


## Article

# New Directions for Arts Education through the Health Humanities: Wellness, Care and Interdisciplinary Learning Using Creative Elaboration

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**Abstract:** Psychological research has shown that empathy and compassion can be developed through mediation, simulation and embodiment techniques that foster benevolence and kindness, attributes and actions that play a major role in increasing subjective feelings of happiness and overall wellbeing. Our exercise of having students re-write the ending with a more positive outcome and re-draw the cover for the famous 19th century short story “*The Yellow Wallpaper*” serves as a model for future art education practices interested in promoting positive psychological experiences that can be used for enhanced self-care and empathy development.

**Keywords:** health humanities; empathy; compassion; embodied simulation; creative elaboration; speculative; visual art; creative writing; expressive arts; interdisciplinary



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## 1. Introduction

Therapists are increasingly embracing new modalities for care that rely on creative immersion in the expressive arts. Educators can adapt some of the tactics forged among these approaches, which are often called expressive arts therapy [1], to provide students with new ways of accessing their creativity to enhance wellbeing and self-care at a time when anxiety and depression rates are rapidly growing among college students [2]. As Lisa Kay [3] notes, it can also support K-12 students in a thoughtful, holistic way, guiding them to tell their stories and make imagery that promotes wellness through awareness and identity. Furthermore, these strategies are being incorporated into an educational movement called the health humanities. As an evolution from the medical humanities, the new health humanities movement subsumes arts within the term ‘humanities’ [4] (p. 11). Two of the goals of the health humanities is to create “new combinations of pedagogic approaches informed by the arts and humanities in education of all professional personnel involved in health care, health and well-being” and “valuing and sustaining existing therapeutic applications of arts and humanities to the benefit of any nation’s health and social well-being” [4] (p. 11). We embrace this inclusion of the arts into the sciences as a discourse of STEAM education.

This movement encourages teaching “how arts and humanities practices can inform and transform healthcare, health and well-being” [4] (p. 1). It is needed because according to Crawford et al. [4], the medical model of wellness tends to focus on the physical or diseased body, objectifying it, and often ignores the interrelated aspects of the physical, mental, social and cultural and how they support holistic health. Health care takes place in many spaces and environments beyond medical establishments. Health humanities works to inspire interdisciplinary thinking and collaborative work related to health. In addition, it allows investment in health issues using perspective taking, ethical reasoning, cultural competency, empathy and advocacy. Health humanities revives empathy through methods and content such as close reading of novels, writing reflectively and making art.

## 2. The Role of Art and Art Education in Health

Art and art education play a role in the discussion on holistic health. These discipline areas include interdisciplinary learning, the production and reception of works to connect art to life and the human condition, the interpretative process as dynamic, situated and embodied, the therapeutic nature of art for holistic support of groups of people and the contextualization of health as socially negotiated with the actualization of potentials [3,4].

For instance, in a particularly powerful example of the interdisciplinary potential of arts-based care, the Black artist Simone Leigh expands on the notion of health and health-care in relation to inequities shaped by medical communities. Her works “Free People’s Medical Clinic” and “The Waiting Room” reference a range of care environments beyond the hospital, including museums spaces, meditation rooms, and movement studios; offer opportunities such as a variety of public and private workshops and healing treatments that the artist refers to as “care sessions”; talks on afrocentering; healing performances; massage; acupuncture; and dialogues on aging, disobedience and toxicity; and involves artists, herbalists, and volunteer physicians, nurses, and medical students. Body and spirit and wellness and happiness are related. Importantly, the projects take into account a history of social inequalities that have necessitated community-organized care and suggest that creating a space for wellness may require the making of a sanctuary and an act of disobedience against the systemic enactment and repudiation of, in this case, Black pain [5,6]. Leigh’s projects present an alternative to the Western biomedical understanding of health—a realm where there is more emphasis on the mind–body connection and less on the specific intersectional entanglements of identity oppression. In Leigh’s performative work, Black women can talk and write about their bodies and needs, choose the healing practices that suit them and are not punished for failing to comply.

