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## Community Arts to Promote Cohesion and Gratitude in a Boston Based Children's Hospital

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Community Arts to Promote Cohesion and Gratitude  
in a Boston Based Children's Hospital  
Capstone Thesis  
Lesley University

5 May 2018

Katherine Jordan

Art Therapy

Raquel Stephenson

### Abstract

This paper explores the impact of a gratitude based community arts engagement project in an urban children's hospital. The arts have the power to connect communities and practicing gratitude has protective mental health factors. This project connected these two ideas by implementing a hospital-wide gratitude tree project. Staff, patients, families, and visitors were engaged in adding their gratitude to the communal trees over a period of two months. The results of this investigation display the connecting power of the arts and explores the impact of environment in regard to an art enhanced hospital setting. The results of the study revealed three main themes: gratitude, aesthetic, and exposure to expressive arts therapy. The author relates the results to the needs of enhanced expressive therapies services in hospitals.

## Community Arts to Promote Cohesion and Gratitude in a Boston Based Children's Hospital

### **Introduction**

This thesis explores how community arts connect individuals engaged in a hospital environment and support mental health by encouraging participants to practice gratitude. To address this, I developed a community engagement project linking the practice of gratitude with the connecting power of community arts. Amongst institutions, such as hospitals, the nature of the work and structure of the site can present obstacles which obstruct people from truly connecting with one another. Additionally, clinical and milieu staff working on inpatient mental health units, outpatient behavioral health, or medically challenged children face increased work stress and risk of burnout. As an intern on an inpatient mental health unit within an urban children's hospital, I noticed the subtle isolation between all the differing units and departments. With a dental clinic, outpatient mental health, inpatient mental health, speech language pathology, physical therapy, occupational therapy, a day school, research center, child care, and pediatric care, the hospital felt disjointed and separated, instead of connected members of one cohesive entity.

Research has shown that community arts engagement supports self-expression and the connection of individuals from diverse backgrounds (Bookbinder, 2016). Additionally, community art engagement projects have been shown beneficial in promoting cohesion and enhancing a sense of community (Bookbinder, 2016; Lagarde, Lagarde, & Lemaire, 2014; Stein & Faigin, 2015). Via collaboration with community members, art therapists can provide a means for individuals to organically grow greater personal connections and relationships to their community (Rossetto, 2012; Canes, 2011). Community arts engagement projects access the creative arts in a way to connect people from diverse backgrounds and from differing positions

in a community, allowing for individuals to bond across differing roles (Bookbinder, 2016; Lagarde, Lagarde, & Lemaire, 2014; Rossetto, 2012).

For this capstone project, I pursued a community arts engagement initiative. The project was developed to provide the hospital with a wide-spread, connecting, and healing intervention. In the first few months of interning at the children's hospital, I began to notice how separated and singular the differing units felt. It appeared that individuals from one unit rarely interacted with those from other units or departments. Although necessary for a variety of safety, health, and confidentiality reasons, the patients on each unit were isolated as well. Each niche felt very connected and supportive, but the entirety of the hospital community felt somewhat disjointed. With this in mind, this project grew from the need for a center of connection that could also support hospital staff.

While the arts can encourage interconnection for community members, the regular practice of gratitude yields lower levels of self-reported depression and stress as well as higher satisfaction in social relationships (Rusk, Vella-Brodrick, & Waters, 2016; Bookbinder, 2016; Lagarde, Lagarde, & Lemaire, 2014; Stein & Faigin, 2015). This project sought to harness and connect the healing powers related to both art making and practicing gratitude. In this community arts engagement project, visual art media was used to engage the staff, patients, families, and visitors at a Boston based children's hospital. The entire hospital community was invited to partake in the evolution of several gratitude trees. Participation included adding an expression of personal gratitude by adding "ornaments" created by staff and patients. In this way, the project sought to enhance cohesion, support, and well-being across the hospital by encouraging involvement in community art making and promoting the routine expression of one's gratitude.

## Literature Review

### Community Arts Engagement

The American Art Therapy Association (AATA) (2017) defines art therapy as, “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.” Art therapy supports personal treatment goals as well as community concerns. Art therapists work with individuals who are challenged with medical and mental health problems or those seeking emotional and creative growth. The profession supports alternative modes of communication, giving voice to experience and encouraging communal transformation. These distinct strengths provide art therapists a variety of skills to engage and empower many diverse communities in an array of settings.

Canes (2011) explored how the arts, facilitated by artists and art therapists, can enhance the culture and connection in a community. The study focused on how art therapists can assist with community outreach for cultural institutions, such as museums. With a focus on process oriented community art making, the study found that art can assist in creating a transitional environment for individuals to gather and create connections. The author affirmed that art therapists establish the safety and containment necessary to allow for individuals to form connections on an interpersonal level as well as create strong ties to their related cultural institutions. The study ultimately found that communal art projects provide a safe space for those to gather and create (Canes, 2011).

