



LIVING THROUGH  
THE ARTS



**The Royal Conservatory's  
Living Through the Arts Program  
ARTS-REHAB PROJECT**

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**Final Research Summary Report**

**August 2017**

Submitted to

The Ontario Trillium Foundation

by

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## ACKNOWLEDGEMENTS

This study is in collaboration with five Ontario hospital sites – Bridgepoint Active Healthcare (Toronto), West Park Healthcare Centre (Toronto), St. Peter’s Hospital – Hamilton Health Sciences, St. Joseph Continuing Care Centre of Sudbury, and St. Joseph Care Group (Thunder Bay). The generous time, energy and commitment of their administrative, health care, and research staff helped to make the spark of an idea into a reality.

I want to thank: Laurie Sadowski for her tireless assistance with data collection and analysis; and Tim Pauley for his mentorship, research expertise, and encouragement from start to finish. I also want to thank The Royal Conservatory’s Artist-Facilitators for their commitment, enthusiasm, and imaginations. I want to thank my colleague and friend, Nicole Arends, the Project manager, for being the heart of the Project.

The ARTS-REHAB Project team is deeply indebted to the generosity of The Ontario Trillium Foundation who made this research possible.

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# ARTS-REHAB Project Research Study

“THE ARTS PROGRAM HELPED ME TO HAVE A FEW HOURS OF ESCAPE FROM THE ‘ROUTINE’. IT TOOK MY FOCUS OFF PAIN AND HELPED ME TO DIRECT MY ATTENTION ON THE PATH OF A GOOD FUTURE.”

Intervention Participant, St. Joseph’s Care Centre, Sudbury

## Final Evaluation Report

### 1. EXECUTIVE SUMMARY

**The ARTS-REHAB Project** is a unique multi-year creative arts program and research study that emerged through partnership between The Royal Conservatory (RCM) and five Ontario Hospitals in Toronto, Sudbury, Hamilton, and Thunder Bay. Based on The Royal Conservatory’s Living Through the Arts program, the **creative arts program** at the center of *The ARTS-REHAB Project* provided an opportunity for patients in slow-stream rehabilitation/reconditioning to engage in creative play guided by RCM’s Artist-Facilitators in an on-going series of weekly sessions. These sessions ran from March 2015 (starting at the first hospital site in Sudbury) and continued at all five sites until April 2017.

*The ARTS-REHAB Project research study* conducted an evaluation of how meaningful engagement in a creative arts program can support the personal and social wellness of inpatients in rehabilitation. The purpose of the evaluation was: i) to describe and interpret patients’ subjective, “lived experience” of recovery in the context of the creative arts program; ii) to examine the potential of arts-based programs in a hospital context for assisting rehabilitation patients to re-enter their communities sooner and more positively than under standard treatment regimens; and iii) to evaluate the implications of patient needs during recovery for a whole-person approach to care. Using a phenomenological approach and a mixed methods design, the evaluation involved qualitative questionnaires, focus groups, observation logs, and one quantitative standardized self-test. These data collection tools were structured around the themes of hope and optimism in patients’ engagement in their recovery, in their evolving sense of self, and in their outlook for the future.

Overall, the themes emerging from the data on participants’ experiences of recovery, care, and the arts suggest that there are patient needs that must be valued and addressed over and above the immediate physical ones. In other words, patient care is care for the whole person. This understanding of whole-person approach care comes from multiple perspectives on providing and receiving care – from patients, hospital staff, and arts program facilitators. Based on these multiple perspectives, a whole-person approach to care integrates into the rehabilitation process a sense of community and fun, a

focus on patients' capabilities, and a sense of independence and agency in recovery. The ARTS-REHAB creative arts program supports this approach to care by using story to build relationships, overcome boundaries, attune to patients' changing needs, and create community. These ways of caring for more of the whole person's needs, seems to serve a more positive return for patients to their communities.

## 2. BACKGROUND

As an extension of a growing literature on arts and healthcare, the proposed research contributes to the knowledge of the transformative potential of creative arts programs in healthcare settings. Perceptual psychologist Rudolph Arnheim wrote that, "by demonstrating what it can do for the distressed, art reminds us what it is meant to do for everybody" (Arnheim, 1986, p. 257). Arnheim's observation aptly captures the spirit of the literature on the contributions of creative arts to the health of individuals with illness and disability (Daykin, Byrne, Soteriou, & Sullivan-Marx, 2006 for review; McNiff, 2009; Malchiodi, ed., 2000; Moon, 2008). However, much of this literature focuses on specific art forms as medical therapy for specific illnesses (e.g., dementia, schizophrenia) and specific demographics (seniors, children). There appears to be a need for studies that examine more broadly how engagement in a creative process serves the whole person and not strictly the disability during recovery / treatment. The *ARTS-REHAB Project Research Study* takes up this approach by exploring recovery not only in terms of patients' physical needs, but also in terms of their emotional and psychological needs for healing and returning to their daily lives and communities.

In the initial consultations with the study's hospital partners, the hospital representatives were asked about what patients still need that they may not be receiving through their current care plans. The common response was the need for meaningful activity that would assist hospitals in caring for the whole person. According to the literature, whole person care not only promotes cognitive and physical function, but also *integrates a patient's sense of personal agency and social connection into the recovery process* (Kearney & Mount, 2003; Kearney, 2000; Hutchinson et al., 2009; Hutchinson, 2011; Kitwood, 1997). In the interest of whole person care, this study aimed to capture those experiences of personal agency and social connection through the psychosocial structures of hope and optimism.

There is a broad body of relevant literature that explores hope and optimism as psycho-social indicators of wellbeing in illness/recovery. The health sciences literature defines hope and optimism as concepts relating to a person's way of coping with challenges. Both concepts refer to a person's future orientation. *Optimism* refers to a general expectancy that good rather than bad will happen. (Sheier & Carver, 1985; Peleg et al., 2009). *Hope* more specifically refers to the positive expectation of attaining a goal, (Snyder et al., 2002). Hope also consists of the dimensions of agency (a person's perceived inner resources) and pathways (possible routes) to achieving a specific goal.

Additionally, the literature suggests that optimism has been associated with improved quality of life in the form of lower anxiety/depression for cancer patients (Carver, Pozo, Harris, 1993; Applebaum et al, 2014) and patients with traumatic brain injury (Peleg, et al., 2009), greater satisfaction with a treatment regime for patients suffering myocardial infarction (Barry, et al., 2007), and lower suicidal ideation for university students (Range & Penton, 1994). Much of the optimism literature, however, tends to focus

on patients with traumatic chronic illness or mental illness (Eisner, et al., 2009; Johnson, et al., 2009). There is room to build on the evidence with a different patient population, namely, patients undergoing physical rehabilitation. Furthermore, there is room to explore optimism in the context of a specifically arts-based intervention, over and above the prescribed medical treatment.

### 2.1 The ARTS-REHAB creative arts program

The creative arts program at the center of the ARTS-REHAB Project was based on The Royal Conservatory's *Living Through the Arts* program. Living Through the Arts is an inter-arts program designed to empower individuals and communities through artistic self-expression and creativity. For the past ten years, Living Through the Arts has successfully served different demographic communities across Ontario (e.g. seniors with dementia, homeless or low income individuals, people with mental illnesses or intellectual disabilities). In keeping with Living Through the Arts, the *ARTS-REHAB* creative arts program used a variety of art forms, with an emphasis on storytelling, to help patients in rehabilitation imagine and creatively express their path to recovery in a manner that promotes a strong sense of personal capacity and meaning. Weekly sessions of the arts program ran concurrently at all five Project partner hospitals on an ongoing basis from March 2015 until April 2017. All sessions were facilitated by The Royal Conservatory's specially-trained professional Artist-Facilitators. A total of 21 Artist-Facilitators provided programming across the five hospital sites (7 at Bridgepoint; 6 at West Park; 4 at St. Peter's; 4 at St. Joseph's in Sudbury; 4 in St. Joseph's in Thunder Bay).

The format of the arts sessions were designed to guide patients through a step-by-step creative process in a range of arts disciplines: visual arts, drama, music, dance, and creative writing. Unique to this arts program is a specific curriculum that structures the approach and content of each session.

#### Curriculum of the ARTS-REHAB arts program



Creating new stories/identities



Supporting health and recovery



Discovering a sense of purpose



Creating positive images of the future

## 2.2 Hospital Partners

The ARTS-REHAB Project research study was conducted at five Ontario Hospitals in Toronto, Sudbury, Hamilton, and Thunder Bay.

### ARTS-REHAB Project Hospital Partners



## 3. PROJECT EVALUATION

### 3.1 Research Purpose

The central question of *The ARTS-REHAB Project research study* was: how can meaningful engagement in a creative arts program support the personal and social wellness of inpatients in rehabilitation? In order to learn about the care experience of people undergoing rehabilitation and the role that meaningful engagement in a creative arts program plays, the study's primary objectives were to:

- i) describe and interpret patients' subjective, "lived experience" of recovery in the context of the creative arts program;
- ii) measure the potential of a hospital arts program for assisting rehabilitation patients to re-enter their communities more positively (and sooner) than under standard treatment regimes.

More exploratory objectives aimed to:

- iii) expand our understanding of a more empathetic, creative model for whole-person care within the clinical/medical context;
- iv) inform how to adapt The Royal Conservatory's Living Through the Arts program to other care settings.

For the Intervention participants in the creative arts program in addition to their rehabilitation activities, we expected to see increased sense of hope and optimism reflected in qualitative differences in their sense of future purpose and engagement in their rehabilitation compared with Control participants (who did not attend the arts program). Additionally, we anticipated potential attending benefit of functional improvements for Intervention participants through decreased length of hospital stay.

