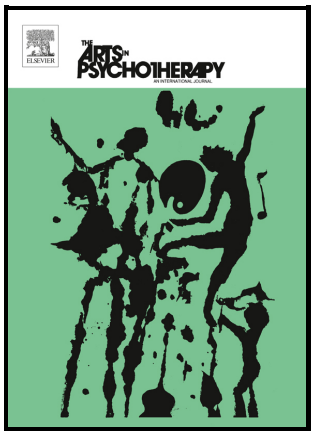

Arts-based Spiritual Care in Healthcare: A Participatory, Scoping Review

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Arts-based Spiritual Care in Healthcare: A Participatory, Scoping Review

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Abstract
Despite the centrality of spirituality to healing for many, spiritual care is often sidelined in fast-paced, illness-focused healthcare settings. Religious plurality further complicates spiritual care provision. New approaches are needed to renegotiate these tensions. A growing body of literature attests to the therapeutic benefits of arts-based spiritual care (ABSC) for diverse patients. Our review purpose was to summarize the literature on arts-based practices for spiritual care in healthcare and examine how and why the arts have been used for spiritual care. We conducted a participatory, scoping review and searched key databases and grey literature for relevant articles. After screening 4011 articles, we included 30 in our review. Narrative data were extracted and thematically analyzed. ABSC was predominantly used with patients who were in palliative care or had dementia or mental health challenges. Our analysis revealed healing dimensions of ABSC - the arts offered a poignant spiritual language and acted as a transformative presence in care encounters. The resulting benefits included transcendent encounters, internal work, and connections. ABSC was responsive to diversity but there were concerning incidents of exclusion and challenges in healthcare, and decolonizing but contested approaches. These findings can inform the continued implementation, development, and investigation of ABSC.

Keywords:
Arts, arts-based, chaplain, healthcare, participatory scoping review, spiritual care, spiritual care practitioner, traditional healer

Introduction

Spirituality is central to healing in many faiths and communities across the world, from Shamanism to Christianity and the First Nations on Turtle Island to the many nations of Africa. Yet, public spaces in healthcare can be such that connection to the sacred is sidelined. Many people, religious and non-religious alike, can find it difficult to make their preferences known or feel that spiritual dimensions of healing are acknowledged. Further, spiritual care is not neutral in settler nations like Canada with their long histories of colonization and residential schools involving Christian institutions. Given the wide range of spiritual and religious identities, this lack of relevant and culturally safe care is concerning, and new approaches are needed. The arts can provide alternative, potent ways of expressing and healing and have long been associated with the sacred. As Picasso (Samarasekera, 2019, p. 14) once said, “Art washes away from the

soul the dust of everyday life." Integrating the arts with spiritual care holds potential to incorporate the spiritual dimensions of care for increasingly diverse populations, and this scoping review provides an overview of arts-based spiritual care (ABSC) approaches in healthcare.

The arts and spirituality have been close allies throughout history and across many faith and healing traditions, and acknowledgement of their synergistic healing potential is returning (Lipe, 2002; Sharma & Calestani, 2020). The history of spirituality in healthcare is complex, even though it is widely accepted as a deeply embedded aspect of holistic care (Reimer-Kirkham et al., 2017, 2021). Modernity brought about a secular basis for healthcare, so that reality was understood in ways which tended to exclude the sacred and transcendent (Bruce, 2002; Reimer-Kirkham & Beaman, 2020). This era ushered in a season of scrutiny as to the place of spirituality within healthcare systems that valued objectivity and rationality. With the post-modern turn, which embraces subjective and situated knowledges (Rieger & Schultz, 2014; Rieger et al., 2021a), has come a re-sacralisation of society, with religion and spirituality increasingly present in the public sphere, but in different ways than in the past (Casanova, 2011). There are echoes of this complexity in the relationship between spirituality and psychotherapy, with some historically viewing psychotherapy as a discipline distinct from religious and spiritual concerns (West, 2000). Yet, spirituality is an important part of psychological well-being for many people, and illness often causes an existential crisis (Rieger et al., 2021a; West, 2000). Thus, spirituality is increasingly becoming an important consideration of psychotherapy in healthcare. Definitions of spirituality vary but often include sacred referents, personal beliefs and values, meaning-making, and practices (Reimer-Kirkham et al., 2021). The Canadian Association for Spiritual Care (CASC) (2022) recognizes two types of certified professionals. Spiritual care practitioners embrace a holistic approach to attend "to an individual's beliefs, values, behaviours and

experiences related to spirituality, religion, culture and/or transcendence in an effort to develop relatedness, wholeness, healing, meaning and purpose" (CASC, n.d., para. 1) and psycho-spiritual therapists use "interventions informed by religion, spirituality and the social sciences (psychology, sociology, theology, anthropology) as well as counselling and psychotherapeutic theories" (CASC, n.d., para. 2). These practitioners seek to promote spiritual well-being amid the human condition with all of its challenges of crises, illness, suffering, pain, and grief (Raab, 2020). Effective spiritual care interventions cure sometimes, heal often, and comfort always.

A growing body of literature on the effectiveness and meaningfulness of arts-based initiatives for finding healing within complex illnesses is emerging, with some findings highlighting the potential for addressing existential concerns (Fancourt & Finn, 2019; Rieger at al., 2021b). Arts psychotherapies are widely used in healthcare and encompass "creative therapies which have a strong non-verbal component" such as art therapy, music therapy, dance movement psychotherapy and drama therapy (Havsteen-Franklin et al., 2017, p. 103). These various creative arts therapies have distinct training, theoretical underpinnings, processes, and professional identities (Rubin, 2015) which have evolved over time. For example, art therapy is focused on the visual arts and was initially grounded in art and psychological theories (Malchiodi, 2006; Rubin, 2015) but theoretical underpinnings now include psychodynamic, humanistic, developmental, and family therapy perspectives (Vick, 2011). Further, the field of expressive arts therapies incorporates multimodalities such as "the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development" (International Expressive Arts Therapy Association, 2017, para. 1). These differ from the performing arts which are performed for an audience. Further, community or socially engaged art practices can have emancipatory aims and involve creative collaboration between

artists, social institutions, and people and communities to strengthen social connections, envision and mobilize social action, or reclaim cultural traditions (Bourgault, 2022; Kim, 2017).

Increasingly people are realizing art can facilitate expression and transformation and help people to adjust, live well, and heal in the context of illness. Dr. Cathy Malchiodi, a well-respected art therapist and expressive arts therapist, claims that art therapies in healthcare can provide alternative, symbolic modes for communicating difficult experiences, reflecting on internal experiences, facilitating meaning-making, and fostering connections between people. Artistic expression can provide a channel for transforming feelings and perceptions into a new life story and, as a result, generate a new sense of self (Malchiodi, 2012). The World Health Organization (Fancourt & Finn, 2019) recently published a scoping review that mapped the evidence in over 3700 studies on the role of arts in improving health and well-being. They found evidence that the arts promoted good health, prevented mental and physical health conditions, provided effective treatment or management for acute and chronic conditions, and affected the social determinants of health. There is growing interest in both spiritual care and the arts as distinct psycho-social-spiritual interventions in healthcare and in emerging work exploring their congruence and integration.

