



Saying “No” brings opportunity

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

16+ Age 16 and upwards

Materials

- A copy of the short version of Lady Ragnell and Sir Gawain from *Inward Journey: Art as Therapy* by Margaret Keyes, published by Open Court Publishing Company (1985)
- Paper
- Colored pencils or pens

After reading the selection, ask the patients to reflect on the idea that saying “No” to something means saying “Yes” to something else. Have them relate that to a decision or opportunity in their lives. These new opportunities can be explored through poetry, movement or a visual medium. Go with the flow here and offer lots of different modalities from movement to visual art to music. Consider following this with the polarity exercise (see p.169) with different choices on either side: “No” on one side allows for a “Yes” on the opposite side. This can even be very concrete, such as no cake and ice cream for the diabetic, but yes to all sorts of ways to explore healthy eating—a new recipe perhaps?

Pointers

Patients often have to deal with health restrictions in their lives. It is easy to get caught up with “I can’t” and this activity gives them the opportunity to see that the “I can’t” is really “I’d rather.” Choices, whether involuntary or voluntary, are opportunities and the journey to health often involves acting on new, healthier, choices.



Seasonal mandala

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

14+ Age 14 and upwards

Materials

- Pictures already cut from magazines
- Large paper cut into a circle (or cardboard rounds that go under cakes or pizzas)
- Scissors
- Glue sticks

Give the patients the large circle. Ask them to divide their circle into four quadrants. Ask them to consider how the four seasons are evident in their lives. Which emotional or physical season are they in now? Do they have different seasons for different relationships? What constitutes their Summer, Fall, Winter, Spring? Using the collage pictures, illustrate each season in a personal way in the four quadrants.

Pointers

The mandala form safely holds the entirety of the patient's experience within the integrating form of the circle. There is no beginning, no end, just the complete whole. Winter and Summer may seem like opposites, but in the mandala it is clear that they are connected. The circular cardboard is an easy way to create a safe boundary for the entire scope of the patient's experience. Even the toughest things are held together in a circle, side by side with what may at first appear as the polar opposite. This concept may not be obvious to the patient and it is not necessary to point it out to them either. The mandala form works on them unconsciously.



Seed packets

Group

Individuals

Bedside

Age 8 and upwards, including seniors

Materials

- Large colored envelope
- Slips of colored paper
- Pen
- Markers

Ask the patients to imagine themselves as a flower—one that the world has never seen. What color, shape, size, scent, would they have? Draw this on the outside of the envelope. This envelope becomes the “seed packet.” On the back of the envelope (if one is able to write small) or on slips of paper that fit inside the envelope, spell out the directions necessary for your growth? This could be: “I need to be kissed at least once a day,” “I need chocolate,” “I need Hawaiian sunlight” etc.

Variations

For long-term groups this activity could be followed by planting real seeds and then noting the care they require, just like those who planted them.

Pointers

This activity will be meaningful to older people who know what seed packets look like or to individuals who love to garden. Gardening is one of the most popular hobbies and the metaphor will appeal to everyone. However, there are those who have never had the opportunity to garden or to see a real seed packet. It might be helpful to bring along a real seed packet so that they can see what it looks like and then explore from there.



Self as landscape

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

16+ Age 16 and upwards

Materials

- Paper
- Coloring materials
- Paints and brushes
- Tissue paper
- Clay
- Tongue depressors

Have the patients imagine themselves as a landscape. You can launch right in or lead them in a guided imagery that allows them to walk through their own landscape. Allow them to pay attention to oceans and mountains, streams, rivers and valleys, plains, desert and forest. They can then build their landscape in either two or three dimensions. Let them take you on a walk through the landscape as a “tour guide” and point out to you what is special in their environment.

Building an entire landscape can take several sessions, depending on how detailed the group chooses to be. It might be helpful for them to take notes when they come out of meditation. Did they have any ideas they want to record?

Variations







1. For individuals, instead of choosing an entire landscape, let the patient focus on a mountain, or a stream, or the ocean. Then they can imagine walking up this mountain, following the course of the stream or swimming in the ocean. As you lead them through a meditation you can have them pause on the side of the mountain near a big rock or under a tree. Be as creative as you can in allowing them to feel the landscape around them. Is there a body of water nearby? Is it a pond? Lake? Ocean? There they will meet all sorts of wildlife and experience waves, dark depths and shallows. When they follow the course of a stream it takes them to many places. What is the source like? Does it join other streams? Does it go through a city? End in a lake? Peter out?
2. A simple way to do this exercise if time is short is to suggest they draw a map and label all the prominent features.

Pointers

This is an exercise that uses the metaphor of landscape to encourage self-knowledge. There may be places that are completely clear and well defined for the patient and others that are murky or less distinct. Helping them to gain a clearer understanding of who they are can help them to understand themselves in relation to their illness. Do not hesitate to ask questions about special features. Does the illness show up as a particular geographical feature, or as a color—or even blank space? These are always good points for a discussion.



Self cards

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- Heavy stock paper
- Coloring materials

Have the patients fold a piece of paper into a card. On the outside ask them to draw the way they feel the world sees them. It can be abstract; it does not need to be a “realist” image. On the inside illustrate the way they feel. Are the two related?


Pointers

I would avoid doing this with any patient who may be struggling with body image unless you have an ongoing relationship with them, as you might get yourself into water that is too deep to address in just one session. For a patient recovering from a disfiguring injury or suffering from an eating disorder, this can be a potent exercise, so make sure that you give plenty of time to dialogue. Be sure that if you choose to do this exercise with any patient where body image is a concern that you are sensitive to the material that may arise and are able either to give the patient the support he/she needs or make sure the hospital can continue to support them in their process.



Self symbol

 Group

 Age 14 and upwards

Materials

- Paper
- Coloring materials
- Access to a copier

Ask each person in the group to imagine a symbol that would represent himself/herself. If the idea of a symbol seems too abstract they can think of an iconic image such as the Empire State Building, or a logo, trademark or branding idea such as they might see in an advertising campaign. Each person should draw their own symbol on paper. Make enough copies of each symbol so that everyone will end up with a stack of images, one for each member of the group. They can then cut them out and each person can make an individual collage with the group's symbols. Give the participants plenty of time to share their distinct collages with the group.





