



Bookmaking techniques

- 👤 👤 👤 Group, including family members or friends
- 👤 Individuals
- 🏠 Bedside
- 👤 All ages
- ☑️ Can be made for the patient

Materials

- Paper for the pages
- Card stock paper for the covers
- Collage pictures
- Markers or pens with fine points
- Raffia, or ribbon, string for binding
- Stapler or hole punch
- Scissors
- Glue sticks

Making books has proven very popular in the authors' experience. It is new to most patients and the most charming book can be made with the simplest of materials. The book can be used for a card, for a poem, or a special message. Although we always emphasize process over product, because we are primarily interested in the efficacy of artistic expression, and personal interaction, we often make books in order to create a product.

Patients who need a "pick me up" and a reminder that they are more than just someone who is sick and not very capable, treasure the opportunity and their own ability to create something that is not only beautiful but also looks professional. They are usually surprised at the result. They can show it off or give it away.

Books can be very simple or quite elaborate. The internet is a great resource for different techniques and sometimes the simplest change can create extraordinary results. You can use any kind of paper, from recycled pulp or clean waste-paper scraps to fancy wrapping paper or end papers printed especially for book-making. The front and back covers are best made from a heavier paper or card stock that can be handled repeatedly. You can obtain this paper for free by asking for the end cuts from your local printer. The covers are cut a bit bigger than the pages. We have not included any dimensions because you can make big or tiny books depending on what you want and the paper you have.



Book one

Materials

- Two to four pieces of paper, folded in half and placed on top of each other (the leaves)
- One piece of colored paper, cut slightly bigger, folded in half and placed on the bottom (the cover)
- Ribbon
- Stapler

Bind the book by stapling the layers together at the top and again at the bottom of the center fold.

Variations

Using the same set-up and materials, punch holes through the entire folded book, top and bottom (or more often if the book is very large). Thread raffia or ribbon through the holes. You can probably figure out two or three ways to thread the ribbon (in and out, bows, knots, etc.). Be creative. As long as it holds together, it is fine.

You can use one page for each line of poetry—a cinquain (see p.92) needs at least six leaves, a haiku (see p.92) needs three—or put it in the middle of the book across the gutter. Feel free to glue collage pictures to the other pages or draw with markers or watercolor, but make sure that the paper will hold up to water colors or glue.



Book two: accordion book

Materials

- Long narrow piece of paper (ends from the printer or legal paper)
- Two pieces of card stock or cardboard, ¼" larger than the width and length of the folded paper
- Raffia or ribbon

Fold the long strip of paper back and forth evenly, so that each page is the size you want. You can glue lengths of paper together to make the accordion longer if you want more pages. A cover should be glued to each end of the accordion book and a ribbon long enough to wrap around the book and close it should be glued in at the same time between the last page and the back cover. Make sure the ribbon extends out from the front edge of the book. Tie the ribbon around the accordion and tie in front or wrap it up like a little package.

You can use the accordion book for poems such as the cinquain, a story, or pictures. The pages can also be collaged. Books are a beginning that says "fill my pages" please, but empty books also make lovely gifts on their own. Be sure to refer to the next section: Poetry.



Poetry

👥 Group, including family members or friends

👤 Individuals

🏠 Bedside

👤+ All ages

Books are a wonderful canvas for the patient's poetry, but poetry can also be used alone or as a multi-modal adjunct to an activity. For example, a patient might work with Image cards (see p.71) and through word association with each image, craft a stream of consciousness, free verse, poem. It does not matter whether material fits an established poetic form or not, because what arises carries significant meaning for the author. However, there are several poetic forms that are relatively quick, easy and very effective. These include the cinquain, the haiku, the limerick and the triolet.

Cinquain

The traditional cinquain is based on a syllable count. We, however, use a form based on a word count that relates to groups of nouns, adjectives and verbs. Here is our recipe for a cinquain:

Line 1—one noun tells what the poem is about (subject and title)

Line 2—two adjectives describe the subject

Line 3—three gerunds (verb forms that end in “ing” such as hopping, laughing) describe something the subject does or an action related to the subject

Line 4—a four to six-word-long descriptive phrase or sentence describes a feeling or the subject further. This is a good place for similes and metaphors

Line 5—one or two words rename the poem (a synonym) or give it a punch

Here are two examples:

Tree
Green, majestic
Living, shading, breathing
It grows so tall!
Sequoia!

Beagle
Joyful, happy
Leaping, jumping, fetching
My running partner and friend
Go Boy!

As you can see they are simple but evocative. You and the patient can start with a sample, making up a poem on the spot together. Use what is happening in the present, in the hospital room or office. Do as many together as necessary for the patient to get the idea and then help her make her own. Here is an example:

Surgery
Scary, necessary
Opening, closing, curing



I pray for good results.
Of course!

The haiku

This is a Japanese form that usually takes nature as the subject matter. The traditional form is very simple, unrhymed and just three lines and seventeen syllables long. The first line has five syllables, the second seven, and the third five again. The content focuses on nature. Because of the brevity of the form and its traditional association with nature the haiku tends to evoke images of the natural world, that may, or may not, have potent emotional affect. Here are two examples:

Street lamp flickering
Black dog barking at the light
Two p.m, echo.

Bold, buckeye chestnuts
A child's game of conkers
Bruising silly boys

The triolet

The triolet is a medieval form that is very effective because of the use of repetition. It is eight lines long, with an Abaaabab rhyme pattern. The first line is repeated for the fourth and seventh lines. The second line is repeated for the eighth line.

Although the triolet is often equated with light or humorous concepts, it is also effective for emotionally charged material. If a patient comes up with one strong idea, the poem is almost written. Here are two examples by a teenager, struggling with her peer group:

Gossip is treacherous
Like rapture of the deep
It beckons us
Gossip is treacherous
Partisan and mutinous
Through every crack it will seep
Gossip is treacherous
Like rapture of the deep

Red is the color of vengeance
A game of Achilles fury
A language spoken through violence
Red is the color of vengeance
Nipping at the heels of offence
Glancing blows, light feet dance as they hurry
Red is the color of vengeance
A game of Achilles fury.

The limerick

This is the most commonly known poetic form and the content is always humorous and often bawdy. We have yet to hear a serious limerick! Limericks will certainly lighten the mood in any situation. The limerick has five lines and the rhyme scheme is Aabba. The dominant meter is anapestic (weak beat followed by a strong beat), but a few unaccented beats can be slipped in without too much harm: wSwwSwwS. An example is: There *was* an old *Lady* from



Fife... It is made up of two feet in the third and fourth lines, three feet in the others (a poetic foot is a group of weak and strong beats, in this case weak-strong. Here are two examples, the first from the same teen who wrote the triolets and the next a well known example from Edward Lear's *Book of Nonsense* (2005):

My doctor prescribed counting sheep
As I was unable to sleep
A "dream" butcher came running, his cleaver was stunning
The sheep ended up in a heap.





There was an old man with a beard
Who said, "It is just as I feared!—two owls and a hen, four larks and a wren—have all built their nests in my beard!"



Bookmaking (see page 88)



Printing techniques

-  Group, including family members or friends
-  Individuals
-  Bedside
-  All ages

Printing onto paper is an easy and fun technique to use with patients. It is experimental, does not always require drawing skills, and with a variety of colored inks or paints and lots of interesting stamping material, even the novice artist can produce something exciting. Most patients have not experienced this technique (except possibly vegetable printing with cut potatoes and similar projects) and so they have not built up prejudice against this medium. Just experimenting with colorful materials is therapeutic, and the activity can be as long or short as the patient's attention span or energy level permits. We suggest mono-printing techniques in which each print is singular and individual.

Although some techniques require more manual dexterity, purchased rubber stamps with interesting images or words and colorful ink pads are easily manipulated, and the results can be very interesting. Rubber stamps can also be used in many of the other theme-based activities and are an excellent icebreaker too.



Mono-printing

👤 👤 👤 Group, including family members or friends

👤 Individuals

🏠 Bedside

👤+ All ages

Materials

- Paper. Use paper that is absorbent, such as construction paper, newspaper or rice paper
- Ink or paint. Water-based inks (such as the ones manufactured by Speedball) are best, but acrylic and tempera paints are also good. (They just dry very quickly and will gum up your stamps if not cleaned off quickly)
- Brayer or brushes. A brayer (a small roller with a handle) or brush are needed to spread the ink
- Shapes to print. Use any cut-up vegetable, wooden shapes, stamps, textured fabrics, pieces of cardboard or anything you can think of that would work to make a print. Half the fun is inventing new stamps

There are two simple ways to print. Either you can dab some ink on the stamp and, using a paint brush or a brayer, spread the surface of the stamp with a thin layer of ink and then print on the paper, or alternatively you can dip the object onto a paper plate with some paint on it and then print. Do not use too much ink or paint because the delicate lines and textures of the stamp might be lost. The brayer will give you the most even and thinnest application of paint.



Styrofoam printing

👤 👤 👤 Group, including family members or friends

👤 Individuals

🏠 Bedside

1+ All ages

Materials

- Paper, same as above
- Ink or paint, same as above (gold and silver are nice choices to have in your palette)
- Brayer or brush
- Styrofoam pieces—either purchase Styrofoam at the art supply store or recycle the Styrofoam sheets from the grocery store that are used to package meat or vegetables. Just be sure to wash and dry them thoroughly.
- Pencil, nail, or skewer
- Flat wooden spoon

Make a drawing on a piece of Styrofoam by etching into the material with a dull pencil. Using a brayer in the same manner as above, ink the drawing. You can also squeeze some acrylic paint directly onto the Styrofoam.

Lay a clean sheet of paper (white or any color) on top of the Styrofoam and press with your hand or the back of a wooden spoon until the paper has picked up the image. Pull off and set aside to dry. The Styrofoam can be used multiple times.

Pointers

Be sure not to use too much ink, especially if the drawing is delicate, because the indentations will fill up with ink and the image will not transfer. Remember, too, that if the patient wants to include words in their piece, it must be written as a mirror image, because it will print in reverse.



Tissue paper and white glue

👤 👤 👤 Group, including family members or friends

👤 Individuals

🏠 Bedside

👤+ All ages

Materials

- Colored tissue paper
- White paper for backing
- White glue (preferably Elmer's) diluted with water three to one
- Brush to apply the glue

Tissue paper and white glue is a tried and true technique that is lively, easy and almost always produces a product that is satisfying. If you can tear paper and use a paint brush you can do this technique. The paper sometimes bleeds and combines with other papers to make lovely colors and interesting shapes. The surprise element keeps it playful and surprising.

With a brush, apply watered-down glue to a piece of backing paper. (It will eventually be completely covered by tissue paper.) Tear pieces of tissue paper and lay on the glued paper. Paint glue over the previously glued tissue and keep layering until the picture is done, ending with a final coat of watered glue. Wash the brush every once in a while as it might begin to pick up too much color from the artwork and also carry bleeding color from the tissue into the glue pot.



Watercolor techniques

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

12+ Age 12 and upwards

Most people are familiar with watercolors. However, they usually remember cheap, student-grade watercolors with cheap brushes that fell apart and left hairs on the page. Or they remember how the paint mixed with every other color paint in the tray and turned a yucky brown, and they often remember that it was hard to learn.

When you present watercolor for the first time, it should be a whole new, wonderful, creative experience. If the patient already knows how to use watercolors, or is interested in learning, free painting is always a good way to go.

Materials

- Watercolors. Have pan sets available rather than tubes of color. This is more compact and easier for groups to manage. Good quality sets are manufactured by several companies, including Prang, Caran d'Ache, Grumbacher, Pelikan, and Windsor and Newton
- Watercolor Pencils. There are several brands available. They look like ordinary colored pencils but they dissolve in water and can be used for a variety of techniques
- Watercolor crayons. They work like crayons but, like the watercolor pencils, also dissolve in water. Caran d'Ache and Neocolor II watercolor crayons are heavily pigmented and easy to use
- Brushes. They need not be expensive, but do not buy the tiny, inexpensive ones that fall apart. Providing a variety of sizes is important. A small detail brush and a 3/8" and 5/8" flat brush should do, and a generous sized Chinese brush is also nice. A brush that holds a point is a nice addition to your cache of supplies, but is only worth the expense if you can take proper care of it—time to dry, safe storage, etc.
- Paper. High quality paper is essential, not a luxury. Ninety pound (130 gsm) paper and above, hot and cold press paper, heavy enough to stand up under the liberal use of water, makes a tremendous difference to the entire experience of making art
- Water
- Clean sponge
- Table salt

Wet-on-wet method

Place the paper on a waterproof surface, such as a Formica table. Wet the paper with a large, clean sponge or large brush. Be careful to smooth out any bubbles with the sponge that might form underneath the paper before adding paint. Load a brush with wet paint and apply it to the wet paper. The paint will bleed over the wet surface. Drip and blob paint around the surface of the paper. Colors will blend on the paper: reds and blues will turn purple, yellow and blue will turn green. It is a good idea to limit the palette at first to just blues, reds and yellows, so that the patients can have the experience of new colors arising on the page. Beware of using too many colors, to avoid the picture turning gray. You can add watercolor pencil or crayon, and if the page is not too wet these materials can give more control and detail to the image. The result is usually more beautiful than the patient could have imagined, as all the colors mix and drip together in unexpected ways.

