

CHAPTER 16

Medical Art Therapy with Children

Tracy Council

The fundamental qualities that make the creative process empowering to children in general can be profoundly normalizing agents for those undergoing medical treatment. When the ill child engages in art making, he or she is in charge of the work—the materials to be used; the scope, intent, and imagery; when the piece is finished; and whether it will be retained or discarded. All these factors are under the child artist's control. Participating in creative work within the medical setting can help rebuild the young patient's sense of hope, self-esteem, autonomy, and competence while offering opportunities for safe and contained expression of feelings.

Art therapy has been used with a variety of pediatric medical populations, including those with cancer, kidney disease, juvenile rheumatoid arthritis, chronic pain, and severe burns (Malchiodi, 1999). When medical art therapy is included as part of team treatment, art expression is used by young patients to communicate perceptions, needs, and wishes to the professionals who take care of them. The medical art therapist is skilled at assessing each young patient's strengths, coping styles, and cognitive development. Information gathered through artworks can be invaluable to the medical team as it seeks to treat the whole person, not just the disease or diagnosis. Children who experience traumatic injury, a chronic medical condition, or the onset of a life-threatening illness share a need to understand the treatment they receive, tell their stories, and rebuild their sense of self.

WHAT A MEDICAL DIAGNOSIS MEANS

The diagnosis of a serious illness or injury is a catastrophic blow to the young patient and his or her family's fundamental sense of trust and well-being. The onset of a serious illness is often experienced as a bolt out of the blue, robbing the child and

family of the normal routines and the functional illusion that “bad things” happen to other people. Though adults may become ill as a result of destructive lifestyle choices or the aging process, children are expected to grow and flourish. Although some serious disorders result from a hereditary cause, and the family may be somewhat prepared when they manifest in a child, many other diseases occur without explanation. For example, most childhood cancers are diagnosed unexpectedly and without a known cause: a cell in the body is manufactured incorrectly and the replication of that error becomes the process of disease.

In his famous book *When Bad Things Happen to Good People*, Kushner (1989) explores the universal human wish for an explanation for misfortune. Painful as they are, guilt and self-blame offer the comfort of an explanation. During my early years as an art therapist with pediatric cancer patients, I worked with an 8-year-old boy whose play and artwork revolved around the theme of punishment. The characters in his play and art were always being punished, though what they had done wrong was never clear. After working with him for some time without movement from this constant theme, I decided to interpret his play and art expressions to him in words. “You know,” I said, “doctors and nurses don’t know exactly why kids get cancer, but they do know it isn’t their fault. Cancer isn’t a punishment, it’s when a person’s cells don’t work right.” He stopped what he was working on, looked me straight in the eye, and said, “So you mean I got sick for nothing?” “Well, kind of,” I replied, “but we do know it isn’t your fault.” In my effort to replace what I felt was a mistaken assumption with a compassionate truth, I had challenged his own explanation. Though he had heard these words before from his doctors and nurses, our work together in play and art allowed him to consider for the first time an alternative explanation for his illness.

The hospital setting itself can be a source of both hope and distress to the ill child and his or her family. Though naming a condition and beginning treatment offer hope for cure and relief from suffering, the medical environment itself can feel like a foreign land. Medical terminology is a new language that must suddenly be mastered. The hospitalized patient, surrounded by the sights, smells, sounds, and rhythms of the medical environment, may feel transplanted into an alien culture (Spinetta & Spinetta, 1981). A visit from the art therapist, a grown-up who brings art materials and an invitation to draw or paint, instead of needles or pills to swallow, can be instantly comforting to a frightened child. Whether that first encounter leads to an expressive piece of artwork or just a few simple marks, it can establish a meaningful link to life outside the hospital and provide a concrete way to respond to the hospital experience.

Ranmal, Prictor, and Scott (2008) found that “communicating about cancer may help some children and adolescents understand the disease and its treatment and help them cope better with their cancer. . . . The review of trials found that specific information-giving programs, support before and during particular procedures, and school reintegration programs may benefit children and adolescents with cancer when individual factors such as their age, level of understanding and medical

condition have been considered. More research is needed” (p. 4). It can be difficult to isolate the variable of art therapy among many supports and interventions the ill child receives, but the many stresses and challenges of treatment provide opportunities to engage creatively in the healing process.

ASSESSMENT WITHIN THE MEDICAL SETTING

Most children with serious medical problems do not have mental health problems. Assessment in medicine will focus on adjustment to illness, coping, and cognition. Understanding cognitive and personality development can help parents and the medical team anticipate and meet the needs of the ill child.

