



Art Therapy at the Children's Hospital Zagreb

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Abstract

The article describes art therapy practice conducted over a 18-month period in the surgical, pediatric, and ophthalmology wards of the Children's Hospital Zagreb. Art therapy proved to be an effective method for alleviating symptoms of stress, fear, and anxiety prior to diagnostic examinations, especially among children and adolescents who experienced prolonged hospitalization. The participants, 314 children and adolescents aged 3-17, took part in individual and/or group art therapy sessions, as well as in an open studio format.

Art therapy contributed significantly to emotional regulation and the development of effective coping strategies. The use of symbols, motifs, and colors enabled children and adolescents to express their inner states and to reinforce a sense of security and control. The group and individual art therapy programs at the Children's Hospital Zagreb demonstrate how the creative process facilitates the expression of difficult experiences, supports the regulation of intense emotions that are often difficult to verbalize, fosters social connection, and promotes inner empowerment in children and adolescents.

An individualized art therapy approach, tailored to the specific needs of each child, helps children and adolescents to restore a sense of control and autonomy that is often diminished by the uncertainty of disease progression and hospitalization. This is achieved through the free choice of materials, themes, and forms of expression. This work highlights the importance of implementing art therapy protocols in the psychosocial care of hospitalized children as a valuable tool for improving psychological well-being and supporting their recovery.

Key words: art therapy, open studio, pediatrics, children's hospital, hospitalization

Introduction and Literature Review

In November 2023, the author began clinical practice in the pediatric and surgical departments of the Children's Hospital Zagreb as part of the Postgraduate specialist university study of Creative Therapies, Art Therapy Program, at the Academy of Arts and Culture in Osijek, as part of the Josip Juraj Strossmayer University in Osijek. In the following year, the open studio model was introduced in the waiting room of the ophthalmology clinic.

The primary objective of this intervention was to reduce stress and anxiety in children and adolescents prior to medical examinations, and secondarily, to enhance the effectiveness of medical treatment and therapeutic procedures. By emphasizing patients' strengths, positive aspects of their lives, wishes, and goals, a sense of achievement and satisfaction was fostered through the use of a variety of art materials selected according to each child's developmental abilities and personal inclinations.

Art Therapy in the Pediatric Ward

Hospitalization involves not only physical pain and anxiety related to medical condition but also disruptions to daily routines and exposure to stressors such as medical examinations, physical activity restrictions, interruption of schooling, separation from family and significant

others (Mourey, 2021; Hen, 2023), loss of control, and fear of pain and physical injury (Hockenberry, Wilson & Winkelstein, 2016). As a result, children often feel confused and tense and benefit from the presence of a professional who can provide support during hospitalization (Hen, 2023).

Art therapy is an increasingly used method for coping with stress in clinical settings, particularly in pediatric wards (Metzl, 2022; Olaizola, 2024), where it provides children with emotional support and tools for expression and relaxation (Abdulah & Abdulla, 2018; Snyder, 2021). Additionally, it promotes self-understanding and self-awareness, improves social skills and behavior management, encourages creative problem solving, promotes personal transformation and development, and supports personality integration and the fulfillment of individual potential (Wu & Chung, 2023).

Art therapy practice responds to the children's emotional needs (Snyder, 2021), serves as a distraction, and facilitates coping with physical pain, anxiety, and fear related to treatment outcomes (Olaizola, 2024). Furthermore, it creates a sense of pleasure and attachment that supports the relationship between the child, the art process, and the art therapist (Shella, 2018).

Creative expression within art therapy enables patients to recognize and express emotions, cope with life changes, and strengthen resilience (Nishid, 2005; Liebmann, 2015). By channeling difficult emotions into creation and then sharing that experience with an art therapist (Waller, 2006), children acquire a tool to get in touch with feelings that are not easy to express verbally, which positively affects their emotional state independent of other factors (Shella, 2018).

Derman and Deatrck show that art, particularly drawing, helps children express experiences and needs (Snyder, 2021) thereby reducing stress and anxiety levels (Ramdaniati, Hermaningsih, & Muryati, 2016; Rollins, 2005; Zhang et al., 2021; Zhang, Wang, & Abdullah, 2024; Hen, 2023), elevating mood and fostering communication among children, parents, and healthcare professionals (Loreskär, 2024).

