

# “ART AND THE CHILD IN HOSPITAL”

**BOB GREAVES**

Lecturer

Monash University, Peninsula Campus

Frida Kahlo was born in Mexico in 1907. In 1914 she contracted polio which made her the butt of childhood jibes such as ‘Frida the pegleg’. She grew up in the revolutionary atmosphere of Mexico City, living a bohemian lifestyle. Tragedy struck in 1925 when she was involved in an accident between the bus in which she was travelling and a streetcar, Carlos Fuentes says in his introduction to the reproduction of Karlo’s diary ‘In September of 1925 a streetcar crashed into the fragile bus she was riding, broke her spinal column, her collarbone, her ribs, her pelvis. Her already withered leg now suffered eleven fractures. Her left shoulder was now forever out of joint, one of her feet crushed. A handrail crashed into her back and came out through her vagina.’ (Fuentes 1995.) He goes on to say, ‘Frida Kahlo, as no other artist of our tortured century, translates pain into art. She suffered thirty two operations from the day of her accident to the day of her death. Her biography consists of twenty nine years of pain.’ He goes on to describe the suffering and torment of her life. Frida Kahlo’s life and work is the extreme example of how the visual art medium can become an outlet for the pain and suffering of illness and accident. The children with whom I work suffer from pain and anxiety too, but on a much less traumatic scale.

As an art educator working in the field of teacher education, I have the opportunity to work with and observe many children working with the art process away from the classroom environment. At public events such as the Royal Melbourne Show, we provide facilities for children from two to fourteen years to make and construct sculptural forms in wood. At the Frankston hospital I have the privilege to work as a play specialist on a regular basis. Through these experiences it is possible to see when a child genuinely wishes to be allowed to express themselves in their own way and when the adult world impedes upon this process.

All children participate in art of some kind and most are able to draw the set symbols, which convey meaning in our society. It is another form of language, which developed after speech but before writing. We all have this system and use it in a diagrammatic way to convey meaning but very few of us are able to extend this into full personalised creative expression.

Children value their own work if adults allow them to express themselves without interference. If adults acknowledge that the child’s work has value, then the child will continue to use this form of expression. If, on the other hand, the work is dismissed as meaningless or a waste of time, the child is less likely to continue to draw/paint/make. So too when the adult dictates how to draw or takes over the making. The child soon loses interest and does not become personally involved in the work.

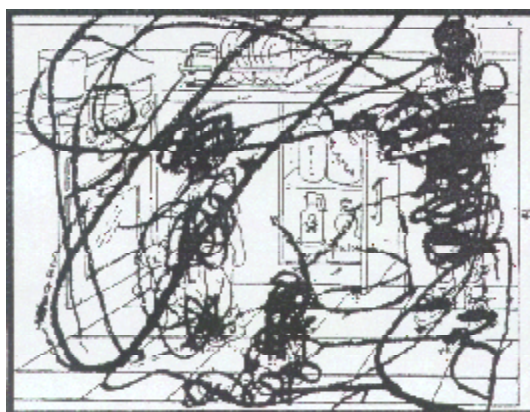
While trained play specialists/therapists and teachers who have a background in early childhood education are able to facilitate personal expression through art, many hospitalised children do not

always have this professional guidance. It is then that the commercial adult world begins to impose its will on the child with the colouring book and this, coupled with many parent's genuine lack of understanding of child art, denies the child the right to express themselves in their own way.

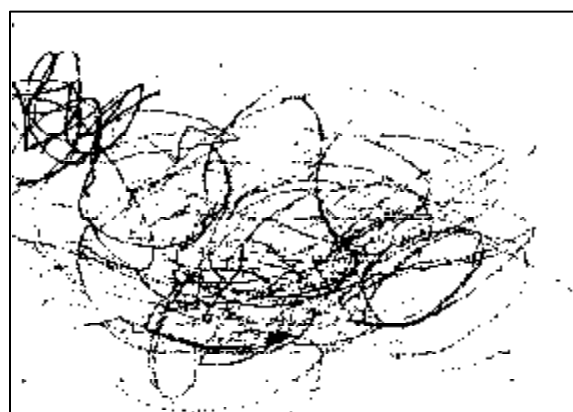
The commercial world provides colouring books and well meaning adults instruct the child in 'how to draw'. Rarely, without the help of professional play staff, are children provided with plain paper and suitable art materials. Duncum (1993) argues that colouring-in '...is wholly rule governed, a leveller of abilities, and frequently involves a sentimental view of childhood. Most seriously, it helps to undermine children's confidences of their own observations, thoughts, and creation'.