- Knowing that a toddler, who is beginning to assert some independence and identity, may react to treatment with fits of anger and regression can help parents decide how best to respond to their little one’s behavior.
- The school-age youngster, who may become demanding, irritable, and emotionally labile in the face of his or her loss of relative independence, can make use of creative strategies to use words and symbols to express feelings and assert mastery.
- Generally, the older the child, the greater the emotional impact of the losses associated with serious illness. Older children have more independence to lose, and yet they have likely developed a broader range of interests and strategies for meeting life’s challenges than have their younger counterparts.

The capable therapist adapts art materials and processes to many levels of sophistication so that any young participant can find a creative voice through art.

In the medical environment, it is also important to understand how children of various ages think about their bodies and about the concept of death.

- Very young children may regard the body as a bag of blood and fear that venipuncture for a blood test will cause all their blood to flow out. They can be reassured by a simple explanation of how blood flows through the body and by drawing a picture of what the body looks like inside. I sometimes use a body tracing as a starting point for a life-size collage, asking children to place red ribbons inside the outline where the blood goes, plastic bubble wrap for lungs, popsicle sticks for bones, and so on. This exercise helps the therapist to understand the child’s perceptions and provides the opportunity to offer information that may correct misunderstandings and allay fears.
- Most young children believe that death is reversible. They tend to be more concerned about being abandoned by their caregivers than about dying. Young children are often preoccupied with fears of bodily harm and physical integrity.

- School-age children may understand that death is permanent, but they often interpret illness or death as a punishment.
- Older children generally have a more sophisticated understanding of death, but it is normal for adolescents to believe themselves to be invincible.
- Coping with the demands of illness and treatment may push young people to emotional maturity beyond their years, resulting in a sense of being “different” from their peers.

A Word about Adolescents

The developmental imperatives of adolescence may make the medically ill teenager difficult to engage in art therapy. In her case study research with adolescents on hemodialysis, pediatrician and art therapist Ruth Luninbuehl-Oelhafen (2009) explores “whether art therapy could become a sanctuary, one in which the patient is allowed to keep control, to make his own decisions and to explore and develop a sense of freedom in an overwhelming environment” (p. ix). The furniture, décor, and general impression of many pediatric clinics and hospitals is geared toward younger children. The adolescent treated in such a facility may infer that art therapy is only for little kids. With persistence and dedication, the medical art therapist can engage adolescents in meaningful creative work. Demonstrating interest, support, and respect for the adolescent’s autonomy form the foundation of meaningful engagement.

Maintaining a client-centered focus is especially important with adolescents—for therapy to be meaningful, the goals must belong to the patient. In medicine, the therapist most often initiates the therapeutic process. Art therapy can be a window to the world outside the hospital, and a valuable way to help an adolescent patient’s voice be heard by his or her family and the medical team.

ART ASSESSMENTS

Art therapists have developed many methods of evaluating personality through art. Most of these are aimed at enlightening symptoms of mental illness. Since most medical patients do not suffer from mental illness, traditional assessments may miss the mark. In medicine, the goal is usually to uncover strengths, coping mechanisms, and qualities of resilience. The limitations of the medical environment, especially the difficulty of securing a private space for a long period of time, can make traditional art-based assessments difficult to administer.

The urgency of treating a medical condition seldom allows for a full art assessment before engaging with the patient, but the art therapist can evaluate the child’s artwork and behavior in an ongoing way. Often, the ill child or his or her parents may resist any kind of formal evaluation or psychotherapy, interpreting this recommendation as a judgment that the way they are coping with a life-threatening

illness does not measure up! Working with the child and family as part of the treatment milieu can provide a nonthreatening opportunity to give support and build an alliance.

If a child seems to have unusual behavioral problems or an extreme emotional reaction to diagnosis or treatment, an art-based assessment may help the team better understand the patient.

The following one-drawing tasks may quickly yield useful information:

- A drawing of Person Picking an Apple from a Tree (PPAT; Gantt, 1990; Lowenfeld & Lambert-Brittain, 1975) is useful in evaluating coping ability and resourcefulness. This drawing asks the child to depict someone solving a problem—picking an apple from a tree—and expresses strategies children may employ when encountering obstacles in real life.
- A drawing of a bridge going from one place to another and including oneself on the bridge (Hays & Lyons, 1981) can yield information about the patient's perception of the present and expectations of the future. This can be an important question for patients facing life-threatening illnesses or making the transition to home following a long hospital stay. I have used a modification of the Hays Bridge called the "Cancer Bridge" with childhood cancer survivors. The instructions are to draw a bridge leading from the time of cancer diagnosis and treatment to the future, and show where you are on the bridge. This instruction helps the child portray the progress he or she has made in integrating the childhood cancer experience and moving toward a future beyond cancer.