Variations

Before collages are assembled the group can lay the individual symbols out on the table and group them into similar ideas: a selection of circle images or nature symbols, etc. Patterns might begin to emerge. Several individuals might be thinking along the same lines, even though they may be sitting at opposite ends of the room. Certain group members might use the same color, etc.

A laundry line of symbols can be strung across the room. Twine and clothes pins or paper clips are all one would need. This might be a good exercise to begin a series of group sessions. By the end of several weeks or months the participants might choose a different symbol than the one they began with and that would be the departure point for critical, self-reflective work.



Special place

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Pens and pencils
- Collage images

Think of a special place in your life that brings forth strong memories, such as an eventful holiday, or grandma's house. Talk about the theme and then use the art materials to show the memories.

Variations

1. Write a letter to someone as if you were there in that special place.
2. Structure the exercise to work with a place that may be frightening or hold unpleasant memories. In this case, it might be enough to do a very simple image and for the patient to write a letter of encouragement and support to themselves in the past. I suggest this option only if you have an ongoing therapeutic relationship with the patient as memories may continue to arise days, and even weeks, later. In the case of physical trauma, a frightening place may even be the site of the accident, and this could still carry tremendous charge for the patient, especially if there is guilt associated with the event or if the outcome and healing is uncertain. Go slowly and carefully, providing constant support and presence if you choose to go there.

Pointers

This is an especially pleasant exercise for children, and good cues may be as simple as “your favorite holiday” or “your best friend’s house.”



Stages of life

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

18+ Age 18 and upwards, including seniors

Materials

- Paper and pen for writing
- Paper and coloring materials for the art project
- String or raffia

Begin with a relaxing meditation that creates a feeling of comfort and repose. Then guide the patients to think about the different stages of their lives. They should consider these from their own, deep, inner selves. Where are the turning points? The plateaus?

Fold high quality paper in half to create a book with four leaves or more. This can be tied off like a journal by wrapping a piece of raffia or string around the center to create a binding. Begin with journaling time and then either the journal entries could be illustrated or the patient could take a fresh sheet of paper and make separate illustrations.





Pointers

A journaling activity is a nice way to ease reluctant patients into art-making. Journaling is familiar. For someone who is less comfortable with drawing, simple little illustrations in the margins of the journal are an effective way to move into image-making.

This is a pleasant exercise for seniors. Those unable to use their hands can dictate to you and you can become the “scribe” and also help them “illuminate” their entries.



Story-telling

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Paint
- Crayons
- Colored pencils and pens
- Tissue paper
- Glitter
- Ephemera

The individual is asked to tell the story of their illness as a fantasy. They should feel free to make up characters and outcomes and embellish their story any way they desire. Then they can present themes from the story artistically in any medium they choose. Groups may choose to create a story together.

Variations

This concept can carry over to many sessions if you choose and can become quite elaborate. The initial session can be a time to focus on the creation of the story, and if the patient chooses he/she can journal or illustrate the major ideas. This gestational process takes time. Following sessions can focus on the creation of artwork, and if the patient is so moved it can also be presented as drama. Simple hand puppets are another fun way to make this come alive, e.g. puppets made “Fandango” style with brown paper lunch bags. If your patient wants to keep going with the theme, let it play out until he/she feels that his/her story has been completely revealed.

Pointers

If you do not have the luxury of many sessions, it might be wise to focus on one aspect of the story. It might also help to read a fairy tale to help wake up the story-telling juices (e.g. Grimm’s Fairy Tales), or provide a few stock characters to get the process rolling, such as the prince, simpleton, princess, witch, king and dragon. Allow the patient to create a story around the characters he/she chooses. A simple story line could be: the patient could see himself/herself as the simpleton who overcomes obstacles (three trials—a witch, a dragon, etc.) and ends up inheriting the kingdom.

In a group setting it is important to see that each participant’s individual voice is heard, whether they contribute to the story or are more involved in the artwork.



Telling your story

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

16+ Age 16 and upwards

Materials

- Paper and pen

Story-telling is the basis of expressive arts and most psychotherapy. The patient wants to understand their illness and why it happened so we explore it in as many ways as possible. We usually start every group with introductions and ask people to tell their story briefly. Later on in the group we might ask why they thought they had their illness. In the cancer groups people come up with many interesting reasons such as: my divorce, my job, because I ate chicken, because I was unhappy, because I was asleep.

Writing out a story with a beginning, middle and end is one way for the patient to tell their story. Telling it like a fable or fairy tale (along with illustrations) sometimes gets the imagination going. Following is a template for an instant story that helps the patient formulate the plot. It can be expanded in any way you choose:

1. Once upon a time there was...
2. And every day...
3. Until one day...
4. Because of that...
5. Until finally...
6. Ever since that day...
7. The moral of the story is...

The questions posed by John Graham-Pole, MD in his book *Illness and the Art of Creative Self Expression* (2000, pp.14–15) also lend great structure to the narrative process and help the patient engage more deeply. An assortment of his questions follow:

1. When do you think this illness first took up occupancy inside you?
2. Who else is involved?
3. Why do you think it picked you out of the pack?
4. Does it remind you of anything that happened to you in your past?
5. If your illness could talk to you, what do you think it would say?
6. What do you want to tell it in return?
7. If your illness was a play, what kind of play would it be: a tragedy, a whodunit, or a farce?
8. What are the worst things about it?
9. Is your life different in any way since your illness?



10. Is there anything at all good you can say about the situation?
11. What have you learned, if anything, from being sick?
12. Has your illness served any purpose? For you or anyone else?

Remember, it is OK if the patient does not know an answer, or needs more time to think about it. Just one answer may be enough to spark a “Once upon a time...” story, or a painting or drawing. Just keeping a little journal, or miniature book filled with musings might be, in the words of Goldilocks “Just right!”



