Communicating via Expressive Arts: The Natural Medium of Self-Expression for Hospitalized Children

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The study was undertaken at a play therapy unit in a Swedish hospital. The purpose was directed toward investigating what takes place during play therapy when children were given the opportunity to use expressive arts such as clay, paint, and/or textile, and the meaning children input into their art objects. The study describes an approach to working with hospitalized children when they visited the play therapy unit. During a three-year period, hospitalized children (n=22) participated in the study. The assumption was that given the opportunity to express themselves freely by using a variety of expressive arts, children will tell what they express in their art works. It might mirror their thoughts and feelings of being hospitalized. The result of the qualitative analyzes generated the themes fear, longing, and powerlessness. The results also showed that expressive arts were a medium for communication. Expressive arts should be used as a tool to help the child express her/himself when being hospitalized.

Emotional pain, reactions like crying, decreased communication, and sleeplessness, are some of the behaviors that children display in connection to hospital treatment. Some children also show regression in their growth and development as a result of the stress of being hospitalized (Holyoake, 1998; Pettillo & Sanger, 1980; Prugh, 1995; Rie, Boverman, Grossman, & Ozoa, 1968; Thompson & Stanford, 1981).

It has been a widely accepted practice in Sweden that children being hospitalized have access to a play therapy unit. In 1956, Ivonny Lindqvist started her work of looking after children's right to play when hospitalized (Lindqvist, 1977, 1990). Hospital treatment for children usually meant that health professionals and parents made most of the decisions. Visiting the play therapy unit, on the contrary, meant that it was the children who decided what to do.

Today, hospitalized children in Sweden can visit the play therapy unit whenever they like during the day. They are offered expressive arts such as working with clay or textile and paint, or listening to music. In this model, the child’s own creativity is used. Through expressive arts and activities, children have a possibility to express themselves. The starting point from which the activity originates is the preference of the child, what he or she would most like to do. The objective is to give every child, irrespective of age or interests, some meaningful activity, something that he or she really wants to do. The attitude toward the child is that imagination and reality have to be combined and united in the expressive art activity. Children who are prevented from coming to the play therapy unit are instead visited by the play therapist. The therapist brings material that the child enjoys.

Working as a play therapist in Sweden requires knowledge of not only the child’s disease and its impact on the child’s abilities to play, but knowledge of pedagogy and development psychology to meet the child on his or her level. In the present study, a non-directed approach of expressive arts was carried out. It must not be confused with art therapy or music therapy for children with mental disorders, a well-developed research area (Dillenburger, 1992, 1993; Peake, 1987; Sharon, 1985).

Listening to children and taking their feelings and opinions seriously are now enshrined in national and international law (Taylor, 2000). The United Nations Conventions on the rights of the child and the Children Act in Great Britain make it imperative that the opinions of children are considered when decisions concerning them are made.

Aim

The purpose of this study was to investigate what occurs during play therapy when children were given the opportunity to use expressive art materials such as clay, paint, and/or textile, and the meaning children input into their art objects.

Expressive Art Activities and Well-Being

The meaning of esthetics has been formulated by ancient philosophers who saw a natural link between art and life. Painting, drama, dance, and music were obvious parts of every day life, and they were regarded as a cure of body and mind. The meaning of esthetics for physical and psychological health as it has been described by ancient philosophers is to be found in the research of today. For instance, nursing researchers show that visual art, music, dance, and poetry are not isolated activities in nursing care but are important parts of an entirety. The research describes how to use the different means of esthetics for the benefit of the patient. Wikström (2000) found that dialogues generated by

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Acknowledgement: The study took place at the Huddinge Hospital in Sweden. Ulla Nilsson and Lillemor Lundin, inspirational play therapists, made this study possible. Financial support from the FRN – Foundation of Rehabilitation and Medical Research, Göteborg, Sweden, are gratefully acknowledged.