Both of these drawing tasks encourage metaphoric expressions about life experiences, as opposed to full personality assessments. They must be reserved for patients who can accomplish recognizable representations, generally those who are no younger than 5 years of age.

Understanding artistic development is essential to any therapist working with children. It is important for the therapist to recognize the developmental stages in children's artwork and possible indications of pathology, from emotional distress to organic brain damage. Although there is no formal assessment to evaluate children's artistic development, therapists should be familiar with *The Child's Creation of a Pictorial World* (Golomb, 2003). This volume is an excellent reference on development and art, as are Lowenfeld and Lambert-Brittain's (1975) *Creative and Mental Growth* and Gardner's (1980) *Artful Scribbles: The Significance of Children's Drawings*. Spontaneous pictures, too, can help the art therapist understand the patient's strengths, skills, and understanding, especially when children discuss the meaning of their artwork with the therapist.

There is no one correct way to assess medical patients through art. It is important that therapists receive training in how to administer and interpret specific assessments and that they remain open to the multidimensional meanings and interpretations supplied by the client.

ART THERAPY WITH PEDIATRIC PATIENTS

One of the great values of art therapy is its capacity to call attention to the patient's strengths. Art therapy pioneer Elinor Ulman, in her work with the chronically mentally ill, stressed an appreciation of the patient's strengths as part of the personality assessment (Ulman & Levy, 1975). Understood as a way of discovering strengths, art therapy can be a bridge from the sad and lonely places of illness to the joy of human connection and understanding.

For example, a 7-year-old patient with leukemia experienced an idiosyncratic reaction to medication that caused her to exhibit strange seizure-like episodes with repetitive motions and verbalizations, arising spontaneously and resolving without intervention. Her symptoms did not easily fit the expected pattern of organic etiology, so I was asked to contribute to the assessment, specifically to determine whether she was pretending to have these "fits" to get attention. I chose to ask for self-directed pictures, feeling that her ability to self-organize would be an important part of understanding her mental state. In one of the art evaluation sessions, she created a dramatic marker drawing of an opera singer in Wagnerian costume, mouth open wide, occupying center stage. The story she told about the picture was that the singer had been kidnapped and held captive deep in the woods. She was singing as loudly as she could so her lover would come and rescue her (Figure 16.1).

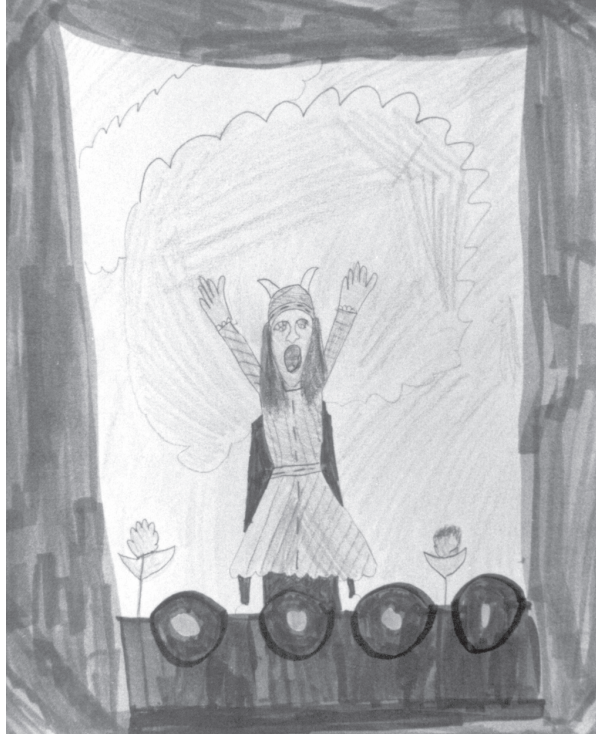


FIGURE 16.1. Drawing by a 7-year-old patient with leukemia.

The picture was reassuring in its sustained attention, integrated composition, and sure execution, suggesting that her cognitive functions remained intact.

The main character's placement on center stage might well suggest attention-seeking behavior, but the most compelling aspect of the picture was its unmistakable cry for help: a frightened and lonely figure stood alone in the woods, waiting to be rescued. Whether or not her seizures bought her secondary gains, she was able to use graphic media to send a message to the healthcare team that she needed and wanted their help. Through consultation with other institutions, her doctors soon diagnosed her condition as a rare side effect of a particular medication. Her medications were changed, and the strange episodes no longer occurred.

