

# Painting a Mural and Writing an Article: Creative Rehabilitation Strategies

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*In this article, the authors describe a creative rehabilitation process that used painting a mural and writing for publication as interventions. The successful rehabilitation process is described from the perspective of the patient as well as the rehabilitation nurse. Creative strategies often are needed when a patient does not readily respond to traditional rehabilitation methods. A patient's interests, talents, and concerns often can be creatively aligned with the rehabilitation goals of the nurse and can result in unique interventions that have successful outcomes. Painting a mural and coauthoring this article became the primary rehabilitation interventions for a patient with expressive aphasia and impaired mobility, secondary to his stroke in 1987.*

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An important goal of rehabilitation is to decrease disability by maximizing a person's remaining abilities. Often the rehabilitation nurse must focus on a creative problem-solving approach, tailoring strategies of nursing interventions to suit a particular patient and to achieve successful outcomes (McCourt, 1993). The purpose of this article is to describe two creative strategies: (a) painting a mural on a corridor wall, and (b) coauthoring this article for publication. These two strategies were designed to assist an elderly patient in reaching his maximum potential. (The sections written by the patient are in italics.)

## Introduction

I (Mary Skinner) am a certified rehabilitation nurse as well as an artist. Philip Nagel is an extremely talented artist who is recovering from a left-side cerebral vascular accident (CVA). I had the pleasure of working with Mr. Nagel during his rehabilitation. The problems identified for intervention were deconditioning, social isolation, low self-esteem, and impaired language function. The customized program to help Mr. Nagel reach his maximum potential developed from our mutual interest in art.

*I'm Philip J. Nagel. I am 69 years young. I served in the United States Army Air Force from 1942 to 1945 as an air traffic control tower operator. I was a sergeant in the Air Force. I painted various murals for the Air Force and exhibited paintings in numerous exhibits while in the service.*

*My wife Vivian and I attended the California School of Fine Arts (affiliated with the University of California) from 1945 to 1949. I exhibited my first work at the De Young Museum in San Francisco. My wife and I studied painting in New York City with my uncle John Carroll, noted portrait and landscape painter.*

*In 1950, my wife and I returned to San Francisco. I wound up as an industrial designer for an exhibit group from 1950 to 1987, when I had a stroke.*

## Assessment

Mr. Nagel, a patient at the Veterans Affairs Medical Center Adult Day Health Care (ADHC) in Menlo Park, CA, had suffered a left CVA and right hemiparesis with expressive aphasia. I first met him in July 1993. Mr. Nagel is right-handed and has no function remaining in his right upper extremity. Each day, Mr. Nagel would sit in his wheelchair and create pastel oil paintings, using his left hand.

Mr. Nagel had trained his unskilled left hand to function so that he could create pastel oil paintings and sculptures. As early as the nineteenth century, research literature has indicated that creativity as well as vocabulary is most likely stored in the right brain hemisphere (Munhall, 1994). Motoneuron pathways not initially involved with a particular function can, through training, acquire a new functional role after a CVA (Brandstater & Basmajian, 1987). Prior to the CVA, Mr. Nagel's dominant left brain received messages from the right brain hemisphere and initiated function to his right hand. Perhaps Mr. Nagel's right brain hemisphere now transmits information and facilitates creative function directly to his left hand.

## Creative Rehabilitation Strategies

The ADHC program includes activities that foster physical independence, improve self-image, and promote social interaction. It was a difficult and often impossible task to persuade Mr. Nagel to participate in these activities. He spent much of his time sitting in a wheelchair alone and painting.

*I had 1½ or 2 years when I could not speak or anything. I could not paint with my left hand. So I tried to paint a pair of old shoes with my left hand. It was not good. So I tried again. Five or 6 years later, I think I am pretty good.*

*Since my stroke I have been physically different. I used to jog 1 mile most days, do household chores, climb scaffolding, swing a hammer, and run electric tools. Today, I only have use of my left side.*

*I need assistance to communicate. I experience much frustration, and it is difficult to talk. I love my art so much, I'm willing to try anything.*

Learning to function with disabilities is an important concept of rehabilitation for patients who have had a stroke. My assessment of Mr. Nagel identified four main problems requiring rehabilitation focus and intervention: (a) impaired physical mobility, (b) communication, (c) social isolation, and (d) self-esteem disturbance.

**Impaired physical mobility:** The rehabilitation nurse needs to assess the patient's interests and activities, determine the amount of energy exerted during activities, and identify new activities that will increase the mobility made possible with adaptive devices (Dittmar, 1989). Mr. Nagel's physical function of his left side remained intact, and he had minimal function of his right lower extremity. His standing balance was good for short periods, and he was able to take steps using a quad cane. His right upper extremity remained paralyzed with contractures at the elbow and wrist.

Doing exercises with the other patients decreased his precious time for painting, according to Mr. Nagel. Immobilization can fracture the basic personality structure and ego identity, and the physically impaired individual tends to demonstrate decreased motivation (McCourt, 1993). A potential loss of range of motion, standing balance, and endurance was evident due to Mr. Nagel's decreased daily activity level.

