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Creative Art Expression from a Leukemic Child

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ACKNOWLEDGEMENTS

CREATIVE ART EXPRESSION FROM A LEUKEMIC CHILD

BY

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Thanks to Evadne McNeil and Polly Eisendrath for helping me to organize and clarify information in this paper. This paper is dedicated to my mother for her interest and support in the process of learning.

SARA SAYS:

"The sun does not want to be a person."

"Is the man going to die?"

"I certainly do not know what it is."

"I've now got all of Charlie's Angels."

"I don't know."

"I'll call my turtle Turdle Purdle."

"It looks like the inside of a body."

"I'm taking my time so I can do a good job."

"Don't use up all the glue."

CREATIVE ART EXPRESSION FROM A LEUKEMIC CHILD

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INTRODUCTION

My primary purpose in studying the creative art expression of a leukemic child is to observe the progress of the disease as it might appear in a child's art work. In my review of literature pertaining to the topic of my paper, a comparative study with my own observations could result in some kind of symbolic and pictorial pattern of severely ill children in the age range from five to seven years. Although further study will be indicated, some of my evaluations might provide insight into the problem of leukemia both diagnostically and therapeutically.

Through the child's creative art, possible implications of death awareness may be seen. My own observations would be strengthened with research material in the general concept of the process of dying, all of this hopefully evolving into a full realization of the power of art to reveal the progression of death awareness through art expression. Perhaps differentiations in background material and my actual findings would occur, and these would be noted as well. Also, art expression might reveal hidden facets heretofore undiscovered. In my overall reading in art therapy, I had not encountered much material on art and life-threatened children.

In this study, I am interested in discovering whether or not the healing of art therapy could alleviate the mental and physical traumas of leukemia in its more acute and advanced

stages. In my work with this child, I hope to provide an atmosphere of mutual trust whereby some of these feelings might emerge through pictorial expression.

Some of the practical problems which might occur in this project would be the physical limitations of the critically ill child, the emotional stress of the patient, family, and myself, and the working around the hospital routine. If the child were in isolation, the necessary mask and gown for me could make a barrier between us, and communication could be difficult and somewhat stifling. In a hospital routine, constant coming and going would interrupt a continuing free art expression.

This paper is basically divided into two parts, the first part dealing with the background information necessary for the findings in the actual case study; the second part being basically experiential, telling what actually did happen. No references to people or incidents in the case study are included in the first part.

In the progress notes, my session plans are indicated before each observation. I chose to use a variety of materials for my case study. In my previous experiences in teaching children of this age group, I had found that pupils generally became disinterested using the same media everyday. In my art therapy practicum, I found that the same results usually ensued whatever the materials used although the experience was different. Because of the nature of the ill-

ness and the obvious limitations of the child, my plans would have to be flexible and perhaps spontaneous.

The day to day observations are left intact so the reader may better visualize what actually happened. Although feelings are excluded in this section, some of these may be suggested by the narration itself. The evaluations after each session and the final evaluation will be mainly concerned with the art aspects, and again some feelings may be inferred or actually expressed. An epilogue is added to include art expressions and a few of my personal experiences with the child after the last progress note. The fifteen progress notes were stopped because of a deadline date for this paper. An appendix is added to give a detailed explanation of leukemia, the disease.

I thought when choosing this powerful subject, I would be able to possibly deal with the situation because I had known the trauma of death in my own family through the deaths of my father and my brother; however, this inference would be a matter of conjecture, and as previously mentioned, the emotional stress could present a problem.

For this study, I have worked with one particular child, female, six years old, in the pediatrics unit of a midwestern Medical Center.

REVIEW OF LITERATURE

Although little research material was available on the specific study of art and the leukemic child, some background reading on this subject helped me to evaluate my own case study. In the concept of dying, literature was more comprehensive and available and helped me to plan, observe, and assess my own project. All of my reading in art therapy provided a base for my thinking, and I applied some of the principles and practices from these books in my experiential study. Some specific approaches to art therapy were by Naumberg, leading art therapist, who utilized art as a dynamic medium to further therapeutic communication, and Edith Kramer, another leading art therapist, who used art to emphasize sublimation, a process through which the ego comes to master unconscious drives and impulses.

From these theories and techniques and others, especially in Creative Art Therapy by Robbins and Sibley, I formulated my own approach. I agree with Robbins when he states: "Central to our conception of art therapy is a blending of creativity and therapeutic practice" (Robbins, 1976, p. xi). Further:

Art therapists have an immense reservoir of energy skills, and creativity to contribute to the healing profession. We need a theoretical conception and a flexible role model, supported by knowledge and discipline, as preparation to meet complex professional challenges (Robbins, 1976, p. xii).

He also intimates that some art oriented persons need very little in terms of technique as the creation of art is self-

motivating and self-actualizing when given the proper atmosphere. He related this atmosphere to a feeling of respect for the individual, an uninterrupted space and time, care and trust, and an empathetic relation between the therapist and patient (Robbins, 1976, p. 211). In my own approaches to art therapy, I have combined many of these practices to fit the individual situation and needs of the person with whom I have interacted.

The sections in my review in which I have discussed the dying child, the family of the dying child, and the role of the medical staff explain the derivation of some of the basic assumptions found in my experiential study. This review is a combining of the material found in the following books and article: Leukemia in Childhood by Andre D. Lascari; The Leukemic Child by Mikie Sherman; "Facing up to Death" by Elizabeth Kubler-Ross; The Dying Child by William Easson; Social Work with the Dying Patient and the Family by Elizabeth Prichard and others; Death, the Final Stage of Growth, Questions and Answers on Death and Dying, and On Death and Dying by Elizabeth Kubler-Ross.

In the overall process of dying, Elizabeth Kubler-Ross explains five stages that usually emerge. The first is the expression of denial, e.g., "no not me." Following denial, anger occurs, e.g., "Why me?" Bargaining with the superior Power is next whereby the patient may suggest a need for more time to accomplish unfinished desires or tasks. Depression then sets in as the actuality of the prognosis is realized.

Last is acceptance of dying either positively or negatively. Periodically, hope may be experienced as the patient holds onto expectations of a "miracle drug" or the like (Kubler-Ross, 1975)

"The leukemic child continues to live through a lengthy period of transfusions and drug treatments and therefore takes much longer to die" (Easson, 1970, p. 4). As treatments continue in the course of the disease, the child may be afraid of the medication used to alleviate suffering. Any child hospitalized for a serious illness will be anxious and hostile with outbursts, screaming, crying, or he may withdraw and be non-communicative. The patient needs security and likes to have his mother present. Also, the child often finds comfort in relating to another sick child.

The way that a child is told about his own prognosis of dying would depend upon his age and emotional maturity. If there is an awareness of death, the child may ask questions, e.g., "When will I die?" and "Am I being punished for something I am doing wrong?" The child needs reassurances of the parents during such a period. When the child asks about the reality of the disease, he may be told in terms he will understand, depending upon his developmental level (Sherman, 1976, p. 19). Opinions vary as to how much a child should be told. Elizabeth Kubler-Ross believes that a child, or any person, can be told everything about the disease. She has found that most dying patients want to be informed and want someone with whom they may talk openly and frankly. She has

noted that even persons who are not told of their death seem to be aware of it. On the other hand, Mikie Sherman, author, and mother of a child who has died of leukemia, believes that a child under eight or nine years of age need not be told that he is going to die because he will not understand the actual meaning of death.

The family of a child who is terminally ill is of major importance in the process of dying. It would be helpful if we could rear our children with an awareness of death and its finality. Kubler-Ross says it this way:

What I am trying to convey is that everything depends on the way we rear our children. If we help them to face fear and show them that through strength and sharing we can overcome even the fear of dying, then they will be better prepared to face any kind of crisis that might confront them, including the ultimate reality of death. (Kubler-Ross, 1973, p. 260.)

If this is true, then the family also would be better prepared to face the reality of the possible death of the child. However, the initial reaction is always one of shock.

When this first shock wears off from the diagnosis that a child will probably die, a sadness permeates often accompanied by a feeling of weakness, both physically and mentally. In some cases, anger is an initial response. Next comes irritation, perhaps at the child himself because he is causing worry, guilt feelings, and pain. Parents may be bitter about financial investments for one who will not live. Then this anger is directed at physicians and research organizations that have primarily failed to conquer the disease. The child

then becomes the focus of the parents' attention (Sherman, 1976). Kubler-Ross believes that the parents and family go through the same stages as the child.

Practical questions arise as to what doctor, (family or specialist), and what hospital, (community or research), should be used. Mikie Sherman says that the family doctor and community hospital are sufficient during the initial stages of the disease, and as the disease progresses, more specialized doctors and research hospitals are desirable - yet still working with the family physician. Overall, the parents become part of the decision making process with the medical team.

How should the parents relate to the child? They have to decide how much time they may spend with the child when in the hospital - twenty-four hours or less. Should the child be given toys and attention at will? Should parents be in attendance when doctors and nurses are giving medical treatment?

The staff should talk in detail to the parents about the intermittent home visits which occur when the child is better or possibly when financial reasons dictate. Interim times spent at home are sometimes difficult. Emotional outbursts can be upsetting at this time, but the parent should be considerate of the child and his condition. Also, in addition to the care of the patient, relations to the siblings are important. The siblings, if they are old enough, can be told of the seriousness of the child's illness. This is hard to

accept on their part. They, too, feel anger at the attention given to the sick child and sometimes wish that he would die, producing guilt feelings in them. Fear is also present in an awareness that this might happen to them. Parents should be open and willing to listen to the feelings of the siblings.

In the case of the leukemic child, the duration of the disease until death may be from diagnosis to five years; therefore, school attendance may be possible. At school, the child may become isolated or laughed at because of his hair loss or his physical incapacibilities. Again, some special attention to the leukemic child in this direction is needed. Leukemic children are often bright and want to learn at school.

The returns to the hospital signal a more progressively acute situation. The parents are usually left to handle the situation alone. The parents, particularly the mother, may now be spending all of their time at the hospital trying to fill the special needs of the child.

At the time of death, the parents especially should not withdraw because the child needs them very much in this final process. Actually, after the pain of the continuing disease, the end may come easily and quickly. "The dying was slow; the death quick" (Sherman, 1976). After the death, adjustments have to be made because of the parents' grief and physical tiredness. So much time and thought have been spent in the care of the child that the parents may have become over-ident-

ified with him. Relationships in the family, and communications and expressions of feelings are especially important at this time.

Finally, the treatment team is the vehicle for a good relationship among the doctors, nurses, family and child. The staff generally explains the method of treatment to the child but does not tell him that he is going to die; how they go about this communication depends upon the developmental level of the child and the policy of the physicians and hospital. For instance, older children may be more cognizant about the medical aspects of the disease than a younger child. The social workers can offer the child an honest, open-ended relationship; help with the marital stress between the parents, which often occurs in this kind of situation; balance the needs of the dying patient and the siblings; and serve as an advocate. The entire treatment team has to live with a sense of helplessness. Also important for both staff (and parents) is not to mourn the child too early. "Because the family members have mourned him too early and too completely, the child may find himself isolated and alone. He has been mourned and laid to rest before he is dead" (Easson, 1970, p. 79). Obviously, this idea is an important one as the child needs active support and nurturance day to day.