Rebuilding a Sense of Well-Being

Making art, the uniquely human act of creating meaning out of formless materials, can be a powerful vehicle for rebuilding the medical patient's sense of well-being. Offering familiar materials with the skilled therapist's support can reassure the ill child that he or she is still a person with a great deal to offer. Edith Kramer (1979) recognized the intrinsic power of the artistic process to bring order to the chaos within. When a child is ill, words often fail, either because the child's vocabulary does not match the experience or because the ill child feels he or she must protect the adults around him or her from his or her feelings (Bluebond-Langner, 1978).

Medical art therapy is highly effective as an integrative supportive care service within a hospital, outpatient specialty clinic, or support center. Bedside work in acute care settings offers young people opportunities to process medical experiences in the relative privacy of the hospital room. Outpatient clinics for patients with cancer, blood disorders, immune disorders, and other "frequent flyers" may be ideal environments for open studio programs. Medical art therapists may also facilitate group and individual sessions for patients and family members coping with ongoing illness and grief. Because the needs of medical patients and families are so diverse, art therapy in medicine calls for versatile practitioners.

When art therapy is integrated into the treatment setting, there are opportunities for on-the-spot support. The following example from the work of Catherine Rubin at Children's National Medical Center in Washington, DC, illustrates the utility of such a program:

A four-year old girl was very distressed about her upcoming blood draw and the pain that she expected to feel during this experience. The art therapist worked with her to create a large "scary monster" out of paper, googly eyes and pipe cleaners. The little girl roared loudly as she pretended to be the monster while the art therapist feigned fear of the powerful monster she had created. The art therapist suggested that the little girl bring the monster with her to help keep her safe while she was getting her blood drawn. With her monster, the little girl was able to transition easily from the art room to the lab. She even reported "scaring" the phlebotomist

with her monster. The little girl told the art therapist that the monster helped keep her safe while she was getting her blood drawn so that it didn't hurt too much. (Council et al., 2009, p. 204).

Symptom Relief and Coping with Procedures

Relieving, describing, and coping with pain are woven into the fabric of care for many people with serious illnesses. The experience of pain involves a complicated interplay of physical distress, perception, and description. It is often the first sign of trouble, when the patient's pain symptom yields important diagnostic clues. Patients with chronic illnesses such as cancer, sickle cell disease and other blood disorders, and autoimmune disorders often must deal not only with acute pain that signals a problem in need of treatment, but also chronic pain that may be an ever-present part of life. Art therapy offers patients a proactive tool for coping with pain that is not fully relieved by medication.

One team of researchers found that pain associated with medical procedures and treatments is the most common source of distress identified by children and teens with cancer (Hedstrom, Haglund, Skolin, & von Essen, 2003). Chicago art therapist Nancy Nainis (2006), in a controlled study with adult cancer patients, found that participating in one open-ended art therapy session relieved many symptoms, including pain.

Chronic pain patients often feel isolated when their pain seems unappreciated by the medical team. Creating their own pain scales, locating their pain within body outlines, or creating images to symbolize their pain can help them communicate their distress. Creating a visual representation of their experience, and perhaps even discussing it with healthcare providers, can bridge the gap of frustration that patients often feel when their symptoms do not abate despite pharmacological intervention.

Creative work can help patients describe their pain, gain insights into life events that may exacerbate their pain, relax, and find techniques for coping with the experience of pain. Anger and aggression are normal responses to injury, including painful and invasive medical procedures. A child's cognitive development provides the framework for his or her understanding of the purpose of treatment and the meaning of painful procedures. Art therapy offers expressive outlets and pathways to self-organizing for patients who may be unable to understand the curative intent of painful treatments.

The following case example from the work of Kathleen Barron at Children's National Medical Center in Washington, DC, describes the use of art therapy to help a young patient reestablish emotional control after a painful medical procedure. A 6-year-old girl with sickle cell disease received a painful blood draw after several attempts to access a weak vein. Her father brought her to the art room afterward because she was extremely distressed, and he thought she needed a "fun activity." When she first arrived, she approached another child's artwork and aggressively

tried to paint over it. She was pulled aside and gently guided through the rituals of hand washing, putting on a smock, and gathering materials. She began to create her own painting and soon her affect changed: she began to smile and her gestures became animated. Later, her father asked about her “boo-boo,” to which she replied, “I don’t feel it at all!” Respectfully limiting her aggressive impulse and offering her a structured ritual for entering the art space helped this youngster establish a sense of control in the midst of a situation that she found scary and painful. She was then able to relax and enter into the creative process, using art therapy to discharge aggression and rebuild her defenses.