From images and music to poetry and storytelling, the arts provide a multisensory language for expressing and connecting which can have a profound influence on patients' spiritual wellbeing (O'Callaghan & Edwards, 2018). For example, a growing body of music therapists argue that the arts are inherently spiritual, and thus, spiritual dimensions can be explored through music (Notarangelo, 2019; O'Callaghan & Edwards, 2018; Tsiris, 2018). O'Callaghan and Edwards (2018) write that "music therapists' aims are similar to those of pastoral care workers/chaplains" and that they can offer "generalist spiritual care to support

patients" (p. 162). Some assert that the arts should be a pillar of spiritual care practitioners' specialist practice (Ettun et al., 2014). ABSC initiatives demonstrate potential to ameliorate patients' spiritual distress and suffering and address the needs of an increasingly non-religious and diverse population (Sharma & Calestani, 2020). For example, O'Callaghan (2018) and colleagues found that visual images and music assisted patients in palliative care to symbolically and deeply contemplate the sacred. They also felt validated and enlightened as ABSC helped them to feel recognized, empowered, and close to a higher being through multiple senses. Given the promising work, there is a critical need to synthesize how and why the arts have been used for spiritual care in healthcare by spiritual care practitioners (SCPs).

We conducted a preliminary review of the literature and found two older reviews. In 2002, Lipe (2002) conducted a review of the literature on music, spirituality, and health and developed a model of music experience. In 2014, Ettun et al. (2014) summarized the literature on art, healing, and caring for the spirit with a focus on oncology/hematology. What is lacking is a systematic mapping of the literature on the integration of spiritual care with diverse artforms in healthcare to deepen understanding of the scope, range, and nature of ABSC used by SCPs. To address this gap, our team undertook a scoping review, to contribute to the development and implementation of ABSC and future research about this promising approach.

Methods

We used Bassett and McGibbon's (2013) adaption of Arksey and O'Malley's (2005) scoping review methodology to conduct a critical, participatory scoping review to assess the scope of available literature. This approach involves a more reflexive, subjective, and critical engagement with literature through engaging with key stakeholders about review processes and findings to ensure relevance and uptake (Chambers et al., 2018). In our case this included SCPs,

including three who had an artistic practice, and clinical psychospiritual education students (term recently changed from clinical pastoral education). Our interdisciplinary team brought important perspectives from spiritual care, nursing, the arts, sociology of religion, theology, feminist studies, and librarian studies. The PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018) also guided this review report.

Identifying Review Objective

In collaboration with our interdisciplinary team, we developed our review objective, which was to summarize the literature on arts-based practices for spiritual care in healthcare and examine how and why the arts have been used for spiritual care in healthcare settings.

Identifying Relevant Studies

Two academic librarians developed the detailed search strategy (Supp File 1), in consultation with our team, and systematically searched electronic databases (MEDLINE, CINAHL, ATLA, Art Full Text, PsychINFO, and ERIC) for potentially eligible studies from January 2000 to 2021. This date was selected to reflect the change from pastoral care to multi-faith and no-faith-specific spiritual care in healthcare services, to inform our current context in which spiritual care is no longer exclusively associated with specific religious traditions or worldviews (Harding et al., 2008). Each database was searched twice. The first search in June 2021 focused on arts-based practices, spiritual care, and healthcare or the patient. The second search in December 2021 focused on Indigeneity by substituting Indigenous-based traditional healer search vocabulary in place of the spiritual care aspect, to ensure we included spiritual care from this vantage point as advised by our Indigenous mentors. A grey literature search was conducted on Google Scholar, Google, and relevant websites. Reference lists of all included articles were searched for additional relevant articles.

Selecting Studies

We exported search results to Covidence (2022) and removed duplicate citations. Two independent reviewers screened title/abstracts against our inclusion criteria. Disagreements between reviewers were resolved through discussion. The arts-based practice must have been integrated with spiritual care, and could include creative arts therapies (e.g., art, music, drama, or dance movement therapy), expressive arts therapy, or any art form (e.g., music, painting, photography, visual art) that involved participants "engaging in artistic processes by either responding to works of art, creating works of art, or performing artistic works" (Rieger et al., 2019, p. 2). The ABSC initiative could be facilitated by a staff or volunteer spiritual care practitioner, including traditional healers. Integrating art into spiritual care can be used by non-spiritual care professionals to address generalist spiritual issues, but the focus of our review was on ABSC within the scope of specialist spiritual care practice (O'Callaghan & Edwards, 2018) to guide future clinical work and research in this specific field. We decided to include traditional healers as in Canada they are often the designated SCPs for Indigenous patients. We did so to respond to the Truth and Reconciliation Commission's (2015) Call to Action #22 which recommends that healthcare professionals "recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers." (p. 3). The arts-based practice needed to be intentionally used for spiritual care, which we defined as a response to spiritual dimensions that provides support to patients by focusing primarily (although not exclusively) on their spiritual practices (Raab, 2020). The healthcare setting could be part of the organized provision of services by organizations with the intent of promoting, restoring, or maintaining the health and quality of life for persons or communities (World Health Organization, 2009) or a community organization providing care for people with

physical or mental health conditions. We considered primary qualitative studies exploring the experiences of patients (inclusive of clients or residents) or SCPs[1] with ABSC practices, quantitative research studies examining the effectiveness of ABSC, and mixed-methods work. As there was a limited number of research studies, and to map ABSC in healthcare for future research, discussion papers were also considered. One reviewer read the potentially relevant articles to confirm eligibility, and another checked this verification.

Table 1. Inclusion Criteria

1) Qualitative, quantitative, or mixed-methods primary research articles, or peer-reviewed discussion articles written by a spiritual care practitioner or traditional healer.
2) Articles published in English.
3) Population: Adult, adolescent, or child participants with a physical or mental illness, or their spiritual care practitioner.
4) Intervention or phenomena of interest: An arts-based practice integrated with spiritual care. The arts-based practice could include creative arts therapies, expressive arts therapy, or any art form. The ABSC initiative could be facilitated by a staff or volunteer spiritual care practitioner, including traditional healers or Elders.
5) Context: ABSC was provided in any healthcare setting (e.g., inpatient, outpatient, long-term care, palliative care, community) in any country.

Charting (extracting) the Data and Reporting Results

Data were extracted from included studies by one reviewer and verified by another reviewer, using a standardized data extraction form collaboratively created for this review (Supp File 2). We piloted our data extraction form with five included studies and revised it in consultation with team members. For our review synthesis, we used content analysis (Hannes & Lockwood, 2012) to describe the included studies and the array of ABSC approaches. Then we conducted a thematic analysis (Hannes & Lockwood, 2012) of the extracted data to address our

[1] In this review report, the term spiritual care practitioner is inclusive of spiritual health practitioner, psycho-spiritual therapists, chaplain, pastoral care, and other terms used for providers of spiritual care in healthcare.

research objective about how and why ABSC was used. We critically appraised the included research studies with the appropriate JBI quality appraisal tool (Joanna Briggs, 2020) to determine quality issues and next steps for future research.

Engaging with Practitioners and Students

Through a participatory review, we gathered the practical wisdom of service providers to inform our review processes and findings. The sixth scoping review stage typically involves consulting stakeholders, and we wove an intensive collaboration throughout all review stages as academic researchers co-created this work with SCPs and clinical psychospiritual education students. Our participatory strategies included meetings at key points in our project and sub-groups working on specific parts of the review and writing memos.

Results

Through our systematic search, we retrieved 5500 articles (Figure 1). After removing 1489 duplicates, we screened 4011 full text titles/abstracts for eligibility in Covidence. We excluded 3910 articles which did not meet our inclusion criteria. We then reviewed 101 full texts and excluded 71 of these articles after closer examination (see reasons in Figure 1). An additional six articles were retrieved through the grey literature search. This selection process resulted in a final sample of 30 articles which met our inclusion criteria.

