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## Painting Their Way Out: Profiles of Adolescent Art Practice at the Harlem Hospital Horizon Art Studio

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This article addresses a need of increasing importance: adolescents with disabilities have few opportunities to come to terms with illness and the isolation it often brings. This need is particularly urgent for children in America's inner cities, where poverty and lack of resources further exacerbates illness and isolation. The article describes how the Harlem Horizon Art Studio (HHAS) addresses these needs with an approach to painting with young people that falls between art education and art therapy. The purpose of this article is to help art educators reach this population more effectively by examining how adolescents find solutions to both artistic and physical problems with minimal intervention. Two case studies are offered as examples of what youngsters at HHAS experience as significant change as they challenge their daily obstacles by making art.

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The more personal and introspective an artwork is, the more universal it becomes. Artists go into the inner world—the world of the imagination—to discover not only themselves but the unchanging essences of humanity. (T. Berlant cited in *Clothier*, 1991, p. 113)

Children and adolescents who suffer life-long trauma from serious injury and devastating illness require special attention in their treatment, particularly because their level of mental and emotional maturity presents particular problems (Plank, 1962). Depending on the severity of disability, children and adolescents suffer both physical and psychic separation from family, friends, and school—separation that interrupts crucial growth. Identity crisis, for example, is a normal and predictable developmental event and is usually supported within the context in which the young person lives (Burton, 2000; Churchill, 1970; Csikszentmihalyi & Larson, 1984). In the face of hospitalization and trauma, however, self begins to fragment even further, and the adolescent often returns to dependence. But this time the object of dependence is not a parent or caretaker, but the hospital which, paradoxically, provides security but also creates anxiety.

Art has played a therapeutic role in hospitals by engaging youngsters with purposeful activity. One will commonly find a form of art therapy in an institutional setting. However, as children who were once educated in institutions or self-contained classrooms are mainstreamed into the public schools and the regular classroom, the boundaries that separate therapy and education have become unclear. Although the mainstreaming of children with special needs is not the focus of this study, it is the cause for discussion about the intersection between art therapy and art education, which is significant to this research.

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<sup>1</sup>HHAS is one of many activities that Chief Pediatrician Dr. Barbara Barlow has implemented in the hospital's pediatric Injury Prevention Program (IPP). IPP addresses the high incidence of injury, loss, and depression among Harlem youth. It is a response to the inevitable depression that children experience during long periods of hospitalization. The hospital's staff also embraces the larger problem of a community where most children and adolescents know either a relative, friend, or acquaintance who has been seriously injured and whose life has been altered by that experience. The issues connected with the potential for injury intersect areas such as economy, race, health, education, culture, and history. The Harlem Horizon Art Studio has become an integral part of the Division of Pediatrics and Pediatric Surgery of Columbia University, which has its home on the 16th and 17th floors of the Harlem Hospital Center.

The purpose of this study is to look at how an art studio in the Harlem Hospital Center, the Harlem Horizon Art Studio ( HHAS), has contributed to this history by diverging from traditional practices of both art therapy and art education.<sup>1</sup> With the help of its founder and first director, Bill Richards, youngsters at HHAS are making peace with cerebral palsy, spina bifida, paraplegia, quadriplegia, and an assortment of traumatic injuries, by learning to paint. Painting teaches them how to work through their losses, take ownership of their health and, as often depicted in their paintings, envision a better life than the one that has been offered thus far. With the support and encouragement of adult mentors, they build a peer community with other young artists that supplements their often impoverished family and social lives. The significance of creating a peer community in an art studio of serious young artists with disabilities is that educators and therapists often view children with disabilities as damaged, and therefore, employ strategies that fix what has been broken (Kivnick & Erikson, 1983). One way to challenge that view is to broaden the current knowledge base about the power of children's artwork. In doing so, the foremost purpose of art—to communicate experience—might be reclaimed in the education of children with special needs. I will argue in this study that the HHAS approach engages children, first and foremost, as art makers who independently participate in their own healing process. In this sense, art helps to build on what is intact rather than to remediate what is lost. Many of the principles of the work described here will also be relevant to art education in general.