This is further compounded when the colouring books which are given to children are all too often provided for the most inappropriate age group. There is a general misconception that colouring-in is the way to teach a child how to draw.

Illustration 1 from a Child Safety Colouring-In Book shows just how unsuitable the image is for a child who has not yet developed his own symbols.



*Illustration 1*



*Illustration 2*

Illustration 2 was done on the blank cover of a colouring book where only a few pages of the book had been 'scribbled' on. Often children will seek out the plain pages to draw their own images rather than to colour the drawings provided by adults.

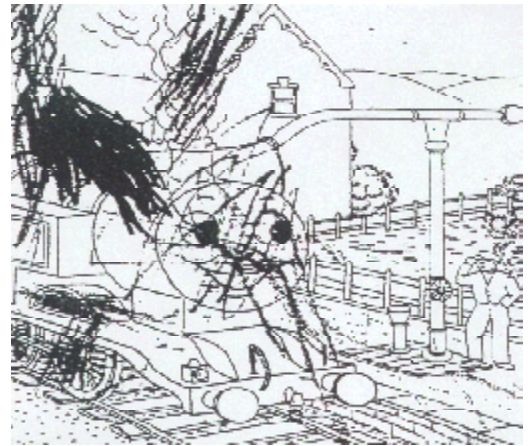
There is a further impediment to the child being able to make their own images when children are given 'How To Draw' books. These too are provided for the most inappropriate age groups. They dictate symbols, which are often over simplified and without any art quality. That is, the lines are usually uniform and there is no subtleness of technique. There is nothing wrong with a child having an image to work from, as we all use other people's work for reference, but the child needs to be exposed to a variety of styles, images and techniques.

The grid system in Illustration 3 only shows one way and presents a very simplistic drawing as a model.

It is a good example which shows the scribble of a young child and an older child's (or possibly a parent's) attempts which ignored the model and a Thomas picture has been drawn on the grid. Illustration 4 further reinforced the inappropriateness of the exercise to the developmental level. The subject is very much of interest to the child but the participation required from the child is far beyond their capabilities.