Description of Included Studies

We included 14 research articles and 16 discussion articles (N = 30). One unpublished thesis was included in the sample. There is clearly a growing interest in ABSC in healthcare over time, with four articles published from 2000-2004, four from 2005-2009, seven from 2010-2014, and nine articles from 2015-2019 (see Supp File 3 for article characteristics). In the last two years alone (2020 – 2021), there have been six articles published. The research articles (n=14)

captured SCPs' perspectives of providing ABSC (n=6), patients' experiences of ABSC, statistics on how SCPs used music in spiritual care (n=5), and the impact of ABSC on patients (n=3). Four focused on ABSC with a traditional healer. The purpose of all discussion articles (n=16) was to describe an ABSC initiative and associated clinical encounters with patients. Four specifically focused on traditional/Indigenous healing practice(s) and their applications in healthcare.

Although eight articles did not state a theoretical perspectives/framework, authors of the remaining research and discussion articles reported a wide range of frameworks to understand ABSC and plausible healing dimensions (Supp File 4). These included Turtle Island or African Indigenous perspectives of disease and healing, analytic psychology or Jungian analysis, social constructionism or constructivism, Maslow's hierarchy of needs, personhood, Buddhist perspectives, developmental theory, an expressive arts framework, interdisciplinary concepts, mindfulness principles, neuroscience, phenomenological perspectives, a quality of life framework, and a dissertation integrating multiple perspectives. The methodological approaches of the research studies (n=14) were mostly qualitative, with three quantitative studies. There were varied qualitative methodologies including interpretative phenomenological analysis (n=1), a phenomenological approach (n=4), grounded theory (n=2), modified grounded theory with narrative inquiry (n=1), and a generic qualitative approach (n=3). Quantitative methodologies included one pilot RCT, one group pre-test post-test quasi-experiment, and one online survey. The research studies had predominantly smaller sample sizes: under 10 participants (n=7), 11-20 participants (n=3), 21-30 (n=1), 31- 40 participants (n=1), and over 100 participants (n=2).

The research and discussion articles were published in healthcare journals (n=10), art/art therapy journals (n=5), pastoral care/chaplaincy journals (n=12), and other journals (n=2) such as Arctic Anthropology. Given that there are limited chaplaincy/spiritual care journals compared to

healthcare journals, this work is more dominant in the spiritual care field, demonstrating the potential for broadening the audience by publishing in other types of journals. The disciplinary backgrounds of the first authors included spiritual care/chaplaincy (n=9), health (n=5), psychology/psychiatry (n=4), fine arts (n=4), music/art therapy (n=3), traditional/spiritual healer (n=2), theology/art therapy (n=1), social sciences (n=1), and social work (n=1). Of note, 50% of the discussion articles were written by SCPs/chaplains. Most of the research articles were co-authored (78.6%) and 50.0% of the discussion articles were co-authored. When co-authors were from distinct disciplines, it allowed the authorship team to draw on and integrate diverse disciplinary or practice perspectives to develop a more comprehensive understanding of the processes and outcomes of ABSC. Only nine authors (30.0%) noted a funding source for their work, but including discussion papers likely impacted this proportion.

Quality Appraisals of Research Studies

We appraised the quality of qualitative studies with the JBI Checklist for Qualitative Research (Joanna Briggs Institute, 2017), which includes ten criteria framed as questions (listed in Supp File 5). Only one study met all quality appraisal criteria, and only 27.3% of the studies met eight or nine of the ten criteria. Concerningly, 27.3% of the studies only met five criteria. All studies used appropriate methods to collect data (100.0%; Q3) and had conclusions that flowed from the analysis (100.0%; Q10). Most studies demonstrated congruity between the research methodology and the representation/analysis of data (90.9%; Q4), clear representation of participants' voices (81.8%; Q8), and appropriate ethical considerations (81.8%; Q9). Although 72.7% had a statement locating the researcher culturally or theoretically (Q6), only 27.3% of studies discussed the influence of the researcher on the research (Q7). Only 45.4% of authors included a description of clear congruity between the stated philosophical perspective and

research methodology (Q1), 54.5% of the studies demonstrated congruity between the research methodology and the research question (Q2), and 54.5% between the research methodology and interpretation of results (Q5). We assessed the three quantitative studies with the appropriate JBI tools (Joanna Briggs Institute, 2020), and they ranked low, with the RCT (Farrell et al., 2008) meeting 6 criteria out of 13 quality criteria, the quasi-experimental study (Ando et al., 2016) meeting 5 out of 9 criteria, and the cross-sectional survey (Klein, 2020) meeting 3 of the 8 criteria.

Mapping of Arts-based Spiritual Care in Healthcare

Extending the analysis of the results, in this section we present more detail about the ABSC initiatives themselves.

Where and With Who?

There was a notable lack of geographical diversity, with ABSC initiatives reported in the United States (n=17) or Canada (n=5), and the remainder in Australia (n=2), South Africa (n=2), Ireland (n=1), Israel (n=1), Japan (n=1), and the UK (n=1). ABSC took place in diverse settings, including various clinical units in the hospital (n=14), in the community (n=8), mental health units/hospitals (n=4), end-of-life hospices (n=2), and older adults' residential care (n=2). The patients' health issues varied widely (Supp File 3). Being palliative (n=5), dementia (n=5), and mental illness/challenges (n=4) were the most frequent health issues, followed by cancer (n=3), chronic illnesses (n=3), and being in rehabilitation (n=1). In nine articles, patients had a range of illnesses or their health issues were not clearly specified.

As for sample characteristics, few research studies provided details on patients' race/ethnicity, but when they did, they described providing ABSC to Japanese (Ando et al., 2016); White (57.0%), African-American (38.0%), and Latino (5.0%) patients (Farrell et al.,

2008); non-Indigenous patients who were engaging with an Indigenous traditional healer (Mainguy et al., 2013); and European-American (94.0%) and African-American (6.0%) patients (Vinesett et al., 2015). Some of the research studies (n=14) described the gender of the patient participants, and those that did included mostly (above 70%) female participants (Ando et al., 2016; Gelo et al., 2015; Kirkland et al., 2014; Vinesett et al., 2015) or an equal mix of male and female participants (Farrell et al., 2008), with none clearly identifying only male participants or those who are part of an LGBTQ2+ population. ABSC was used primarily with adults, but two of the studies (Farrell et al., 2008; Topper, 2021) focused on a pediatric population.

What Type of ABSC Has Been Used?

Various art forms were integrated into spiritual care, with a predominance of music (n=7), visual images, (n=5), and storytelling (n=4), and some SCPs using singing/drumming and dancing (n=3), storytelling and drumming (n=1), drumming alone (n=1), poetry (n=1), and drawing (n=2). Several used multiple artistic modalities, either combined into one session or used within a set of sessions (n=6). Patients engaged in artistic processes including art creation (n=8), art observation (n=15), and a combination of art observation and creation (n=7), but none integrated patients' performing art as part of an ABSC initiative. See Supp Files 3 and 4 for an in-depth description of the ABSC initiatives, including their development, structure, art form(s), artistic process, framework used to understand the process/benefits, and facilitation.