As indicated in my introduction, I reviewed literature pertaining to the art expression of a leukemic child. Carol Perkins, author of an article, "The Art of Life-Threatened Children: A Preliminary Study," wanted to prove that the

anxiety of life-threatened children appeared in their art expressions. Ms. Perkins studied the work of thirty-five children at the Tumor and Hematology Outpatient Clinic of Children's Hospital, twenty of whom were life-threatened. She used the other fifteen as a control group. The symptom projection in the art work of the twenty children was studied through the use of color, symbols, and page placement and is described in the following paragraphs. Symbols are conscious or unconscious representations, either universal or individual manifestations. The last part of the article was concerned with the case studies of three of the life-threatened children. She illustrated through these studies the general awareness of the disease as it was portrayed in their expression.

In regards to the use of color in life-threatened children, large quantities of black were found in these children's drawings as compared to the control group. The children's response to this color was a negative one, e.g., faceless nightmare creatures, shadows, and dark houses. Although red was most consistently used by all children in this age group (four through ten), exceptionally large quantities of red were found in her test group. Their verbal correlation usually was with the concept of blood. Ms. Perkins indicated that Susan Bach, author of Spontaneous Painting of Severely Ill Patients, says that seriously ill children with whom she had worked in Zurich had signified red as "burning" or "tumor red." In regards to red, appropriateness of color in a picture could be a factor.

Pertaining to space positioning, Susan Bach suggested the division of the picture in four quadrants: the first is a plus-plus area located in the upper right, positive and the here and now. The second is a minus-minus and is located in the lower left, towards the darkest downhill trend. The third is a minus-plus located in the upper left, following the setting sun, or if a path, then going out of life. The fourth is a plus-minus located in the lower right, a potential future or recent past. As an example of space positioning, most of the life-threatened children, according to Ms. Perkin, drew the sun in the upper left part of the picture.

Nine out of the seventeen group never drew persons, probably because of a sense of isolation. This isolation was characteristic of the leukemic child in his relation to people in the outside world. The house, a possible self-symbol, indicated the diseased state of ten of the life-threatened children although the children were unaware of this. Another symbol represented was that of a snake, a threatening idea to the children. Three children drew caves, the cave-like structures also appearing as doors, or rainbows.

Much dependence upon parents is another characteristic of the leukemic child. Nine of the children who drew trees showed apple trees, sometimes seen in Jungian psychology as a symbol of a maternal or nurturing representation. All children drew fruit trees so this could be a general representation of many children. Sometimes, the apples of the life-threatened children appeared endangered, left to rot on the

ground, or be eaten by an animal. These trees, in another sense, might be self-symbols as in this old Chinese story:

...the old oak tree...said: Why do you compare me to your cultivated trees such as whitethorn, pear, orange and apple trees, and all the others that bear fruit? Even before they can ripen their fruits, people attack and violate them. Their own gifts bring harm to them, and they cannot live out their natural span... (Perkins, 1976, p. 10).

Another frequent drawing was that of the egg, generally considered a universal symbol of new life and hope.

Two leukemic studies were about Hank (age 10) and Laura (age 6). Typical paintings by Hank were of sailboats sailing on a peaceful sea. After a fourth central nervous system relapse, his boats were on a storm-tossed sea with a tug boat included in the picture, this indicating a possible weakened condition. When Hank's white cell count had gone down to a safer level, he drew a happy picture of "snoopy," in the Peanuts cartoons.

The other child, Laura, said she wanted to draw a happy face, but instead drew a small black ball. After this, she started to work on a larger face but still the face was not a happy one. Her colors were not appropriate, e.g., green mouth and black around the eyes. She added black spots over the face saying that they were chicken pox. The hair was colored blue and her name was written closely above the picture. On the face, the drawn round eyes, nose, and mouth might have represented a mournful kind of warmth. Round eyes, nose, and mouth in the second appeared "Skeletallike." The entire picture was

overall burning red, purple, and black, with the exception of "spirited" blue hair. Her last picture, painted two weeks before she died, had a blotch of black in the center with red coming from the minus-minus quadrant. She also painted a white "almost" closed circle, possibly symbolizing an uncontrolled production of white blood cells. The sun was larger than before. (Perkins, 1976).

Both of these children were leukemic. Leukemia, the disease, is discussed at length in the appendix. This includes the types of leukemia, signs and symptoms, treatment and prognosis. As leukemia is an important factor in this paper, I believe a thorough review of its implications would be of interest to the reader.

To conclude the review of literature, this final quotation from Robbins seems apropos to my own intent and purposes.

To sum, our underlying thesis is one of openness to the challenge of each situation and the inherent demands of the patient population, institution, and specific talents of the individual therapist. Creativity is our stock and trade. Can we afford to be inflexible? (Robbins, 1976, p. 247).

CASE STUDY

ASSOCIATIONS WITH CHILD

I was referred to Sara by an occupational therapist at the hospital who had worked with Sara, a leukemic child, and had observed her interest in art. My first meeting with Sara was on February 21, 1978, on the pediatrics unit at the University Medical Center. I met with her three times a week (Tuesday, Wednesday, and Thursday) for approximately six weeks. These sessions started at about 10:00 am and usually lasted from one to two hours, depending upon how Sara felt, the project, etc. Because Sara was in isolation most of the time, I felt that communication was somewhat "muffled" through the mask that I wore.

Overall, Sara was non-communicative with anyone except her mother, this was also dependent upon how she felt. If she were feeling well, she talked, sometimes in Italian (she was of Italian origin). Most of the time, Sara simply nodded in response to her mother's questions. Because of the hospital routine, we were frequently interrupted by doctors and nurses with medication, etc. Sara was at home two separate weeks out of this time, and I worked with her there twice. Our last session recorded in the progress notes was on April 3, 1978. An epilogue was later added to explain further developments while I continued to work with the child.

DESCRIPTION OF CHILD

Sara was six years old when I started to work with her in

February, and would be seven in June. She had pale skin, a full body, and was of average height. Her hair was short, light brown and wavy, and her eyes were big and brown. Her cheeks were full and her lips delicate. Her teeth, still baby ones, were small with a slight space between the two front ones. Sara was always clean, wearing a fresh nightgown every day - one, I remember, as pink with ruffles and another as blue with flowers. She had many nightgowns and other things that her family and friends had given her. Her fingernails were filed and painted; her toes were painted, too. Sometimes she wore a necklace, a ring, or a bracelet.

Sara was quiet and reserved. Her art work was done carefully, using just the right amount of glue, and paint. She loved "doing" art, filling her time in this way whenever she felt well. She could work two and a half hours at a time. T.V. shows, especially those watched by children, were intermittently looked at as she did her art work. Through watching these shows as well as learning on her own, Sara had taught herself how to read and write. For these reasons and others (e.g., vocabulary and reasoning), Sara impressed me as being intelligent.

Sara accepted the inevitable hospital routine although her mother had told me that this was not always the case as she had previously often cried. She had been in the hospital on and off since her first diagnosis at three years of age. She had become, at times, used to wanting special attention. Although she was sometimes silent and withdrawn, her sensitivity

and perfection came through in her art work, and in this way she seemed to be able to express herself; this appeared to give her enjoyment and self-satisfaction.

DESCRIPTION OF MOTHER

Sara's mother stayed in the hospital room around the clock and she was often with Sara during our art sessions. She was co-operative and we became friends, sharing thoughts with one another. In appearance, she was a young, attractive person with a slight Italian accent (she had come from Italy eleven years previously). She devoted most of her time and attention to Sara in comparison to time spent with her other children. Everything seemed to revolve around this child, her well-being and happiness. She was especially friendly to people who were helping and working with Sara. "Thank you's" were often said, complaints were few, and decision-making was done in a level-headed manner.

Sara's mother and the family did not tell Sara she might die. Leukemia was often mentioned in conversations with me and others, but not directly talked about, to my knowledge, with Sara. Her mother once told me that "everyone" had ideas as to why and how Sara should be told about her disease, but to this she would like to reply "Wait until this situation happens to you. Then let's see about your advice."

Although Sara's mother was usually emotionally steady, sometimes she was depressed, especially during her long stays at the hospital. Sometimes, she became angry with the medical

staff and wondered if they were actually helping her child. She took care of many practical nursing duties, such as changing Sara's bandages, washing her, and helping the nurses administer medication. She resented the cost of the long hospital stays when so much of this care could be done by her at home. She thought she could bring Sara to the outpatient clinic at the hospital for necessary blood and platelet transfusions. Sometimes, she was angry at God, especially when Sara was so ill, for allowing a child to suffer in this way. She said "Why does He pick on little children when there are older people who have lived their lives?"

Sara's mother seemed to intertwine Kubler-Ross' five stages in the process of dying; denial, anger, bargaining, depression, and acceptance. One stage did not necessarily precede or follow another in a set order as Kubler-Ross described. The stages happened interchangeably depending upon the intensity of the illness and upon Sara's mother's mood. I had experienced death twice in my own family, and the same interchanging of stages happened to me. Sara's mother and I sometimes talked about the experiences I had encountered and the ones she was going through now.

I chose to describe Sara's mother specifically rather than other members of the family because she was at the hospital twenty-four hours a day and had a decided influence on the overall care and consideration of Sara. Whether the mother's constant presence and decisions were "right," no one knows. This was her way, and I felt she was truly a remarkable woman of determination

PATIENT HISTORY

The following information was obtained from medical charts. Sara was first diagnosed as acute lymphoblastic leukemia in March, 1975. Before diagnosis, her symptoms were similar to those of the flu, and she had pain in one leg. She began scheduled chemotherapy treatments at the hospital after her diagnosis, and treatments have continued on and off since that time. In December, 1975, she had pneumonitis, and in January, 1977, she had the measles. She had been in a relapse for the last six months starting in August and her symptoms have grown worse since December, 1977. Sara was admitted to the hospital on March 8, 1978 under the care of a pediatrician and hematologist, because of a low platelet count. At this time, generalized overall swelling appeared. During her admittance at this time, I started to work with Sara.

Sara had received whole blood transfusions and more frequently, platelet transfusions. Transfusions were given when physicians deemed them necessary; approximately ten were given during her stay at this time. I had seen in Sara's chart that her platelet count before a transfusion was 18,000 and after a transfusion 80,000. Aside from the transfusions, her medication had included prednisone and acetaminophen. Other medication included the following: Dextrose, Sodium Chloride, Deltasone, Doceine Sulfate, Clove Oil, Tylenole, Gentamicin, Gavenicillin, Vincristine, Cytarabine, Cysloposph, Rimethobenzamide, and trimethobenzamide hydrochloride. These medications were not given singly, so relevancy of each to the

psychological state of Sara would be hard to determine. However, one thing was apparent; after blood and platelet transfusions, she was decidedly physically and mentally better.

Sara was discharged from the hospital on March 5, 1978, because she was somewhat better, but was re-admitted on March 12, 1978 because her platelet count was low. The area around her eyes appeared dark and bruised on re-admittance. Because her eyes were sensitive to light as this time, her room was kept fairly dark. Her headaches were frequent, and various infections had developed, e.g., vaginal infection. Sara's progress at the hospital could be generally described as progressively one step up and two steps down.