Klosky et al. (2007) examined stressors associated with pediatric cancer patients’ compliance with radiation therapy. They report:

The results of our study indicate that both fixed and modifiable variables directly relate to distress as experienced by pediatric patients with cancer undergoing RT [radiation therapy] simulation. Developmentally appropriate interventions designed to target these variables among preschool- and early school-aged children are clearly warranted. Furthermore, incorporation of empirically tested strategies to improve child procedural coping (ie, filmed modeling, distraction, education, etc) are needed to maximize successful outcomes as evidenced by reductions in distress and rates of sedation. (p. 8)

Their findings seem to invite art therapy research around using art therapy for medical procedure support.

Engendering Hope

Snyder et al. (1997) theorize that “children who think hopefully can imagine and embrace goals related to the successful treatment of their physical problems . . . children with health problems need to focus upon new goals, find alternative ways to do things, and muster the mental energy to begin and continue treatment regimens” (pp. 400–401). Creating art is a safe vehicle for self-expression: it can start from just a squiggle or a line, and it is the artist who decides what to include, when the work is finished, and what it means. In particular, art therapy with physically ill children helps them practice the hope-engendering process of creating art. The child and the therapist work together to choose materials, set goals, and plan the means to achieve them. The finished product is tangible evidence that the ill child can accomplish a great deal. This kind of achievement helps transform the ill child from the passive victim of a disease into an active partner in the work of getting well.

Creating Community

The experience of a serious illness separates the patient from home and community. Hospital routines supplant the rhythms of school and sports; hospital staff

and other patients take the place of teachers and friends for a time. Creating art within the treatment setting can open the door to life outside the hospital, and when patients and families can work together a new community is formed. This community-building potential is a powerful therapeutic tool for the hospital art therapist. Working together on a common theme for an art installation creates a sense of purpose and collaboration. Time spent waiting for infusions to be complete or test results to come back becomes engaging and interesting.

Patients, families, and staff at Georgetown University Hospital's Lombardi Cancer Center have created many such group projects. "I believe I can fly . . .," a silk hoop mobile created in 2006, hangs in the atrium of the cancer center. In 2002, families worked together to create "Elephant Wisdom," as part of "Party Animals," a citywide art installation. The sculpture of an elephant is covered in handmade clay mosaic tiles inscribed with things they wished for. Returned to the hospital after the show, the sculpture has become a beloved symbol of hope and healing for the hospital community. The courage to wish for something, even in the face of great uncertainty, can be a powerful connection to the deeper self (Figure 16.2).



FIGURE 16.2. Elephant Wisdom, a citywide art installation.

Gaining a Sense of Mastery

Medical art therapy can be used to help young patients gain a sense of mastery over troubling events. As treatments for many life-threatening diseases become more effective, the medical community is learning more about the impact of illness and treatment on those who are cured of their disease. According to the National Child Traumatic Stress Network (2009), pediatric illness and injury experiences are potentially traumatic. Children and parents may feel frightened, helpless, and vulnerable, both in the face of a troubling diagnosis and the treatment that follows. Many children and their family members experience some traumatic stress symptoms, and a smaller number experience more severe and persistent posttraumatic stress disorder (PTSD). PTSD is increasingly being appreciated in cancer survivors and their parents, especially at times of developmental transition (Rourke, Stuber, Hobbie, & Kazak, 1999). The disorder is characterized by a cluster of reexperiencing, avoidance, and arousal symptoms associated with experiencing or witnessing an event that is perceived as a threat to the bodily integrity of the self or a loved one (American Psychiatric Association, 1994). Supportive intervention, both during and after treatment, can diminish the traumatic effects of treatment and help patients better integrate their experiences. Active, nonverbal, concrete processes such as art making help ground patients in the present by encouraging focus on sensory awareness in the here-and-now. Medical art therapy can create an oasis of safety and creativity to help patients heal within the medical environment.

Valerie Appleton (2001) developed a theory for use with young people who have experienced traumatic burn injuries. She proposes four stages, each characterized by specific psychosocial issues, art themes, and graphic features. Her model is based on stages of emotional reactions to trauma identified by Lee (1970), but Appleton has expanded them to include the following art therapy goals:

- Stage I. Impact: Creating Continuity.
- Stage II. Retreat: Building a Therapeutic Alliance.
- Stage III. Acknowledgment: Overcoming Social Stigma and Isolation through Mastery.
- Stage IV. Reconstruction: Fostering Meaning.

With such a model as a framework, art therapists can better understand the significance of clients' graphic messages and assess their progress in adapting to life circumstances that have been changed by traumatic injury.

In a long-term research project aimed at promoting integration of traumatic experiences, Chapman, Morabito, Ladakakos, Schrier, and Knudson (2001) describe a study of an art therapy intervention targeted specifically to reduce symptoms of PTSD in children treated at a large, urban hospital trauma center. Chapman et al.'s procedure is designed for "incident-specific, medical trauma to provide an opportunity for the child to sequentially relate and cognitively comprehend the traumatic

event, transport to the hospital, emergency care, hospitalization and treatment regimen, and posthospital care and adjustment” (p. 101).