### **A Bridge that Connects Art Therapy and Art Education**

One of the central issues of this study is to define HHAS as a bridge between art therapy and art education. Art therapy has evolved over the last 20 years as practitioners in the field acknowledge the need to bridge the gap between the two (Drachnik, 1976; Edwards, 1976; Kramer, 1980; Parashak, 1997). In his article about expressive arts therapy as alternative education, art therapist, David Henley (1997), enters a classroom of severely emotionally disturbed teenagers in an alternative education program and describes the difficulty of the art therapist in the role of the art teacher by referring to a particularly difficult student:

How were this child's issues handled therapeutically when the mission was to teach social adaptation, impulse control, and academics? The answer is a work in progress, for the interface between education and art therapy continues to be explored with each new research study. (Henley, 1997, p. 22)

Henley accepted this challenge because he had "long been frustrated and disillusioned with the standard once-per-week clinical hour of traditional art therapy practice" (Henley, 1997, p.15). The severity of the students' circumstances led him to search for the "authentic instruction" defined by Newman and Wehlage (1993), which means that subject

matter was generated from the students themselves, often inspired by school work carefully chosen for its relevancy to their lives. In order to provide effective structure in a special education setting, the teacher/therapist must go where the child is currently functioning. The child's frame of reference can then be expanded over time and in increments (Henley, 2000).

Henley's mentors are the renowned art educator and art therapist, Viktor Lowenfeld and Edith Kramer, respectively, and hence his compelling need to capitalize on the inherent strengths of both art therapy and art education while resolving their inherent weaknesses. Henley adds:

Certainly, Lowenfeld (1953) warned teachers against lapsing into gratuitous interpretations of the artwork. As a trained art therapist, I found myself analyzing all the time: yet it was what I did with these interpretations that defined my role as teacher and therapist. Here, interpretations were utilized to inform and guide my interventions. It was the art process that functioned as a vehicle, and, in turn, lent structure and guidance to the themes and accompanying images which were worked through. (p. 22)

As Henley notes, therapeutic teaching has a long and important history in serving children and adults with disabilities just as art education has in the training of potential young artists. While art making is the common thread that links the two, the roots of these traditions have differed in their purposes and outcomes. Lowenfeld was well known for his substantial work with blind and partially-sighted youngsters. His article "Therapeutic Aspects of Education" (1987) was originally published as Chapter XII of the third edition of *Creative and Mental Growth* in 1957. In the introduction of its reappearance in *The American Journal of Art Therapy*, Elinor Ulman, art therapist and publisher of the *Bulletin of Art Therapy* in 1961 (later re-titled as *The American Journal of Art Therapy*), speculates why this chapter was removed after Lowenfeld's death. Her speculations raise further questions, several of which Henley addresses. Where and how art therapy and art education interface is one of the questions that Ulman considers.

Lowenfeld makes it abundantly clear, first, that his view of therapy-through-art is merely an extension of his general view of art as a means for the achievement of selfhood for all developing and growing human beings. As he said in a lecture to his students, '...we are all interested... in getting our children more organized in themselves. Whenever... a child moves... to a better organization inside of himself,... therapy takes place. So we cannot separate art education and therapy. I think it's intimately bound up with the nature of art education.' (Ulman, 1987, p. 111)

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<sup>2</sup>My first pilot study was conducted from January to April 1992. I began with a broad base for inquiry, reflected in purposeful conversation not scripted beforehand. A second pilot study was conducted from January to July 1994, and a final study from January 1996 to December 1997. In the final study, data collection was expanded to include in-depth case studies of three participants and with a focused concept: to define the characteristics that made HHAS distinctively different from art therapy. Protocols were written for these three young men and other participants. A second protocol was written for staff and other relevant documents were used. This generated the themes of the study which were transcribed from field notes and interview transcripts.

<sup>3</sup>Richards developed the idea for a hospital art studio with a former pediatric trauma coordinator. His prior experience in a prison alternative for delinquent youngsters was his model. He began work at HHAS as a hospital volunteer and eventually supported his efforts through private funding. Bryan Collier became the second director, and in Fall of 2001, Alison Simpson became its third director.