**Pointers**

As your patients become more familiar with the feeling of the wet-on-wet method, they can become more adventurous and try painting referential images, but this needs more understanding of the medium than beginners might have. Remember, the less water on the page, the more control one has. Wet-on-wet, by its very nature, discourages control and highlights the surprise element. For some patients this is liberating; for others who might be struggling with how to control their illness, their life, etc. it can be an enlightening experience, or just completely frustrating. To avoid frustration, introduce the medium as a way to play and to awaken curiosity, or introduce the watercolor pencils as a way to make a more “deliberate” mark on the page.

Watercolor pencil and crayon

The watercolor pencil and crayon can be used dry, on dry paper, and water can be added later. To use this technique apply color or try dipping the pencils or crayons into water and then applying them to the paper. Pencil and crayon will mix with the water and look just like regular watercolor, but they tend to carry more pigment than a brush load of paint (unless it is quite dry). It is a way to get a bit more control of the image for those who do not yet have watercolor technique, but it still has the feeling and presence of the watery element.

Watercolor flooded into wet brushstrokes

Using a brush with clean water, draw shapes, or make letters, on the paper. Then carefully drop watercolor paint into the watery shapes. The pigment will fill the shapes with color.

Pointers

Make sure that the shapes have not dried out before adding the pigment, and if they are too wet they will sit there as pale puddles and dry unevenly.

Watercolor and salt

Paint a free-form design with watercolors. Sprinkle salt in some sections and it will draw the watercolor toward it, creating an interesting grainy texture and design.

Pointers

This is another way to add a surprise element to the work. It is also a lesson in non-attachment as the patient has to be comfortable with the idea that their work will continue to evolve. I suggest explaining the technique at the very beginning, rather than mentioning it just before adding the salt.

Theme-based Activities

These theme-based activities generally require 30 minutes or more to complete and have an “agenda.” One might tap into images of the Self, or pain, for example. They are appropriate for a second art-making visit or for those patients who are familiar with the expressive arts and are ready for a deeper experience. Most of the activities work well with groups and especially with seniors.

Many of these exercises rely on active imagination or guided imagery (explained on p.101). Often this starts with a brief relaxation period in which you ask the patient to close their eyes, take some deep breaths and let go of the day. Sometimes we do a “body scan,” working our way up and down the body, asking the patient to clench and relax all the major muscle groups so they are in a relaxed, receptive mood when the instructions for the project begin.

Relaxation

In our theme-based activities we often begin with a relaxation exercise. This is meant to quiet down the patient or group, who may have just arrived from their busy lives in and outside of the hospital. It helps them focus on the present moment and it also heightens their receptivity to the guided imagery, poem, or directives of the activity. Keep it short for seniors or after a meal, or you might put them to sleep!

There are many ways to encourage relaxation. Dimming the lights is helpful. Speaking in a calm, comforting and slightly monotonous tone helps. Most beginners err by rushing and not allowing enough time between directives for the patient to check into their body and to conjure up the images. If you are not calm, centered and relaxed when you begin, it will be much harder for the patient to reach a peaceful and relaxed place. Remember, you have to set the tone, and that may mean taking a few deep breaths or sitting quietly with your eyes closed. You might consider using music to help the group relax. There are many CDs available

designed to instill serenity. Select music suitable to the age of the group and without lyrics, slow in tempo and low in pitch.

Always give options. Although it is optimal to close one's eyes, if it makes anyone uncomfortable, then suggest that they leave their eyes open but focus softly without concentrating on a particular object. Often people breathe in a shallow manner, especially when they are anxious or experiencing pain. A simple exercise based on slow, deep breaths can take them in less than five minutes to a peaceful, relaxed place.

Instruct your patients either to sit upright in a chair or bed. You might give them a little information about why deep breathing is good (deep breaths promote oxygenation and deep exhalation gets rid of stale air and carbon dioxide). If they do not understand the concept of deep breathing, suggest they inhale as if they were smelling a bouquet of roses, and exhale as if they were blowing out candles. Generally the relaxation exercise goes as follows, but feel free to adapt it as you wish:

If you are willing, put your feet flat on the floor and close your eyes... Focus your attention on your breath... Breathe in, filling your abdomen, bringing in health-giving oxygen... Breathe out and let go of the tension of the day and all the toxins your body no longer needs. (*Model this by breathing in and out about three or four times more loudly than you would normally, so that they can hear the breath.*) Feel the tension released from your body with each exhalation.

At this point, if you have more time, you can begin a full body relaxation by guiding them to relax starting with their heads and moving to their feet. If your time is short, you can stop here and begin with the imagery part of the exercise.

Pay attention to your face. Really tighten all the muscles while inhaling...hold for a moment, and then let the tension go as you exhale. Notice the little muscles around your eyes... Now move your focus down to your shoulders. Lift and tighten them... Hold... Then relax, feeling the tension drain out with each exhalation... (*Do the same with all the other major muscle groups.*) Tighten your hands and arms...stomach...buttocks...legs... and feet...

They are now ready to receive the guided imagery part of the exercise, if there is one, or they are ready to begin with their art project. If you want more elaborate scripts for relaxation, you may find them in Lusk (1992, pp.1–33).

Guided imagery

This part of the exercise sounds very professional, but the goal is simply to encourage people to imagine, use their mind's eye and engage all their senses: sight, touch, taste, smell, hearing and kinesthetic (the sense of movement). Often people say that they cannot imagine or see things. Ask them how many windows there are in the first floor of their house. They will go from room to room in their imagination, counting the windows and usually having no trouble correctly numbering the windows. This is guided imagery. The exercises are intended to elicit images that can be expressed through art, either on paper, in clay or through movement and sound. One example might be:

Imagine your childhood bedroom. As you walk through the door take in all the details. How big is it? What color are the walls? What does your bedspread look like? Does it have a special smell? What do you hear from your bedroom? When you are ready come slowly back and be ready to draw what you just saw.

In this case they are searching their memory for a real image like the windows. Keeping it in the present tense underlies the fact that the memory can be activated as a present reality. Another example might guide them to imagine something new, but it might be based on scenes they have experienced in their lifetime:

See yourself on a warm beach in some location where you feel safe and happy. Hear the waves, feel the sand, smell the air, and see the landscape and vegetation. When you are ready come slowly back into the room and draw what you just experienced.

Another example is completely new and not based on the past. It is, of course, based on familiar concepts, but it is not as self-explanatory as a landscape. A typical subject when working with ill people is to imagine an “inner advisor”:

In a clearing you see your inner advisor. This is someone with deep wisdom who always has your best interest at heart. Is it a man or woman? What is he/she wearing? Does he/she say anything to you? What do you know about him/her?

When they formulate an image (it can be almost anyone, such as a religious figure or someone with great wisdom and dignity) you can then direct them to ask any number of questions about decision-making, healing, etc. This is where information about the patient can come in handy.

Another example might be a cancer patient who is asked to imagine his/her cancer cells as an image and then to imagine what is needed to destroy them. The art process then takes over; the patient might draw the cancer cells being overcome. Experience has shown us that people have great wisdom that is sometimes inaccessible to their logical mind. However, when given the opportunity to access that unconscious information through symbols, imagery and the art process, the knowledge is easily revealed. Guided imagery is one easy method to bring images to consciousness and, as we have seen, giving these images concrete form through the artistic process allows these images to continue speaking to the patient.

We must always respect the images that arise from these exercises, even if they seem odd, or even weird, to us. It is important to refrain from commenting and let the explanation unfold on the patient’s own terms. The patient’s unconscious holds more knowledge about them than the practitioner will ever have. Images arise as complete concepts and even if they do not make sense now, and are not immediately understood, they do hold knowledge about the patient. It must also be remembered that logical understanding is only a fraction of the health-giving benefit of art-making. It happens to be the way we are used to seeing the world. Understanding is comfortable. The act of releasing this information into the conscious realm is healing in itself and does not need to be understood to be efficacious. Images can make sense, be weird or be very impressionistic. The patient may not recognize their experience as an image. For example: “I didn’t see anything, just colors and vague shapes. I have no idea what they are about.” We always keep in mind the wise words of Pat Allen (1995, p.60):

Remember that the image is the messenger of your soul and never comes to harm you. The misperception of the art school critique is that the image needs to be improved through criticism. The misperception of art therapy is that the image must be analyzed. Both approaches try to overpower the image with intellect. The image needs to be known, seen fully with loving attention and encouraged to speak, treated as you would treat an ambassador from a different world. Then it will develop and reveal itself according to its own logic.



Abandoned object

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

50+ Seniors

Materials

- Paints and brushes, or
- Markers
- Paper

Begin with a relaxation exercise with eyes closed if the patient is willing. When they are relaxed and with eyes still closed give the following instructions:

Imagine being out on an evening stroll in the city, and you pass a deserted store. As you walk by the window, you see an abandoned object in the window. Try to imagine the history of the object which captures your attention.

Allow plenty of time for the patient to ponder the object, then ask them to paint a picture of the object and write about it.

Pointers

This exercise is designed to tell you something about the person through the use of imagination and metaphor. Many seniors feel abandoned and they suffer many losses as they age. An example of an abandoned object might be an old trumpet. The story might be of the music it made, who played it, and why it was abandoned. It is often helpful to have patients tell the story as if they are the object. “I am an abandoned trumpet. I was born in St. Louis at the turn of the century. I was bought by a milkman who had a small band he played with on weekends...” You are always listening for the similarity between the story or metaphor and the person. In this way you can ask questions and begin dialogue, always staying in the metaphor. “What was St. Louis like in the turn of the century. What was it like being played by a milkman and not a professional musician?”



Body as nature

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

18+ Age 18 and upwards

Materials

- Paint
- Watercolors
- Oil pastels
- Large sheets of paper

Begin with a short relaxation, then create your own guided imagery about living on a planet of seas and vapors, mud, fire and dust. Our blood and hormones are fundamentally sea water and volcanic ash; our skin shares its chemistry with the maple leaf and the moth wing. Ask them to depict themselves as part of nature.

This exercise requires some sophistication, but ultimately it can be a discussion about belonging. We are part of the earth and part of nature. If we feel isolated, it is simply because we have forgotten that essentially we do belong. Modern life can be disconnecting: we no longer make our clothes and grow our own food. Remembering that we are part of the earth's ecosystem, that even our cells are made up of the same materials as the forest, for example, can be of great comfort, especially for seniors who may feel isolated. This is a reminder that we are all in this together. Feel free to initiate a dialogue with simple questions: What does it feel like to know you are mostly water...share most of the DNA of a gorilla, a snail? How does it feel to be part of nature?



Body-based imagery

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

12+ Age 12 and upwards

Materials

- Paint
- Markers
- Oil pastels
- Large paper

Begin with a relaxation exercise and then ask the patient(s) to keep their eyes closed, if they are willing, while you give them this suggestion:

Bring your attention to any area of your body that calls out to you. If none does, choose an area of the body you would like to get to know better. Focus on that part of the body and notice what color it is, its texture, shape and form, both inside and out. Ask it what it needs. Imagine this in color, shape and form. When you have an image, open your eyes and draw what came to you.

This can be followed by questions and discussion: “What was that like for you? Could you imagine your body part? Did it have a need? What was the need and how did you imagine it?” The intention is for the exercise to lead to some self-awareness, nurturance and healing.

Pointers

This is a good exercise to do if the patient is experiencing pain but is still comfortable enough to do art. Sometimes by focusing on the pain and getting to know it better, the experience of pain diminishes.