The scientific study of how the brain works has led to a developing appreciation of the multidimensionality of cognitive processes such as thought, memory, problem solving, emotions, and expression. Recent developments in neurobiology suggest that memory is an active and constructive process, that “the mind constantly re-assembles old impressions and attaches them to new information” (van der Kolk, 2002, p. 2). Art therapy taps into the nonverbal realm of symbolic imagery (Haas-Cohen, 2008) and offers the possibility of helping integrate experiences on a nonverbal level. Trauma occurs when cognitive processing is interrupted and an event cannot be fully assimilated into long-term memory. In trauma treatment it is not the verbal account of the event that is important, but rather the nonverbal memory of the sensory and emotional elements of the event.

Talwar (2007) has developed a bilateral art therapy protocol for treatment of patients with PTSD. Her work combines Michelle Cassou’s (2001) intuitive painting process with theories about bilateral brain function. Talwar’s protocol asks the patient to paint first with the dominant hand and then with the nondominant hand, passing troubling material back and forth between the two brain hemispheres. This introduces dissonance, and unbalances the accustomed way of experiencing the troubling event, allowing the client to process the troubling memory through nonverbal means, diminishing its raw power and creating a sense of mastery. Though Talwar’s model was developed for use with adult clients, pediatric art therapists may be able to incorporate elements of her work. “Trading hands” while creating a series of free pictures at the easel can introduce a playful element of cognitive dissonance into an art therapy session, allowing new and unexpected ideas to find expression. Self-calming tools such as drumming or the “butterfly hug,” which involves crossing one’s arms in front of the body and tapping one’s own shoulders, utilize the self-calming properties of bilateral stimulation and can easily be taught to children in distress. When art therapy can be offered during treatment, difficult experiences can be described in art, encouraging steps toward mastery of troubling feelings.

Medical Advances

Many diseases and congenital defects once universally fatal are now potentially treatable with organ transplantation and other technically sophisticated procedures. These procedures often require long periods of protective isolation and months and even years of treatment. Medical treatment becomes the organizing force in the lives of these ill young people.

One 7-year-old being treated for cancer developed a highly contagious infection that required her to be isolated from other patients for a period of several months. The infection was not dangerous to those with normal immune function, but it posed a significant threat to other clinic and hospital patients. She was not well enough to attend school, go to movies, play sports, and take part in many other

activities during her medical treatment, so the added isolation from others at the outpatient center was a powerful loss for her.

Though her therapists were able to develop ways to work with her safely without spreading the infection, she attempted less and less in art as the period of isolation wore on. When she was finally free of the infection and could rejoin the waiting-room art sessions, her first creation was an elaborate clay sculpture of an igloo, complete with an Eskimo to inhabit it, a dog, a supply of food, and a fire to keep him warm (Figure 16.3). As she explained it, "he has everything he needs, but no people." Her work seemed a detailed and matter-of-fact reflection of her experience of prolonged isolation.

Other patients in my experience have depicted procedures they found anxiety-provoking, especially diagnostic scans and radiation therapy. These procedures may be especially troubling to children because they must be alone during treatment and the forces acting on their bodies are both invisible and intangible. Drawing the treatment setting, the machinery used, and sometimes themselves receiving the treatment gives them the opportunity to revisit the experience and assert mastery over it by bringing it into the shared reality of therapist and client.

Children may also benefit from the chance to transform medical equipment into works of art. Using medical supplies in found object sculpture can help a youngster feel a greater sense of control in the medical environment. Plastic mesh radiation masks may be used as the base for art masks, helping patients create self-symbols, beautiful, powerful, or fanciful creatures, out of the plastic mesh form that once held their head still during treatment (Figure 16.4).