Sara's family history of disease had included heart disease, leukemia, diabetes mellitus, hypertension, and congenital anomalies. She has two living parents, Joseph and Elizabeth who came to America from Italy eleven years ago. She has a sister, Ann, ten years old, and a brother, John, three years old.

PROGRESS NOTES

First Meeting, Tuesday, February 21, 1978

Session plans: My plans involved using a large sheet of paper, which would give a sense of space, and working with various colors of chalk. Chalk is expressive and somewhat messy, and I thought this would be a good media for the first session. I would give Sara materials that would show more

feeling than detail and would allow for some mess as compared to the very clean hospital atmosphere. She could draw what she wished, and I would draw with her to make her feel more comfortable. Instigating too many responses during this first session might prove threatening. Leaving her picture with her to put on the wall could alleviate some mistrust that could ensue from my taking it with me. I hoped to take slides of her work in the room with her mother's permission.

Observations: When I walked into the room, I saw a little girl sitting on the edge of the bed, her back towards the door. A young attractive woman, who was standing near the bed and facing towards the door, welcomed me. After we introduced ourselves, I told her mother that I was a student doing a practicum in art therapy and would like to work with her child three times a week in the morning. After she agreed, I asked if I might take slides of Sara's work. Again, she gave her permission. Upon hearing our conversation, Sara turned around. She was average size for a six year old child, and round and full. Her hair was cropped close to her head, sandy in color, and wavy. Her skin was pale with a few scattered freckles, and her eyes were big and round - brown in color with a slight ring of red around the right eye (iris).

The room seemed full of things. Above her bed was a shelf filled with stuffed animals, and the door and walls were decorated with pictures and crafts - valentines intermittingly spaced among the art work. Her work appeared mainly in the gang age, 9-12 years of age, according to Victor Lowenfeld,

e.g., the space between the sky and ground line being filled in. Her work appeared detailed and imaginative.

Sara's mother had to leave because her son (3 years old) and her daughter (10 years old) were sick at home. By the tone of her voice and her manner of explanation to Sara, the mother appeared kind. She told me that she had been with Sara every day since her admittance.

I gave Sara a large sheet of newsprint 18" x 24" and a box of colored chalk. I explained to her that the chalk was messy, and she would have to remember while working not to touch nearby materials or they would turn to the color of the chalk on her hands. She nodded and said that she understood. Sara first drew the grass green along the bottom portion of her paper. She drew a person with a hat and a pipe in his mouth in the right lower portion of the paper which she later described as a farmer. She drew, in order, a horse, a dog, a kitten, some chickens, and some ducks - the ducks drinking out of a pond of water on the left lower corner of the paper. In the middle left part of the paper, she drew two cows, and in the upper right corner, she drew a large yellow sun with a happy face, outlined in red, with large sun beams coming from it. The blue sky was drawn last along the top edge of her paper.

During the drawing time, the phone rang and I answered it. It was Sara's father and he wanted to speak with her. Evidently, he wanted her to write down a message. She found a scrap of tissue paper on the counter, secured a pen out of the

drawer by her bed, and tried the pen on the paper until the ink flowed down into the penpoint; then she wrote a message. She was very efficient in this duty.

After her picture was completed, we hung it up on the wall. She said that it was a farm and she described the "things" on the farm upon some questioning by me. I asked her if she lived on a farm and she shyly said "no." I then mentioned that it would be nice to be on a farm now, away from the city and she replied by saying "I don't know."

Sara had previously been in isolation and I could see that she wanted to "get out of her room." She had wandered out of the room a couple of times while we talked about her pictures. I told her that I would come back tomorrow and asked her what she would especially like to do in art. She didn't know, so I said "goodbye" and she, in her nightgown, went busily down the hall in a very determined fashion.

Assessments: Sara's art work was mainly characteristic of the gang age, 9-12 years of age, e.g., filling up the space between the sky and ground line, with some fluctuations to the schematic stage, 7-9 years of age, e.g. separating the sky and ground line. In the sky was a sun drawn in the upper right portion of the paper, considered a plus-minus area by Susan Bach. The sun was outlined in red which, to me, could correlate with the red ring around the iris of her right eye. Verbal response was scarce from Sara, but I understood her

shyness and possible skepticism, this being my first visit. I was impressed with her efficiency during this session.

Second Meeting, Wednesday, February 22, 1978

Session plans: I planned to use a large sheet of paper, as I had done in the first session, to give Sara a sense of space. I gave her a small variety of materials including hard (markers) and soft (crayons), which would give her some choice of materials and would give me an idea of what media she would prefer. Telling a story about her picture at the end of the session might help her to verbalize more freely. Continuing to draw with her on my own picture might make her feel more comfortable and further a mutual understanding. I would help her when needed. As before, her picture would be left in the room to alleviate any mistrust from my taking it with me.

Observations: Sara's door was marked "isolation," this being a precaution against infection, and I was told to put on a mask and gown before entering her room. I greeted her mother and said "hi" to Sara. I moved the "swing over" table to one side of the bed and laid down a 12" x 18" newsprint paper, jumbo crayons (8), regular size crayons (8), and various colors of markers. I said we could draw a picture again, only this time telling a story about it when we were finished, Sara nodded as if in agreement and quickly started her picture. She first drew the grass green along the bottom of the paper, and then a hopscotch diagram in a magenta marker above the grass. She drew a person on the left side of the hopscotch, using various

colors of markers. Another person was added next to the first one, and three more persons were added above the hopscotch drawing. She still used markers.

She looked at my drawing of a house, grass, and trees. She then drew a house with crayons in the upper left portion of her paper, and moving across the paper to the right, she drew two dogs, and two cats. In the upper right corner, she drew again a large yellow sun with a happy face outlined in red, only this time wearing glasses. She filled in the remaining space with light blue.

Sometimes I talked with Sara while we drew, but she made few responses, usually a quiet "I don't know." After I had told a story about my picture, I asked her if she would like to tell one about her picture. She turned away. Her mother was sitting on the bed next to her, and Sara hugged her. I asked Sara if she or any of her friends were in the picture and she said "no." Again I mentioned that I liked the sun, now with glasses, maybe sun glasses? She said "I don't know." I asked her if she lived in the house and she again replied "I don't know." I said that I knew what that was, as I pointed to the hopscotch (she had made one out of tape on the floor by the side of her bed). She nodded. I mentioned that it even had a name written at the top of it, "sky blue." I asked her if she could tell me about how she thought of that name and she said "I don't know."

I then said that it was time for me to leave, but that I would return in the morning. I asked her if she would like to cut out pictures and glue them on a sheet of paper when I returned the next day. She nodded affirmatively. I said "goodbye, I'll see you tomorrow."

I talked with her mother outside the door. Her mother told me that Sara was bright. She had taught herself how to read and write, and she had only been to school a few weeks out of her life. I agreed that Sara was bright and said that she appeared creative in her art work and that I enjoyed working with her.

Assessment: Sara's picture was detailed and filled in. The sky now met the ground line, characteristic of the gang age. She included many animals and persons in this picture. The sun was still outlined in red and in the upper right corner of the paper. This time the sun had glasses. I wondered if she needed glasses because she was not seeing clearly. Again she was not verbally responsive, but again, I understood.

Third Meeting, Thursday, February 23, 1978

Session plans: I planned to bring in a movie magazine and another magazine for a collage. I had seen pictures of "Charlie's Angels" and Shaun Cassidy on Sara's walls and thought that she might like to cut out pictures of them and other celebrities from the movie magazine, perhaps identifying with some of them. I chose a project that would involve more

manipulation and realistic persons and/or scenes as compared to the previous spontaneous and imaginative drawings.

Observations: The door was marked "isolation" so I again put on a mask and gown. I walked in, asked Sara if she were ready for art, and she nodded as she quickly got to the side of the bed while her mother moved the table in front of her. I laid down a bottle of glue, scissors, and a package of colored paper (12" x 18") on the table. I asked her to choose a colored sheet of paper while I went to get two magazines which I had left in the lounge. When I returned, she had chosen an orange piece of paper. I asked which magazine, the movie or National Geographic, that she would like to cut pictures from, and she quickly took the movie magazine. When I had organized my materials, sat down in a chair by the bed, and started to cut pictures from the National Geographic for my collage, I noticed that Sara was very busy cutting from her magazine. Her mother was on the phone. Once in awhile, I would show Sara a picture from my magazine that I thought was pretty or interesting and she would look at it.

After about fifteen minutes, she said, "I've now got all of Charlie's Angels." I was surprised because she spoke clearly and matter-of-factly. By now, I was more used to her being quiet and evasive. She said that she had not come across Shaun Cassidy yet. She then mentioned that she had had a bone marrow test the day before and her friend across the hall had one today. She said that it hurt yesterday but not today. We

talked to each other while we worked - particularly about the picture she was cutting.

After she had cut out all her pictures, she laid them out individually in rows on the table. Then the doctor came into the room and said he would do a blood test on Sara's knee. While the doctor prepared for the test, Sara's eyes did not leave the pictures on the table. During the test, Sara appeared to accept the procedure as if it were an inevitable routine, and as the doctor was leaving, she asked for some alcohol pads to clean off her knee. I asked if she were tired and would like to glue down her pictures tomorrow. She said "no" and started to glue each picture down in rows on her orange sheet of paper. She asked for two more sheets of paper, metallic ones which she had seen, and glued the rest of her pictures on them. She cut scraps of metallic paper and added to the last sheet.

When I asked her what was her favorite picture in my collage, she pointed to the royal blue water scene in the upper left corner of the paper. When I asked her which picture was the favorite in her collage, she picked out a small one of Shaun Cassidy holding a kitten. I had noticed that she had many pictures of cats and dogs in her room, now including two she had just done for me. I told her my favorite picture in her collages and the favorite in mine, and asked if she would like to have the collages hung on the wall or would just like to look at them for awhile. She chose the latter. She busily

gathered up her pictures and went into the restroom to look at them privately.

Assessments: Sara was more responsive and enthusiastic about her project, which was rewarding to me. When I asked what her favorite picture was among those she had cut out, she chose a small picture of Shaun Cassidy holding a kitten. This was the only picture that included an animal. She handled the scissors well.

Fourth Meeting, Tuesday, February 28, 1978

Sessions plans: I chose to do another collage because she had seemed to enjoy the last project and had handled her materials well. This collage would be made with cut out construction paper and would involve manipulation and imagination, a combination of the last three projects. I would continue to work with her as this was a pattern by now. I would continue to leave the picture she had done in her room.

Observations: Sara's room was again marked "isolation." I opened the door and saw what I perceived as a much smaller Sara, but I quickly realized it was another child. Sara's mother introduced me to her three year old son who was visiting his sister today. Both children were painting water color pictures on a table which had been swung across the bed. Sara was propped up on the bed on one side of the table with her little brother in the bed on the other side of the table. They

wanted to finish painting, so I sat on a chair nearby watching them work. Sara acted like the "older sister," helping and teasing him.

