



# ARTFUL HEALING

exploring creative expression and play in  
children's hospitals

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Artful Healing: Exploring Creative Expression and  
Play in Children's Hospitals

A Thesis

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# ABSTRACT

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This thesis explores the role and accessibility of creative expression and play in children's hospitals, and the impact these ideas have on patients. I explored these ideas through teaching four lessons at Hasbro Children's Hospital in Providence, Rhode Island. Two of these lessons were taught in group sessions, and two were taught in one-on-one sessions, with participants ranging in age. Following an introduction to each lesson, I provide the plan itself along with general observations and reflections on teaching. Due to the nature of the setting, information is kept purposefully broad throughout my observations in order to respect the anonymity of the children I taught. Each of these lessons explores a different role of artmaking through the lens of creative expression and play in the children's hospital.



# CHAPTER 1

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introduction



My thesis work considers the role of the arts in children's hospitals. Within this larger framework my thesis will explore the accessibility of arts programming in the hospital: if the programs are adaptable for all abilities and age groups, whether they cater to in-patients or out-patients, and if there are opportunities to involve the family in the activity as well. I am interested in exploring how creative expression and play can be fostered in environments where they are not usually found, like the children's hospital. Following this idea, my thesis will also explore the impact that these programs of creative expression and play have on patients and their families.

I became interested in this topic specifically after seeing the impact of this type of work for patients and their families firsthand in my past intern experience at Boston Children's Hospital. During that time, I discovered the importance of adding in an element of childhood in situations where kids might not get to act like children. Keeping elements of creativity and play alive for kids who may not get to experience it in their day-to-day life seemed to have a meaningful impact on patients and their families. It is an important area of art education in that this type of work provides a brief distraction and almost a sense of normalcy for children and families. Further, this type of creative exploration gives kids the opportunity to be kids, which is important for emotional well-being.

This type of art making in this specific setting is not normally considered when thinking about art education.

The majority of literature published in the field relates more to art therapy than to just art making, creative expression, and play. While art therapy is a fantastic route of art making in children's hospitals and health settings, sometimes just giving kids the opportunity to create, explore, and play can also provide meaningful experiences. Art making in these settings act as a non-traditional type of art education. Teaching of art in children's hospitals is very open ended and patient driven.

I come from a very artistic family where creativity has always been valued. My mom is an artist, my dad runs restaurants, and my brother is a professional drummer, so I grew up surrounded by creativity, expression, and playfulness. As a result, I took every opportunity I could growing up to partake in art through in-school electives, after school programs, and art camps.

Throughout K-12 I was always equally interested in the arts and STEM, especially towards the end of middle school and in high school. I found biology and anatomy particularly fascinating and started to pair my art practice with these classes towards my junior and senior years. I really enjoyed drawing out the cell systems and functions for biology and the skeletal and muscle systems for anatomy, even if it was just to help me remember the structures and

systems. Though I was clearly interested in combining the arts and sciences, I did not know how to really do so on a more in-depth level. My school was not interdisciplinary in this sense: there were no resources to explore this combination in the classroom, and I did not really have an indication of how to combine them in a meaningful way.

I have also always been interested in the role of child life services in hospitals. My aunt is a pediatric oncologist and works very closely with the child life specialists at Floating Children's Hospital in Boston. It was commonplace for my brother and I to donate our old toys for her to bring into the kids in her unit to play with. In turn, she would tell us stories of how much the kids appreciated them and how excited they were when new toys arrived. Because of this, I always had some notion of how meaningful play was to the kids in this serious, scary setting.

The summers going into my senior year of high school and freshman year of college I interned with the child life services program at Boston Children's Hospital. This internship provided me with an experience of combining art and health in a clear, concrete manner. I worked with outpatient and hospital wide events for one summer, and in-patient services the next, giving me a well-rounded experience in how different children with different circumstances were able to experience play and creative expression.

Through this experience I noticed the impact on kids when they were able to partake in these activities. The kids seemed more at ease and briefly distracted from either waiting for their appointment, or the stress of being in the hospital in general. The hospital wide events were a unique experience from my perspective, as they allowed for collaboration and playfulness from different kids of all abilities. These activities were designed to be adaptable enough so that every child who wanted could partake in one way or another with various levels of help from families and specialists. I was also struck by the impact of these services on the entire family. These activities gave siblings a chance to play so the parents could spend time with the child in need or occupied the child so that the parents could take a break.

Following this same idea of the arts in health, my senior year of high school I discovered a TED Talk by Kathy Hull, the founder of the George Mark Children's House. The George Mark House, which opened in 2004 in California, was the first freestanding pediatric palliative care facility in the US. Upon hearing her talk I became really fascinated with the concept for this house, and the stories of the children who resided at this facility. The setting at this and other similar facilities is much gentler than hospitals with their florescent lighting and the constant beeping of machines, providing a much-needed boost of joy in their end-of-life care. As of now there are only a handful of freestanding children's hospices in the US, though

increasing numbers of palliative care options are being developed from children's hospitals and facilities across the US. Even if children are receiving this care in their own homes, they can still benefit from creative and therapeutic programming that create more positive memories for their end-of-life care.

Resulting from the combination of my interests in science, medicine, and art, I went into my undergrad at UMass Amherst as a biology major on the pre-med track with a studio minor. I still did not have a clear idea on how to fully integrate these interests but wanted to continue doing both. Around halfway through the first semester I realized that I wanted to pursue art as my career and switched my major to art history while keeping my studio minor, eventually adding in classes in education.

During my time majoring in art history, I completed a variety of internships in the museum field in areas of museum education, development prospect research, and collections and registrar management. In my museum education experience at the UMCA in Amherst I worked in designing content specifically for upper-level UMass math classes in integrating mathematic principles in art through looking at the works of Xylor Jane and Terry Winters. This opportunity did allow me to experiment with art education in STEM, though I ultimately decided that museum education was not necessarily the route I wanted to take with my career.

Although I appreciate each of these opportunities for what they taught me about the museum world, both at smaller museums like the UMCA and larger ones like the MFA in Boston, none of those experiences felt as fulfilling or meaningful to me as the work I did at Boston Children's Hospital. I feel strongly that all children should have access to creative exploration and play, especially those with otherwise limiting illnesses, and am curious to explore the benefits that access to art education in this context provide.

## RESEARCH QUESTION(S)

My main research question seeks to explore the role of creative expression and play in children's hospitals and the impact this has on patients in terms of emotional and physical well-being. Through this question I am hoping to learn more about what types of space exist for this type of art learning in hospitals. I am curious about the different spaces available for in-patient artmaking, out-patient artmaking, and spaces that apply to both groups.

I am also hoping that my main question uncovers what sorts of opportunities there are for creative expression and play in the hospital, and how they cater to different needs. I am curious to see if different activities are adapted for different age groups and abilities, and if the artmaking caters to individual needs. I also wonder about the level of impact for patients compared to their families, and if activities that directly benefit patients indirectly benefit families as well. I am also interested in the opportunities provided for parents and siblings, and if there are opportunities for them to participate in these sorts of activities too?

Although I may not touch upon the topic directly in my thesis project, I am also hoping that my main question uncovers some information about art making in hospice settings as well.



## PROJECT + METHODOLOGY

I plan to answer my research question through a combination of methods. I will be detailing lesson plans created for the specific setting of hospital art making. Of the four lessons total, two will be created with group settings in mind, and two designed for one-on-one artmaking sessions. The lessons will center around ideas of material exploration and fostering a playful environment while including accommodations for the specific setting.

I will have the opportunity to facilitate these lessons during artmaking sessions at Hasbro Children's Hospital. As a result, the other methods I am using are observation and reflection regarding the specific lessons.

Bringing in an art making element through both group and one-on-one sessions is important in understanding the full impacts that arts programming can have in these settings. In their article *The Connection Between Art, Healing, and Public Health: A Review of Current Literature*, Heather Stuckey and Jeremy Nobel (2010) describe how creative endeavors can improve psychological states that contribute to worsening of chronic illness and disease. They (Stuckey, Nobel 2010) state that “engagement with creative activities has the potential to contribute toward reducing stress and depression and can serve as a vehicle for alleviating the burden of chronic disease.” (p. 254) They (Stuckey, Nobel 2010) also frame visual arts as one of the

four major areas of healing arts in healthcare and wellness, explaining how it helps in meaning making and expression of complex feelings and experiences that are challenging to put into words.