Bookbinder (2016) assessed fusible quilting in long term care populations with consideration for other clinical settings. The communal quilt making that was examined occurred

in a veteran's hospital. The author first engaged staff on the palliative unit with this medium and then implemented the directive with the patient population. The author found that community arts engagement projects provided the means for individuals to bond across different roles in a setting. Additionally, the study found that such projects benefit self-expression and feelings of social support amongst those in long term care institutions (Bookbinder, 2016).

Stein & Faigin (2015) explored the rewards and challenges of community arts initiatives by evaluating seven community arts projects. The authors addressed how projects facilitate social action and community change, provide accessible means of engagement, and relate to community psychology. The challenges of diversity and perpetuating the dominant culture is also studied. The authors found that communal artmaking cultivated a deeper sense of belonging and pride in the community for the individuals involved in the creation of the art. At the same time, the study showed that these benefits extended to those who did not partake in the art making and simply viewed the piece, as spectators. The results of this investigation suggested that community arts projects enhanced a sense of community amongst all individuals involved. Additionally, the study found that communal arts projects may provide researchers with insights about community development, educational enhancement, civic engagement, and health and wellbeing for the communities engaged (2015).

Rossetto (2012) asserted that art therapists involved in community mural making value greater connectedness and less isolation. Art therapists can provide the means for individuals to connect with others across differing roles in the community. The phenomenological study carried out by Rossetto found that community mural making allows individuals to bond across cultural boundaries, work in harmony with others, and create personal bonds to the community (2012). Such work can enhance the interconnection and decrease isolation in neighborhoods and city

spaces. Rossetto (2012) also discussed the importance of considering the cultural paradigms in community work and being weary of dominant culture implications.

Lagarde, Lagarde, and Lemaire (2014) examined community arts projects in institutions and organizations. Their study found that such projects have the power to connect people from diverse backgrounds and from differing positions in the community. The authors found that community arts projects were also found to enhance feelings of social support. Individuals experienced the opportunity to connect with fellow community members in a new way (2014). Additionally, this study showed that community art has positive influence on those who partake in the art making as well as those who observe the process and final piece, ultimately showing the connecting effects of communal arts.

### **Art Therapy and Life or Job Satisfaction**

Komentiani (2017) explored an art therapy employee support group at a pediatric hospital via implementation of a pilot study. They surveyed hospital staff related to their sense of well-being in the workplace prior to attending art therapy staff support groups. Participants reported that the group resulted in reduced stress, enhanced balance in life, allowed them to return to work more focused, increased positive attitudes, offered respite time to manage stressors, provided an opportunity for self-care, and aided in development of their own creative perspectives. Those involved reported these benefits translated to home as well. At the end of three sessions, the researcher found no statistical benefits for burnout or secondary traumatic stress, but found statistically significant increases in work satisfaction (2017). Komentiani (2017) concluded that art therapy support groups are an effective application of holistic wellness to provide the powerful rewards of respite, personal growth, and emotional support while building a healthy community in the workplace.



McWhirter, Nelson, and Waldo (2014) explored how group quilting impacts well-being and life satisfaction. The study assessed a group of 60 participants ages 39 to 81 and implemented a matched control condition. These participants engaged in 2 to 4 hours of quilt-making in small groups of 5 to 21 on a regular basis. This study found that small group quilting may provide mental health benefits as seen by the presence of the therapeutic factors of group cohesiveness, altruism, and socializing techniques (2014). The author also addressed how quilt making may serve as an avenue for behavioral activation to be helpful in decreasing depressive affect. Those involved in this study also reported higher levels of life satisfaction.

### **The Arts and Environment**

Historically, the arts have been utilized to enhance the visual environments of hospitals for patients, families, and visitors (Baron, 1996). Slater, Braverman, and Meath (2017) examined patient satisfaction in relation to hospitals arts-enhanced environments. They sought to discover if the rating of a hospital's art environment significantly predicted the likelihood that the patient would recommend it. There was a total of 1,849 respondents to the survey. The study found that satisfaction with the arts environment was a statistically significant and strong predictor of a patient's willingness to recommend the hospital to others (2017). The authors comment that this is the first study to document a significant relationship between patients' experience of the arts during treatment as an indicator of their overall satisfaction with their hospital experience (2017).

Miller (2016) investigated how art making can provide a therapeutic encounter outside of traditional individual or group counseling, in a more public setting. The study provided non-directive art therapy in a community clinic waiting room. This clinic provided mental health and primary care services to the communities served. Miller (2016) found that patients bonded interpersonally in new ways and found new paths to experience aspects of their illnesses.