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visual art are connected to a positively perceived life situation compared to a control group. Bygren, Konlaan, and Johansson (1996), and Konlaan et al. (2000) found that cultural events, reading books, and singing in a choir had a positive influence on perceived health. Lidsay (1997) found that regular contact with a singer was a way to build a relationship with a child who was ill. Woodhams (1995) describes the alienation of art from the lives of ordinary people as an alienation from creativity. She argues that this alienation from our creativity may relate to negative messages given to us as children about how to make art. Anderson Schorr (1993) found that the pain threshold increased when patients were offered the opportunity to listen to music. Ryan (1994) shows that a group of children who listened to music during vein puncture perceived less pain compared to those in the control group. Angus and Faux (1994) investigated the effect of music on perceived pain during wound dressing. They found positive effects of music when patients could chose and listen to their favorite music (for instance, patients need less analgesic). Humor is described by Buxman (1994) as an esthetic mean of expression that increases a person’s well-being, both physically and psychologically. Safranek and Schill (1982), and Bullock (1983) found that humor for children has proven effective in decreasing tension, anxiety, and stress.

Health professionals’ experience of visual art as a conversation tool was measured with health professionals’ diaries. The results indicated positive experiences. It was an instrument that could be used in a professional manner in nursing care. The study presents recommendations on how health professionals could practice conversations to stimulate a patient’s interest in taking an active part in the conversation, and to express feelings of being hospitalized (Wikström, 2003). A study aimed to express the link between visual art discussions and social interaction was conducted (Wikström, 2002). The results show significant improvement in the visual art group compared to the matched control group. The differences in ratings between the groups indicated increased social interaction and encouraged reminiscence in the visual art group compared to the matched control group.

A controlled intervention study concerning the effects of visual art stimulation showed a significant improvement of medical health status (such as systolic blood pressure). Participants in both groups had the same amount of social contact. The difference between the groups indicated improved well-being in the visual art group not seen in the control group. Also, the results revealed significant improvements of the positive mood parameters (happiness, peacefulness, satisfaction, and calmness), and the negative parameters (low-spirited, unhappiness, and sad) (Wikström, Theorell, & Sandström, 1993). Research about expressive art described above shows a positive connection between esthetic activities and well-being.

**Play Therapy**

Winnicott (1988) saw play as central to the therapeutic experience, believing that children’s play was the means whereby the child manages the transition between the inner and outer reality. Although working primarily with the material presented by the child in play, this approach may be classified as directive and interpretative. Winnicott’s approach has at times had much in common with non-directive play therapy as described by Axline (1947; 1989). Her works on play therapy have continued to receive a world-wide readership nearly a half-century after they were written. She argues that all individuals have the ability to solve their own problems and in that way grow. The conditions for growth are optimal in play that occurs when a feeling of permissiveness is present in a relationship. Read, a well-known follower of the Freudian theory, found that art is a means by which the child wants to escape from reality by creating something personal. The expressive art objects then arising from the child’s play activity are the visible representation of a subconscious state (Read, 1945).

In later research, play has been used as a method of forming a therapeutic alliance with a sick child (Holyoake, 1998). Through play, the child expresses his or her deepest feelings and fantasies. Similar thinking was expressed by Wilson, Kendrick, and Ryan (1997). They showed that non-directed play therapy will be of practical use in providing effective help for troubled children. At times, it can be much more expressive than language. Play creates novel situations offering rich channels for expression. It can function as a way of mastering fear (Erikson, 1950). Notter and Holt (1994) argue that children could displace their emotions on to different kinds of expressive art materials, and therefore, they have less anxiety in communicating by making an object than communicating directly with the play therapist.

Carlson and Arthur (1999) propose that children can achieve personal growth, healing, and alleviation of their emotional pain through play therapy that allows them to distance themselves from traumatic experiences. Carroll (2002) argues that within the play room, children distinguish between talking and playing, and both have a role. For some children, having fun was the most significant aspect of the therapeutic process. Others were able to reflect more deeply and recognize the value of having difficult feelings thought about and understood.