Another article by Rollins and Riccio (2002) discusses the gate-control theory, which relates to Stuckey and Nobel's (2010) writings on creative expression and artmaking as a positive outlet. According to Rollins and Riccio (2002) the theory states that the gating mechanism in the nervous system closes to decrease pain impulse transmission, and that "distraction, suggestion, relaxation, imagery, and other cognitive activities may close the gate" (p. 358) In choosing to include art making activities in my thesis research, I feel as though I will gain a better understanding about its true impacts for patients.

As a result of my methods, my "data" will take the form of observations from the lessons. I also plan on including my reflections on the lessons and observations as a further exploration of the "data."

## SCOPE + LIMITATIONS

In terms of limitations for my research, COVID provides a limitation on the type of work than can be done in the hospital settings. At the point of my research COVID restrictions limited the ability to work closely with patients in the Emergency Department setting. As a result, my research focuses only on in-patient experiences. The setting of a children's hospital does also have some limitations in terms of the type of materials that can be used in making. If materials are to be shared, they must be non-porous so that they can be wiped between uses, and any children with isolation statuses must be able to keep the materials being brought into their rooms.

There is also the positionality of myself in the hospital setting with the kids I will be working with. As an able-bodied person going into this space, I must consider the privilege my position gives me and think about how to cater the art making experience to be approachable and accessible to everyone in these spaces.

The lesson plans themselves are somewhat limited in terms of the scope of accommodations and modifications. As I am creating these plans for a certain group of individuals with specific needs, this section of the plan does not take into consideration all the possible accommodations and modifications possible for the lesson.

The scope of my project is also limiting in that I will be working closely with Hasbro Children's Hospital in Providence. Every hospital has different programs and relations to the arts, as well as different levels of funding. As I am only focusing on this one specific hospital for my project, my research will not be generalizable to all programming in all children's hospitals in the US or abroad.

There are also ethical concerns about the vulnerability of the group itself. As this is a very particular research setting, I need to make sure that the work is meaningful to them and not exploitative. As a result of concerns of privacy, I did not include any photographs of the work created during these lessons, and kept information in my observations purposely vague.

## STRUCTURE + DESIGN

My thesis is structured around the lesson plans, observations, and reflections. Each body chapter contains a lesson plan and my observations and reflections. Some of these are specifically written for individual, one-on-one, experiences while others are for group settings. There is one lesson, painting flowerpots, which I had led in both the one-on-one and group settings. While the plan itself is written for an individual lesson in this context I do share some reflections and observations regarding the group experience as well.

## LITERATURE REVIEW

In researching art education in children's hospitals and palliative care centers, several resources detail the impacts of art programming on both patients and their families. The literature surrounding art making in these spaces often focusses on the role of art therapy, with some branching into the other ways in which art can be utilized in these settings (Wilcox 2020). The literature included in this review provides an overview of the benefits of art therapy, as well as begins to explore other ways that art can be used in the hospital setting.

Before exploring literature directly related to art education in children's hospitals, it is important to start with a framework of disability studies. A disability studies framework includes what author Sadie Wilcox (2020) describes as a "person centered approach" (p.71). In discussing the importance of a disability studies framework author John Derby (2016) states how "oppressive discourses routinely employ the device of a totalizing trait in which all persons with an undesirable minority trait are reduced to that trait and nothing more... in the case of disabilities - autism, autistic" (p. 112). Adopting this framework is important in ensuring that individuals are respected as individuals, and not diminished to a disability, especially in an educational and creative context.

In their article *Shifting Attitudes of Related Service Providers: A Disability Studies & Critical Pedagogy Approach* authors Ann Nevin, Robin M. Smith, and Mary McNeil (2008) states that “ Rather than needs-based services that focus on helping individuals with disabilities cope with deficits, [we] propose an empowering person-centered, strength-based orientation that includes perceptions of the individual as competent and complex” (pgs. 1-2). This goal of strength-based orientation relates to the person-centered approach Wilcox (2020) takes in her work. The authors (Nevin, Smith, and McNeil, 2008) state how a disability studies framework can be achieved in asking thought provoking questions to oneself in relation to internalized biases.

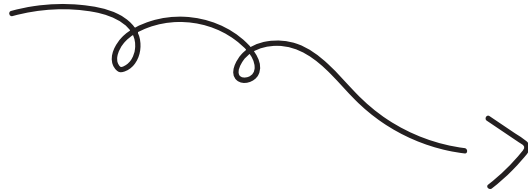
In her article *Art, Disability, and Pediatrics: Applying a Disability Studies Framework*, Sadie Wilcox uses case studies from Children’s Hospital Oakland to form her argument on why using art through a disability studies framework benefits children and teens She frames disability studies as a socially engaged practice, looking at disability in relation to social, political, and cultural contexts which can then also be applied within the children’s health setting. Wilcox (2020) then further relates this framework to art education in stating “Our work with these individuals can benefit from the insights offered in the field of critical disability studies, and is enhanced by the cultural contributions of disabled artists and activists” (p. 75)

This quote underscores the importance of understanding and implementing a disability studies framework, exemplified in the specific case studies brought up in each reading (Wilcox 2020, Rollins and Riccio 2002, Devlin 2006).

A children's hospital and palliative care context means that it is important for art educators to figure out how to structure activities and create content that is both sensitive to ability and needs while still engaging and fun. Wilcox's (2020) case study about a boy, Jason, and a stop-motion video he created from his bed, the CHO Show, and the Krip Hop exhibit are all good examples of this middle ground between accessible and fun. With the case study about Jason, Wilcox (2020) explores how providing him with choice in his method for making and allowing freedom in subject matter enabled Jason to create a meaningful project that he was excited to share with his medical team and other kids in the hospital. One of the ways Jason was able to showcase his film was on the CHO Show, a hospital wide TV show that enabled patients to connect with each other through fun activities. The Krip Hop exhibit is an art exhibition centering around differently abled Black and Brown artists. In her article, Wilcox (2020) describes the impact this exhibit had on patients in being a source of representation. These case studies, especially the example of Jason, are important in that they give children in these settings a choice in their art making and learning, especially in a setting where they may not have much opportunity for choice.



Devlin (2006) also details the importance of material exploration in *The art of healing and knowing in cancer and palliative care*. This article relates Wilcox's in that both authors explore the benefits of allowing children to make artistic choices. Encouraging material play and the process of making is important in hospitals and hospice care, as it fosters a necessary element of play that is often void in these settings. Allowing kids to create their own works and explore art making allows for building creative confidence that will then hopefully impact their own self-confidence and grant them a brief sense of power. Art making allows children to become an active participant in a hospice or hospital setting. Devlin (2006) exemplifies this concept in stating how "for some the 'process' of building the image led to an increase in self-esteem as patients experienced a sense of control in their situations" (p. 19).



Rollins and Riccio (2002) also explore this idea in ART is the heART: a Palette of Possibilities for Hospice Care. Providing children (both patients and family members) the opportunity to partake in art making and expression allows for more autonomy and choice making in a setting where there usually is not any. Through their writing on the ART is the heART program, which sends trained artists to visit families receiving at-home hospice care, they state how “parents frequently report that watching their children engaged in normal childhood activities gives them real hope that things will be okay” (p. 306). This program allows family members to connect and interact, making meaningful and lasting memories and bonds. In one example Rollins and Riccio (2002) tell the story of a young boy who was not communicating about his father’s terminal illness. In the example the boy created a bead with his house drawn in clay to give to his father so that he could hold onto it as he passed. Rollins and Riccio (2002) describe the touching moment for the family and expressed the parents’ satisfaction in being able to finally have a way to communicate with their son about the situation.

In the study A randomized controlled trial of a group intervention for siblings of children with cancer: Changes in symptoms of anxiety in siblings and caregivers (2018), researchers (Barrera, Atenafu, Schulte, Nathan, Hancock, Saleh) conducted a study with siblings of cancer patients. In the study, they (Barrera et al. 2018) created a group,

Siblings Coping Together (SibCT), consisting of “cognitive-behavioral, problem-solving sessions, using role-playing, arts and crafts, games, group discussions, and homework” (p. 1630). The trial consisted of self-reports done by both siblings in the group as well as parents of the children involved to measure stress and anxiety levels. They (Barrera et al. 2018) hypothesized that the SibCT group would feel less anxiety than the control groups. Although the hypothesis was not supported, female siblings in the group reported less anxiety than males. Barrera et al. (2018) speculate that the female siblings in this group found the coping strategies used in the interventions more aligned with their own, as opposed to the avoidant strategies of men.