Councill (Lopez-Bushnell & Berg, 2018) concludes that children's engagement in creative activities during hospitalization enhances a sense of hope, autonomy, competence, and self-esteem. In adolescents, it strengthens self-confidence and peer relationships (Huang et al., 2021), supports emotion regulation (Bosgraaf, 2020), increases self-initiative and independence (Snyder, 2021), enhances the ability to face challenges, and reduces the intensity of procedural and acute pain (Clapp et al., 2019; Olaizola, 2024; Metzl, 2016).

In children with chronic illnesses, such as kidney failure, symbolic expression through art therapy techniques strengthens inner resources and facilitates trauma processing. This usually arises spontaneously during the emotional processing linked with expectations of treatment outcomes, separation from family, adjustment to unfamiliar environments, and the adoption of a new patient identity, in contrast to the child's everyday identity outside the hospital context.

Patients on hemodialysis often suffer from depression, stress, fear, and anxiety (National Kidney Foundation, 2001; Nishida, 2005). In children with cancer, group art-based interventions have been shown to be an effective technique for reducing the overall level of depressive symptoms and improving certain aspects of happiness (Abdulla & Abdulah, 2023).

For hospitalized children, art expression is one of the few empowering activities available when everything else seems beyond their control (Lopez-Bushnell & Berg, 2018). Weldt (Nishida, 2005) remarks: "Art making encouraged positive attitudes, a sense of power, control, and freedom, and their drawings gave them a sense of accomplishment."

In conclusion, art therapy can significantly enhance a child's hospital experience, but it must be adapted to the unpredictable rhythm of patient admissions, the child's age, and their diverse needs, while also including individuals close to the child who provide a sense of security (Janković Shentser, 2024).

Short-Term Therapy

Short-term therapy is a targeted therapeutic intervention of limited duration (Perkins, 2006, as cited in Hen, 2023) and has been shown to successfully alleviate emotional distress caused by hospitalization (Barber et al., 2012; Hen, 2023).

Each encounter between the patient and therapist, which may also be the last one, is approached as a separate therapeutic unit (Hen, 2023). The therapy plan is flexible and aims to address the patient's immediate problems. Short-term therapies are characterized by a focus on the here-and-now experience, engagement and flexibility, and require the therapist's full presence, engagement, and open communication, while simultaneously building confidence and cooperation (2023).

Group Art Therapy with Children

Despite the growing interest in art therapy, significantly fewer studies have examined the effectiveness of group art therapy for children compared with adults. The group provides a suitable environment for skill development, allowing individuals with similar problems to support one another, learn from feedback, experiment with new roles by observing the reactions of others, and develop their potential and abilities (Liebmann, 2006). Group work is particularly beneficial when individual work is too intensive and also allows support for more people at the

same time. Disadvantages of group work include a lower level of confidentiality due to the involvement of multiple participants, reduced individual attention to its members, and increased demands on therapist's organizational skills (2006).

Open Studio

An open studio is an art therapy group format that places art at the center of the therapeutic work (Finkel & Bat Or, 2020), and is based on a free creative process that the therapist does not lead or moderate (Finkel & Bat Or, 2020, 2025). Sessions are longer than standard clinical appointments, allowing for deeper engagement, and the flexible approach allows application across different populations and settings. In this context, "open" refers to the participants' free choice of materials, duration of the session, and participation, which encourages exploration, imagination, and play (Malchiodi, 2013; McGraw, 1999; Miller, 2016).

Participants are provided with a variety of art materials that engage multiple senses and allow free expression by following their creative impulse (Landgarten, 2013; Malchiodi, 2012; Knill, Levine & Levine, 2005; Miller, 2016). This approach fosters a sense of agency and structure, encourages tolerance and exploration and aims to develop new perspectives (Robb, 2022; Robb, 2022).