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Only one year after the third edition was published, Edith Kramer published *Art Therapy in a Children's Community* (1958). Ulman describes her view of "art-as-therapy" as

a discipline demanding of the art therapist a complex blend of the skills and insights of artist, art teacher, and therapist. One wonders how Lowenfeld would have reacted to Kramer's ideas, in some ways so like and in others so unlike his own. (Ulman, 1987, p. 111)

One factor that causes the shifting of values is the necessity of labeling what art educators and art therapists do and the inflexibility with which those distinctions are made. Ulman's own experience as an art therapist is a testimony to the confusion and misunderstanding that these distinctions often bring:

I have been baffled by hospital visitors who asked, 'Do you teach them art or do you let them express themselves?' Apparently many people assume that art excludes self-expression and self expression excludes art... I am emphasizing the aspect of therapy that depends on values inherent in art, values that are the same for sick and well, for professional artists and for serious amateurs. (Ulman, 1992, p. 92)

Early in her career, Ulman was undecided whether to become an art teacher or an art therapist. It was not until Kramer published *Art Therapy in a Children's Community* in 1958 that "the subtle relationship between psychoanalytic and artistic insights began to come clear to me, and I was provided with theoretical backing for my unarticulated feeling that my functioning as an artist-teacher and as an art therapist were not so far apart" (Ulman, 1992, p. 92).

Perhaps the most effective teachers and therapists are those who have struggled with the definitions of their field and found, in the end, that attention to the needs of the child or adult, patient or student, leads to the right action. "Paradoxically," says Ulman, "it is only those who know a great deal about art and about art teaching who know how to not teach at the wrong time or in the wrong way" (Ulman, 1992, p. 92).

### The Harlem Horizon Art Studio Framework

At my first visit to the Harlem Horizon Art Studio in 1992 it became evident that the young people were confronting their trauma with paint.<sup>2</sup> Painting was the common denominator that generated all their interaction. It also became clear that Bill Richards was not trained as an art therapist, nor did he consider himself a teacher.<sup>3</sup> Richards is a professional artist who prefers to be called a mentor because he claims that the youngsters are self-taught. Richards believes that until a child can know what direction she or he will take, teaching art might be counterproductive. He explains:

Any kind of teaching involves a sensibility that may be totally alien to your own: a sensibility that is formed by one's own past experiences and affinities, and what you have worked out and rejected and selected. That may have some relationship to some children, but

certainly it won't relate to all of them. (B. Richards, personal communication, July, 1994)

The unstructured nature of the studio encourages children to self-organize rather than depend on external organization. It can be argued that in order for physical, emotional, and psychological healing to take place, adolescents need to recover a sense of intentionality—lost in chronic hospitalization—through self-motivation. In addition, the characteristics of painting under the circumstances described, require decision making, choice, and dialogue with the object, which increases intentionality.

Richards provides a supportive environment, encouragement, and art supplies, offering personal and professional advice to the youngsters as the need arises. He is careful not to interrupt their process by encouraging them to work on their own imagery. All children and adolescents who enter HHAS are given the same directions whether they are healthy community participants, out-patients in wheelchairs, or hospital children.<sup>4</sup> Children begin by painting with watercolors on paper for an indefinite duration. They will not be told what or how to paint but instead are encouraged to paint from their imaginations. On occasion I observed that new children have trouble painting without directions, restlessly sitting for lengthy times without working.<sup>5</sup> Richards explained that with patience, they will eventually feel comfortable working in an inner-directed way. Often, children imitate techniques or cartoons that they have seen, but eventually personal imagery arises. When Richards believes that a youngster is ready, he or she is encouraged to work with acrylics on canvas. A child is considered ready when attendance becomes consistent and he or she enthusiastically continues to paint in watercolor and expresses a desire to work on canvas.

When the Harlem Horizon Art Studio opened in 1989, many among the first group of children, almost entirely boys,<sup>6</sup> were considered by the medical community to have reached a plateau of healing; they were not expected to make significant improvements. Many were in wheelchairs, while others were undergoing treatment in the hospital. Later, youngsters came as friends who, although not physically disabled, shared the same unavoidable risk of injury in the streets of Harlem. Richards provides a professional atmosphere where great effort is required. Youngsters are not told what or how to paint so that they will seek their own solutions. He describes the process as breaking down inhibitions to the point where they're not thinking about making mistakes. When they have the confidence that they can really do what they want to do, then they can take the painting anywhere they want because they believe in themselves. (B. Richards, personal communication, 1996)

As the young artists draw from their own experience and understanding, confidence is developed and children become less inhibited. Eventually children find their own styles and then, Richards says, they know their

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<sup>4</sup>Dr. Barlow has determined that of the 10,000 children served since 1989, these three populations are relatively equal in number. Observations of the three groups over time was taken as evidence of increased self-motivation based on artistic results and changed behavior. Community children afforded me with increased understanding how disability played a role in achieving results.