While other sources, such as Rollins and Riccio (2002) provided indirect references to how art making impacted families, Barrera et al.’s (2018) research acts as a clear example of sibling and family impact. Though both sources discuss the impact and of art making for family members of patients, the lack of a clear, definitive answer or solution in either article leaves room for more research in this area.

Collaborative and independent making may have different outcomes and goals for patients, but are both important and meaningful in these settings. While Rollins and Riccio (2002) discuss the impact of creative expressions on patients and their families, Wilcox takes her study one step further in discussing collaboration and involvement in a hospital wide setting.

She discusses how the CHO Show, a television program filmed and broadcast in the hospital, includes patients, families, and medical staff to participate. Types of hospital wide collaborations like the CHO Show can help patients feel more connected to those around them in an often isolating time. These types of programs allow for patients to share with one another and connect to other kids. This type of case study is also helpful in exploring the differences and connections between independent and collaborative activities. It is important to explore how to individualize approaches to art making based on ability while connecting with other patients to build a sense of community and simultaneously supporting those individual patients and their creative expressions.

Rollins and Riccio (2002) discuss how art making can help children express their feelings and emotions. Allowing space for exploring feelings and emotions is an important impact of creative making in hospitals and palliative care settings for both patients and family members. They go on to discuss the gate-control theory, and what it relates to exploring the overall impact of art in these settings. According to Rollins and Riccio (2002) the theory states that the gating mechanism in the nervous system closes to decrease pain impulse transmission, and that “distraction, suggestion, relaxation, imagery, and other cognitive activities may close the gate” (p. 358).

Similarly to Devlin (2006) and Wilcox (2020), Rollins and Riccio (2002) use several case studies to discuss the role of the ART is the heART program in family settings and the impact of art making for families, stating that many children and their families describe how partaking in art activities helped pain levels. Devlin (2006) also provides helpful information about using art as an expression of feelings of emotions, stating that “artwork has been shown to be particularly helpful where individuals are unable to express their feelings” (p. 16). Haiso (2016) further discusses the role of emotions in *Are you Listening? How empathy and caring can lead to connected knowing*. The article discusses the importance of empathy and care from an educator standpoint, exploring how these tools enable learners to “experience and develop a sense of self and confidence that can connect them to others and also help them learn and understand themselves.” (p. 25).

Both Stepney (2009) and Wajcman (2018) directly discuss the role and impacts of art therapy. In her article *Developing an Art Therapy Program in a Children’s Hospital*, Wajcman (2018) focuses specifically on Children’s Mercy Hospital in Kansas. This program is unique in that art therapy time is valued alongside medical treatments; if an interruption by a nurse or doctor can be pushed off until after the session is over, it will be. While Stepney (2009) does not focus on one particular program, her writing also centers around the logistics of art therapy and the benefits seen for patients.

Stepney (2009) defines art therapy through the American Art Therapy Association in stating how it “[uses] art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem” (p. 159). Wajcman (2018) goes on to discuss the logistics of an art therapy program, including the referral process, which can happen “for a variety of reasons including strengthening self-esteem, coping with feelings related towards diagnoses, validating decision-making capabilities, promoting relaxation, supporting family dynamics, and providing distraction if the patient seems anxious” (p. 105).

Stuckey (2010) furthers the conversation surrounding therapeutic art practices through analyzing different healing arts methodologies. These creative therapies include music engagement, visual arts therapy, movement-based expression, and expressive writing. Stuckey (2010) discusses the importance of creative expression in these methodologies, describing “evidence that engagement with artistic activities, either as an observer of the creative efforts of others or as an initiator of one’s own creative efforts, can enhance one’s moods, emotions, and other psychological states” (p. 254).

Although art therapy has clear and non-negotiable benefits for patients, the language and approach surrounding the therapy can sometimes interfere with the previously discussed disability studies framework. In a quote Stepney (2009) takes directly from the American Art Therapy Association, they state that “a goal of art therapy is to improve or restore a client’s functioning and his or her sense of personal well-being” (p. 159). While the intent to restore a person’s sense of well-being and functioning is a noble goal of art therapy, this phrasing focuses the intent of this type of creative expression on restoring functioning, which aligns with the attempt to “heal” or “fix” disabilities. Considering art in the healthcare setting in a more disability aligned way ensures more choice and person-centered experiences than the traditional notion of art therapy as expressed here.

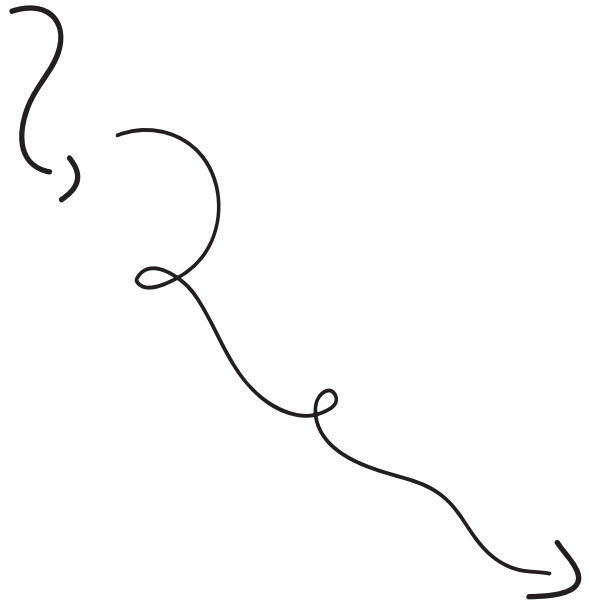
Though these articles all provide helpful information about the impact of art programming on patients and their families, it must be noted that the Rollins and Riccio (2002), Devlin (2006), Stepney (2009), Stuckey (2010) and Nevin, Smith, and McNeil (2008) readings are significantly older than Wilcox’s (2020) Barerra et al. (2018), Derby (2016), Haiso (2016) and Wajcman’s (2018) writing. The Devlin (2006) article has the most limited approach when talking about art in these settings, focusing mostly on painting and drawing, and not venturing into other, more contemporary meaning making techniques that may be more accessible.

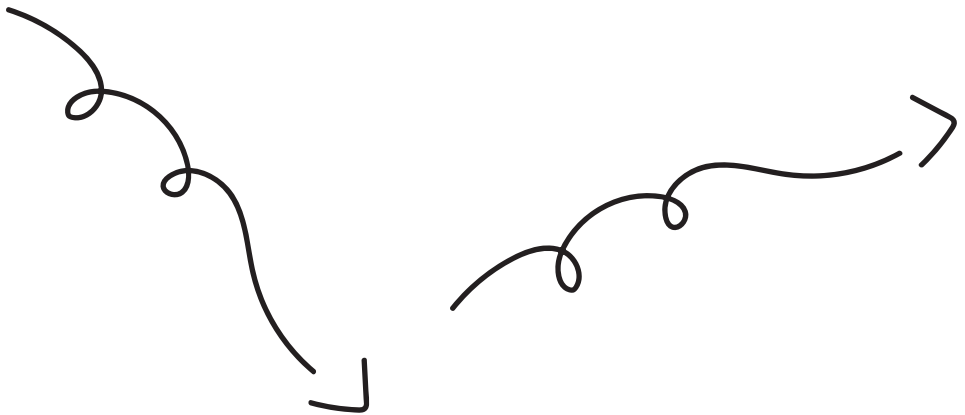


CHAPTER 2  
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printmaking



This first lesson explores printmaking through the use of Styrofoam sheets and pens for mark making, creating a setting-appropriate take on a linocut process. I taught the lesson twice, in back-to-back hour-long sessions. Each session had 12 makers, ranging in ages from 11 to 17 years old. The initial goals of the lesson were to explore the process of printmaking and for each child to create a print with personal meaning.





Following my lesson plan I detail observations on teaching the lesson, combining notes from both hour-long sessions. I then reflect on these observations in noting what went well, what I would do differently, and how the process connects to my overarching research question.