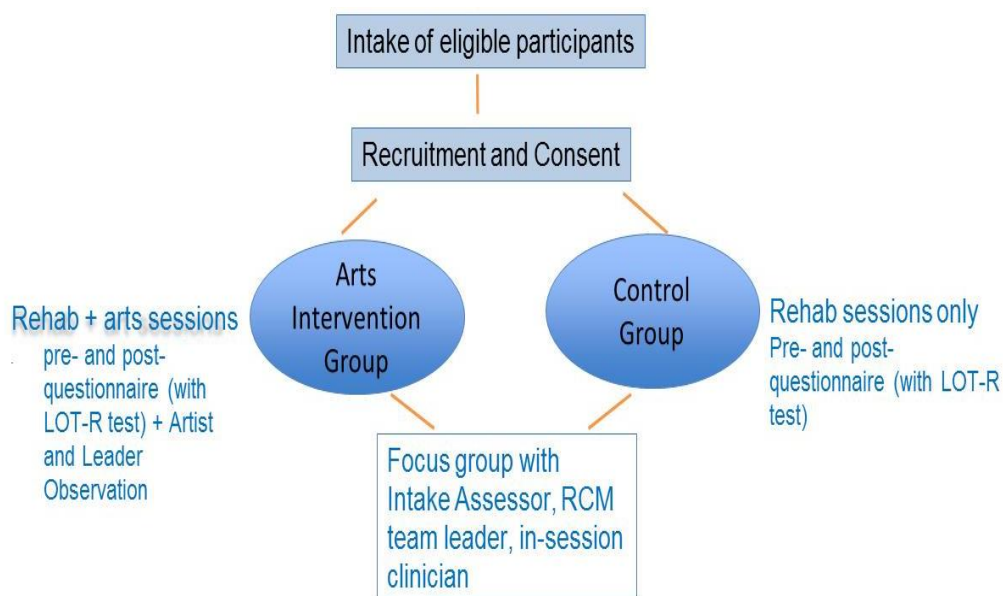
#### 4. RESEARCH DESIGN and METHODOLOGY

Research on the ARTS-REHAB Project's arts program used a mixed methods pre-post design in order to capture how participation in the arts program can serve patients' experience of personal and social wellness. Patients who were eligible were randomly assigned to one of two groups – the arts intervention group or the control group. Participants were assigned on an alternating basis to one or the other group so that *every other participant* would be in the Intervention group.

The Arts Intervention group received an hour of the arts program per week in addition to their scheduled rehabilitation activities. The Control group only received their rehabilitation activities. The Control group could participate in any other hospital social event or activity other than the ARTS-REHAB arts program. Prior to discharge and upon completion of the post-program questionnaire, all participants were given a thank you letter that provided a list of creative arts resources in the community as a way to further encourage and support their creative expression after rehabilitation.

All participants were recruited on an ongoing basis from slow-stream or reconditioning rehab, where hospital stay average is over 30 days. These patients tend to be frailer, community-dwelling seniors with complex diagnoses and comorbidities.

##### The ARTS-REHAB Project Research Design



The two-group design facilitated a comparative understanding of patients' qualitative experience of care, rehabilitation, and the arts program. This design also allowed us to measure and quantify changes in patients' optimism at the start and end of their hospital stay.



## 4.1 Participant Eligibility

Eligible participants were recruited from inpatients within the first two weeks of their admission to the hospitals' rehabilitation units. Their study participation was based on the following **inclusion criteria**:

- Have average expected length of stay of 30 days or longer;
- Be able to speak, understand, and write English;
- Are cognitively able to understand and give written consent and complete research questionnaires;
- Are either community-dwelling or have had a stay in acute care ;
- Are anticipated to return to their homes/communities.

In defining these inclusion criteria, average length of stay was crucial for defining the participating patient population. The Living Through the Arts program provides arts experiences by which participants discover and explore their own individual creativity. To capture the evolution of such an experience over time required participation in the program for a *minimum* of three weeks. Furthermore, consultations with senior hospital administrators in the planning stages of the study suggested that greatest need among rehabilitation patients for such a program existed with the slower-paced rehabilitation population. According to hospital administration, the reconditioning patients have fewer therapy sessions scheduled per week due to activity tolerance or other considerations. Given these considerations in defining our criteria, prospective participants came from Complex Care and other long-stay rehabilitation units which serviced reconditioning patients. These patients tended to be frail seniors with complex diagnoses and comorbidities.

Given the complexity of this particular patient population, it was important to address possible **exclusion criteria**. That is, participants became ineligible to participate in the study under the following conditions:

- Discharged early prior to completion of the minimum number of 3 creative arts sessions (for the intervention group only);
- Unable to complete research questionnaires due to physical pain or cognitive decline;
- Transferred to acute care (without return to slow-stream rehabilitation);
- (anticipated) transfer of patient to long-term care following rehabilitation.

## 4.2 Participant Recruitment and Safety

In preparation for the start of the arts program and data collection, hospital staff were sent a Letter of Agreement outlining the parameters of their participation in the study. Prior to recruitment taking place, hospital staff were given an information package in advance of patient intake consisting of: a Hospital Information Sheet (with contact information of the people involved in this study), Roles and Responsibilities document, and Instructions for Recruitment.

Recruitment occurred two weeks prior to the start date of the intervention program at each site and continued on an on-going basis until the end of the study (April 2017). Recruitment for the intervention and control groups took place upon patient intake according to the following steps:

1) At Day 1 of patient intake, a hospital staff member took on the role of “Intake Assessor”, informally identifying those patients who seemed to fit the eligibility criteria and who might be appropriate for participation in the study. Each hospital site differed in who they assigned to this role depending on who was involved in the plan of care process. Often, the Intake Assessor role would be assumed by Occupational Therapists, Physiotherapists, or Recreation Therapists who worked with the reconditioning patients. The Intake Assessor was provided with information on the participation criteria in order to make an educated initial assessment of a patient’s potential eligibility for the study.

2) Following Day 1 of patient intake, but prior to the start of the *ARTS-REHAB* creative arts program (between one to two weeks after intake), The Royal Conservatory’s Project Leader assumed responsibility for recruiting prospective participants, obtaining formal consent, and conducting questionnaire data collection. This “Recruitment and Consent person”:

- approached those patients initially identified by the Intake Assessors as appropriate for study participation and introduced the study to them according to the recruitment script provided;
- provided patients with the Information Sheet/Consent Form describing the study and what their participation would entail;
- assisted prospective participants with understanding all pre-program participation questionnaires and consent forms;
- ensured all hard copies of participants’ signed consent forms and completed questionnaires were scanned and stored in a secure location at the hospital site. Electronic scanned copies of the documents were sent by secure means to the RCM Researcher and Transcriber.

Participants in the control group were informed that, while not receiving the weekly creative arts program during the course of the research study, they would have opportunity to participate in one creative arts session following the completion of their post-questionnaire and prior to their discharge. Participants in the intervention group were informed that they would be receiving an extra hour of recreational creative arts activity in addition to their rehabilitation and other social activities.

#### 4.3 Participant Consent and Risk Reduction

Consent forms were provided to the patients at recruitment in an information package delivered by the Recruitment and Consent person. Although the anticipated total time for completing all forms and questionnaires was approximately 45 minutes, participants had several days from the time of their admission to the rehab unit until the first creative arts program session (approximately one to two weeks) to complete the forms and questionnaires. The Royal Conservatory’s Recruitment and Consent person assisted patients in completing forms when necessary. This gave participants time to review the study procedures, discuss the study with the Recruitment and Consent person, and have any questions answered prior to participating in data collection activities. All participants signed the informed consent form in the presence of the Recruitment and Consent person.

At each hospital site, a staff member (typically a Recreation Therapist or Recreation Therapist Assistant) was assigned the role of “In-Session Clinician” and was present for all arts program sessions to support any needs that may emerge from participants during the various creative activities.

#### 4.4 Additional Buffer Participants

Even with our streamlined recruitment processes, longer occupation of reconditioning beds along with other uncontrollable variables associated with the slow-stream population (i.e., see Exclusion criteria), meant that often there were only 1-3 Intervention participants at any given time in the arts sessions. While still an enriching experience for our Intervention participants, this situation did not accurately represent the full ARTS-REHAB program experience. For some participants, being the only person in the session might have been a deterrent from continuing with the program.

When Intervention group numbers were less than 3 at any given time, Intake Assessors verbally invited additional patients into the program on an informal ad hoc basis. These buffer participants would:

- be **ineligible** as study participants (not fitting with study criteria);
- be patients with a hospital stay approaching 4 weeks or longer at the time of invitation;
- join the creative arts session voluntarily, with no expectation for a weekly commitment to attend.

Since they would not be study participants, consent would not be required beyond their expressing a desire to attend. They did not complete questionnaires nor were they observed as part of data collection.

At the start of the week when the creative arts session attendance was known to be low, the Intake Assessors extended an informal invitation to patients who might enjoy additional recreation (as they would for any other hospital-wide social activity). For those expressing interest, the Intake Assessor provided them day/time/location information for the creative arts session and arranged for portering as needed. Since hospital program spaces were smaller and more intimate in size, it was recommended that no more than 5 buffer patients attend the creative arts session per week.

At the time of recruitment, study participants (both Intervention and Control) would be informed verbally that the creative arts session they were attending (or restricted from attending) may have non-study participants in attendance. They were informed that the experiences of these additional participants were not being captured through questionnaires or observation and that they were only contributing to the social aspect of the program.

Inviting buffer participants into the program better simulated the social dynamic of an actual Royal Conservatory (Living Through the Arts) program experience (with full attendance).