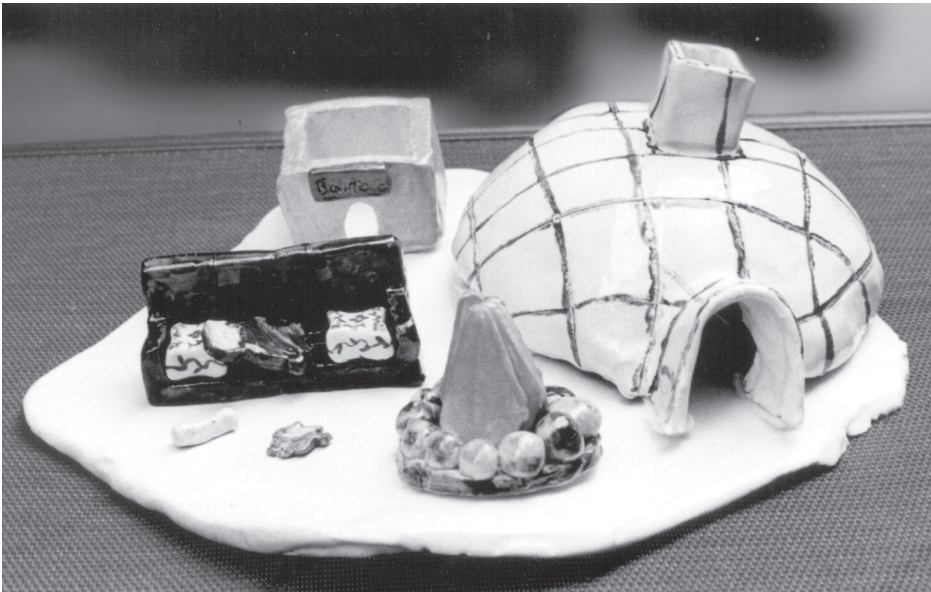


FIGURE 16.3. Clay sculpture of an igloo by a young patient.



FIGURE 16.4. Plastic mesh radiation masks used as base for art masks.

MIND–BODY MEDICINE AND ART THERAPY

For the past three decades there has been a great deal of emphasis on the relationship between physical well-being and emotional states. The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health describes mind–body medicine as using a variety of techniques to enhance the mind’s capacity to affect bodily function and symptoms. NCCAM’s mission is to define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and health care (NCCAM, 2011). A 2006 study by Monti et al. found that mindfulness-based art therapy with women with cancer reduced symptoms of distress and improved their perceived quality of life. In an era of evidence-based treatment, improved outcomes research may help advance opportunities for the field.

Metaphorical Expression

Children’s illnesses are likely not related to lifestyle choices or anything under the patient’s control, yet the artwork of ill children most often speaks from an intuitive

place of wisdom. Susan Bach (1990), a Jungian analyst who for many years collected pictures drawn by hospitalized children, has developed a system of analyzing children's artwork to aid in understanding disease processes and predicting eventual outcomes and children's experiences of death and dying. She feels that certain graphic messages point to processes of physical healing or degeneration, stemming from the child's "inner knowingness" of the state of his or her body and his or her fate (p. 185). Her work presents a fascinating interpretation of symbols, colors, and pictorial composition, challenging the therapist to remain open to the expression of children's unconscious wisdom through art expression. Her research presents useful ideas about interpreting the ill child's artwork, rather than approaches that might be used with patients directly.

In a stunning example from my own work, a young boy drew a one-legged "anger monster" during a period of remission from his leukemia. I was so impressed by the drawing that I asked our medical team to evaluate his leg. No problem could be detected at that time, but 2 years later the boy's cancer returned in the form of a lesion in his right leg—matching the spot where the drawn anger monster's leg had been cut off. Spontaneous artwork may add useful information to medical evaluations, both as an indicator of emotional adjustment and as a graphic representation of physical symptoms.

A boy of 9 who would eventually die from a brain tumor created a painting of a bright blue and orange butterfly and inscribed it "I'm Healthy!" The butterfly was his contribution to the annual pediatric oncology art exhibit that year, but it reflected a medical status contradictory to objective measures. His tumor was not responding well to treatment, but it would grow slowly, allowing him several years of life marked by a gradual loss of functioning. When he painted his butterfly, he was aware that his tumor was still growing despite aggressive treatment, but his artwork spoke with authority about his experience of himself. There was a marked contrast between his perception of himself as a whole person and the scientific measure of his condition. His resilient personality, his family's support, and his work in art therapy enabled him to experience and affirm his healthy self in the midst of years of struggle with cancer. This perception helped him maintain a core sense of self-esteem and well-being even as he lost many cognitive and physical functions.

Family Stressors

Medical illness can place profound stress on patients and their family systems. Treatment for a chronic illness may go on for many years, requiring adaptation by every member of the family. The health within the family system prior to diagnosis is a well-documented predictor of the child's adaptation to illness and treatment (Ievers, Brown, Lambert, Hsu, & Eckman, 1998). Shudy et al. (2006) conducted a literature review on the impact of critical pediatric illness on families. They concluded that "studies suggest that coping behavior is enhanced when family members are actively involved in the child's care and receive straightforward information" (p. 14).

Medical art therapists who are integrated into treatment teams may provide excellent support to families attempting to process medical information, and to medical teams who may overlook parents' need for clear and direct communication in non-medical terms.