The road less traveled

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

21+ Age 21 and upwards, including seniors

Materials

- Paper
- Pencils
- Pens
- Glue
- Tissue paper

Allow the patient to think of a major branching point in his/her life and how taking that path sent him/her in a particular direction in his/her life. The patient can then illustrate the road less traveled...or the fork in the road. Encourage them to use lots of expressive color in their image.

Variations

In this variation the choice is much more abstract, the focus being on the path chosen rather than on the choice made. Begin the session with a guided meditation that leads the patient to a fork in the road. Encourage them to note the landscape, think about where each road might be headed, etc. Allow them to choose one of the roads and follow it for a short distance. Encourage them to notice why they chose that road and then allow them to create the fork in the road and a bit of the new road through a visual medium.

Pointers

This is a very good choice for a new patient or if you might have only one session with a patient. It opens up questions but in a format that allows patients to have a safe, retrospective view of events. The variation is especially good for this because it allows material to emerge slowly and the patient has total control over which path to take. This can be very comforting for someone new to “process-oriented” art.



Voice and gesture

👤 Individuals

🛏️ Bedside

👤+ All ages

Let the patient express through voice and gesture his/her name or emotional state. The facilitator then mirrors the movement and intonation of voice. Names carry great significance for us and it can be powerful for someone to say their name with intention.

Variations

1. This can be a short introductory exercise or develop into something larger. The vocal or physical gestures can also be illustrated. Even the vocalizations can be written down as words in colors that intensify the emotional content, such as red for anger, etc.
2. It can also be helpful for the facilitator not only to mirror the name back, but to continue to call it soothingly to the patient as he/she lies in a restful position. Nancy... Nancy... This can evolve into a duet as well: a particular pitch is chosen and the facilitator sings it to the patient. Then the patient sings it back to the facilitator and eventually they overlap and create a duet.

Pointers

This activity can easily be done with bed-bound patients, as movements can be small and done just with the upper torso, head and arms. For vocal gestures, it is helpful to begin with some examples of how we vocalize emotions in daily life: Yippee! Ow! Ooooo! Oh! Hmpf! This idea applies to words as well. Let the patient try to say “happy” with a happy sound, or “sad” with a sad sound. In this way they can see that they are just exaggerating the sound that is already there. Do not try any of the vocal techniques if the patient has breathing issues, or is hoarse or has a sore throat from invasive therapies or infections.



Who sees you?

- 👤 👤 👤 Group
- 👤 Individuals
- 🏠 Bedside
- 14+ Age 14 and upwards

Materials

- Paper
- Colored pencils
- Markers
- Tissue paper
- Glue
- Pipe cleaners
- Tongue depressors

Ask the patient, “Of all the people in your life, who is the one person who made you feel seen and worthwhile?” Then the patient will create a visual monument to that person’s memory. Leave plenty of time while making the art for the patient to speak about the person. They may tell anecdotes, or remember things they had forgotten.

Variations

1. You can take notes while they are creating art and afterward give them a list of some of the memories or ideas about that individual that came up during the session.
2. Alternatively, you can encourage them to journal after they have completed the piece, write a letter to that person, or construct a poem about them.

Pointers

This is a relatively accessible activity for most people. Encourage them to make a monument to that person, not a portrait of them—for example, a bouquet of flowers.




Word salad

   Group

 Individuals

 Bedside

 Age 16 and upwards

Materials

- An envelope full of words cut out from newspapers and magazines. Choose juicy, expressive adjectives and active, lively verbs.

Have the patient choose at random five to ten words and create a song or poem from them.

Variations

1. The patient can choose words one at a time, which often makes for more humor, but nonsense too.
2. The patient may opt to tell a story instead.

Pointers

This is a wonderful first exercise as it can be short and simple or quite elaborate. Be careful to let the patient direct the exercise and ensure they do not get too tired. It is much better to do several short songs or poems, so that they can finish them, rather than taking on a story with length.



Worry box

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

10+ Age 10 and upwards

Can be made for the patient

Materials

- Paper
- Scissors
- Pencils
- Pens
- Scotch tape
- Ruler
- Magazine pages

Draw an image of a box in which to put your tension, problems and difficulties. For those who need a more concrete solution, a slit can be cut into the image of the box and a little pocket made of paper can be taped to the back of the image, over the slit. The patient can then write down all their worries and tensions on little slips of paper and these can be slipped inside “the box.”

Variations

1. In subsequent sessions, open the box and at random pull out one slip of paper and express the worry through art materials.
2. Fold an origami box (see Boxes, p.113) and place little strips of paper inside, each one inscribed with a worry, tension or fear. The box can then sit on the nightstand or be put away out of sight. Glossy magazine pages provide a stout material that makes strong boxes.
3. Create several boxes: one to hold the good things, one to hold the difficult things, and an empty box for new things to come into life.
4. A group can make one large box, or decorate a big box with collage and construction paper, and then each individual can read their stack of worries aloud to the group if they wish (patients may feel that some worries are too intimate to share). Group members put their worries in the box, the idea being that the entire group cares for all its members and together they will hold all of the worries for the individuals. The box can have pride of place at the beginning of group sessions. It can be acknowledged by the entire group with a few seconds of silence. Some may be moved to prayer and others to positive thinking as they reflect on the box.

Pointers

This is a lovely activity that can be adapted to many different situations.



Your favorite meal

Group, including family members or friends

Individuals

Bedside

All ages, including seniors

Materials

- Paper
- Drawing materials
- Colored tissue
- Construction paper
- Scissors

Let the patient choose their favorite meal and then have them create this out of art materials. In a group setting each patient can offer a dish for the pot luck.

Variations

Create a dinner party and have the patient create a guest list of friends with whom they can share their special meal.