When they were finished, I put down two pairs of scissors, a bottle of glue, a package of eight regular size crayons, and a package of colored paper on the table. I invited her brother to work with us, but he preferred working with play dough which his mother had given to him. I told Sara that we would make another collage today using only colored paper. For the first time since I had met with Sara, her right hand was bandaged with an intravenous apparatus around it. Sara was left handed so she started to work on her collage with that hand - the one she had evidently used while painting. Her mother mentioned that Sara's temperature had risen to 105 degrees the previous night.

She first cut out a yellow house and colored the windows and door of the house, and then glued it on the middle lower edge of the paper. She colored the grass green on each side of the house. She would look at my picture periodically. She cut out a yellow rabbit and glued it on the left side of the house. Sara cut out four brown tree trunks and four green tree tops, gluing two trees on the left side of the house and two trees on the right side of the house. She said that she was making a house in the woods. She cut out another yellow rabbit and glued it on the right lower edge of the paper. She said that she was finished and would like to hang it on the wall.

By this time, six people were in the room; two friends had stopped for a visit and it seemed noisy and crowded to me. When I asked Sara to describe her picture, she said that the rabbits were hiding their eggs (her mother had been talking about Easter to her) and she pointed to some circles which she had drawn around the tree trunks. "These are eggs," she said. I asked who was going to look for the eggs and she grinned saying, "I am."

Sara had a nose bleed and started to cry. Her mother lowered the bed and got the doctor. I cleaned off the table and told Sara that I would return in the morning and we would make something for Easter. She said she would be thinking of things to make. She shyly asked if she could keep my picture and I left it on the table.

Assessments: Sara manipulated her materials well because the intravenous was on her right hand today (she was lefthanded as previously mentioned). Again animals appeared, this time rabbits. Her rabbits were not drawn with geometric shapes (schematic stage, 7-9 years of age), but appeared life-like in form and movement (gang age, 9-12 years of age). Her Easter eggs probably correlated with the Easter season. Because she had wanted to keep the picture I had done, this might have shown friendship and trust.

Fifth Meeting, Thursday, March 2, 1978

Session plans: I had heard Sara previously talk about making

an Easter bunny. I thought this idea might be a little early for this holiday but decided to give her a choice of either painting an Easter bunny (more spontaneous and imaginative) or making it out of construction paper and fasteners (manipulative and imaginative). I would show her how to start the latter project. She could use another subject if she chose to do so. I would work along with her, talking in my usual conversational manner. As she had handled materials well in the last session, I felt I could choose other projects involving manipulation.

Observations: Sara had not been well on Wednesday, March 1, so I could not work with her. Now, as I opened the door marked "isolation," she was propped up in her bed smiling. She looked as if she were feeling better, and I asked her if she were ready for art. She nodded, moved to the side of the bed, and her mother and I rolled the table in front of her. I saw that her right hand still had the intravenous in it. I asked her if she wanted to paint or cut out an Easter bunny; she chose the latter.

I put down a bottle of glue, two pairs of scissors, a box of paper fasteners, and a package of colored paper on the table. I explained how to make a bunny with movable parts using paper fasteners. She first cut out a circle for the body and then a circle for the head, fastening the two together. She laughed as she moved them back and forth. She cut out legs, fastened them, and started to cut out arms when the doctor came in for a blood test.

Sara again seemed to accept the routine. Before the doctor left, she gave him a present - a string of beads - and he thanked her. When she returned to cutting out the arms, she picked up a crayon and put a dot in the middle of the arm - then quickly tried to rub it out with her thumb. She then fastened the arm, cut out two ears and fastened them to the top of the head.

Looking at my bunny, she laughed; I had made very large feet. She said that her bunny was a girl, so I said that mine could be a boy. We thought of names - I called mine "Peter Paul" and she called hers "Rosie Posie." She cut out eyes, fastened them, and colored red eyelashes around the upper part of the eye as in a semi-circle. She had outlined in red before around the eyes. She then colored a nose with two nostrils, and cut out a red mouth with yellow teeth, fastening it in the appropriate place. After cutting, coloring, and fastening a skirt to the bunny, she lifted the skirt, laughed, and said that the bunny needed pants under her skirt and so colored some blue pants.

She cut out an Easter basket and colored the front of it with a person saying "by" as in "bye," and colored a watch on her bunny's wrist asking me to do the same on my bunny's wrist. She fastened the basket onto one hand, cut out two carrots, fastening one on the other hand and one in the pocket of the skirt. She said she was finished and showed it to her mother.

We hung up "Rosie Posie" and "Peter Paul" on the wall. I took some slides of Sara's art work on the walls and let Sara take one of our Easter bunnies. I said that I would not be there the next day but would return on Tuesday morning. She looked down as if a little disappointed. I told her that I thought her bunny was very imaginative, and she smiled. "Bye for now," I said, "I'll see you on Tuesday."

Assessments: Sara was responsive and feeling well. She enjoyed her project and I did, too. After a blood test by the doctor, she drew a dot in the middle of the bunny's arm and then quickly tried to rub it out. Evidently, she was aware of the doctor's needle in her own arm. Then on her bunny, she colored red lashes in a semi-circle on the upper part of the eyes. This again could correlate with the red ring around the iris of her right eye. The "by" meaning "bye," on her basket and also the wrist watch on her bunny's arm could have shown her awareness of the length of this session, two and one-half hours. I believe that Sara had wanted to continue for this length of time but did not want to admit that she was becoming tired. Again, she wanted both of our projects hung on the wall.

Sixth Meeting, Wednesday, March 8, 1978

Session plans: As Sara would be at home, I chose to work with paint this day instead of our previous "cutting." I wanted her to be able to express her feelings spontaneously through the paint, which would allow freedom of movement to balance

some of the structured routine of the hospital during her stays there. She could choose her own subject. Because I had noticed glasses on her suns in the pictures on the hospital wall, I thought I could instigate a response as to her purpose for putting glasses on her suns. As usual, I would work and talk along with her.

Observations: I worked with Sara in her home as she had left the hospital the previous day, March 7. Sara's apartment was large, attractive, and very clean. We worked at a table in an open area between the kitchen and living room. I had brought some watercolors, paper, and brushes with me which I put down on the table. I asked Sara what she would like to paint today, and as she painted a green line across the bottom edge of the paper, she said that she didn't know. I started to paint a tree on the left side of my paper, and she, too, started to paint a tree on the left side of her paper. She outlined a circle for the treetop and painted red circles inside of the area, describing them as apples. After painting green around the apples, she painted another tree on the right side of the paper filling in the treetop with green paint and no apples. When I mentioned that the tree on the left side had apples and the one on the right did not, she said, "I don't know."

She painted two girls, one walking a dog and one walking a cat, on the center bottom part of the paper, laughing because she had drawn the girls with so much hair. I noticed the hair, too. I asked if she were in the picture to which she

replied "no", that two girls were walking their pets. Above the girls, she painted a yellow sun and asked me if she could paint orange on top of the yellow paint. Upon my nodding, she painted orange on top of the yellow and outlined a happy face in black. She added glasses, also outlined in black. I mentioned that the sun again wore glasses and she made no response. I asked her "who" the sun might be if it were a person and she looked down at her paper and said, "the sun does not want to be a person." She painted the sky last.

I asked her if she would like to draw another picture, maybe a picture of herself, which she did not want to do. Then she quietly picked up another piece of paper. She outlined a large yellow rain hat and painted a girl under the hat in the center lower part of the paper. Then she outlined two yellow clouds in the upper portion of the paper and painted yellow rain drops coming from them. We had previously been talking about rain and rainbows because her little brother, who was painting with us, had painted a rainbow.

Watching me fold my paper together, making a design out of the wet surface, she picked up another sheet of paper and started to dab colors of paint on one side of the paper. She then folded the paper together, unfolded it, added more paint - repeating this procedure several times. When she had finished, she said that it looked like the inside of a body (I thought so, too). I noticed the sequence of the three pictures: the first one with friends, animals, etc. in it:

the second one with only one girl walking in the rain; and the third one, the inside of a body.

We took pictures of her work and her mother offered an Italian pastry and coffee to me. When I asked Sara if she would like me to come back next week, she looked down and said "I don't know." I then asked her if she would like me to come back tomorrow, and she nodded "yes." Then I said I would see her the next day.

Assessments: Sara painted three pictures. In the first, an apple tree was drawn on the left side of the paper, and a tree with no apples was drawn on the right side. The left side could represent the past and the right side the future (Machover-Hammer). A fruit tree, according to Jung, could symbolize maternal dependence. Any tree could be a self-symbol (Machover-Hammer). Two girls were walking their pets in this picture, again an inclusion of animals. The girls had much hair. The sun was now in the center of the page with no emanating rays as in her previous pictures. The sun's color was orange instead of yellow, and with a happy face outlined in black instead of red. At this time the red ring around her own iris had disappeared. The sun was wearing glasses outlined in black, again possibly emphasizing the need to see better. I asked her who the sun might be if it were a person, and she said, "The sun does not want to be a person." This, to me, was a beautiful statement. Could this thought about the sun have been a projection of her own feelings about herself.

In the second picture, she painted a little girl in the rain with a large hat and a cloud overhead. The girl did not appear to be unhappy. Sara said "no" - she was not the girl in the picture and I wondered. In the third picture, she dabbed paint on each side of the paper, folding it several times. She said that it looked like the inside of the body. I was curious about the sequence of her pictures: the first with friends, animals, trees; the second, with one girl walking in the rain, not too unhappy, the third, the inside of a body. I wondered if this had to do with her own feelings about the progression of events in her own life in relation to her illness.

Seventh Meeting, Tuesday, March 14, 1978

Session plans: Sara was back in the hospital. Her attention span had proved to be fairly long; therefore, I chose a project that would take three sessions to complete and would involve making animals. Animals were chosen because she had drawn or made many of them in her previous art work. She could cut out or draw animals to glue on a mat board and then fill in scenery. Since she talked little about her disease, I felt that she could possibly express her feelings more fully in the making of these animals. I selected varied materials, giving her freedom of choice, and planned to explain the procedure that we could follow for the project. I would help her to get started and would work and talk along with her.

Observations: Sara was unable to work with me at her home, on March 9, because she was not feeling well. Today I called the

hospital and found that she had been admitted on March 12. When I opened the door marked, "isolation," I saw that Sara was pale and her eyes were heavy, especially the right one. Her left hand was bandaged with an intravenous in it. I asked her if she was able to work in art and she nodded affirmatively.

I put down glue, scissors, colored paper, crayons, paper fasteners, and paper plates, 7" around, on the table in front of her. I explained that we would make animals from the materials, put them on a large white cardboard, and drew scenery around them - all of which would probably take three sessions.

To help her get started, I began to color the back of a paper plate for a turtle's back and explained how to add a head, legs, and tail. She picked up a paper plate and colored it green (Slide #1). She was done within a few minutes, and then proceeded to cut out and fasten a green head, and four red legs to the back; she said that she didn't want to make a tail. Because Sara is left handed and the intravenous was in her left hand, I had to help her cut out the various parts.

She then drew thick rimmed glasses with small openings which she cut out and glued on top of two small dots for the eyes. She cut out a red mouth and glued it downwards. Sara rarely drew a downturned mouth. Not only did I notice this one, but earlier when I entered her room, I had noticed a large

mural (Slide #2) on the door in which she drew herself four times in a row: The first three faces were happy and the last one was sad with a downturned mouth, and wearing a pair of glasses. To her turtle, she now added a purple bow tie, red belt, buttons, and finally a yellow tail. She called her turtle "Turdle Purdle."