Access to medical care itself can be a significant family stressor. It is not uncommon for patients to temporarily relocate to a medical center far from home where some specialized treatment is available. A 7-year-old boy in just such a situation exhibited very fragile defenses, withdrawing in tearful regression and noncompliance with medical treatment whenever he felt frustrated or out of control. The concerted efforts of the art therapists and the entire healthcare team, including supporting his mother in devising new strategies for setting limits on her son, enabled this angry and frightened boy to find more effective strategies for managing and expressing his emotions. He and his mother together made many expressive sculptures in clay during the course of his treatment, including a 10-inch-high sculpture of a volcano. He caused the volcano to erupt at many clinic visits using baking soda, vinegar, and red tempera paint to create a satisfyingly dramatic discharge of metaphorical lava.

Creating art can also be a powerful component of caring for oneself. Art media can be used to develop representations of an individual's relaxation cues: a drawing of a safe place can be a comforting addition to the hospital room, and a cue to practice taking an imaginary journey to that safe place when being in the hospital feels overwhelming. Parents of pediatric patients are often under considerable stress, and participating in art therapy can offer opportunities for normalization and relaxation for parents too. The mother of a little boy who is treated at an outpatient clinic with an open art studio art therapy program said, "Art therapy makes coming to the clinic like sitting around the kitchen table. It is so comfortable and normal. I can talk to other moms, and my son feels much less stressed."

Displaying children's art in the treatment space can promote feelings of pride, acceptance, and safety, encouraging children to forge alliances with the medical team because they feel they are known and appreciated as whole human beings.

TRANSITION AFTER TREATMENT

Treatment for a serious illness may cause a young person to miss a great deal of school while a treatment protocol is administered. Some chronic illnesses such as rheumatoid arthritis and sickle cell disease may remove a young person from school intermittently for years. These absences, long or frequent, may leave the young person feeling disconnected from peers, different, and resistant to returning, even when he or she is able. The art therapist may be able to support the child in this transition by helping him or her make a work of art, movie, scrapbook, or photo album to share with the class that tells the story of his or her time away from school in a way that is comfortable for the ill child and his or her parents. It is important

to make peers aware that the illness is not the patient's fault, and that they cannot catch the illness from the ill child. Sometimes, the process of explaining their medical experiences to their peers at school helps patients develop insight and closure on their treatment experiences (Padden & Masterson, 2009).

ART MATERIALS AND INFECTION CONTROL

Protecting patients from hospital-acquired infections and controlling the spread of infection among patient populations is a critical part of art therapy in medicine that may not be a concern in many other settings. Cleaning the art table, shared brushes, and tools with a strong disinfectant is an important measure of protection. Patients with essentially normal immune function may use a whole range of materials, including clay. Bringing natural materials into the hospital, such as sticks, leaves, and seed pods, is not recommended. Most facilities require therapists to keep a written log of the cleaning schedule. It is important to work with the infection control department at your institution to develop an effective cleaning policy, and to follow it conscientiously.

In situations where a patient's immune system is particularly compromised, art materials must be restricted. Standing water and natural materials—even wood-handled paintbrushes—can harbor infectious material. All-synthetic paint brushes must be substituted for wooden ones; water must be dumped out immediately after use; all-new materials must be provided for such patients, and their wrappers should be disinfected before they are brought into the room. Certain patients may be on isolation precautions because they have an infection that can be dangerous to other patients. All visitors, including art therapists, must wear disposable gowns, gloves, and sometimes masks when working with these patients. In these cases, art materials brought into the room cannot be used by another patient unless they can be cleaned with hospital disinfectant. If possible, it is best for such patients to keep all materials that are brought into the room.

CONCLUSION

Children coping with medical conditions face many physical and emotional challenges. They must at times relax developmentally appropriate defenses to allow medical intervention and endure long periods of isolation from peers, school, and home. Simultaneously, they must somehow accept the idea that treatments that are at least unpleasant and often painful are working for their benefit.

Art therapy brings familiar materials and the universal language of visual expression to the foreign land of medicine. Through artwork with a sensitive therapist, ill children can respond to their situation with meaning and purpose. Rubin (1984) conveys a profound trust in the ability of children to find ways to use the

creative process to heal themselves. When art therapy is available to ill children, many pathways can be found to offer emotional support and connection in very stressful circumstances.

Art therapy in the medical setting offers the potential for humanizing the healthcare experience and empowering patients to engage their intuitive, creative wisdom in the work of getting well. Listening to patients and helping them find ways to tap their inner resources through art expression is the cornerstone of art therapy. Medical art therapy offers a modality that is at once comforting, challenging, and enjoyable, giving children hope and a voice in expressing their experience of serious and life-threatening illness.

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