It is helpful to have the paper and drawing materials readily available so that the patient can immediately begin working while the images are fresh in their mind, rather than spend time getting out what he or she needs.

Body-mapping; head, heart, hands, feet, whole body

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

16+ Age 16 and upwards, including seniors

Materials

- Paper
- Collage images
- Scissors
- Glue sticks

This is a project to be done over a number of sessions. Each session, a different part of the body is addressed. Begin with the head in the first session and then move down the body in order, the feet being last. Lead into the project with a relaxing meditation that ends with a focus on the body part you are working with that session. In the final session begin with an overview of the entire body.

Ask the patients to visualize the physical, emotional, mental and spiritual layers of the body part. Ask the following questions: “How does the head (or hands, feet, etc.) connect us to the world? Is the head sensate? Does the head think? Does the head feel emotions, imagine, create or hold memories? How does the head present itself to the world?”

As a different part of the body is addressed in each session, ask the patient to write down their thoughts on a piece of paper. Then ask the patients to choose a limited number of collage materials, either illustrative or photographic, for their body part. (The head is best represented by one image, the hands and the feet by two—because the experience of right and left are different—and the heart by one or more because that gives the patient the chance to express how the heart feels at different times and toward different people.)

When they are ready they can take a fresh piece of paper, draw an outline of the head, for example, and then paste the “head” image they have selected onto their drawing. This should happen for each body part. During the last session they should take one very large piece of paper and connect the outlines and images, forming an entire body of all the different images. They may want to write on their “form” as well, adding ideas from their writings. Please stress that it is not meant to be a realistic portrait of the person at all, but a reflection of their inner life. Leave lots of time for sharing thoughts and feelings.

Pointers

Each body part has certain qualities. The head, heart, hands and feet are mentioned above, but one could also focus on the stomach, or the breasts, for example, and tailor the choice of body parts to the individual or group with whom you are working. The heart is a good choice because we generally consider it to be our emotional core, the head our thinking organ, and hands and feet because they take us places and do things for us, but other parts of the body may be very significant for certain patients. Be sure to consider both the physiological and emotional qualities of each organ. Many things, expected and unexpected, may arise during this exercise. The body tends to carry memories that may not be conscious all of the time. Tenderness in a hand may have an organic or even an emotional basis. Be supportive of the individual’s experience and if someone is not comfortable opening up in the group they should feel free to pass and you should move on to the next person.



Body-mapping: Hands (see page 108)



Body-mapping: Whole body (see page 108)



Body-mapping: Head (see page 108)



Boundary exercise: drawing in pairs

 Group
 All ages

Materials

- Large paper
- Markers

Divide the group into pairs. Each couple shares a single sheet of paper. Guide one of the individuals to begin. The idea is for each person to concentrate on their partner. Direct them to draw together in silence for 30 minutes, either abstractly or concretely.

This is a good exercise for adolescents, couples and seniors who feel powerless. Ask the two people in each pair to speak with each other about the experience. Ask them to note any feelings that arise regarding boundaries, styles and imagery. What did it feel like to have your partner change your picture, go over your lines, etc.? What do you know about your partner from the experience?

Variations

The entire group works on one large piece of paper simultaneously.

Pointers

This is a powerful exercise to do with adolescents and seniors, but I suggest only drawing for ten minutes. Children may draw in pairs with a parent. As children mature, parents need to let go and allow their children to express themselves. With a sick child a parent may feel the need to be more controlling. Very soon after starting they might feel that they are in conflict. Keep your eyes open and switch to dialogue as soon as you see frustration build. Talk a bit and resume drawing, if you feel it will be beneficial.



Boxes

- 👤 👤 👤 Group, including family members or friends
- 👤 Individuals
- 🏠 Bedside
- 10+ Age 10 and upwards, including seniors, family members and friends
- ☑ Can be made for the patient

Materials

- Paper
- Scissors
- Glue
- Pencils
- Ruler
- Magazine pages cut into squares or origami paper

These boxes are lots of fun and stand as an activity on their own or can be combined with other expressive arts activities. They are based on a Japanese origami design. We suggest that you make one yourself before trying it with a patient.

Cut two sheets of paper into exact squares, one 1/4" larger than the other. The larger sheet will be the box top and the smaller sheet will be the box bottom. Use a 6 3/4" square for the box bottom and a 7" square for the box top. The finished box will be 2 1/2" wide and 1 1/4" high. You can make your box any size you wish. The directions for folding the box top and bottom are the same, so follow these directions to make your top and then repeat the directions for the bottom:

1. Using a ruler, lightly draw an X on the wrong side of a square piece of paper from corner to corner. If you have chosen a particular magazine image make sure you are marking lightly on the opposite side of the image you wish to use (see Figure 1).
2. Still with the wrong side facing you, fold one corner down to the center of the X (see Figure 2).
3. Keeping that corner still folded to the middle, fold the same section again to the center line. In other words, the edge created by the first fold should be folded down to meet the center line (see Figure 3).
4. Open up both folds so that the paper is flat again and repeat both folds with each of the other three corners (see Figure 4).
5. There are now fold lines on either side of the X pencil marking. Make two cuts into the sheet of paper along those lines as far in as the center four little squares which are delineated by folds. Turn the paper 180 degrees and make two cuts the same way on the opposite side of the paper (see Figure 5).
6. Fold in the sides that are shaped like big triangles by bringing the points (which are corners of the original sheet) to meet at the center point of the pencil X. Then bring the folded edge of the same triangle up to form the sides of the box. Do the same on the opposite side. The edges of the box are now in line with the four cuts (see Figures 6 and 7).
7. Bend the sloping corners of the big triangles in to create the other two sides of the box (see Figure 8).



8. Tuck the strips with cuts on either side over the folded sloping edges. Their points will meet in the center. These strips will finish the box and a dab of glue will help secure it in place (see Figure 9).
9. Repeat the folding instructions for the second square of paper. Decorate the top and sides of your box if desired (see Figure 10).
10. Then instruct the patient to write down three things on separate small strips of paper: something they love, something they want to get rid of, and something they are in the process of changing. Place the papers inside the box and share with the group.

Variations

For patients who have difficulty with manual dexterity, or who may have difficulty following directions, collect small purpose-built boxes instead, and let them decorate the boxes with collage pictures. It is extremely helpful to fold one at the same time as your patient. Often they find it easier to follow visual rather than verbal cues.

Pointers

This is a good exercise for groups, or even a new patient, as it can both build trust and elicit support from the group. Sharing what you love with someone requires trust, because what you love is often a tender secret. One of us (Suzanne) loves the rain for example. It sounds simple, but the idea of it is much more complex than the statement may appear. The idea could have deep associations or symbolic meaning. Sharing what the patient wants to get rid of means that they have already made a decision to let something go, and by stating it in the group the participant has made public an intention to do so and is initiating the action right then and there. It can be as simple as “I want to get rid of my old suit.” Or “I want to get rid of the habit of chewing my nails.” Stating what one wants to change takes courage because it is generally something in process and, by stating it, one is asking for group support. What one wants to get rid of may be concrete: “I want to get rid of my car.” What one wants to change may be complex: “I want to change my relationship with my husband.”

Trust the participants or the individual to do the editing. They know what they are ready to say. By keeping all the options open they can be as self-disclosing as they need be. The difficulty in a group is that some may be more self-disclosing than others. Start with someone who is likely to be more reluctant to state the really difficult, or highly personal, ideas and allow those who are more comfortable with self-disclosure to go last. That way there is no pressure on them to be more self-disclosing than they would like to be because they are setting the precedent for the level of disclosure with which they are comfortable.

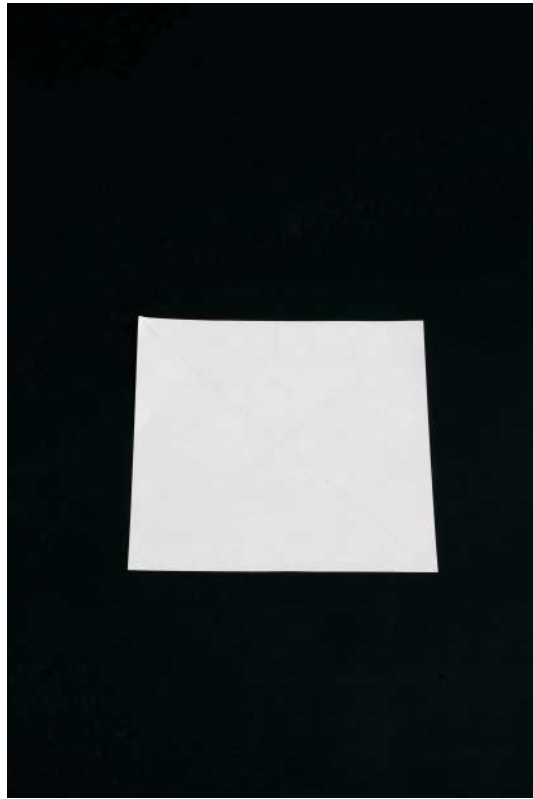


Figure 1

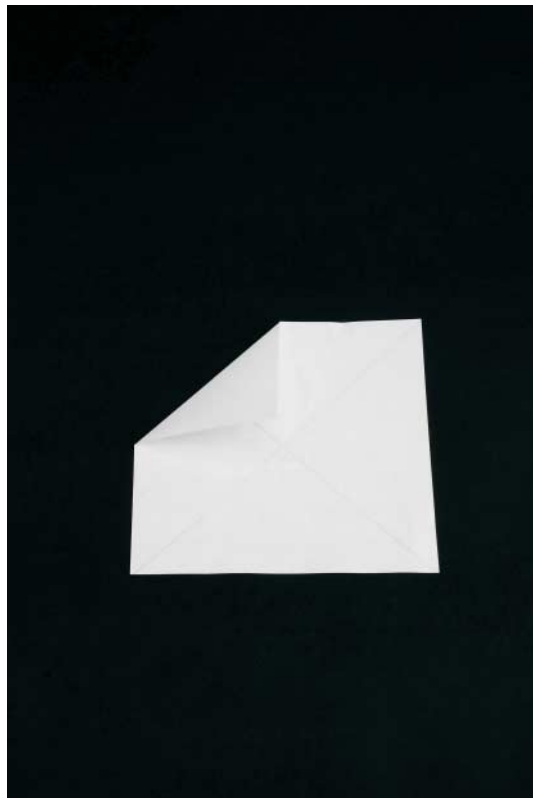


Figure 2

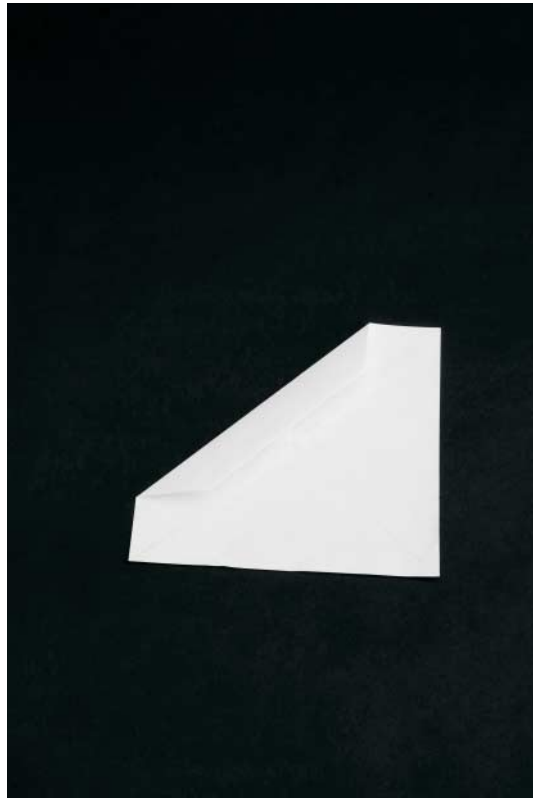


Figure 3



Figure 4



Figure 5



Figure 6

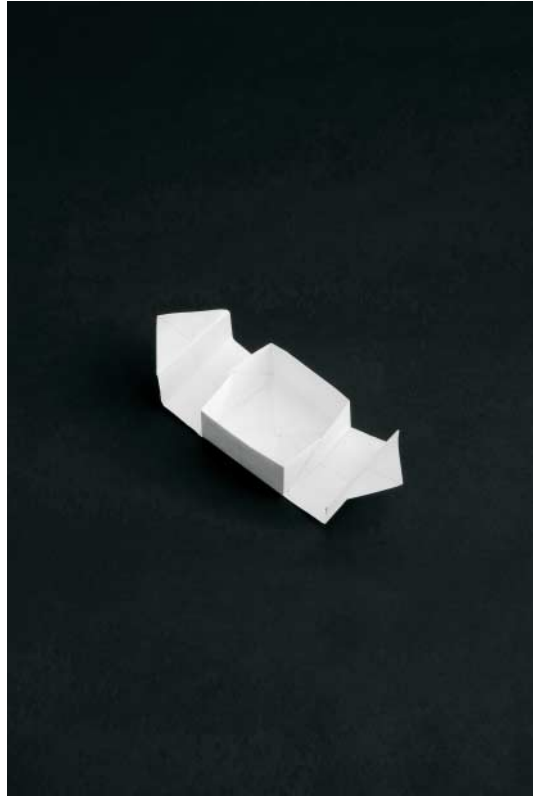


Figure 7



Figure 8









Figure 9



Figure 10



Build a city

-    Group
-  Individuals
-  Bedside
-  Seniors

Materials

- A sheet of paper large enough to cover a table
- Collage images
- Glue sticks
- Scissors
- Colored pencils
- Markers or paint (optional)

Make a group mural with collage pictures and drawing and painting. The theme is to build a city, including all the things a city needs to be successful. Lots of things will arise while the mural is underway so be sure to leave plenty of time at the end for the group to discuss the evolution of their metropolis.