# PRINTMAKING

a group lesson

## OBJECTIVES//SUMMARY

- Exploration in printmaking - exploring printmaking for the first time for many
- Giving learners the opportunity to create a print of something with meaning to them or something they really enjoy

## ACCOMMODATIONS//MODIFICATIONS

- Larger sheets of foam for those who can't work on smaller scales
- Offering patients to use a brayer to rub the print onto the paper instead of their hand if it is easier for them
- Grips on pens that make them easier to hold

## MATERIALS

- Styrofoam sheets
- Parchment paper/transfer paper
- Sheets of cardstock
- Ink
- Brayers
- Ballpoint pens
- Stencils
- Paper plates

## STEP-BY-STEP PLAN

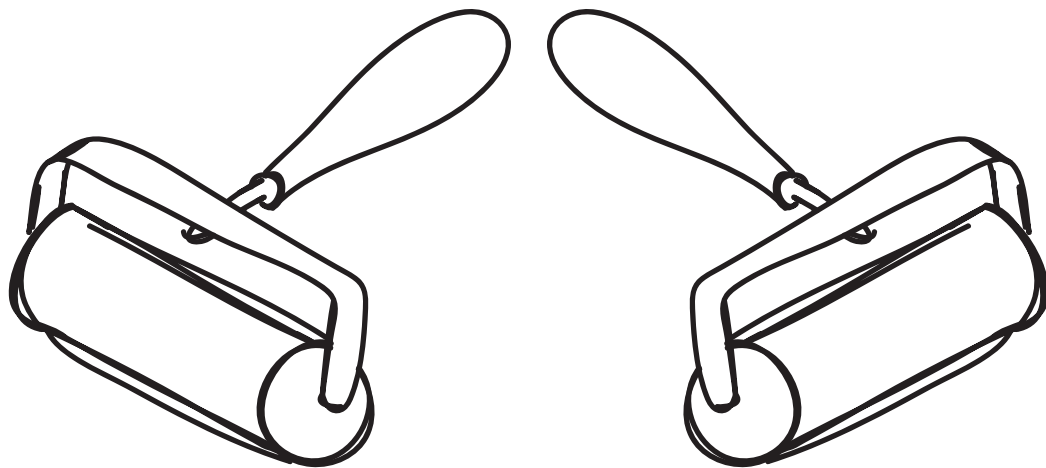
- Giving an overview of the project – today we are going to be doing printmaking, asking if anyone has done this before
- Handing out samples of the Styrofoam with indents on them already so that they can feel how deep to make the indents
- Making a sample print with the sample Styrofoam to show how to ink/print
- Explaining how to do writing/words in printmaking – they have to be written backwards, so we can start by writing normally on a sheet of tracing paper, then flipping it over and writing over the letters on the Styrofoam
- Giving everyone one sheet of Styrofoam and a pen to start
- Laying out stencils on the table if they want to look through them for inspiration
- Helping to feel indents if they are not sure if they're deep enough or not – offering suggestions of where to make deeper lines or keep them
- Laying out ink, plates and brayers, allowing patients to choose their ink and squeeze a small amount onto the plate, then roll it out onto their Styrofoam
- Washing off the foam so that they can print again in a different color if they want to

## OBSERVATIONS

Starting the lesson with an offer to create a print of something that the kids cared about or was reflective of their favorite thing allowed for learners who are typically a little hesitant to partake to connect with the project. Following this idea, I noticed a lot of the makers creating prints of their pets or animals they like.

As animals can be challenging to draw in this medium there was some frustration with trying to do very detailed work that might not have printed the way they envisioned. When this happened, the kids were very eager to try again and noted where they could improve on the next print, often sharing these observations with myself or the other kids at the table. With mark making, there was a lot of concern about making the marks deep enough or if they were doing it “right.” Almost every maker checked their marks by either asking me to feel the Styrofoam or comparing their lines to those on the sample sheet I placed on the table at the beginning. After checking the marks, the learners would adjust the depth and continue this process of checking and adjusting until they felt confident in the depth of their drawing.

Many makers were interested in exploring the ways that they could use the brayers and ink. Some would make smaller prints on a large sheet of paper and use the brayer in ink almost as a paint brush on the borders of the paper. Many kids were also interested in exploring color in their prints. Many mixed different inks together to see how it would turn out, some printed the same image in different colors on the same sheet, and some were interested in creating gradients between colors. I observed that some learners gravitated towards this exploration more naturally, while others needed more encouragement from myself and their peers to use the materials or colors in new ways. The kids seemed to like that they could reuse their same “blocks” to create more prints, and many of them really liked the process of washing the ink off of the Styrofoam in the sink.



## REFLECTIONS

The kids were really engaged with this lesson; they were excited to try printmaking, so it was not hard to get them to participate. Some of the makers really look to material exploration with the brayers and ink while others were very concerned with doing the process “right.” Observing this dichotomy made me consider how I, as a teacher, can encourage this type of material exploration without pushing learners too far outside of where they are comfortable.

The uniqueness of this setting really adds another layer to this question. The length of stay depends on each individual person, meaning I sometimes spend only one or two lessons with someone as opposed to others with longer stays, who I may see for months. Due to these different lengths of stay, I am still considering how to create a connection with makers who I don’t see repeatedly. How can I create the type of connection with these learners where they feel comfortable to explore?

I think one aspect of creating a space where learners feel comfortable to explore is in the community and collaborative aspects of the project. Seeing what other people are doing in their pieces, and how others are using materials, seems to prompt some exploration from those who may otherwise be hesitant. The nature of this project was very individual, with each person creating their own print and using their own ink and brayers to print. However, the set-up of the room,

with twelve makers split between two tables, allowed for connection and sharing of ideas and techniques between those at the same table. I think a good way to push this idea even further would be to do a “gallery walk” about halfway through the project, so that those at one table can look at works from the other group and vice versa.

If I were to teach this lesson again in the same setting, I would be more explicit about encouraging more exploration and place less emphasis on perfection. This is hard to do due to the positionality of myself in this setting, which I discussed upon in the previous paragraph. I lead these sessions once a week, but the children in the unit change frequently, which sometimes prohibits me from forming a strong relationship with those who have not been there for long.

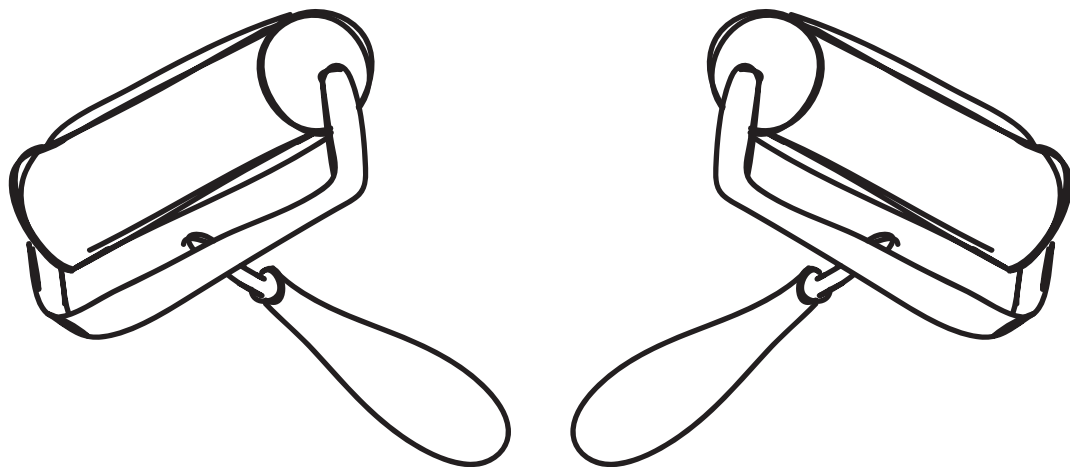
This lesson also made me reflect on my thoughts about stencils. My immediate instinct before teaching in this setting was not to encourage the use of stencils, and instead strive to guide learners to try and draw the object themselves. While I was initially hesitant in allowing the kids to use stencils, I came around to the idea once I thought more about the goal of these artmaking sessions. I am not necessarily teaching “art” in the traditional way, but rather I am encouraging learners to explore a variety of mediums in their making and providing the tools for creative expression. Through this lens I think using stencils can be powerful for makers. They allowed for the kids to be able to create what they wished to create and express without having to worry about their artistic abilities.

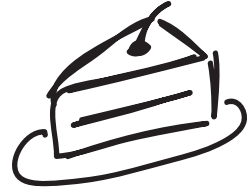


Throughout the lesson I noticed how excited makers became when they were able to clearly portray what they wanted to by using stencils. My mindset shifted from seeing stencils as an enabler for not thinking deeply and creatively to seeing their use as a vessel to build and foster creative confidence.

Alongside the use of stencils, I think having a multi-step activity was another highlight to the lesson for this specific group. The process of making something really involved that required attention and care seemed to go over well, almost as if it were a good distraction. Leading an activity with multiple steps is something I would like to continue doing in this setting. Having all of the steps that they had to pay attention to kept the kids engaged and kept their attention well. They had to make sure the lines were deep enough; they had to squirt the ink and roll it out as well as ink the Styrofoam and print the image. This process seemed a lot more engaging for this group than some others that are more straightforward and less processed based like exploring watercolors or charcoal (two materials I have explored with this group in other sessions). Compared to other lessons I have taught and observed this one seemed to have a good amount of unprompted material exploration, especially in using the brayers in different ways.