This article is in line with how the expressive arts can support individual students but expands into ideas within the health humanities. It focuses on the therapeutic and educational benefits of interdisciplinarity using an assignment merging creative writing and the visual arts in relation to “*The Yellow Wallpaper*”, the famous 19th century short story by Charlotte Perkins Gilman [7]. Through embodiment, empathy, making and re-framing trauma through compassion, students participate in a holistic praxis that can include feelings of empowerment in an artistic space, creative simulated restoration through the speculative, and a sense of care.

## 3. The Story

“*The Yellow Wallpaper*” is one of the most canonical and celebrated stories in American literature. The tale concerns an upper middle-class woman’s slow march into madness as a result of being imprisoned in the attic of a rented mansion in the country after giving birth and experiencing what we would today call post-partum depression. She hallucinates about a woman, her alter ego, trapped behind the elaborate pattern on the wallpaper, a pattern she describes as a “florid arabesque” [7] (p. 25) and an “interminable grotesque” [7] (p. 20). As she remains in a state of semi-imprisonment in the attic as prescribed by her doctor husband John, she is haunted by the pattern in the yellow wallpaper and the imagined woman behind the wallpaper, which become representations of her mental illness. The wallpaper also seems to change into prison bars that prevent the woman’s escape. In the end, the narrator transforms into the woman behind the wallpaper, crawling repeatedly over her husband’s body. While you could argue that such an ending represents a kind of escape into madness and a liberation from the patriarchal prison in which the narrator finds herself, it is a problematic resolution. The narrator, now the woman she envisioned behind the wallpaper, ends her story by crawling around the bedroom, rubbing against the yellow wallpaper and climbing over her husband’s body, who has fainted in shock at her condition. These details indicate simultaneously her liberation from the attic but also her entrapment in the wallpaper.

First published in 1892, the story dramatizes and elaborates in fictional form on Charlotte Perkins Gilman’s experiences with Dr. S. Weir Mitchell’s famous rest cure

during a month-long stay at Mitchell's sanitarium in Philadelphia. Here, she experienced postpartum psychosis. The following statement was written by Gilman [8] in "Why I Wrote 'The Yellow Wallpaper'":

For many years I suffered from a severe and continuous nervous breakdown tending to melancholia—and beyond. During about the third year of this trouble I went, in devout faith and some faint stir of hope, to a noted specialist in nervous diseases, the best known in the country. (p. 265)

Weir Mitchell's rest cure included assumptions that echoed "current religious, social, even medical beliefs (in studies of brain weight, skull capacity, skull shape), of the physical and emotional inferiority of women to men" [9] (p. 19). Her treatment from Mitchell involved the following prescription: "live as domestic a life as far as possible" and to limit her intellectual activity to two hours a day and "never touch pen, brush, or pencil again" as long as she lived [8] (p. 265). Following Weir Mitchell's prescription was nearly disastrous for Gilman, as demonstrated by the following statement: "I went home and obeyed those directions for some three months, and came so near the borderline of utter mental ruin" [8] (p. 265). Her recovery after that involved completely ignoring Mitchell's advice and diving back into intellectual and social stimulation. Gilman [8] admits to elaborating on her experience in writing "*The Yellow Wallpaper*", but also takes great pride in the fact that after reading her story, the great specialist had admitted to friends of his that he had altered his treatment of neurasthenia since reading "*The Yellow Wallpaper*". He said, "it was not intended to drive people crazy, but to save people from being driven crazy, and it worked" (p. 265).

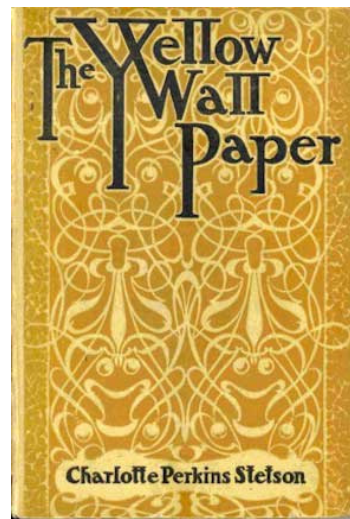
In addition to making this striking contribution to mental health treatment in the US, Gilman's story, as Robert Schulman writes in his introduction to the story, continues to "challenge and disturb readers today" [10] (p. xi), especially in its inclusion of the powerful visual metaphor of the wallpaper, which "comes to suggest. . .the socially acceptable power relations of a world controlled by men" [10] (p. xi). By accessing the power of the Gothic including the use of the secluded mansion, the imprisoned woman and the exploitation of the repressed, Gilman undermines mental health treatments of women in that era [10] and does so by focusing on a semi-autobiographical experience merged with brilliant representations of symbolic visual patterns.