Sara had complained about pain in her right shoulder and she was restless during our time together. She wanted to make another animal, though, and picked up two paper plates to make a cat's head and body. She barely got started before she asked me to put her bed down. She clicked off the T.V., and lay on her side. I told her that I would stay there until her mother came back from the store. Sara's mother had gone to the store to buy Sara some toys. Sara watched quietly while I finished my turtle.

The doctor came into the room, examined Sara, and said that he would prescribe a platelet transfusion. When her mother returned, Sara whimpered, and after the toys were unloaded from the sack, she began to play with them. I told her that I would return the next morning and left some materials for her to work with in case she felt better that day.

Assessments: Sara was back in the hospital and not feeling well! On my suggestion, she made a turtle out of a paper plate. She scribbled green on the turtle's back which was in

contrast to her careful coloring of the past. The glasses on the turtle's head were red and very thick, and dots for eyes were seen through the openings. Her eyes had usually been more elaborate. Again, the glasses might have correlated with her need to see better, this time, more emphasized. The area around her own eyes appeared bruised and dark this day. The turtle's mouth was downturned, the first time not smiling while working with me. A mural on the door made over the weekend had a progression of self-portraits, four in a row: three full happy ones, and the last, tight with a downturned mouth and her signature above it. Sara told me these were self-portraits. She worked both in and out of our sessions, and the mural was an example of work done outside of the sessions. I had to help her more this day as the intravenous was in her left hand. Slide #1 shows a picture of her turtle. Previous slides of her other pictures did not turn out because of defective film.

Eight Meeting, Wednesday, March 15, 1978

Session plans: Sara had not been feeling well during the last session and she had not responded verbally to me at all. The intravenous was in her left hand now which made manipulation difficult, necessitating my help. Although I felt that I had chosen a long project at the wrong time, I decided to continue with it. Possibly she could express her pain through the making of the animals that she had so often done. I planned not to expect responses from her if she were not feeling well.

Observations: Sara still looked pale today, and the area around her right eye appeared bruised. Her mother said that Sara had been waiting for me. Sara was already working on a cat (Slide #1) which she had started at the end of yesterday's session. I put down colored paper, scissors, glue, crayons, and a book about animals on the table. I first showed her the large cardboard on which we would put her animals. Then I helped her to fasten the head and body of the cat together - both of which were made of paper plates. She had already outlined the eyes, nose, whiskers, and round mouth in black. She cut out gray legs, fastened them to the body, and cut out gray ears gluing them to the head. She colored and cut out a blue tie, cut out two red pockets, also gluing them to the body. A white tail was cut out and fastened on last. She said that she was finished.

It was apparent that Sara was not feeling well again today, and she cried. Her right leg was painful. Her mother said that it wasn't time for her medicine (which was given every four hours) but would ask the doctor to give her a pain pill now. While her mother was gone, I tried to keep Sara's mind off her pain. I asked her if she would like to make a sun for the big picture that we were making. She agreed and seemed content for awhile. She colored a yellow sun on top of a yellow piece of paper and drew black rimmed glasses, a red happy smile, and cheeks. She asked me to cut it out for her.

Sara then began to cry out as her mother entered the room. We lowered her bed, soothed her, until the nurse came in

with the medicine, demerol. She quieted down, her mother rubbed her knee, and she began to close her eyes.

Her mother began to talk about the problems that their family had been having. She said when they got a problem, they really got a big one. She said that her older daughter had broken her hip last year. I mostly listened, agreeing to the hard times, and sharing some of my similar experiences with her. I told her that I'd return in the morning and hoped that Sara would be comfortable today. We said goodbye while Sara slept.

Assessments: Sara was still feeling very ill and not responding verbally. She made a cat out of paper plates which she had started the day before. The round eyes, nose, and mouth were outlined in black for the first time. Carol Perkins says this could represent a "mournful kind of warmth" sometimes seen in leukemic children. She was crying out from pain, and the mother went to get the doctor. Wanting to divert her from her pain, I asked if she would like to make a sun. She then made a yellow sun with no rays, a happy face in red, black glasses, and red cheeks connected to the tips of her smile. Her crying ceased while she was making the sun. Sara's mother was discouraged. She needed and wanted someone with whom she could share her feelings. We understood one another through our similar experiences with cancer in our families.

Ninth Meeting, Tuesday, March 21, 1978

Session plans: This would be the third and last session for

the project involving animals. Sara had been in much pain, and I felt that she had worked on her art project extremely well considering this, expressing her pain through her work. Today, she could possibly draw scenery around the animals or make another animal if she wished. I would help her with the materials, and again, I would not expect her to talk. She had seemed to grimace when I had questioned her about her pictures during the last few sessions, some of these questions being spontaneous and unplanned.

Observations: Sara could not work in art, March 16, because she was not feeling well enough. Today, the door marked "isolation" was open. Sara was propped up in her bed and she looked pale. Her mother, who looked tired, said that Sara was waiting for me. Looking at Sara more closely, I noticed a red streak in the white area of her right eye.

I told Sara that we would finish our project today and I put down scissors, glue, colored paper, crayons, and paper plates on the table. I propped the white mat board against the foot of the bed and asked Sara where she would like to put the animals and sun, which she had made last week. She told me to glue the cat on the right side of the board, the turtle on the near left side of the board, and the sun above and between the two animals. Because Sara's left hand was still bandaged with an intravenous, I helped her.

I said that she could add anything such as grass, etc., to her picture, and she made no response. After a few minutes,

she picked up a white sheet of paper on which she colored a blue cloud. Then she cut out the cloud, and asked me to glue it on the upper left portion of the board. Then she picked up a white paper plate and on the back of it, she outlined blue eyes, a nose, a circle for the mouth, and two red cheeks. She asked for a yellow piece of paper, drew a round body with paws and feet, and asked me to cut it out. We glued the head and body together. After she outlined two large yellow ears on gray paper, I gathered that she was making a "bunny" (Slide #1). She glued the ears on top of the head, and cut out and fastened a bow tie at the neck last.

While she was working on her bunny, the nurse checked her mother's and my blood pressure because we had been talking about my low blood pressure. When Sara's mother told her that she might be lying beside her in the hospital, Sara laughed. This was the first time that she had laughed since I had entered the room.

When she had finished her rabbit, Sara asked me to glue it to the left of the turtle which was the far left side of the board. I did this. She then said that she did not want to add anymore to the picture, so her mother hung it on the wall. She began to cry saying that her side hurt. Also, her nose began to bleed. Her mother put down the bed and called for the doctor. I said that I would see her tomorrow, but she made no response.

Assessments: Sara was not feeling well nor responding verably. The bunny that she had made was placed on the left

side of the mural (past - Machover-Hammer). The turtle was placed in the middle of the picture (present - Machover-Hammer), and the cat was placed on the right side (future - Machover-Hammer). The bunny and the cat appeared sad, and the turtle in the middle seemed to express the pain she felt at the moment. She did not want to add but a sun and cloud into her mural in addition to the three animals. This was in contrast to the many things seen in her first pictures.

Tenth Meeting, Wednesday, March 22, 1978

Session plans: Having finished a long project involving feelings, imagination, and manipulation, I chose a short one, somewhat messy and more spontaneous, smearing oil pastels on a smooth poster board. This she could do herself. I had helped her with manipulation in the last project as the intravenous was in her left hand. She was left-handed. After the oil pastel project, we would make a quick and conventional flower out of colored tissue paper and wire stem for her mother's Easter present. I would help her with the flower.

Observations: When I walked into Sara's room, I saw Sara propped up in her bed, the table in front of her. Her mother said that she was waiting for me. I told Sara that we would first make a picture and then an Easter present for her mother. She nodded and I put down two pieces of white poster board, and a box of oil pastels on the table. I explained how oil pastels could be smeared with a finger on the smooth

board. As an example, I drew a yellow ring on one board and moved my finger out from the ring to make sun rays.

She immediately drew a yellow ring in the upper left corner of her board, and smeared it out from the ring making rays. This was the first time for awhile that she had made rays. She drew a happy face on the sun - no glasses added. She then drew green grass along the bottom edge of the paper and smeared it. Along the upper edge of the paper, she colored a blue sky and again smeared it. On the right side of her paper, she outlined a large house with a small door in black. I asked her who lived in the house, and she made no response. Next, she drew flowers of various colors along the grass. In the upper portion of the paper, she drew a sidewalk from the edge of the roof to the other side of the sun; three persons were riding bikes on the sidewalk; two were on the right side of the sun and one was on the left side. She smeared green grass between the sidewalk and the flowers. Above the sidewalk, near the top of the page, she quickly drew a small black swing set, sliding board, merry-go-round, and teeter totter as she described them to me later. As I pointed to each part of her picture, she told me what it was. When I asked if she were in the picture, she replied "no."

Sara was in a good mood today, often laughing. She asked her mother to leave the room so we could make her present. After her mother had gone, I told Sara that we were going to make a tissue paper flower. This type of flower has a

predetermined outcome so I will not explain the various steps involved in making it. Sara chose yellow paper, and I helped to cut and pinch the flower together. She then wanted to make a white flower for herself, which we did. Again, Sara steadily pinched, cut, and glued, with my help. When her mother came back into the room, Sara smiled while she gave the flower to her mother. Her mother thanked her with a kiss. Sara said that she would like to make more flowers that day so I left some materials on the table. Her mother put the yellow and white flowers in an Easter basket on a shelf above the bed. I told Sara that I would see her the next day.

Assessments: The sun had visible rays in her picture. These rays had not been seen for awhile, the absence of which might have shown some withdrawal. The sun was now in the upper left hand corner, considered a minus-plus area by Susan Bach. It had a happy face with no glasses; glasses had been usually drawn on her suns. Her house was large and cut off on the right side of the paper (future - Machover-Hammer). It had a small door which I thought might again mean withdrawal. Three persons were riding bikes on a path, two on the right side of the sun and one on the left side near the edge of the paper. Susan Bach says that if a path leads to the upper left corner, this could mean "a going out of life." I thought that Sara could be the person on the left although she said that she was not. Perhaps her brother and sister or her friends could have been the ones on the right. A playground drawn in black on the

upper middle portion of the paper possibly illustrated a negative fantasy, one that would not happen. Sara did not respond verbally to any great degree, but she sometimes grinned while "doing" her art.

Eleventh Meeting, Thursday, March 23, 1978

Session plans: Sara had mentioned that she wanted to make another Easter bunny. I chose materials with which she could make a 3-dimensional bunny instead of the 2-dimensional projects previously done. The cotton balls I would give her would involve a sense of touch, and the project would again be imaginative and manipulative. The purposes in 3-D work are for balance and centering. If she needed help to cut out parts of the bunny, I would help her. By now, I had realized that questions about her work were not wanted because she grimaced when asked. She seemed to enjoy listening to general conversation between her mother and me while doing her projects. I still intended to leave her work in the room.