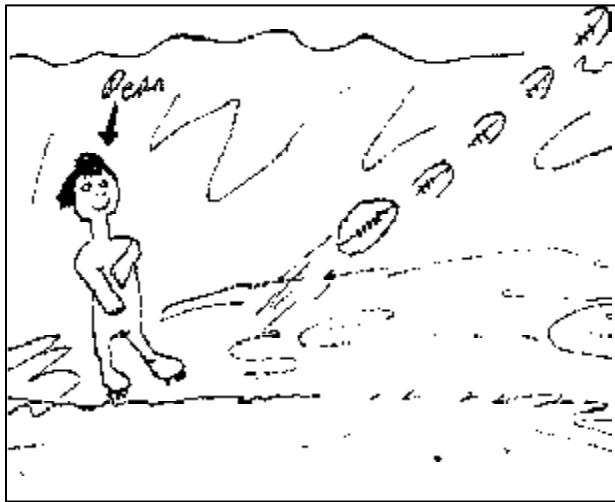
*Illustration 3*



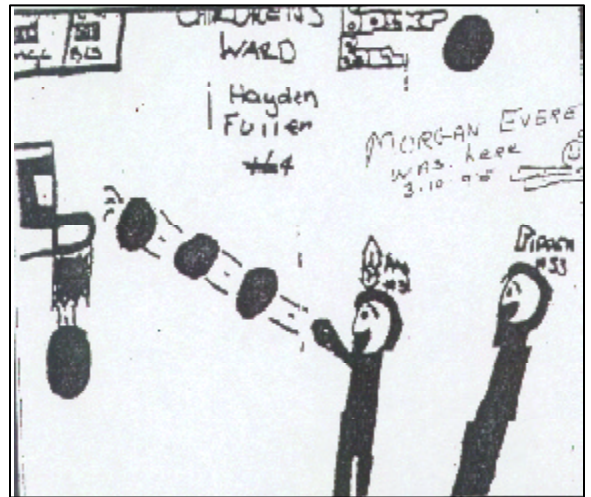
*Illustration 4*

All this sounds terribly negative however, for my reaction is that it is very disheartening to work with children who are not being given the opportunity to express themselves using art processes. Children can use drawing as a means of expressing their reactions to the world around them but if they are continually presented with the colouring book concept, they lose the ability or confidence to make images of their own. All too often I meet children of 10-14 years who say "I cannot draw, I can only colour-in". These children are totally dependent upon adult images and are fearful of making a mistake if they attempt to make something for themselves.

Children who have not been damaged in this way are capable of using the drawing process to escape the confines of their hospital bed and return to the world they know. Illustration 5 shows how Dean is able to play football like his heroes and Illustration 6 enabled the child to be his favourite basketball star for a while. These children have been mentally out of their beds and playing their favourite sports. These activities are important even for the child who is in hospital only for 24 hours. Long term patients can be encouraged to use their art for cathartic purposes, but short term children need assurances that they can use art to escape too. The provision of child centred art activities allows the child to make creative choices which reinforce the sense of self. Children are aware that the colouring in project is not their own work. They are aware too when the adult does the entire making.



*Illustration 5*



*Illustration 6*

Rollins recounts a conversation with a medical student who, as a survivor of childhood cancer, told how he used drawing to divert his attention from the pain and treatment and used the drawing as a means of generating more pleasant thoughts. She also suggests that the separation from parents is children's greatest fear (Hart & Bossert, 1994; Rollins 1995)

I recently had a parent thank me for giving her 9-year-old child some drawing and painting materials to keep the child occupied until she was able to get to the hospital. She then said, 'Actually Jenny has liked art ever since you gave her some crayons and plain paper when she was in here when she was 3'. One very rarely has the opportunity to learn just what a fleeting connection in a child's life can have. It happens sometimes too with our wood activity at the Melbourne Show when children return year after year.

Children, when invited to draw or paint, will often be slow to start using the process for personal image making and will produce simple symbols or stereotypic rainbow paintings. They often need encouragement to think of a topic. The skill of the teacher/play specialist who can determine the developmental level of the child is helpful in providing suitable motivation.

A kindergarten child who is already making figure images can easily be persuaded to draw mummy, daddy and siblings. Even the grandparents and pets are sometimes drawn. The primary school child will draw the whole family but sometimes-dysfunctional family relationships are exposed (fathers being left out, siblings being altered in size etc.). Generally though, the drawing of the family is a way of making contact with and thinking about loved ones.



