

**Orthopaedic Pediatric Patients using Art Therapy:
Their distinctive qualitative features in art creations
during hospitalisation**

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Abstract

Orthopaedic Paediatric Patients Using Art Therapy: Their Distinctive Qualitative Features in Art Creations During Hospitalisation

By Sonja J. Boodajee

Not until Medical Art Therapy was implemented in the 1990s was art work created by hospitalised paediatric patients with diagnoses other than cancer reported. Cathy Malchiodi refined art making for therapeutic application with patients undergoing long-term hospitalization and found indication of medical sequelae in their art works. Many art therapists have documented the drawings of cancer patients. Research has shown how art therapy with medically ill children has been effective in reducing depression and anxiety symptoms, which enables a sense of control (Councill, 1993). This paper examines the artwork of orthopaedic paediatric patients. Malchiodi's Medical Art Therapy (1998) which uses art as the creator's voice, and a Studio Arts based programme that allows the patient to make their own decisions, self- direct, adapt and create self- reflective actions were described in light of the current project. The integration of Developmental Transformations is a technique used in the creative arts therapies to help therapist interpret meaningful kinesthetic responses in the patient's natural developmental sequence (Johnson, 1999). Five orthopaedic paediatric patients were chosen to demonstrate their unique processing using Creative Arts Therapies. The connection between mind and body was illustrated, providing a scaffold through which the injured body could be encouraged to move in new ways.

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Introduction

The mind/body connection has been regarded as integral to the healing of orthopaedic pediatrics patients during hospitalization. The body functions as a vehicle to access the primary processes in the brain. Artistic practices facilitate various medical and psychotherapeutic processes that in turn facilitate the understanding of the mind/body relationship in patients. Claude Levi-Stauss (1975) first understood the notion of creativity as an inherent healing mechanism. His contribution, through medical and psychotherapeutic approaches, incorporated theories of how the human organism processes the physical and social environments. In *Reconciling Difference: Art as Reparation and Healing*, Barrett (1993) states that the healing process is now viewed within cybernetic science methodology borrowed from Computer Science. This is a multifaceted approach that can be applied to understanding a new model by the incorporation of other disciplines (Barrett). Several approaches are used when working with pediatric orthopaedic patients.

Medical art therapy developed by Malchiodi (1999) has been applied and is used as a primary approach to facilitate communication with hospitalised pediatric patient and therapists. The process involves patients engaging with art materials. In some sessions medical equipment is incorporated (Malchiodi, 1999). Another approach that art therapist McGraw (1995) utilises is Studio-based art therapy, which was established in 1967. The application of this approach integrates creativity as a means of recognising the unique ability of each individual who is medically ill or physically challenged. A third approach was developed by David Read Johnson (1999). He created Developmental Transformations, which

provided efficacious results in reaching and communicating the fears of children during hospitalisation. Developmental Transformations is a technique used in the creative arts therapies to help therapist interpret meaningful kinesthetic responses in the patient's natural developmental sequence (Johnson). A therapist engages the patient at the level at which the patient is able to enhance their own personal growth (Johnson, 1999). Renuka Sundram, a nurse working with orthopedic paediatric patients, recorded the concerns and stresses that these children have. The main factors that trouble orthopaedic patients are regarding body concerns and physical changes (Sundram, 1995). The union of the approaches of Medical art therapy and/or Studio art therapy and Developmental Transformations work together as a tool to facilitate easier access of both understanding and acceptance in changes of orthopaedic patients.

Malchiodi's medical art therapy is approached from a phenomenological standpoint and helps to facilitate coping with medical stresses. Other arts-based therapists who have worked with other type of medical conditions in hospitals with children include: Bach (1990), who used spontaneous artwork (SA), as a way of detecting emotional conflict with seriously ill hospitalized children and Furth (2002), who introduced impromptu drawing (ID). Furth, who also worked with terminally children, noted that Bach's (SA) approach omitted the external cause of the conflict (Furth, 2002). Furth's model (ID) illustrated how the outside world can be involved in the art work.

Art therapists have helped orthopaedic pediatric patients develop strategies to adapt and cope in their environment and with themselves. Art therapists working in hospitals often work with teams, such as with Child Life specialists. Their

combined efforts are concerned with reconnecting ways of producing meaning from the subject's vital biological and unconscious processes (Rhode, 1995). The playing modality, based on Winnicottian theory, is used to help uncover the child's fear (Rhode, 1995). Gerda Alexander (1995) noted that the playing modality involves therapies that incorporate music, dance, and the visual and verbal arts, which focus on bodily and sensory awareness as integral mechanisms of reparation. Reparation is an unconscious process that children naturally engage in to help them make sense of their bodies and their medical situation.

The second part of this document describes art therapy case vignettes of selected orthopaedic pediatric patients' artwork that illustrate and substantiate the literature discussed in the first section. I will reflect on the work of six cases that illustrate various patients I have worked with at a large urban hospital. Most patients were in for day treatments, few patients returned for ongoing treatments, and some stayed for more intensive treatment where at the hospital for four to six weeks. The candidates used in the vignette section were recorded during my internship. A global chart of different sicknesses, creative process and what image emerged and kineasthetic responses will be used to project a global overview of possible inter-relationships.

Finally a personal reflection will provide insight into my overall intrinsic understanding of these patients and why I believe that art therapy and creation has efficacious possibilities for reparations and how healing art provides acceptance of what they have created for themselves.

CHAPTER 1

I. CREATIVITY AND HEALING

A multi-faceted methodology indicates that creativity has survival value, which inherently provides technical mastery. Mastery during aesthetic practice occurs not only for its own sake but as a function that extends the individual's capacity for change and growth. Michael Samuels and Nancy Samuels (1990) assert that "art" has inherent processes that are similar to living processes of creating. It operates at levels that are analogous to cybernetic science (Heylighen, 1996, cited in Barrett, 2003). At this level there is a manifestation of a more inherent and profound tendency of living processes, an intensification of what cybernetic science describes as a process that operates as an "automatic creative mechanism" at a primary level (Samuels, 1990).

Lévi-Strauss (1972) in *The Effectiveness of Symbols*, examined the complex connections between symbols, thought and bodily processes. The underlying elements are comparable to the shamanistic cure and Sigmund Freud's curative psychoanalytical method. It may be argued that physiological reparation (soma) and healing involve processes that correlate with reparative processes that result in psychological reintegration (psyche) (Barrett, 2003). There have been favorable results achieved when using creative arts therapies processes of art, drama, music and dance as a way of symbolising or modeling these numerous artistic modalities. Most often other features parallel the use of language, imagery and other forms of symbolisation or modeling (Barrett). Art has long been the one familiar approach that has facilitated a way of appeasing feelings of loss and assisting emotional reconciliation.

Aesthetics provides a personal interpretation and subjective perspective for clients by helping them give meaning to their world. Lévi-Strauss elucidated how using the therapeutic art practice draws out modifications of organic, psychological and social functions. Lévi-Strauss further suggests that in both cases the purpose is to bring to a conscious level conflicts and resistances which have remained unconscious owing to their repression by other psychological forces or to their own specific nature, which is not psychic, but organic or even simply mechanical (1972).

Psychological and physiological trauma can be restructured and resolved if they are given form, thereby making them accessible to conscious thought. During paediatric hospitalisation, for example, the shaman (art therapist) provides the patient with art materials that can facilitate the symbols, myth or language to express otherwise inexpressible psychic states. This “induce[s] the release of the physiological process, that is, the re-organisation in a favorable direction of the process”(Lévi-Strauss, 1972, p.198). The process of the physiological cure is shown by Lévi-Strauss to correspond to “abreaction,” understood in psychoanalytical terms as the process by which to release unconscious tension by talking about or reliving the events that caused the psychological conflict (Lévi-Strauss, 1972). To understand the foundation of pain is part of the relationship between the object and its symbolic mode; the expression of painful experience through narrative, myth or other creative modalities including performance arts result in re-organising and elevating symptoms. Both psychological and physiological traumas occur because the individual experiences them immediately as living myth or language in action. Consider, for example, descriptions of pain as

“burning,” “stabbing,” or “shooting.” Lévi-Strauss (1972) asserts that the inductive property of art materials, myth or language reflects the effectiveness of symbols in triggering physiological responses. Comparatively, psychoanalytically, the healer performs the action and the patient supplies the myth, whereas in shamanism, the healer supplies the myth and the patient performs the action.

I. Jungian perspective on the Psyche and Soma

Historically, the underpinnings of the ‘psychic energy’, in the mind and body realms were separate concepts deriving from life processes. Many of these disagreements originated in determining where the psychic energy comes from. The psyche, for example, originates on three levels: in the unconscious processes, in the conscious level or in the physiology of the brain. With evolving use in therapeutic applications a slant evolved towards the unconscious regarding the psyche. Eventually greater understanding of the nature of the Psyche unearthed a new psychic sphere of biological process to address the dynamic of the soma and psyche sharing common psychic-energy (Jung, 1960). Carl Jung emphasized and saw the value in drawings as symbols as healing agents. Symbolic representations from the unconscious, represented in drawings, shape both psychological and somatic development in what Jung called the “individuation process” (Furth, 2002).

In a more modern application Jungian analyst Susan Bach deciphered hundreds of drawings of seriously ill pediatric patients. Bach observed the interconnection between the Psyche and Soma as compensatory mechanisms to regulate the body (1990). What she deduced in her experience with these children is that when the body is beyond recovery, the psyche generates spiritual energies

(Bach, 1990). Conversely, the psyche has an effect upon the body in health and sickness, which has the potential of extending and improving the life of the sick individual (Bach, 1990).

Jung proposed a collective unconscious in addition to a personal unconscious, which he later named the objective or non-personal unconscious in order to facilitate the understanding of the 'psychic energy'. The myriads of terms that Jung created are analogous to a pool of cosmic information. The objective unconscious acts as a universal information container that operates at a quasi autonomous level. It embraces an in-depth awareness system that is independent of our personal ego-consciousness (Whitcome, 1993). Both Jung and Whitcome emphasized ego strivings over instinctual ones as central motivators of behavior.

