved was important. The outputs and outcomes of Moving On and subsequent evaluation of it indicated that the children and community were provided a nexus for healing following the disaster that occurred in the Aliepata district in 2009. The evidence indicated that there was a movement from distress to providing meaning and then to coping. for the children, families, and community. The findings in both studies (Latai & McDonald, 2016; 2017) were consistent with the international literature (e.g., Chilcote, 2007; Huss, Kaufman, Avgar, and Shouker, 2015) that identified the need to express fear, shock, anger, and re-engagement/re-building. These sources have indicated that the provision of such interventions is a necessity if personal, family, social, and community psychological welfare is regarded as important when reconstruction is being implemented.

In acknowledging the success of the programme, it is important to recognise that there were several research limitations. In the initial study that explored the outputs and outcomes of the programme, it was unknown to what extent the art and stories captured the full meaning – was the event too painful and immediate for a wide-ranging valid response by

all the children? Some of the emotions may have remained submerged. Furthermore, the collection of narrative data was minimal because attention was directed toward expressive arts products – however, such descriptive evidence could have added further meaning to the outputs. Neither was there any data collected on the measurable quantitative impact of the intervention although there were numerous outputs indicating growth. The evaluation study also had some limitations. There was a small number of participants, one reason being that many had moved from the district and country and recall of the events may have been difficult for the participants as the evaluation was undertaken seven years later. A wider survey of participants, such as parents and community members, would have been useful as well though not undertaken due to unforeseeable circumstances. In both studies, an increased rigour of findings could have been achieved if more quantitative data had been gathered.

Feedback data from both studies, reflections by the facilitator/researchers, and the international literature indicated, however, that future programmes need to consolidate and increase the focus on a consistent holistic cultural approach which considers the need for an encompassing intervention emphasising the interactive forces of the culture and family. The spiritual, physical, psychological, and specific group/individual characteristics in Samoa are of vital importance and are intertwined. Further, a strengthening of the psychological therapeutic input and purposeful interaction with the expressive elements would add value to the approach to move beyond a solely “art as therapy” orientation – this necessitates facilitators having a knowledge of both expressive arts and psychological discourses to maximise benefits of any intervention. The facilitators’ learning and programme outcomes of the Moving On programme made it apparent that there was a need for an expeditious implementation when calamitous events occur, and hence the need to promote education and training of other people was recognised as important. Another important conclusion of these studies, and indeed, as noted in the international literature, is the need for additional research to consider such issues as what specific contextual cultural modifications are needed, which expressive arts programme arrangements are the most efficacious, and what healing strategies the most influential. In addition to these specifics of research agendas, many commentaries indicate the need for future research gathering from a qualitative and quantitative perspective – this is needed to further consolidate growth grow into a professionally robust discipline.

The Moving On arts therapy programme was a unique intervention undertaken to promote healing and wellness in a community ravaged

by a natural disaster. The expressive arts activities assisted not only the children; it served the community at large to adjust to the event and it made a significant statement about the need to provide for more than the physical needs of victims – it impacted on their psyche. Furthermore, it enabled an important therapeutic response to be recorded as a healing and transformative approach for the victims and this has local and international significance audiences.

The task of [art] therapy is not to eliminate suffering but to give a voice to it, to find a form in which it can be expressed. Expression is itself transformation; this is the message that art brings. The therapist then would be an artist of the soul, working with sufferers to enable them to find the proper container for their pain, the form in which it would be embodied. (Levine, 1992, p. 14)

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