#### 4. The Assignment and Inquiry

Perhaps because of the story's powerful themes about mental illness and its representative visual appeal, it presents a wonderful teaching opportunity for therapeutic embodiment and re-imagining. The assignment asks students, after discussing the story and its historical context (including its representation of the mental health treatment related to gender), to rewrite the ending to make it more therapeutically positive for the narrator, presumably named Jane. Once they completed their re-write, we asked them to re-design the cover of the book to represent their re-imaginings. Students looked at examples of covers including the canonical cover of the first edition of the story, published in 1892, which visually echoes a labyrinth that enables feelings of entrapment in its undulating folds (Figure 1). The image in its verticality and layering evokes a prison-like enclosure. Finally, we ask the students to reflect on their final product and its therapeutic value.

In reviewing the assignment, we used narrative inquiry as discussed by Clandinin and Connelly, Clandinin, Caine, and Lessard, and Rosiek and Snyder [11–13]. This approach to narrative inquiry positions stories as lived experiences that simultaneously shape story-tellers as they shape the narrative. We asked the following questions: how did students use creative elaboration to change the story and cover for the therapeutic benefit of the main character? How was the assignment therapeutic for themselves, enabling their own well-being? This active positioning of the storying provides entry into the therapeutic benefits because it provides constructive transformation of a situation through meaning-making [4]. As an experimental practice of meaning-making, the activity enables "transitioning between present and future by providing alternative directions" [14] (p. 32). Creative writing

and visual arts are discussed as a way to move from purely biomedical approaches to health into more holistic visions.



**Figure 1.** Example of the book cover.

As teacher-researchers, we do not believe narratives constructed through our inquiry are already formed waiting to be discovered. We acknowledge that there is no way to accurately capture lived experience. Narratives are not fixed but a product of questions and responses to and with others and could be relived differently [15]. Narratives are sense-making, performative and transformative, where what we write shapes us and others [16]. This understanding of narrative is thus a valuable means to construct written and visual stories that highlight entanglements, in this case, with health, care and wellness.

In their self-assessment stories, students referenced these therapeutic results and tied them to their own self-care and wellness in the following ways:

#### **Stories of Advocacy, Using Ethical Reasoning, Cultural Competency and Empathy**

- In becoming “an advocate” for the narrator, they were able to re-imagine similar situations for themselves.
- The vast majority of students’ creative writing and visual arts revisions focused on clear cut positive outcomes for the narrator, including the following examples:
  - Jane plans her escape with her baby in the middle of the night when John and his sister Jennie are asleep.
  - Jane talks to her husband John about the ethics of care in her situation. She is extremely direct and rational about why his treatment is not working, leading to a complete reversal of her husband’s treatment plan to include intellectual and social stimulation.
  - Jane convinces John to end the rest cure in the country, which is often prescribed by members of the medical community for women in a way that disempowers them, and they can return to their city home and its familiar activities.
- Students made connections between people they knew with mental health issues when they re-wrote and re-visioned the story and its book cover.

#### **Stories of Empowerment**

- These stories helped them to overcome feelings of helplessness and anxiety driven by the story.
- The stories also reinforced their feelings that the imagination is very powerful and potentially therapeutic.
- The students made therapeutic applications to their own situations such as feeling as if they helped someone else, they were also helping themselves.

### Stories of Compassion

- These stories stressed how solving the narrator's problems helps them think more positively about themselves and increased their sense of empathy and self-empowerment.
- The students felt that engagement in creative acts of helping the narrator find a healthier resolution was rewarding.
- The students also felt that the visuals of the wallpaper, particularly the bars, acted as a metaphor for enclosure and confinement physically and mentally. Instead, they designed wallpaper that reflected soft, organic shapes; open, expansive spaces; or beautiful, bright, welcoming patterns to work as metaphors for protection, care, touch, growth, love and easy movement.
- The students added many figures interacting together within the wallpaper through dialogue and touch to challenge the idea that the narrator is alone and has fully merged into her psychosis to become one with the house and domesticated discontent.