Authors often commented on the structure of providing ABSC, which we categorized into one-on-one session(s) or interaction(s) (Ando et al., 2016; Beresin, 2020; Blaine & Ma, 2020; Daiss, 2016; Farrell et al., 2008; Gelo et al., 2015; Kae-Je, 2012; Klein, 2020; Meyerstein & Ruskin, 2007; O'Callaghan et al., 2018; Eshleman & Perez, 2021; Paledofsky & Shapiro, 2012; Topper, 2021), a mix of one-on-one and group sessions (Connolly & Moss, 2021; Doby-

Copeland, 2019; Masko, 2016; Moodley & Bertrand, 2011; Tees & Budd, 2011; Theriault, 2017), or group sessions alone (Benson, 2003; Berg, 2003; Byrne & MacKinlay, 2012; Gilbert, 2016; Goodman & Manierre, 2008; Kidd et al., 2001; Kirkland et al., 2014; Mzimkulu & Simbayi, 2006; Schneider & DeHaven, 2003; Vinesett et al., 2015). Some SCPs incorporated ritual or sacred object as part of ABSC (n=9). For example, they placed icons and/or art objects in hospital sacred spaces (O'Callaghan et al., 2018), or lit a candle and had an aesthetically pleasing alter table draped in fabric as a centre focal point (Kirkland et al., 2014). Traditional healers commonly included rituals (n=6), such as use of a sacred pipe (Mainguy et al., 2013).

All ABSC initiatives were facilitated by a SCP as this was an inclusion criteria, but various terms were used for the facilitator such as chaplain (n=16), pastoral care worker/professional/counsellor/provider (n=7), spiritual care/health practitioner/coordinator/provider (n=4), traditional healer, (n=6), spiritual caregiver (n=2), spiritual healer (n=1), and Lucumı´ priest (n=1). Eight articles involved Indigenous or traditional healers, with three focused on Turtle Island (Benson, 2003; Mainguy et al., 2013; Schneider & DeHaven, 2003), three on African (Doby-Copeland, 2019; Mzimkulu & Simbayi, 2006; Vinesett et al., 2015), and one on African-Caribbean (Moodley & Bertrand, 2011) traditions. The facilitators' training or preparation varied widely and is detailed in Supp File 4. Authors also described the grounding of the ABSC initiative in faith or spiritual traditions, with most aligning with a spirituality approach (Supp File 4). We defined spirituality as a way that people seek meaning and purpose and experience a sense of connectedness to self, others, nature, and/or a higher power (Reimer-Kirkham et al., 2021; Weathers, 2019) and religion as an organized system of beliefs and practices about the cause, nature, and purpose of the universe that often involves communal engagement with a faith community and enables the worship of a God or

gods (Balboni & Peteet, 2017). Faith was understood as a cultural or institutional religion or a relationship with a divinity, a higher power, or a spirit (Lalani, 2020).

Interpretive Themes and Subthemes

We conducted a thematic synthesis to address our review objective and understand the nature (Arksey & O'Malley, 2005) of ABSC in healthcare by extracting data to answer specific data extraction questions (Reimer-Kirkham et al., 2019): what are the healing dimensions that authors ascribe to ABSC; what are the benefits of ABSC for patients and their carers; what are the challenges of implementing ABSC in healthcare; what equity, diversity, and inclusion considerations are evident in the articles; and what is unique about traditional healers' ABSC practices? See Table 1 for themes and sub-themes. The themes interrelate to provide insight into how and why the arts have been used for spiritual care in healthcare settings.

Table 2. Interpretive Themes and Sub-themes

Theme	Sub-theme
Healing dimensions at the nexus of the arts and spiritual care	A poignant spiritual language for alternative spiritual pathways
	Artwork acting as a spiritual presence
	Slowing down, creating, and playing opens a sacred space
Fortifying benefits for patients and their carers	Transcendent encounters through multimodalities
	Internal work to shift perspectives and lift spirits
	Community and connections within ABSC
Arts-based spiritual care in a diverse society: Equity, diversity, and inclusion	ABSC as adaptable and responsive to diversity
	The arts traverse problematic boundaries in spiritual care
	A trauma-informed spiritual exploration of difficult experiences
	Practices of exclusion in ABSC
Challenges of integrating the arts with spiritual care in healthcare	Illness restrains and impacts ABSC activities
	Healthcare settings may diminish the benefit
	Individual preferences lead to varying benefit
	SCP moving out of scope of practice
Insights into Indigenous and traditional healers'	Distinct meanings of illness and healing impacting ABSC
	Together we "Sing the world back into congruence"
	Holistic healing of people and their relations through the arts

arts-integrated practices	Challenges of ABSC specific to traditional healers

Healing Dimensions at the Nexus of The Arts and Spiritual Care

Authors noted several healing dimensions that occurred when the arts were integrated into spiritual care.

A Poignant Spiritual Language for Alternative Spiritual Pathways. Twenty-two articles (research n= 11; discussion n= 11) described how the arts offered alternative, imaginative languages which allowed people to access spirituality in new and deeply meaningful ways, for religious and non-religious alike. Artistic modalities were better than words for externalizing the inexpressible – that which was sacred (e.g., Connolly & Moss, 2021) and internal thoughts and feelings (e.g., Ando et al., 2016). Artistic languages nurtured the expression of personhood through privileging one's own voice (e.g., Kirkland et al., 2014) and enabled the sharing of one's narrative through story (e.g., Gilbert, 2016). Byrne and MacKinley (2012) wrote, "Some things are too deep to be just spoken about, but they may be sung, or painted, or danced, or spoken in poetry" (p. 107). Many articles demonstrated how the arts permitted people to access the unknowable (e.g., Tees & Budd, 2020) and connect with something beyond themselves (e.g., Klein, 2020). They provided a way of knowing that bypassed linear mental processes and drew on the imagination, to tap into the sacred, mysterious, and ephemeral. Because of these unique qualities of the arts, they provided alternative and new pathways to spirituality and helped people to symbolically and more deeply contemplate the sacred. Paledofsky and Shapiro (2012) wrote: "When a patient is overwhelmed by the tidal wave of a medical crisis, music functions as an anchor, providing a direct lifeline to spiritual resources. Like a blood transfusion, live music may deliver the essence of faith to patients" (p. 31).

Participants also actively engaged in rituals and encountered beauty and wonder through artistic languages as spiritual paths (Byrne & MacKinlay, 2012; O'Callaghan et al., 2018).

Artwork Acting as a Spiritual Presence. One of the ways these new pathways came about was by artwork acting as a spiritual presence within the spiritual care encounter. This sub-theme is supported by data from 13 articles (research n= 5; discussion n= 8). Five articles articulated how it was as if the art had agency within the interaction, in that the art spoke and had a presence. For example, authors described how "The drumming was almost a living thing" (Vinesett et al., 2015, p. 462), the poem had an "ultimate and searing message is unyielding hope" (Beresin, 2020, p. 65), and music could "speak to the heart" (Paledofsky & Shapiro, 2012, p. 33). The active voice used in these excerpts, verging on anthropomorphism, reveals how authors ascribed agency to the art. Daiss (2016) discussed how "a poem, a story, a piece of music, or a work of art" acted as a "third thing" that represented "neither the voice of the facilitator nor the voice of the participant...They have voices of their own that tell the truth about a topic, but in the manner of metaphors" (p. 71). Another author noted that when a chaplain and a patient view an image concurrently, the image became "a third voice" in the conversation, "interceding between the chaplain and patient" (Eshleman & Perez, 2021, p. 3). Through the sharing of an external object and varied perspectives of it, spiritual conversations and mutuality in discussions were enhanced. The artwork also functioned as a mirror of the self for patients (Eshleman & Perez, 2021) which stimulated their reflections and internal musings (e.g., Eshleman & Perez, 2021). Patients recognized themselves, and their struggles and strengths, in poems, music, and images (e.g., Beresin, 2020).

