

**EXPRESSIVE ARTS FOR THE VERY
DISABLED AND HANDICAPPED
FOR ALL AGES**

ABOUT THE AUTHORS

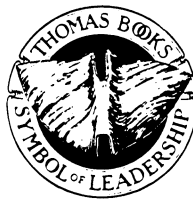
Marilyn Wannamaker is a professional portrait painter, who has demonstrated and lectured on portraiture and oil painting throughout the mid-south region. She has shared her knowledge and enthusiasm for painting in numerous workshops, seminars, private classes and adult education programs, acquiring a reputation as an outstanding teacher of fine arts. In recent years, she has turned her attention to art therapy. Through post graduate courses in psychology at The University of Memphis and through graduate art therapy courses at The University of Illinois at Chicago, Wannamaker is researching and developing a foundation for integrating her experience as an artist with her belief and interest in applying arts and crafts to the healing process. Currently she is employed as an art therapist at The Guardian Foundation in Memphis, TN. Here Marilyn Wannamaker has experienced the profound effectiveness of art therapy as a means of working with clients who have suffered severe traumatic abuse. It is her sincere desire that this book be a helpful and positive tool for caregivers and their clients.

Jane G. Cohen, an award-winning artist, combined her dedication to the importance of art in our personal lives and her personal mission to make a positive difference in those who lives she touches to write and illustrate *Expressive Arts for the Very Disabled and Handicapped*. A successful insurance agent by profession, she has extensive training in business, estate, and pension analysis. Her articles have been published in professional journals, and her illustrations have appeared in "Project Calendar 1995," the 1994 fall issue of "Lifetimes," and *Crafts for the Very Disabled and Handicapped*, a full length book in rehabilitation therapy. She professionally illustrated a book of poetry, *Inside the Gates*, by Constance McDonald. Jane G. Cohen, a former Activities Coordinator and psychometrist, earned her Chartered Life Underwriter and Chartered Financial Consultant designations from The American College and bachelor of science in psychology from The University of Memphis. She studied drawing and painting at Memphis College of Art, The University of Memphis, and Ichiyo Japanese Art Center in Atlanta, Georgia. She lives with her husband Merlin Cohen, a stone sculptor, in Memphis, TN. They are the parents of five children.

**EXPRESSIVE ARTS FOR
THE VERY DISABLED
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Second Edition

By

**JANE G. COHEN
MARILYN WANNAMAKER**



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**TO ALL WHO USE EXPRESSIVE ARTS AND CRAFTS
THERAPEUTICALLY WITH THE VERY DISABLED
AND MENTALLY IMPAIRED**

Our thanks for coloring life with your art.

PREFACE

With this new edition, we have elected to expand the focus of the original *Crafts For The Very Disabled And Handicapped For All Ages*. Cognizant of current developments in crafts and other forms of art therapies, we have changed both the title and emphasis to encompass a broader range of the expressive arts.

The extremely disabled or handicapped person (who may or may not be institutionalized) needs to feel useful with some degree of the integrity and self-esteem our society places on independence. This book is not a scientific or a theoretical production, but rather, it is an effort to present a compilation of material based upon many real-life experiences with disabled and handicapped people in the development of art and craft therapy at its simplest level. This book differs from other art and craft books in that the ideas presented are not only intended to hold the interest of children and adults but also to meet the needs of professionals and volunteers alike. The explicit instructions with detailed patterns and diagrams are again included due to a favorable response since the first publication in 1977. A section of helpful hints has been added to this edition to serve as a supplementary tool for the project coordinator.

The skills necessary for the artworks in this book are simple enough for the very disabled and handicapped yet not belittling to geriatric patients. Although the projects we suggest are suitable for many ages, we are mainly concerned with daycare and residential programs. Projects were tested with patients ranging from the physically able but very senile to the extremely disabled but mentally alert. The activities are appropriate for those with mental or emotional disability and even enable individuals with physical impairments to use common tools and materials in an essential type of therapeutic recreation.

We hope that the projects described herein will suggest new means of

coping with the many idle hours that beset the extremely disabled and handicapped, whether their problems are physical, social, or emotional.

J.G. Cohen
M.C. Wannamaker

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A special note of appreciation to our family members, who have given us their full support.

And most of all, we thank the residents of Guardian Foundation, Alzheimer's Day Services, Inc., and Nursecare, a group of people who share a wisdom and understanding of life known only to the disabled and handicapped among us.

J.G.C.
M.C.W.

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Chapter One

THE DISABLED AND HANDICAPPED

Major technological and medical advances are helping to save lives today of those who not long ago would have died. Acknowledging that scientific discovery can never lead to the prevention or cure of all disease and illness, fulfilling activities must be developed for the lives saved by today's degree of technology.