Pointers

Food usually brings out a festive mood, but with illness, be forewarned that anything can happen. It would be wise to know your patient's restrictions and medical history before beginning. A patient who is pre- or post-op may be on a restricted diet or not allowed anything by mouth at all. However, patients who, for example, might have to avoid sugary foods or salt in their diets can add art "salt" and "sugar" to their heart's content. This is also fun for kids who might be missing their mother's cooking or patients bored with the hospital menu: tapioca on Tuesday and hot dogs on Wednesday.



Your helper

 Group

 Individuals

 Bedside

 All ages, including seniors

Materials

- Two pieces of paper
- Drawing materials
- Scissors
- Tape

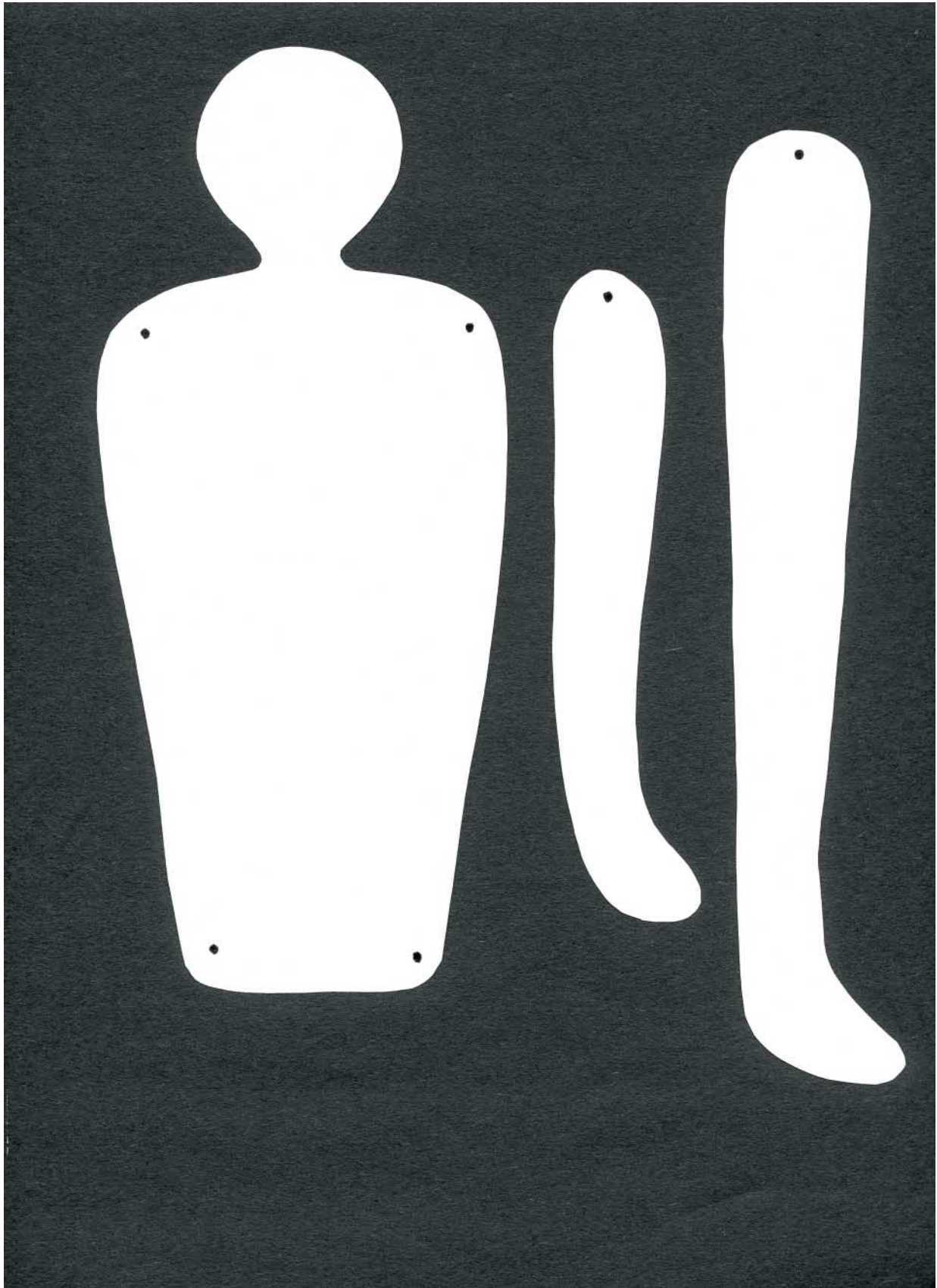
Have the patient imagine that he/she is walking through an opening. On the other side they meet a helper, whatever or whomever that is, who is going to help them change something in their life. With the first piece of paper, create the opening and use scissors so that it will open. On the second piece draw the helper. Be careful to make sure that when the opening is open, the helper is visible. Tape the first piece with the opening on top of the second piece with the image of the helper, so that the opening leads to the helper.