Remarkably, the student performances and self-reflections of their positive experiences with this assignment exactly parallel some of the most complex and intriguing psychological therapeutic properties related to exercises associated with artistic expression, embodiment and wellbeing, practices that are gaining traction in psychiatric mental health treatment. As an important caveat, however, our assignment is not in the category of mental health treatment. As teachers in health humanities, we are not using the assignment to target mental health issues or symptoms. Instead, we are accessing therapeutic pathways for general well-being that activate the imagination, embody artistic activity and reading and emphasize the positive. In line with this thinking, Anna Weinstein [17] provides the following statement in her work *Creative Arts Therapy Careers: Succeeding As A Creative Profession*:

Creating a work of art is, by its very nature, a therapeutic practice. . . . We express our fears and hopes through our art. We process our losses, celebrate our good fortune, ponder our existence, imagine loves who might have been, mourn loves who once were. (p. x)

Furthermore, she also writes that "We have gained something by the time we complete a work of art. If nothing else, a sense of calm. A bit of relief. That act of creating enabled us to put our thoughts and feelings into something outside of ourselves". (p. xi)

### 5. Links to Expressive Arts Therapy

Psychotherapeutic expressive arts therapists (a definition of the creative expressive arts is "The creative arts therapies comprise a distinct professional group made up from highly trained individuals, who specialize in the use of their chosen art form, to help individuals, groups, and communities make meaningful psychological, behavioral, physical, and emotional change. There are five distinct types of creative arts therapies: drama therapy, music therapy, art therapy, dance/movement therapy, and poetry therapy" [18] (p. 13).) have recognized the power of not taking a literal approach to trauma and memory. Rather than creating a preset and definitive "cure" for their patients, therapists follow an aesthetic that honors freedom, choice and meaning. For example, patients can create something in a safe space, dream and/ or free play artistically [19]. The therapist must be responsible for "setting the frame or structure. . .[where] the frame must allow for the possibility of free play to occur" [19] (p. 72). Indeed, what is most unique about the therapeutic expressive arts is that it offers patients "creative elaboration" on the past, a type of meaning-making [19] (p. 67). According to Crawford et al., a "consideration of meaning is central to both the humanities and healthcare because people ascribe specific values and purposes to their experiences, conduct and relationships" [4] (p. 4) and try to make sense of their actions, feelings and thoughts. Creative elaboration as meaning-making and as a speculative process is situational, dialogic, embodied and contextualized and made through word, movement, art, sculpture, performance, thinking and writing [4]. The



speculative, according to Whitehead, is “to make thought creative of the future” [20] (p. 82). It “constitutes a mode of experimentation whose aim is that of producing suggestions, propositions, or ideas that, by trusting the possible, might offer the necessary guidance to produce a different mode of response to an impending problem” [14] (pp. 31–32). In addition, Puig de la Bellacasa notes that ethics of care cannot be about a realm of normative moral obligations but rather about thick, impure, involvement in a world where the question of how to care needs to be posed. That is, it makes of ethics a hands-on, ongoing process of re-creation of ‘as well as possible’ relations, and therefore one that requires a speculative opening about what a possible [relation] involves [21] (p. 6).

Similarly, our assignment does not encourage allowing the main character to simply circle her prison-like room. Students elaborate by making choices and speculate by refashioning the main character’s environment to be more in tune with her holistic self, including improving her relationship with her husband, allowing her to voice her opinions and take action and revising the patriarchal mental health care system for women. This creative elaboration allows students to insert their own strategies for self-care. Rather than impose ready-made, defined or in-advance frameworks, students respond in situated ways to existing entanglements and relations. The assignment creates a space for being affected in ways that attune us to requirements for care. Affective encounters are crucial to knowledge production for they formulate questions, enable different modes of analysis and take emotions seriously. The compassion and active caring-for they show the character are a reflection of the compassion and active caring-for that they are envisioning for themselves where they feel empowered to overcome feelings of helplessness and can advocate for others and themselves. As Knill et al. write,