I found that this lesson relates back to my central question about the role and accessibility of creative expression and play in hospital settings through using printmaking as both an expressive outlet and a means for exploration. This lesson explored how art making can be used as an outlet for expression as demonstrated through many makers creating prints of things they are passionate about. This lesson explored how art making can be used as an exploration of materials and processes. Exploring new materials was innately playful for this group as they explored the brayers and inks that many had never used before.





## CHAPTER 3

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## “cake” decorating



The following lesson explores the idea of sculpture through creating “frosting” and decorating a Styrofoam “cake.” I taught this lesson four times in different one-on-one sessions through the course of one day. Sessions lasted for about 30 minutes, including set-up and cleaning time. The ages taught ranged from 5 to 11. My goal for this project was to create a playful environment through the use of unconventional materials and choice in creative expression of color and decoration.

Following my lesson plan I detail observations on teaching the lesson, combining notes from the different sessions. I then reflect on these observations in noting what went well, what I would do differently, and how the process connects to my overarching research question.



## CAKES

a one-on-one lesson

### OBJECTIVES//SUMMARY

- Exploring how materials come together to create a new texture
- Looking at Wayne Thiebaud and his colorfully depicted cakes: creating a cake in his style (reference to Thiebaud depends on age of patient – bringing in his work for those over the age of 5)

### ACCOMMODATIONS//MODIFICATIONS

- Create the frosting for the patient while they dictate which color they want – especially for those who have trouble mixing – encourage them to pour and measure the materials if they are able, but mix the frosting yourself
- Grips on tongue depressors for easier grip

### MATERIALS

- Measuring cups
- Shaving cream
- Glue
- Flour
- Tupperware containers to mix in
- Scissors
- Plastic sandwich/gallon bag
- Tongue depressors (for mixing)
- Food coloring
- Foam triangles glued to paper plate
- Pom-poms, glitter, pipe cleaners for decoration

## STEP-BY-STEP PLAN

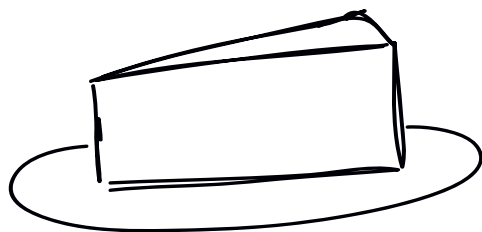
- Explaining the project – we are decorating a “cake”
- If adding in the reference to Thiebaud, bring his work – thinking about bringing one of his cakes to life and making it 3D, but decorated however we want
- Start by adding  $\frac{1}{4}$  cup flour,  $\frac{1}{4}$  cup glue, and  $\frac{3}{4}$  cup shaving cream to a container (make 2 at the same time – one will be the main color of frosting and one will be the decoration color)
- Offering the different colors of food coloring and allowing patients to add to their “frosting” (if they don’t know which color to choose ask them to think about type of cake they wish existed and make that)
- Have the patient mix the ingredients together for the main frosting while you mix the other decoration color
- Once the frosting is mixed enough (fully combined but not stiff) have the patient frost their cake with the main frosting color
- While they are frosting, add the decoration color to a plastic sandwich or gallon bag and snip the corner so that it becomes a “piping bag”
- Have patients pipe their decoration onto the cake and lay out different containers of other decorations (pom-poms, beads, glitter)
- Once the cake is fully decorated it place it in the window to dry faster – about 10 minutes

## OBSERVATIONS

I offered this lesson room to room on the floor and had a lot of patients show interest in creating this cake inspired by Wayne Thiebaud. In leading these sessions (4 total throughout the course of one day), I found that many of the one-on-one sessions held a lot of similarities. All of the kids I worked with really took interest in pouring and measuring the ingredients; the use of actual measuring cups was a fun addition to this aspect of the project. Many of them also asked to measure and pour the ingredients for the half of the frosting that I was making as well.

Using what are typically thought of as “messy” ingredients was also fun for a lot of the learners. They were interested in how the shaving cream, flour, glue, and food coloring combined to make frosting. After measuring out the ingredients I recognized that some learners were not as interested in the mixing part, often asking if I could do this step. Most of the requests for my help came from wanting to get the right consistency for the frosting.

After asking for my help with the mixing, learners were more than eager to take control again when it came to the decorations. All of the makers enjoyed choosing the two colors they wanted to use, and were excited to “frost” the foam cake as they would a real cake. I noticed, particularly in makers on the younger side, that spreading the frosting with the tongue depressors was slightly challenging. In this instance some did ask for my help in frosting while others pushed through their initial frustrations. I think the addition of the gallon bag as a piping bag helped further this fantasy of cake decorating; using the piping bag also allowed for an easier time creating details. In terms of added decorations aside from frosting, each child I worked with took a different approach to decorating their cake. Some stuck to simple decorations, using all pompoms or all glitter while others covered the whole cake in decorations. Some chose to add their decorations randomly while others created complex patterns that invited in the frosting as part of the decoration.





## REFLECTIONS

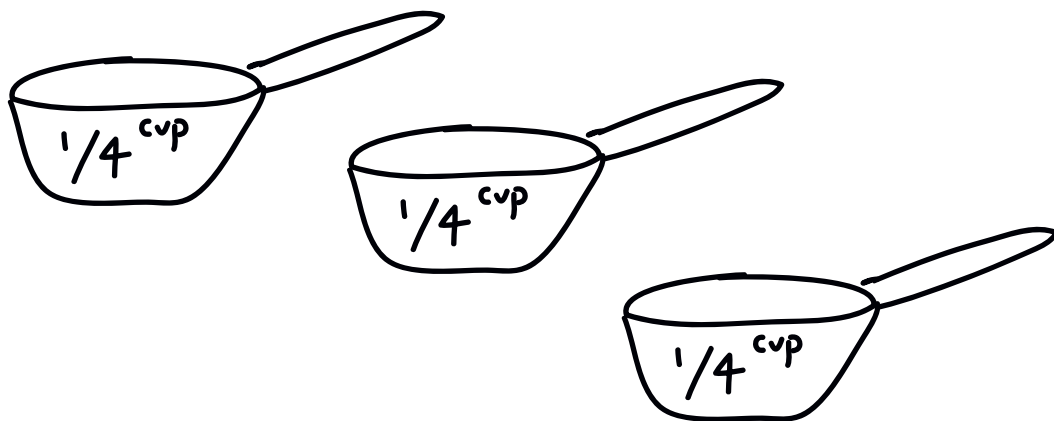
This project seemed to be a different type of project than a lot of the patients I worked with were used to. It was something that isn't typically done in this setting in how hands-on and messy the process was compared to other projects like painting or coloring, which are typically offered frequently. In that the project is so messy, the lesson does work best in a one-on-one session, especially when working with younger kids.

I think the use of these unconventional, messy, materials went well as the kids seemed to enjoy using things like flour and food coloring to create an art piece. Using these household materials also meant that I could write down the process for makers so that they could create the "frosting" on their own at home as well. The use of flour and food coloring, along with the general image of the cake, created a fun mix of "cooking" and art making that the kids really responded to, creating their own flavors of cakes.

The materials seemed to be a highlight of the project for a lot of kids. They liked how hands on the activity was, especially in the process of making the frosting and seeing all of the materials combine into one thing.

In terms of what I would do differently after teaching this lesson for a day, I would like to find a way to more clearly integrate the art historical aspect of the lesson. I think the connection to Wayne Thiebaud and modern art grounds the lesson in some art historical learning. The way I taught the lesson in these sessions only added in the references to Thiebaud if the learner was over a certain age. In showing Thiebaud's work my goal was to prompt discussion about 2D and 3D, color, and repetition. Ideally, the next time I teach this I will have a way to make a connection to Thiebaud for all ages. I think this can be done through really focusing on the idea of turning something 2D into something 3D, almost like bringing something to "life," while still holding onto elements of the 2D style, like color and texture. I think emphasizing this use of color and texture will be key points in making this comparison between the project and Thiebaud's work approachable for all ages. In mixing the food color with the other frosting materials the colors come off muted, almost in the same palette as those that Thiebaud uses in his work. The texture of the frosting made in the lesson also matches the texture that Thiebaud paints for his frosting in his works.