Variations

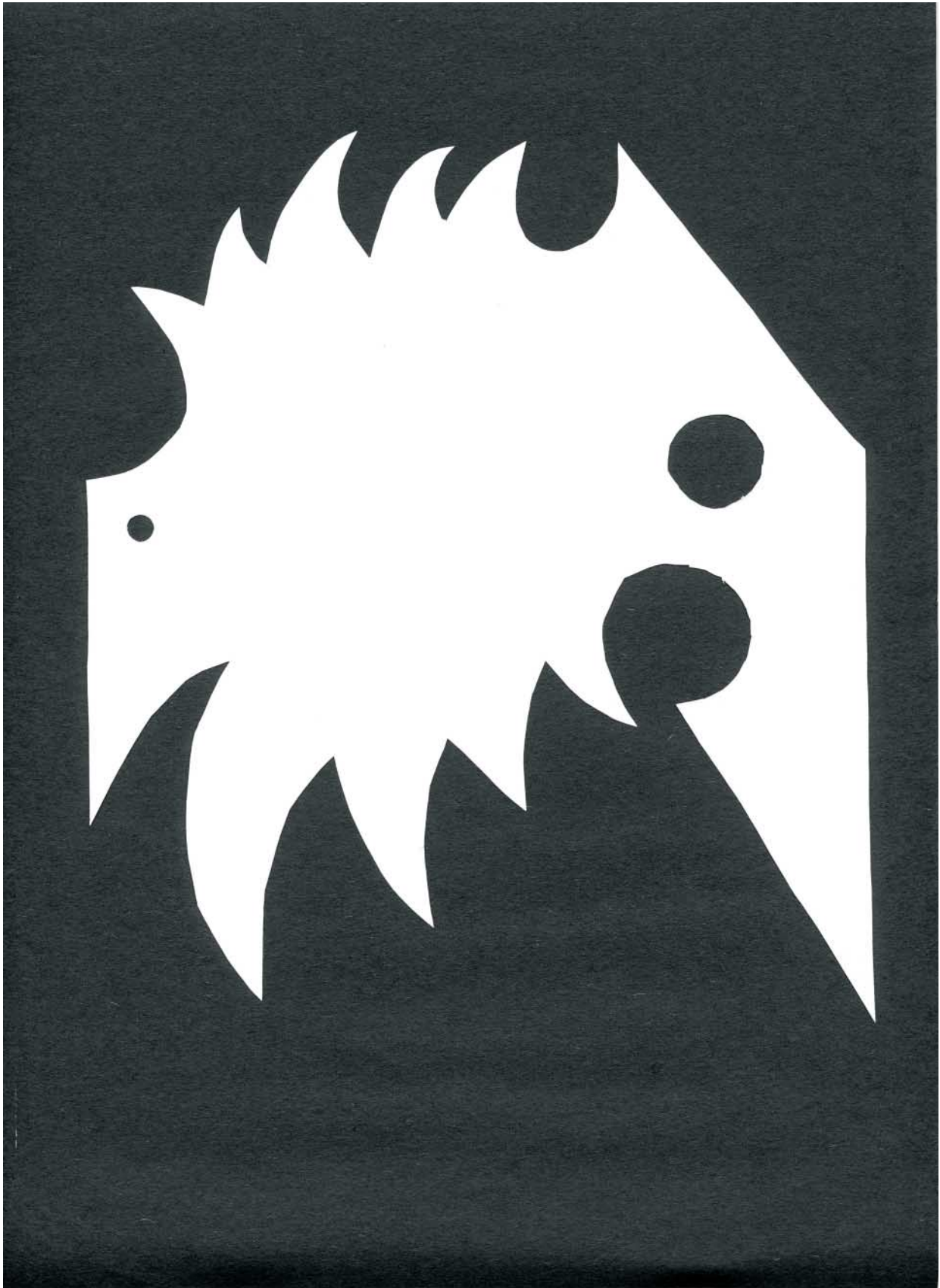
The patient could write a poem or letter from the helper to himself/herself and that could be taped to the back of the piece.

Appendix A: Patterns and Projects

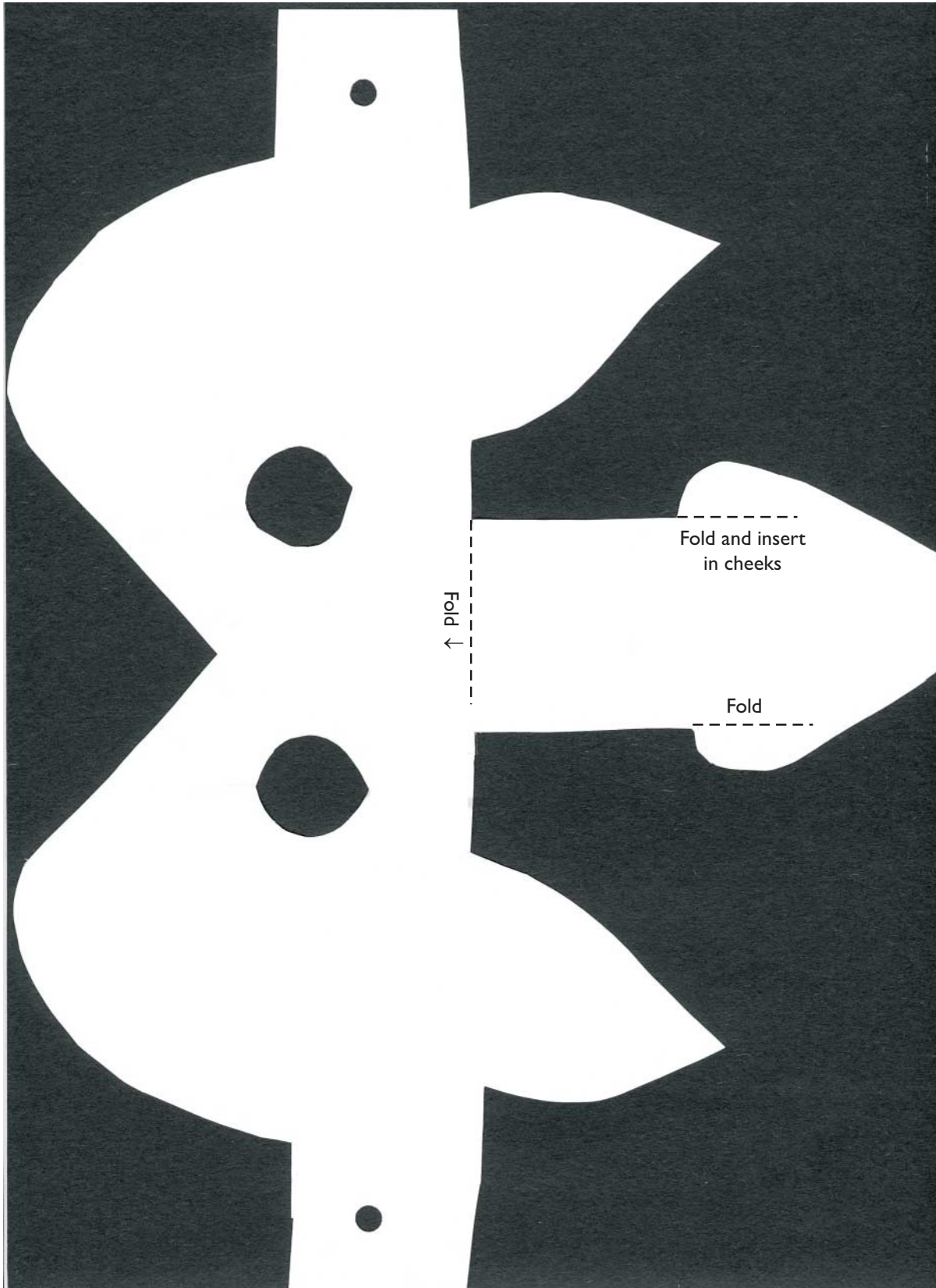
1. Jointed paper story doll, see p.148
2. Paper masks, see p.156
 - Bird, p.197
 - Pig, p.198
 - Mask, p.199
3. Portrait of wellbeing, see p.170
 - Male, p.200
 - Female, p.201