Once the arts have been admitted into the therapeutic space, it is not possible to stay in the literal realm of reality. Even as arts therapy, like psychodrama, which often re-enacts real-life dramas, changes the meaning of the events by playing them in a psychodramatic space, with others than those who were involved, in the presence of an audience, and under the direction of a psychodramatist. Rather than being a defect in the therapeutic process, however, this necessary transformation into imaginal reality is precisely the virtue of using an artistic method. The mimesis of poesis, we might say, is able to effect a catharsis precisely because it does not literally reproduce the event of suffering but transforms and transfigures it imaginatively. In this way we are freed from its grip and able to see it as it truly is for the first time [19]. (p. 68)

These points are critically important in understanding the potential therapeutic power of immersion into the expressive arts. Indeed, somewhat paradoxically, the very real therapeutic power of creative work relates to the fact that it does not “reproduce the event of suffering”, but actually “transforms and transfigures it imaginatively”. This activity allows participants to see their own situations and that of others in a new light, one that is not crusted over with the repetition of a trauma. The potential growth for participants comes from being in a space of creative play that allows for a new relationship with the storied trauma. None of the possibilities that are reached are predetermined. As Knill et al. state, “These possibilities are not given in advance; they come only through an active engagement with the world” [19] (p. 71). Indeed, as Knill et al. further declare, “we suffer when there is no play-space, no gap between what we are and what we can be” [19] (p. 71). Furthermore, “art-making and expressive arts therapy means entering into a liminal or transitional space in which the play of possibilities leads to surprising results” [19] (p. 73).

These ideas about the liberating potential of the expressive arts echo points made by Bessel van der Kolk [22] when he emphasizes the importance of 19th-century psychologist Pierre Janet who was one of the first physicians to treat what was called hysteria or what we now call post-traumatic stress disorder (PTSD). Janet clarified the difference between “narrative memory”—the stories people tell about trauma—and “traumatic memory itself” [22] (p. 181). Janet argued that traumatized people often reproduce, rather than remember, the trauma that has wounded them. Narrative memory helps to create a new narrative of the

trauma, which now contains the appropriate feelings [22] (p. 181). As van der Kolk reflects, “normal memory integrates the elements of each experience into the continuous flow of self-experiences by a complex process of association” [22] (p. 182). Successful therapy creates a space for normal memory’s healing functions, including the ability to assimilate new experiences, allowing the patient to put the frozen memory of the trauma behind them into a more flexible space of association and change: “the goal of treatment would be association: integrating the cut-off elements of the trauma into the ongoing narrative of life, so the brain can recognize that “that was then, and this is now” [22] (p. 183). The assignment uses writing and art-making to form relations of possibility and transformation and to materialize imaginaries [23].

In a sense, our assignment asks the students to become the therapist and participate in a model of therapy where they help the main character Jane re-write her trauma narrative, what we would call postpartum depression, from automaticity (crawling over husband’s prostrate body in a repetitive and automatic circuit of entrapment in psychosis) into experiencing a narrative memory that is built on a free-flowing pathway of associations. When students create their new plots and new images of the wallpaper, they are actively creating a new space of relationality and possibility for her, a dense and flowing field of associations. Art here moves beyond a representational role or as an aesthetic object to a performative role, a transport station, or a working-through, which offers the potential for healing [24]. The students are putting the narrator back into the flow of life, relegating the dark episode of postpartum depression as something in the past, and moving beyond it to create a narrative memory of healing. They are also moving beyond mere empathy by actively taking up and listening to and creating strategies for healing from trauma as acts of compassion. And as many students have pointed out, in this act of being compassionate for Jane, they also learn that there can be new narratives for themselves in association with their own trauma, or at least understand that new narratives have creative potential that leads to healing. Psychological research has shown that compassion can be developed through acts of mediation, simulation and embodiment techniques that foster benevolence and kindness [25].