A subsequent session could explore what it would be like to be a person living in this city. What sex would you be? What kind of work or activities would you do there? What is the best thing about this city for you? Are there any dangers in the city for you? Is there anything you would need to add to the city? Favorite restaurants? Parks? Museums? How far away does your best friend live? Who lives next door?

Pointers

In story-telling or staying with the metaphor, people often reveal a lot about themselves. A question such as “What kind of city would you like?” may actually be asking what they might be missing in their own city. Isolation is often an issue for patients. So questions about community and support systems might reveal areas that can be addressed therapeutically or even taken up with family members or social workers when the patient is discharged.



Childhood

   Group

 Individuals

 Bedside

 Age 25 and upwards, including seniors

Materials

- Paper
- Markers, or
- Crayons

Think of yourself at age 12. Try to remember how you felt when you were young. What was life like at the time? Think of what you did and what was fun for you. Depict this memory through images. This activity often leads to story-telling, which is especially appropriate for seniors. They particularly enjoy re-living past happy experiences, especially if the future is uncertain.

Variations

1. For patients who need more concrete suggestions you can ask them to imagine their childhood bedroom.
2. Ask people to narrate their pictures. This can be a starting point to open up the conversation.



Collaborative body scan

👤 Individuals

🏠 Bedside

👥 All ages

Materials

- Paper
- Markers
- Oil pastels

This exercise is good to use with people who are physically ill and need some understanding and the possibility of relief from pain and suffering. Through guided imagery or dialogue, help the patient locate the pain or discomfort. Have them describe their pain and then offer them art materials with which to give it physical presence. Ask them to give it color, shape and movement. Mention the qualities of texture and intensity. How can they achieve these with the art materials? You might ask them to rate the intensity of the pain by measuring it on a scale from one to ten. Then you can look at the drawing together to see if it reflects the intensity. Specific questions can be very helpful in guiding them towards an understanding of their experience, such as, “What is the color? Is there just one color? How intense is the color? What is the shape of the pain?”

The images may appear as a whirl of scribbles and colors. Sometimes there are referential images. It is the action of making the art that is the point here. Let them know that sensations and emotions, such as tension, fear, apprehension or frustration, can be expressed through the action of making art. This is an exercise where they can communicate with themselves.

Variations

A second part of the exercise might be to imagine what is needed to help lessen the pain and/or cure the symptom. For example, if the painful image is a monster with sharp claws, the help might be a way of disabling the monster. This can also be expressed in colors. For example: red jagged lines might represent pain and watery blues might be the answer for lessening the pain.

The information can then be elaborated on in an additional session, by using guided imagery focused on the helper (practitioner, carer or friend) and making more specific pictures.

Pointers

Keeping the metaphor alive and the story going is a different way to approach illness for most people. By the time they get to the hospital they have already told the story of their illness over and over again to doctors, nurses, interns and therapists. Through art they often they come up with very helpful insights into their pain or symptoms. Be clear that this is not about a finished piece; this exercise is about process.

You can leave behind crayons and paper at the end of the session and, if the exercise helped reduce pain, the patient can return to paper and crayons whenever they need.



Collage book series

   Group

 Individuals

 All ages

Materials

- Variety of magazines with good pictures, or already cut-out images
- Sample of poetry books with themes pertinent to the group
- Folder to store images and writing examples
- Bookmaking materials (see Bookmaking techniques, p.89)

This is a long project that benefits from several sessions or even one or two “workshop” days that might include two long sessions. Pick a specific theme that will direct the activity but still leave enough latitude for individual expression. Typical themes include: “Nature changes,” “Faces of children,” “Health” or “Stages of recovery.”







Over a number of weeks direct the patient(s) to collect pictures and writing that illustrate the theme. These should be stored in a folder. When they have collected a body of work, assemble the pictures and writing into any style of handmade book (see Bookmaking techniques, p.89).

Pointers

This is a good project if your group requests “homework” to enhance what happens in the group sessions. Bringing in special treasure the patients have collected is a nice way to get conversation rolling, especially for reluctant participants. Most importantly, it keeps the connection to the group active between sessions. It might even be good to assign the task of adding one image or piece of writing a day in the space between sessions. For the person who has never journaled, this gives them time to focus and experiment outside of the group. For those who may be distracted by a magazine’s content while they thumb through for images, I would suggest offering cut-out pages or individual images before the sessions meet. They can then narrow the choice further without being distracted.



Collage images that move you

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- A selection of images
- White paper
- Scissors
- Glue sticks

Present a stack of images. Allow the patient to sort through and choose several images that have impact for them. When they have collected a pile of pictures, look through them together to see if there is a theme. Arrange them on white paper and see what develops. They can be glued in place or not.


Variations

This activity leads nicely into story-telling and poetry. As the patient discovers the theme and how the pictures connect to one another, take notes. These can be used as the basis for writing. This is also a good technique to learn about the patient in a non-intrusive way.



Day and night mandala

 Group

 Ages 5 and upwards

Material

- Two large circular pieces of paper with the same dimension: at least 36" in diameter (butcher paper is a good, inexpensive choice)
- Felt-tip pens
- Collage pictures
- Glue sticks

Cut out two large circles of paper. Then cut one piece into as many equal pie slices as there are participants in the group. Each person is given a triangle of paper and asked to depict something related to either day or night. When they have finished, allow the group to arrange the pieces on top of the second circular piece of paper, glue them in place and hang the finished collage on the wall.



Desert island

👤 👤 👤 Group

6+ Age 6 and upwards

Materials

- Piece of butcher paper large enough to cover the entire table
- Felt-tip pens

Before the group meets prepare “the island.” On the paper draw a large island with some inlets. Leave enough space around the island for the water that surrounds it. Ask everyone to imagine that they are going to a desert island and will not be able to leave. They need to bring everything that they will need to live on this island. Pass out markers and ask them to draw on the island what they will need.







Pointers

This is a very interesting project that can give you quick insights into the individuals as well as the group. What do they think is important in their lives? Some are very practical and bring tools. Some bring their families, sometimes forgetting someone. Teenagers usually include coke machines, music and places to dance and hang out. Some people draw boats so they can escape from the island. Sometimes there are lively discussions around sharing items when group members see someone drawing an item they would also like to bring. How do they divide up the space? Do they intrude on others? Do they build fences? Who is isolated? Who wants to live in a village? Do they share resources, such as a river? Does cooperation live in the group, or are the participants more individually motivated?

This activity inevitably leads to a lively discussion. Make sure that you take notes as the island grows. The process is just as important as the final map. Your notes can help facilitate the conversation; for example, “How did it feel when John placed his vegetable garden right in front of your house?” “Why does Samantha want to be on top of the mountain?” Remember, they are being met at the level of survival, yet imagination can supply every need. This is a good metaphor for those who may be struggling with life-threatening diagnoses.



Design a CD cover

-    Group
-  Individuals
-  Bedside
-  Age 14 and upwards

Materials

- Card stock
- Markers
- Collage pictures







Cut heavy card stock twice the size of CD covers with a fold in the middle so the cover can open and close. Instruct your patients as follows. For the front cover, imagine that you are a famous singer or in a group. Invent your stage name, if you want one, and the songs that you would write and sing that say something about you. Imagine what you would look like. Using collage pictures and markers design the covers. For example, a picture of a wild and beautiful woman that implies Super Woman would suggest she sings songs of triumph: “I beat it back,” “Watch her, Doctor, she’s hot.” Inside the cover, list all the songs and a short imaginative biography that can be glued in as an insert.

Pointers

The CD format might be unfamiliar to some seniors, or too small for their failing eyesight. Try making a “retro” LP cover instead.



Dialogue balloons

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- Pictures of people
- Paper
- Glue sticks
- Markers

Instruct your patient(s) to choose four to six images of people and to glue the pictures to the paper, making sure to leave room for comic strip “dialogue balloons.” Leading questions might be “Are they family members? Strangers? Friends? Where are they?”

Create an improvisation in your mind. What would they say to one another if they met at a party? At home? On the phone? Imagine what each person is thinking or saying. You can use the markers to record their words.

Pointers

This exercise is a visual drama. The interactions depicted may be harsh, or scary, or comforting and loving. The activity can be adopted to play out specific scenarios, but the intention is that it should always be patient-led. Offering a wide variety of pictures of individuals doing specific tasks, and demonstrating ethnic, cultural and economic diversity, are important. By limiting the images beforehand, the facilitator can more specifically direct the scenario.



Dreams and aspirations

 Group

 Individuals

 Bedside

 Age 15 and upwards, including seniors

Materials

- Writing paper
- Drawing paper
- Either paint and brushes, or
- Felt-tip pens, or
- Colored pencils
- Pen

Lead a relaxing guided imagery that enables the patient to consider his/her dreams and aspirations during young adulthood and adolescence. The patient can either begin with journaling or with paint and brushes.

Variations

This activity can be easily adapted for young children. Begin with a discussion of what they want to be when they grow up. This can become quite lively, especially when they tell you why they want to be a nurse, garbage man or astronaut!

Pointers

The goal is to reawaken the excitement of planning a future and jumping into the realm of possibility. Even though the outcome may be different than was imagined, and the patient may feel regret or disappointment, there is still a spark of possibility alive in these memories.



Dream strip

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

14+ Ages 14 and upwards

Materials

- Paper
- Paint and brushes, or
- Markers

Fold paper into four sections. Ask the patient to think of a dream that was important to them. They can give it a new ending if they wish. In each of the four sections, they should depict one scene from the dream.

Pointers

This is an opportunity for the patient to relate unconscious material that may be very revealing for them. As they create, keep a simple dialogue flowing. While in process they may begin to make sense of the dream, or if the import is already clear, they will have the chance to galvanize the inner meaning in a concrete form. This can be very supportive for them, especially if they feel the dream is highly significant.




Emulate an artist

   Group

 Individuals

 Bedside

 Age 16 and upwards

Materials

- A selection of books on different artists
- Paper
- Colored pencils
- Felt-tip pens

Bring in a selection of work by artists in different styles, such as Van Gogh, Andy Warhol and Michelangelo. Point out how each artist used color and form and ask them to do a piece that is reminiscent of this way of working. You might ask, “Does the landscape you want to draw feel like a Turner, or a Breughel?” The big question, of course, is “Why?,” but that may not become clear till the patient begins to work. The style chosen is tied up with the emotional climate the patient wishes to express.

Variations

It might be good for the patient to think first about what subject they would like to draw and then look at that subject in the hands of a few different artists.



Endings

👤 👤 👤 Group

18+ Age 18 and upwards

Materials

- Plain cards with envelopes
- Stamps

At a significant closing, such as the year's end, or the last session of a group, suggest that patients make a card for themselves expressing what new thing they would like to bring into their lives and what they might like to leave behind. Have them put the card in an envelope, seal, stamp and address the envelope to themselves. Mail the card to them several weeks, or even a few months, later.