<sup>5</sup>Distractibility is a secondary deficit for several of the children with neurological disabilities. The compelling nature of paint can overstimulate them but it also can channel their emotional energy. Henley describes paint as "the most emotionally charged and expressive of all media." (1992, p.128) Painting can, therefore, invite chaos and emotional regression until children with organizational deficits can master it.

<sup>6</sup>Almost 100% of the total population is African American, which reflects the location of the hospital. Ages range from 4 to 27. Although many young female children participate in the studio, the majority of the older and serious painters are male. In my early discussions with staff, no one could speculate why this situation occurred. Indeed, Dr. Barlow anticipated that girls would be more interested in the program.

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work belongs to them—and that becomes the motivation for further work:

The hope is that the kids will become obsessive painters, and then when they do something really good, something significant happens I think. They have an interest in something, they have some goal-oriented thing that they can strive for, which is to become a better painter. (B. Richards, personal communication, July 1994)

After seeing physical and emotional benefits, the children become more positive about their lives.<sup>7</sup> Hopeful imagery in their artwork suggests that other adjustments have been made in their life as they redefine who they are in the world. Several of the young adolescent boys who were among the first participants are now young men pursuing their dreams that were imagined in the art studio more than a decade ago. For a young man named Moses,<sup>8</sup> being an artist and psychologist is a way to help youngsters who have experiences similar to his own. Early on Moses talked about becoming someone who could be looked up to as a role model:

Being a psychologist, I could work with people and help them figure out problems and also help myself a great deal because if you listen to a person's problems and you seem to have the problem too, by you helping that person out, you're helping yourself out also... So that's why I want to become a psychologist. I want to become a doctor. I want to be a very important person. I want to be somebody that the kids could look up to. (Moses, personal communication, 1992)

Many children have never been encouraged to strive for long-term goals, and working at HHAS is their first experience in making efforts and seeing results. It is not only their artistic development that helps them to grow, but also what the accomplishment represents in their lives. Often the youngsters discover artistic solutions that capitalize on their limitations. For example, when Moses arrived at the art studio, he needed help steadying his hand in order to reach for his paints and apply them to canvas. Richards remembers that it seemed to take an excruciatingly long time for Moses's brush to reach the canvas, yet his unsteady hand soon contributed to the creation of his unique style: The stabbing action of his brush created textural shapes that, pieced together, became compelling figures. In the midst of integrating these disparate shapes, Moses experienced positive changes in his physical and emotional well-being.

The studio setting is an important factor in providing a context within which these transformations can take place. Making art in a discrete place is not often a priority in hospitals. Young patients typically make art at the bedside or as one of the activities in the playroom. In contrast, the studio setting of HHAS creates a serious and professional atmosphere, making possible the kinds of experiences that have deep and lasting impacts on children's lives. At any given time, one may observe a room full of children who are often as focused as professional adult artists. Richards believes that

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<sup>7</sup>Evidence came from multiple methods of data collection: words and behaviors are the foundation of the data. This interpretative approach allowed for direct observation in the natural setting. The longitudinal study enabled me to see change over time by checking and rechecking data. Many of the same questions were repeated at different stages of the research and the studio's development. As children grew up, they enriched the study with their hindsight and matured reflections of their past.

<sup>8</sup>For the purpose of confidentiality, the name has been changed.

it is out of necessity that children focus. Each child, sick or well, is at the studio because she or he needs to find a way to visualize an integrated self. The focused concentration that comes with serious professional work is significant for children with disabilities. Focus and concentration are difficult for children with neurologically related disorders such as cerebral palsy and spina bifida. In spite of physical trauma, pain, and severe limitations, the young artists have found a way to use their minds and bodies in service of their imaginations. Their hopes, fears, and ideas are translated into a visual language that they have mastered by finding their own solutions and their own voice.