This lesson explores the ideas of creative expression and play through using artmaking as a creative exploration of materials, as well as exploring art history. While this connection to Thiebaud and art history did play a part in the lesson, especially in my considerations of what I might do differently, the connection was not the primary function or objective for this lesson. My connections to Thiebaud were to tie the lesson to art history, specifically pop art and modern art, but the lesson was mostly grounded in playful explorations of materials. I was able to create this element of play in using unconventional materials for the setting. The creative expression came through in the choice of color and decorations for the cake itself.



# CHAPTER 4

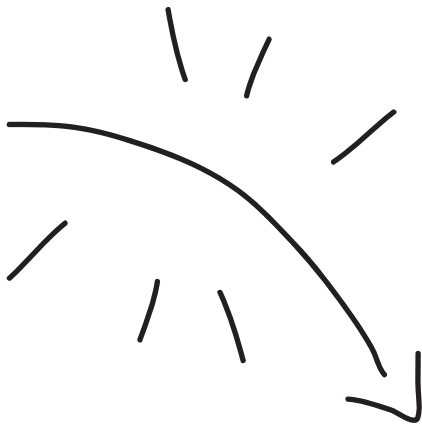
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collage



This lesson consists of a collage project utilizing either a booklet format or large sheet of paper for makers to explore ideas and expressions of interests, feelings, and personality. I taught this lesson twice, in back-to-back hour-long sessions with ages ranging from 12 to 17 years old. Each session lasted one hour, with 10 makers in one group and 8 in the other. The goal of the lesson was to explore individual expression and choice through creative exploration of mixed media collages.





Following my lesson plan I detail observations on teaching the lesson, combining notes from both hour-long sessions. I then reflect on these observations in noting what went well, what I would do differently, and how the process connects to my overarching research question.

## COLLAGE

a group lesson

### OBJECTIVES//SUMMARY

- For learners to explore collage as a medium
- Can also work as an introduction into zines
- For learners to explore creating works with a variety of mediums and methods

### ACCOMMODATIONS//MODIFICATIONS

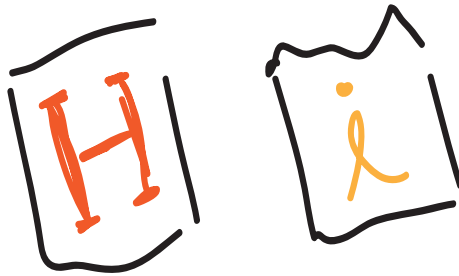
- Cutting images for students who may not be able to do so themselves
- Helping with glue if motor abilities are limited

### MATERIALS

- Colored paper (some in large sheets, some cut and folded into books)
- Glue/glue sticks
- Cut images from magazines, calendars, postcards, etc.
- Scissors
- Stamps
- Stickers
- Markers

## STEP-BY-STEP PLAN

- Laying out boxes of collage images, stamps, markers, paper and booklets, glue sticks, and handing scissors to each learner
- If students are stuck, offering the idea to sift through the boxes of materials to maybe find inspiration
- Work with students to find specific images they may be looking for or specific letters (especially relevant if there is a time limit and a lot of material to look through)
- Have students share their collages if they feel comfortable doing so (this can be in depth discussion of the ideas/concepts/images they are exploring or just a general share about what they focused on in their collage)





## OBSERVATIONS

Offering collage in two forms – a small booklet and a large sheet of paper – started the project off with an element of choice that got the kids interested in the project. There were also a lot of options in terms of color for paper, which provided another entry point of interest. I noticed that there was a good mix between those who chose to create in book format and those who chose the large sheet of paper. Some created both booklets and large collages, while others spent the time focused on one piece. Some makers glued together two sheets of the large paper to create an even larger surface to collage on while some cut out smaller collages out of large sheets.

There was a lot of variation in terms of the images to choose from. Many were drawn towards animals, searching for pictures of dogs specifically. One learner started creating new “animals” by cutting out areas of different animals and gluing them together. This idea then spread through the table and several minutes later many of the makers were creating their own new animals in this same way. Text from magazine pages was another highlight, with many makers creating words by cutting out different letters from these pages and gluing them down on the page.

Stamps and markers were another popular way to incorporate text into the images. Some extended beyond the use of stamps (with phrases on them) for just words and used them to create patterns in the background, gluing their images down on top. Many learners also took interest in stamping their hands and the tablecloths. This exploration of how the stamps would come out on different surfaces acts as another example of how the group fed off of what others were doing and explored shared ideas and techniques.



## REFLECTIONS

I think the boxes of images on the table provided a good entry point for learners to warm up to the project. They seemed eager to look through the boxes and pull out images that interested them. I discovered in leading the lesson that it was actually very self-guided and self-prompted. The makers did not really need my direction or support through the activity, unless they asked if I could help them search for a specific image. This was the only lesson I taught that was not really that involved from a teaching perspective. The other lessons I taught for my thesis were more dependent on my facilitation and involvement in order to be successful.

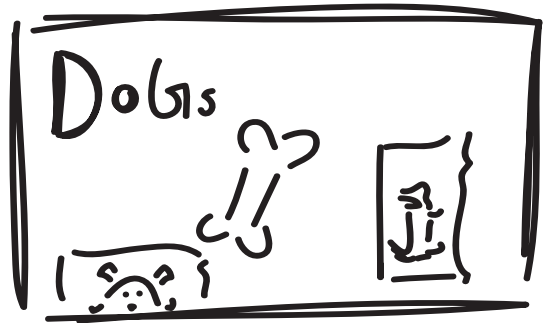
As the project was so self-directed, there ended up being a lot of collaboration between makers at the same table. All of the kids were very engaged with both their own and each other's works., offering suggestions and sharing images when they found something that they thought another maker might like. I think this natural collaboration came, in part, from the self-guided nature of the project, but also from the use of materials. Each table had its own box of images that everyone would share, so the idea of collaboration had already, naturally, been established. Sharing these materials also meant that the makers were speaking out loud about what their ideas were and what they were making. This prompted feedback and encouragement from others at the table. I was surprised at how naturally the kids at each table collaborated. I had seen some collaboration in other group

sessions, but this project seemed almost communal, with everyone searching for images others might like or need and offering feedback naturally.

If I were to teach this lesson again, I might add more variety of images into the mix. There were a lot of animal (specifically bird and dog) pictures, which were very popular, but for next time I think I would add in more variety. In this variety I would specifically add in more pages with large text. A lot of kids were interested in using letters from these larger texts and there weren't too many to choose from. I might also add more materials like paint, colored pencil, and charcoal to really emphasize mixed media exploration.

Collage making explored the role and accessibility of art making in the hospital setting through using art as an expression of interests and personality, explorations of mediums, and creative expression as a choice-based practice. This lesson allowed for creative expression of personal interests, with a lot of makers creating work that related to themselves personally. This personal creative expression was seen through thorough representations of things the makers liked, such as dogs or birds, or a collection of objects and words they felt represented themselves and their feelings at that time. There was an element of play to the project through the exploration of different materials, like markers, stamps, cut images, stickers, and how to use them together in one piece.

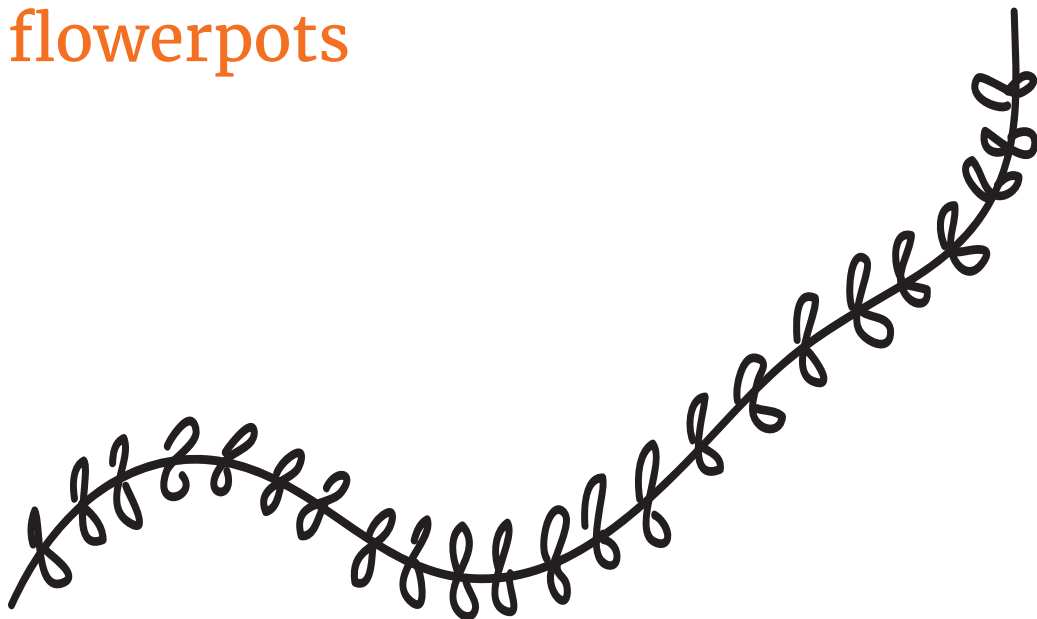
This lesson explored the role of creative expression in the hospital setting through choice-based moments of art making. The entire project was centered around individual choices and expression, starting with the choice to use either a large sheet of paper or a smaller booklet. Makers would also choose the color of the paper, which images to use and where to place them, and any other creative choices regarding materials. In this instance, creative expression is used in the hospital setting to provide moments of choice where there are not a lot of opportunities for individual decision making.