#### 4.5 Structures of Analysis and Data Collection

Our main measures/structures for analysis were as follows:

- A sense of hope, optimism, and future purpose;
- Patient engagement (in their recovery);
- Decreased length of hospital stay.

At the beginning and end of their hospital stay, patients completed a qualitative, semi-structured questionnaire about their sense of self in recovery, hope, optimism, and future purpose and a 10-item, single-score scale measuring generalized optimism, the *Life Orientation Test Revised* or *LOT-R* (see *Appendix A*). In addition to the patient's own perspective on their experience of recovery and the arts/rehabilitation programs, we included the perspectives of:

- Artist-Facilitators
- Project leaders
- Hospital staff

For these perspectives, we used focus group questionnaires, Artist-Facilitator observation logs, and Project Leader observation logs. Other qualitative data collection tools included observational reports of participants' experiences, completed by the Artist-Facilitators who were running the creative arts program sessions on a weekly basis and by *ARTS-REHAB* Project Leaders from The Royal Conservatory every two months. Focus groups with hospital staff involved in the study took place approximately three times per year (at the end of each artist's planned four months of weekly creative arts program sessions). Artwork created by participants in the *ARTS-REHAB* program was also a source of qualitative data to analyze for evidence of expression of the primary themes of hope and optimism.

Predominantly qualitative in its methods, the study took a phenomenological approach to research data that reflects on the seemingly ordinary and contingent details of lived human experiences and makes explicit the essential structures of meaning of those experiences. Phenomenology seeks out universal themes shared across the diverse array of individuals' experiences. To put it another way, "out of one's own experience are the possible lived experiences of others". (Van Manen, 1990, p.120)

#### 4.6 Sample Size

For the measure of quantitative data, we calculated a target sample size. Drawing from the literature search concerning measures of optimism within a rehabilitation population, Life Orientation Test-Revised (LOT-R) was the best validated tool discovered for setting our sample size targets. The most relevant data for this purpose appears in a research study comparing the relationship between optimism and depression in healthy adults and patients who suffered traumatic brain injury (Peleg, et al., 2009). Based on calculations from the results of this published study, the target sample size for the *ARTS-REHAB Project Research Study* was 94 participants per group (intervention and control) across all participating sites.

#### 4.7 Data Analysis

As a method of data analysis, qualitative questionnaire responses were reviewed, and large segments of text (on the topic of their expectations and experience in recovery) were assigned descriptive codes. These descriptive codes were then grouped according to patterns of shared themes. These themes were further formulated into a few essential themes/categories through an inductive, iterative process. Quantitative self-report scores for both groups were analyzed using SPSS statistical analysis software.

#### 4.8 Training of Recruitment and Consent Person

As members of the research team, the Royal Conservatory's site-specific Project Leaders took on the role of Recruitment and Consent Person at their respective hospital sites. Prior to the start of the Project at the very first hospital site, Leaders received an initial 1.5 hour group training session to prepare for the responsibility of data collection. This meeting aimed to build their skills in qualitative observation and reporting as well as conducting the standardized test of optimism (LOT-R). This training was followed up with one-on-one training for each Leader just prior to the start of the Project at their hospital site. Research support for their role as Recruitment and Consent Person continued with structured monthly Leader meetings and more informal ongoing correspondence.

### 5. PARTICIPANT STATISTICS

Given that study participants were recruited across five Ontario hospitals, there is some diversity among the frail elderly patients with co-morbidities that characterize the slow-stream rehab patient population. The following tables provide more specific information about who our participants were according to their gender, age, marital status, and diagnosis.

**Table 1. Number of Participants per Group by Gender (N = 173)**

	Intervention	Control
<b>Male</b>	21	39
<b>Female</b>	55	57
<b>Total</b>	<b>77</b>	<b>96</b>

**Table 2. Average Age of Participants by Group (N = 163)**

Group	Average Age (yrs.)
<b>Intervention (n = 71)</b>	71
<b>Control (n=92)</b>	74

**Table 3. Number of Participants per Group by Marital Status (N = 173)**

	Single	Married/Partnered	Divorced/Separated	Widowed	Not specified
<b>Intervention</b>	11	24	13	25	8
<b>Control</b>	10	28	12	37	5
<b>Total</b>	<b>21</b>	<b>52</b>	<b>25</b>	<b>62</b>	<b>13</b>

**Table 4. Participant Diagnoses by Group (N = 173)**

	Control	Intervention	Total
<b>Infection</b>	3	10	13
<b>Muscular-skeletal</b>	36	20	56
<b>Stroke/Heart Disease</b>	7	16	23
<b>Amputation</b>	4	3	7
<b>COPD/Respiratory Diseases</b>	21	9	30
<b>Neurological/degenerative diseases</b>	6	4	10
<b>Other</b>	15	8	23
<b>Unspecified</b>	4	7	11

## 6. RESULTS

The following findings for the ARTS-REHAB Project research study center on participants' sense of **optimism** and **hope** as reflected in their expectations and experiences in recovery, sense of self and connection to others, and their outlook for the future. As mentioned earlier in this report, both hope and optimism relate to ways of coping with challenges and to future orientation. *Optimism* refers to a general expectancy that good rather than bad will happen. *Hope* more specifically refers to the positive expectation of attaining a goal. Hope also consists of the dimensions of agency (a person's perceived inner resources) and pathways (possible routes) to achieving a specific goal. These related, yet distinct concepts of hope and optimism frame the following data findings.

These findings in the analysis are based on the pre- and post-questionnaire responses of 77 Intervention participants and 93 Control participants collected on a weekly basis between March 2015 and April 2017. These data were trimmed for participants who became ineligible over the course of their hospital stay based on the study's exclusion criteria. See **Table 5** below for the breakdown in number of Artist-Facilitator log entries, Project Leader observations, and Focus Groups at each hospital site.

**Table 5. Number of Observational Data Collection Tools per Hospital**

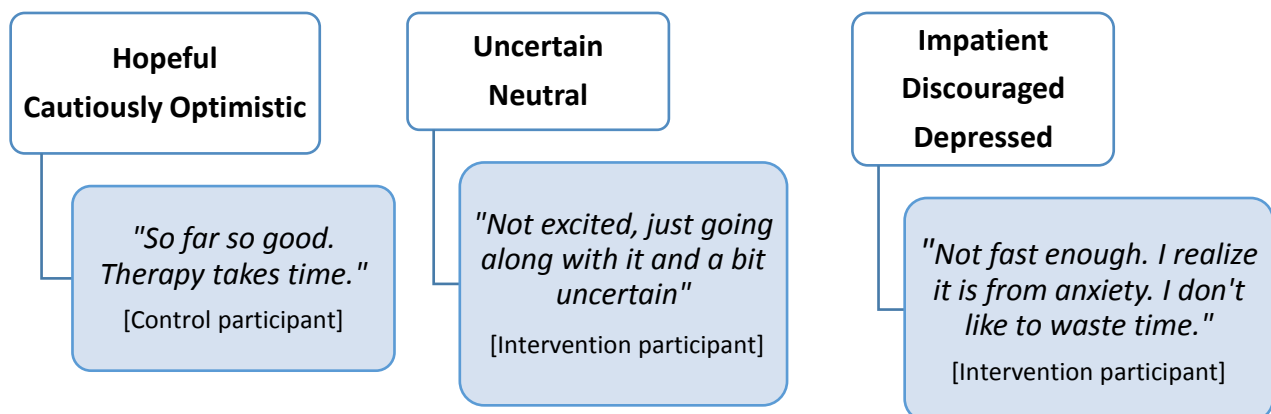
	Number of Artist-Facilitators Log Entries	Number of Project Leader Observations	Number of Focus Groups
<b>Bridgepoint (Toronto)</b>	80	19	5
<b>West Park (Toronto)</b>	68	15	4
<b>St. Peter’s (Hamilton)</b>	61	10	5
<b>St. Joseph’s (Sudbury)</b>	84	16	6
<b>St. Joseph’s (Thunder Bay)</b>	28	8	2
	<b>321</b>	<b>68</b>	<b>17</b>

## 6.1 Pre-Questionnaire Findings

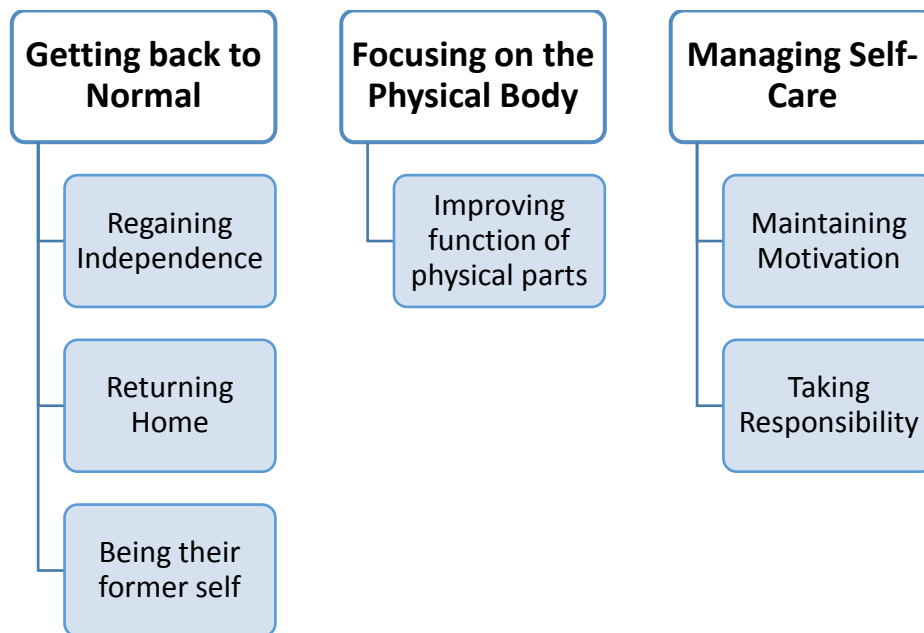
### 6.1.1 Expectations and Experience of Recovery and Sense of Self

Both Intervention and Control participants completed the pre-questionnaire within the first two weeks of their admission to rehab. At this point, there is no difference unsurprisingly between the reflections of the two groups. All participants had only just begun to manage their pain through medications and their rehabilitation exercises. Intervention participants had not yet started the creative arts program. The common themes across both groups provide us with a rich baseline for understanding patients’ expectations and experience of their care regimen at the start of their hospital stay.