Richards is uncompromising in the single-mindedness with which he puts his theories into practice. The similarities between Richards's methods and art therapy are obvious, while the differences are too subtle to grasp at first glance. Richards encourages children to approach painting as an inner-directed and personal discovery. He argues that when children make art in this way, a dynamic change occurs in their personalities, health, and attitudes. Even more importantly, he adds that although symbolic imagery is generated in the midst of painting, art work should not become a vehicle for interpretation. What defines Richards's process is its synergy between the children's bodies and their imagery. Change takes place in the youngsters when they become compulsive painters. Then, they begin to drive their own therapy.<sup>9</sup> They are as driven as any artist who knows what she or he must do but not quite why or how to explain it. Something has taken hold.

Richards created a safe environment where children know they can work through their problems with paint and dialogue. Positive peer pressure and serious painting prevent children from acting out destructive behavior. Children who arrive at HHAS learn from, and adapt to, the behavior of its earlier participants. Those earlier participants, in turn, have learned from the behavior, rather than the words, of their adult mentors. Many children do not stay—either because their needs are not severe enough or because painting is not the way for them.

The physical, environmental, and social obstacles that are the daily trials of the HHAS youngsters can be illustrated by introducing Moses and Ben, two boys who have been at HHAS since its inception. Their stories reveal how many variables factor into the success of the program. Each child brings his or her own condition, personality, and support system. Depending on the characteristics of each, children will experience greater or lesser success.

### Moses: The Miracle Kid

When I met Moses in 1992 he was 15 years old. His constant presence as well as his availability and openness about his work contributed to the serious and positive atmosphere in the art studio. At that time Moses was living with his mother, stepfather and two brothers in Harlem and leading

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<sup>9</sup>The response in the body to which Richards refers, leading to the many benefits that painting seems to bring, might be explained with Arnheim's isomorphism (1966), a theory of aesthetic empathy based on the premise that emotion is not separate from perception and cognition. Artmaking is a direct representation of how we experience the world. Our internal bodily experience of the world and the materials we use to concretize them is an external representation of our body state. Richards suggests that our responsiveness to materials and creation sets off a chain reaction of becoming, growth, and evolution. As our artwork evolves, there is a mutual response which affects our body state.



a relatively independent life; a scenario that was unimaginable only a short while before. Moses had become somewhat of a celebrity in the hospital because of his remarkable recovery from an accident that left him a quadriplegic. At the age of 9, he responded to a dare to climb a four-story scaffolding. Neurological damage from his fall left him in a coma for a month, and wheelchair bound for several years. However, he never accepted his life as a quadriplegic and his determination, support, and love of painting led him to a recovery that his doctors thought impossible. In response to their prediction that he would spend the rest of his life in a wheelchair, he said, "Yeah, that's what they told my mother. But you can't live by the expectations of man because man is going to fail every time" (Moses, personal communication, 1992).

There has been a great deal of press about his experience. For example, *U.S. News and World Report* states:

The most dramatic [breakthrough] involved the 15-year-old Moses who after falling 3 stories from scaffolding spent a month in a coma and awoke a quadriplegic. Under Richards's guidance, Moses managed to control the violent shaking of his hands sufficiently to paint. As he improved, his teacher provided larger challenges, larger canvases. When one afternoon, Moses found himself unable to reach the top of a canvas, he stood up. He pushed the painting, put down his brush and walked to the bathroom. (Horn & Siedes, 1992, p. 54)

Debra Morris became Moses's home attendant a year after the accident in 1987, until 1995. She described how, just prior to his recovery in 1990, Moses would "break up his wheelchair all the time." She felt that he was demanding his imminent freedom. In a 1992 interview at HHAS she said:

Yeah, I was there. I remember when he was making the sky. He was mixing the powder blue and I was holding him by his back, giving him a little bit of support, and then he sat down and he said, "Now what are we going to do with the sky?," because we had this big open sky here, right. And then he says, "I know what I'm going to do," and then he start, and I says, "Moe, what are you doing," right, and he's making this rainbow, he's making this beautiful rainbow in the sky and then he came down with this powder blue paint that he had, and he start making this spirit, you know, and it was so beautiful. It just took my breath. (D. Morris, personal communication, 1992)

The painting became known by the studio as Moses's *Liberation Painting* and it was bought by the Harlem Hospital Center for its new pediatrics wing. In an interview, Moses described the significance of a painting similar in content, called *My Family and My Ghost*.