Slowing Down, Creating and Playing Opens a Sacred Space. Engaging with the arts and creative processes also transformed spiritual care spaces. Fourteen articles (research n=5;

discussion n=9) attested to how integrating the arts into spiritual care opened a unique, sacred space for healing – one that was particularly valuable within the chaos and suffering of illness. To engage in the artistic process, patients needed to slow down while art making or observing which was a welcome change of pace in healthcare settings, creating a buffer from stressors and hardships and a momentary respite from suffering (Ando et al., 2016; Beresin, 2020; Gilbert, 2016; O'Callaghan et al., 2018; Eshleman & Perez, 2021). As Daiss (2016) noted, "Perhaps the most frequent response to looking at the art-work…is the few moments of release patients and their families experience from the emotional and physical roller coaster of being in the hospital" (p. 74). This respite enabled a meditative place, held space for silence and reflection, and elicited playfulness. One person explained, "Photography allows me to be in the present moment, to know the inner and outer landscapes of my experiences. It is a process of slowing down, taking a better look at things around me…There are moments when I feel connected to something...much larger than myself" (Eshleman & Perez, 2021, p. 2).

Fortifying Benefits for Patients and Their Carers

All included articles provided insight into wide-ranging, valuable benefits for patients as a result of their engagement with ABSC that reflect the dimensions commonly attributed to spirituality (e.g., deeper connection with a higher power/transcendence, self, and others).

Transcendent Encounters through Multimodalities. Sixteen articles (research n=6; discussion n=10) reported that ABSC resulted in transcendent encounters. Patients experienced the sacred through artistic modalities and multisensorially (e.g., Doby-Copeland, 2019). These encounters included connecting with God, a higher power, or the sacred (e.g., Gelo et al., 2015); realizing spiritual truths (e.g., Eshleman & Perez, 2021); receiving spiritual guidance (Kidd et al., 2001); experiencing spiritual transformation (e.g., Connolly & Moss, 2021); and improving

their spiritual well-being or spirituality (e.g., Farrell et al., 2008). Patients also experienced a welcome reprieve from suffering to remember beauty (e.g., Blaine & Ma, 2020) and thus, transcended their troubling situations. Engaging with ABSC helped patients imagine something outside of their current circumstances and remember previous good times in their lives and what matters to them. It illuminated the bigger picture (O'Callaghan et al., 2018; Topper, 2021) and elicited hope for recovery (Gelo et al., 2015).

Internal Work to Shift Perspectives and Lift Spirits. ABSC resulted in patients' internal work (research n=12; discussion n=14). An important part of this work was becoming at home with self and situation (e.g., Schneider & DeHaven, 2003), which included restoring their identity in the midst of illness and suffering (Gelo et al., 2015; Kirkland et al., 2014). ABSC addressed patients' need for self-awareness (Beresin, 2020), recognition (O'Callaghan et al., 2018; Schneider & DeHaven, 2003), validation of individuality (Connolly & Moss, 2021; Kirkland et al., 2014), and agency (Kirkland et al., 2014; Theriault, 2017; Topper, 2021), which contributed to spiritual well-being. This internal work also involved making meaning of their illness experiences to accept their current situation (e.g., Connolly & Moss, 202). As Kae-Je (2012) noted: "People are meaning makers; we can provide the tools and vehicles that assist in this process…Faith, sometimes ensconced in a rudimentary art experience, can offer a way to one avenue to get "back on track" (p. 5). This process resulted in shifted journey narratives and transformed, more helpful perspectives of their illness and healing (e.g., O'Callaghan et al., 2018). As a result of ABSC, patients' spirits were lifted, which included an improved mood and cathartic expressions of emotion. Authors studied or discussed several aspects of mood that were positively affected, including decreased fatigue, tension, anxiety, depression, confusion, and hopefulness, and increased hope, peace, vivacity, vigor, sense of well-being, engagement, and

comfort (Ando et al., 2016; Benson, 2003; Beresin, 2020; Byrne & MacKinlay, 2012; Connolly & Moss, 2021; Doby-Copeland, 2019; Farrell et al., 2008; Gelo et al., 2015; Gilbert, 2016; Kidd et al., 2001; Kirkland et al., 2014; Klein, 2020; Masko, 2016; Meyerstein & Ruskin, 2007; Eshleman & Perez, 2021; Tees & Budd, 2011; Topper, 2021; Vinesett et al., 2015).

Community and Connections within Arts-based Spiritual Care. Data from twenty-three articles (research n=10; discussion n=13) referred to valuable community and connections formed during ABSC initiatives. Patients developed social and spiritual connections through sharing art and spiritual experiences, which reduced their isolation (e.g., Daiss, 2016). They bore witness to other's artistic works, felt deeply listened to (Kirkland et al., 2014), and found resonance within their differences (Meyerstein & Ruskin, 2007). They danced together (Vinesett et al., 2015) or viewed art side-by-side (Gelo et al., 2015). ABSC also benefited SCPs and their care, as the arts opened the door to conversations and revealed spiritual worlds to providers (e.g., Kae-Je, 2012). Authors described how the arts quickly forged inroads (Daiss, 2016), developed trust and rapport (Paledofsky & Shapiro, 2012), and set the mood for the visit (Meyerstein & Ruskin, 2007). Importantly, ABSC supported SCP's meaningful spiritual assessment as the arts helped them to see spiritual worlds, alerting them to spiritual needs (e.g., Connolly & Moss, 2021). Further, ABSC engaged witnessing bystanders (e.g., Farrell et al, 2008). Healthcare staff were comforted by patients' artwork (e.g., Topper, 2021), and ABSC had a positive effect on "ward vibes" (O'Callaghan et al., 2018, p. 1005) and humanized the environment (Tees & Budd, 2011). When one SCP was playing live music for a patient she realized "that the staff had gathered nearby, bearing witness to, and drawing comfort from, the music…a palpable sense of community and poignancy hung in the air" (Paledofsky & Shapiro, 2012, p. 33). ABSC also enhanced family (as defined by patient) connections and satisfaction with care (e.g., Tees &

Budd, 2011) as it acknowledged family experiences (e.g., Schneider & DeHaven, 2003), created a safe space for family togetherness within suffering (e.g., Daiss, 2016), elicited laughter and lightened the atmosphere (e.g., Paledofsky & Shapiro, 2012), and provided comfort after a loved one died (e.g, Beresin, 2020). Lastly, a notable finding was how ABSC resulted in a cohesive healthcare team (e.g., Connolly & Moss, 2021). It often demanded that there be effective collaborations between disciplines, resulting in a functional team to benefit patients.

Arts-Based Spiritual Care in a Diverse Society: Equity, Diversity, and Inclusion

Our analysis revealed that ABSC can create safe spaces for diversity, facilitate equitable access and inclusion, and offer a trauma-informed approach to spiritual care in healthcare.

ABSC as Adaptable and Responsive to Diversity. Many authors discussed how practitioners adapted ABSC initiatives to respond to the diversity of the populations they worked with. Data from 23 articles (research n=11; discussion n=12) supported this sub-theme. SCPs considered religious, cultural, and spiritual diversity, and physical ability, when developing ABSC initiatives. For example, they designed group structures to support persons with dementia (Kirkland et al., 2014; Theriault, 2017) and chose music, images, and stories that would resonate with diverse people (Daiss, 2016; Kidd et al., 2001; Klein, 2020; Topper, 2021). When ABSC was culturally relevant, it engaged people of a range of cultural backgrounds. Sometimes, SCPs adapted ABSC for specific patients, such as when they considered the patient's religious affiliation when selecting music (Klein, 2020; Masko, 2016) or chose art to address the spiritual goals or dimensions of a patient (Beresin, 2020). ABSC also promoted inclusion as a vehicle for shared spirituality or multi-faith applications. Several ABSC initiatives included intentional artistic-spiritual components as opposed to being religion-based (e.g., Meyerstein & Ruskin, 2007) and focused on common yearnings for connection. ABSC was also congruent with multi-

faith applications (e.g., Goodman & Manierre, 2008) and could connect people to their chosen faith, if they had one (Klein, 2020). Authors wrote about how music is found across all major religions (Klein, 2020) and diverse religious leaders use the arts to comfort and guide (Kidd et al., 2001); thus, the arts provide a common language for people from different faith backgrounds.