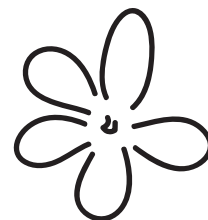
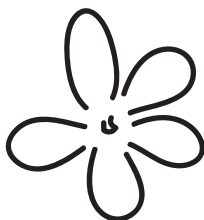
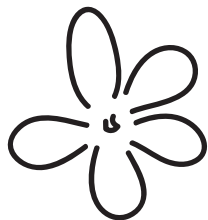
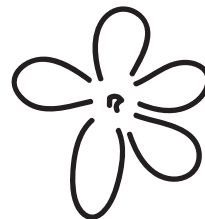
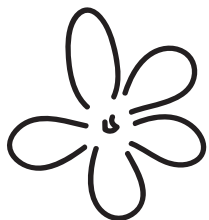
# CHAPTER 5

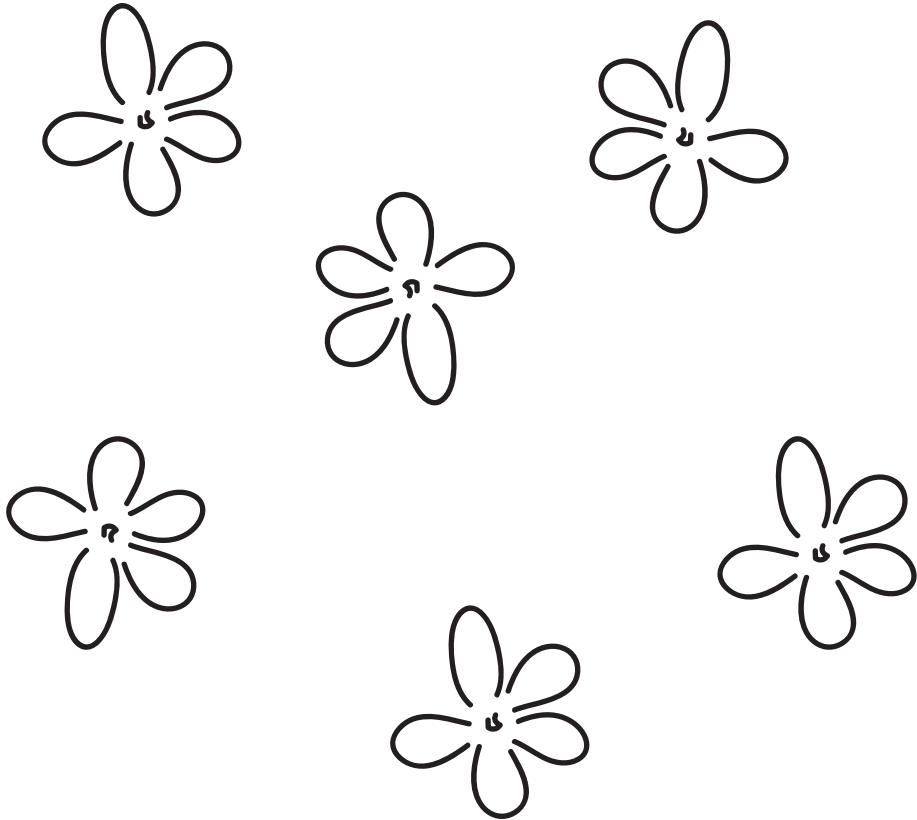
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## flowerpots



This lesson consists of two parts: painting a flowerpot and planting seeds. I taught this lesson in several sessions throughout several days, mostly done in one-on-one sessions with one day of group sessions. Though I did teach in a group setting (two hour-long sessions with 12 makers in each), my observations and reflections center primarily on the one-on-one sessions. The lesson itself is written for a one-on-one artmaking opportunity. In teaching this lesson I worked with patients ranging from 5 to 17 years old. The primary goal of the project was to create something that intersects art with another subject area.





Following my lesson plan I detail observations on teaching the lesson, combining notes from the individual sessions. I then reflect on these observations in noting what went well, what I would do differently, and how the process connects to my overarching research question.



## FLOWERPOTS

a one-on-one lesson

### OBJECTIVES//SUMMARY

- Creating something to hold a plant in
- Vessel for a science experiment about which seeds grow faster/sprout sooner

### ACCOMMODATIONS//MODIFICATIONS

- Paintbrush grips
- Scooping dirt and planting the seeds the patient chose if they struggle with fine motor control
- Some rooms cannot have dirt in them – using cut flowers and putting them in the pot was a good way to still create a fulfilling project

### MATERIALS

- Biodegradable flower/peat pots
- Paint
- Paper plates
- Brushes
- Containers for water
- Dirt (in gallon bag or big Tupperware container with small dish to scoop)
- Seed packets

## STEP-BY-STEP PLAN



- Handing out a pot to the learner and explaining the project
- Giving the patient their own plate with blue, red, green, yellow, black, and white paint as well as one large paintbrush and one small paintbrush
- Placing containers with water at the center of the table along with stacks of paper towels
- Letting learners paint their pots however they want to
- Blow the pots with a blow-dryer so they dry quicker (especially important if there is not a lot of time for the activity)
- They can also be placed in the window to dry if there is a lot of time left in the session or it is a 2 day session
- Patients will take a scoop of dirt and place it in their pots
- They will then choose between the seeds (this lesson used violet, sunflower, and morning glory seeds) and plant them in the pot, watering it in the sink afterwards
- The patient will put their pot on a paper plate in the window-sill of their room or the activity room
- You can offer for them to write which seed they chose on the plate if they might forget
- Have them water the seeds often and check back every so often to see progress and growth of seeds

## OBSERVATIONS

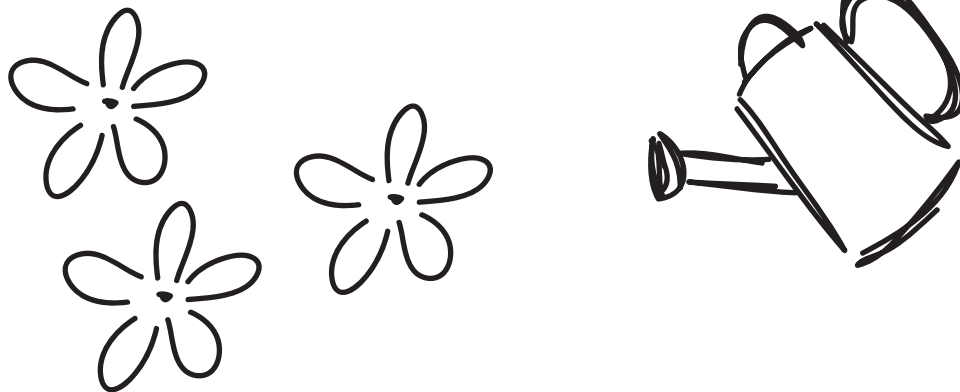
I have led this lesson on multiple days in both group and individual sessions, therefore my observations are a collection of multiple experiences, not just the experiences from one day of teaching such as the other lessons and observations. Whenever this lesson was offered as an activity many kids wanted to partake. This activity seemed very relaxing for the kids, almost as if it were meditative to paint in a circular form as opposed to a flat piece of paper.

I noticed different kids had different techniques for painting and holding the pot. The most interesting technique I saw (on multiple occasions) was to hold the pot upside down over their non-dominant hand and paint and turn the pot with their other hand. Others worked with just the pot on a paper plate and would stop every so often to turn the pot to another side. Some asked for me to hold the pot at a certain angle so they could get a better angle for painting details and designs.