The ego transcends time and space through our behavior by the manipulation of 'external object', i.e., art material, and the activation of body fluids/substances (Whitcome, 1993). For example a child externalises thoughts and behavior through an art object during an art therapy session. The psyche is conceived as a two way system which embraces a series of pairs of opposites: conscious and unconscious, thinking and feeling, introversion and extraversion, psyche and soma, spirit and matter, etc. These opposites create a tension which is the source of psychic energy. Jung suspected that the psyche could be conceived as a relatively closed system in which basic laws of energy following the model of physical energy hold sway. The "ego" has a way of self regulating within the scope of balancing and integration of these opposites (Whitcome, 1993).

According to both Jung and Freud, the unconscious level has its own awareness which fluctuates with our own habitual consciousness and interferes

with the natural course of the process. The conscious ego is usually unaware of hidden layers that may be activated by intentions and activities (Whitcome, 1993).

II. Theoretical Application

Perspective on how the psyche and soma are generated: Theory of Compensation

Jung devised the theory of compensation which is based on the theory of opposites (1972). Underlying this psychological principle of compensation is a view of the psyche in terms of psychic energy. Jung's theory of compensation is one explanation that facilitates the understanding of opposites. Jung theorized that whatever is held in consciousness automatically constellates its unconscious opposite (and vice versa) (Jung, 1960). The psyche has a natural structuring mechanism to balance, much like a "psychic infra-red". The biological instinctual mind gradually passes over into the physiology of the organism and thus creates within its chemical and physical conditions The "psychic ultra-violet," the archetype, describes a field which exhibits none of the peculiarities of the physiological and yet, in the last analysis, can no longer be regarded as psychic (Jung, 1960).

Compensation theory offers a more refined perspective of recognizing opposition to the conscious world which produces an effect on the psyche (Furth, 2002). Jung's "psyche" and the concept of "soma" are interlinked. Like the operation of an engine, this energy drives all of our preferences no matter where they are: conscious, partly-conscious or unconscious. When psyche taps into the unconscious world with the conscious one, one might say that both worlds complement each other and they find ways to reflect to one another (Furth, 2002).

CHAPTER 2

OTHER SOMATIC APPROACHES USED WITH CHILDREN

i. Psyche and soma and the creative arts therapies

The psyche and soma work together in creative processes. According to Johnson (1998), artwork contains process and links between the psyche and the art product, whereby personal meaning is attached to what was created.

Developmental Drama literature discusses how children's dramatic play may help children's deep unconscious drives to transform into symbolic thoughts. The cusp of the process allows children to take what is vast inactive thought, contain it and render it active by giving their own personal meaning to it (Johnson, 1998). The underlying core of this type of drama is connected to how the 'cognitive' can be in the body and entering the client in a safe way by role and surface play (Schnee, March 12th, 2005).

During the play process, the client projects to the therapist 'the self' that emerges. This type of intimate play', is a way for the client to project onto the therapist their missed intimate encounter (Schnee, March 12th, 2005). Greta Schnee explained that playing offers a space where the activities allow a client to be creative and free. The created space is related to their psychosomatic partnership and reality, or another known as play space within the Developmental Transformational paradigm (Johnson, 1998).

The transitional phenomenon described by Winnicott in *Playing and reality* is that humans demonstrate the capacity for cultured experience (2002). In other words they have the innate capacity of playing and using their bodies to express themselves.

i. **Playing in time and space**

When playing is involved, the potential space reflects the interaction between the child and the caregiver. It is in the interaction between the two that a life experience consolidates in their inner world. The created play space allows for the partnership and reality to be present with either the caregiver or therapist. During that exchange and process, trust emerges between the child and caregiver. Playing allows for creativity to surface and growth occurs (Winnicott, 2002).

Playing allows children to embody forms and people that they act upon using their bodies (Winnicott, 2002). When working with hospitalised children the focus is on their growth process. Removing the blocks in their body provides orthopaedic patients with coping skills that they need during hospitalization (Malchiodi, 1999).

ii. **Bridging Child Life and Creative Arts Therapies**

Collaboration of Child Life specialists and Creative Arts Therapists and their common goal can help reduce the stress of hospitalization children. Through play, Child Life specialists provide developmentally appropriate educational experience during hospitalization. Both the disciplines of the Arts Therapies and Child Life share common goals of decreasing anxiety, to provide essential life experiences and opportunities to regain self- esteem and independence (Rhode, 1995). The focus is on the child's future psychosocial development. Art therapy is effective along with play when it is woven into the fabric of the hospital setting, including the patient's relationship with hospital staff (Rhode, 1995). Using a multidisciplinary programming reflected in units that provide this approach has been shown to address the needs of a variety of children, adolescents and families.

The common thread that links both professions they both share common facets of committing to “family-centered care” (Johnson et al, 1992 in Rhode 1995). Having a regular routine and family present creates a stability that makes therapeutic art and play possible (Rhode, 1995). The importance of this union is noted by Winnicott (2002), about play and creativity: “It is creative apperception more than anything else that makes the individual feel that life is worth living” (41), and “Play is universal; it belongs to health; playing leads into group relationships; playing can be a form of communication in psychotherapy; playing involves the body; it is playing perhaps only playing, that the child or adult is free to be creative.”(65).

It is the mandate of both Child Life Specialists and Art Therapists to create programming focusing on the relationship of creativity and imagination to illness and recuperative process. The unique role of the art therapist who works with the pediatric patient is to reinforce imagination in conjunction with the teaching of medical procedures that Child Life leads. The art therapist is to ‘perceive and respond to the culturally shaped dimension of experience’ for patients and family (Rhode, 1995, p.105). Essentially an art therapist is there to promote imaginative projects in relation to their health and condition. Together they facilitate optimal coping and adjustment.

CHAPTER 3

DEVELOPMENTAL STAGES

- i. Developmental stages of common reactions of children who are immobilised in hospitals (Karn & Ragieli, 1986)

Serious illness in childhood and adolescents requires hospitalisation.

Depending on both age and condition certain reactions and fears emerge. Karn and Ragieli (1986) are nurses who have worked with orthopaedic paediatric patients and have devised a rather comprehensive scale of the common reactions of immobilised orthopaedic paediatric patients. The scales were adopted from Erikson's Psychosocial Stages of Human Development Stage and Piaget's Cognitive Development. Karn and Ragieli recognised that the reactions to medical procedures can have devastating effects on their 'bottled up energy' that needs to be released in a constructive manner rather than to a destructive one (1986).

From six to eighteen months very little difference is noted in the infant having the capacity to distinguish immobilization from normal life, and adaptation occurs naturally. Erikson believed that consistency and continuity leads to trust. Therefore, an infant has the capacity to adjust accordingly as long as their physical and emotional needs are met (Ack, 1983 in Karn and Ragieli (1986)).

Piaget (1954) describes the object permanence stage as a stage where children of about six to eighteen months begin to experience separation anxiety when the parent leaves the room. The toddler's short term attention prevents him understanding why he must be immobilized. Often at this age toddlers are at an egocentric stage and often have a very concrete way of thinking. Ack (1983) states

that these children would be likely to believe that they are hospitalised as a result of their misbehavior (Karn & Ragiell, 1986).

Preschoolers understand their world through physical activity and through the use of words. Most often it was noted that these children feel inhibited and often withdraw (Karn & Ragiell, 1986). Thus playing is an integral body activity that helps language expression or even symbolic graphic illustration such as art making to occur.

Regarding school age children, immobilization is often accepted. However their loss of control is their greatest fear and often anger takes precedence as their dependency increases from their inability of attaining wanted objects (Karn & Ragiell, 1986).

For adolescent patients, body image and looking different from others plays a predominant role. They tend to break away from the family naturally and confounded with hospitalization, often isolate themselves. Episodes of depression and frustration occur because of increased dependency (Karn & Ragiell, 1986). Treatments and tractions often lead to a decrease in independence, resulting in acting out as a way of getting attention from health care workers. Quiet patients are at a disadvantage and are often ignored (Karn & Ragiell, 1986)

ii. Sources of Stress in hospitalized ill children (Golden, 1983).

1. Separation from parent and necessary relocation in a new environment
2. Loss of autonomy and control
3. Based and developed on previous experience
4. Important for the child to protect their ego

5. It's a way to prepare and protect the mind
6. Fear of bodily harm and death

These factors have heightened the awareness of the importance of family involvement in and health care settings. In our hospitals physical recovery that leaves emotional scars is not acceptable in pediatric settings (Rhode, 1995).

A state of the unknown is present with children who are admitted to hospitals. Everything seems to be out of control for the child. In addition, the unfamiliarity of the routine and technology of the hospital is unique (Rhode, 1995). Pediatric patients enter a state of not knowing what is going to happen, characterized by a sense of vulnerability and danger (Rhode, 1995).

Physically ill patients and their families may easily feel intimidated by the hospital's culture. The perception of pain is enhanced by the separation from the caregiver. Furthermore, older children may be more concerned about dying and the meaning of death (Golden, 1983).

Studies have shown that younger children are more emotionally susceptible than older ones (Jay, Ozelini & Elliot, 1996 in Straton 2004), but older children are more capable of disguising their feelings (Rhode, 1995). Research indicates that children adjust to illness and hospitalization through preparation activities and information, frequent visits from the caregiver and engaging in creative activities such as art and play (Rhode, 1995).