The Arts Traverse Problematic Boundaries in Spiritual Care. Twenty-one articles (research n=10; discussion n=11) described how the arts traversed problematic boundaries between SCPs and non-religious people, the sacred and secular, and different cultural groups' spiritual practices to facilitate inclusion. ABSC provided a creative way to practice spiritual care with non-religious people and provide equitable access (e.g., Moodley & Bertrand, 2011). Authors discussed how poems rise above religion to speak to universal truths (Beresin, 2020) and music resonates with those who are spiritual but not religious (Klein, 2020). ABSC became a vehicle for non-religious SCP services (Paledofsky & Shapiro, 2012) and used "the language of the sacred or existential without using religious words" (Eshleman & Perez, 2021, p. 2). A related boundary, between what is sacred and what is secular, was also transgressed in ABSC initiatives (e.g., Mainguy et al., 2013). SCPs engaged patients on spiritual themes with secular music and paintings (Klein, 2020; Tees & Budd, 2011), and used both religious and non-religious stories in their work (Schneider & DeHaven, 2003). Further, ABSC enabled people to cross cultural lines (e.g., Byrne & MacKinlay, 2012) as people overcame stereotypes and created community across racial, social, and cultural differences (Masko, 2016; Eshleman & Perez, 2021). Byrne and MacKinley (2012) wrote, "The arts take humans across faith and cultural barriers to a place where we can connect as humans" (p. 107).

A Trauma-informed Spiritual Exploration of Difficult Experiences. Another important aspect of equitable access is providing trauma-informed care, and nine articles

(research n=4; discussion n=5) described how ABSC can support those who have been traumatized. Authors explained how the arts helped people to express their trauma experiences metaphorically, symbolically, or obliquely, as opposed to directly, to communicate the unthinkable or unspeakable. As Gelo et al. (2015) wrote, "It is easier and less threatening for a patient to talk about an image, painting, photograph or sculpture that captures his or her attention than to speak directly about fears, concerns, loneliness and pain" (p. 43). Art created separation from trauma and pain, which when expressed, was contained in an external art object (e.g., Berg, 2003). Thus, ABSC provided a safer way to discuss spiritual concerns (Gelo et al, 2015).

Practices of Exclusion in ABSC. There were also notable practices of exclusion in ABSC initiatives, as depicted in twelve articles (research n=6; discussion n=6). Several articles provided evidence of the untoward influence of religion on diversity and inclusion with ABSC. For example, SCPs were not very familiar with music from different traditions (Masko, 2016) or used Biblical stories although they claimed the ABSC initiative was religion-neutral (Farrell et al., 2008). Religious language triggered or offended patients at times (Gilbert, 2016) and excluded people from ABSC. Authors describe how the use of the word "God" made some people decline to participate in ABSC and how some reacted to the use of the word "parable" (Gilbert, 2016). Other sources of exclusion discussed in the articles included wearing jewellery or clothing bearing religious symbols which could be triggering to patients (e.g., Masko, 2016).

Challenges of Integrating the Arts with Spiritual Care in Healthcare

Authors noted challenges with integrating the arts into spiritual care, particularly when doing so in healthcare settings.

Illness Restrains and Impacts ABSC Activities. Seven articles (research n=4; discussion n=3) discussed how patients' medical conditions, with their ups and downs, could

decrease ABSC's benefit (Farrell et al., 2008; Vinesett et al., 2015) and create additional needs for the SCP to attend to (Gilbert, 2016). If patients were struggling with treatments or feeling particularly unwell, their ability to engage in art making or conversations was limited. Some patients were unable to sustain their creative focus due to their health needs (e.g. Gelo et al, 2015), or their stress thwarted their engagement in creative expression (Gilbert, 2016). As well, increased cleanliness of artwork was needed with sick participants, and images needed to be disposed of or laminated and cleaned between patients.

Healthcare Settings May Diminish the Benefit. Characteristics of the healthcare setting made it challenging to create the type of space needed to engage with and reflect on the arts (research n=4; discussion n=5). Authors discussed how distractions (e.g., noise, staff, or visitor interruptions) diminished the benefit of the therapeutic process and that there was a lack of appropriate physical spaces for arts activities (Gilbert, 2016). As well, artistic processes take time - to conceive an idea and implement it (Kae-Je, 2012) or reflect on another's art - and time was often lacking in healthcare settings (e.g., Theriault, 2017). There was an emphasis on doing rather than being, which constrained ABSC. Bryne and MacKinley (2012) wrote of how the pressure to display some beautiful art work and focus on outcome-focused goals "leave facilitators vulnerable to being able to 'show' a desirable end product. There are times when this pressure can lead us away from the role of witness and encourage us to value the product over process" (p. 118). Thus, providing evidence of a "successful diversional intervention rather than the witnessing of an engagement with spirituality" (p. 118).

Individual Preferences Lead to Varying Benefit. Another challenge noted by 12 authors (research n=6; discussion n=6) was that ABSC was not preferred or beneficial for all. Sometimes people felt a lack of social support (Vinesett et al., 2015) or the artistic experience

was distressing. In one study (Gelo et al., 2015), a patient reported disturbing feelings after viewing an image, and another author wrote (Paledofsky & Shapiro, 2012): "Music is penetrating; it has the potential to offend and violate a patient's sense of emotional safety" (p. 35). Sometimes patients simply did not resonate with an activity, as it did not hold personal meaning (e.g., Daiss, 2016). Some people were uncomfortable with creating expressive art as an adult (Kae-Je, 2012). At times, patients' responses remained on the surface or spiritual themes did not emerge. For example, when patients saw only concrete, literal meanings in an image or they responded with only a "yes/no" to the facilitator's questions (Byrne & MacKinlay, 2012).

SCP Moving out of Scope of Practice. There were concerns raised about SCPs moving out of their scope of practice (research n=2; discussion n=1). SCPs reported feeling comfortable with only providing generalist arts-based care and not as an art therapist (O'Callaghan et al., 2018). This challenge related to needing to hold back from interpreting the patient's created artwork, as one author (O'Callaghan et al., 2018) advised that the "interpretation of people's art-based work should be avoided as it can be intrusive, disrespectful, a misguided projection, and motivate creators' desire to please rather than work intrinsically" (p. 1004). Several authors shared strategies to mitigate these various challenges, which can be seen below.