Hospital procedures can be traumatic for children. For example, radiotherapy to young children is a challenging process. Scott, Langton, and O’Donoghue (2002) describe how sedation can be minimized in young children through an effective play preparation program. Goymour, Stephenson, Goodenough, and Boulton (2000) explain that one of the most important adjuncts in preparing children for painful and invasive procedures (such as needle-related procedures) is play therapy.

**Method**

**Sample.** During a three-year period, hospitalized children between six and nine years of age (boys n=12, girls n=10) participated in the study. The mean age of the girls was 7.9, and the mean age of the boys was 8.2. The technique used to collect data was notes kept by play therapists. They kept records of the play therapy session dialogue on what the child had said and did, and recorded these dialogues immediately after each session. This record was for their own use, to be kept in the restricted file, to develop their understanding of the child and learn about their own work with the child.

Selection criteria for the study were (1) children visiting the play therapy unit for the first time, (2) children staying at the hospital for at least one week, and (3) children’s age. It was considered important to choose a specific age group, because the development of children, emotionally and cognitively, varies with age. The age group chosen for the present study was six to nine. Children’s ability to express feelings...
were regarded to be homogeneous in this age group.

Data analysis strategy. In the present study, the chosen methodology and data analysis was qualitative when examining the children’s verbally expressed meanings put into the expressive art objects. This means that the researcher is open to the children’s stories and does not make use of any theory to understand the protocol from children’s sessions of expressive art activities (Morse & Field, 1996). In this study, the term theory means any explicitly defined hypothetical construction. However, the researcher’s cultural understanding is the prerequisite for coming to an understanding of the text.

The first step in the analysis involves reading through each of the children’s verbally expressed stories to grasp the content.

The second step involves dividing each protocol of the children’s stories into meaningful units. This entails dividing the text where there is a shift in the meaning.

In step three, the analysis involves moving from the particular fact to its psychological meaning. For example, one of the children made several masks. He told the play therapist that the mask protected him during nursing procedures, such as vein punctures. The activity alone is of no interest. However, the analysis attempts to shed light on the meaning this had for the child. In this case, the particular fact can be transformed and abstracted into psychological meaning (for example, anxiety and fear). It may turn out that the same fact may have different meanings for different children. In similar fashion, two different facts may have the same psychological meaning. Thus, the findings are interpretations of the meaning a particular expressive art object has for an individual child.

Step four entails synthesizing the meaning units into a synopsis to achieve a comprehensive understanding of the verbally expressed meaning that children put into the expressive art objects presented in their stories. This study was organized and grouped, and presented in terms of different themes that reflect the meanings different experiences each child had.

Rigor was achieved when a clear decision trail was followed. This meant that any reader or another researcher could follow the progression of events in the study, and understand the logic and justification for what was actually done and why (Maanen, 1983; Sandelowsky, 1986).

Validity was assured in three ways. The first level was feedback during the expressive art sessions to assure a correct understanding of the child’s comments. The second level constituted the children’s stories. The third level was connection of the interpretation to previous research in the area. To give validation of the accuracy of findings, literature was referenced in appropriate places, and themes were validated with data (Kvale, 1989).

The criteria for establishing trustworthiness in the present study were credibility and dependability. Credibility was ensured by describing and identifying those participating accurately, and dependability relied on credibility. According to Robson (1993), a qualitative research study that establishes credibility will also be dependable. In this study, dependability was assured by following a clear research procedure and discussing decisions taken about theoretical choices with a research colleague.

Visiting the play therapy unit. Visiting the play therapy unit for expressive art activities consisted of three phases. In the first phase the child had the possibility to get to know the play therapy unit and the play therapist. The child was told to visit the play therapy unit whenever he or she wanted to try different expressive art activities. Then in phase two, the child let him or herself be inspired by the expressive art activity chosen. In the final phase, the chosen activity was discussed and reflected on. The child always had the right to interpret the object to determine its meaning and what it might symbolize. The children were never forced to interpret the expressive art objects they had made. The purpose of the expressive art activity was that it could serve as a tool to help the child verbally express thoughts and feelings of being hospitalized.