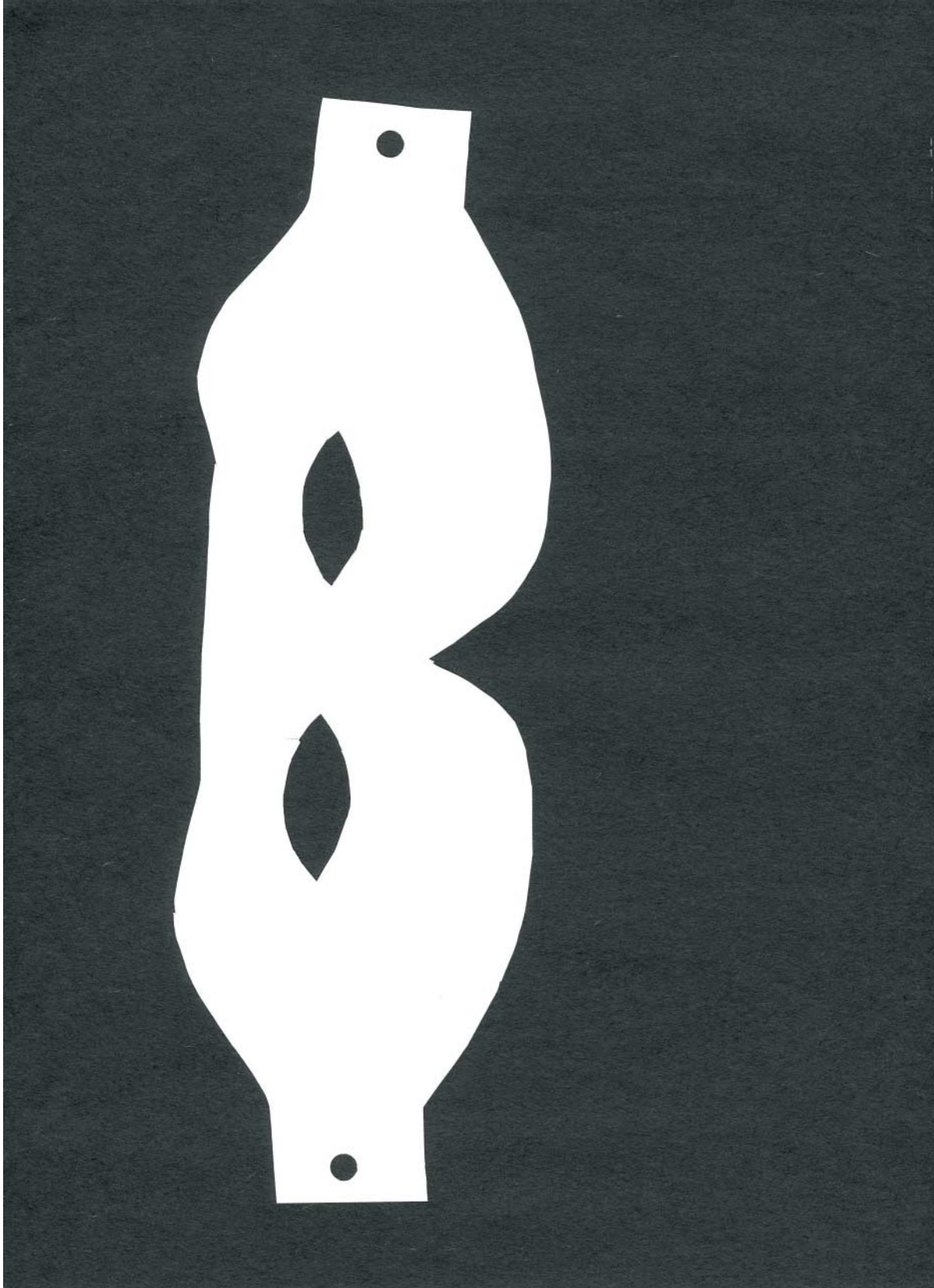
Jointed paper story doll: outline for tracing (see p. 148 for more information)



