

## **Art Therapy Designed for Hospital Settings with Children** **Recollections by Margie Flora Allen & Ann McGee-Cooper, Ed.D.**

As an undergraduate majoring in Art Education, at Southern Methodist University, I was offered a wide variety of teaching experiences within the Experimental Arts Program. Ann McGee-Cooper was my professor as well as director of the EAP on and off campus. Throughout my undergraduate and graduate studies in Art Education, I was able to build my teaching skills, experience and confidence by taking advantage of those opportunities to teach in a number of different learning environments. I was fortunate to have two unique experiences dealing with children in a hospital and special education program setting.

### **Children's Medical Center - Dallas**

Children's Medical Center (CMC), as the name suggests, was and continues to be a hospital specializing in children's health and well being with programs dealing with mental and physical ailments, family support and outreach. The EAP outreach program would go to CMC weekly and for 90 minutes would provide art activities for children ages 4 to 16. The children were at CMC pre and post surgery as well as for on-going treatment. My teaching partner, Sue Goodman, and I would bring boxes of art supplies and materials that we would use in the activity room and would set up art activities at 3 tables. Children able to participate would join us in the activity room; some came under their own power, while others were in wheelchairs. Kangaroo pumps and IV's were common.



When planning activities, we found that it was most successful if the activity was somewhat "contained" in that the space available was fairly small, materials needed to be very easy to reach and examples were there for the children to see. We designed activities that were colorful, enticing, could be done in a limited amount of time (and energy in some cases) and then could be taken back to their rooms. Our goal was to allow the children to have a little time being a kid; being creative and able to interact with other children. It really seemed to help them to be out of their hospital room for a while and to not have to think about why they were at CMC. The activities were all geared for each child to be "successful", to feel excited about what they had created, to feel positive about the experience and to share their excitement with other children, family and hospital care-givers.

We would also design and bring Art Bag Activities that would be given to the children who were unable to join us in the activity room. We spent one-on-one time with these children in their hospital rooms. Many of them were older kids who were dealing with significant health issues and enjoyed the brief time doing an art/craft activity but also just talking with someone. I remember a couple of kids who did not have any family there to support them because of the distance from home and/or the costs of staying in town at a hotel and food costs. Our visits with these children, I hope and believe, were special to them. But they were life influencing experiences for me.

### **Booker T. Washington School - Dallas**

Booker T. was, at the time, a new school setting for students who had trouble being main-streamed in the school system. These elementary school-aged students all had learning challenges; all were dealing

with hyperactivity, dyslexia, or other learning/social issues. The students in this outreach art program where 70% boys, 30% girls. Most were ages 10 to 12 years old.

As with Children's Medical Center, once a week we brought a variety of art activities to Booker T. Washington School that we felt would be highly successful for these kids; something that could be done in a limited amount of time and that the child would feel positive about the experience and his or her creation.



Our program was scheduled in the morning and we would begin our session with some sort of physical activity ....stretching, jumping jacks, "mirror my movement" ...so that we could allow some release of energy prior to sitting for the art activity. This did seem to work well in that the students could then stay focused on the art station activities. The school at that time was experimenting with a reward system for the students when they did well focusing, doing school work, interacting well with other students and their teachers. They were given tokens that they could then "spend" at the school store. The idea of a reward system for these students was right on, but the items that the students could buy were not. The majority were candy, which we now know contributes to the children's hyperactivity.

**We consistently did a debrief after each class** which included professionals from the Learning Clinic. Together we searched for root causes of success and unintended consequences or lessons learned, (such as excess sugar triggering hyperactivity.)

Here are some of the insights we discovered together. When we first arrived we were shown around the second floor which was the location of the Learning Laboratory for children struggling with challenges such as Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Dyslexia and other learning difference. We were shown the reading lab. It was a very austere room, purposely devoid of any visual distractions. The clinical team all wore white coats one would expect to see on doctors. Their purpose was to help the students focus on reading and writing without distraction. What occurred to us immediately was that this might have an unintended consequence of signaling to the children that something was wrong with them. Maybe it sent a message loud and clear such as, "Something is wrong with you so you are being assigned to spend time with therapist who will help fix your short comings." Could it be that this became a self fulfilling prophecy? If a ten-year old was reminded that he or she couldn't read, then perhaps that child lived out that belief. As a result of this intuitive insight we purposely experimented with a very different approach. We wanted to create an environment that would signal fun, success, curiosity, creativity and making it safe to be vulnerable and open with one's thoughts and dreams.

When we came to facilitate arts activities, we would come in fun, colorful clothes, often jeans and tennis shoes. Our goal was to look more like playmates than teachers. Then we would set up the room to be a surprising, highly creative environment. For example, one day we had music from the Beatles, Yellow Submarine. We used blue and green gels to create soft, blue-green light and invited the youngsters to climb into our imaginary yellow submarine which we created with big refrigerator boxes, tempera paint and aluminum foil. We had a mystery box of supplies which included an assortment of colored yarn, feathers, sweet gum balls, pine cones, colored felt, ribbon, colored paper, scissors, buttons, egg

cartoons...you get the picture. We began a fantasy journey and invited each child to close their eyes and imagine what that adventure might be like for them. We even used creative dramatics to add movement to the imaginary journey.

Next came time to create a picture documenting some of these adventures. And as the youngsters created their pictures, one of our EAP student-teachers would write their story and read it back to them for accuracy. And then came a great surprise.

We were working with about a dozen children and were well into the adventures when some of the clinical team, who were observing through one-way glass, tapped on the window to get our attention. They wanted to remind us that these kids were not able to read even though they were 10 to 12 years old. So we invited our colleagues to join us in the midst of our activity and I encouraged them to engage the children to talk about their stories. I remember vividly a boy who was about twelve years old and had never been



able to read but who was totally swept up in this fantasy. When asked about his story, he took the paper where his dictated story had been written. And, much to our amazement, he slowly began to read his story. When he finished a rather short paragraph of several sentences the room went quiet, for indeed for the first time, he was reading. "I did it! I can read!" He said quietly, in amazement. It is true that his story had been read back to him several times as he was composing it. And what we learned was when the stories came from the children, in their words about their ideas, they were able to rather quickly connect the letters forming the words with their thoughts. What was even more exciting was that this experience of success in an area where they had formerly experienced only frustration and failure seemed to carry over. Together we had made a significant breakthrough.

As a result we learned to proceed therapy in the clinical lab with a fun, creative experience in the EAP Arts Program. Then the children would take something they created and post it above their work area so they could connect with feelings of success. We also worked to create links between skills they would be practicing in reading and writing and something where they had just been successful in the Arts Program. Slowly, one-by-one, each child began to make steady progress. What we had learned together was the power of endorphins, which are neuropeptides generated when we are having fun and are creative. These neuro transmitters seem to open pathways in the brain, enhancing optimum learning and increasing expectations of success. We now know that fun, joy, play, creativity, aerobic activity all generate endorphins which bring a sense of joy, increase our energy, enhance learning and also strengthen our immune system. Pretty good combination to build into a program focused on helping youngsters discover alternative ways to conquer the puzzle of learning to read and write.