## **6. Embodiment, Neuroscience, Empathy and Movement to Compassion through the Arts**

As discussed by Jones, encounters with art can disrupt or challenge established ways of seeing and precipitate new sensibilities. Furthermore, art facilitates trying on concepts and experiences that alters states through embodiment.

More and more often, the desired aesthetic seems to be one of disorientation itself. Leaving us open, unbounded, or fragmented is not meant to produce us as psychotic, but to make us available for re-organization in terms we might be able to negotiate for ourselves [26]. (p. 40)

While Jones [26] is talking about the experience of contemporary art, she draws our attention to its potential therapeutic aspect of embodied viewing and re-narration, allowing us to see and help another in the potentially liberatory empathic process we have just discussed. Care is demonstrated to move beyond “caring about”, where students attend to the needs of the care receiver to “caring with”, where students realize they need to care together to create conditions for a better world. According to Romano and Tronto [27,28], care involves unequal power relations and can lead to appropriating the other into sameness. Caring with is an ongoing social practice that pays attention to the relational and examines assumptions. Care receivers and givers are mutually implicated in their relationship [29]. Students, in rewriting the ending and remaking the cover, use strategies to create a better world for the main character through the deconstruction of power relations, where the main character can walk away, argue back and share her perspective. Such advocacy for the character was also applied to their situations for self-care and for the care for others. They felt caring with enabled problem-solving in their own health needs and that of others.

In addition, Gallese makes powerful links between recent discoveries in neurosciences and how art works can stimulate feelings and sensations of embodiment, facilitating empathy and compassion. He mentions that “empathy means understanding what the other is doing and experiencing” while compassion is “being motivated to help” [30] (p. 113). The students, while constructing creative elaborations, demonstrated being in tune with the physical, mental, social and cultural situation of the main character and were motivated to support her holistic health. Furthermore, they invested in her health issues using perspective taking, ethical reasoning, cultural competency, empathy, compassion and advocacy. Gallese [30] and others argue that the empathic embodied response we experience when we watch and observe others as well as interact with works of art are characterized by an activation of neurons that help us to create an intersubjective embodied simulation. Teachers can access the powers of embodied simulation in students’ interaction with works of art to take advantage of the deep impact of bodily and cognitive responses to fiction, film and visual arts, as they explore feelings and sensations of sympathy, empathy and the active movement towards compassion. Following this strand of embodied “reading” and “writing” of the wallpaper’s pattern could lead into interesting discussions and insights into not only the liberating aspects of “storying”, but also its potential entrapments and separations from reality.

According to Mongrain et al., “of notable relevance to mental health, compassion is not only a process that builds positive relationships with others; it is also a vital path to releasing the human mind from the effects of harmful negative emotions” [31] (p. 964). Furthermore, Burton [32] explains, compassion, or “suffering alongside” someone, is a more engaging concept than simple empathy and is associated with an active desire to alleviate the suffering of its object. He states, “With empathy, I share your emotions; with compassion, I not only share your emotions but also elevate them into a universal and transcending experience. Compassion, which builds upon empathy, is one of the main motivators of altruism” (para 10).

Additionally, new cognitive behavioral therapies (CBTs) require patients to practice compassionate actions towards others because of its positive effect on mental health. Participants in several studies of this technique experienced increases in a sense of well-being, self-esteem and happiness more than six months after the study concluded as compared with the control group. Interestingly, compassionate activities increase meaning, a sense of purpose and an affirmation of social value—all of which combined have the positive mental effects mentioned [31]. Certainly, while not cognitive behavioral therapy, this assignment to re-envision, through expressive language and imagery, and transform the main character from being trapped in an automatic traumatic response to be more liberated echoes the real-world activities studied in compassion studies. In effect, as teachers, we have created a model or a simulation of the psychological benefits—a simulation that carries a reflected potential for enhanced wellness, self-care and happiness. As is increasingly being recognized and acknowledged by Western psychologists and neuroscientists, helping others helps ourselves.

## 7. Conclusions

Indeed, this assignment related to revising and re-imagining “*The Yellow Wallpaper*” is just one assignment. However, its interdisciplinarity, its links to expressive arts therapy, its probable benefits relating to self-esteem and well-being and its fostering of self-care through creativity and positivity are all meant to be a guiding model for future assignments and curriculum redesign. The content and the disciplinary expectations can be replaced by any new combination, including dance, music and psychology; creative writing and theatre; poetry, visual arts and neuroscience, etc.