Right here at this spot. This is my spot. And it was 8 by 4 feet [canvas]. So I painted the bottom first and I stood out of my wheelchair to paint the top. I had to stretch, you know, I was painting the top. I painted this rainbow in the sky. It was called, *My Family and*

*My Ghost* because when I was in the coma, it's like, I could see my past and stuff like that. I could recall the things I did. That helped me remember. It was like I was watching over my family. I was the big ghost, you know, the big blue ghost in the blue sky, and then there was my mother, my father, my brother, and this big rainbow. I liked that. I was kind of proud of myself. (Moses, personal communication, 1992)

After Moses's accident, his ability to concentrate was seriously impaired. His physical limitations led him to develop a curious way of ordering his artwork. His ability to visualize order was so strong that he was able to begin at a small section of the canvas and build and connect shapes outward until the plan appeared—always unified and visually powerful. He was indeed an “island of intense concentration” (Larson, 1991, p. 37) despite his spasticity that forced him to work at a slow and choppy pace. The vision he had in his mind, the desire to communicate it and get it down on canvas, his great determination, all helped him to persevere. As he healed himself physically, Moses's paintings took on greater complexity.

Many factors may influence Moses's extraordinary success in using art to mobilize recovery. If it were not for Moses's determination to paint, he would not have been able to make the first strokes, as attested by his own words and those of family and friends. In addition, he is a quadriplegic, and therefore the possibility of ambulation, although slight, was within the realm of reality. However, as Morris tells it, nothing before his encounter with HHAS was effective in changing his prognosis. Moses describes himself before the accident as “a regular guy like everybody else, but more determined and strong headed.” Moses graduated from Rusk Institute with slurred speech and spasticity without hope of improvement. Moses remembers that he was just coming out of a “state of shockedness” (Moses, personal communication, 1992). He wanted to be independent, and he was angry and stubborn. However, when he came to HHAS, he says, “I found out it was all right to have some help” (Moses, personal communication, 1992). It took time for Moses to get enough control of his arm to be able to hold a brush. But after about 6 months, he was able to paint from his wheelchair.

The implication in this case study is that physical and occupational therapy fell short of making a difference in Moses's emotional, physical, and psychological life, while painting seemed to address the totality of his life. The image of Moses “reaching for the sky” as he painted his *Liberation Painting*, which compelled him to stand up, is both ironic and poetic. The imagery of the painting is about hope and freedom; he stood up to paint a rainbow in the empty sky and dressed himself as Superman, his arm shielding his mother. Therefore, his painting implies that not only can he walk, but that he also has the ultimate freedom of flight and power. Today he is an independent young man who is walking without support.

### Ben's Story: Not Quite a Miracle<sup>10</sup>

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<sup>10</sup>For the purpose of confidentiality, the name has been changed.

While it is the job of adolescents to make sense of their lives, many youngsters, like Ben, must also try to make sense of life in a wheelchair. In 1997, Ben was a 13-year-old boy with spina bifida which is, according to Wood and Lazzari (1997), a congenital defect affecting the fetus in the first month of life. Spina bifida is characterized by a lesion on the spine, its location determining the severity of the disease. Ben's lesion is fairly low on the spinal cord and, therefore, not extremely severe. Spina bifida creates complex neurological and associated problems. Ben's perceptual problems relate to hydrocephalus, the accumulation of excess water in the brain as a result of the disruption of spinal fluid at the opening, or lesion, on the spine (Wood & Lazzari, 1997).

Ben is not one of the lucky children who has two parents, or even one. Because his mother was legally unfit, as a 6-year-old Ben was assigned to his grandmother's care. His grandmother, however, was also caring for Ben's two sisters—one being the mother of two infant girls—two brothers, and two school-age nephews whose father was an older brother who passed away in 1993. Ben's lack of adequate care at home combined with his perceptual problems have reduced his ability to care for himself. The living conditions at Ben's home were so poor and unsanitary that it was difficult to provide the family with a home attendant. Connie Hatcher was finally placed at their home by the Children's Aid Society. She remained with them until Ben and his two brothers and sisters were returned to their mother in the Bronx in June of 1997.

At 13, Ben was making the critical transition to high school and grappling with the issues that come with early adolescence. All adolescents experience identity crises as an outcome of puberty and the transition into adulthood (Gardner, 1980). The awakening of self as a separate identity simultaneously awakens the fear of difference and deformity, real or imagined. Embodying the teenage nightmare must be unimaginably painful for the teens with disabilities at HHAS.