Themes that emerged included positive self-efficacy, performance, pride, skill development, appraisal, change, transformation, imagination, self-disclosure, and relaxation (2016). This unconventional application of art therapy transformed the clinic waiting room into a sacred space of containment and transformation. The article concludes that art therapy can assist both psychological and medical settings to promote more harmonious helping relationships (Miller, 2016).

Hamer (2002) sought to explore if the arts and music truly assist in recovery on hospital wards. The study investigated a London hospital's strategy for healing the sick with arts and music. The overall investigation was comprised of several smaller studies utilizing both the visual arts and music modalities. The results suggested a link between the arts and well-being via positive physical and biological evidence for the influence of the arts on healthcare. In one of the smaller studies, 80 percent of patients in the hospital reported that art and music helped to distract from their medical problems and raise their spirits (Hamer, 2002). In another area, 83 patients were assessed in three groups. One group received live music, another a variety of paintings, and the third experienced a traditional hospital ward. Utilizing a questionnaire to evaluate anxiety and depression, results showed that anxiety and depression in both the art and music groups was lowered by about one third (Hamer, 2002). A final smaller scale study addressed the issue of high staff turnover. When interviewed, staff reported that paintings and live music throughout the hospital environment helped to reduce their stress levels and made it more likely that they would stay working in the hospital (Hamer, 2002).

Nielsen, Fich, Roessler, & Mullins (2017) explored what constitutes a supportive pediatric setting from the perspective of children and young adults and to describe the role of physical environment in children's feelings of wellbeing. This qualitative study focused on

children ages 9 to 18. The findings indicated that the art environment of a hospital serves many functions. These functions include: providing a rich source of aesthetic variation, entertainment, distraction, engagement, and identity which supported young people's capacity to maintaining a positive frame of mind and remain positively engaged. Additional functions include providing indications of "child-friendly" and appropriate environment, providing opportunity for children to feel supported by other children who were involved in the creation of the arts environment, bringing a rich source of color, and helping the space to "not looking like a hospital," which was found to be increasingly important over time (Nielsen et. al., 2017). The study also found that art created by former patients was particularly valued. It was seen as a message of support left behind from one group of children for others. Additionally, the study found that when the art changed often, such as with temporary installations, patients experienced these changes positively. The authors related this result to creating an expectation of change that was accessible for all, and seen as hopeful (Nielsen et. al., 2017). These findings suggest that, from child and young adult patients' perspectives, the art in the environment influences their overall hospital experience in a variety of ways.

Hume (2010) explored how patients experience and use art in the hospital environment. This study integrated a two phase model in the dayrooms of five medical wards where all art was taken down for one week, and hung back up the next. Thirty patients, ages 41 to 91, were interviewed. Results suggested that art may positively impact patients' satisfaction with and experience of the quality of their stay. The findings from this study also indicated that the art environment influenced patients' experience of safety, comfort, time, and identity (Hume, 2010). The author emphasizes that art is both experienced and used in the daily lives of patients in inpatient care. The art hung in the dayrooms established an environment and atmosphere for

patients to socialize. Additionally, the art promoted connection to life outside of the hospital and showed positive impacts on health outcomes.

Bishop (2012) championed the role of arts in hospitals to broadly support health in patients, families, and visitors. The article asserts that the arts may have the unique ability to alleviate some of the emotional and physical responses to illness. The author explored how visual arts as well as music have the ability to help people orientate themselves physically and emotionally (Bishop, 2012). Additionally, the arts team can be a resource for staff in improving the workplace environment as well as assisting the people with whom they are most closely involved. Lastly, this study asserts that it is crucial for arts programming to be embedded in the work of hospitals so that they are seen as a vital aspect of patient care, as opposed to an unnecessary option or extra (Bishop 2012).

### **Protective Factors of Gratitude**

Rusk, Vella-Brodick, and Waters (2016) explored the distinction between gratefulness and gratitude. Gratitude is defined as the appraisal of benefit that concerns the perceived agency of another person or entity, whereas gratefulness does not involve any other agency (Rusk et.al., 2016). Wang et. al. (2017) defined gratitude as the acknowledgement by an individual of the external source of benefit received, and that it is consistently shown to relate to higher levels of wellbeing in individuals.

Owens and Patterson (2013) studied the efficacy of positive psychology interventions, gratitude promotion and best possible selves, for adolescents and adults. They compared outcomes for these interventions to a control condition in school age children measuring positive and negative affect, life satisfaction, and self-esteem. This inquiry found no significant outcomes for gratitude versus control conditions. The best possible selves condition showed significant

gains in self-esteem and those in gratitude or control. Frequent categories that arose from the gratitude intervention included activities, people, and pets or animals (2013). The authors cited that one drawback of this study could be the directive which asked participants to express something they were grateful for that day, instead of something they are grateful for in general (2013).