CHAPTER 4

EFFECTS ON CHILDREN AND THEIR HOSPITALISATION

Medical art therapy is a term that Malchiodi defines as using art expression and imagery with individuals who are going through aggressive medical treatments. The creative process and self expression are catalysts in the healing of hospitalised pediatric patients. The process helps these patients to cope with stresses associated with physical illness, impairment, injury, medical procedure and hospitalization (Malchiodi, 1999). Art is recognized for providing enormous potential in alleviating trauma, encouraging emotional reparation and enhancing both mental and physical health in pediatric patients (Malchiodi, 1999). However, there is little literature related to medical populations. Recently many have written about the potential art has provided for cancer patients. Council (1993) who worked with cancer patients, states that art not only allows patients to deal with their physical illness or/and disability, but that they can also foster their own growth and personal development. Much of what art therapy provides for these children is an adjunct to their existing treatment. Council noted that when art therapy is incorporated into the overall hospital treatment, it can have a humanizing effect (Rollin 1990 in Council 1993).

I Trauma and its impact on children's art expression

Trauma can be classified into three categories starting from the perception of illness that ails the child, to the sickness and how it manifests itself resulting in an affect.

Table 1: Graphic presentation of how trauma is classified: (Malchiodi, 1999)

| | | | |
|--------|--------|-----------------|----------------|
| | Psyche | Illness | Distress |
| TRAUMA | Soma | Hospitalisation | Fear & Anxiety |

The physical aspect of the physically ill children and its impact on both the physical and psychological is considered. The integration of the art and play may allow for integrating parts of identity that may be lost or confused when trauma, illness or impairment is experienced. Art helps externalize the negative feelings, and it provides the therapists with clues to understand and separate patient's anxiety from their illness (Malchiodi, 1999). Using this approach provides an outlet for children to reframe beliefs and create a tangible understanding about the illness at hand.

II. Medical Art Therapy- How art helps pediatric patients

i Application

The inherent qualities that medical art therapy espouses are for patients to use art for self-expression, conflict resolution and emotional reparation (Malchiodi 1999). Although the images can facilitate verbalization, art is also a graphic language, a way of expression instead using words as a means of communication; The images can also facilitate verbalisation in order for the patient to articulate their feelings. Art is not only a part of human growth and development, but it provides a gateway to problem- solving, improvisation and spontaneous expression. These qualities touch the innate, universal traits of human species (Dissanasake 1995), as used as inherently in a therapeutic context (Maslow, 1982). Art provides a way for children to explore their world and express their

feelings and perceptions (Kramer, 1971; Rubin, 1984). Art therapy allows the child to be actively involved in the treatment through art making; and it enables the child to be more active in their environment (Malchiodi, 1999). Art expression is an opportunity for the therapist to rehearse and prepare for the medical procedure with the child, an opportunity for patients to demonstrate their understanding of medical procedures (Rhode, 1995). Art Therapy facilitates self- assurance and a sense of mastery: art making is a process of "doing and undoing" (Malchiodi, 1999).

Mastery encourages problem solving and helps develop confidence to make choices, which enhances self- control (Rhode, 1995). Art expression has a normalizing effect for children to adjust to a new and unfamiliar environment (Malchiodi, 1999). Medical procedures are frightening for children. The involvement in the creative process during art making is an invaluable transformational tool that allows patients to focus on other areas than on their situation. Art becomes a visible and external record of the self (Malchiodi, 1999). Art serves as a 'visual legacy'- a quality that manifests itself during a life threatening circumstances for terminally ill children. Art becomes a permanent proof of the child's existence.

ii Art Based Assessment and Pediatric Patients

Children's art expression is approached from a phenomenological stance, meaning that it takes a stance of not- knowing. This approach adopts its origin from a social constructivist framework as the therapist takes a role of a co-creator rather than an advisor (Malchiodi, 1999). In this non-hierarchical relationship the child takes the lead and becomes the expert of his own experience. The child

expresses his own meaning by showing different aspects of growth and developmental maturity (Malchiodi, 1999). In the process of the therapy the relationship deepens, and gains in cognitive, emotional and interpersonal skills are deepened and developed (Malchiodi, 1999). Because of the child's varying developmental and emotional maturity, therapists should meet them where they are and provide them with opportunities to use art as their voice (Malchiodi, 1999).

iii Art Expression as Narrative with Pediatric Patients

The personal narrative is also a powerful adjunct to the art image. A phenomenological approach with children provides them with an openness to be present with what is created and seeing the world in their images (Malchiodi, 1999). Seeing the world from many perspectives allows for a more global understanding of the meaning in their art. White and Epsom's (1990) study with children's art expression discovered that using art allows for the children to tell their stories, depict metaphor, and image it through the response of their own image (Malchiodi, 1999).

Narratives are constructs of past events and experiences. These narrative elements are windows to enter into their world. Through art expression, children internalize their experience, thoughts and feelings through visual images. More importantly when the narrative component and the art therapy are combined, physically ill children have the opportunity to validate what they are feeling (Malchiodi, 1999). In addition this allows them to take a distance away from their problem and think of other aspects of their lives. The only drawback is that this distance may cause a separation from the self that is counterproductive (Malchiodi, 1999).

CHAPTER 5

OTHER ART THERAPY APPLICATION

i The art studio: A studio based art therapy

The studio based approach is another method that could provide some patients the opportunity to unify then perceived separation from themselves. Studio art therapy encourages patients to use creativity as a door towards freedom to find their own personal expression and find themselves. The structure of the approach allows the client to make their own decisions, self direct, adapt and create self reflective actions, through the use of the various art materials (Moon, 2002). The creation of this type of model was developed around the studio art concept. The studio is a contained and safe space for hospitalized patients that do not suggest any form of pain, loss or institutionalization, in which they are invited to rediscover themselves through the art materials that are offered (McGraw, 1995).

The process provides patients with medical illnesses or physically disabled individuals opportunities to communicate and express what they want others to know, if words are not available for them to use (Moon, 2002). This approach seemed to have been an efficacious approach as an alternative to traditional psychotherapy for hospitalised patients to counteract them pain, anxiety, depression and withdrawal (McGraw, 1995). It appeared that words alone could not alleviate pain or even help with a newly traumatised patient or others who had great difficulties confronting their medical or psychological problems. However the art process is a mode of expression in image or product (McGraw 1989 in McGraw

1995). This form of communication is an alternative method for these patients to subconsciously uncover their fear and uncertainty.

CHAPTER 6

OTHER ART THERAPISTS APPROACHES

i On art therapy and mind and body

Bach (1990), a Jungian analyst, analysed the works of hundreds of terminally ill pediatric patients. She collected spontaneous art works coming from these children and came to call them Spontaneous drawings (SD) because she provided no direction to their expression. Through her observations of these instinctual drawings, she deduced that many of these art products provided clues towards the understanding of the emotional conflict in the seriously ill children (Bach, 1990). In these art works one can not only see the physical aspect, but the links between the mental and physical state are reflected in the body (Malchiodi, 1999). Her work provided guidelines using a system that she devised called a Quadrant Analysis as predictor to outcome or treatment. In deciphering the quadrants, Bach devised these guidelines:

“The upper right quadrant may point to the situation in the ‘here and now’.

A movement toward the lower left quadrant has consistently been observed ‘downhill’ trends, towards darkness and the unknown. A movement from the right, across the centre and into the upper left quadrant, where the sun is last seen and furthest to the west, we have found in the pictures of children and adults whose illness takes them slowly out of life... Objects in the lower right quadrant often indicate the potential future or the recent somatic state...” (1990, p.39).

According to Bach's observation, the psyche and soma connection is an implicit connection that seeks balance without entering conscious awareness, thus creating a state of harmon (1990).

ii. Bach (spontaneous drawings) (SD) – Furth (impromptu drawings) (ID) - common somatic background

Furth (2002) is another art therapist who worked with terminally ill children. He mentioned that Bach's work is more used as a diagnostic tool rather than for inherent therapeutic value. Furth's contribution to the understanding of children's art expressions derives from somatic perspective through the inner meaning rather than from the unconscious content.

Furth (2002) devised a perspective of using focal points from the unconscious which direct the healing process. Both approaches produced favorable results. Through the testing of their application with somatic conditions communicated by children in SD/ ID they were able to diagnose illness months before medical diagnosis was attached.

These approaches are starting to be used with hospitalised paediatric patients. Various approaches that were mentioned in the previous text are innately motivated by the patient's somatic needs. These approaches were presented in order to help readers and for the sake of my research to how paediatric orthopaedic patients use art to accept or reconcile what they need. Through virtue of art making, these patients are able to acknowledge their psyche to perhaps gain greater acceptance of their transformed soma/body in a strange hospitalised environment.

CHAPTER 7

CASE STUDY VIGNETTES OF ORTHOPAEDIC PAEDIATRIC PATIENTS

i Methodology

My role at a pediatric hospital for children was one of an art therapist intern during the academic school year. I was at a pediatric hospital in a cosmopolitan city in Canada. I attended three times a week to assist children who were referred to me by Child Life specialists. I also observed and requested sessions with them if they were acting out feelings of adjustment and aggravation. At times I also noticed a child's particular inclination using art as the patient's personal way of expressing themselves and that they may need more individualised attention. Most often these patients were chosen either after a group session or after reading their file prior to admission. Reading the client's file before a meeting provided me with useful information about what body part(s) were operated on, the patients' condition, allergies, likes and dislikes, relevant information from parents, comments from other therapists or hospital teacher specialists.

The availability of art materials and my personal interest gave me greater understanding about art as a powerful tool of expression. I encountered numerous children with different types of physical ailments such *Rhizotomy* (a procedure where nerves are severed to gain more plasticity in the muscles from Cerebral Palsy); *Osteogenesis Imperfecta* (inherited blood disorder of the connective tissue that renders the bone brittle. Often surgery is needed to correct the bones and intravenous treatments two to three times a year to stabilise their condition); *Sclerosis* (a condition where the adolescents grows too fast in order for their bones to consolidate properly; often an exterior metal apparatus is needed to help

align the spinal cord to correct its position) and Legg-Perthe (a condition for which hip dysplasia is present and surgery is needed to align the patient's bones. It is a disturbance of the head of the femur, the "ball" of the hip ball and hip joint (Conway, 1986)).