Today there is improved health care available to the poor and those in outlying areas. The premature infant mortality rate is declining along with the birth rate. Research is bringing cancer, heart, and vascular diseases under more control. The net result is a growth in not only the sixty-five-and-over age group but also the number of the enfeebled aged who once would have died. Likewise, premature infants, children, and adults ill with acute infections or the injuries of accidents also live. But they live with gross alterations in physique and with severe impairments in physiological functioning.

Although medicine has made phenomenal advancements, such as those against polio and against blindness caused by an untreated mother's syphilis, realistically, there is little hope that disability and illness will disappear. While effective treatments are being developed for catastrophic illnesses, many diseases such as AIDS, arthritis, Alzheimer's, and paralysis continue to challenge our technological resources. Increasing numbers of babies are born with birth defects due to parental substance abuse and inadequate prenatal care. Illness and disability are not disappearing; rather, the number of extremely disabled people throughout the world is escalating.

Thus it appears that physical disability is often the price of saving lives. In the past, a distinction was made between the terms physically disabled and handicapped. The term disability denoted a medical-physical defect or impairment. Intrinsically, disability referred to an inability to meet certain standards of physical efficiency. In fact, even today disability refers to an inability to meet certain standards of physical efficiency. It differs from disease in that it does not refer to the fundamental biological needs of life. Physical disability might be considered to be the antithesis of capability or physical fitness, while that of illness is health.

Likewise in the past, the term handicapped was a colloquialism for the crippled or physically unfit as well as an impairment in a particular kind of social or psychological behavior. Inherent in this distinction was the fact that handicaps did not always coincide with disabilities. It might be useful to look at an example: Macular Degeneration is an illness; blindness resulting from this illness is a disability; the problem of adjustment in coping with the blindness is a handicap. Thus, it became useful to distinguish between physical limitations and the resultant psychological and social impairments for understanding why people with the same physical disabilities sometimes behaved differently.

Today, many people with physical impairments prefer to be called "disabled" because they feel "handicapped" connotes condescension. However, governmental agencies still use the term "handicapped," and the Council for Exceptional Children publishes articles that use the term "handicapped" in their titles. Thus, the authors of this book use the terms interchangeably with no intent of insensitivity toward the issues involved.

It should be noted that physical disabilities are relative to the culture in which they occur. For example, in our society, a bilateral hand amputee would be disabled. However, in China's traditional culture, when a man was approaching the pinnacle of success, he closed his hands into fists and allowed his fingernails to grow through the palms to the other side. Although he lost the use of his hands, he gained recognition and prestige by showing he had servants to care for him and did not have to resort to common labor. In light of this, it can be said that a disability exists only when a person lacks the means for behavior that his culture deems important.

Although one might attempt to define disability, all delineations are complicated by social judgements. Social prejudice can and does effect behavior. Although serious attempts are made to understand disabilities and handicaps, there is still derisive contempt for the physically and mentally impaired. It is simply a fact that although some physical disabilities are socially handicapping only, they are still perceived by the majority as undesirable. Examples of these social prejudices are those based on physical attributes such as race, gender, and age. Fair or not, these social stereotypes determine how people are expected to behave and what they will be permitted to do. Thus, socially imposed handicaps on people with atypical physiques are important to the overall understanding of physical disability. People raised to think of themselves as "cripples" (a term with so many negative connotations) will behave as they think society expects. An elderly person may respond negatively when hearing such colloquialisms as "over the hill" and "out to pasture."

It is understandable that physical defects and social handicaps place individuals under particular stress. However, except in cases which are almost totally disabling, the significance of these impairments in the development of emotional handicaps depends primarily upon the way the individual evaluates and adjusts to unusual or changed life situations. In many cases, the physical disability is an excuse for, and not the cause of, psychological maladjustment.

The main problems which occur are resignation and feelings of inferiority, self-pity, fear, and hostility. In effect, the individuals listen to society and devalue themselves accordingly. It is important to note again that the attitude toward the disability seems to be the salient variable in emotional adjustment. Consequently, there is the potential for good adjustment with a severe physical disability and widespread emotional handicaps with only slight physical defects.

Although disability, social handicap, and emotional handicap have been explained independently and separately from each other, combinations of handicaps are the rule rather than the exception. Of course, impairments may be small. However, they are often chronic. Too often, chronically ill patients become isolated and ignored. Few want to spend time with them when they are depressing and exhausting, and their problems are irreversible. A chain reaction occurs. The lessened social interaction of disabled people leads to loneliness and isolation, reducing at the same time their resources for coping with problems. The ensuing stress in turn contributes to illness. The patients begin to play a role of being sick. Is there a better cure for pain or a better balm for emotional ills than feeling useful or playing a truly meaningful role in society? But who will help a grossly impaired person with multiple disabilities and handicaps who lives only because of modern medical miracles at so high a cost?