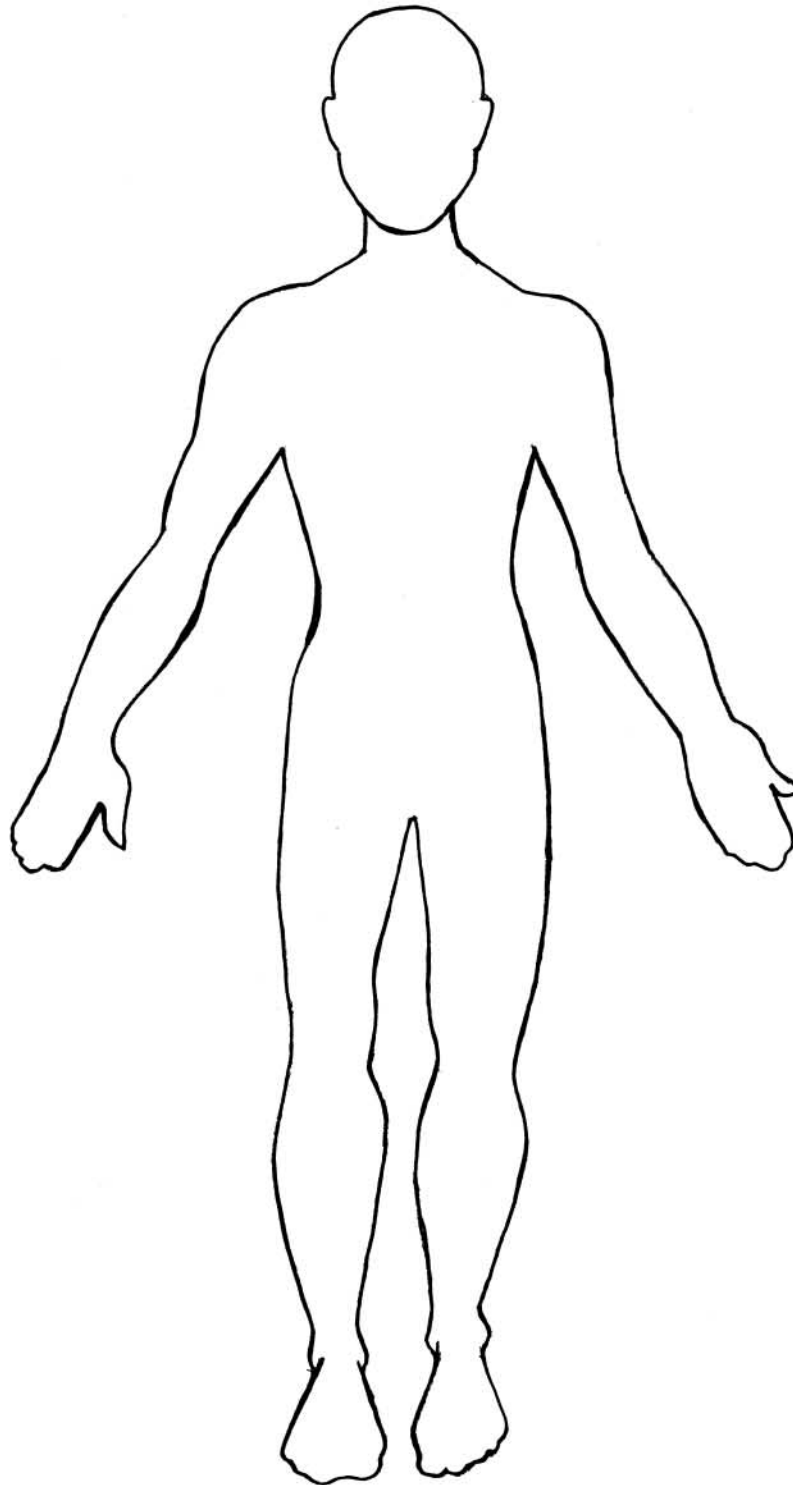
Bird paper mask. Cut out two. Tape the two together at the beak (see p.156 for more information)



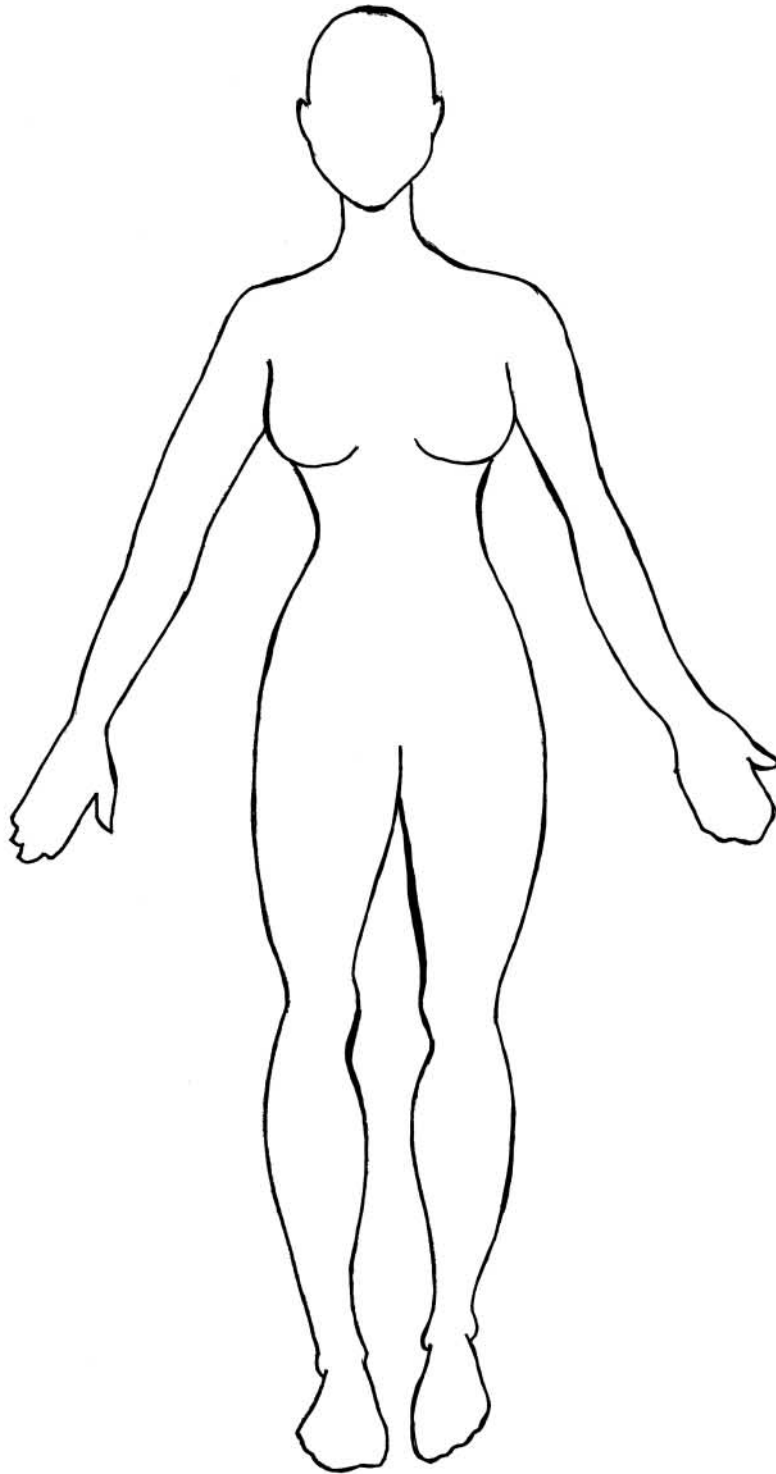
Pig paper mask (see p.156 for more information)