Within each condition, each had their particular symptom and adaptations which had to be considered in order to organise appropriate activities. In some cases, within one sickness, multiple diagnoses were present. Thus, generalizing a child to a diagnosis through their art and sometimes body expression would be difficult. Each child demonstrated their unique expression of art. The patients chosen as potential participants for this research, parents or adolescents were informed of the role I had in the hospital and why I would be seeing their child. After the session I would present the Letter of Information (Appendix A, Appendix B). Then I presented to them the Letter of Consent (Appendix C) for those who agreed to participate, parent's or adolescent signed.

The first meeting with each child provided me with clues to their physical diagnosis and developmental level. Most often I asked what they would like to do. An important skill to have when working with this population is to give choices, since most of their hospitalisation has compelled them to comply with the medical staff and follow the schedule of other therapies (Rhode, 1995). Below are six detailed sessions of individual clients.

ii. Individual cases of orthopaedic pediatric patients

Case 1: A case of the Psyche and soma finding reconciliation

Bruce (names are changed to protect identity) was a boy of eleven, right handed, with a medical condition of Osteogenesis Imperfecta. He needed aredia treatment for the first time and it was a two day treatment (it is an intravenous treatment that helps the blood which is needed to create strong bone). I saw Bruce three times: once in group setting and twice individually. It seemed that he wanted to create and validate his feelings about how he felt about his condition that was latent but had emerged now. He had been leading a rather normal life until now engaging in the same other activities as healthy children.

I first met Bruce in group with two others and I noticed that he was meticulous in the detailing and spending more time than the other participants on a sand painting activity. After the group session, I invited him to come to the playroom to create a piece based on how he felt about being in the hospital. He was enthusiastic about the idea and after the short break he arrived back in the playroom. I presented him with the cart of art materials and asked him to choose carefully what he needed to illustrate how he felt. He picked a white ball and a soda can as the skeleton of his idea. He asked if he could use a glue gun. Once he stuck the white ball on the can he proceeded by meticulously placing eyes on it using blue pipe cleaner. He measured one eye by overlapping a pipe cleaner on the inserted one to have the two eyes equal in size. He asked if I could glue light brown paper on top of the ball to represent his hair. Again he was verifying its precision. I asked him who he was creating. He responded that it was himself and

that he was going to show me how he felt. He then chose a red pipe cleaner and bent a smile to the ball.

He proceeded to measure a suit with the soda can that represented his body. I reflected on the precision he was using to create himself. He answered that his condition obliges him to take care of his health. I asked him what the symptoms of his condition were. He seemed to know about the maintenance that was required. He later told me that his condition is surfacing now.

He asked for some all-purpose glue that he applied to the body of his figure in the form of the word BRAVE. When he sprinkled red sand that he had used in the previous activity, he beamed a smile and told me that he felt brave as was indicated on the body of the figure he created. He then wanted to add arms and legs. He used a thicker red pipe cleaner for the legs and feet and popsicle sticks as arms. He held the creation he had made of himself up in the air. I asked him what makes him feel brave. He responded that he listens to others and that he represents the fear, happiness and uncertainty of others in the hospital. He later cut a piece of blue to create a base for his figure. He added the red sand that he used in the previous group activity (Figure 1).

Figure 1



Bruce

Ripped base

The hour was almost done and I had mentioned to him that he could continue the project tomorrow. I closed asking him how he felt. He told me that he was happy being at the hospital. I asked why. He told me that the hospital is supportive.

Reflections:

Bruce was very focused for the duration of the session. He knew exactly what he wanted to do. He handled the art materials meticulously to construct himself as a way of connecting to his psyche. In the process of gluing his pieces, his fingers were getting burnt by the heat of the glue and he said that he was used to it from other projects he had done. This may have been a reflection of the treatment process that he was anticipating. Since his mom is a nurse, she may have educated him on his condition.

Bruce was sensitive to others around him and I wondered how much he was able to take upon himself. He was born with this condition and it has surfaced only now. He has been relatively healthy most of his life. I wondered if his condition were to worsen, how he would project himself not healthy and not being the role model that he created himself to be.

The next day, Bruce revisited his "Brave" piece with an intravenous treatment attached to his arm. He was disappointed how the sand had dried on the base he had created. The dry sand had created a buckle effect on the paper. It appeared that Bruce found this effect unsettling. He started to rip off the paper of the bottom of the base of his character. Then he precisely cut the bottom that was glued to his figure to create a fresh start to continue the new portrayal of himself.

He later added detailing of the body and the face to characterise his creation of himself. He created an object on his arm showing the aredia treatment he underwent. I asked him how he felt now. He told me that he still felt brave but with experience (Figure 2).

Figure 2



Bruce with Aredia treatment

Reflection: It seemed that the day of reflection and distance away from his piece created a process after he created his first product. After adding an object to represent the aredia treatment to his figure, Bruce seemed to reflect the events of his own experience to having his treatment. It seemed that the coaching he may have gotten from his mom and the compensation of soothing himself helped him face his condition with awareness. It appears that the reality of the buckling effect of the dried sand on the paper base he created may have provided the tools he needed to face his frustration and reality. It seems that he was creating a Brave persona to protect himself the previous day, before the treatment.

Case two: A case illustrates how the psyche and soma foreshadows separation.

Daniel was an eight year-old right handed boy with the condition of Legg-Perthe. This disease is a disturbance of the head of the femur located at the “ball”

of the hip ball and hip joint which causes discomfort and rubbing resulting from a disturbance of the head of the femur. Surgery is needed to correct the “ball” of his hip and align the hip bone correctly. This was his second visit to the hospital and our seventh session together.

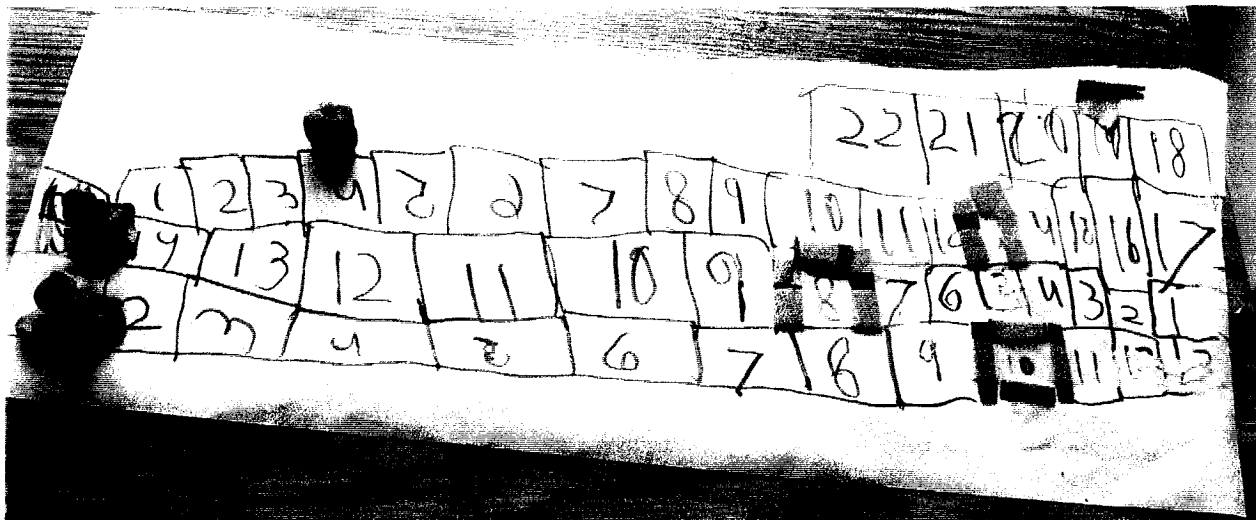
I had seen him on numerous occasions, although on this occasion I saw him for 35 minutes to help reduce his anxiety and empower him on the eve of the operation he was having the next morning. I was working with a Child Life specialist and our goal was to reduce his anxiety about his operation.

After the pre-operation teaching of his surgery, I saw him for thirty minutes as a response to the teaching. He decided to create a game, which he completed in seven minutes. He created three cells of thirteen to fifteen squares, and indicated on some of the squares where you could advance or go back (Figure 3). He then created a six-sided die of his own with odd numbers, ranging from five to thirteen and two playing pieces. When he had completed his game, he invited me to play. Once playing the game, I finished the first cell and he was a bit discouraged. With the roll of the die he ended up winning (Figure 4)

Reflections: The game he created can be seen as a metaphor for the results of his upcoming operation; it was a system of uncertainty like by putting himself through playing the game. It also provided for him the feeling that he was doing something normal and socialising. He created elements in the game that may suggest the chance he was feeling and taking. We were using an odd-numbered die that he created. He had created realistic squares of uncertain things that could happen in the course of his journey, i.e., going back steps or going

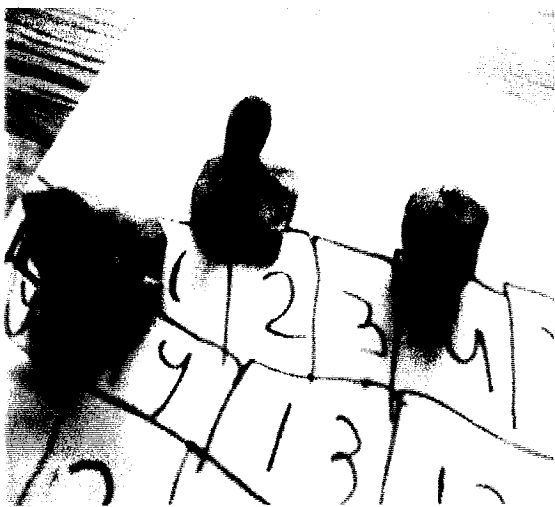
forward. I sensed that the fact that he won gave him some sense of control over his anxiety about his operation.