Based on their pre-program reflections on their recovery process, participants from both groups expressed **mixed emotions** that speak to a wide range in their level of optimism about their recovery process.



In terms of achieving a positive, *hopeful* experience of recovery, both Intervention and Control groups identify the following expectations:



All participants express a desire and impatience **to return to their normal lives**. Their reflections suggest what a “normal life” might mean for them. That includes returning home, doing things for themselves, and getting back to how they were before their medical incident. The emphasis seems to be on the idea of returning or going back in time, that is, a longing for a prior version of themselves and their lives unconstrained by illness. As these participants said:

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*“A bit apprehensive but mainly excited to get on with it, get out of here, and get back to the man I was or close to it.”* [Intervention participant]

*“My mandate is to be able to walk out as a man. Dress myself and be as I was.”*  
[Control participant]

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Related to this return to normal is the desire for **improved function of the physical body**. Their expectations for recovery center on their immediate, day-to-day efforts toward regaining physical abilities, such as being able to walk with or without physical aids, to stand, or to move without losing oxygen. Most striking about participants’ articulation of this expectation is the **focus on the physical**



**body or body part.** Their reflections suggest that wellness is a matter of the body's physical function or wholeness and that healing the part heals the whole. Furthermore, their language appears to set up a conceptual separation of body and self. They either refer to a specific body part or speak of their body from an objective third person perspective. For example:

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*"It's hard. You've lost a part of your body. You can't do what you used to do. You lose your freedom. I'm fighting now for my right leg."* [Intervention participant]

*"I have a brace and it is less painful. I can pick up my foot and walk back."* [Control participant]

*"I forgot how much my body dislikes any intrusions."* [Intervention participant]

*"I'm setting my goals for regaining strength in my legs and increasing my mobility."* [Control participant]

*"Hope it will restore my physical body to some of its original abilities."* [Control participant]

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The third expectation for recovery concerns **managing self-care**. Specifically, participants speak of self-care in terms of motivation and responsibility. Participants recognize that they must learn how to take care of themselves while in hospital and at home, removing the burden of responsibility from their family members. They also acknowledge the need to adapt to new ways of doing things.

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*"Right now I have to learn how to deal with a pouch. To be able to handle the old way and new way of doing things. I can't expect the perfect way. You're never the same. I have to adapt accordingly without getting upset and angry."* [Control participant]

*"I will learn to live within my body's abilities."* [Intervention participant]

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This responsibility for their own care is closely tied to their motivation during recovery. Participants acknowledge the difficult challenge to overcome loneliness, boredom, and frustration and to cultivate adequate mental fortitude to work hard at recovery.

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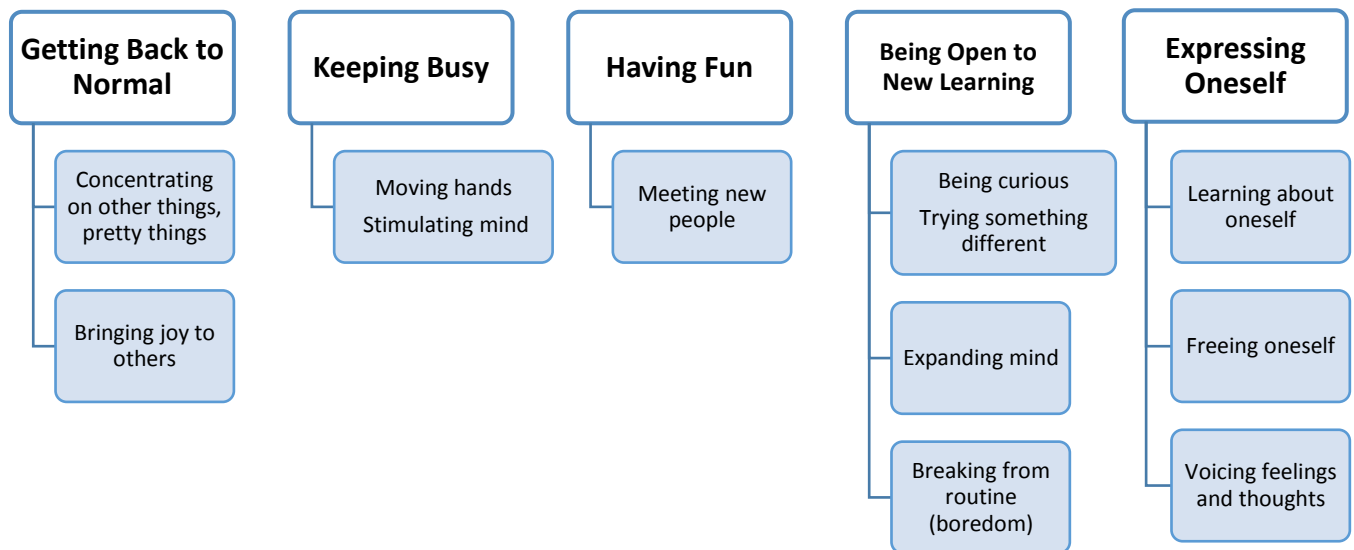
*“Right now, it’s a lot of hard work but you have to stay on top of it. I’m really, really excited about getting back home with my own family and to me the faster the better. But that isn’t always true either.” [Control participant]*

*“This whole process has demanded patience, determination, and a willingness to allow my body to heal on its own.” [Intervention participant]*

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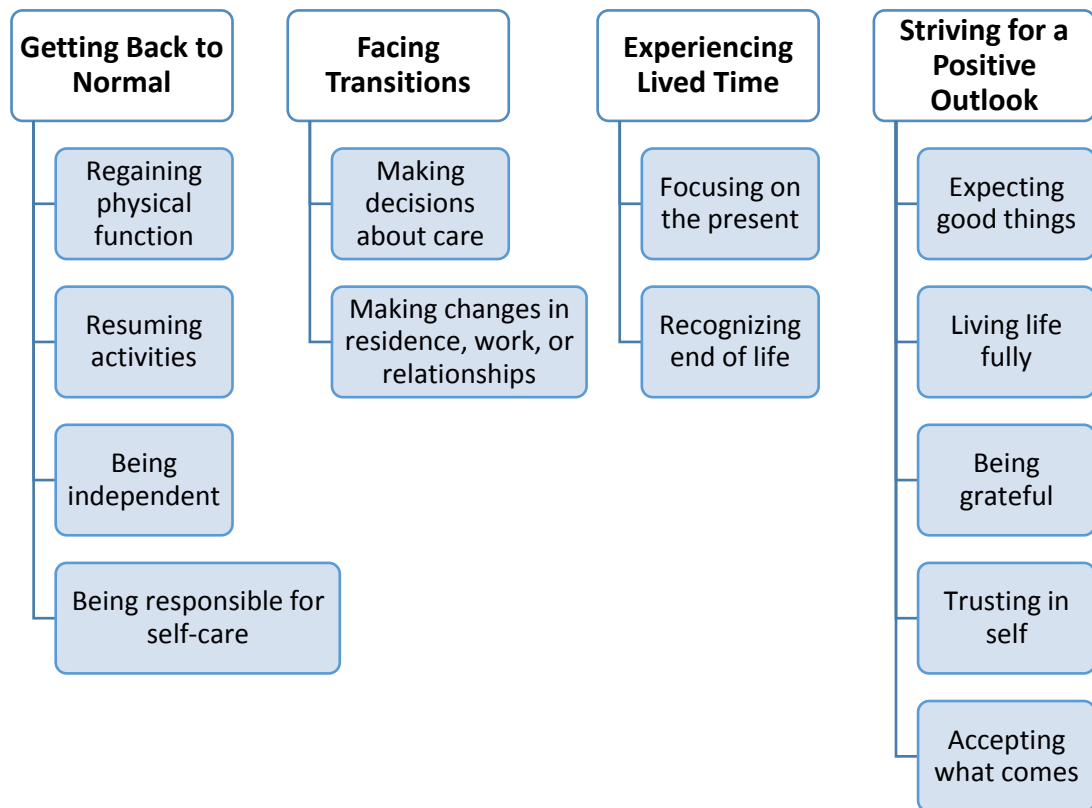
### 6.1.2 Expectations for the Creative Arts Program

In addition to their expectations for their recover process, Intervention participants were asked about their expectations for the creative arts program. Their reflections provide a glimpse into other possible hopes and needs that patients may have during recovery over and above physical care.



### 6.1.3 Future Outlook and Purpose

Based on their pre-questionnaire reflections about the future, once again, similar themes emerge for *both* Intervention and Control participants.



Upon admission to rehab, participants' hopes and needs for the future expand on those expressed in their expectations for their recovery process, providing even greater specificity. **Returning to normal life** means gaining sufficient physical function and independence to rejoin their community and resume activities, such as social life with family and friends, work, and favourite hobbies. While being responsible for their own self-care is part of their hope for living a free, independent life, participants recognize the inherent possibility of needing family support and burdening those relationships.