Rusk, Vella-Brodrick, and Waters (2016) found that individuals who regularly practice gratitude have lower levels of self-reported depression and stress. These individuals also reported being more satisfied with their social relationships (2016). Winslow, Kaplan, Bradley-Geist, Lindsey, Ahmad, & Hargrove (2017) investigated a gratitude intervention with employees of a large social services agency. Participants were divided into a waitlist condition, in which they received no intervention, and the gratitude intervention condition. The results showed that agreeableness, conscientiousness, and job tenure were significant moderators for the intervention's effectiveness. The study showed that more agreeable employees experienced increases in gratitude and less tenured employees experienced significantly greater decreases in post intervention job stress as compared to the waitlist condition (2017).

Cheng, Tsui, and Lam (2015) also explored occupational stress in health care practitioners. The study investigated the impact of directing a practitioner's attention to thankful events in work could reduce stress and depressive symptoms. The results showed a significant decline in depressive symptoms and perceived stress over time as well as at post treatment (2015). Those in the gratitude condition were more likely to report being thankful for assistance from, and good relationships with, colleagues, in addition to having "not a busy day" (2015). The authors suggest that gratitude diaries may direct participants to practice gratitude for events that they may have ignored or forgotten about otherwise (2015).

Wang, Nelson-Coffey, Layous, Jacobs Bao, Davis, & Haworth (2017) explored a gratitude intervention to support well-being in adolescents and find potential moderators. They aimed to inform future intervention protocols to make designs maximally beneficial for all. The authors did not identify any significant moderators. Results showed that, in the control group, individuals who reported exerting more effort experienced greater increases in their wellbeing levels and those with lower levels of baseline positive affect experienced greater improvements in mental health (Wang et al., 2017). The authors suggested that these findings may be due to the similarities between the control task and mindfulness interventions.

### **Method**

#### **Participants**

Participants of this community arts project included hospital employees and staff, patients, families, and hospital visitors. Patients on the inpatient units were able to participate in the project when on community walks in the hospital. To complete this project, I utilized connections with the research department, expressive therapies team, marketing department, Behavioral Health Services team, Community Based Acute Treatment unit, and Inpatient mental health unit. Each of these groups participated in the completion of this project. The research department developed the idea of including gratitude in the community arts project as a way to support staff and protect against burn-out. The expressive therapies team, myself included, created and hung the trees throughout the hospital. Another intern and I led expressive therapies groups on our respective units to create the orbs or “ornaments” that would be hung on the trees. The marketing team announced the project to the community via several portals, including e-mail and a blog posting. The behavioral health services team supported the undertaking in their

enthusiasm for the project. Finally, CBAT and Unit 1 patients assisted by artistically designing and creating the ornaments used to hang individual's gratitude on the trees.

### **Protocol**

All of the trees were created and hung up throughout the hospital prior to December 5, 2017. Each tree was accompanied by a pocket with ornaments, tape, and a marker. On the wall next to each tree, there was an explanation of the project that encouraged participation and provided step by step instructions on how to contribute. The main endeavor lasted through the month of December. At the end of the month, the research department and expressive therapies team decided the trees would stay up for the first month of the new year, with a reminder sent out to encourage participation. They were removed completely at the end of the month and an anticipated permanent tree will be created in the BHS hallway.

### **Gathering Data**

To keep track of my work and progress, I kept a visual and verbal journal. I carried this journal with me on site and took note of things I heard about the trees, my emotions or feelings related to the project, how I noticed the trees developing, the process of making and hanging them, and anything said to me about them. Additionally, I recorded how it felt to assist the other interns with their trees, my perception of staff response to the trees, and my experience adding my personal gratitude to the trees. Every week in the month of December, I took a picture of each tree in order to track each one's evolution as well as provide myself with a visual means to reflect on the process.

At the end of four weeks, I went to each tree and recorded the words on each orb of the trees in my journal. Based on this practice, I began to speculate that I may find some similar themes amongst the responses to the gratitude trees. With this information, I analyzed what

themes arose from the responses, created a found word poem with the words provided by participants, and reviewed the evolution of the trees from the pictures taken. I also utilized supervision opportunities to discuss the trees.

### **Results/Data**

The data collected over a four-week period from December 2017 to January 2018 revealed three main themes: gratitude, aesthetic, and exposure to expressive arts therapy. Primarily, the gratitude notes added to the trees displayed similar responses and things people felt gratitude for. Second, the idea of beautifying the hospital space emerged. Finally, the project seemed to enhance the visibility of the expressive therapies department.