**Communication:** Frustration and embarrassment about poor communication skills can result in loss of any interest in socializing (Dittmar, 1989). Mr. Nagel had expressive aphasia. For those with expressive aphasia, the brain is able to form thoughts and create sentences to communicate; however, the specific area of the brain needed to form speech is impaired. Mr. Nagel comprehended what was being said to him but the ability to process information was limited to one or two concepts at a time.

Mr. Nagel would not participate in group activities, because he believed he could no longer communicate effectively. Speech was difficult for Mr. Nagel; his words were often halted, and, at times, impossible to produce.

Expressive aphasia was very frustrating for Mr. Nagel, who knew what he wanted to say, recognized his errors, and had difficulty accepting his limitations. Often, after beginning a sen-

tence, Mr. Nagel would be unable to speak the words needed to continue, and he would hit his head with his fist.

*I have thoughts in my head and it's frustrating because I can't say them. I get so angry, and sometimes I quit trying.*

**Social isolation:** Mr. Nagel spent much of his time in a wheelchair, painting alone. His isolation was a daily issue that was difficult to resolve.

*I seldom will join in group activities in which I need to speak. I like to spend time painting and sculpting, but if I could speak easily I would join the others more times. I would enjoy talking with others about painting and art things if it were easier.*

Four key points to consider are that (a) loneliness often is too painful to verbalize and can lead to illness and death, (b) quality nursing care requires that social isolation be identified and a plan for intervention be developed, (c) impaired individuals will be more successful when they can have access to a variety of interesting activities, and (d) often nurses are able to request structural and personnel changes to bring creative activities to the patients (Windriver, 1993).

**Self-esteem disturbance:** A person's body image contributes greatly to personality, and often immobility sets the stage for a psychological destruction that may be expressed in varied emotions (McCourt, 1993). A perception of lessened self-image as a result of loss of function and independence is very difficult to overcome.

Depression is a frequent problem. When I complimented Mr. Nagel on his beautiful artwork, he would often shrug his shoulders, say "Before the stroke..." and roll his eyes upward.

*I feel good about my art and doing it, but I feel depressed that I cannot communicate. Before the stroke, I talked about art with people many times and could do what I wanted with my art.*

### Rehabilitation goals

My rehabilitation goals for Mr. Nagel were to prevent deconditioning as well as to decrease his isolation and depression due to the loss of his prestroke artistic potential. Mr. Nagel's chief concern was to devote his time and energy to art, which, considering his disabilities, he viewed as his only source of satisfaction and self-worth.

While talking with Mr. Nagel, I discovered that even though he felt good about recovering his ability to paint, he could remember the satisfaction he felt working on very large art projects. Suddenly the idea of a wall mural occurred to me.

Painting a wall mural would challenge Mr. Nagel to work at increasing many of his functional skills. A mural project would address my goals as well as satisfy Mr. Nagel's goal to spend time and energy on his most precious asset. I believed that my personal artistic knowledge and abilities would contribute to a successful outcome. In addition, it seemed to me that encouraging Mr. Nagel to write about his feelings and experiences in painting the mural would help him improve his communication skills.

### Intervention

Mr. Nagel's disabilities, resulting from right hemiparesis and

expressive aphasia, could be addressed by two interventions: painting a mural and coauthoring an article about the mural. Doing murals and writing articles for publication are not listed in rehabilitation literature as common interventions for persons who have had a stroke, but the obvious talents of a patient should be incorporated into intervention strategies if they are to be effective.

**Painting a mural:** *Mary, the nurse at the Adult Day Health Care program where I spend 4 days a week, came along and said, "Phil, would you like to paint a mural?" I felt apprehensive, but I said I would do it.*

The idea of the mural was introduced to Mr. Nagel, and immediately he began designing plans for the project. I began the process of obtaining permission to paint a mural on government property and hoped I had not initiated an idea Mr. Nagel could never realize.

Once permission was obtained, numerous obstacles had to be resolved and tasks had to be performed. Painting a mural is not a simple endeavor, even for those without functional disabilities.

My personal experience with artistic painting helped me to estimate the type and amount of acrylic paint and other supplies needed for the mural. We did, however, obtain professional advice and services to ensure that the wall surface was properly prepared to preserve the completed mural.

The mural was planned for a wall in the ADHC corridor, so the safety of the other patients needed to be addressed. Nontoxic paint supplies were used, and sufficient space was allowed for safe passage along the mural work site.

The acrylic paint and equipment needed for the mural cost \$600, even with Mr. Nagel's personal painting supplies. The medical center's volunteer services staff helped to find an organization (the Palo Alto Benevolent and Protective Order of the Elks) willing to fund the mural project.

*It was fun planning a mural on the table, but to actually do the mural was another matter. We decided I would need to use acrylic paint instead of oil because oil and turpentine cause harmful fumes. I had not painted murals with acrylic paint before. I would have to move out of my wheelchair, reaching up in the air, which isn't easy since I had a stroke.*

Devising adaptive equipment so that Mr. Nagel could complete the mural safely was challenging, but we succeeded. We tried several systems before selecting a standing frame placed on a riser, which provided height and safety (see Figure 1).