- Assess/pre-screen patients for fit with the ABSC initiative to determine who would benefit from it and who could be harmed (Kidd et al., 2001)
- Always present the ABSC initiative/visit as voluntary and communicate that the patient can decline it with no untoward consequences (Daiss, 2016; Kidd et al, 2001; Kirkland et al, 2014; Tees & Budd, 2011)
- Provide adequate and transparent information about the ABSC initiative and associated faith traditions, if any, so that patients can self-select based on appropriateness for them (Kidd et al, 2001)
- Critically reflect on one's own beliefs, assumptions, and biases to create an openness to the patients' beliefs and expressions, and a safe space for all patients to express and heal (Berg, 2003; Byrne & Mackinlay, 2012; Connoley & Moss, 2021; Masko, 2016; Paledofsky & Shapiro, 2012)
- Hold debriefing sessions with art therapists or other SCPs to address issues (Masko,

2016)
- Be aware of the institution's protocols and procedures to uphold them when planning ABSC initiatives (Paledofsky & Shapiro, 2012)
- Thoughtfully select the art or art activity and consult with healthcare team members to determine what is appropriate for the specific patient population and adapt in the moment to patients' responses (Daiss, 2016; Gelo et al., 2015; Kidd et al, 2001)
- Laminate images and clean or dispose of them between patients (Gelo et al., 2015)
- Ensure enough time to contemplate and respond during art observation or to conceptualize and create during art creation (Blaine & Ma, 2020; Byrne & Mackinlay, 2012; Kae Je, 2012)
- Select facilitator questions/wording carefully to elicit a meaningful response to art and focus on patients' emotional responses rather than descriptions (Byrne & Mackinlay, 2012)
- Encourage wondering rather than directing people in their art creation or observation and responses (Gilbert, 2016)
- Repeat instructions to increase patients' focus (Gilbert, 2016)
- Have an assistant present in group meetings to manage diverse patients' physical needs (Gilbert, 2016)
- Co-create together with patients to encourage comfort with artmaking (Kae Je, 2012)
- Refrain from interpreting people's created artwork or superimposing meanings onto observed art/stories (Kidd et al, 2001; O'Callaghan et al., 2018)
- Only provide care that is within your scope of practice and for which you have adequate training (Masko, 2016)

Insights into Indigenous and Traditional Healers' Arts-Integrated Practices

In eight of the included articles (Benson, 2003; Berg, 2003; Doby-Copeland, 2019; Mainguy et al., 2013; Moodley & Bertrand, 2011; Mzimkulu & Simbayi, 2006; Schneider & DeHaven, 2003; Vinesett et al., 2015), Indigenous or traditional healers provided ABSC, and we analyzed the distinct characteristics of this sub-set of articles regarding meanings of health and illness, healing dimensions, fortifying benefits, and challenges.

Distinct Meanings of Illness and Healing Impacting ABSC. Several articles (research n=3; discussion n=2) articulated cultural perspectives of the roots of illness, which were primarily spiritualized. For example, the etiology of illness was related to spiritual powers (e.g., witchcraft, spells) (Mzimkulu & Simbayi, 2006) and an unbalanced spirit (Moodley & Bertrand, 2011). There were also relational explanations (Mainguy et al., 2013; Mzimkulu & Simbayi,

2006), such as diseases occurring when people are out of harmony in relationships (e.g., environment, family, spirit world, ancestors, the Creator) (Mainguy et al., 2013). Also unique were distinct views of the individual as part of others (Berg, 2003) and that everything in the universe comes from one source. As a result of these beliefs, "the focus in treatment is first on who, and not what, caused the disease" (Mzimkulu & Simbayi, 2006, p. 427) and addressing spiritual causes and loss of relational harmony (e.g., Mzimkulu & Simbayi, 2006).

Together we "Sing the World Back into Congruence." Authors described how communal ritual and ceremonies were used as healing tools, to restore order and balance (research n=3; discussion n=4). Treatment involved the community coming together (e.g., Mzimkulu & Simbayi, 2006) and working for the healing of the individual and their relations while still acknowledging the responsibility of the person. Scheider and DeHaven (2003) explained how "the Navajo sing the world back into congruence, into being, into its original and emergent perfection" (p. 418). God or the sacred was approached through rituals, prayers, and sacrifice, along with singing, dancing, and drumming. Traditional healers worked through spiritual means while addressing the holistic aspects of illness (e.g., Vinesett et al., 2015). Although all authors attested to the incorporation of the arts into ritual/ceremony as powerful, they did not identify the initiatives as "arts-based." This notable exclusion might be related to viewing arts as a crucial aspect of all of life, and not segregated (Rieger et al., 2021b).

Holistic Healing of People and their Relations Through the Arts. All eight articles (research n=4; discussion n=4) described holistic healing as a result of engagement with traditional healing practices integrating art for spiritual care. ABSC facilitated restored relationships between people and their community, animate and inanimate beings, and their ancestors (e.g., Benson, 2003). A re-established link with ancestors resulted in protection from

harm and transmission of supernatural powers from ancestors (e.g., Berg, 2003). There were also reports of restored harmony with problematic spirits (e.g., Moodley & Bertrand, 2011). ABSC with traditional healers advanced reconciliation, respect, and resistance with Indigenous peoples (e.g., Mainguy et al., 2013). They facilitated the integration of Indigenous knowledges and traditions (e.g., Mzimkulu & Simbayi, 2006), garnered respect for people's cultural preferences (e.g., Benson, 2003), enabled non-Indigenous people to learn from Indigenous traditions (e.g., Vinesett et al., 2015) and reclaimed traditional knowledges as a form of resistance (e.g., Moodley & Bertrand, 2011).

Challenges of ABSC Specific to Traditional Healers. There were specific challenges for traditional healers, including fundamental epistemological differences, cultural appropriation, and missed opportunities for healing (research n=2; discussion n=4). Related to a distinct view of illness and healing, there was a notable epistemological dissonance between traditional healing practices which integrated art and privileged Western medical views and practices (e.g., Moodley & Bertrand, 2011). Authors reported ancestral reverence being threatening to Western religions (Berg, 2003) and traditional healing being viewed as counter-productive to healing (Doby-Copeland, 2019) and marginalized by discourses of illegitimacy (Moodley & Bertrand, 2011). As a result of this dissonance, there were structural exclusions and missed opportunities for collaboration and healing (e.g., Schneider & DeHaven, 2003). Mzimkulu and Simbayi (2006) write of how co-treatment with medical care and traditional healing practices is forbidden in Western hospitals in South Africa, even though many patients desire it. Lastly, concerns were identified about the appropriation and commercialization of traditional artistic healing practices and that traditional healers would be "eliminated from the emerging landscape of integrated healthcare" (Moodley & Bertrand, 2011, p. 88).

Discussion

To our knowledge, this analysis is the first rigorous scoping review of ABSC in healthcare. It maps the current evidence and contributes insights into the healing dimensions that can occur when the arts are integrated with spiritual care and the resultant fortifying benefits, as well as highlighting both the potential and challenges of this novel approach. Our review reveals consistent, growing interest in exploring ABSC, notable gaps in the literature, and the need for future research to continue its ongoing development.

We found that the arts provided a multisensory language for transcending, expressing, and connecting, which could have a profound influence on patients' spiritual wellbeing within illness (Coleman & Elsner, 1997). A clear synergy between spirituality and the arts created a space for healing. Scholars write of the similarities between aesthetic and spiritual experiences (Burello, 2021; Notarangelo, 2019). Funch (1997) describes an aesthetic experience as "existentially dense, with an unusually unified, luminous, and sublime visuality, and a permeating emotionality…a sudden and momentary leap from the ordinary stream of consciousness'' (p. 270). When art facilitates aesthetic experiences, it can become a form of meditation and result in a sense of wonder, heightened awareness of self and others, connection with something transcendent, and new insights (Farrelly-Hansen, 2001). A health crisis can be viewed as a "rupture" in that it can tear apart one's sense of well-being and rips the fabric of normal consciousness (Fishbane, 2013). Fishbane (2013) contends that one can find spiritual healing and integration of memories through the arts. Further, Malchioldi (2012) writes of how art making can be an empowering experience within illness and the accompanying loss of control, as people actively construct and choose materials and subject matter. As Levine and Levine (2011) wrote, the concept of poiesis guides us to see art not as a specialized human

activity but an extension of the basic human capacity to shape their worlds. Art-making creates an imaginal space in which poiesis can take place. Insights and solutions arise that are often unpredictable and insightful. When people or communities suffer, poiesis helps them to decenter their troubling situation, imagine new possibilities, and realize their capacity to act. Thus, SCPs should consider ABSC initiatives as they demonstrate potential to ameliorate patients' spiritual distress and suffering. One challenge related to integrating art into spiritual care was that of scope of practice, which was only briefly mentioned in three articles and needs to be further explored in future work. Certified SCPs have a defined scope and standards of practice which could inform future research, and use interventions informed by religion and spirituality, the social sciences, counselling theories, ethical standards, human diversity, and a range of human traditions, including art (Canadian Association for Spiritual Care, 2022).