Six gratitude trees were hung up at different locations throughout the hospital accompanied by a brief explanation of the project and materials needed to engage in the work. Orbs were added to the trees in a steady manner over the course of four-weeks, with the trees appearing to be fuller in every subsequent week. This was confirmed via reviewing the photographs taken of the individual trees each week. At the conclusion of the project, I tallied up the number of orbs added to each tree and recorded the content of each orb included.

On the first day of the project, the trees were hung up completely blank, without colors extraneous color, and devoid of any gratitude orbs. Figures 1 and 3 show the inpatient and BHS trees, respectively, at week one. At the end of four weeks, each of the trees contained numerous gratitude orbs added by project participants. The trees changed over time as the gratitude orbs added color, shape, and movement to the originally plain trees. Figures 2 and 4 display the inpatient and BHS trees at week four. These figures display the transformation of the trees that occurred over a four-week period via inclusion of people's gratitude. In total, there were 138 orbs added to the gratitude trees throughout the hospital. In an effort to evaluate and better



understand the responses, I created a found word poem with many of the words offered by participants in the gratitude tree project.

### **Gratitude**

I'm still alive.	For love,
I'm grateful,	The acceptance of all.
For fresh air,	For the compassionate, motivating,
For cats, and dogs, and babies.	dedicated,
For freedom	And wonderful staff.
To pursue interests,	For god.
To dance,	For therapy.
To love.	For a sense of safety.
For family,	For creativity, hope, unity, diversity.
Sisters, brothers, mothers, fathers,	For friendly faces in difficult times.
daughters, sons.	For smiles on hard days.
For friends.	Grateful,
For good health and good food.	For the gift of life.

While preparing this poem and reviewing the different comments added to the trees, I found that many of the responses fell into seven main themes. To confirm the existence of these themes, I color coded the responses in regard to certain categories. The themes that emerged were: family, friends, animals, love, hospital staff and patients, abilities/life, and food. Except for nine contributions, all comments related to one of these categories. Additionally, peoples' gratitude reflected predominantly relational or innate abilities, with the exception of food. The responses were noticeably absent of material goods or items related to money.

The trees were added in spaces with large open, blank walls. Participants as well as passersby would remark on how they brightened the space and made certain departments more inviting. While painting the first tree on paper that was later hung in one of the hospital hallways, a coworker passed by and asked if the tree was a part of making the department more welcoming. When informed of the long-term project, he requested that this tree stay in his department because he enjoyed it.

The behavioral health department requested additional art be made and displayed in the space. The director of the program was observed saying that the inclusion of the trees made her think of the department as a place she wanted to work, instead of a blank psych hospital. Other members of the department mirrored her sentiment with statements about how the art made the area more inviting for patients and families. As a result of this four-week project, the behavioral health department requested a permanent tree to be painted on the walls of their department.

On three occasions, I observed children and parents examining and reading the orbs other people added. On two other occasions, I observed outpatient therapists asking their patients if they have noticed or would like to participate in the project. On one occasion, I brought a patient from CBAT on a community walk throughout the hospital in which we visited and added gratitude to each tree.

The gratitude tree project also appeared to result in increased awareness of the expressive therapies department. Expressive therapies began to receive more requests for community arts projects or artistic works to enhance the hospital environment. Marketing reached out on multiple occasions to see if the arts could be incorporated into their projects. Shortly after the completion of the tree project, the expressive therapies department began work on a second community arts project revolving around kindness. Ideas for communal arts proposed by me or

the other interns were fully supported by the hospital as a whole, instead of primarily the expressive therapies department.

As a member of the expressive therapies department, this project required that I observe each tree on a weekly basis and assure materials were there for people to participate. I felt more visible in the hospital community, more integrated in the collective work we do, and more attuned with both the staff and patients. Additionally, I felt steadily increasing support from the BHS team. On CBAT, I became the person to go to for expressive therapies resources or advice as well. With our prominent role in undertaking the project, it became a talking point throughout the hospital that helped to increase individuals' awareness of expressive therapies.

### **Discussion**

The data collected over a four-week period from December 2017 to January 2018 revealed three main themes: gratitude, aesthetic, and exposure to expressive arts therapy. Primarily, the gratitude notes added to the trees displayed similar responses and things people felt gratitude for. Second, the idea of beautifying the hospital space emerged. Finally, the project seemed to enhance the visibility of the expressive therapies department.