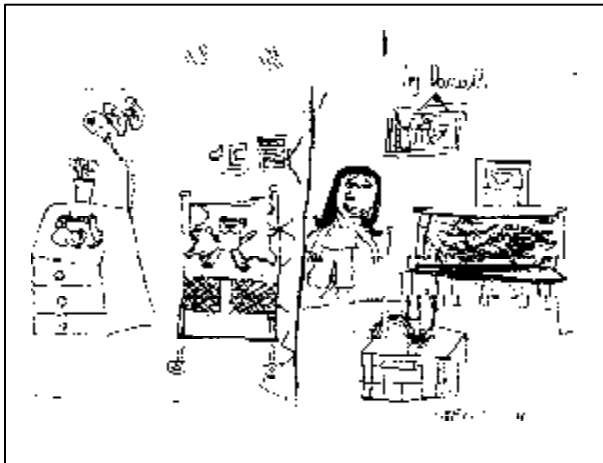
*Illustration 7*



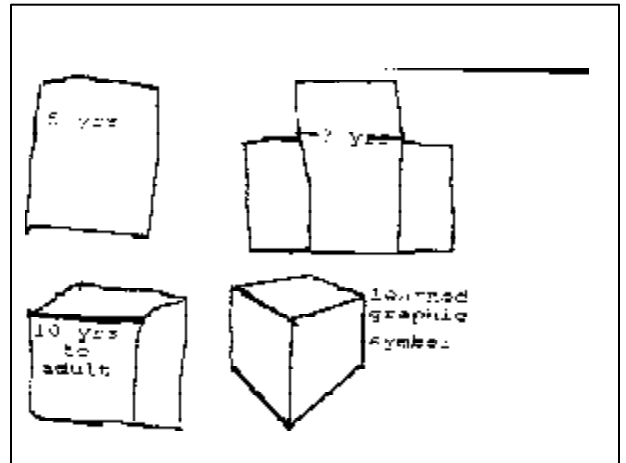
*Illustration 8*

In Illustration 8, Nicholas made this drawing on my request to be used as the face page of our ‘Your Child in Hospital’ brochure. It became a most appropriate illustration too for this Conference. He talked about his family as he drew although his mother was the only one present. He actually forgot to include her. When asked, ‘Where’s mum?’ he looked at her then drew her above the others. This is consistent with his developmental level as no images in the picture can cross another. It is referred to as the ‘territorial imperative principle’ (Dover et al 1986).

In Illustration 9, Danielle has drawn her hospital room with all her personal things around her. At the age of 11 she is beginning to attempt to draw spatial representation at an adult level. The chest of drawers on the right is a classic example of the evolution of the 3D image.



*Illustration 9*



*Illustration 10*

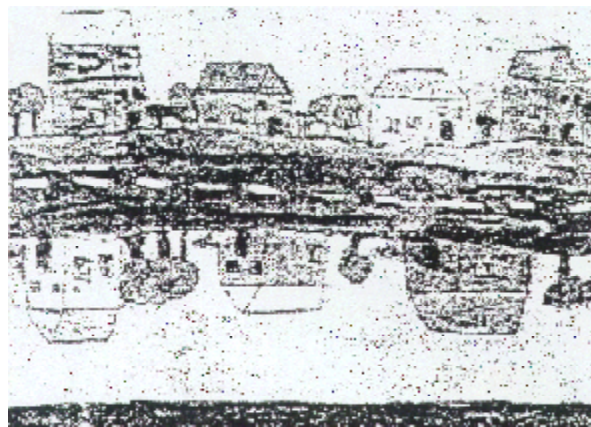
Illustration 10 represents the evolution of the 3D symbol from the first square to the two-point perspective, which has to be taught. Without further teaching, the evolution of the box symbols stops at the untutored level (Freeman 1990).

With help and guidance, children can be encouraged to invest time in making art works. In the hospital situation it is more likely that a child will receive much more individual attention from a teacher than in the classroom. This personal attention can be used to give Art instruction. Children need to be taught how to use a brush, to mix paint and they need guidance in organizing the sequence of the painting. If left untutored, children will use the paintbrush as a drawing tool. They will paint the detail first and then have trouble painting the background. The common example is when a child paints a picture of a person, they will paint the eyes, nose and mouth first then try to fill in the rest of the face.

By asking the child to draw the picture first, then instructing them to paint in the broad areas, then the detail, the child will end up with a painting of which they are proud. Older children who have been blocked by the 'I can't Draw' syndrome can be given back some of their self-confidence by gently encouraging them to copy an illustration from a children's picture book. By carefully selecting a suitable drawing and painting style and by using an 'art detective' approach they can be encouraged to copy an appealing illustration. I use one particular book 'Guess How Much I Love you' to teach a line-and-wash technique.



*Illustration 11*



*Illustration 12*

The parents' admiration for the work reinforces that the child's investment in the time in the project has been worthwhile. When I mount the work it further enhances its value. Lately I have discovered a device that further enhances the work. Before starting I place masking tape around the A4 cartridge paper. This effectively provides a white border. When the painting is complete, we remove the tape, giving the finished product a new dimension. Many children spend much more time on a painting when they are in their hospital beds than they would normally do at school or even at home. The next series of illustration show work in which children have invested up to four hours in the production. One child even said, 'I wish I didn't have to come to hospital but I'm glad I did'.