Observations: Sara was sitting in a chair as I walked into the room. I gave her an Easter card and told her that we would make an Easter bunny using cotton balls. She asked her mother if she could be moved to the bed with the table in front of her. After being moved, she asked me if Kim, a little girl across the hall who had just come into the room, could make an Easter bunny, too. "Sure," I said, and I put down glue, scissors, colored paper, cotton balls, wire, and four styrofoam balls on the table. I punched a wire through two

styrofoam balls holding them together. I gave it to Kim, and did the same thing for Sara. I told them that one ball could be the head and one could be the body, and they could cover both with cotton balls.

Kim poured glue all over the balls at which time Sara quietly and indirectly told her not to use up all the glue. Kim then quickly added cotton balls leaving large and small spaces between the cotton. Sara steadily glued each area, sticking the cotton balls side by side (Slide #3). When Kim was finished, Sara, who was still working, said that she was taking her time so she could do a good job. Because Kim asked me to make a hat (3-D), Sara asked me to make one too. She asked for red and purple paper, and she wanted the rim scalloped. When I had finished, she asked for a white sheet of paper and outlined a large happy smile and cheeks, with yellow bunny teeth, a round blue nose, and two eyes with lashes outlined in blue. After I had cut them out, she glued them on the bunny face and laughed.

She then drew bunny feet, and after I cut them out, she placed them horizontally and protruding from the front bottom of the bunny. She then outlined yellow ears on the white paper, which I cut, and she glued to the top of the bunny. Last, she glued on the hat, adding red bows to each side of it which she had just drawn and I had cut out. She said that she was finished and pushed the table away so she could move her legs in another position. Kim also said she was finished. Kim

had added eyes, nose, mouth, feet, and hat to her bunny with my help. She, too, had an intravenous in her hand. When Kim left, I asked Sara what she would like to call her bunny, and she laughingly said "funny bunny." I said that I wondered where the bunny would be going now, and Sara did not respond. I took a picture of her bunny, and said "Happy Easter." I told her I'd see her again on Tuesday, March 28.

Assessments: She enjoyed her project, probably because she was feeling better. Her rabbit was smiling, the eyes were again more elaborate, and the cheeks were attached to the tip ends of the mouth. She worked carefully, being assertive with Kim, telling Kim that she should not use so much glue. This she did quietly without looking directly at Kim. Sara seemed to talk more easily with her peers. During this session, she grinned and laughed periodically.

Twelfth Meeting, Tuesday, March 28, 1978

Session plans: I chose florescent chalk, a somewhat messy and expressive material which she might enjoy because of its intense color and powdery texture. She could use the chalk to make a design or draw a picture. Sara was beginning to use her right hand quite well, almost as well as her left one. I would work along with her on my own drawing, talking to her during the session. I would still leave her work in the room for her to see as she seemed proud of her art collection.

Observations: When I walked into the room, Sara looked pale;

she was whimpering. I asked if she wanted to work in art today and she nodded affirmatively. I then asked if she would like to work with florescent chalk and she again nodded. I put down a sheet of newsprint 12" x 18", and a box of chalk on the table in front of her. Her mother said that she was leaving to pick up Laura, her older daughter, and they would both return soon.

Before her mother left, she showed me an Easter basket hanging from the overhead light. In the basket three persons peeked over the top (Slide #4). Sara's mother said the three were Sara's father, mother, and herself. The child had glasses, dots for eyes, and red dots on her face. These persons had been worked on over the weekend.

Using the chalk, Sara first drew green grass along the bottom edge of the paper (Slide #5). At this time, I noticed that she did not have an intravenous in her hand. She outlined a large magenta house on the far right side of the paper, adding three windows with cross panes, and curtains, a small door, and a chimney with blue smoke coming from it. She then filled in the house with yellow. Next, she colored three flowers along the bottom of the page, above the grass. A yellow sun was drawn in the upper left corner with rays, a happy smile, dots for the eyes, and the nose. She looked at my paper and I was still drawing. I asked her if she would like to add more to her picture while I finished mine. She asked "What?" and I said that maybe she could draw herself. She said "no," but would draw a person. She drew a girl between the

flowers and the house. The girl was large compared to the side of the door.

I heard from a nurse that Sara had been seen on T.V. on Sunday, March 26, when Shaun Cassidy was in town. Cameramen had come out to take pictures of another girl, who had asked Shaun Cassidy through a nurse, if he would possibly call her. When the call came through from Shaun, the cameramen were there at the hospital taking pictures of the other girl receiving the call. Sara was with her. She intermittingly talked about this incident during this session.

The doctor came into the room and examined Sara's eyes. After examining her right eye, he asked her if she could see out of it, and she shook her head negatively side to side. At this time, I noticed and remembered that the room had been fairly dark lately, the curtains being drawn. When the mother came back with Laura, the doctor asked to speak with her out in the hall. I talked to Laura about her Easter vacation until the mother returned to the room. I said that I would leave now, but would return in the morning.

Assessments: Sara did not feel well today, and she responded very little. She drew a large house again cut off on the right side. I thought of the house as a self-projection with the right side as the future. She drew three flowers, creating in threes. The picture was less filled in than earlier pictures had been - with animals, people, etc. She added a person in

this picture only after I suggested that she draw herself to which she said "no," but agreed to draw a person. There was a small door in the house, again showing possible withdrawal from the outside world. The sun was in the left corner, had dots for the eyes and nose, and a happy smile. The sun wore no glasses. It was interesting that the sun did not wear glasses, especially when the doctor had just realized her lack of vision in one eye. However, of the three persons in her Easter basket, the child alone wore glasses. The child also had red dots in its face, which could have been related to petichiae (pin-point sized hemorrhages appearing just under the skin). Noted again was the combination of three, e.g., possible symbol of Father, Son and Holy Spirit - Father, Mother, and Child. The room was kept quite dark because light was troublesome to Sara's eyes, and she preferred to work in a darkened room.

Thirteenth Meeting, Wednesday, March 29, 1978

Session plans: I would bring water colors and many sheets of paper (about thirty) and a few small poster boards for self-expression. During the last session, Sara had appeared drained. Because of this, her project could be a simple one, or not, as she so chose. If she made a design, perhaps we could find "things" in her designs, this telling me about what might be on her mind. I would talk quietly with her and work on my own.

Observations: When I walked into Sara's room, she was lying

down in her bed, and she was looking pale. Her mother said that she had been having bad headaches. I asked Sara if she felt like working in art today, and she nodded affirmatively. While her mother raised her bed, I put down water colors, white paper, 9" x 12", poster board, 4" x 9", and a cup of water on the table. I told her that we could paint whatever we wished today.

She dabbed paint on a smooth board, and folded it with little success. Then she picked up a white sheet of paper and dabbed paint on each side, folding it several times. I asked her if she saw anything in her design and she shook her head side to side. I asked her if she saw anything in another design which she had made in the same manner, and she said that she saw an Easter egg (Slide #6). She asked me how to make colors out of the three colors that I had previously told her about - those colors that could be made by mixing various combinations of red, blue, and yellow. After my explanation, she painted a whole sheet of paper blue, and then yellow over it. She smiled and said that she had made green. She added red over the green, smiling again, saying that she had made brown. Folding it, she said that she saw a lady bug in her design. She followed this same procedure on three more paintings, adding colors to make colors, folding them, and making brown. In her second "brown" design, she said that she saw a bug. She could not see anything in the third and fourth "brown" designs.

Kim walked into the room, and asked if she could paint too. We said "yes," and she picked up a sheet of paper and painted it black. She said that she saw men in it. Sara picked up a sheet of paper, taping the corners almost to the center of the paper. She painted on top of the bent corners, then untaped them, and painted underneath, so that the entire paper was painted. She did the same on the opposite side of the paper. She said that she saw pockets in this design. On another sheet of paper, Kim also folded corners and painted, saying that she was making a kite. Sara painted a design in the same manner as the previous one, and said that she saw a cross and the bottom of a woman. Kim painted a sheet of paper blue and said that she saw people. I said that I could see a hand in her design. Then Sara picked up a sheet of paper and painted a hand within geometric shapes (Slide #7). She said that she was finished. Kim also said that she was finished and went to her room. By now, paint was splattered on pillow cases, sheets, nightgowns, etc., and I was hoping that no one minded too much. I gathered up Sara's designs, told her that I would put them on a large board, and bring them with me the next morning.

Assessments: Sara worked for two straight hours today. It seemed as if she wanted to keep making pictures until she had finished expressing her feelings. She made ten designs out of water colors, one closed in, and one like an empty eye or possibly a vaginal-like opening. Sara said that the last

design was an Easter egg. Another of the designs had pockets in it. In the next to the last design, she said that she saw a cross and the bottom of a woman. In her last design, she painted what seemed to be praying hands. In this design were many triangles - threes again.

Fourteenth Meeting, Thursday, March 30, 1978

Session plans: Sara seemed to especially like to "make things" or put various parts together to form a picture. I chose a project using yarn, a material she could touch and feel. We would make a picture or design out of this yarn gluing it to a piece of paper. I thought she could handle this material fairly well because at this time she had no intravenous in her hand. I would work on my own project with her and would not expect responses.

Observations: I saw Sara propped up in a very high bed - I had to raise my head to say hello. Evidently, she thought that this was fun. Her mother told her that the bed would have to be lowered if she wanted to work in art. Sara grimaced, but was silent while her mother lowered it. While Sara was being lowered, I noticed that she was very pale and around her eyes there appeared to be dark bruises. Her mother told me that she was still having headaches and woke up in the middle of the night because of them. I showed Sara the ten watercolor designs which I had stapled onto two black sheets of paper, 18" x 24", which she had made yesterday. She was silent, but her eyes followed the pictures as her mother looked at them.

I told Sara that we would make a yarn picture today (Slide #8), and I put down scissors, glue, colored paper, and a bag of yarn. I showed her how to squeeze glue onto the paper and put yarn on top of the glue. Out of the yarn scraps that she had left over, I told her that I would make my picture. She smiled and nodded. During the rest of our time together today, Sara would smile whenever she gave me her scraps.

She first glued a white outline of a circle. She added two orange circles for the eyes, a big red nose, and a big red outline for a smile. I guessed that she was making a clown and she nodded. While putting down her materials today, I told her that I had once made a clown out of yarn. She added red cheeks, a hat with a ball on top, large white ears, and four circles for blue hair - one above and one below each ear.

At this time, Sara asked if Kim could come over to work with her. I got Kim and she worked at the edge of Sara's table - sitting in a chair. Kim poured a generous amount of glue on the paper adding many strands of yarn. Sara said that "she certainly did not know what it was." Kim then took another sheet of paper and made a sky and the sun, and then said that she had to go back to her room to check on her baby's (doll's) I.V. She did not come back. Sara still worked on her picture. She glued the upper part of the body under the head outlining two arms. Periodically, she would watch T.V. during our sessions. Today, a soap opera was on. A man on the screen

appeared to be suffering, and Sara quickly and frankly asked her mother if the man were going to die. Her mother said "no." Sara then added zig-zag designs on each side of the clown.

During our session today, Sara often rubbed her eyes. When she was finished with the clown, she began to cry saying that her right eye hurt. The doctor came into the room and checked her eye but found nothing. Sara stopped crying and the doctor left. Her mother said that she had probably gotten something into her eye. Then I told Sara that I would mount her picture on a piece of cardboard and bring it to her after my lunch. She agreed and said goodbye.