A condition of the play session was a safe and trusting climate in which the individual was free to express some of his or her thoughts. The task of the therapist was to listen, understand, and respond to the different ways of communicating in such a way as to help the individual towards greater awareness of his or her feelings of being hospitalized. These thoughts and feelings of their negative power when expressed and experienced in an accepting relationship. The play therapist consistently adhered to the non-directive policy.

She asked no questions and offered no criticism, so that the child did not feel discouraged. If the child asked for help, the therapist provided it. According to Carroll (2002) children had mixed feelings about talking, and if a play therapist asked questions, they felt uncomfortable. However, in a general discussion, they felt less uncomfortable.

Before the child was leaving the hospital, the child and the play therapist discussed the expressive art object and whether it should be kept in the day care center and it the child would like to put her or his name on it. The object could also be taken home after the child was discharged from the hospital. It was the child who decided what he or she wanted to do with the object.

The playroom. Playrooms were equipped with appropriate material through which to express mood and feeling. Material appropriate for children of different ages was selected. The structure of the playrooms was permissive and sensitive so that the children were free to act as young or as old as they wanted. The children could play with toys not usually associated with their gender. The equipment of the rooms encouraged the use of the child’s imagination, creative expression, and feelings rather than emphasizing structured activities. The unstructured nature of the equipment made it possible for the children to use it in a way that enabled them to express what they regarded most important. The frequency and length of sessions in the play room was discussed with the child and the family. The time the child spent in the playrooms was open-ended. It was, as much as possible, the child who decided the time spent there, as well as how often he or she went. Visits to the playrooms continued during the hospital stay, which varied for each child.

Ethical considerations and aspects. This study was performed at a play therapy unit. Information about the study was given to the children and their parents. Informed consent was collected from the parents. Confidentially was assured. Participants were informed about their right to interrupt participation at any time. The research was of humanitarian nature. Formal application to the Swedish Council for the Humanities and Social Sciences (HSFR) was not the praxis. However, opinions and discussions have taken place during the course of the study with the chairperson of the ethical research committee at the HSFR.
Inclusion in a study where play therapists listen to the participating children with interest may give the children a feeling of being respected. Many children expressed that visiting the play therapy unit provided the only opportunity to talk about their experiences.

Another issue raised was whether presenting the results might be harmful in itself. However, the results could not be perceived as harmful or in any way objectionable, neither to the individuals (who were not identifiable) nor to the group.

**Results**

The qualitative data presented here were both empirically and inductively derived from children’s sessions of expressive art activities. Systematic observation and participation were essential in documenting and keeping records of what happened during each expressive art activity.

Results generated from children’s expressive art activities include the themes of fear, powerlessness, and longing. The records kept for each of the children \((n=22)\) varied from one week to four weeks for each period of time the child stayed at the hospital. During each of these periods, the child visited the play therapy unit. Each child had between 8 and 12 sessions in the play room each time they stayed at the hospital. The records kept by a play therapist are descriptions of different cases that describe the child’s ways of communicating his or her thoughts and feelings of being hospitalized.

The results showed that children described themselves through the expressive art objects. Spontaneously, they told the play therapist about their art objects. There was a difference between the play of children who visited the play therapy unit for the first time compared to the following sessions. During the first two or three sessions, they worked with the expressive art object. During the following sessions, the children verbally expressed the spontaneous meaning they input into their expressive art object. Below are six cases presented that describe the themes fear, powerlessness, and longing.

**Theme 1: Fear/Anxiety.** One of the children with leukemia, age 6, made several masks to wear during his time in the hospital. He made them at the end of the recovery process, was made in a soft material, and it covered only the area around his eyes and nose. He used the mask during different nursing procedures and medical treatments, such as vein punctures and X-rays. He told the play therapist that the mask made him feel less scared. The masks protected him.