In our expressive arts example relating to “*The Yellow Wallpaper*”, students were free to construct a new model of mental health care in which women have greater freedom, greater dignity and greater power. This case of interdisciplinary arts-based care promotes the core health humanities’ values of using art and artistic expression to promote wellness



and self-care. Through the work of experts and practitioners in the field, a wide range of voices have contributed to restorative arts education. Practical arts-based examples and strategies, such as mind and body interventions, the building of emotional resilience and creative healing, are used to support students in educational settings, as well as community groups [3,33,34]. Placing care at the center of pedagogical practice, educators and students can build relationships across experiences [27].

As part of the health humanities' goal to transform education, we would like to see more of an emphasis among the governing expressive arts societies and credentialing bodies on not only providing new specialized advanced level degrees, but also supporting the transformation of higher education in general to emphasize health. In her chapter "Tapestry of Transformation: Pathways in the Arts Professions", Laura L. Wood notes that the "overall role and function of educators in the arts is to deliver developmentally appropriate skills in their discipline to enrich students' knowledge and growth" [18] (p. 10), as a precursor to therapeutic arts education in advanced level degrees. However, we would like to stress the revolution that is happening in higher education related to the development of health humanities majors, minors, and courses—a curriculum that certainly does not provide therapeutic certification, but provides a richer precursor for this type of training and also "spreads the word" to all undergraduates regardless of their major. Health humanities itself, in our experience, including that which is taught at the general education level, is itself custom-made to be essential to traditional programs in art education, English education, public health, social work, nursing, pre-medicine, etc. What is especially fascinating about teaching health humanities courses and developing new courses is that this quickly evolving field breaks down the arbitrary walls between the disciplines that have solidified throughout the centuries, replacing them with a more fluid pathway in the name and service of health promotion and health improvement, which has been practiced through the millennia in relation to the arts and humanities, and what was once lost is now found.

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## References

1. Vaartio-Rajalin, H.; Santamäki-Fischer, R.; Jokisalo, P.; Fagerström, L. Art making and expressive art therapy in adult health and nursing care: A scoping review. *Int. J. Nurs. Sci.* **2021**, *8*, 102–119. [CrossRef] [PubMed]
2. Mayo Clinic Health Systems: College Student and Depression: A Guide for Parents. Available online: <https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/college-students-and-depression> (accessed on 10 March 2024).
3. Kay, L. *Therapeutic Approaches to Art Education*; Davis Publications, Inc.: Worcester, MA, USA, 2020.
4. Crawford, P.; Brown, B.; Baker, C.; Tischler, V.; Abrams, B. *Health Humanities*; Palgrave MacMillan: New York, NY, USA, 2015.
5. Art in America. Available online: <https://www.artnews.com/art-in-america/features/simone-leigh-healing-1234603507/> (accessed on 11 March 2024).
6. New Museum. Available online: <https://www.newmuseum.org/exhibitions/view/simone-leigh-the-waiting-room> (accessed on 11 March 2024).
7. Gilman, C.P. *The Yellow Wallpaper*; Feminist Press: New York, NY, USA, 1973.