Much has been said about the importance of peer relationships at this transitory age between childhood and adulthood (Burton 2000; Churchill, 1970; Csikszentmihalyi & Larson, 1984; Lowenfeld 1987). With one foot in each stage, the adolescent places much importance on his or her peers. Because of the confusion stemming from the need to separate from parental control combined with fear of that separation, only other young adolescents can help each other with this important issue. For the adolescent with disabilities this issue is layered with complexity and frustration. Ben's life, for example, has little room for independent choices. His most basic needs must be organized and planned. The struggle for control over his life is not an issue that will disappear with age, but rather, one that he will deal with for the rest of his life. Therefore, the choices offered in the art room might be one of his few experiences of freedom.

For children with disabilities, living in poverty often restricts their lives to home and school with few opportunities for socialization. The limited services available often do not include activities outside school. Many children with disabilities, therefore, feel isolated from their peers because most peer socialization among non-disabled youngsters occurs after school and on weekends. Youngsters who, like Ben, have visible physical and neurological impairments are stigmatized in society (Danley & Buckley, 1996; Fries, 1997). The presence of neighborhood children, often brought by rehabilitated youngsters to the art studio, creates a healthy and inclusive environment for children and adolescents who are deprived of intimate contact with both able-bodied and disabled peers. Ben is also at the age where he is interested in girls. The opportunity to form deep relationships, to go on a date and to be alone without an adult, is limited. Hatcher has become a trusted and empathetic listener, a substitute for the relationships he needs with peers. But with his sexual curiosity remaining unfulfilled, a piece of Ben's life is missing.

Although often couched in dialogue about their artwork, the issues of purpose and identity are pervasive in the daily lives of the young artists at HHAS. Their work in the art studio helps to empower them as they face the obstacles and problems that must inevitably confront them as adolescents. The day after rapper Biggie Smalls was shot and killed, Ben worked on a drawing which became both a tribute and way of processing his feelings.

I live in Harlem, one of the toughest places to live in the United States... Harlem. And part of Harlem, the way I live is full of thugs, drugs, bang bang bang, shoot em up, shoot em up. My painting is a way, a door to walk out of—a way out of—all this bang bang bang, shoot em up, I'm a gangster, you're a gangster. That's my way of walking out. I walk out of I'm a gangster, you're a gangster life styles through my paintings. (Ben, personal communication, 1997)

Rap music is one of Ben's obsessions. He fantasizes himself as a rap artist. His verbosity, characteristic of spina bifida and ironically called "cocktail chatter," endears him to adults but can alienate him from his peers. His fluid and poetic conversational style and ability to transport himself into the world of his choosing makes his fantasies seem poignantly real to him. Ben fantasizes that he, too, is big and bad. As a 14-year-old in a wheelchair, he believes the art studio saved him from the inevitability of harm:

Art keeps you off the streets and it shows that you have more talent than that gang bang material. It shows that you have another side. Before I came to the art studio I thought that I was big and bad, and I can do this and I can do that. But now that I'm in the art studio I feel beautiful. I feel I can release a side of me that I haven't released before. (Ben, personal communication, 1997)

Ben's visual-perceptual damage makes it difficult for him to make artistic choices and limits his success in finding appropriate symbols for his expression. His visual repertoire consists of hearts and other stereotypical images that do not represent his personal experience. He is also a non-representational artist, and therefore it is difficult to interpret his paintings. According to Richards, many of Ben's paintings have promising beginnings but they end up as failures because of his inability to make qualitative judgments about such important decisions as when a painting is finished or when it has become over-worked. Although Ben can talk about the meaning of his work, and he claims to have a plan, Richards's observation of Ben at work leads Richards to suspect that he does not have one.

Ben's story presents a complicated issue concerning the effect painting has on a perceptually impaired youngster. However, Ben benefits from the studio's shifting perspective away from disability and onto the child's role as creator. Ben compensates for his lack of visual strengths with his unusual verbal talent, and he is able to discuss how his artwork intersects his passion for music and language. The studio provides a forum for him to exercise his active fantasy world and at the same time, presents the challenging task of translating it into physical form, however abstract his imagery may be. In a conversation in 1996, Ben reflected on his growth.