The most prominent result of this community arts engagement project was the emergence of themes amongst participants' additions to the trees. Amid all the gratitude trees and orbs, seven main themes stood out in the responses to the directive. Additionally, these themes mostly excluded material items and related to the definition of gratitude provided by Wang et. al. (2017) that described it as acknowledgment of external sources of benefits received. This finding may relate to findings that community arts engagement enhances feelings of connection and social support (Bookbinder, 2016; Lagarde, Lagarde, & Lemaire, 2014). The similar themes that

emerged from the gratitude trees may be a result of, or contribute to, helping patients, staff, and families feel more connected to one another as human beings.

Additionally, these results correlate to other studies that found gratitude interventions yielded results related to interpersonal relationships. Cheng, Tsui, & Lam (2015) found that a gratitude intervention yielded responses mostly related to feeling thankful for good relationships with coworkers. In the present study, four of the seven main themes related to personal connections: family, friends, love, and hospital staff and patients. Another theme of appreciation for animals speaks to a relational factor as well. A community arts engagement project centered around gratitude may elicit responses associated to participants appreciating and expressing gratitude for the relationships in their lives.

A secondary theme that emerged from this project was the importance of aesthetics, particularly the art environment, of hospital spaces. Several of the comments made about the gratitude trees related to “beautifying” the hospital. Employees expressed their enjoyment of seeing the trees and how they seemed to brighten the area. Although these commenters may not have engaged in the directive, they were able to engage with the project visually and have it positively influence their day (Lagarde et. al., 2014). This relates to other findings that visual arts may improve the workspace for hospital staff (Bishop, 2012).

Research has shown a correlation between patients’ satisfaction with the arts environments and the odds of them recommending the hospital (Slater et. al., 2017). Many patients find art is a key environmental attribute of their experience in the hospital. Additionally, art created by patients themselves are particularly valued, seen as a message of support left behind (Nielsen et. al., 2017). The gratitude trees engaged patients, staff, families, and visitors that enriched the hospital’s art environment. Through beautifying the space and encouraging

participation, the present project assisted in increasing patients' and staff's satisfaction with the hospital as well as their stay or experience.

A final finding from this project displayed the expanded awareness of the expressive therapies department throughout the hospital. In many community arts projects implemented by art therapists, the main focus of the endeavor is to enhance cohesion amongst community members (Bookbinder, 2016; Lagarde et. al., 2014; Stein & Faigin, 2015). The creation and implementation of the gratitude trees required the expressive therapies department to traverse the hospital to hang up all of the trees and continually ensure materials to engage in the project were always available. This made members of the expressive therapies team more visible in the hospital community. Collectively, many of us were asked questions about the project that helped to enhance our image in the hospital as a whole. In this way, it felt we were able to connect with numerous individuals across many roles (Bookbinder, 2016).

Personally, the planning and implementation of this project helped me to feel more connected to the community. My role in this project solidified my role in the hospital as an art therapy intern as I became associated with the trees and their deeper meaning. As a result, it felt as though the project allowed me to create greater personal connection to the hospital (Rossetto, 2012). As a member of the expressive therapies department, I felt a sense of pride in being a part of this project that resulted in our enhanced visibility hospital-wide. Additionally, I received several requests to create art on the walls of many different units in order to make the space more welcoming. Studies have shown that arts programs are a vital part of patient care and staff support (Bishop, 2012; Kometiani, 2017; Eisen et. al., 2008; Miller, 2016). For this reason, along with several others, it is important that expressive therapies departments continue to expand and engage the communities they serve with communal art projects.

**Limitations**

This community arts engagement project had many limitations as well. While patients, staff, families, and visitors seemed to enjoy the interactive aspect of the project, it was continually challenging to make sure materials were always available for each tree. Participants would walk away with markers or tape, or all ornaments would be used. Therefore, making sure that markers, tape, and ornaments were available for participants required constant monitoring.

Another limitation of this study is that it is purely qualitative. In association with this, the results are related to my personal experience and interpretation of the preparation, implementation, and outcomes of this project. With my education, professional, and personal background, I understand, have experienced, and highly value the power of the arts. I have seen how the creative process can connect people at the community, group, and individual levels. This belief contributed to the design and execution of this project. Additionally, I had hoped that implementing a community arts project would allow individuals to bond across several barriers that may impede connection otherwise. Therefore, while I strive to report the findings without bias, some of my personal biases may still be present in the analysis of the data.

The size of the hospital presents another limitation. In comparison to others in the area, the hospital engaged in this project is relatively small. This may have influenced the ease of spreading information about the project and engaging the community. Additionally, this project was implemented in a hospital serving children and adolescents. A larger scale hospital, serving adult or elderly populations as well, may yield different results.

There are additional limitations in regard to cultural considerations. The population served at this particular hospital is diverse in racial, ethnic, economic, and religious backgrounds. However, the individuals, including myself, who implemented this project are all white females.