ABSC provided new spiritual paths for a range of people. Authors describe how songs were prayers (Klein, 2020), photography evoked an existential journey (Mainguy et al., 2013; Eshleman & Perez, 2021), and art amplified that which gives meaning (Beresin, 2020; Byrne & MacKinlay, 2012). Art pieces, created or observed, can become sacred texts for religious and non-religious alike. Murdoch believed that "art in an unreligious age, provides for many people their clearest experience of something grasped as separate, precious, and beneficial" (Hartley, 2012, p. 267). McKillop (2020) argues that popular spiritual texts can be facets of religious and spiritual actions, such as rituals, liturgy, and sacred practices, which align with traditional religious elements. Some assert that treating these as sacred means that we trust that they are worthy of attention, make them sacred through rigorous and ritual engagement, and value them as sacred within a community (McKillop, 2020; Not Sorry, n.d.). These ideas are echoed in the practice of Visio Divina, an alternative to Lectio Divina which guides people to uncover wisdom

embedded in a religious text but focuses instead on an image for meditation (Dalton et al., 2019). In an unreligious age, the arts can provide experiences of something separate, special, and sacred, and be an imaginative means of making spiritual meaning accessible and conveying goodness to a secular world (Hartley, 2012).

Although our findings revealed the potential of individual ABSC initiatives, the studies as a whole did not provide a critical discussion about the socio-political context of ABSC, outside of the articles specifically focused on traditional healers. Sharma and Calestani (2020) argue that the term "spirituality" is replacing "religious" in healthcare settings but is often used in a way that assumes neutrality and apoliticism. Indeed, our articles revealed that ABSC both challenged and reinforced inequities (Sharma & Calestani, 2020). Although it was adaptable and responsive to diversity, there were concerning spaces of exclusion and varying benefits for diverse patients, with some diversity not as welcome as others. If the artforms used represented Western views alone, a range of patients was excluded. We need to carefully consider how social structures and ideas (e.g., histories of colonialism and patriarchy, move towards individualism, racism) are impacting the unfolding of ABSC in healthcare, to ensure it is inclusive (Reimer-Kirkham, 2014; Reimer-Kirkham & Beaman, 2020). Notably, there was a dearth of critical perspectives employed by authors (Supp File 4), with three articles involving traditional healers drawing on Western perspectives. New perspectives are needed. Scholars (Beaman, 2017; Reimer-Kirkham & Sharma, 2020) advocate for the perspective of deep equality to move forward. This alternative to the accommodation of benign religious diversity involves a relational process to negotiate differences, reflect on relations of power, and create conditions that enable us to live well together. Another crucial equity consideration in Canada is meaningfully responding to the Truth and Reconciliation Commission Calls to Action (Truth and

Reconciliation Commission of Canada, 2015) in spiritual care. We must ensure equitable and culturally safe services for all who choose to engage with ABSC.

Limitations of Review

A key limitation is our inability to draw firm conclusions about the meaningfulness and effectiveness of ABSC. Although it was valuable to include discussion articles to illuminate practitioners' perspectives and map the literature, they do not provide rigorous evidence on which to base practice change. The quality appraisals revealed significant issues with the research articles, further limiting our ability to make definitive claims. There may also have been missed studies due to the lack of consistent indexing of this emerging field in online databases. Most of the settings were in the US or Canada, and thus our findings reflect experiences in these countries, and may not be insightful for all countries with appreciable differences in healthcare systems and understandings of spirituality, healing, illness, and the arts. It is important to note that ABSC likely occurs in countless forms and settings and is often part of cultural practices, but many of these initiatives have not been reported in the academic literature. Lastly, we mapped a broad spectrum of ABSC initiatives, with varied art forms and processes, to understand the scope of this work and not all findings may apply to all ABSC initiatives.

Future Research

Our findings also highlight several gaps, which include the predominant focus on music initiatives or art observation, and the lack of rigorous research focusing on patients' perspectives and equity-oriented initiatives. Further research is needed, and timely, given the growing interest in spirituality in healthcare. Rigorous qualitative work is needed to understand patients' experiences, and mixed-methods or experimental work to evaluate the effectiveness of ABSC. Equity-oriented ABSC is recommended to improve accessibility for a range of different groups

and for future interdisciplinary research that explores the feasibility, acceptability and suitability of new ABSC interventions incorporating varied artforms and processes.

Conclusion

Our findings advance the understanding of the range and nature of ABSC in healthcare, to address the holistic needs of diverse patients and develop understanding of how the arts can create new, inclusive pathways to spirituality in healthcare and beyond. They also provide insights into the potential for incorporating Indigenous perspectives and practices to impact health and wellbeing and benefit Indigenous communities. Now that we have mapped the current terrain of the scholarly work in this field, where do we go from here? Researchers and clinicians can build on these findings to continue advancing the development, implementation, and evaluation of this promising approach to spiritual care.

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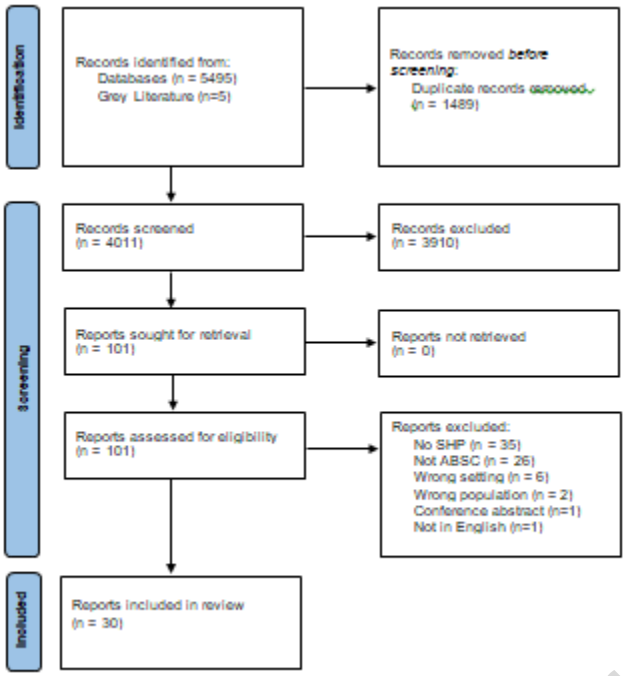
Figure 1. Prisma Flow Diagram



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Highlights

- The arts offered a poignant spiritual language for alternative spiritual pathways.
- Fortifying benefits included transcendent encounters, internal work, and connections.
- The arts provided a way to practice spiritual care with a diverse range of people.
- Arts-based spiritual care could honour traditional healers' practices.
- There were incidences of exclusion and challenges specific to healthcare settings.