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*“Hopefully with a good recovery I should be able to maybe resume the biggest part of my activities and resume my independence. That’s the biggest thing – to do things on your own and not depend on others to do things for you.” [Control participant]*

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For some participants, this turning point in their health entails **facing other transitions** in their lives. Their prospective recovery challenges them to consider the uncertainties of how, where, and with whom they will live. For some, there are possible decisions about moving residences, for example, from

a house to a condo or retirement apartment. For others, there are possible decisions about living a single versus partnered life or decisions about possible retirement from work.

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*“I’ll have to consider care that is more than living at home with a caregiver. Either assisted living or a home. That’s the reality of what’s facing me and I don’t want to think about it.” [Intervention participant]*

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Upon admission to rehab, participants’ **lived experience of time** tends to focus on the immediate day-to-day of recovery. Most participants were not able to consider their lives too far into the future. Those that did tend to focus on its limits, specifically end of life.

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*“Trying to get out and Heaven.” [Control participant on how they see the future.]*

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Finally, participants’ initial reflections on the future suggest an awareness of the importance of optimism and **striving for a positive outlook**. The paths to a positive outlook are diverse and include prayer gratitude, trust in oneself, and resignation to what may be.

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*“What comes, comes. I’ll deal with it then. Half the battle is knowing it isn’t going to get better. More joy out of smaller things.” [Intervention participant]*

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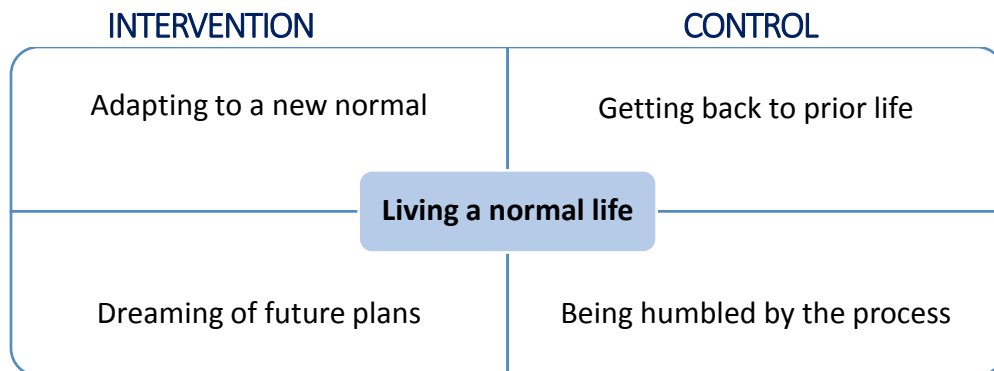
## 6.2 Post-Questionnaire Findings

### 6.2.1 The Experience of Recovery and Future Purpose

At the end of our participants’ hospital stay, we once again asked them to reflect on the experience of their recovery process. Overall, both Intervention and Control participants were positive about physical improvements they experienced during their hospital stay. Both groups spoke of the following themes as important to their recovery and sense of future purpose:

- **Living a normal life**
- **Taking care of oneself**
- **Connecting with others**
- **Experiencing lived time**

However, subtle differences between the Intervention and Control groups in the way they describe these themes suggest differences in their sense of hope and optimism upon discharge from hospital. That is, there are nuanced differences in the positive expectations of attaining various goals upon discharge and in the dimensions of agency and the pathways to those goals.



For both Control and Intervention participants, recovery meant that they could **get back to their normal lives** at home with family and friends. For *Control participants*, though, their sense of normal life emerges out of being humbled by their recovery process. That is, they express an acute awareness of their limitations following their rehabilitation. Their language suggests a sense of grief, fear, and uncertainty over the changes they've experienced in their health and their lives. In this context, they speak of normal life in terms of the security of familiar things, such as sharing meals with family, running errands, pets, or walks. Regarding what they look forward to in life after their hospital stay, these Control participants said:

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*"Doing what I used to. I hope it will be like it used to be but I am not sure."*

*"Returning to my home...because I want to get back to my usual activities, cleaning up, sorting...It's just my life."*

*"A nice normal life where people will come and see me and I will see them."*

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They are not expecting or asking much more of life other than simple things that they've known or done before.

By contrast, for Intervention participants, living a normal life focuses more on adapting to and redefining a new normal. Their language suggests a slightly different perspective on attaining future goals. As a group, they speak about the future as being not about suffering indefinitely, but rather, about seeking out opportunities for new experiences. While they mention resuming familiar activities

with family, friends, and pets, they are also very specific about making plans for future dreams, e.g., returning to school, learning a language, travelling. Of the future, Intervention participants said:

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*“I feel like I’m ready and it’s just another phase in life. If I’m not able to handle this, I’ll find another way of getting along.”*

*“My new normal [is] more acceptable to me.”*

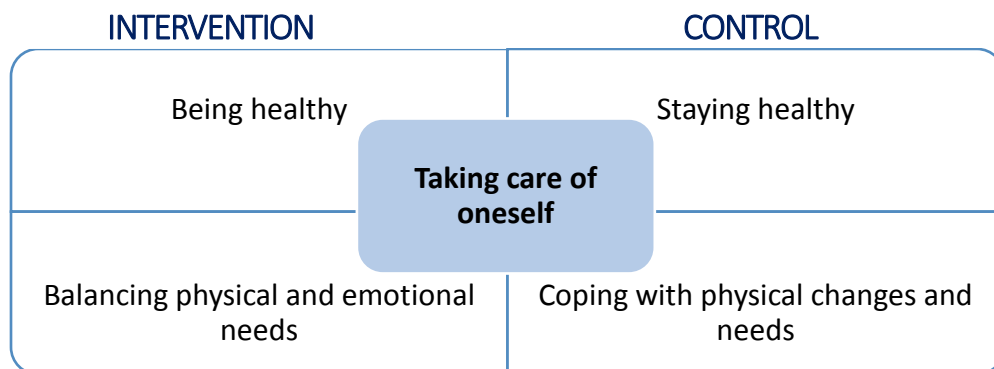
*“I am looking forward to living my life to the fullest. I have been thinking of returning to school.”*

*“I want to get back into the community. I hope I can still do some volunteer work. And I want to learn Spanish so I can speak it when I visit my daughter.”*

*“I’m looking forward to a summer free from pain when I’ll be free to go walking and swimming...There are great things to look forward to - every day is an opportunity for a new experience.”*

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Implicit in their reflections on a normal life are differences in their sense of agency. This difference emerges more explicitly in how participants from each group speak about the goal of **taking care of themselves** upon returning home.



In their reflections, Control participants acknowledge that their care during their hospital stay was not completely in their own control; they did what they were told in order to improve. As they make the transition to self-care, there is a tension between learning to help themselves and needing to depend on some assistance, *i.e.*, the assistance of others or that of physical supports. Their responses suggest a lack of confidence in their ability to maintain a new routine and regain their independence. Future wellness is about learning to cope with their physical abilities.

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*“Excited because I know if I need help and ask them they will tell me what to do. I want to drop in and see them; they were so good to me.”*

*I think I’m starting to get used to the idea. At first I had sadness. I’m leaving a protected, safe, comfortable area. I’m ready to go home.”*

*“Uncertain that I will be able to maintain the level of independence I have achieved without the daily encouragement from staff.”*

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Additionally, this fragile sense of confidence seems to influence their concept of themselves as “healthy”.

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*“Looking forward to being independent. But I also have to realize being independent means sacrifice. You feel left out of society – not you anymore... You feel like you become a less interesting person.”*

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For Intervention participants, being healthy means not merely staying physically healthy, but also being productive and feeling more capable. Their reflections suggest that they are ready to take a more active role in their own care. With the knowledge and learning they gained during their hospital stay, they acknowledge being more confident in taking care of their bodies and in improving their lives. In this way, they seem to manage balancing physical and emotional needs for improved quality of life. Furthermore, they convey a sense of being agents of their future.

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*“To continue with what I accomplished here (physically). Getting back to my volunteer program, teaching crafts at the retirement place. It’s meaningful and rewarding.”*

*“Understanding, patience, and time”.*

*“A positive mind is the only thing I need.”*

*“I have to keep up my exercises. To remember that I’m a healthy person now.”*

*“To keep focused and determined with my physical and nutritional health. Not give up. To keep getting strong mentally and physically.”*

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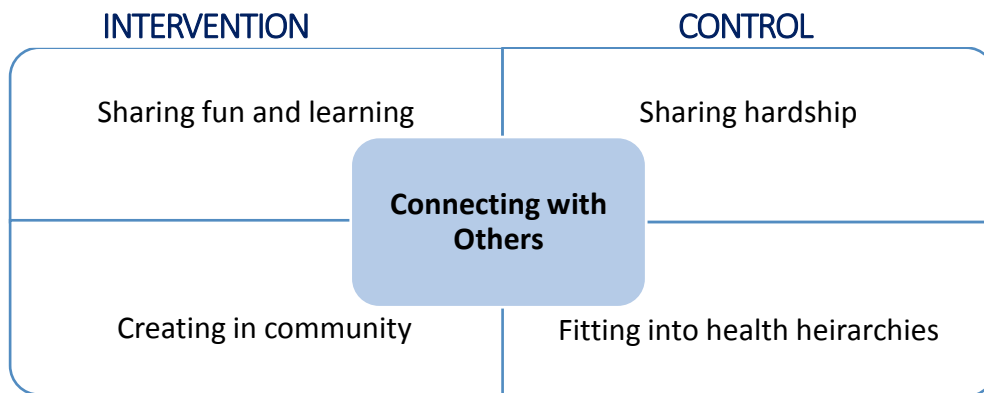
For both Intervention and Control participants, relationships to hospital staff and patients during their hospital stay was very important to the experience of care and recovery. For both Control and Intervention participants, the friendliness, kindness, and encouragement of staff members – over and above their skill at developing appropriate rehabilitation exercises – were key motivators for patient engagement in their own recovery.