Figure 3



Game

Figure 4



Board players

Dice

Case three Illustrates how the psyche and soma are going in the same direction

Daniel's third visit to the hospital and our ninth and last session together, appeared to have a time for him to 'start' his life again with his mom nearby his side. At first he was seen individually in this session until his mom came in and the session became a dyad one. The process involved Daniel working with playdoh to create a pot to hold the 'poo' that he had made for the stuffed pet dog (Lucky) that he received as a gift. He showed me Buddy, the dog he had from home, and placed him on the bed to watch him.

He asked for some green playdoh and created the dog's feces and made a bowl to contain it. He realised that he had to make some food and he made it the same color as the feces.

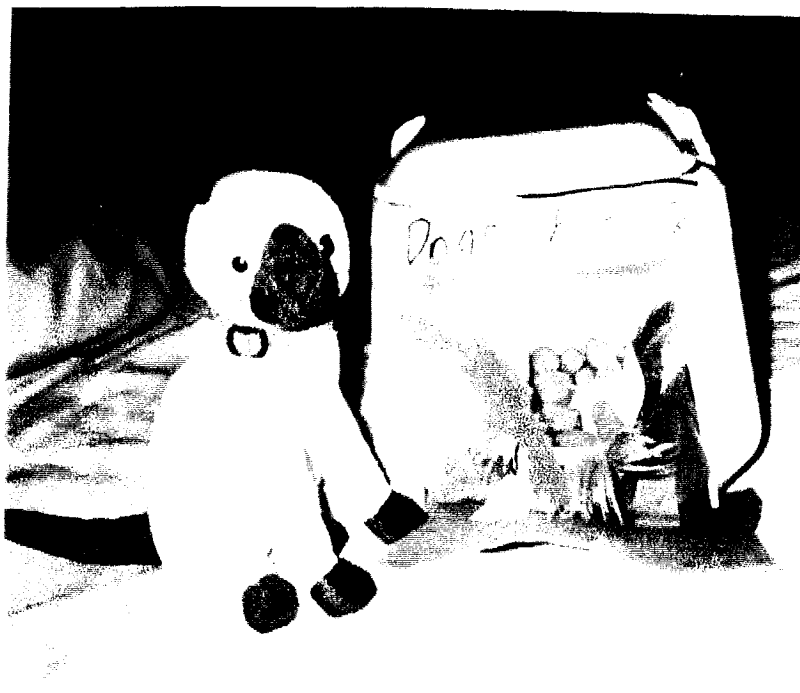
He wanted to create a house for his dog. His mom came in and they created a house with Styrofoam packaging and connected the pieces with plasticine. Daniel then added a felt blanket that he created to keep the dog warm. Both mom and Daniel were happy with what they had created together (Figure 5).

Reflections: Daniel was nurturing the dog as he would himself be nurtured. He was making the dog feel comfortable and providing him with comfort.

His initial idea of feces can be reflective of the first time being able to use a toilet. This was the day that doctors took off the cast that prevented him from eliminating in the usual fashion. The whole concept of feeding and eliminating was related to his bodily functions. Daniel's sign indicating 'Dog's House', can be also seen as 'Poo's House'.

The notion of creating a home for his dog was parallel to what he may have been wanting –comfort and being taken care of, which may have been reflective of the presence of his mom.

Figure 5



Lucky

House Created with his mom

Case 4 Illustrates how the psyche and soma find reconciliation

Krystal was a fifteen-year-old right handed female of Caribbean origin who was admitted for a tibia correction using an Illizarov appliance. This procedure uses titanium screws that are inserted in the bone for a determined time to help with bone regeneration. The origins of her condition were unknown, although nurses at the hospital suspected that it was from an old injury. In the progress from our initial contact to the last art piece there were five sessions. The comparison of her progression from the first and the fifth art products she created, depicted how she become more organised and strong.

SESSION 1: I invited her to create an image to show how she was feeling. We talked about change and how the seasons change in this climate (she came from a place with a consistent climate) with the changes of the color from the trees. She responded that she liked the changes that occur here. I mentioned that it must have been a shock experiencing her first winter here. She acknowledged that there is a difference from her home country. I made a reference to how events in her life have changed and that the materials that I have offered on the cart were here for her to choose to express these changes.

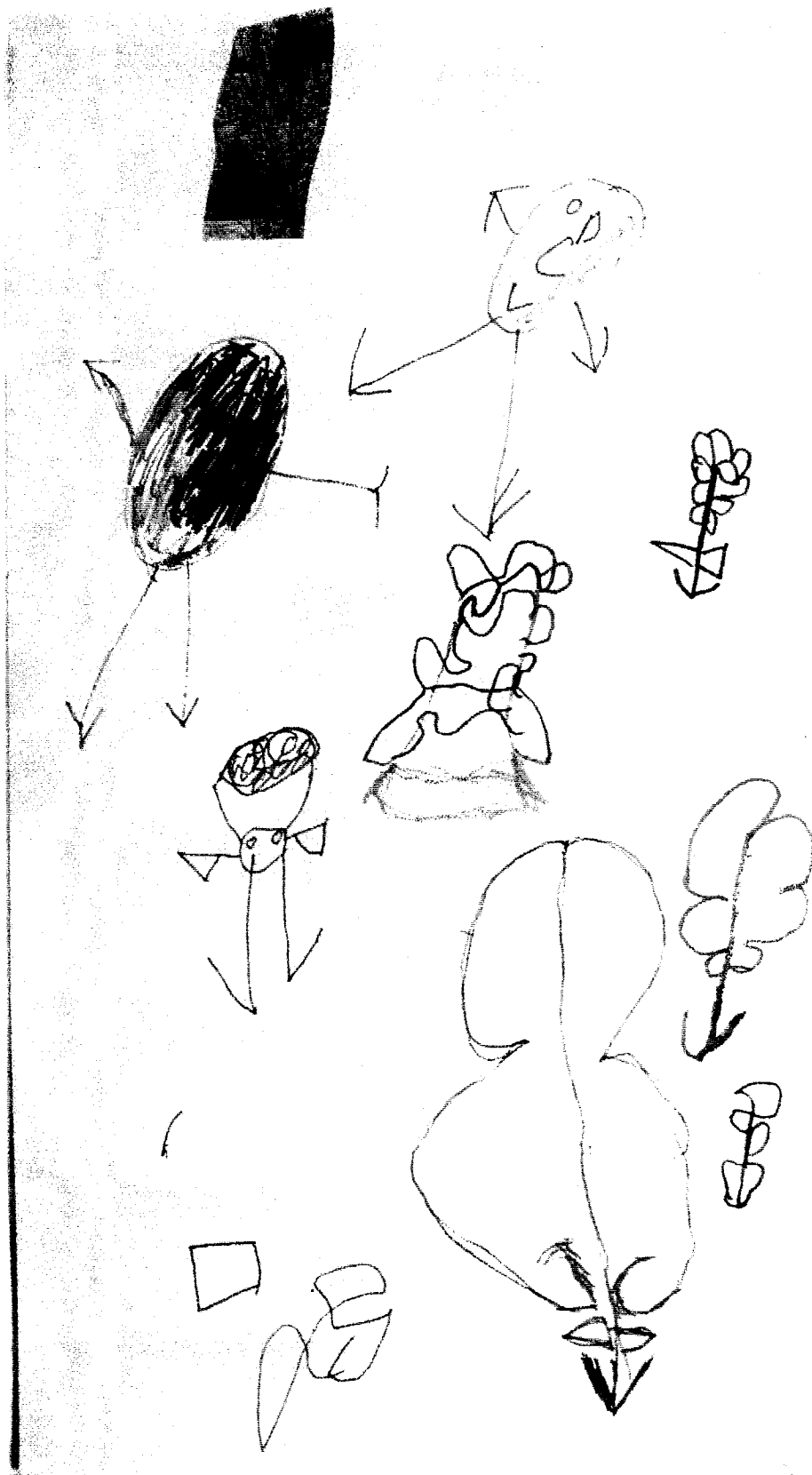
She picked four National Geographic magazines that were available. After going through the third one she finally came across the image she wanted. It was a gloomy winter scene of a barren looking town. She awkwardly cut a smaller rhomboid shape and placed and glued it on the upper right hand side of the paper (Figure 6). She mentioned that she does not have the experience to do this type of activity. She chose a red marker to draw a human that Williams and Woods (1977) would describe as part of the Developmental Stage II. At this stage, children begin to produce pre-schematic drawings. The focus of this stage is on development of individual skills for responding to the environment with success (Williams & Woods). She switched colors as she created details. Krystal invested time in creating elaborate details, which were plentiful. She drew another character just below in the same manner. After she created the body she scribbled over the face with three different colors. Here Krystal showed a different perspective in the way the limbs of her character had arrows attached as hands and feet.

Figure 6



Close up of collage image

Figure 7



Below she began creating a proportionally large leaf like image. She invested some time on it and created a smaller one next to it. She added a little figure between the figures and leaf-like structures, facing its back to the viewer. Finally she added more things on the bottom of the page to create an illusion that there was a baseline.

When I had asked her what these two girls were doing, she mentioned that they were two people fighting. Could she have been trying to reconcile the loss that she may be facing of having a new foot and ankle or/and going back to her country? It appeared that these two characters were splitting: one was in pain and the other appeared relatively happy. I suggest happy because of the shape of the mouth bearing a V shape and not a traditional U one. Interestingly, Krystal was always smiling to others around her. So I questioned what she represented with her sweet smile to people, what was the actual emotion she was feeling? The depiction of her arrow-like limbs, specifically her feet, may be an illustration of the actual physical installation of the Ilizanov to her foot. According to the literature relating to the Ilizanov programme, individuals who have this medical appliance attached to them experience fear and enforced responsibility for accepting their changing body image resulting from the scheduled adjustments of the mechanical structure (Jauernig, 1990).