When I got here in the art studio, it was a whole new world... Let's just say that I wanted to be independent because the art studio shows you a whole new world from tube land. Before I came here I did not want to speak to anybody. I used to stay in my room all day; I would not even speak to my mom sometimes. Since I got to the art studio, let's just say I love to talk. The art studio gave me a chance to expect the best of myself. (Ben, personal communication, 1997)

It is yet uncertain how much his neurological limitations will impede his artistic development or how much his artistry will contribute to his life as he gets older. In the meantime, Ben is engaged in the process of visually exploring and communicating experience. His greatest benefit from his participation in the studio has been his new interest in living his life.

### Conclusion

This study has explored how the Harlem Horizon Art Studio helps youngsters with disabilities overcome some of the physical, emotional, and social obstacles they face. Bill Richards's method promotes emotional and physical healing by providing opportunities for both self-expression and socialization. The social environment with which children and adolescents with disabilities must cope—their family, the economics of their neighborhood, the available health care, their peers, and school largely determine their ability to grow. Youngsters such as Moses and Ben must not only deal with disabilities in the traumatic years of adolescence, but they must also do it in an environment that often “disables” healthy children.

The many young men who have attended HHAS demonstrate journeys from anger and despair to optimism about their futures.<sup>11</sup> Nowhere is this more evident than in Moses's recovery that could not be explained medically by the staff of pediatricians. After witnessing other radical recoveries, however, the staff began to see a pattern occur and offered their own theories about art making and its relationship to healing. In 1994 the pediatric occupational therapist, Miriam Sabbagh, explained this relationship in Moses's recovery as follows:

It helps the healing process, their psychological healing processes, more than anything. It's the psychological attitude that I'm not going to be stuck in this body; that I'm going to do. And it's that process that once they have this change of mind that they are someone, all of a sudden they become someone. Then you don't look at the physical disability as a disability. This is me. But that takes a long process. That could take up to years. (M. Sabbagh, personal communication, July, 1994)

The art activities, the support of caring mentors and peers, and the opportunities to interact with the community at large through exhibitions of their work, send children the message that they are valued, cared for, and that their futures are important.

HHAS has provided many children in Harlem with their first positive experience with painting.<sup>12</sup> In their testimonies, children explain that they were not given the opportunity to explore their own interests or uncover their own special talents. They say that at HHAS they have been given that opportunity, and many envision a career in the arts. When reflecting on her life in 5 to 10 years, a sixth grader said, "I see my future as being an artist and a sketcher and selling my paintings for thousands and thousands of dollars and stuff like that" (K., personal communication, 1996). The youngsters learn how to focus, how to see a work to completion, and how to direct their energy to accomplish their goal of making a better painting. In so doing, they are able to translate their effort into other desires they might have for their lives.

Richards believes that children transform their lives by imitating the autonomous nature of art in their bodies. For example, Moses's sudden self-rehabilitation reflects the self-sufficiency he showed as a serious painter. Whether their imagery changes as their bodies change or the change in their bodies inspires new imagery, seems not to matter. They appear to be shaping each other, as if internal and external reality have intersected at a point where body and world lose their boundaries. Moses's early paintings show figures without developed limbs. He painted himself with legs for the first time in his *Liberation Painting*, the painting that brought him to his feet. The children's imagery reveals the issues that they struggle with. Artistic breakthroughs become symbolic of personal breakthroughs as raw content is transformed into metaphor. "Some dude shot

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<sup>11</sup>The young adolescents were encouraged to pursue careers. The participants now in college are evidence that they have found new interests in their future. For example, Moses is majoring in psychology in college, a desire that was expressed in the early interviews.

<sup>12</sup>Questions which asked community children, in-patients and out-patients about their experience with art in school revealed that the majority had either not been provided with art classes or that they were not satisfying. Only two schools in the local school district 5 had art teachers since the studio opened in 1989. Most of the art programs had been phased out.

me” is a recurring phrase heard around the emergency room, and so, says Barlow, a series of menacing “Bad Dude” paintings appear. The canvas becomes a place to fix things, and sometimes it works, like a talisman or lucky charm. In the autonomous world of painting, children find a way to make things O.K.

Ben and Moses are only two of the many compelling personalities in the art studio. The studio is often host for curious guests who have heard of the talented young artists. After several engaging conversations, the guest notices that the youngsters’ mangled bodies, shaking limbs and slurred speech fade into the background. What becomes more visible is the internal human struggle, not unlike one’s own. The children struggle, just as healthy adults do, to better understand what is going on inside themselves.

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