A child’s mind is an intricate lattice of evolving synapses. Children with acute or chronic life-threatening or life-limiting illnesses may struggle to express their complex thoughts and emotions due to their inability to process and rationalise their internal turmoil. Medical treatments can be developmentally traumatising for such children, hence, there is a need to bridge the inadequacies of medical therapy to ensure the holistic psychological well-being of a child.

ART THERAPY AT WORK

SIBLING MAGIC

“Can I draw something before seeing the doctor? I am anxious about receiving my chemo today.” Ian, a ten-year-old boy from Bangladesh, was one of our first clients for the day. After he was diagnosed with acute lymphoblastic leukaemia (ALL) a year ago, where he first presented with knee pain, he came to Singapore with his family to seek treatment. He is currently undergoing his fourth cycle of chemotherapy which includes high dose intravenous methotrexate and vincristine. These are chemotherapy medications with a propensity to cause severe side effects such as fatigue, nausea, vomiting and alopecia. He has been admitted several times for life-threatening fever episodes.

Based on my interaction with him, Ian is a pensive yet pragmatic child who reflects before his actions.

The mediums used during the art therapy sessions were crayons, colour pencils and watercolour paint.
but is realistic about his treatment. According to the art therapist, he likes to paint his anxieties away before each of his treatment cycles.

He entered the art therapy room in trepidation, anxiously anticipating the next round of intravenous chemotherapy. He started painting a blue sea and continually looked at the art therapist, asking if she knew what he was portraying. She patiently answered, allaying his anxiety.

That day, Ian painted his father’s village of birth which he visited often when he was younger. Art transported him to a familiar setting with a comforting sense of nostalgia. Based on our interpretation, the house possibly represents a form of refuge and the tranquil scenery likely a projection of his personal hope to quell his anxiety before his treatment. However, the lonely house by the river could symbolise his isolation as a result of his condition, which may have taken him away from his friends, as represented by the various brown houses in the distance. His concrete comprehension of his condition translated into a well-crafted painting laced with simple but intricate details, possibly symbolic of the psychosocial and emotional aspects of his quotidian life.

Before and after their art therapy sessions, children are required to score their feelings on a feeling thermometer\(^4\) which objectively measures improvements or otherwise in their psychological state. A rating of ten, the highest score, equates to the patient feeling fantastic and one, the lowest score, indicates that the patient is feeling extremely down. Before painting, Ian scored a two and after the session, he scored a ten which was a vast improvement, reinforcing the effectiveness of art in helping him resolve his internal conflict of facing his fear of chemotherapy.

Studies have shown that art therapy has been proven to be effective when integrated with the multidisciplinary treatment of such conditions. Children with chronic illnesses can also develop paediatric depression or post-traumatic stress disorder from frequent blood-taking, hospitalisations and invasive procedures such as lumbar punctures, bone marrow aspirations and surgeries.\(^5\)

Soon, Ian’s three-year-old younger sister, Jamie, joined him and started drawing her family. She portrayed Ian without hair in an orange cap, clearly noting the physical side effects of hair loss on her brother. She painted Ian blue, since he was wearing a blue T-shirt. These observations show us the simple, concrete manner in which she is expressing Ian’s illness. Ian also acknowledged that Jamie was close to her Mummy which is why Mummy is carrying Jamie in her drawing and Ian is next to his Daddy. The use of shapes and symbols to characterise her thoughts is representative of the pre-schematic\(^6\) drawings from her age group. The use of vibrant colours and her drawing of her complete family is testimony to her concept of unity in the family, which is a positive reflection of her mental state amid the challenging times Ian is enduring.

Art therapy also allows siblings of the family a concrete platform to vent their worries, queries, frustrations and guilt about their sick sibling’s condition and their reactions to the turbulent changes in the family dynamics.\(^7\) Art helps to validate their emotions and for younger siblings like Jamie, art is their verbal tool to reveal their understanding and opinions of the situation.

A YOUNG WARRIOR

Four-year-old Lily is a little girl from Indonesia who was diagnosed with early precursor B-cell ALL a year ago. She was on her first cycle of high dose intravenous methotrexate and vincristine with similar side effects Ian experienced. She had also been previously admitted several times for life-threatening infections. This little warrior had braved many storms but was too young to realise the immense strength she possessed. She was a quiet maestro of her emotions and undeniably adorable.

At the beginning of the session, she looked anxiously at me, the newcomer in her usually familiar sessions of art therapy. She then started with isolated dots of different colours on a blank canvas. I urged her on, verbally validating her actions. She then went on to connect the dots, mixing two colours as our therapeutic relationship developed and she became more familiar with me. As she drew, she repeatedly made sounds of exclamation, “cling” and “vroom”, clearly enjoying the experience. She was much less inhibited than when we first met. She then started mixing all the colours together and made daring swirls across the canvas which culminated into the end product, before she abruptly exclaimed “RAINBOW!”.

The clearly satisfied “Leonardo Da Vinci” sat back for a moment, admiring her work, before she laid down her paintbrush and gestured towards the sink, signalling that her masterpiece was complete. The painting process had been cathartic for this little girl who must have vented her convoluted emotions onto a blank canvas, producing a rainbow, and relieved all her tension within — another benefit of art therapy.

Lily’s pre-schematic portrait represents the utopian mind which fervently grasps onto the innocence of childhood to shield her from the
conclusion
In conclusion, after having observed and participated in art therapy in both paediatric oncology inpatient and outpatient settings, art is a powerful albeit simple tool to build a therapeutic relationship with a child. Art is also evocative of complex thoughts translated into emotions that could help patients and their siblings create an individualised picture of their circumstances in a healthy way and ensure that the patient continues to develop normally psychologically. Art does not set boundaries but instead opens a window of opportunities for the unwell child. It allows them to have a sense of control since they cannot have control over their illness. After all, the world is but a canvas to our imagination.

acknowledgement
I would like to thank Dr Celine HJ Wong, Consultant, National University Hospital of Singapore Child Psychiatry Department and Ms Yenn Ang, Art therapist from the Children’s Cancer Foundation for their advice and support.

References