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*“In fact all staff were great and not just with exercises but smiles and words of encouragement...This meant a lot to me. The whole staff treated me with every kindness.”* - Control participant

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Regarding how they **connect to other patients**, though, there are more nuanced differences between the lived experience of Intervention and Control groups.



For the Control participants, these relationships center on the shared experience of illness and rehabilitation. Often, participants expressed gratitude for their circumstance by comparing their health to those of other patients, locating themselves in a kind of health hierarchy, i.e., there are others worse off than them. This is one of the departure points for camaraderie in the units.

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*“The people [patients] – everybody is different but we all have the same goal. We can support each other without interfering with each other.”*

*“On my own, I have to keep the motivation. I’ll miss the socialization.”*

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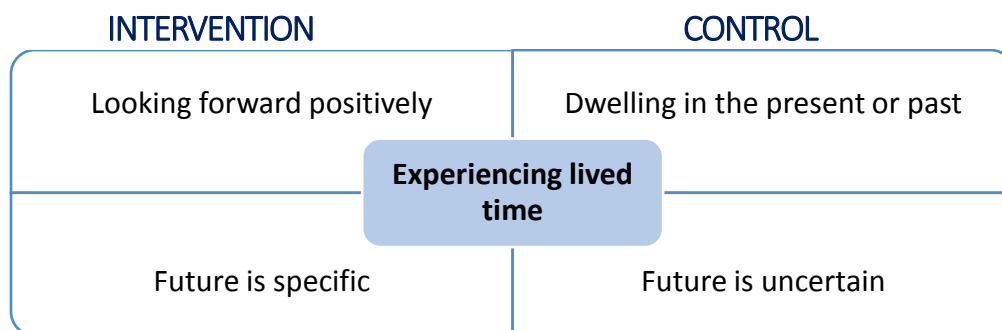
For Intervention participants, being with others means sharing not just the struggles of ill health, but also inhabiting a creative community where they learn and have fun with others. Participation in the arts program provided a context for this kind of connection to flourish.

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*“It gave me a positive attitude. I was more engaged and talking to people I would normally talk to – but gave us a culture to talk about and share, not just talk about the weather.”*

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In reflecting on their hopes for the future, participants convey their experience of lived time – i.e. what they expect the experience of the future to be.



Overall, Control participants seem more reluctant to make pronouncements about their future. Their language tends to be limited to the present or preoccupied with the past. There appears a resistance to consider the future. When they do speak directly of the future, it is often to indicate that it is uncertain.

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*“My goal is to be back to where I was...”*

*“Forward is limited because of time, and backward is forever.”*

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By contrast, Intervention participants are more directly positive about the future and speak more specifically about how they intend to look forward to it.

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*“Going ahead, not going backwards. I made up my mind when I came to life here.”*

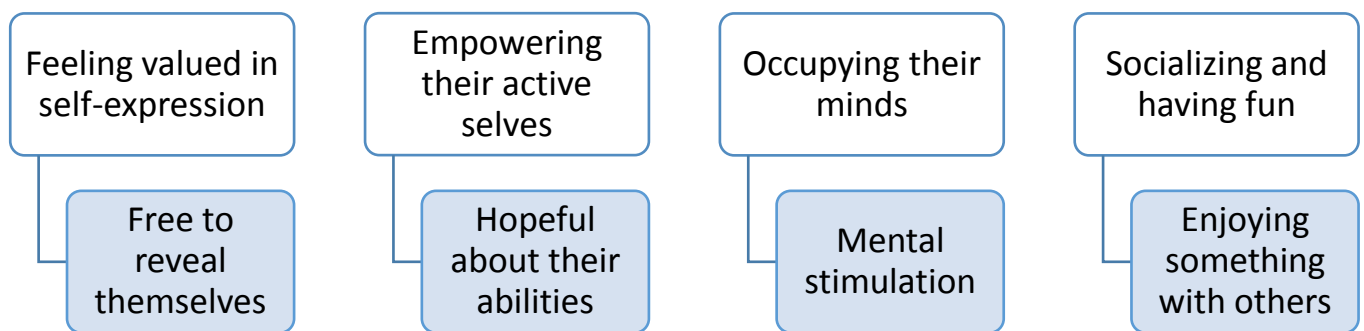
*“See the colours there are. Looking forward to living the remaining life to the fullest.”*

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### 6.2.2 Experiences in the creative arts program

Based on this analysis, the Intervention participants articulate their reflections on the lived experience of recovery and care more specifically in the dimensions of hope and optimism than the Control participants. That is, they refer to future plans and pathways to attaining goals, exhibiting greater confidence and agency. How did participation in the creative arts program contribute to their subjective experience of recovery? What did participation in the creative arts program tell them about their own abilities?

According to the Intervention participants' reflections, the following themes emerged:



According to the Intervention participants, the specific curriculum of the creative arts program helped them to refocus on what is important in life at a critical time in their lives. Through the arts, they were able to speak about their recovery process and their life experiences and be heard. While admittedly a challenge, they recognize that soul-searching, freeing their imaginations, and expressing themselves were positive experiences and contributed to **feeling valued**.

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*"It enabled me to dig out feelings I was going through. Searching deeply and being honest and not being discouraged. The fact I could make it into a song was fantastic."*

*"I just think it made me a better person by opening up. I enjoyed it."*

*"It gave us a bit of self-confidence because we were able to talk about ourselves and hear other people's stories. It was good to express feelings, sometimes sad."*

*"That I could learn. My thoughts do matter."*

---

Participants also remarked on how the sense of accomplishment and purpose **empowered their active selves** with confidence and hope in their abilities. The program motivated them to overcome any sense of inadequacy and pursue their own projects.

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*“There is no limitation. I didn’t know I could do things like what you taught me.”*

*“I’m lacking in a lot of areas, but also I’m doing a lot more than I used to do.”*

*“It encouraged me to use my hand and it encouraged me to not feel handicapped in any way. I am still able to do things.”*

---

Participants felt very strongly about the mental stimulation the program provided. It **occupied their minds**, broke the routine and boredom. Some participants remarked that the large gaps of time between their rehab activities gave them too much time to dwell on their suffering. The creative arts program challenged them with new learning, while supporting their physical function by keeping their hands busy.

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*“It got my mind to focus on something other than my physical recovery. It helped me relax and enjoy myself.”*

*“The arts program helped me to have a few hours of escape from “the routine”. It took my focus off pain and helped me to direct my attention on the path of a good future.”*

*“It was a good diversion when you’re working with pain control. Diversion is an excellent way of managing. It’s not escaping (avoiding). It’s enjoying something.”*

*“It helped me heal by appreciating things differently than I used to. This helps me be more positive because I see a different way.”*

---

Overwhelmingly, Intervention participants’ reflections on their experience in the arts program suggests the importance of **engaging with others in fun** and stimulating activity. The program provided an opportunity for them to forget about their sickness while they learn together, laugh together, and nurture a sense of belonging.

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*“It was fun. We laughed a lot.”*

*“I found the hour I was there I felt I belonged to a group and I liked joining in. I liked singing and being part of a group.”*

*“Very good. More people should be involved...Getting people socializing – because this gets forgotten when people get sick.”*

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### 6.3 Other Perspectives

Intervention participants’ reflections on how their participation in the creative arts program enhanced their experience of recovery is further supported by the observations of the Project Leaders, Staff, and Artist-Facilitators. Their perspectives provide “outside eyes” on the struggles of patients in rehab and how the Intervention participants were engaged in the program – over and above the participants’ own self-reported reflections.

#### *Artist-Facilitators*

Artist-Facilitators’ observation logs provide a deeper understanding of the patient experience in the weeks just after their admission to rehabilitation, as well as a perspective on the challenges these experiences posed for patients’ engagement in the creative arts program.

Based on their logs, Artist-Facilitators observed:

- 1) The extreme fragility and vulnerability of this slow-stream patient population: Participants are coming into the creative arts program while doing the physical and emotional work of their rehabilitation. Varying levels of participant fatigue, insecurity and self-consciousness, as well as emotional triggers challenged Artist-Facilitators in the creation of a fun, open creative arts session that could actively engage participants.
- 2) The transient nature of the patient population: The fact that patients are removed from their homes and communities, and often move between acute care and slow-stream rehab units within the span of one hospital stay flies in the face of a consistent and stable community. As a result, Artist-Facilitators face disruptions of participants arriving late or leaving early. Artist-Facilitators are challenged to use the arts to nurture a sense of social connection and community within this “moveable” population.

Artist-Facilitators reflections on their personal experience with this complex patient population highlight how they adapted to meet participants’ needs and nurture engagement in a creative process. More specifically, the key component with any artistic modality was **sharing story**. By incorporating storytelling into the sessions, Artist-Facilitators were:

- Building trusting relationships
- Being flexible and responsive
- Holding a safe space for creating in community

As one Artist-Facilitator aptly summarizes:

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*“This was such a joyful session and it became clear to me that the stories I’d prepared were not anywhere as important as being a listener and convener for their stories. The hospital staff would never have time for this. Family had probably heard the stories too many times, but the hour was a constant bubbling of enthusiasm and total involvement...This was a surprising experience.”*

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#### *Leader Observation Logs*

The Project Leaders’ observations reinforce what the Intervention patients’ own reflections suggest about their increased sense of agency and the empowering companionship from shared learning. Indeed, Project Leaders witnessed participants’ empowerment of their active selves through their **overcoming boundaries**. As participants engaged more consistently and deeply with the arts activities, they overcame their hesitation to try something new – whether that apprehension was due to physical disabilities or psychological hurdle. Through their participation, they were able to carve out a sense of having control in their lives again at a time when they were not often experiencing control (i.e. recovering in hospital). The creative arts sessions were empowering for them in this way because Artist-Facilitators adapted the lessons based on participant needs and abilities and created an environment for participant comfort and success.