I wondered about the image that she glued on the paper. When I looked at it closely, I saw that the image was one of gravestones (Figure 7). I imagined that she was unconsciously drawn to that particular image. The death-like image may represent her fears for the death of her family from her country of origin based on her knowledge of its political situation in the world news. She may unconsciously

view this image as death leading to her new life. Another interpretation might be that this illustration could also represent the mourning of not being with her natural family, or that she was worrying about her natural family's livelihood.

Return to the hospital

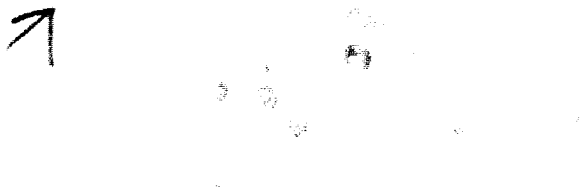
Two months later upon her release, Krystal came into the playroom at the Child Life department after an appointment. She asked me to provide her with some yellow paper and markers to draw. When I had brought it for her, she immediately engaged in the process for ten minutes. When she was creating, she seemed happier than usual. With intent she drew her two figures that were conversing. (Figure 8) The red colored figure had a 'happy face' stamp in its body (Figure 9). I had asked her what they were talking about. She replied, "nothing" although she told me that they were talking. I asked her about the arrows she had created on the ends of the limbs. She told me that they were feet and hands as it was illustrated in her first drawing. I asked her whether she has had the chance to go to church since she had left the hospital. Church was an important part of her life. She told me that she will be going to church once she returns to her homeland and that her foster family that she was living with here do not like the church she attended here and did not want her to go back. She looked at me in the eyes and smiled, confirming that she was ready once everything is settled with her health.

Figure 8

Figure 8

Two figures conversing

Figure 9



Close up of stamped person from figure 8

Reflection: The line quality of the figures was strong and, dimensionally was more pronounced on the page in comparison to her first image. It was perhaps a way of affirming her self. Her figures were created in the same style she used in our first session. It seemed that the happy-face stamps that she included in the red figure might suggest the acceptance of her situation and the coming event of her leaving soon to go back to her home country. I was equally happy that she came in to see me and had the innate calling to draw how she was feeling.

Case 5 Illustrates how the psyche and soma foreshadow separation.

Juliette was a six-year-old right bilingual handed girl. She was admitted for corrective foot surgery resulting from a lawn mover running over her foot three years ago.

I asked her how she felt about the operation she would be having tomorrow. She told me that she was scared. I invited her to express how she felt about that. She beamed and she started to use terracotta colored wood pencils to create a base at the bottom of the page. Next she meticulously colored a vase she drew off-centre to the left. She added stems in a design-like fashion and told me that she had made a mistake. I told her nobody knows that unless you tell them. She smiled and created three flowers. I asked who these flowers for. She told me that they are for her dad whom she misses. I mentioned that she must love him and that she could draw how she felt about her operation. She wrote her name on the back of the paper and told me the story to how her name was given to her. She started to create an oval head and asked me what color was her hair. I told her 'brun chatain', and so she found the color that she wanted and drew her hair. She drew her crying blue eyes, nose and a mouth with no expression. The body was

well proportioned and she illustrated a solid detailed picture of her feet with shoes with shoelaces.

On a higher plane, she drew a chair and asked how to draw a doctor. I told her it was like a person with a white coat. She informed me that she would change her idea because she did not know how to create a doctor. She then drew a large square and added four details on the side. She was very concentrated. All three elements were floating with no base. She then told me that she was done (Figures 10, 11).

I had brought to her attention that the girl (whom she had drawn with huge eyes) must have good eyesight. She told me that she was okay and that she did not need the operation and so she ran to show me. When she came back I asked her what happened to her foot. She told me that her foot was caught in a garden machine and that even though her toe was caught that she could still run.

Reflection: The image that struck me the most were her eyes of the figure. It seemed like she had these huge tears that were taking over her emotions and her not knowing what was going to happen to her, or even knowing how well she would recover, and not knowing why she had to undergo this surgical procedure. The mouth with no expression may have been an indication of the way she felt, that nothing was really wrong with her and that no one was listening to her.

Juliette's running appeared to be her validation that she was alright and found the need to tell me and show me. It was her way to validate her physical existence of her toes being fine to not have the operation. She told me that she was scared, although she knew that it had to be done.

Figure 10

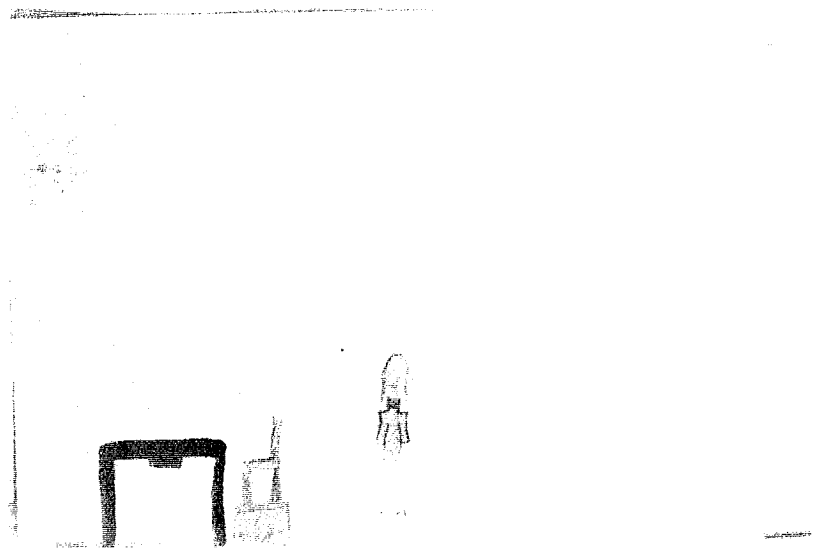
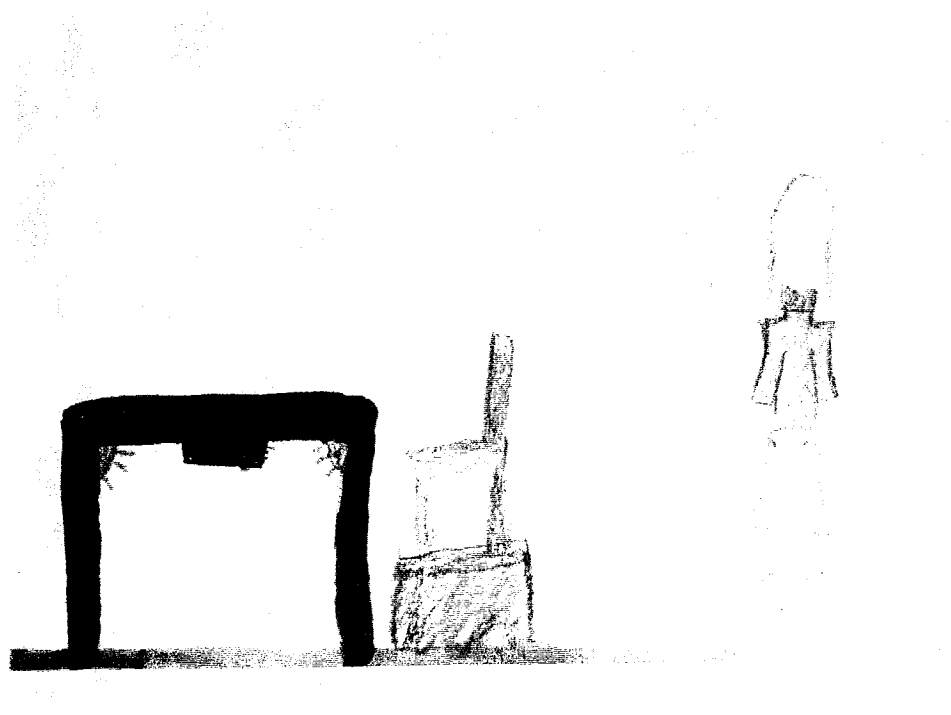


Figure 11



Close up of Juliette and her chair

Case 6 How the psyche foreshadows the soma

George was a five year old left handed boy with Cerebral Palsy who came for a Rhizotomy procedure. This procedure results in severing some of the patients' nerve in order for them to gain more plasticity in their muscles and limbs. My intent in this session was to create a safe space and to explore his fears. When George came into the room he asked to play truck and car, even though I cleared them off of the table. We played for about 30 minutes and in the meantime I suggested that he could paint or draw. He was focused on the playing with the trucks. Interestingly enough, the themes that arose were sharing, negotiating and trust, using the truck with a rhinoceros figurine. He asked for Souline the puppet that assisted me as my transitional object, to go away and go on a trip. So I put Souline aside.

Finally I managed to incorporate some orange scented playdoh for us to start constructing a house together. He asked for an object to help him manipulate the dough. He was pleased with the shape that he was producing and he began using his hand to create holes and crevices (Figure 12). He mentioned that he had to go to the bathroom and I had to take him out to his room and ask for his nurse to take care of him.

Upon our return he told me that he was going to create a house for Souline to enter and live. I mentioned that Souline was hurt because he had told her to go away and that she was very sad. He asked for her "phone number". I gave it to him and he called. He talked to her and said that he was sorry and that he wants her to come back because he has a surprise for her. I played along. He then realised that the house was too small, but I mentioned that we could always use

our imaginations. He showed me that there was a part where there was a water and sewer section in the home he had created. He hypothetically asked me how Souline's mom would feel if she were to die in the sewer. I sadly commented that she would be very sad. He pointed to Souline and firmly told her- "I don't like you.... I have Sonja to repair me!"

Next, I showed him another tool to manipulate the dough. He asked for some more play dough. He asked for a red one because it was his favorite color. He was investigating and trying out the new instrument that resembled a stamp-like impression. He was amazed by its effect (Figure 13).