Variations

1. Each person has a card. It is then circulated to every other person in the group who writes something positive about that person. Cards are sent round the table until everyone has a card full of positive comments. Mail the cards to each patient several weeks, or even months, later.
2. Using small boxes, miniature Chinese food containers, or origami boxes (see Boxes, p.113) ask everyone to write on a slip of paper something positive for everyone in the group. Put it in the container and people can share what was written or take it home to read later.



Endings—sand painting

 Group

 Age 6 and upwards

Materials

- Colored sand (can be purchased in art and aquarium stores)
- Paper cups
- Plastic spoons
- Large table

Put each color of sand in a different paper cup. Give a cup of different color sand to each member of the group along with a spoon. (Fine sand can be mixed to create further colors, such as red and yellow to make orange or red and white to make pink.) Ask each group member to make a picture on the table with their sand, using the spoon to make lines and designs in the sand. Ask them to move around the table slowly so that each works on all parts of the picture.

When this has been done everyone admires the work. You can state that this picture is unique to this group—it has never been made before and it will never be made again. Each individual has added their own special color to the group process that enriches us all. Soon the picture will be just a memory, just as the group will be a memory. After the group leaves carrying the memory away with them, clean up the artwork by brushing the sand into a wastepaper basket and vacuuming the floor.

Variations

Do this exercise outside in a setting where nature can erase the painting for the group and where the colored sand will not pose a hazard for anyone.



Epiphany

- 👤 👤 👤 Group
- 👤 Individuals
- 🏠 Bedside
- 21+ Age 21 and upwards

Materials

- Paper
- Markers

We are all changed in some way by life's major events. Ask the patient(s) what event in their life precipitated an awakening. What did they know about life before this event and how did it change after this event? Draw the event or a symbol of the event.

Variations

Use fast-drying clay. Ask the patient to sculpt a symbol of the event. A symbol might be an abstract piece that defies exact explanation. Some may sculpt signs—for example, a marriage might be depicted as a wedding ring. Clay can be very playful, and sometimes the sensory stimulus of clay in the hand awakens something less conscious.




Essence of self

 Group

 Individuals

 Bedside

 Age 18 and upwards


Materials

- A variety of materials for paper or sculptural work

Using any art materials in any way you wish, illustrate yourself. What is the irreducible element without which you would cease to be the person you take yourself to be? Pay attention to whether it is big or small, light or dark, malleable or permanent. This activity can be a good jumping off point for journaling.



Expressing relief

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- Collage pictures
- Large piece of paper
- Glue sticks
- Scissors


Fold paper in half. On one side illustrate your pain, tension or anxiety. On the other side illustrate the feeling of relief from pain, tension and anxiety. This may lead to another insight: what might help to achieve relief? If there is an answer, or even a vague idea, allow the patient to draw this on the backside of the paper.



Family as color, shape and size

 Group

 Individuals

 Age 5 and upwards

Materials

- Large white sheet of paper
- Construction paper of various colors
- Glue sticks

Ask the patient to describe himself/herself and his/her family as an assemblage of different colors, shapes and sizes. They can tear or cut the construction paper and then arrange the pieces on the large sheet. For instance, Dad might be red, the shape of a tower and placed in the center of the page. Mom might be blue, a lacy torn shape, and placed in a corner. Ask patients to explain their choices. For very young patients, do not ask for any explanation.

Note

It might be good for them to start with themselves and see where they initially place themselves on the page and how that changes as other characters are added. Have them glue the figures in place at the end of the activity after they have created and placed every element in their composition.



Folded book

👤 👤 👤 Group, including family members or friends

👤 Individuals

8+ Age 8 and upwards

Materials

- Paper
- At least six color markers, or
- At least six colored pencils

On one side of a large piece of paper, quickly draw an abstract image with up to three colors. Be careful to extend the image out to the edges of the paper. With three different colors do the same on the backside of the paper. Fold the paper in half (top edge meets bottom edge) and fold a second time, this time bringing the right edge to meet the left edge. Holding the spine of the book in your left hand, slit with scissors the top (or bottom) edges of the pages that are still connected. Punch two small holes on the left side so that the pages can open like a book and string a ribbon or yarn up through the holes and tie them off. Then, working spontaneously, begin to write down words in free association to the abstract image on each page. These musings are poems that can then be read aloud.



Friends in my life

 Group

 Individuals

 Bedside

 All ages, including seniors

Materials

- Paper
- Drawing materials

After a relaxing guided imagery, allow the patient to focus on a family member, friend, acquaintance or pet that has been important in his/her life.

Variations

Pets are fun to create in fast-drying clay. It is helpful to have some pictures of animals at hand to give patients an idea about proportions. It is interesting to see that even though someone might have cuddled their cat every day, they might not have taken note of their pet's actual shape.

Pointers

This, like most activities that depend on old memories or reminiscences, is a good choice for seniors.



Giving

👤 👤 👤 Group

7+ Age 7 and upwards, including seniors

Materials

- Paper
- Drawing materials

Share a story or poem about giving with the group. For a longer story we are very fond of O. Henry's short story, "The Gift of the Magi," but it may be too long and tiring for some patients to hear the story and then make an art piece. Have the patients make a card expressing what they would like to give, to whom, and possibly why.


Variations

1. If the group members are very familiar with each other, they can break into pairs and make specific "gifts" for one another. Or everyone can put their name on a piece of paper and these can be passed out at random. The name one receives is the individual for whom they will be making a "giving" card. Just make sure that no one is left out. You can include yourself, or not.
2. Each member can make an origami box (see Boxes, p.113) and put the name of the present they would like to give inside the box. Then all the boxes can be given to another group member and opened either at the same time in the group or one at a time. The "gifts" can be read aloud and shared with the whole group.



The habitat project

 Group

 Age 7 and upwards, including seniors

Materials

- One large piece of paper, big enough to cover the entire table or work area
- Drawing materials
- Simple percussion instruments, such as drums, tambourines and triangles

Lead the patients in creating a series of connected habitats. Each one is distinct unto itself, but must have boundaries that blend and somehow support the neighboring population. A collection of polar animals, for example, might have an ocean, or only a pond, between themselves and the neighboring Savannah wildlife. At the end of the session, have the patients create the sounds of their animal populations either vocally or with percussion instruments, both individually and all together. End with some sort of guided meditation that calms down the excitement of the session while creating a sense of connectedness between the individuals and the planet.

Variations







Each ecosystem could be made individually on a separate piece of paper. Half way through the session the participants could come together and, as a group, decide where each ecosystem should be and how they might all fit together. They could spend the remaining time creating the connecting landscapes.

Pointers

This last variation is good for a group that needs to learn how to work together well. Members may not agree, at first, where things should go, but they will find an amicable solution and see that no matter how different they are they still exist as one planet.



Halloween demons

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Drawing materials
- Glitter
- Fast-drying clay

At Halloween, think about fears and demons. They can be either personal or universal. Consider those whom you might be trying to overcome and those whom you enjoy embodying. These can be expressed through many different media. After the artwork is finished allow plenty of time for your patient to talk about the demon(s). Where do they live? When do they visit? Do they have any vile habits? Do they talk? If so, what kind of sound do they make, or what might they say to try and scare you? Which ones are playful? What do you enjoy most about them?

Variations

As an alternative, try oil pastel on black paper. Children might enjoy “scratch away” coloring for this project. Take a stout piece of paper and have the child color the entire surface of the paper with a rainbow of colors. There is no need for the colors to be in any particular order or form. Then color over the entire surface again, this time using a black crayon. The technique is simple. When the black crayon is scratched off the surface, the colors underneath are exposed. So the child can scratch the shape of their Halloween demon into the thick, black, crayon “night.” As the scratching-away process makes little crumbs of black crayon wax, this method is less appropriate for the bedside. The idea of color and light behind the dark can be a comforting idea for children. The fear of the dark for them is the fear of the unknown. Illness and the hospital setting is definitely uncharted territory for most young patients.







Allow time at the end of the session for the demon to speak, or make a sound, or for the patient to tell a story about their demon. If the patient is ambulatory, they might also choose to move like the demon.

Pointers

Some demons are known and some are not. It may be easier for some to deal with the scary demons by making them cartoon-like or even friendly. Think of “Casper The Friendly Ghost” or Coyote, the trickster of many native American stories. Remember, sometimes we are tormented by demons and sometimes they just latch onto us and make themselves comfortable, and we are hardly even aware of them.



Historical choice

-    Group
-  Individuals
-  Bedside
-  Age 10 and upwards

Materials

- Journaling paper, or
- Paper and drawing materials





If you could transport yourself to any time and place, past or future, where would you go and what would you see when you arrived? This idea can be introduced in a guided imagery or not, and can move into drawings or journaling, or even simple story-telling. At the end see if the patient can tell you why this particular time period and place appealed to them.

Pointers

Older patients have a better sense of historical periods than younger children, so be sure to leave lots of room for fantasy adventures, particularly when working with children. Historical periods might also be culturally sensitive, so let patients from cultural backgrounds different from yours lead the way.



Home

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Drawing materials




Guide the patient in a meditation that leads them to a home they have lived in. Let them explore those surroundings and make mental notes. When they open their eyes, they should begin to draw themselves in that environment, with as much detail as possible.

Pointers

Home is generally a comforting idea, especially for someone who is in the hospital. At home they not only have their own bed and favorite foods, but they also have their own routine that does not usually begin with a blood draw at 6 a.m. or a temperature check several times a day. Home is as much about place as it is about familiarity. This is good for patients who are on long hospital stays or for children who might want to put a picture of home on the wall.



Hospital experiences

-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Oil pastels, or
- Felt-tip pens

For this activity, the patient draws their experience in the hospital, illustrating as much texture as possible. The piece can be referential or partly abstract, but in the latter case the patient should be able to relate the story behind the abstract section. This is a non-threatening area for discussion and a good outlet for the patient's feelings about their hospital stay.

Pointers

Some of the information that arises might be helpful for the staff and/or doctors because it might make a difference to the quality of the patient's stay in the hospital. Ask the patient first if you may share some of the ideas and thoughts that came up in the session. The thoughts might be as simple as wishing the nurses would shut the door after they had entered the room. Sometimes patients need advocates, and not only for the big decisions. Often they do not understand that they have a say in the quality of their hospital stay.



How do I feel?

- 👤 👤 👤 Group
- 👤 Individuals
- 👉 Bedside
- 16+ Age 16 and upwards

Materials

- Paper
- Crayons, or
- Colored pencils, or
- Felt-tip pens

Begin with a very relaxing guided meditation. At the end instruct your patient to ask himself/herself, “How do I feel now?” When the patient is ready to open their eyes let them express in doodles and abstract shapes and images whatever came to them. The patient may decide to talk to you about what they experienced, or not. They might also choose to take one element in their image-making and explore that more fully.



I believe in myself

 Group
 All ages

Materials

- Paper
- Pens
- Envelopes
- Stamps

At the conclusion of a group it is often moving to sum up the qualities the patients have been trying to cultivate. For example, isolated seniors might be trying to become more social, or breast cancer patients might need support to believe in their own abilities and move on after treatment.





Instruct the patients to write letters to themselves which remind them of supportive memories and include words of encouragement. They then self-address an envelope and put the letter inside. Three months later, you should send these to the group members. It is often very moving for the patients to receive their own love, even months later.

Variations

Have each participant self-address an envelope. Each group member should write an anonymous note of encouragement and support on a little strip of colored paper to each member of the group. You can then place these notes in the appropriate envelopes, seal them up and send them off a few months later.



Jointed paper story dolls

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- Card stock weight paper
- Scissors
- Felt-tip pens
- Brads to attach limbs
- Hole punch
- Glue
- Ephemera

See Appendix A: Patterns and Projects (p.195) for a design that can be pre-cut, or cut out by patients. Punch holes over the dots. Line up the holes on the torso with the holes at the top of the limbs. Push the brads through the holes and fold back the metal strips. The limbs can now move freely. If the patient wants, additional holes can be punched to create knees, and elbow joints too. The dolls can then be decorated on both sides, as the patient wants.

Variations







1. The patient can write a story about their doll and, if in a group, they can read it aloud and share it with everyone.
2. Doll parts, brads and directions can be put into envelopes and made into “kits.” These kits can be made at leisure by community members and then exhibited in the hospital gallery or hallway.