Cut out mask to be worn by partner (see p.156 for more information)



Male outline to be copied for Portrait of wellbeing (see p.170 for more information)



Female outline to be copied for Portrait of wellbeing (see p. 170 for more information)

Appendix B: Associations and Professional Organizations

US Associations

The following American organizations are all wonderful professional associations with helpful links if you are interested in art therapy, expressive arts, the arts in healthcare settings and professional training:

American Art Therapy Association Inc. (www.arttherapy.org)

American Dance Therapy Association (info@adta.org)

Americans for the Arts (www.artsusa.org)

Association for Anthroposophical Art Therapy in North America (AAATA) (www.phoenixartsgroup.org)

International Expressive Arts Therapy Association (www.ieata.org)

National Association for Drama Therapy (NADT) (www.nadt.org)

National Association for Music Therapy (www.musictherapy.org)

National Association for Poetry Therapy (www.poetrytherapy.org)

National Coalition of Arts Therapies Associations (www.nccata.org)

Performing Arts Medicine Association (PAMA) (www.artsmed.org)

Society for the Arts in Healthcare (www.thesah.org)

International Associations

Arts in Therapy International Alliance (AiTia) (<http://arts-in-therapy.blogspot.com>)

Association des art-thérapeutes du Québec (AATQ) (www.aatq.org)

Australian Creative Arts Therapy Association (ACATA) (www.acata.org.au)

British Association of Art Therapists (BAAT) (www.baat.org)

British Columbia Art Therapy Association (BCATA) (www.bcarttherapy.com)

Dutch Association of Art Therapy (NVCT) (www.vaktherapie.nl)

European Consortium for Arts Therapies Education (ECartE) (<http://ecarte.info>)

German Association of Art Therapy (DGKT) (www.dgkt.de)

International Expressive Arts Therapy Association (IEATA) (www.ieata.org)

International Networking Group of Art Therapists (ING/AT) (www.acteva.com)

International Society for the Psychopathology of Expression and Art Therapy (SIPE) (www.online-art-therapy.com)

International Art Medicine Association (PAMA) (<http://members.aol.com/iamaorg/index.html>)

Northern Ireland Group for Art as Therapy (NIGAT) (www.nigat.org)

Organizations

These organizations are interested in the arts and healing:

Art as a Healing Force (www.artashealing.org)

Art Heals (www.artheals.org)

Art Force (www.artforce1.org)

Art in Therapy (www.artsintherapy.com)

Center for Journal Therapy (www.journaltherapy.com)

Sound Healers Association (www.healingsounds.com)

Training

Check the associations for professional training. They will know schools which offer specialized training in the various expressive arts, so that you can choose a program that suits your needs.

For week long training in New York City for artists and professionals, contact the Creative Center at info@thecreativecenter.org

For consultants who will advise on all aspects of art in healthcare and for online training contact: The Society for the Arts in Healthcare (www.thesah.org)

Appendix C: References

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- Jacobi, J. (1959) *Complex/Archetype/Symbol in the Psychology of C.G.Jung*. Princeton: Princeton University Press.
- Jung, C.G. (1973) *Memories, Dreams and Reflection*. Aniela Jaffe (ed.) transl. Richard and Clara Winston. New York: Random House.
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- Le Navenec, C. and Bridges, L. (2005) *Creating Connections between Nursing Care and the Creative Arts Therapies*. Springfield, Ill.: Charles C. Thomas.
- Richards, M.C. (1996) *Opening our Moral Eye*. Hudson, New York: Lindisfarne Press.
- Richmond, W. (1997) *Communication Arts*, May–June, 39. Menlo Park: Coyne and Blanchard.
- St Exupery, A. and Howard, R. (transl.) (2000) *The Little Prince*. New York: Harcourt.

Appendix D: Further Reading

Poetry

How to make a poem

Fox, J. (1995) *Poetic Medicine: The Healing Art of Poem Making*. New York: Jeremy P. Tarcher/Putnam.

Fox, J. (1997) *Finding What You Didn't Lose: Expressing Your Truth and Creativity Through Poem Making*. New York: Jeremy P. Tarcher/Putnam.

Poetry we like to use

Lorca, F. G. and Jimenez, J.R. (1993) *Selected Poems*. Robert Bly, transl. Boston: Beacon Press.

Nepo, M. (1994) *Acre of Light: Living with Cancer*. New York: Talman.

Nepo, M. (2004) *Suite for the Living*. Mill Valley, CA: Bread for the Journey.

Oliver, M. (1986) *Dream Work*. Boston: Atlanta Monthly Press.

Oliver, M. (1990) *House of Light*. Boston: Beacon Press.

Oliver, M. (1992) *New and Selected Poems*. Boston: Beacon Press.

Rilke, R. M. (1981) *Selected Poems of Rainer Maria Rilke*. Robert Bly, transl. New York: Harper & Row.

Rumi, J. (1981) *Open Secret*. Coleman Barks and John Moynes, transl. Putney, VT: Threshold Books.

Whyte, D. (1990) *Where Many Rivers Meet*. Langley, WA: Many Rivers Press.

Whyte, D. (1997) *The House of Belonging*. Langley, WA: Many Rivers Press.

Themes for exploration

Cohen, G. (2000) *The Creative Age, Awakening Human Potential in the Second Half of Life*. New York: Avon Books.

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