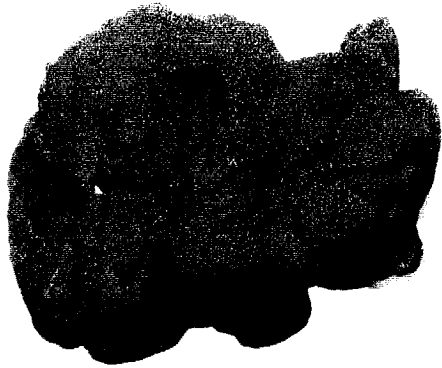
Reflections:

George was a very articulate boy and noticed little details. It appears that he was creating a safe haven for himself; he demonstrated this when he was projecting Souline as himself. The answer I gave to his question about Souline's death reflected to him his reality, and was based on what I imagined his mother might feel if he died. I sensed his transference of his mom onto me. I suspect that the symbolic representation of the water and sewer in the house he constructed showed that despite the turbulence of his present situation, he has a safe 'house' of security in his own home and family.

Figure 12

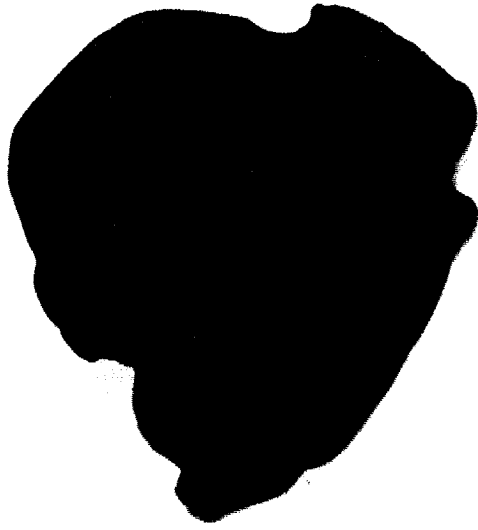


Top view

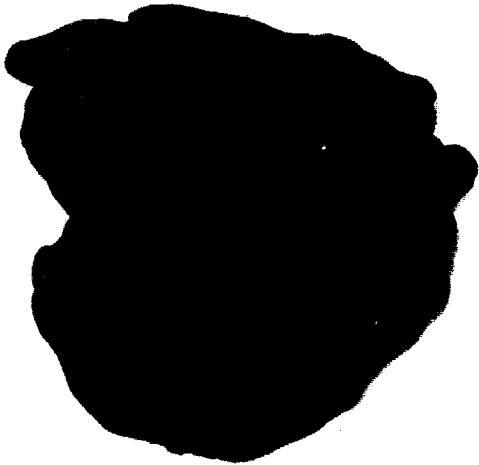


Bottom view

Figure13



Top View



Bottom view

Table.2 Different Images reflected in various illnesses of other patients

| Type of Illness | Name, Age Sex | Creative Process | Pictorial Representation and Kineasthetic Responses |
|----------------------|------------------|---|---|
| Rhizotomy | Daphne 5, F | Painting, plasticine, Playing instruments And role playing. | Emotions about her relationship with family members using colors and gestures. The expressive nature of using color and applying the medium permitted Daphne to show her emotions. |
| Oesteo Imperfecta | Carla, 2, F | Visualise what color would heal. Painting on rocks | Used color red first on one side and blue on the other side with accent of white paint. |
| Cerebral Palsy | Joanne, 13 F | Visualising a shape then gluing the shape with a string on cardboard and creating prints. | She decided to create a triple print to created an abstract rainbow. She added words to the composition to show how she feels and streaked on her rainbow. |
| Rhizotomy | Maria, 7, F | She wanted to create chain for her sister out of appreciation | She chose the colors to string the beads on the cord that I assisted her to do. This procedure allowed her to make choices. |

| | | | |
|---|-----------------|---|--|
| Oesteo Imperfecta | Mario, 6, M | He created a puppet monster | As he was applying media to create the puppet, he was having physical reenactment with the art materials of how he feels towards the monster and using his body to kill the monster. |
| Oesteo Imperfecta with hearing and partial blindness | Nicole 9,F | She made a musical instrument to feel pleasure hearing and feeling the materials and judging their constancy and feeling the vibrations it emitted | She was kineasthetically involved using and applying the materials. She painted the whole box and added sparkle to the way she was feeling when she heard the sounds she created. |
| Oesteo Imperfecta- Needing surgery on both femurs and staying in hospital for his braces. | Joseph 12, M | He created a scene made with Flinstone characters and took a photo image. With a photocopy of the image he took, he transferred it onto a clear acetate sheet. | He was very involved in the three day process of this activity. He was actively involved in the role playing of the characters in the scene he created. As he was transferring the image on an acetate sheet he was describing the activities that these characters are doing. |

CHAPTER 8

REFLECTION ABOUT ORTHOPAEDIC PEDIATRIC PATIENTS AND THEIR PROCESS TO EXPRESS WHAT THEY NEED TO COMMUNICATE

It seems that in order for these patients to engage optimally in communicating graphically, one should proceed with a type of relaxation or visualisation before the creative art process. Other art therapists have used standardized size paper media and drawing as a way of collecting commonalities with seriously ill children.

These patients seem to express themselves more with the use of three dimensional media. It appears that their need to move and manipulate the media may be a reflection of wanting to physically change their bodies. The three dimensional aspect of the media may provide them with the manipulation they need by guiding them to understand and embody their condition.

I sensed that the presence of a caretaker or someone they love is an important factor to help them during their hospitalization. Some patients were motivated to create a commemorative gesture to thank their loved ones for being with them in the hospital. It seemed a validation of receiving care motivated them to reciprocate in the best way they could.

CHAPTER 9

MY UNDERSTANDING AND CONTRIBUTION TO THIS RESEARCH

All of my work from the beginning of my art experience, has been seeing the potential of using art as a pedagogical to which was my initial training, and how art can be used as a way to contain participants' emotions through the art process. Before receiving any formal training in the field, I began working as an art facilitator/therapist in a community mental health settings in the early nineties, which yielded therapeutic results. At this time I was an art student in Art Education at Concordia University. My focus was using art as motivation to create. Moreover when we, ourselves, are transformed by art making, we view the world through new perspective (Allen, 2001). Art making supports an internal dialogue that allows deep introspection to what is troubling us. It becomes the voice that one needs to make sense of what is ailing us. The aesthetic quality that we create yielding in images or products which seeks its reflection in the world (Allen, 2001).

My interest in the mind (psyche) and soma (body) formed when I was involved with delinquent adolescents in the system that experienced physical or psychological abuse and were protected by social services. Here I was integrating art and Afro Caribbean dance as means for them to understand their experience and the changes that were occurring in their bodies in their culture, while I was using art to help them express the understanding of their process.

The connection of the psyche and soma fused through these experiences and my own physical injury that gave me greater sensibility and understanding about what my more recent patients needed in order to gain greater access to their bodies through the art materials. What I feel I provided for these paediatric

orthopaedic patients were appropriate activities that would facilitate their recovery. It seemed that introducing and allowing these patients to choose if they wanted to use three dimensional media or not, provided them with the opportunity to explore and express more fluidly to their physical illness and chronic conditions.

CHAPTER 10

CONCLUSION TO OUR EXPERIENCE TOGETHER

I found that using art technique to enhance the activities provided an implicit foundation to heal their 'bodies'. Playing and conceiving the idea by transposing it to an art medium allowed them to do what McGraw (1995) described in her article, using art as a catalyst for reflections and releasing past and present pains, dealing and playing with feelings of isolation, and gaining possibilities of reframing and reconstructing their reality to their body.

The patients I have discussed had conditions that were acute or chronic. I observed that patients whose conditions were more chronic used both two and three dimensional media to allow their conflicts to surface and help them cope with their condition. Choices of materials, both two-and-three dimensional, were provided according to their physical or mental levels. Patients that stayed for shorter admission generally depicted their state in two dimensional art works.

The diagnoses vary within the orthopaedic realm, all being life threatening or life altering. Orthopaedic paediatric patients need to use art as a means to help them feel empowered to externalise their thoughts onto an object and physically. It provides for the mind to connect to the body through the use of art media and activating the body to possibly move.

In essence it was about an experience that I intrinsically understand because of my own physical trauma, in the same time it has been a way for me to be objective in a double sword sense. First as therapist and second, being able to discriminate between how I used art to heal myself may not necessarily be efficacious for some of these patients.

Appendix A
Letter of Information

APPENDIX A
Letter of Information

Art Therapy Student: Sonja Boodajee
Concordia University
1455 de Maisonneuve Blvd, W
Montreal, Quebec, H3G 1M8
Canada

Supervisors: Suzanne Lister (thesis supervisor)

Louise Lacroix (academic supervisor)

Background Information:

One of the ways art therapy students learn how to be art therapists is to write a research paper that included case material and art work by clients they have worked during their practicum. The purpose of doing this is to help them, as well as other students and arts therapists who read research papers, to increase their knowledge and skill in giving art therapy services to a variety of persons with different kinds of problems. My particular research intends using a studio-based art therapy approach, I will be describing the art produced by children undergoing orthopaedic surgery. The long-term goal is to be better able to help individuals who engage in art therapy in the future.

Permission: (Note: In this paragraph the student should be sure to address all categories of data recording used).

As a student in the Master's in the Creative Arts Therapies Department at Concordia University, I am asking for your permission to photograph your art work and include selected images in my research paper. I'm also asking your permission to photograph or consult your (medical or other) file for a period of one year (nor until I have completed my research paper). A copy of the research paper will be kept in the Concordia University Library and another in the Programme's Resource Room. This paper may also be presented in educational settings or published for educational purposes in the future.

Confidentiality:

Because this information is of a personal nature, it is understood that your confidentiality will be respected in every way possible. Neither your name, the names of the setting where your art therapy took place, nor any other identifying information will appear in the research paper or on your art work.