8. Gilman, C.P. Why I wrote “The Yellow Wallpaper”? *Adv. Psychiatr. Treat.* **2011**, *17*, 265. [CrossRef]
9. Poirier, S. The Weir Mitchell rest cure: Doctor and patients. *Women’s Stud.* **1983**, *10*, 15–40. [CrossRef] [PubMed]
10. Schulman, R. Forward. In *The Yellow Wallpaper and Other Stories*; Schulman, R., Ed.; Oxford University Press: Oxford, UK, 1995; pp. vii–xxxviii.
11. Clandinin, J.; Caine, V.; Lessard, S. *The Relational Ethics of Narrative Inquiry*; Routledge: New York, NY, USA, 2018.
12. Clandinin, J.; Connelly, M. *Narrative Inquiry: Experience and Story in Qualitative Research*; Jossey-Bass Publishers: San Francisco, CA, USA, 2004.
13. Rosiek, J.L.; Snyder, J. Narrative inquiry and new materialism: Stories as (not necessarily benign) agents. *Qual. Inq.* **2020**, *26*, 1–12. [CrossRef]
14. Savransky, M. The wager of an unfinished present: Notes on speculative pragmatism. In *Speculative Research: The Lure of Possible Futures*; Wilkie, A., Savransky, M., Roanegarten, M., Eds.; Routledge: London, UK, 2017; pp. 25–38.
15. La Grange, L. Environmental education after sustainability. In *Post-Sustainability: Remaking Education for the Future*; Jickling, B., Sterling, S., Eds.; Palgrave MacMillan: New York, NY, USA, 2017; pp. 93–104.
16. La Grange, L. What is (post)qualitative research? *S. Afr. J. High. Educ.* **2018**, *32*, 1–14.
17. Weinstein, A. Forward. In *Creative Arts Therapy Careers: Succeeding as a Creative Profession*; Bailey, S., Ed.; Routledge: New York, NY, USA, 2022; pp. xi–xiv.
18. Wood, L.L. Tapestry of transformation: Pathways in the arts professions. In *Creative Arts Therapy Careers: Succeeding as a Creative Profession*; Bailey, S., Ed.; Routledge: New York, NY, USA, 2022; p. 13.
19. Knill, P.J.; Levine, E.G.; Levine, S.K. *Principles and Practice of Expressive Arts Therapies: Toward a Therapeutic Aesthetic*; Jessica Kingsley Publishers: Philadelphia, PA, USA, 2005.
20. Whitehead, A. *Process and Reality*; Free Press: New York, NY, USA, 1978; p. 82.
21. de la Bellacasa, M.P. *Matters of Care: Speculative Ethics in More than Human Worlds*; University of Minnesota Press: Minneapolis, MI, USA, 2017; p. 6.
22. van der Kolk, B. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*; Penguin Books: London, UK, 2015.
23. Haraway, D. *Staying with the Trouble. Making Kin in the Chthulucene*; Duke University Press: Durham, NC, USA, 2016.
24. Ettinger, B. Copoiesis. *Framew. X Ephem.* **2005**, *5*, 703–713.
25. Singer, T.; Klimecki, O. Empathy and compassion. *Curr. Biol.* **2014**, *24*, R875–R878. [CrossRef] [PubMed]
26. Jones, C.A. *Sensorium: Embodied Experience, Technology, and Contemporary Art*; MIT Press: Cambridge, MA, USA, 2006; p. 40.
27. Romano, N. Aesthetic wit(h)nessing and the political ethics of care: Generating solidarity. In *Posthuman and Political Care Ethics for Reconfiguring Higher Education Pedagogies*; Bozalek, V., Zembylas, M., Tronto, J.C., Eds.; Routledge: London, UK, 2021; pp. 111–130.
28. Tronto, J.C. *Caring Democracy: Markets, Equity, and Justice*; New York University Press: New York, NY, USA, 2013.
29. Tronto, J.C. *Moral Boundaries: A Political Argument for an Ethic of Care*; Routledge: New York, NY, USA, 1993.
30. Gallese, V. Embodied simulation: Its bearing on aesthetic experience and the dialogue between neuroscience and the humanities. *Gestalt. Theory* **2019**, *41*, 113–128. [CrossRef]
31. Mongrain, M.; Chin, J.M.; Shapira, L.B. Practicing compassion increases happiness and self-esteem. *Happiness Stud.* **2011**, *12*, 963–998. [CrossRef]
32. Psychology Today. Available online: <https://www.psychologytoday.com/us/blog/hidden-and-seeking/201410/empathy-and-altruism-are-they-selfish> (accessed on 11 March 2024).
33. Hunter, A.; Heise, D.; Johns, B. *Art for Children Experiencing Psychological Trauma: A Guide for Educators and School-Based Professionals*; Routledge: New York, NY, USA, 2018.
34. Johns, B.; Heise, D.; J Hunter, A. *Working with Students Who Have Anxiety: Creative Connections and Practical Strategies*; Routledge: New York, NY, USA, 2019.

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