Pointers

Doll-making easily taps into childhood feelings. The doll, being a representation of the human form, can also be oneself, one’s imagined self or a healing form of the self. One patient, a recent amputee, created dolls with missing limbs, but the dolls were employable and attractive—her imagined, healed self.



Kingdoms

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Drawing materials







Allow your patient to draw a complete landscape containing representatives of all the “kingdoms”: mineral, plant, animal and human. It is interesting to note that the human kingdom includes all the qualities of the other three: matter from the mineral realm, growth forces from the plant realm, sensate and emotional experiences from the animal kingdom. How might color play into this theme of connection?

Pointers

This is a very easy way to engage children as this idea is familiar terrain. This is an activity that is often used diagnostically in a therapeutic setting. Note that the goal in this setting is something different from the therapeutic setting. It is about the connection between all the realms. In illness one part of our being may be demanding more from us than another. Our emotions might be running riot, or our physical balance may be off-center, or it may be a combination of all three.



Letter writing series

-    Group
-  Individuals
-  Bedside
-  Age 16 and upwards

Materials

- Paper
- Ballpoint pen

Begin with a relaxing guided meditation. Toward the end of the session, invite the patient to ask their “pain” to write them a letter, explaining why the pain is there, what it needs, or what it thinks your patient needs. When the meditation is over, give the patient a pen and paper and ask him or her to write this letter to themselves as their pain, explaining all of the above. If the patient is comfortable he/she may choose to read the letter aloud to you. Put the letter in an envelope and then ask the patient to write a response. The patients can put the letters away and revisit them again during another session, if they choose.



Letting go with clay

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

1+ All ages

Materials

- Fast-drying clay







This is a very simple activity which can include a guided meditation on the theme of identifying something the patient wishes to let go of, or not. That idea can also arise out of a short conversation. Ask the patient to depict something in clay they wish to get rid of. When they are finished, you can ask them if they would like to smash the piece and symbolically, at least, let go. They may decide that they want to let go of something that is very concrete, or it might be more abstract, such as pain, or a particular feeling. It may be that they are not quite ready to destroy their work, but you should let them know that whenever they are ready they can break it, or simply throw it in the trash.

Pointers

Most children are not ready to think abstractly and you might have to help them figure out what it is they want to get rid of: a tummy ache, or sore place, or sadness. It is OK to guide them. For those who are more advanced in their critical thinking skills the field should be left wide open.



Life review books

-    Group
-  Individuals
-  Bedside
-  Age 18 and upwards

Materials

- Several sheets of 12" x 18" paper
- Colored pencils
- Needle and button thread

Plan to make “life review” books with important moments from your patient’s life. Use one sheet of paper at a time. Fold it in half along the 12" dimension. Create a picture on the front half, and then another on the right side of the inside half. After several sheets have been finished (and this could go on over several sessions), stack on a blank sheet, which will become a cover, and then sew the top of the center fold and the bottom with simple stitches. The cover can be decorated after the book is finished. Group members can pass them around and share books.

Variations

Those who are not as comfortable drawing can make a collage and add words and titles for the pages if they want.



Light and dark mandalas

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

16+ Age 16 and upwards

Materials

- Paper
- A set of lead pencils from soft to hard, or
- Black ballpoint pen
- Markers

In the guided imagery portion of the session, have the patient consider light and dark. What associations does each idea bring forth? To begin the project ask the patient to draw a large circle in the center of a piece of paper; this is the outline for a mandala. A mandala is a circular image, which is considered integrating because everything is included within the circle. Opposites are easily contained within one image. The most famous example of a light and dark mandala is the yin/yang symbol. Let your patient flow back and forth between light and dark. Offer a set of lead pencils—some soft ones and some harder ones—and show the patient how to make a gray scale from dark to light, or demonstrate how cross-hatching or a stippling technique can be used to create middle tones of gray. Or have the patient stick strictly to fully light and fully dark sections in their drawing.

Pointers

Adolescents generally tend to see the world as being black or white: “You are either for me or against me!” “You are either wrong or right.” Mandalas can help them experience a different outlook where shades of gray really do exist and even black and white can coexist peacefully.



Limiting the palette

👤 👤 👤 Group

👤 Individuals

👉 Bedside

16+ Age 16 and upwards

Materials

- Paper
- Colored tissue and construction paper, scissors and glue for a collage-based project
- Colored pens, pencils, markers or paints and brushes
- Highlighter pens with vivid hues

Hot and cool colors can elicit strong reactions because of the focus on one extreme of the range of colors. The goal in this activity is to stay with either all warm colors (reds, oranges and yellows) or all cool colors (blues, purples and greens) and to avoid neutrals (black, white, gray, brown, beige, etc.)

The focus is not on the content of the piece but rather on the color experience. For example, it might be easy to set up a simple still life for the patient(s) with objects that are readily available, such as a glass of water and a book. The patients could also produce a totally abstract piece that is not referential in any way and which allows the colors to speak to one another on the page.

It is best for you to direct the exercise by laying out a selection of pens, pencils, markers and paints in either cool or warm colors: yellow, pink, red and orange felt-tip pens, or blues, greens and purples. The patients can then explore the subject with a wide variety of choices and explore a limited palette without feeling limited in the task.

Variations

This activity also lends itself to collage. Provide previously cut up or torn pieces of construction paper and tissue, or provide paper and scissors.

Pointers

The activity should be based on the patient's dexterity and comfort level with abstraction. Scissors are difficult for the elderly or weak to maneuver so it may be easier to provide a few torn up pieces and to encourage them to tear the shapes if they are able.




List of five

   Group

 Individuals

 Bedside

 Age 16 and upwards

Materials

- Index cards
- Pen

When one is very ill or feels depressed and discouraged, it is often hard to think of what might help. Well-meaning friends often suggest activities that are not appealing. The patient knows what they like; oftentimes they have just forgotten. Ask the patient to write on one side of the card what they really love—what always does it for them. This might be playing with their dog, drinking the perfect cappuccino, reading a book in their favorite chair where the sun comes dancing through the window. Ask them to keep this wish list of activities with them and to try to do at least one of the activities every day. And when they are feeling blue they can check the list and see which one might be of some comfort.

Variations

For people with life-threatening illness or chronic illness or depression, ask them to make a list of their dreams—what they have always wanted to do. This can be a trip to Mexico, learning to dance the tango, or writing the great American novel. There is nothing like illness to remind one that the best time to start is today. If the patient is very ill, often they cannot or will not ever be able to go to Mexico, but they can have a fiesta with tacos, mariachi music, and a video trip to Cozumel right in their hospital room. In one group a patient started piano lessons again and another gathered all her family recipes and put them in a book. This was a great legacy for her family.



Masks

- 👤 👤 👤 Group, including family members or friends
- 👤 Individuals
- 🏠 Bedside
- 👤+ All ages, including family and friends
- ☑️ Can be made for the patient

Materials

- Colored paper
- Scissors
- Pencil
- Colored pencils
- Markers
- Glue
- Elastic or string
- Ephemera (glitter, small cut-outs, paper ribbon, etc.)

Masks are the easiest way to try on different personas. One day the patient might feel like a monster, another day like a prince. Following the mask cut-out designs (see Appendix A: Patterns and Projects, p.193), or starting with your own design idea, create a mask that fits your fancy. While they are working on the mask the patient may choose to speak about their choices—or not. The patient is making the mask. Follow their lead. When they are finished and they have put their mask on, ask them, “Who are you?” “What do you sound like?” “How might you move, now that you are a witch, or prince or demon, etc?”

Variations

1. Use store bought masks and allow the patient to decorate them at will.
2. For the elderly, the very young or patients too infirm to handle glue and scissors, this can easily become a facilitated activity. Often it is enough just to sit in bed and put the mask on for a minute or two.

Pointers

A longer and more substantial approach is Plaster masks (see p.166) but this is not appropriate for younger children. Providing pre-cut or store-bought masks is fun for all ages, as long as they can handle a glue bottle. Be sure to have a clear working surface and to prepare the glue bottles to make them easy to handle.

This is a very buoyant exercise. Because it encourages play and make-believe, it does take energy to stay engaged. Although fun, this may not be the best exercise for a patient with little energy to spare. Think of using this on a “good day” or in post-hospitalization settings.


This is a very festive activity for a visiting group of friends or family members, especially if they have come a long way and intend to spend most of the day at the hospital. They can make the mask for the patient while they are making their own. However, be careful that the level of activity in the room does not tax the patient. You might consider letting the family make masks in a waiting area, while the patient sleeps, for example, or is having a minor procedure.



Midpoint check-in or final session

 Group

 Individuals

 Age 14 and upwards

Materials

- Current and completed artwork
- Tape
- Thumbtacks, or
- Sticky tack

The patient places all of his/her/their artwork together on a wall or table and shares their present or past experience of each piece. This is a powerful exercise, whether it is used as a midpoint check-in in a group of sessions or at the end of a series of sessions. Patients have often forgotten their earlier work, and they gain insight into themselves and their journey of self-discovery when they have the opportunity to view the entire body of their work.







Questions to ask may include: “What is the difference in seeing the body of artwork as one assemblage?” “Are there underlying themes, shapes, colors?” In a group, if the patient is then willing, the other participants may wish to comment on the images and how they speak to them personally, using “I” sentences: “If it were my artwork, I...” The presentation concludes with the patient’s title of the collection.

Pointers

Commenting on others’ work requires sensitivity. This is always appropriate for individuals but it can be tricky in a group. Think carefully about doing this with a group of teens, although it is very appropriate for individuals 14 and upwards. But do not be fooled, age does not necessarily mean maturity. Even “mature” adults have to be taught how to respond. Learning to use “I” statements can take some practice and it is good to take plenty of time at the beginning of the session, or even the session before, to practise with the group.



Mood drawing series

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- Paper
- Glue
- Colored pens and pencils
- Ephemera (little printed cut-outs, small photo clippings, bits of metallic paper, paper ribbon, etc.)

Using art materials express how you would look if you were a color, a season, an animal, a time of day or an historical figure.

Variations

In a group setting this is a good check-in exercise, because it can be very quick. Patients can write the name of the color or time of day on their name card and that can be part of their greeting to the group. Seniors and children like the continuity of beginning with this exercise at the opening of each group.

Pointers

Moods are constantly changing and sometimes as fleeting as the time of day. This can be a quick introductory exercise or a longer project, depending on the situation.

For a quick introduction try the time of day or a color. The activity can be as simple as holding up a selection of colored paper or an array of markers. It is wonderful if the patient has the strength to fill a piece of paper with color and perhaps add a few different shades to liven up the experience of color. We may feel monochromatic, but even within purple there is lilac, lavender, violet and a royal hue. The statement, "I am mid-morning," has its own qualities, too. It is certainly different to the midnight hour. This is a good way to begin, especially if you want to move into another modality such as poetry or movement. Such a beginning might elicit important or comforting memories and be a departure point for more inquiry.

Animals and historical figures as the baseline concept usually need more time as they are more complicated to draw.

Sometimes patients need help beginning their drawings, especially animals and figures. "I know what a camel looks like, but this one is deformed and I want him to look more like a camel!" Help the patients out if they ask but be sure you tell them exactly what you might do before you begin. For example, "I think his head needs to be a bit more upright; what do you think? Shall we use pencil?" Movement is a very fine way to get started, too. A child can easily make a trunk sway, or move their head like a bird. It is a humorous approach to jump into movement and great fun if the mood is "up." Children will definitely respond to the animal idea, but not so much to the historical figure (remember their frame of reference is not the same as an adult's). Colors are a more abstract idea and probably more appropriate for teens or adults. However, presenting a concrete suggestion by holding out an array of colors makes it easier for children to grasp.



Movement mirroring

👤 👤 👤 Group

1+ All ages (ambulatory activity)

Allow the group to divide into pairs. Follow a pre-determined theme such as “move your pain.” One person moves however they want while imagining that they are the full embodiment of their physical pain. Their partner faces them and mirrors them simultaneously, moving their body the same way. Allow plenty of time so that the participants can go beyond rushed, self-conscious movements. Share and then switch.