Advantages and Disadvantages to your consent :

To my knowledge, this permission will not cause you any personal inconvenience or disadvantages. Whether or not you give your consent will not affect your involvement in art therapy or any other aspect of your treatment. You may consent to all or just some of the request on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or any other questions about this research study, you may contact my research advisor Suzanne Lister.

APPENDIX B

Lettre de renseignement

APPENDIX B
Lettre de renseignement

Étudiante d'art thérapie: Sonja Boodajee
Université concordia
1455 de Maisonneuve ouest
Montréal, Québec, H3G 1M6
Canada

Superviseurs: Suzanne Lister (superviseure de thèse)

Louise Lacroix (superviseure académique)

Information supplémentaires:

Une des façons que l'étudiant en art thérapie apprend à être thérapeute est d'écrire une thèse incluant des données obtenues et des travaux de clients avec lesquels ils ont travaillé pendant leur stage. Le but étant de les aider de même que autres étudiants et art thérapeutes qui lisent la thèse, à accroître leur connaissances et leur compétences en aidant différents problèmes à l'aide d'art thérapie. Mes travaux de recherches concernent l'utilisation d'un studio art thérapie. Je décrirai les travaux de réaliser par les enfants qui ont subi des chirurgies orthopédiques. Le but à long terme est de mieux aider ceux qui souhaiteraient faire de l'art thérapie. Enfin j'aimerais inclure le projet que votre enfant a produit durant son séjour à l'hôpital, puisque je pourrais analyser comment les enfants peuvent profiter des séances d'art thérapie. La plupart des études sont concentrées avec des enfants qui vivent avec le cancer et non celles qui ont des problèmes orthopédiques.

En tant qu'étudiante en Maîtrise de l'art thérapie créative de l'Université Concordia, je vous demande la permission de photographier les travaux de votre enfant et d'inclure certaines images dans ma thèse. Je vous demande également la permission de photographier et/ou consulter votre dossier (médical ou autre) pendant un an (ou jusqu'à ce que j'ai terminé ma thèse). Une copie de ma thèse sera gardée dans la Librairie de l'Université Concordia et une autre dans la chambre de 'Program's Resource'. La thèse pourrait également être présentée pour des besoins éducatifs ou publiée à des fins éducatives.

Confidentialité

Vu que cette information est de nature personnelle, il est entendu que la confidentialité de votre enfant sera respectée autant que possible. Ni le nom de votre enfant, ni l'endroit ou session d'art thérapie été dispensée et ni toute autre façon permettent de vous identifier n'apparaîtra dans la thèse ou sur vos travaux d'art.

Les avantages et désavantages de votre consentement:

A mes connaissances, cette permission ne vous causera aucun inconvénient personnel ou quelconque avantage. Que vous donniez consentement ou non, n'affectera la participation de votre enfant durant la session d'art thérapie ou dans autre traitement. Vous pouvez donner votre consentement ci-joint. De plus, vous pouvez annuler à n'importe quel moment avant que la thèse ne soit complète sans aucune obligation de votre part et sans fournir aucune explication. Pour cela, ou si vous avez d'autres questions sur cette recherche, vous pouvez contacter ma superviseuse Suzanne Lister.

APPENDIX C

Lettre of Consent/Lettre de consentement

APPENDIX C
CONCORDIA UNIVERSITY/UNIVERSITÉ CONCORDIA
 Consent Form/ Forme de consentement

**Authorisation for photography, video related recording, audio recordings
 and case materials related to the arts therapies**

*Authorisation pour photographie, cinématographie, enregistrements sonores et
 l'utilisation du matériel au sujet d'art thérapie*

I, the undersigned _____

Je soussigne(e) _____

Authorise _____

Authorise _____

To take any:

A prendre/utiliser:

| | YES OUI | NO NON |
|---------------------------------------|------------|-----------|
| Photographs/photographe | _____ | _____ |
| Video Recording/Cinématographie | _____ | _____ |
| Audio Recording/Enregistrement sonore | _____ | _____ |
| Case Materials/Matériel clinique | _____ | _____ |

That therapies deem appropriate, and to utilise and publish then for educational purposes, provided that reasonable precautions be taken to conserve confidentiality.

Que les thérapeutes jugeront opportun et à utiliser et publier pour des fins éducatives, à la condition que les précautions raisonnables soient prises pour conserver la confidentialité.

Signature of the participant/*Signature du (de la)*
Participant(e)

Date

Or if the patient is under 14, be legal guardian
Si agé(e) de moins de 14 ans, signé par le gardien

Signature of the Guarantor/*Signature du garant*

Date

Signature to witness/*Témoin a signature*

Date

I understand that I am free to withdraw my child from this study at any time,
without prejudice.

*Il est entendu que je peux retirer mon enfant de l'étude a n'importe quel
moment sans aucun préjugés..*

References

- Alexandre, G. (1995). The holistic discovery of total person. In D.H. Johnson (ed.), *Bone breath and gesture* (pp. 273-293) Berkeley: North Atlantic Books.
- Allen, P.B. (2001). Art therapists who are artists. *American Journal of Art Therapy* 39 (4), 102-109.
- Bach, S. (1990). Life span it's own span. *On the significance of spontaneous pictures by severely ill children*. Damon Verlag: Eisiendeln, Switzerland.
- Barrett, E. (2003). Art and pain reconciling difference: art as reparation and healing. Retrieved July 7th, 2005 from [:http://www.doubledialogues.com/issue four/barrett.htm](http://www.doubledialogues.com/issue four/barrett.htm)
- Council, T. (1993). Art therapy with pediatric cancer patients: helping normal children cope with abnormal circumstances. *Journal of the American Art Therapy* 10 (2). 78-87.
- Cybernetic*, Retrieved July 2, 2005 from: <http://pespmc1.vub.ac.be/CYBSYSTH.html>
- Dissanayeke, E. (1995). *Homo aestheticus: where art comes from and why*. Seattle: University of Washington Press.
- Furth, G.M. (2002). *The secret world of drawings. A jungian approach to healing through art*. Toronto: Intercity Books.
- Golden, D.B. (1983). Play therapy for hospitalized children. In C.E Scheafer & K.J O'Conner (Eds), *Handbook of play therapy* (213-233). New York: John Wiley and Sons.

- Jauering, P.R. (1990). Organizing and implementing an ilizarov program. *Orthopaedic Nursing*, 9(5), 47-55.
- Johnson, D.R. (1998). On the therapeutic action of the creative arts therapy: the psychodynamic model. *Arts in Psychotherapy*, 25, 85-99.
- Johnson, D.R. (1999). Refining the developmental paradigm in the creative arts therapies. In D, Johnson, *Essays in the creative arts therapies: Imaging the birth of a profession* (pp.161-181). Springfield,IL: Charles Thomas.
- Jung, C.G. translated by R,F.C Hull. (1960). *On the nature of the psyche*, vol 8. New York, N.Y: Princeton University Press.
- King, M. (2004, April 21). Art Therapy engages the mind and may help heal the Body. Retrieved September 19, 2004 from:
<http://www.TheSeattleTimes.com>
- Kramer, J. (1971). *Art as therapy with children*. New York: Schocken Books.
- Karn, M.A & Ragiell, C.A. (1986). The psychological effect of immobilization on pediatric orthopaedic patient. *Orthopaedic Nursing* 5(6): 12-16.
- Lévi-Strauss, C. (1972). *Structural anthropology [1958]*, (1) Harmondsworth: Penguin Books.
- Lusebrink, V.B. (1990). *Imagery and visual expression in therapy*. New York: Plenum Press.
- Malchiodi, C.A. (1993). Introduction to special issues. *International Journal of Arts and Medicine* (2), 28-31.
- Malchiodi, C.A. (1999). *Medical art therapy with children* foreword by Judith A. Rubin. London: Jessica Kingsley Publishers.

- Maslow, A.H. (1982). *Toward a psychology of being 2ed.* New York: Van Nostrand Reinhold.
- McGraw, M.K. (1995). The art-studio: A studio-based art therapy program. *Journal of the American Art Therapy* 12(3), 167-174.
- McNiff, S.(1992). *Art as medicine: creating a therapy of imagination.* Boston: Shambala Publications
- Medical staff handbook of hospital X, (2002).
- Moon, C.H.(2002). *Studio art therapy: cultivating the artist identity in the art therapist.* London: Jessica Kingsley Publishers.
- Nurse's handbook of hospital X, (1986).
- Piaget, J. (1954). *The origins of intelligence in children*; translated by Margaret Cook. New York: International University Press.
- Piaget, J. (1972). *Play and development.* New York: Norton.
- Prager, A. (1993). The art therapist's role in working with hospitalized children. *American Journal of Art Therapy* 32 (1), 2-10.
- Rhode, D.C (1995). Building bridges within the culture of pediatric medicine: the interface of art therapy and child life programming. *Art Therapy* 12(2), 103-110.
- Rubin, J.A. (1984). *The art of art therapy.* New York: Brunner/Mazel.
- Samuels, M.D. & Samuels, N (1990). *Seeing with the mind's eye.* New York: Random House.
- Schenee, G. (2005, March 12th). Workshop on Developmental transformations held at Concordia University Montreal.

- Sourkes, B.M. (1991) Truth to life: art therapy with pediatric oncology patients and their siblings. *Journal of Psychosocial Oncology*,9(2) 81-96.
- Stern, M. (2000). *The interpersonal world of the child: a view from a psychoanalysis and developmental psychology*. New York: Basic books.
- Stratton, K.M (2004). Parents experiences of their child's care during hospitalization. *Journal of Cultural Diversity*. 11(1), 4-10.
- Sundaram, R.(1995). Art therapy with a hospitalized child. *American Journal of Art Therapy*. (34), 2-8.
- Whitcome, E,C. (1993). *The alchemy of healing: psyche and soma*. Berkeley: North Atlantic Books.
- Williams and Wood. (1977). *Developmental art therapy*. London: University Park Press.
- Winnicott, D.W. (2002). *Playing and reality*. Philadelphia: Brunner-Routhledge.