Assessments: In this picture, I first noticed the large red circles for the nose and cheeks, and a large red mouth. Although an appropriate color for a clown, there seemed to be an abundance of red. The hair was made of blue circles, and the eyes were orange and circular like some of her suns. The room was dark with the curtains drawn. Her reactions seemed somewhat slower than usual this day - this one picture taking two hours.

Fifteenth Meeting, Tuesday, April 4, 1978

Session plans: I chose a project again using a sense of touch. We could make a picture out of scrap materials, yarn, felt, and glue. She could do what she wished and for as long as she wished, either making a picture or design. I would still work on my own, helping her when needed.

Observations: Sara was not feeling well today, and I noticed an intravenous in her right hand instead of her left one. Her mother said that she had acquired a vaginal infection last Saturday. I asked Sara if she wanted to work in art today and she nodded her head weakly. Her mother raised the head of the bed and rolled the table in front of her. I put down scraps of material and felt, scissors, canvas paper, and glue on the table. I told Sara that she could make whatever she wished.

She picked up an orange piece of felt, drew a sun with rays, two dots for the eyes, one dot for the nose, and a red smile (Slide #9). I helped her cut out the sun, and she glued it on the upper left corner of the paper. She made vertical marks for the grass on a white piece of felt, cut out the strip of grass, and glued it along the bottom line of the paper. She outlined a blue cloud, filling it in lightly, I cut it out, and she glued it next to the sun.

At this time, Sara asked to use the bed pan. She cried out with pain and her lip quivered. When she had quieted down, she outlined another blue cloud. I cut it out, and she glued it next to the other cloud.

On green felt she outlined an orange house with windows and a door, cut the house out, and glued it on the the middle lower edge of the paper. She then outlined a black swing set on orange felt which I cut out, and she glued on the right side of the house. She outlined a black tetter totter on orange

felt. I cut around it, and she glued it on the left side of the house. She then said that she was finished. I asked her what was the most important part of the picture, and she quickly pointed to the sun. I could see that Sara was not well, and so I told her that I would leave now and return in the morning. She did not respond.

Assessments: Sara was not feeling well today, nor did she respond verbally to me but once. She had acquired a vaginal infection over the weekend. I thought about a design made last week that might have been an expression of her pain. Children draw areas which are associated with physical disabilities (Di Leo). In today's picture, her sun was in the upper left corner. Two blue clouds were cut and glued - one before and after the pain of going to the bathroom. I had noticed that she seemed to draw clouds when she was not feeling well. Her house was smaller and in the middle of the paper in contrast to the previous large ones in the far right. She made a black outline of a tetter totter and a swing set. This had been done before. The sun was the most important part of her picture. There was an abundance of the color orange. The picture took a very short time, about one/half hour, in comparison to the time spent on many of her other pictures. Her pictures were including fewer elements than the ones in the beginning of our sessions.

FINAL EVALUATION

Indicative of the progress of Sara's disease were some of the progressive elements seen in her art work. Comparing the aspects of the work in the beginning with those at the end, several differentiations occurred. The prevalency of people and particularly animals in the early sessions diminished as the work continued, this possibly indicating withdrawal or isolation. The space in her pictures was at first filled in but became more barren towards the end. The sun, a prominent emphasis in Sara's pictures, changed during the course of our sessions. It moved from the upper right (plus-plus) to the middle to the upper left (minus-plus). The elaborate eyes of the sun were mere dots towards the end. On the sun, the color, yellow, changed sporadically to orange, and the glasses, always present at first, were not included in her later work. More downturned mouths appeared in contrast to the happier faces previously seen. The early red ring around the sun, which could have correlated with the red ring around her iris, was subsequently more often in black. Also, outlined in black, like the sun were round eyes, nose, and mouth, possible sad or mournful representations. Too, the original red cheeks became larger and more red as time progressed. Expressing perhaps a negative wish was the playground outlined in black in the last few weeks. Her verbal responses became fewer and fewer as time went on until they were almost non-existent.

Leukemia has its ups and downs as the disease takes its course. Therefore, Sara's art work did not continually take a downward trend. When she was not feeling well, however, her pictures were less detailed, and she often reverted or regressed to the schematic stage. She used dots for eyes, had downturned mouths, and drew round eyes, noses, and mouths. Clouds were included and sometimes her pain was reflected in her pictures, e.g., one self-portrait appeared very tight. The hair on her persons became flat and thin, and black dots often appeared on the faces. Finally, when she was not feeling well, she was especially verbally non-communicative.

Some signs showed an awareness on Sara's part. Putting glasses on the sun and sometimes on animals and people could have been a non-verbal expression to indicate that she could not see. No one in her family wore glasses, and her doctor continued to wear his glasses after Sara stopped drawing them. Possibly she stopped drawing or making the glasses when her doctor discovered the lack of vision in one eye. The red ring around her suns and drawn eyes changed to black when the red ring in one of her own eyes (iris) disappeared. Another possible expression of awareness was a vaginal-like design made a week before she acquired an infection in this area.

Other emphasized areas showed what was important at a particular time, e.g., Sara put a dot on her bunny's arm after a blood test has been taken from her arm, and then she quickly tried to rub it out. Perhaps, she wanted to erase the pain or

the evidence of the pain. Her emphasis on the rims of one pair of glasses which framed very small openings, possibly showed the inadequacy of her own vision. Throughout our sessions, Sara drew lots of suns, perhaps identifying with the universal source of life in an attempt to ease her pain. The emphasis of suns, however, also occurred when she was well.

Although some aspects were included and stressed, others were omitted, e.g., Sara did not draw herself but twice, nor did she draw the members of her family. The hospital setting was never drawn, and when asked about her houses and their surroundings, she said that none of the houses nor the areas around them were her own.

Some symbols, I believe, could be evident in Sara's art work, e.g., the fruit tree as a maternal nurturing influence, according to Jungian psychology; the sun as a circle representing total life according to Jungian psychology; the sun as an authority of high positive or negative regard according to Machover, Hammer and Jolles; the house as a possible self-symbol according to Machover, Hammer and Jolles; a small door, according to Machover, Hammer and Jolles representing little accessibility - little contact with the outside world; the combinations of threes as a "trinity," religious or otherwise. Interpreting an image as a symbol has to be done with discretion.

CONCLUSION

The initial purposes in my introduction have been realized in varying degrees. Through the many art experiences, produced by Sara, both when I have been with her and when she was alone, some definite patterns have emerged in the progression of her work. These patterns became more apparent when she was not feeling well as she possibly tried to communicate her pain or discomfort, e.g., clouds, tightened figures, and downturned mouths. In comparing her work with that of other leukemic children, mentioned in my review of literature, some death awareness could be assumed. These correlations could be observed in the use of color and page placement, e.g., use of more red and black, and placement of the sun. Symbols became more apparent after the last session recorded in my progress notes. Some of her pictures seemingly did not relate to her illness. They were typical pictures of a happy child and were drawn especially when she was feeling well.

Her experiences in doing the work provided her with an interest, a mutual continuing relationship with me, and an incentive to reveal her talent and feelings. Many of the pictures done in our sessions were happy ones which could show that she was feeling well and enjoying her art work. Other pictures showed the intensity of her pain and loneliness. Her art experiences then were valuable in alleviating the trauma

of her disease, either in her enjoyment of them or in the letting out of her feelings.

Some of the problems I anticipated occurred but did not prove as difficult as I thought they would be, e.g., hospital interruptions, Sara's physical condition, and the mask and gown. One frustration that I had not expected was Sara's lack of verbal responsiveness to the point when she did not talk at all, especially in the last sessions. Although this was frustrating to me, I could see that she was obviously very ill during those times.

Towards the end of our sessions because Sara seldom talked, I could not elicit verbal responses about her pictures. Her feelings were shown in the art she produced. In this way she did respond, only missing three sessions out of all of our scheduled meetings. She wanted to do art work continuously more than anything else; in the last sessions, she especially wanted to "make" things. I wondered if other children with leukemia would be as interested in doing art work.

From this experience with Sara and from the books I had read about similar cases, I gained more knowledge of the process of art therapy, especially how it can be applied to very ill children in the use of materials, suggestions for what to do, and adjustments to particular situations. I would be interested to know if some of the emphasis in her pictures,

e.g., excessive use of red and black, single elements, white encasements, would occur in the work of other children with leukemia.

Emotionally, I learned to live through an acute situation and cope. Perhaps some of my own emotional stress from the deaths in my own family was released as I worked with the child.

The intrinsic value of my experience with Sara cannot easily be verbally communicated by me. I hope the preceding pages emanate some of the depth of my learning experience both in the field of art therapy and in my interpersonal relationship with her. Although Sara was especially non-verbal towards the end of our sessions, she did transmit through her mother that she wanted me there. To me, this showed that there was value to her in the art experiences that we shared together. I feel as if Sara and I communicated through her art work.

EPILOGUE

Sara was discharged from the hospital on Tuesday, April 11, as she was feeling better. I met with her once at her home. Shown in Slide #10, she made a detailed and happy little girl with yellow curls out of construction paper and a paper plate. She wanted her girl and a person I had made hung up together on the wall with their hands touching.

On Thursday, April 18, she was re-admitted to the hospital. Her platelet count was low, and an infection had developed in her spine. The day following this admittance, Sara's condition was crucial and life-threatening according to the doctors. After blood and platelet transfusions were given, she was somewhat better that next day. Her pictures during the week after this critical episode contained excessive quantities of red and black, particularly black, characteristics that Carol Perkins had also observed in her studies of life-threatening children. Other colors had been available to Sara at this time.

People were included in her pictures now, e.g., possible family members not previously seen. In Slides #11, and #12, she drew what seemed to be a family: a mother, father, boy, and girl. One picture was outlined in red and the other in black. I wondered if this could be Sara's family without Sara among them. A black car was in the background of both pictures.

Another picture drawn in red and black during this time period, Slide #13 showed a row of houses slanting from the lower right to the upper left with two cars on a roadway in front of the houses heading towards the upper left. Susan Bach says that a path to this corner, a minus-plus area, may mean a "going out of life." Another picture, Slide #14, showed a storm tossed boat in rough water; this same subject was drawn by a leukemic boy who was very ill and whom I described in my review of literature. Slide #15 showed more red and black, black completely surrounding the area around a girl. Many pictures were done during this time period with black covering the background. In Slide #16, big red cheeks were seen which was another characteristic of Sara's art work towards the end of our sessions. One picture, Slide #17, was of a woman with somewhat limp legs. This was interesting as Sara had not walked for about six weeks since the making of this particular drawing because of the pain in her legs.

One week passed from her crucial time, and she began to feel better. At this time, she drew a house, Slide #18, and a person to the left of it. The body was completely blurred in white as if possibly representing the white cells taking charge. Her entire picture was not carefully done within the lines as previous ones had been. The chimney was tall as in other drawings at this time. On succeeding days, she drew more boats, e.g., Slide #19, and ducks, e.g., Slide #20. Her pictures usually were now including only a single element.