Variations

1. This activity can also be done with patients who are wheelchair-bound or unable to stand for protracted periods. Instead of standing, they can sit and hold an object and move their hand or arm around. Partners can again mirror the movements. It is still an intimate exercise that requires concentration, but it does not need to be physically taxing. It is very helpful to keep the mood quiet, so that the activity is mainly communicated through movement rather than through speech. Good objects to hold include lightweight items such as streamers or feathers—something that exaggerates the movement without physically stressing the individual.
2. Mirroring sound: The exercise can be done a second time, but this time sounds can be added. SSSSSS or hmpf, ooooo or ahhhhh! Vocalizations and “sound effects” can add another expressive quality to this activity. This is a further way to engage those who are not very mobile or who might feel too self-conscious to begin with movement. Movement requires that the individual be comfortable with their own body as well as someone looking at them intently.

Pointers

Oftentimes patients feel that their pain is specific to only a few places in their body, but even a little pain in the knee, for example, affects their entire wellbeing. Allowing the pain to have a bigger, fuller presence and to express it through movement, allows the patient to learn more about their pain.

One common technique for lessening the experience of pain is for patients to describe their pain as fully as possible. What color is it? How would it look? Does it have a texture? Temperature? A name? A sound? A movement? Is it rhythmic, steady, pulsing, sharp? When the patient moves the pain in this exercise, the patient is allowing the pain to express itself in ways *other than through pain channels*. In other words, the pain is present, but it is not hurting.

An important factor in this activity is that the patient is in control of the “imagined pain,” as the patient can move the pain any way he or she wants, whereas in daily life it may always have been the patient’s experience that the pain moves him/her. Because of these factors, this activity can be empowering and possibly also reduce the patient’s actual experience of pain.

Children tend to be more active. The trick here is to keep the concentration going. Intimate contact with only one other individual might feel too overwhelming. Take a hint from “Mother May I” or “Follow the Leader”; try one child in front of the whole group. This keeps the playful “game” quality of the active principle in the exercise and feels similar to a game the children probably already know. This familiarity with the game makes it easy for others to join in. Some children (and adults too) can be very self-conscious, especially if they are dealing with a disability or serious illness. Being in front of the group may make them feel too vulnerable. Take account of this when you choose someone to stand out in front or ask for a volunteer.



My favorite room

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

👤+ All ages, including seniors

Materials

- Paper
- Colored pencils
- Markers

This activity can begin with a guided imagery meditation that leads the patient to their favorite childhood room. Let them spend plenty of time in the meditation, paying attention to all the details of the room: size, color of the walls, windows, view, light, floor, ceiling, decorative accents, furniture, etc. Now focus on the sensory elements: smells, textures, feelings about the place. Is anyone else there? A childhood kitchen, for example, may be full of family and the smell of cookies baking, etc. The patient can either write about the room with evocative adjectives, or draw colorful images of that special place.

Pointers

This is a comforting, easy exercise for patients. It is non-threatening and memory-based. It can be fairly quick or quite long, depending on how deeply the patient wants to connect with the images.



My life

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

14+ Age 14 and upwards

Materials

- An assortment of papers
- Pencils
- Glue
- Pens
- Ephemera

When the patient feels comfortable, do a life review. Where have I been, where am I going? Explore through art materials.







Pointers

Although this seems like a self-explanatory exercise, self-reflection is a critical thinking skill that one develops. Children are not necessarily ready to self-reflect until they are 16 or 17. So with younger patients it is good to help them start thinking by identifying objects that have meaning for them. Did you have a favorite stuffed animal when you were little? What was your favorite song and why? What is your favorite food? Concrete examples give them a chance to hook into something “real.” It is also helpful to go backwards. Where are you now? Where were you last year at this time, etc.?

If one is sick, the current crisis is a huge presence in their biography. Adults will probably welcome the chance to speak about it, but be forewarned, many patients are not yet ready to talk about what is going on, or *they may not yet know*. This is when a pre-verbal method of communication—images, gestures, or sounds—may be most helpful. It might also be good to set up a time frame, such as birth, childhood, adolescence, adulthood, now and future, or any permutation thereof. This gives you a framework in which to hold an entire life.



Passages

-    Group
-  Individuals
-  Bedside
-  All ages

Materials

- 12" x 18" sheet of white paper
- Colored pencils or pens
- Cut-out images
- Glue or paste
- Ephemera (small cut-outs, metallic paper, bits of paper ribbon, etc.)

Begin the session with a guided imagery exercise that includes “going through a door to a safe or comfortable place.” Take the sheet of paper and fold the sides into the center. This creates a double-door “entryway.” Imagine a door or gate and have the patient draw it on the front “closed” panels. Then open the door or gate and draw or collage on the exposed piece of paper what lies beyond.

Variations

The four corners of the sheet can be folded to the center, which also creates an opening, but one which is not a door or gateway. This is a bit more abstract and playful.

For patients who are ready to work with more difficult personal material, the place beyond the closed doors can be described as pain, or shadow material. It can be looked at, but the patient is able to close the doors on it whenever they need. This is a simple way to give a patient control. In this case it would be better not to use the doorway metaphor in the guided imagery, but instead to bring the activity as something separate from the relaxation portion of the session.



Past, present and future

- † Individuals
- 📄 Bedside
- 12+ Age 12 and upwards, including seniors
- ☑ Can be made for the patient

Materials

- Cut-out images attached to index cards
- Postcards
- Variation: plain paper
- Glue
- Colored pencils
- Felt-tip pens, etc.

Hand the patient a random assortment of image cards (either postcards, or images glued to index cards). Encourage the patient to pick five or six images he/she likes or that catch his/her attention. After the selection lay the images out and then ask the patient to narrow the choice to three images that seem particularly interesting. Then ask which picture is most reminiscent of the past. Pay attention to mood, color, the content of the image (Is it a landscape? If so, where is it? What is the time of day? Are there figures in the image? Who are they?) With the two other images, ask the patient which most accurately represents the present and which the future? Repeat the process with the questions about the images.

Variations







1. Choose just one image and focus on that time period. Place the image in the center of a piece of paper at least three times the size of the image. Allow the patient to extend the image out to the edges of the paper using pens and pencils, thereby creating a context for the image (see Image cards, p.71).
2. The images can also be placed in a “book” so that there is room to write. Simple books can be folded, stapled or sewn together with a big needle and button thread. This is a good choice for a longer-term project.

Pointers

This can be a very long activity if the patient decides to take time and approach it very thoughtfully. You might have time to cover only one time period in a session. If this is the case, the exercise can be reduced to only one card, as in the Image card activity (see p.71) or extended over several sessions, each time addressing a different time of life. It is good not to have too many images to choose from—20 to 30 is plenty. Do not hand your patient magazines or books to cut up. It is too distracting since patients may start reading the articles and the session can degrade into conversation. It is much better to keep on track by providing only what you need. It is helpful to have image cards in piles already sorted by age group. It is, for example, important to keep any disturbing images out of the hands of younger patients.



Person/plant

-    Group
-  Individuals
-  Bedside
-  Age 10 and upwards

Materials

- Paper
- Colored pens
- Pencils
- Oil pastels
- Tissue paper
- Pipe cleaners

Ask your patient to think of someone who has been important in his/her life. Then, using the art materials, ask them to create an imaginative flower or plant to symbolize that person.

Variations

1. This is also fun to do as a collage or, for something quick, it can be done with tissue, glue and pipe cleaners. The patient can then have a flower to hold, or stand, in a vase next to their bed. This is nice when there is not enough wall space to hang a big piece; they can still feel the presence of the individual near them. For patients who are in intensive care or oncology units, where they cannot have live flowers, this is an especially valuable activity.
2. Patients can also create a vase full of “friends and family,” each flower representing a different person.

Pointers

This is a useful exercise for a patient new to you. It is not too self-disclosing for a first session, and patients usually pick an individual who is a comforting presence. For individuals who may be too ill to make the flower, the expressive arts practitioner can create the flower under the direction of the patient. Tissue paper and pipe cleaners are very forgiving materials that can be adjusted easily before, during and after the project is completed.



Pipe cleaner headdresses

Group

Individuals

Bedside

All ages

Can be made for the patient

Materials

- Pipe cleaners
- Colored construction paper
- Colored pencils
- Tape
- Glue
- Fun ephemera: feathers, glitter, etc.

Lead patients through a relaxing meditation which ends with a journey. As he imagines himself walking along, he becomes aware of a headdress on his head that has everything needed for the journey. These items can be as diverse as a sense of humor, or as serious as a map. At the end of the meditation ask him to construct the headdress out of pipe cleaners and encourage the patient to invite fantasy and play into his construction.

Variations

For another satisfying project you can have pre-made sets available that come in a paper bag. Inside are all the materials needed to create a “travel kit.” The bag can then become the journey’s suitcase and the materials can be turned into everything that is needed for the journey. This is a very quick set-up for a group activity where you may not have time to lay out materials ahead of time.

Pointers

This is a fabulous group activity that is especially fun for a celebratory event. It is also a good send-off activity at the end of a series of group sessions that encourages patients to think about the future and moving on. Seniors, as well as children, love this activity and the more creative and unusual bits you can find to include in the set-up, the more fun the individuals will have. Be careful not to use small pieces with young children.



Plaster masks

👤 👤 👤 Group

👤 Individuals

14+ Age 14 and upwards

Materials

- Plaster mask-making materials (plaster bandage materials)
- Water
- Wash basin
- Wash cloths
- Vaseline
- Paints and brushes
- Decorative materials such as glitter and feathers
- Glue
- CD or tape player with relaxing music
- Elastic
- Hand mirror

Begin session with a “body scan” visualization that encourages each patient to relax and explore their persona. Divide the group into pairs and play relaxing and centering music to support the patients in the process. Taking turns, each person will create a mask for his or her partner using plaster bandage mask technique. Partners should communicate with one another about the form they would like their mask to take. Do they want it to be a realistic representation of their form? Are there any special features they want expressed in the architecture of the mask?

If someone is uncomfortable with the idea of their mouth being covered, or if time is short, they should consider making a half mask instead, to cover only the nose, but not the mouth or chin. All the communication between partners has to happen before the plaster process begins, because once it has begun it is nearly impossible for the “maskee” to speak, or indicate artistic choices. After this point, simple questions can be answered by pre-arranged hand signals.

Be sure to follow any special directions that come with the plaster bandage product you purchase but broadly this is the method to follow:

1. Cover the face with Vaseline, paying special attention to the eyebrows and any other facial hair. If the eyebrows or moustache are very bushy there is a strong possibility that the hairs might get caught in the plaster and that will hurt when the mask is removed. So they must be well covered with Vaseline.
2. Cut a selection of different sized strips of plaster bandage.
3. Dip a few strips in a basin of warm water. Gently squeeze out excess water with your fingers. Place on the face. Be careful not to place strips over the eyes or nostrils.
4. Continue overlapping strips until you achieve the thickness and configuration you desire.



5. Allow the mask to dry in place for at least 10 to 15 minutes. As the plaster sets, it heats up and usually feels rather pleasant.
6. When it feels fairly dry, carefully lift the mask from the face and allow it to dry further.

When dry, the patients should be directed to embellish their mask with a new persona that represents what they need specifically for healing, such as “warrior” or “healer.” Switch partners. Have a wide variety of colors and decorative materials opened up and laid out on the table so that all the possibilities are right at the patient’s fingertips. Take a break after the decoration is complete. When the patients return ask them to embody the new persona by wearing the mask. Take time for the partners to share the experience with each other as well as with the group.

This project requires several hours. It can be done in one day-long session with a mid-morning break, lunch break and afternoon break, or it can be divided up into several sessions: one for making masks, one for decorating and one for sharing with the group.

Take into consideration drying time as well as time for the group to just sit and breathe out after the mask-making portion.

Variations

1. When the masks are completed, individuals can spend time writing letters to their masks.
2. In addition they can embody their masks for the group or partner by moving around the room with the mask on. Their movements can be witnessed by their partners or by the group.

Pointers

Mask-making is a long, messy process that is not suitable for the bedside. Plaster masks are best made with groups who know and trust one another, because it is an intimate activity where the patients touch each other’s faces.

It can be daunting for some patients to have masks made for them. They need to be very relaxed and comfortable with their partners. Some might feel claustrophobic while their mask is being made. In this case it is much better to make half masks (see above). Keeping the nose and eye openings quite large can also help with the comfort level. If an individual is simply not comfortable with the process, have a commercially made mask available for them to decorate, or they can make one of the cut-out paper masks suggested in Appendix A, Patterns and Projects (p.195). That way they can still participate in the process and their discomfort will not be as likely to alter the mood in the group. If you think this might be a possibility, be sure to offer this choice right at the beginning of the session.