As a cohort, we are not representative of the people we served with this community engagement project. Unintentionally, we may have imposed ideas and ideals of the dominant culture in implementation of this project. We established the tree project with the belief, as shown in research (Cheng et. al., 2015; Rusk et. al., 2016; Owens & Patterson, 2013) that expressing gratitude is beneficial to mental health. But, we did not consider how gratitude is viewed cross-culturally, or obstacles that individuals may face with our directive due to cultural backgrounds. Therefore, our identities as white woman could have impacted the execution and results of this study as well.

Finally, the completion of this community arts engagement project happened between November and January. During this timeframe, many holidays took place and may have impacted the responses to this project. The hospital engaged in this initiative is a historically Catholic hospital, and one of the trees hung during this time was created to closely resemble a Christmas tree. While all other trees did not have strong indications of a religion, the presence of the Christmas tree as a part of this project may have impacted participation. There may have been certain assumptions made due to the time of year and associations with the “holiday spirit.” While one tree related to the Catholic tradition of the season, none of the other trees related to the several other holidays that occur during this time. These factors indicate another cultural consideration and may have influenced the results as well.

### **Conclusion**

Over the course of several weeks, the expressive therapies department carried out a community arts engagement project via the implementation of gratitude trees throughout the hospital. The results of the project revealed themes of gratitude, aesthetic, and exposure to expressive arts therapy. My impression is that the gratitude tree project subtly engaged the

hospital community in therapeutic practice by promoting connection and the practice of gratitude. I felt a stronger sense of community throughout the hospital and experienced feeling proud of my role within the expressive therapies department and hospital. It was rewarding to watch as the trees grew and evolved as clinicians, staff, patients, families, and visitors added their expressions of gratitude.

Numerous authors have found connections between community arts projects or expressive arts therapies with patient and staff satisfaction and healing (Bishop, 2012; Kometiani, 2017; Eisen et. al., 2008; Miller, 2016; McWhirter, 2014, Hume, 2010, Hamer, 2002). However, there are only two expressive therapists on staff at the hospital served in the community arts engagement project outlined here. The department utilizes four interns at both the graduate and undergraduate levels, but during school breaks these two individuals are the sole providers of expressive therapies in the hospital. An increase in expressive therapists, encompassing all modalities, would increase the ease of implementing community arts projects. Projects that will support the healing of patients and help alleviate some strain on staff (Hamer, 2002; Bishop, 2012).

Community arts projects have the value of accessibility. Participants may engage in the creation of the final product, or simply engage by visually viewing the evolution and completion of the project. With the support of expressive therapists specializing in each modality, hospitals could provide their patients, families, staff, and visitors with regular community engagement projects that positively influence the environment. These projects may change and evolve with the needs of those served in order to sustain interest in the experience and support the expectation of change (Nielsen et. al., 2017).



Those interested in exploring the topic of community engagement projects in hospitals may want to explore the other expressive therapies modalities. Dance, drama, music, movement, and others may be able to engage the community in a variety of different ways than the visual arts example outlined here. Additionally, several other themes, besides that of expressing gratitude, can be interwoven into such projects. Future researchers may want to explore how alternative themes can alter participation or support the community.

### References

- Baron, J. H. & Greene, L. (1984). Art in hospitals: Funding works of art in new hospitals. *British Medical Journal (Clinical Research Edition)*, 289(6460), 1731-1736. Retrieved from <http://www.jstor.org/stable/29517700>
- Bishop, K. (2012). The role of art in a pediatric healthcare environment from children's and young people's perspectives. *Procedia - Social and Behavioral Sciences*, 38 (ASIA Pacific International Conference on Environment-Behaviour Studies (AicE-Bs), Grand Margherita Hotel, 7-9 December 2010, Kuching, Sarawak, Malaysia), 81-88.  
doi:10.1016/j.sbspro.2012.03.327
- Bookbinder, S. (2016). Fusion of a community using art therapy in long-term care. *Canadian Art Therapy Association Journal*, 29(2), 85-91. doi:10.1080/08322473.2016.1239186
- Canas, E. (2011). Culture institutions and community outreach: What can art therapy do? *Canadian Art Therapy Association Journal*, 24(2), 30-33.  
doi:10.1080/08322473.2011.11415549
- Cheng, S., Tsui, P. K., & Lam, J. M. (2015). Improving mental health in health care practitioners: Randomized controlled trial of a gratitude intervention. *Journal of Consulting and Clinical Psychology*, 83(1), 177-186. doi:10.1037/a0037895
- Eisen, S. L., Ulrich, R. S., Shepley, M. M., Varni, J. W., & Sherman, S. (2008). The stress-reducing effects of art in pediatric health care: Art preferences of healthy children and hospitalized children. *Journal of Child Health Care*, 12(3), 173-190.  
doi:10.1177/1367493508092507
- Miller, G. (2016). Art therapy in a community clinic waiting room: examining challenges and effectiveness (Art-thérapie dans la salle d'attente d'une clinique communautaire: examen

des défis et de l'efficacité), *Canadian Art Therapy Association Journal*, 29(1), 38-51,  
DOI: 10.1080/08322473.2016.1184365

Hamer, M. (2002). The art of healing: paintings and live music can improve the atmosphere of hospital wards. But do they lead to a speedier recovery too. *New Scientist*, 174(2348), 38.