One Leader wrote:

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*“it was inspiring to see a participant [who was] strapped in a wheelchair and having trouble moving but laughing and saying she used to love to dance. She looked freer and full of joy.”*

---

Furthermore, Project Leaders observed the kind of companionship that comes with creating in community. According to their notes, participants readily collaborated with others on their arts activities, often putting other participants first and helping each other. Many participants were eager to share their creations and creative experiences with family members, even to the point of inviting family members to join them in sessions. According to the Project Leaders, the inclusiveness of the sessions successfully counter-balanced the transient nature of this patient population, mentioned earlier.

#### *Staff Focus Groups*

Focus groups brought together members of the Royal Conservatory research team (i.e., Research Manager and local Project Leader) as well as hospital staff who participated in the implementation of the program and research study (i.e., Intake Assessors, In-Session Clinicians). Focus group meetings provided an opportunity for the site-specific teams to connect with each other about not only the

logistics of running the program and data collection, but also the participant experience in the arts program.

Based on their insights, what emerges is the extent to which the arts program deepened the relationship between patients and staff members beyond the hour of the creative arts program. More specifically, the program nurtured a **community of support** between staff and patients as they learned about each other on a new level. Through the curriculum and format of the creative arts program, In-Session Clinicians (and Intake Assessors) heard about participants' feelings about their recovery in the context of stories and memories from their lives. Indeed, staff members involved in the Project remarked that:

- Patients would engage more with others in the hospital; come out of their shell;
- Patients appeared to be more engaged in other social opportunities in the hospital (i.e., a Mindfulness Music Group, occasional craft activities, and Pub Night);
- Patients would engage more with the staff telling them about their arts projects.

Overall, participants gained a greater sense of trust with staff and staff gained more insight into their patients' lives, ultimately facilitating a deeper relationship in a context of care.

#### 6.4 Life Orientation Test Revised

The LOT-R data were analyzed using a repeated measures analysis of variance (ANOVA). The results showed no main effect for group or time, and no interaction (all  $p$ 's  $>.05$ ). Simply put, the LOT-R showed no difference between the two groups' sense of optimism, nor did the measure show an in-group difference for either group (Control or Intervention) over the course of their hospital stay. Further, the LOT-R did not show the expected increase in optimism level for the Intervention group over the Control from the start to the end of participants' hospital stay.

## 7. CONCLUSION AND DISCUSSION

Overall, the themes emerging from the data on participants' experiences of recovery, care, and the arts suggest that there are patient needs that must be valued and addressed over and above their immediate physical ones. In other words, patient care is care for the whole person. The study findings also suggest that caring for more of the whole person's needs can serve a more positive return for patients to their communities. According to the literature, **whole person care** not only promotes cognitive and physical function, but also integrates a patient's sense of personal agency and social connection into the recovery process (Kearney & Mount, 2003; Kearney, 2000; Hutchinson et al., 2009; Hutchinson, 2011; Kitwood, 1997). The themes identified in the data provide us with clues into what a whole person approach to care might look like and the role the arts can play in supporting that approach. Furthermore, this understanding comes from multiple perspectives on providing and receiving care – from patients, hospital staff, and creative arts program facilitators.

Based on these multiple perspectives, a whole person approach to care integrates into the rehabilitation process a sense of community and fun, a focus on patients' capabilities, and a sense of

independence and agency in recovery. A creative arts program such as ARTS-REHAB supports this approach to care by using story to build relationships, overcome boundaries, attune to patients' changing needs, and create community. In these ways, a creative arts program empowers patients to exercise greater agency during their recovery, which, the literature suggests, is a key dimension of a more hopeful and optimistic outlook. In other words, a creative arts program seems to expand on the existing hospital culture of person-centered treatment practices by enhancing patients' overall quality of life and maintaining a level of "normalcy" during their recovery. The creative arts program facilitates patients' quality of life more fully by providing more social and recreational opportunities for: i) celebrating small achievements; and ii) for discovering and creating greater meaning and purpose in the recovery process, rather than simply distracting from physical health challenges.

### 7.1. Challenges and Next Steps

In the interest of capturing the real-world experiences, the Project's research study maintained a consistent format and design while still being adaptable to the unique care plan processes and resources of the individual hospital sites. The decision to prioritize the real-world first-hand experiences of rehab inpatients meant sacrificing certain measures. Specifically, variability between hospitals in their patient admission, tracking, and discharge processes limited the availability of the following data:

- 1) Intervention and Control patients' involvement with other social activities in the hospital;
- 2) length of hospital stay for Intervention and Control participants;
- 3) the likelihood of repeat hospital stays (following initial discharge) for participants in both groups.
- 4) diversity of comorbidities in patients' diagnoses.

While beyond the scope of the present study, the impact of these measures on patients' experience of hope and optimism would be necessary considerations in future extensions of this research.

Furthermore, that the quantitative measure did not show the expected results suggests that either the arts intervention had no effect on patients' optimism or the LOT-R was not sensitive enough to detect any difference. In light of the positive qualitative findings, it would be worth exploring an alternative quantitative measure of optimism in future replications and extensions of this research.

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# Appendix A

The Royal Conservatory's  
Living Through the Arts Program  
ARTS-REHAB PROJECT

Patient Identifier \_\_\_\_\_

## PRE – Questionnaire INTERVENTION

1. a. How do you feel about participating in this *Living Through the Arts* program)?  
b. What expectations do you have for your participation in this program?
  
2. Do you have any previous experience with creative activities (e.g., painting/drawing, music, theatre, crafts, sewing/knitting, creative writing, dance)? [**PROMPT:** *could include sewing or knitting, gardening, cooking, woodworking, any kind of building with your hands, etc.*]
  
3. If you were describing yourself to people before your injury, what would you say? ( e.g., your personality, emotional life, physical character or energy) [**PROMPT:** *What kind of person were/are you? How would you describe your personality or your character or energy?*]

4. How have your recent changes in health affected how you see yourself and your relationships with others? [**PROMPT:** *Has the condition that brought you to hospital impacted how you see yourself or how you interact with others? How? Has it made a difference in how you feel about yourself? Has it made a difference in how you interact with other people in your life?*]
  
5. How do you feel about your recovery process (e.g. excited, neutral, uncertain)?
  
  
  
  
  
  
  
  
  
  
6. What do you look forward to the most in your life at this time? Do you think there will be things to look forward to in your life after you leave hospital?
  
  
  
  
  
  
  
  
  
  
7. What do you need to move forward with your life at this time?
  
  
  
  
  
  
  
  
  
  
8. How do you see your future? [**PROMPT:** *It's a big question. It is okay if you don't know.*]
  
  
  
  
  
  
  
  
  
  
9. How willing are you to take an active role in your recovery program activities:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Very Unwilling      Somewhat Unwilling      Neither      Somewhat Willing      Very Willing

## Revised Life Orientation Test (LOT-R)

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale:

- 0 = strongly disagree
- 1 = disagree
- 2 = neutral
- 3 = agree
- 4 = strongly agree

Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

- \_\_\_\_\_ 1. In uncertain times, I usually expect the best.
- \_\_\_\_\_ 2. It's easy for me to relax.
- \_\_\_\_\_ 3. If something can go wrong for me, it will.
- \_\_\_\_\_ 4. I'm always optimistic about my future.
- \_\_\_\_\_ 5. I enjoy my friends a lot.
- \_\_\_\_\_ 6. It's important for me to keep busy.
- \_\_\_\_\_ 7. I hardly ever expect things to go my way.
- \_\_\_\_\_ 8. I don't get upset too easily.
- \_\_\_\_\_ 9. I rarely count on good things happening to me.
- \_\_\_\_\_ 10. Overall, I expect more good things to happen to me than bad.

If we require further clarification from you regarding your responses, may we follow up with you by phone?

If yes, please provide your phone number: \_\_\_\_\_  
 Many thanks.





1	2	3	4	5
Very Unwilling	Somewhat Unwilling	Neither	Somewhat Willing	Very Willing

## Revised Life Orientation Test LOT-R

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale:

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- 2 = neutral
- 3 = agree
- 4 = strongly agree

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- \_\_\_\_\_ 4. I'm always optimistic about my future.
- \_\_\_\_\_ 5. I enjoy my friends a lot.
- \_\_\_\_\_ 6. It's important for me to keep busy.
- \_\_\_\_\_ 7. I hardly ever expect things to go my way.
- \_\_\_\_\_ 8. I don't get upset too easily.
- \_\_\_\_\_ 9. I rarely count on good things happening to me.
- \_\_\_\_\_ 10. Overall, I expect more good things to happen to me than bad.

If we require further clarification from you regarding your responses, may we follow up with you by phone?

If yes, please provide your phone number: \_\_\_\_\_  
Many thanks.