Sara was again discharged on May 10, as she was feeling somewhat better. I met with her once at her home. She made snakes now, a possible graphic representation described as threatening by leukemic children in Carol Perkins' group. Many sad faces, more black, big red cheeks, and again some glasses were apparent.

Sara was re-admitted May 18, (as usual her home stays were about one week). She had been put on experimental medication. This experimental medication, previously tried as a last resort for three patients on the pediatrics floor, usually followed a pattern of remission and then another relapse after three months. After receiving this medication, Sara appeared more stable but still had infections and nose bleeds. In her art work, I noticed that she still did not stay within her lines as shown on Slide #21. I also noticed a black swing set in this slide also seen in former pictures. Her work was done quickly now and rarely finished as if time were of an essence. She continued to work at her art projects feverishly, possibly as a way of expression or as a wish to get as many done as possible.

During the time after the progress notes, three personal experiences occurred that showed the emotional impact of my relationship with Sara. The first of these happened on April 19, 1978.

When I opened Sara's door that morning, with art supplies under one arm, I noticed Sara's mother crying. I saw Sara with the back of her head, hair wet, against the pillow, and her face gray. Her breathing was short and raspy. Sara's mother motioned me to come inside the room, and I laid my materials on the floor outside the door, put on a gown and mask, and entered the room, sitting in a chair on the other side of the bed. I felt my heart pounding. I felt she would die soon. My thoughts flashed back to my father lying in a hospital bed, looking pale, and breathing in the same manner as Sara. The doctors said that my father had two hours to live. I thought that Sara had no longer to live than he.

Her mother and I said little. If we talked, we talked about her anger towards God, and her questions as to why this was happening to her child. Although I could not answer "why," I was there to listen. Sometimes, I would talk about my father who had suffered with cancer in much the same manner as Sara. Once in awhile, Sara would open her eyes weakly, roll them to one side, and look at me, then gradually close them again. I wondered what she was thinking about when she looked at me so. I stayed all morning, not wanting to leave. At 12:00 noon, I left for a lecture, and until 4:00 p.m., I worked with my scheduled patients. I thought about Sara the entire time. I was sick and felt isolated from the people and noises around me.

I returned to Sara's room at 4:00 p.m. Her skin appeared extremely gray, and she was vomiting much blood. I stayed quietly with her mother until 6:00 p.m. I thought that Sara would be gone by the next morning. I heard doctors ordering blood and platelet transfusions "stat" (immediately) as I was leaving her room. On the way home, I cried.

I came the next day, and Sara was a little more responsive, and her coloring was somewhat better. She improved gradually each day after this.

Sara had not been in as critical a state before this; nor did she have as critical a time after this while I was working with her. At first my feelings were somewhat deadened after this experience. Previously, I had many fluctuating emotions with the good days and the very bad. The up and down course of the disease was difficult for me to adjust to emotionally. Sara did get better this time, but the experience which will be described next, occurred about a week later and showed that she was weakened and her nerves were shattered.

Sara had been painting or drawing ducks and mentioned that she would like to "make" one (3-D). I asked her if she would like to make one by wrapping string around a balloon. She nodded. The string would be dipped first in a mixture of paint and starch and then wrapped around a balloon. The balloon would be popped when the string was dry and could hold its shape. Features and accessories could be added with various materials.

The day I brought the materials into the room, Sara looked pale. When asked if she wanted to work in art, she nodded. After dipping string in yellow paint and wrapping one balloon, she asked to do another one. When she was in the process of dipping the string in paint and wrapping the second balloon, the phone rang. When I answered it, I heard a loud POP! The balloon had broken. I expected to see a startled look on Sara's face, followed with a grin. When I turned around from the phone, I saw a few specks of yellow paint on her face, and she looked as if she were ready to cry out ... which she did. She screamed and screamed. I was alone in the room with her and I felt panicked. Minutes later, doctors, nurses, and her mother came running into the room. I explained the situation, and everyone was understanding and kind. I felt guilty, however, especially after Sara's nose began to bleed. She was cleaned up, soothed, and her bed was let down.

Later in my sessions with Sara, I brought materials that were appropriate for her condition - materials that would not allow accidents to happen as this one had done. I did not want this incident repeated again. Also, her mother was more than welcome to stay in the room while Sara and I worked as I would not like "something" to happen to Sara while I was there alone with her.

The last experience described is a happier one. It began a week before her discharge on June 9, when I saw many "I love

you's" on the walls. I thought Sara must be feeling better, possibly due to the new medication. She had started to sit up again, had her clothes on, (the first time I had seen her at the hospital with her clothes on), and walked, although uncertainly. Her birthday was on June 11, but on June 10, her mother had a party for her at an Italian restaurant with fifty people there, including many children. Large pizzas, lots of cokes, and a birthday cake were served at long tables, and Sara opened innumerable birthday presents. At one point in the party, she came over quietly to the table where I was sitting and handed me and each of the five nurses who were at the same table a card and stickpin. Mine was in the shape of an owl; all our cards said, "Just to tell you little things mean a lot - this one says, I love you." Because Sara had rarely expressed her feelings to me in words, this was special to me.

RECOMMENDATIONS FOR FURTHER STUDY

Further study is indicated, first of all, because of the limitations of specific research material on art and the leukemic child and/or life-threatened child. Some of my experiences with Sara are meaningful in a symbolic way, enough to warrant further investigation. If the art work of a leukemic child shows how that child feels, consciously or unconsciously, then adaptation to that child's needs could be better accomplished. This research should involve a greater number of children in order to get a broader perspective of their art expression in relation to leukemia. If their art work showed a correlation in their individual expressions, then some system of art therapy might be instigated in the helping of these children. As the medical profession seeks to find through experimentation new medical treatments in the disease, different correlations might ensue in the art work these children produce.

APPENDIX

LEUKEMIA

Leukemia is often defined as a cancer of the blood, however, the question remains, what cancer of the blood is. Mikie Sherman, author of "The Leukemic Child" describes it this way.

All cancers are characterized by uncontrolled "proliferation" of abnormal cells. In many cancers, large masses of these cells or tumors are formed. In leukemia, the blood forming tissues of the body - the bone marrow, the lymphatic tissues, diffuse connective tissue, the spleen, some lymph nodes - produce abnormal leukocytes, or white blood cells. These abnormal cells are often, although not always, present in numbers far exceeding normal levels for white blood cells. They circulate throughout the body and can infiltrate all its vital organs. (Sherman, 1976, p. 17).

Different types of leukemia are found in acute and chronic forms, these being distinguished by the developmental stages of the leukemic cells. In acute forms of leukemia, immature cells are discharged into the blood. In chronic forms of leukemia, the cells are mature and are present in the bone marrow and blood in excessive quantities. The previous distinction between acute and chronic forms was time. The acute patient had only weeks or months to live and the chronic had years. Now, this is no longer true, as acute patients can live five years or more.

In acute and chronic forms of leukemia, different types of leukemia are classified by the different kind of leukocyte, or white blood cell that is affected. There are three different types:

1. Monocytic leukemia involves monocytes which are cells found in the spleen, connective tissue, bone marrow and in lymph nodes. This type of leukemia is rare.
2. Granulocytic leukemia involves granulocytes which are cells formed in the bone marrow.
3. Lymphocytic leukemia - also called lymphoblastic leukemia are lymphocytes or lymphoblasts (early undifferentiated forms of lymphocytes) formed in the lymphatic tissues and bone marrow. (Sherman, 1976).

Acute lymphocytic leukemia is more prevalent in early childhood, with a peak incidence at three to four years. Chronic lymphocytic leukemia usually occurs after forty years of age. Acute granulocytic leukemia is rare in childhood, but increases from adolescence to young and middle adulthood. Chronic granulocytic leukemia seldom occurs before the age of twenty-five. "The risk of acute leukemia in white children less than fifteen years of age is one in 2,880 children." (Lascari, 1973, p. 5).

Some theories have been advanced about possible causes of leukemia. These include the effects of radiation, viruses,

chemical and hereditary mechanisms. Although incidences have been reported which could link these factors to leukemia, no definite proof has been established.

Early symptoms of leukemia are fatigue, weakness, pallor and low grade temperature. As long as these symptoms are mild, one may suppose a diagnosis of cold, flu, or infection. Acute symptoms are severe and they appear abruptly. They include a fever, severe weakness or fatigue, bleeding disturbances, bone or joint pain, or enlargement of the lymph nodes, liver or spleen. Bleeding disturbances are generally due to the reduction in the number of blood clotting platelets.

In almost all instances, the bleeding has correlated with a platelet count of 70,000 per cu mm or less, and serious, life threatening hemorrhage usually has occurred at levels below 20,000 cu mm. (Lascari, 1973, p. 143).

When bleeding does occur, hemorrhage is most common from the nose and gums. Manifestations of hemorrhage may also occur just under the skin surface and are seen as bruises and petechiae (pin-point sized red or deep purple spots).

The presence of leukemia may be suspected from any of these symptoms but the final diagnosis is made from the white count and platelet count from blood tests, and a bone marrow examination.

The treatment of acute leukemia is the administration of drugs, which is called chemotherapy. The goal of chemotherapy

is to achieve a decrease or eradication of leukemic cells. A remission occurs only when all symptoms are gone. Drugs used in the treatment of leukemia include the following:

1. Alkylating agents: cyclophosphamide (Endoxan, Cytosan);
2. Antimetabolites: cytosine arabinoside (Ara-C, cytarabine Cytosar); 6-mercaptopurine (6-MP, Purinethol); methotrexate Amethopterin; Thioguanine (TTG);
3. Antibiotics: Adriamycin; daunomycin (Rubidomycin, Daunorubicin);
4. Hormonal agents: cortisone, hydrocortisone, prednisolone, prednisone, ACTH;
5. Enzymes: L - asparaginase (Ac - 2) Sherman, 1976, pp. 23, 24).

Blood producing elements must survive chemotherapy so selection of drugs is very important.

Drugs can be administered as pills, intravenously, or as intramuscular injections. All of them are capable of producing side effects. Prednisone causes mood changes, and weight gain. Vincristine causes hair loss and affects the central nervous system. Other drugs may cause bone marrow depression and gastrointestinal disturbances. Even though

drugs can cause side effects, even serious ones, they can be tolerated for months or indefinitely.

Remission occurs when no symptoms are produced and a test of the bone marrow shows no evidence of leukemic cells. Ninety per cent of all children go into remission after being treated with vincristine and prednisonde - a few weeks after diagnosis has been made. Remissions may last months, even years, but the second and later ones will be harder to achieve after the first relapse.

The two major complications of the disease are infection and hemorrhage. Infection is due to an imbalance of white cells and hemorrhage is due to a reduction in platelets. For infection, isolation is recommended and for hemorrhage, platelets are given. However, the life span of the platelets is generally only twenty-four hours. The third complication is meningeal leukemia or invasion of the central nervous system by the leukemic cells. This occurs while the child is in remission. Symptoms are nausea and headaches, and are treated by radiation of the head and spine or by an injection of methotrexate arabin.

Fifty percent of children with acute leukemia will live for five years. For those who do live five years, the risk of relapse considerably decreases from five to nine years. One-half of the children who pass the five year barrier, can live ten years after diagnosis. As of now, there is no known cure for leukemia.

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