*We decided to do the mural (18 ft x 6 ft) on a wall in the corridor. A professional painter was called in to paint the mural space a dead flat white. When the wall was dry, the platform and the standing frame were set up. Mary did address my concerns about safety. I felt safe reaching around the platform within the standing frame.*

Mr. Nagel needed the painting supplies to be accessible and easily transferred along the corridor. We used a rolling cabinet as a storage compartment, and the cabinet top became a mobile artist's pallet. I was able to assist Mr. Nagel in swiftly moving the entire painting system along the mural when necessary.

*I roughed in the drawing of a landscape with charcoal and finally did it with acrylic paint. I completed the ocean and rocks, but the sky had me stumped. The sky required shading from light to dark, from left to right without drying, all in 1 day (4 hours). I finished it in 1 day. I was elated and exhausted.*

Each day was a new experience. I was a nurse, rehabilitation expert, project manager, producer, support person, fund-raising agent, and troubleshooter. On some occasions, my role included being an apprentice, assistant, student, and daily clean-up person.

I received positive comments from my peers as well as others who watched as the mural progressed. As an artist, I was fascinated and thrilled as I watched Mr. Nagel paint a beautiful seascape on a once plain corridor wall. As a nurse, I was pleased to help Mr. Nagel achieve his rehabilitation goals in such a creative manner. Mr. Nagel and I both experienced success.

**Writing an article:** *Before my stroke, I published articles about my sculpting and painting. I taught classes on etching and lithography. I explained complicated graphic designs and build-*

Figure 1. Artist Philip Nagel at Work on His Mural



# Creative Rehabilitation Strategies

ing blueprints. Now I have trouble completing a sentence.

The process of coauthoring this article represents another intervention to address Mr. Nagel's expressive aphasia. Goals for expressive speech disturbances include assisting the patient in achieving optimum language function, preserving the patient's self-esteem, and providing communication opportunities (Dittmar, 1989). With these goals in mind, I approached Mr. Nagel with the idea of writing an article for a professional journal to describe his successful rehabilitation experience. He responded apprehensively but positively, accepting the challenge of coauthoring this article.

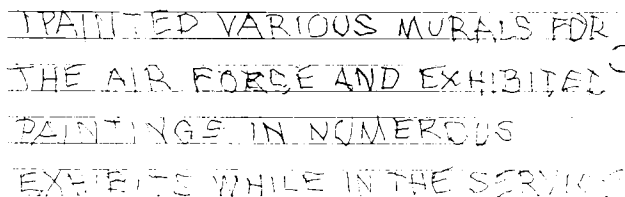
The left-side CVA with expressive aphasia affected Mr. Nagel's ability to write. The area of the brain that composes, organizes, and finds the words to translate thoughts into writing has been damaged by the CVA hemorrhage. In addition to word-finding problems, visual spatial disabilities interfere with Mr. Nagel's ability to form sentences and spell.

*Writing is very hard. I get frustrated and can't find the words. It took me 8 hours just writing this for the article.*

I wrote questions for Mr. Nagel to address regarding his experience painting the mural. The questions provided Mr. Nagel with a focus point, assisted him in organizing his thoughts, and served as a reference for continuity. Mr. Nagel and I worked together on sentence structure and spelling.

Mr. Nagel was able to put his thoughts and feelings on paper and, with some assistance, to arrange them in the order he thought accurately expressed his experience (see Figure 2). The final copy of his portion of the article was edited only under his direction and to his satisfaction.

**Figure 2. A Sample of Philip Nagel's Writing from His Manuscript for This Article**



I PAINTED VARIOUS MURALS FOR  
THE AIR FORCE AND EXHIBITED  
PAINTINGS IN NUMEROUS  
EXHIBITS WHILE IN THE SERVICE

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## Evaluation

*I enjoyed the people's interest and questions about my art, mural, and painting as they walked by. I enjoyed showing my artwork to the director of the Veterans Affairs hospital.*

During the painting of the mural, Mr. Nagel was out of his wheelchair, exercising his upper extremities, challenging his standing balance, and increasing his endurance. Mr. Nagel's socialization increased from the beginning. Patients, as well as others at the medical center who had heard of the mural project, would stand by watching and asking questions. Most onlookers were in awe of Mr. Nagel's performance. Coauthoring this article has allowed Mr. Nagel to focus on the positive outcomes of his experience. This rehabilitation intervention for Mr. Nagel helped him to realize his maximum potential and allowed him to improve his self-image.

## Conclusion

*I am anxious to do other murals. I can do five other Veterans Affairs murals right now. Before I tried it, I wasn't sure I could have painted a mural in acrylic.*

Reluctance to participate in planned interventions often is viewed as noncompliance or lack of motivation. Assessment from a patient's perspective and the use of creative strategies for intervention can result in successful rehabilitation outcomes. The personal talents and knowledge of the nurse, when appropriate, can be useful for creating intervention strategies. A rehabilitation nurse experiences successful as well as failed interventions. It was a delightful and satisfying experience to be part of this successful rehabilitation process.

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