The Royal Conservatory's  
Living Through the Arts Program  
ARTS-REHAB PROJECT

Patient Identifier \_\_\_\_\_

**POST – Questionnaire  
INTERVENTION**

1. How did you feel about your experience overall in the *Living Through the Arts* program?
2. What did your participation tell you about your own personal abilities? [**PROMPT:** *Did your involvement in your recovery process show you something about yourself? Did you discover something about yourself and what you are able to do? Is there something you created in the arts sessions that you are particularly proud of or possible didn't like? What surprised you?*]
3. How have your recent changes in health affected how you see yourself and your relationships with others? [**PROMPT:** *Has the condition that brought you to hospital impacted how you see yourself or how you interact with others? How? Has it made a difference in how you feel about yourself? Has it made a difference in how you interact with other people in your life?*]
4. How did the *Living Through the Arts* program support your experience of your recovery? [**PROMPT:** *How did the arts activities help with your healing process?*]



5. How do you feel about being discharged from hospital and returning to your life (e.g. *excited, neutral, uncertain, ready*)? Please elaborate.

6. What do you look forward to the most now that you have completed your recovery program? Do you think there will be things to look forward to in your life after you leave hospital?

7. What do you need to move forward with your life at this time?

8. How do you see your future?

9. How willing were you to take an active role in your recovery program activities?  
*[PROMPT: Was there anything that would have made your experience better? What would have made a difference to you during your recovery in hospital?]*

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very                      Somewhat                      Neither                      Somewhat                      Very  
Unwilling                      Unwilling                                           Willing                      Willing

## Revised Life Orientation Test (LOT-R)

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale:

- 0 = strongly disagree
- 1 = disagree
- 2 = neutral
- 3 = agree
- 4 = strongly agree

Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

- \_\_\_\_\_ 1. In uncertain times, I usually expect the best.
- \_\_\_\_\_ 2. It's easy for me to relax.
- \_\_\_\_\_ 3. If something can go wrong for me, it will.
- \_\_\_\_\_ 4. I'm always optimistic about my future.
- \_\_\_\_\_ 5. I enjoy my friends a lot.
- \_\_\_\_\_ 6. It's important for me to keep busy.
- \_\_\_\_\_ 7. I hardly ever expect things to go my way.
- \_\_\_\_\_ 8. I don't get upset too easily.
- \_\_\_\_\_ 9. I rarely count on good things happening to me.
- \_\_\_\_\_ 10. Overall, I expect more good things to happen to me than bad.

If we require further clarification from you regarding your responses, may we follow up with you by phone?

If yes, please provide your phone number: \_\_\_\_\_  
Many thanks.

The Royal Conservatory's  
Living Through the Arts Program  
ARTS-REHAB PROJECT

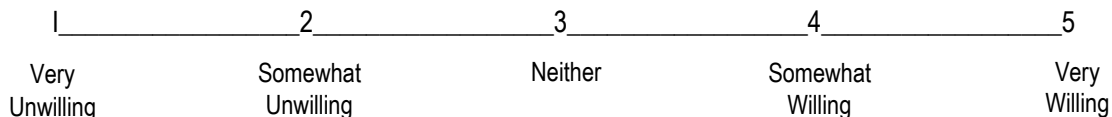
Patient Identifier \_\_\_\_\_

**POST – Questionnaire  
CONTROL**

1. How would you describe your experience overall in your rehabilitation program?  
*[PROMPT: How do you feel about the physio and other rehabilitation exercises you received?]*
  
2. What did your participation tell you about your own personal abilities? *[PROMPT: Did your involvement in your recovery process show you something about yourself? Did you discover something about yourself and what you are able to do? What surprised you?]*
  
3. How have your recent changes in health affected how you see yourself and your relationships with others? *[PROMPT: Has the condition that brought you to hospital impacted how you see yourself or how you interact with others? How? Has it made a difference in how you feel about yourself? Has it made a difference in how you interact with other people in your life?]*

4. How did the rehabilitation program support your experience of your recovery?  
**[PROMPT: How did your physio activities help with your healing process?]**
5. How do you feel about being discharged from hospital and returning to your life (e.g. *excited, neutral, uncertain, ready*)? Please elaborate.
6. What do you look forward to the most now that you have completed your recovery program? Do you think there will be good things to look forward to in your life after you leave hospital?
7. What do you need to help you move forward with your life at this time?
8. How do you see your future?

9. How willing were you to take an active role in your recovery program activities?  
*[PROMPT: Was there anything that would have made your experience better? What would have made a difference to you during your recovery in hospital?]*



## Revised Life Orientation Test (LOT-R)

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale:

- 0 = strongly disagree
- 1 = disagree
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- 3 = agree
- 4 = strongly agree

Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

- \_\_\_\_\_ 1. In uncertain times, I usually expect the best.
- \_\_\_\_\_ 2. It's easy for me to relax.
- \_\_\_\_\_ 3. If something can go wrong for me, it will.
- \_\_\_\_\_ 4. I'm always optimistic about my future.
- \_\_\_\_\_ 5. I enjoy my friends a lot.
- \_\_\_\_\_ 6. It's important for me to keep busy.
- \_\_\_\_\_ 7. I hardly ever expect things to go my way.
- \_\_\_\_\_ 8. I don't get upset too easily.
- \_\_\_\_\_ 9. I rarely count on good things happening to me.
- \_\_\_\_\_ 10. Overall, I expect more good things to happen to me than bad.

If we require further clarification from you regarding your responses, may we follow up with you by phone?

If yes, please provide your phone number: \_\_\_\_\_  
Many thanks.

The Royal Conservatory's  
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ARTS-REHAB PROJECT

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## Artist Observation Log

Please complete an Artist Observation Log after each session that you deliver. Hard copies are provided for your immediate notes, and you will need to transfer the information into Survey Monkey via this link: <https://www.surveymonkey.com/s/ArtsRehabArtistLog>

Artist-Facilitator Name: \_\_\_\_\_

Date of Session: \_\_\_\_\_

Hospital/Rehab Centre: \_\_\_\_\_

Number of participants in the session: \_\_\_\_\_

# of Men \_\_\_\_\_ # of Women \_\_\_\_\_

1. Briefly list the elements of your session plan, e.g., type of creative activities used.

2. Did you use a positive affirmation at the start of your session? If so, what was it?

3. What percentage of your time was spent on any particular art form:

\_\_\_\_\_ Music

\_\_\_\_\_ Creative Writing

\_\_\_\_\_ Drama

\_\_\_\_\_ Visual Arts

\_\_\_\_\_ Dance/Creative Movement

\_\_\_\_\_ Other/Please specify \_\_\_\_\_

[Note: The sum total of all percentages should add up to 100]

4. What percentage of the session was spent on the following:

\_\_\_\_\_ instruction

\_\_\_\_\_ interactive participation

\_\_\_\_\_ individual work

*[Note: The sum total of all percentages should add up to 100.]*

5. Describe specific example(s) of any “wow” moments that you observed in terms of participants’ engagement with the creative process (e.g., interactions, activities).
  
  
  
  
  
  
  
  
  
  
6. Describe a specific example(s) of any challenges/questions that participants’ encountered in engaging with the creative process.
  
  
  
  
  
  
  
  
  
  
7. What specific example(s) of optimism did you see among the participants in this session?  
What expressions of a positive future did you witness?
  
  
  
  
  
  
  
  
  
  
8. What was your personal experience?

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## Leader Observation Log

Leader Observations are to take place approximately once every two months (ie. you should see the same artist twice within a four-month period).

Please complete a Leader Observation Log after each session that you observe. Hard copies are provided for your immediate notes, and you will need to transfer the information into Survey Monkey at the following link: <https://www.surveymonkey.com/s/ArtsRehabLeaderLog>

Name of Observer: \_\_\_\_\_

Date of the session: \_\_\_\_\_

Hospital/Rehab Centre: \_\_\_\_\_

Artist-Facilitator for the session: \_\_\_\_\_

Hospital Staff Assistant: \_\_\_\_\_

Number of participants in the session: \_\_\_\_\_

1. What aspects of the session (activities, interactions) went particularly well for participants? For the Artist-Facilitator? For the clinician?

2. What aspects of the session were challenging for participants? For the Artist-Facilitator? For the clinician?

3. Describe any transitions, interruptions, or distractions during the planned activity and how these moments may have affected the participants, the Artist-Facilitator, or the clinician in the session.



4. Describe how participants engaged with others (participants; Artist-Facilitator, clinician) during the session?

5. What inspiring moments of participant engagement in the activity did you observe?

6. Describe (and give specific examples) of participants' hope/optimism that you may have witnessed during the session.

The Royal Conservatory's  
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ARTS-REHAB PROJECT

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**FOCUS GROUP Questions**  
**Hospital Staff**

*To be conducted every 4 months  
toward the end of every Artist-Facilitator's series of sessions*

Date of Focus Group: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Hospital Staff present: \_\_\_\_\_

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1. What, if any, were your expectations for participants in the ARTS-REHAB Program?
  
  
  
  
  
  
  
  
  
  
2. What observations, evidence or anecdotes can you offer that may speak to the impact the ARTS-REHAB Program has had on participants' sense of optimism and hope (i.e., consider their mood, behaviour)? Provide examples.

3. For patients in the arts sessions, how has their involvement in the ARTS-REHAB Program affected their engagement in their regular rehabilitation program? Has it increased? Stayed the same? Decreased? If there is a noticeable increase or decrease, how would you characterize it? How does their engagement compare to that of patients who do not participate in the arts sessions?
  
4. Has the ARTS-REHAB Program changed your experience of caring for patients in rehab? (i.e., were there things that made it easy/difficult for you to work with participants in the study/program?) Are there changes you would make to your practice based on your experience in the ARTS-REHAB project?
  
5. What aspects of the ARTS-REHAB Program are going well?
  
6. What aspects of the ARTS-REHAB Program are challenging?
  
7. What recommendations would you make to support a sustainable ARTS-REHAB Program for your unit?