A child with leukemia, age 7, was at the hospital to have tests taken and then to have treatment. When he first visited the play therapy unit, he was not at all interested in any activity. After some visits to the play therapy unit, he started to paint faces, and he painted several faces. Most of these faces had green eyes and green tears. He also painted the hair green. He told the play therapist that he wanted to paint faces that looked like devils, and that devils were nothing to be afraid of. The child stayed at the hospital during a period of four weeks. During this time, he had a trying treatment. He visited the play therapy unit as often as he could. Most of the time, he painted faces. Sometimes, he talked with the play therapist about the faces he had painted and the color he had chosen. The color of the first faces, compared to later faces, was different. The color scheme changed from a green to a more normal face color.

**Theme 2: Powerlessness.** A child with anorexia, age 8, made a picture in textile. It represented a boat on a sea. A person was seated in the boat, and the boat did not have any oars. The play therapist and the child talked about the boat and about why it did not have any oars. The play therapist asked by what means the boat could be steered. After six weeks and several visits each week to the play therapy unit, the child embroidered a tiny little oar with a gold thread in the form of a spoon. She told the play therapist that the boat symbolized her situation. The oar meant that she could manage her eating disorder far better.

A child who had diabetes, age 7, was eager to make a girl doll. She made the doll of clothes with stuffing of cotton wool. She wanted the body of the doll to look like a younger girl like herself. She put stress upon the face of the doll, including mouth, and made long dark hair. She made a bag for the doll to wear. She told the play therapist that the bag was very important for the doll because she must carry with her this bag, always. In the bag was an insulin injection. She wanted to give the doll to her motivator. During the process of making the doll, she talked with the play therapist about always being dependent on insulin injections.

**Theme 3: Longing.** One child, age 9, who had impaired renal function, converted cardboard boxes into imagery rooms. One of the boxes represented a seascape with a boat and a shining sun. Another cardboard box represented a summer room with a green lawn on which children were playing. On a table was a bowl with fruits and a vase with flowers. In front of a house was a border of flowers in different colors. The child stayed at the hospital three weeks, and visited the play therapy unit every day. During this period of time, he made several cardboard boxes that did not vary in style and appearance. He told the play therapist that he and his family have a summer house close to a lake that they used to visit during holidays. He longed very much to go there with his parents and play with his friends.

A child who had leukemia, age 8, was treated with bone transplantation. She wanted to celebrate Easter like she used to do at home with her parents and friends. She wanted to dress like an Easter witch (a legendary Swedish icon) on a broomstick. She chose a deep red shawl and a head scarf. She painted small black dots around her nose, like an Easter witch. She made a point of looking like an Easter witch on a broomstick. She also made several Easter eggs and twigs with colored feathers to be used as an Easter decoration. She painted Easter cards to her friends and to her younger brother. She also wanted to have a picture taken of her when she was dressed up as the Easter witch to send to her friends at home. She told the play therapist that she wanted to be with her friends. They always had a good time when they celebrated Easter.

**Discussion**

In the present study, a non-directive therapeutic approach was based on the thinking of Axlin (1989). She argued that the play therapy unit must be intellectually and emotionally stimulating so that children feel confident to express mood and feelings. The child’s inner ideas must be allowed to prevail over the external conditions.