Poetry series

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

10+ Age 10 and upwards

Materials

- High quality paper cut into sheets
- Raffia
- Scissors
- Pens and pencils
- Coloring materials

Begin with a relaxing visualization. The goal is to create a folded accordion book filled with images and poetry. The poetry can be written on one long sheet that is then folded accordion style into sections. This technique is better suited to poetry and drawings, not collage images. The sheet can be folded first, before the poem is written. That way there are discrete sections and the patient will not be tempted to make drawings over the folds. Small holes can be punched into the left edge of the folded-up accordion book and tied up with raffia (see Bookmaking techniques, p.88) for more ideas. See p.92 for more on writing poetry.

Variations

1. It can be helpful to provide a stack of pre-cut images as a source of inspiration for the patients, or to help them illustrate their poetry after it is finished. Sometimes, quick, first-thing-that-pops-into-your-head words are the best way to get started. In that case it is helpful to begin the session with a very relaxing, meditative visualization.
2. It can also be nice to play relaxing music during the meditation. Gauge your patients and see whether they might be better served by starting with the creation of an image as a way to elicit poetry. The book can be made in one session or over a period of time.
3. For a group, photocopy enough copies of all the poems so that each patient can go home with poems created by themselves as well as the other members of the group.





Pointers

Writing a poem can seem a daunting task to someone who does not feel that they are particularly creative. Remind them that it does not have to rhyme or even make “sense”; it should simply be a reflection of where they are at the moment. It does not need a particular form or rhyme scheme, but if they want it to rhyme, a pocket rhyming dictionary could be a good thing to have on hand. It is easy to stimulate the imagination with images or words. For quick inspiration, pull out your stack of images glued to index cards, or a list of your favorite adjectives, verbs and adverbs.

Rather than draw or write directly onto the accordion book, the patient can also cut out everything beforehand, both the images as well as the poems, and then mount them in the accordion book. This way if there is a mistake, the patient can make corrections without altering the integrity of the book.



Polarities

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- One sheet of paper 12" x 18"
- Colored drawing materials

The concept here is to work with opposites. They can be personal likes and dislikes or impersonal opposites, either abstract or concrete, such as peace and war, chaos and order, apple pie and brussel sprouts, etc.

Holding the paper with the long axis being the bottom, fold the sides so that they meet in the middle like doors. Have the patients draw whatever they like on the outside—an abstract idea or a concrete reality such as peace, harmony, light, happiness, your favorite pet, etc. and on the inside whatever they dislike—possibly war, chaos, anger, etc. The concept inside should be the opposite of what is on the outside. Take time to share.

Variations





Instead of a folded piece of paper with an inside and an outside, a paper plate or a square piece of card can be used. Place the square card on the table like a diamond with one corner facing the patient. The patient paints one image on one side and one on the other. A simple mobile can be made by punching a hole in the top of the paper and suspending it with string. As it moves in the wind, the truth that opposites can exist simultaneously is revealed. Similarly opposite images can be drawn on each side of a paper plate, which can be suspended on string as a mobile.

Pointers

Dislikes can be very charged for the patients. Make sure that you have lots of time to explore in conversation as well as artwork the ideas that emerge. At the end, the patients should definitely choose whether to leave the “dislikes” visible. Patients should not be forced to confront what they perceive as dark. If a patient decides not to work with charged material there are still many other polar opposites available: hot and cold, thick and thin, etc.



Portrait of wellbeing

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- Butcher paper
- Colored drawing materials

This activity is intended to be done life size, but there is a smaller version under variations that is more appropriate for the bedside or for patients who may not be ambulatory or able to lie on the floor.

Lay out the appropriate sized paper. Ask the patient to envision themselves in optimum health. Then ask them to think who is their supportive and caring community. When ready, using a very large piece of butcher paper, ask the patient to lie in the middle of the paper and trace around their form. The patient can then fill in the area of discomfort or disease, thoughts and feelings—whatever they are motivated to include. At the end, actual photos of supportive community members, friends and family, or just their names, can be added to the margins of the image.

Variations

1. For those who need a smaller version of the portrait, you can either ask them to draw the outline of their body on a plain sheet of paper or use one of the pre-drawn images (photocopy and enlarge to any size you wish) available under Appendix A: Projects and Patterns, p.195.
2. This exercise can be used to get in touch with the patient's discomfort or disease, though this might require more time for self-reflection. Patients benefit from reminders that they are whole and that front, back, sides, top and bottom are all connected. A good metaphor is to look at the outline and imagine that the patient is a transparent pool of water and the longer one looks into the "pool," the more one sees. This can give them the opportunity to look more deeply and bypass the tendency to focus on the surface or on what they think they already know about themselves.





Pointers

Patients frequently refer to themselves by painting a front view of themselves, i.e. what they see when they look in a mirror. It is helpful to note that there is no impenetrable shield that separates one's front from one's back.

If the patient's drawing includes areas of disease, it is helpful to note that the patient is more than the disease and that the illness is a small part of the whole person.



Random acts of kindness

-  Group
-  Individuals
-  Bedside
-  All ages

Materials

- Anything goes: be as creative as you wish

Ask the patient to think of random acts of kindness that have touched them and represent them artistically. Represent these in simple drawings, as stories, poetry, collages, etc.

Variations







The patient might decide to thank particular individuals who have been supportive and turn the art work into a thank-you note.

Pointers

This exercise can awaken the desire to thank individuals who have been especially helpful and supportive. For patients with terminal illnesses this can be very challenging and where one patient may be ready, another may never be. Tread softly. It is often easier to keep the idea more abstract and less personal, such as thanking the unknown girl who helped the patient across the street last Tuesday, rather than an individual the patient knows or interacts with on a regular basis. By keeping it abstract, it also highlights the goodness in the world. Unfortunately, it is the tragedies and violent acts that are blared on every TV channel in the hospital. Create your own good news and with your patients celebrate the “unsung heroes” with art.



Rosebush

-    Group
-  Individuals
-  Bedside
-  Age 8 and upwards

Materials

- Paper
- Colored pencils
- Oil pastels

Lead the patient in a meditation where they envisage themselves as a rosebush. Be sure to leave all the particulars to their own imagination by allowing them to answer guided questions that help them see the detail of their rose: What do you look like? What color are the blooms? Are you a rose in winter? Do you have thorns? Which type of bush are you—a climber, a Rambler, a standard, a hedge, a carpet rose? Allow the patient to express the vibrant color of the flower and the structure of the plant. The creamy texture of oil pastels and their brilliant hues can be very appealing for this exercise.

Variations

A completely different take on this exercise is to stress the growth factor of the plant. This can be experienced through wet-on-wet watercolor method (see Watercolor techniques, p.99). This has a completely different feel than vibrant color, but is excellent for moving beyond issues of control as the image is dependent on the brushstroke as well as the watery surface. As the colors blend and flow the patient can feel the experience of the plant. Water is the element that holds the plant together, that allows it to stand upright or wilt. It delivers food and carbon dioxide, etc.

For this you need a large space where you can leave the paintings to dry overnight. For wet-on-wet method, be sure to use high quality paper with rag content. Mix the paints with water so that they have enough vibrancy but are still liquid. Provide two reds, one yellow, and two blues. Be sure to put out jars of clean water, too. Place several sheets in a basin of water. Then lay them out on a waterproof craft board so that they can be picked up and moved while they are still wet. Press the paper against the surface, removing any trapped air bubbles. Allow the colors to mix freely on the page, creating all the hues needed. Patients can paint an entire rosebush or just a single rose. Save plenty of time for the clean-up.

Pointers

The goal of this activity is for the patients to see themselves in detail as a rosebush. Everything on the page carries significance: the size of the thorns, the size of the blooms, etc.

The experience of wet-on-wet (see Variations, above) is very freeing and the antithesis of drawing with a pencil—it is so free that the image may seem to run off the page. This is a great introduction to painting, because it is really more of a color experience than an experience in form. The rosebush or single rose is also easy to draw. The blooms are really big circles and the shapes of leaves and stems live vividly in most people's imagination.



Round robin

👤 👤 👤 Group

16+ Age 16 and upwards

Materials

- A wide selection of colored felt-tip pens
- A sheet of paper for each participant

The group sits in a circle or around a large table. Each person chooses a different color felt-tip pen. Everyone begins by drawing something—from a line to an image on their sheet of paper. The drawings that emerge might range from completely abstract to completely representational. You can instruct the group either to add one line at a time or draw for a pre-determined length of time. The goal is to pass the papers around the table, thereby allowing everyone to add to each paper until each member of the group has had the chance to add something to each drawing. Logistically it is best for you or an elected member of the group to call “time” at which point the papers are passed to the right.

Variations

1. The group drawing can also be done with one large single sheet of paper, but the participants have to be patient while one person at a time draws. This might be difficult for children or for seniors with dementia.
2. Alternatively, you can give the patients an idea for the image—such as a skyscraper, or island, or city. If you choose this option, reserve plenty of time to talk about the image at the end of the session. If you have a studio which patients visit, a large piece of paper can always be left out for a pre-determined amount of time. Individuals can add to it “at will.”
3. Each participant takes a different color of construction paper and a marker. He/she then cuts or tears the paper into pieces and glues one piece onto a 12"x18" piece of paper. Pass that sheet onto the next person who adds their piece of colored paper, and so forth. When all have participated, it then goes around again and each one adds their own marker color to each sheet.
4. Any individual can have the right to call “cut” when they think the piece is finished. They take on the responsibility of explaining what they see and why they think it is finished. The play begins again with a fresh sheet handed to the person on the right.

Pointers

The time frame is the real key. Long increments may become boring and short increments can make the patients anxious or playful. It certainly becomes more of a game when the increments are not constant and switch back and forth between long, short and in-between. For that method the timekeeper should announce the time before the “play” starts. For example “30 seconds, please begin.”



Be aware of the mood of the group. You might want to do several rounds, or not. It can be quick and energizing, or slow and meditative. Check in with them. Make sure everyone is engaged. The goal is to keep them creating rather than chatting. The more playful the mood, the more chatting you will have, and you should be clear what the needs of the group are. Maybe a very social, chatty group is just the right thing.



Sanctuary

- 👤 👤 👤 Group
- 👤 Individuals
- 🛏️ Bedside
- 16+ Age 16 and upwards

Materials

- Paper
- White glue
- Brushes
- Colored tissue paper
- Card stock
- Wood scraps
- Fast-drying clay

Lay out all the materials within easy reach of the participants. Place a piece of card stock at each place. This will act as the base (or work surface) for the project. This way everyone has access to a wide variety of materials. Some may prefer to use only clay and others will prefer tissue and card stock, or a combination of all the different materials.

The object is to create a three-dimensional sanctuary on a large sheet, using tissue paper and white glue or fast-drying clay. The session should begin with a guided imagery that takes the patient to a “sanctuary.” Remember that a sanctuary need not necessarily be a traditional building; it could, for some people, be a place in nature. So, as the patients envisage their sanctuary, ask “What is above you? Below? On the sides? Are there walls? An entrance?” Keep it vague so that the patient feels completely free in his/her imagination to create his/her own sanctuary.

Pointers

Guide the patient to build something that can be finished in one sitting. Let them give you a simple description before they begin and with that you might be able to guide them to appropriate materials. For example, something tall would be easier to form out of crushed tissue than built up out of clay. Clay is also heavy, so they would need to begin with stout card stock, wood or foam core for the base. This makes it easier to transport.



Saying goodbye

👤 👤 👤 Group

👤 Individuals

🏠 Bedside

18+ Age 18 and upwards

Materials

- Paper
- Colored pens and pencils

This begins with a relaxation and guided imagery that encourages the patient to see themselves crossing backward over a bridge. Instruct them to say “See you again” to ones they have loved and “goodbye” to those who have hurt them. Ask them to now turn around, cross the bridge and move toward the new shore. Illustrate the new terrain using a palette of bright colors.

Variations

Imagine crossing the bridge with those who love and support you and wave “goodbye” to those who are not supportive of your new lifestyle/health choices. Take plenty of time for sharing in case the patient wants to say more than “goodbye.”

Pointers

This is a good exercise for those ready to move on in their lives. It is a good choice for patients who have struggled with addiction or abuse. Although it may seem to relate more to emotional than medical issues, health is a continuum. The social group can support healing, or they can even hinder it.