Along with holding the pot, many makers invited me into their process of painting itself. Several kids asked if I would paint the background colors with them, and were adamant on painting the pot together.

For paint colors I created palettes of red, yellow, blue, green, and white for each learner. Some used just these colors while others were fascinated with creating and mixing as many colors as they could from this palette. I noticed that the kids also took special interest in the different brushes available to them. Almost all makers chose to use the wider, flatter brushes to cover larger areas with paint, and used the smaller, more pointed brushes for details, such as flower petals, clouds, stripes, and words.

The actual planting of the seeds was another exciting part of the lesson as it provided an element of choice and a hands-on making experience. Makers chose from the seeds available, then took a scoop of dirt and made a little hole to plant the seeds. After, they would water the dirt from the sink and put their pot on a paper plate with their name (for the group) and the type of seed they planted, then leave the pot in the window.



## REFLECTIONS

I have taught the flowerpot lesson numerous times, so my observations come from a variety of days and learners. I discovered that every time I taught this lesson, the kids were always excited for the project, both the painting and planting aspects. I also noticed a lot of invitations from kids for me to help them with the painting aspect of the project. This is something I have noted in other projects, but those requests for help were usually technically based needs for my help. With painting the flowerpot the asking for my assistance feels like more of an organic invitation for me to join them in the making process. I think this has something to do with the nature of the project itself. Painting the pot is not very technically advanced, so kids feel confident in their abilities to successfully complete the project, however, they also want some sort of collaboration.

The project itself is very engaging, and it is not hard to get makers involved and excited about the process. Adding in the actual planting of the seeds or placing the cut flowers in the pot once it is done adds another element to the project and takes it from an engaging way to pass time to something with purpose and meaning as well. Across the different times I have taught the lesson the makers are always excited to plant their flowers and see how they grow. If I were to change anything about the project going forward, I might add in more variations for seeds; specifically trying to find seeds that show signs of growth a little quicker.

In using this lesson as an exploration of the role and accessibility of creative expression and play in children's hospitals, I uncovered the role of art as an intersection with other disciplines and an agent of creation for moments of continuous learning. Art intersects with science in this project through the use of the pot as a vessel for the plant. The emphasis of the project is always the painting of the flowerpot itself, but the project continues after the painting is complete through the planting and growth of the flower. This continuation of the project through the duration of the plant's life allows for the project to extend outside of my facilitation of the painting. The lesson can carry on for weeks after it is "finished" through the growth and maintenance of the plant.



# CHAPTER 6

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conclusion

The word "conclusion" is written in a bold, orange, sans-serif font. To its right, there are several hand-drawn black lines of varying lengths and orientations, radiating outwards from the end of the word, suggesting a thought process or a list of points.

## ROLE AND ACCESSIBILITY OF CREATIVE EXPRESSION + PLAY AND THEIR IMPACT ON PATIENTS: MY FINDINGS

Through the four lessons I taught I derived several big ideas related to the role of creative expression and play in children's hospitals, along with reflections on the accessibility of these practices. In the printmaking lesson, I explored how art can be used as an outlet for creative expression of interests and passions as well as how artmaking sessions can be used as a playful exploration of materials and processes. In the "cake" decorating lesson I again explored how art acts as a playful exploration of materials, this time looking at unconventional materials for the setting. The collage lesson explored creative expression of interests and personality as well as playful exploration of mediums and materials, and creative exploration as an expression of choice. Lastly, the flowerpot lesson examined creative expression and play through intersections of art and science, and artmaking as a continuous learning opportunity.

When considering these ideas together under the lens of my research question, I determined that the role of creative expression and play in children's hospitals varies depending on the specific art making activity. There were some projects that explored the same roles, such as playful exploration of materials and creative expressions of interests and personality. Other projects explored less obvious roles of creative expression and play, such as providing a continuous learning opportunity, and acting as an intersection between different subject areas.



A major important role of creative expression and play was the ability to provide choice-based moments to patients. These learners are in a setting where there are not often moments for choice and independent decision making. Creative expression and play through the lens of artmaking provided makers with this ability for choice.

I analyzed the accessibility of these projects through the lenses of age, ability, materiality, and general access to these activities in the hospital itself. The lessons I taught were accessible in terms of age and ability, as each project could all be adapted to fit a large age range. I explored this lens of access in my flowerpot and collage projects, where I taught to a larger age range. The material aspects of these lessons were made accessible through using adaptations where needed, alongside my help for makers who needed more assistance with directions or processes. In terms of general access of creative expression and play, I can only speak to my experiences teaching in Hasbro Children's Hospital. At Hasbro these programs are made very accessible, with high emphasis on the healing arts.

Although I did not go into specifics on the impacts of these sessions in my observations and reflections, I did notice general impacts on patients and occasionally their families. In each of these lessons I noticed a general improvement of mood. During many of the sessions the children I worked with became more animated and active the longer they participated in the lesson. They would often open up,

going from very quiet and reserved towards the beginning of the lesson to asking to complete more projects. In the group settings I noticed the makers often chatting and joking with others at the table more as the session went on.

I also noticed that these sessions created a general excitement about the art making process. Often times makers asked to create more works after they were done with their piece, either in doing the same project again or asking to do a different project (I was usually offering more than one project in the one-on-one sessions).

## HOW MY FINDINGS CONNECT TO EXISTING LITERATURE

In looking to the literature I discussed in the introduction, I noticed connections in my own research to specific topics proposed by Stuckey and Nobel (2010), Rollins and Riccio (2002), and Devlin (2006). Rollins and Riccio (2002) discuss the gate-control theory in describing the gate-controlled pain management system in the nervous system, stating that “distraction, suggestion, relaxation, imagery, and other cognitive activities may close the gate” (p. 358). Though I cannot speak to pain levels and management of patients I worked with, Stuckey and Nobel (2010) describe a similar concept in using art as an alleviation of stress and betterment of mood. In my teaching I observed how patients opened up during my time working with them; the longer the project went on and the more involved they became with the art making process, the more they chatted with myself and others (in the group setting).

Stuckey and Nobel (2010) also discuss using art as a way to express ideas and feelings that are hard or uncomfortable to put into words. Through my observations on the lessons I taught, I was able to see how patients created meaning in their works and expressed feelings about being hospitalized. This was especially apparent during the collage activity, where many were exploring their feelings about being in the hospital, often for longer periods of time, through words and images cut from magazines.

Devlin (2006) discusses the importance of material exploration and its connection to choice. Material exploration encourages and fosters an atmosphere of play that is often void in health settings. I observed this in many of my lessons, especially in the group sessions. Makers were feeding off of what others did in the group, encouraging material exploration and connection, often accompanied by laughter and a general sense of playfulness.

Devlin (2006) also states how material exploration allows for patients to become active participants in artmaking within the hospital itself. Giving patients this ability to create something of their own, exercising their own abilities to choose, gives them a sense of power within a setting that systemically regards patients, especially children, as powerless.

## CONNECTIONS TO ORIGINAL QUESTIONS

I found that my research does answer my general question about the role and accessibility for creative expression and play in children's hospitals, as well as the impact this has on patients. I observed the impact these making sessions had on patients, at least in the immediate aftermath and while partaking in the artistic process. I noticed a change in makers in terms of their creative confidence, especially if I were working with them week after week. Makers went from being hesitant to even start a piece in case it didn't turn out "right," to being eager to create the next project and explore more materials. Through the artmaking process many children opened up as well, often going from being very quiet when the session started to asking me to stay longer and do more with them when the project was done.

In terms of the impact of creative expression and play on families, I could not gather a lot of information. The parents seemed appreciative when I would do the one-on-one sessions in the rooms with the kids, as this freed them up to do other things for the duration of the project.

My research findings did not venture into my sub-questions on the topic of artmaking in hospice settings which I was hoping to explore more of. While I did gather some information on this in my literature review, I did not experience anything regarding hospice and art making in my actual research project.

My research did not venture outside of the in-patient setting due to COVID restrictions at Hasbro, leaving my questions about out-patient opportunities unanswered

## FURTHER QUESTIONS EMERGING FROM MY RESEARCH

My research findings left me with more questions regarding artmaking, creative expression, and play in the children's hospital. I am curious to see how more opportunities can be created for creative expression and play in hospitals. Can we ever get to a point where this ideology and framework is embedded in the children's hospital, or is the setting so distant from those elements of creativity and play (normal aspects of childhood) that the two are destined to be slightly disjointed? I am also interested in other settings such as prisons, group homes, foster care facilities, etc. Can we embed these small elements of choice, creative expression, and play in other settings where they might be void?

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