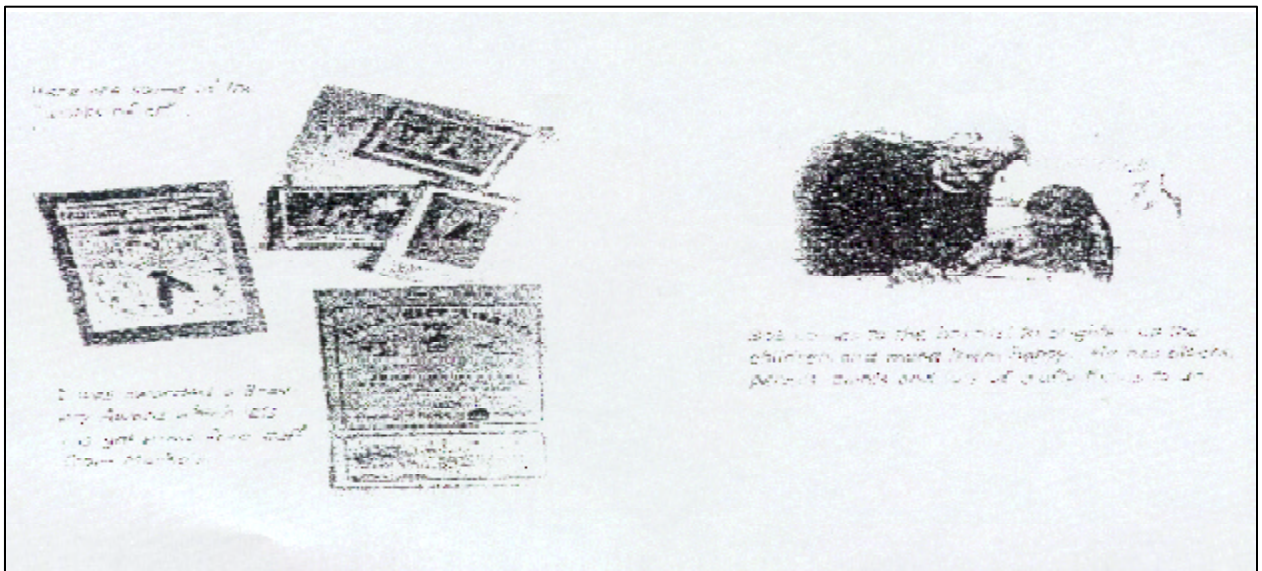
The street scene and the dolphin were produced by the child drawing the outline, painting the background then finally the detail. The street scene was completed in fineliner pen.



*Illustration 13*

The illustration of me was done when I, as I frequently do, made a sketch of child. The parents love these and I often invite the child to draw me as I draw them. The other one is of Thomas, my possum puppet who is in important part of my involvement with children. Little children treat him as real and will often try to cuddle him and feed him.

Finally, the last illustrations show how modern technology can be used to assist a child with understanding the whole hospital experience. Lauren's father took these digital photographs and together they wrote this little book.



*Illustration 14*

## REFERENCES:

Dover H et al 1986 ARTMAPS, *Art Exploration for Children*. Melbourne Victorian Ministry of Education.

Duncum P 1993. Colouring-in and Alternatives in Early Childhood *Australian Journal of Early Childhood Education*, Volume 20 number 3 September 1995. pp33- 38.

Felberg L. *What A Week It Was*. A limited edition desktop published booklet Naughtyberg Publishing Melbourne 1999.

Freeman, N. Research into Children's Drawing. Conference paper delivered to the *Australian institute of Art Education Conference* Adelaide 1991.

Fuentes C et al. *The Diary of Frida Kahlo, An intimate portrait*. Bloomsbury London 1995.

Greaves R. Colouring Books are OK. A paper delivered to the *Australian Institute of Art Education Conference* Melbourne 1993.

Greaves R. Transcript of interview by Geraldine Douge. ABC Radio National *Life Matters*, September 26 1996.

MeBratney S and Jeram A. *Guess How much I Love You*, Walker Books London 1994.

Rollins J. *Art: Helping Children meet the Challenge of Hospitalisation*. Interacta 3 1995. Melbourne Art/Craft Teacher's Association.