Furthermore, during this study, the play therapists encouraged the children to try different expressive art activities. The children let themselves...
go, being absorbed when they worked with the expressive art object. The crucial point in their activities was when they transformed their reality through the expressive art activity they had chosen. They reshaped their world after their own needs, and found satisfaction through the symbolic expressive art activities. In line with this finding was research concerning children’s play by Tamm (1996), who argued that play could be a tool by which perceptions were controlled and conflicts could be solved. Similar thinking was expressed by Axline (1989) and Winnicott (1988, 1993). Wilson and Ryan (2001) found that play therapy undertaken with individual children bring about improvements in the children’s problems. When searching for themes in the present material, these were organized according to a conceptual coding scheme of the observational notes kept by play therapists. A connection was found between the three themes fear, longing, and powerlessness, and the child’s hospital treatment. It was obvious that these themes appeared in the ongoing expressive art activities and in the children’s verbally expressed personal experiences of hospitalization. They used words and the symbolic representation they found most suitable. To be able to do this, the children used material and activities to symbolize externally their thoughts and feelings. The children informed the play therapist that they wanted to express their mood and feelings in their art works, and they found expressions for their unique personal feelings. This is in line with a study conducted by Carroll (2002) who found that children make direct links between their free play and the problem. Communication and interaction was reached during the expressive art activity. A child embroidered a boat without any oars. The child told the play therapist that a boat without any oars meant that she could not manage her situation. It shows the active intermediation of emotions that the child expressed by using a symbol to describe powerlessness and the need for emotional support. The example shows a form of symbolic activity that helped account for the ease with which the child expressed a complex and conflicting emotion in the expressive art activity. This is in line with Notter and Hott (1994) who found that children master a situation by displacing their emotions onto an expressive art activity. Melchert-McKearnan, Deitz, Engel, and White (2000) found that the use of play activity, playing a game that the child enjoyed doing, in comparison to rote exercise, when the child was instructed to perform motion exercise, yielded better outcomes in terms of the self-report scale of pain intensity and overall enjoyment of the activity in the rehabilitation process.

The children expressed feelings in different ways. One child made face masks. The first of several masks was made in a hard material and covered his whole face. One of the last masks, made after three weeks of hospital treatment and a couple of days before leaving the hospital, was made in a soft material. It covered a small part of his face only. Fear and anxiety were the interpretation of the symbolic mode of representation of these objects. The child expressed fear and anxiety for situations never experienced before. The face masks could be interpreted as a symbol for protection during different nursing procedures and medical examinations. To make and wear these masks was a way to feel less scared. The face masks helped him handle fear and anxiety. The conversation between the child and the play therapist during the expressive art activity strengthens this interpretation. In line with this interpretation is the argument by Carroll (2002) who found that children connect their play and expression of feelings. In addition, Carroll discovered that children linked colors with feelings. Zahr (1998) points out that children who received the therapeutic play intervention manifested markedly less anxiety and more cooperation and had significantly lower mean blood pressure and pulse rates during the injection than the control group.

When children worked with the expressive art objects, the play therapist commented only on obvious features (for example, the size or material of the object). To help the child adjust to a stressful situation, the child needed understanding from the play therapist. Similar thinking is expressed by Hockenberry-Eaton, Dilorio, and Kemp (1995).

Through the play activities, the children expressed fear, powerlessness, and longing. It could be argued that through art activities, the children mastered and reduced these negative feelings. This is in line with research conducted by Erikson (1950) and Prugh (1995). In their terms, play deals with emotional release, meaning that joyful activities lead into a self-adjusting system maintained through a supportive environment. Similar thinking was expressed in research conducted by Holyoake (1998), and Pettiro and Sanger (1980). They found that play, an expressive art form, mirrored the child’s experiences of hospital treatment and developed their ability to communicate.

Conclusion
The approach described in this study lacks a systematic approach to expressive arts in play therapy. However, a systematic approach does not have considerable merit in offering a flexible intervention that can be tailored to meet the individual needs of children. More work needs to be carried out to explore which children might benefit from this approach. Nonetheless, the findings from this study suggest that expressive arts can be regarded as valuable tools as a means to understand and interpret how a child expresses mood and feelings of being ill and hospitalized. Children do not always express emotional pain by crying, sleeplessness, or decreased communication. Therefore, expressive arts should be used to help children express and master their feelings.

Implications for Nursing Practice
Nurses have to take into consideration that children do not always express emotional pain by crying, sleeplessness, or decreased communication. Therefore it is important for nursing practice to add esthetic means of expression to nursing care. The importance of supportive esthetic means of expression is obvious, and there are no arguments for not using these in nursing practice.

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