Retrieved from

[http://link.galegroup.com/apps/doc/A88098544/AONE?u=les\\_main&sid=AONE&xid=f5a54f36](http://link.galegroup.com/apps/doc/A88098544/AONE?u=les_main&sid=AONE&xid=f5a54f36)

Hume, V. (2010). Creative care: the role of the arts in hospital: Victoria Hume explains how painting, sculpture and music can improve the healthcare environment of hospitals, and the wellbeing of patients and staff. *Nursing Management-UK*, 17(5), 16-20.

Kometiani, M. A. (2017). Creating a vital healing community: A pilot study of an art therapy employee support group at a pediatric hospital. *Arts in Psychotherapy*, 54, 122-127.

Lagarde, E., Lagarde, E., & Lemaire, C. (2014). Windows to discover: A socially engaged arts project addressing isolation. *Arts & Health*, 6(1), 90-97.

McWhirter, P., Nelson, J., & Waldo, M. (2014). Positive psychology and curative community groups: Life satisfaction, depression, and group therapeutic factors. *Journal for Specialists in Group Work*, 39(4), 366-380. doi:10.1080/01933922.2014.955384

Nielsen, S. L., Fich, L. B., Roessler, K. K., & Mullins, M. F. (2017). How do patients actually experience and use art in hospitals? The significance of interaction: A user-oriented experimental case study. *International Journal of Qualitative Studies on Health and Well-Being*, 12(1), doi:10.1080/17482631.2016.1267343

Owens, R. L., & Patterson, M. M. (2013). Positive psychological interventions for children: A comparison of gratitude and best possible selves approaches. *The Journal of Genetic*

*Psychology: Research and Theory on Human Development*, 174(4), 403-428.

doi:10.1080/00221325.2012.697496

Pariser, P., Pus, L., Stanaitis, I., Abrams, H., Ivers, N., Baker, G., Lockhart, E., & Hawker, G.

(2016). Improving system integration: The art and science of engaging small community practices in health system innovation. *International Journal of Family Medicine*.

doi:10.1155/2016/5926303

Rossetto, E. (2012). A hermeneutic phenomenological study of community mural making and

social action art therapy. *Art Therapy: Journal of The American Art Therapy*

*Association*, 29(1), 19-26.

Rusk, R. D., Vella-Brodrick, D. A., & Waters, L. (2016). Gratitude or gratefulness? A

conceptual review and proposal of the system of appreciative functioning. *Journal of*

*Happiness Studies*, 17(5), 2191-2212. doi:10.1007/s10902-015-9675-z

Slater, J. K., Braverman, M. T., & Meath, T. (2017). Patient satisfaction with a hospital's arts-

enhanced environment as a predictor of the likelihood of recommending the hospital. *Arts*

*& Health: An International Journal of Research, Policy and Practice*, 9(2), 97-110.

doi:10.1080/17533015.2016.1185448

Stein, C., & Faigin, D. (2015). Community-based arts initiatives: Exploring the science of the

arts. *American Journal of Community Psychology*, 55(1/2), 70-73. doi:10.1007/s10464-

014-9698-3

Wang, R. H., Nelson-Coffey, S. K., Layous, K., Jacobs Bao, K., Davis, O. P., & Haworth, C. A.

(2017). Moderators of wellbeing interventions: Why do some people respond more

positively than others?. *PLoS ONE*, 12(11), 1-19. doi:10.1371/journal.pone.0187601

Winslow, C. J., Kaplan, S. A., Bradley-Geist, J. C., Lindsey, A. P., Ahmad, A. S., & Hargrove, A. K. (2017). An examination of two positive organizational interventions: For whom do these interventions work? *Journal of Occupational Health Psychology, 22*(2), 129-137.  
doi:10.1037/ocp0000035



Figure 1. Gratitude tree on inpatient unit on first day.



Figure 2. Gratitude tree on inpatient unit at the end of four weeks.



Figure 3. Gratitude tree in BHS on first day.



Figure 4. Gratitude tree in BHS at the end of four weeks.