Expression in a group setting fosters a sense of community (Allen, 1995; Malchi-

odi, 2013; McNiff, 1995; Shapiro, 2014; Finkel & Bat Or, 2020), the development of positive peer relationships, stronger self-confidence, creativity (Jewett, 2025), and the capacity for reflection (Finkel & Bat Or, 2020).

The open studio acts as a stimulating environment for balancing different aspects of adolescents' personality (Zalman Fanunu, 2022; Finkel & Bat, 2025) and connecting inner experiences with the outside world (Finkel & Bat, 2025). It allows participants to engage according to their abilities and make decisions independently, thus developing autonomy (Block et al., 2005; Cavaliere, 2022; Finkel & Bat, 2025) and identity, particularly among adolescents with mental health difficulties (Kelemen & Shamri-Zvi, 2022; Jewett, 2025).

Methodology

Individual and group art therapy sessions, lasting 60 - 90 minutes, were held twice a week for 12 months in the pediatric and surgical departments. The open studio model was held in the ophthalmology department twice a week for 120 minutes, both in the morning and afternoon, over a six-month period.

Semi-structured activities with clearly defined goals and a flexible approach were designed to encourage focus on the present moment, reduce tension, and facilitate the expression of emotions. These activities also supported goal set-

ting, enhanced motivation, and focused attention on positive experiences.

Setting

Individual art therapy sessions were conducted at a table in a hospital room or at a patient's bedside, using a dining table as a work surface. Limitations of the hospital environment included the presence of other patients, parents, and medical staff in hospital rooms, as well as frequent and unexpected interruptions.

Group art therapy sessions were held in the pediatric ward's living room. The space for the art therapy group was organized around a separate table protected with nylon, with art materials provided on the table.

Open studio

For the implementation of the open studio, the waiting area was protected with nylon and materials were placed on two small tables with six chairs. Due to newly renovated space, the walls could not be used; however, the children spontaneously used the floor as a working surface.

Approach

Art therapy in the hospital setting was adapted to children's specific needs, the busy hospital rhythm, and the available space.

Art therapy activities included individual and group sessions, as well as an open studio format, each with different goals, benefits, and challenges. The main goal of short-term individual and group art therapy was to help children reduce stress, fear, and anxiety caused by hospitalization through the creative process, which is particularly useful for children who have difficulty with verbal expression.

In long-term art therapy, a deeper relationship with the client is developed, the process is more structured, and it involves monitoring three aspects of a child's life: hospitalization, home life, and school life. In the context of art therapy during long-term hospitalization, it is necessary to consider the challenges posed to a child's emotional and psychosocial development. Open studio is an unstructured art therapy group format in which the focus is entirely on creative expression. It is site-specific and participants are given freedom to choose materials, topics, and the timing of their participation within the two-hour session. In this way, they are given the experience of self-control and independence, the very qualities that are

often lost by assuming the role of a patient. The art therapist remains constantly present, observing the creative process and providing support when needed.

Participants

A total of 26 children and adolescents aged 4 - 17 participated in one to three individual art therapy sessions during short-term hospitalization.

- 7 boys aged 7 - 12 and 10 teenagers aged 12 - 17
- 4 girls aged 4 - 12 and 5 teenagers aged 12 - 17.

Four children (three girls and one boy) aged 8 - 12 participated in 5 - 17 individual art therapy sessions during long-term hospitalization.

A total of 53 children and adolescents aged 4 - 17 participated in group art therapy sessions, which were held in small groups of 2 - 4 participants:

- 6 boys aged 6 - 12 and 16 teenagers aged 12 - 17
- 14 girls aged 5 - 12 and 17 teenagers aged 12 - 17

A total of 229 children and adolescents aged 2 - 17 participated in the open studio program in the ophthalmology unit.

Instruments

In order to better understand the potential of art therapy in supporting this vulnerable group of children and adolescents, the following instruments were used:

1. The SOAP notes

The therapist systematically documents the therapeutic process during and immediately after each therapy session. The notes consist of four key segments that form the words of the abbreviation SOAP: the subjective statement of the client (S), the objective observation of the therapist (O), assessment or evaluation (A), and the plan for the next session (P). The notes provide insight into the emotional, behavioral, cognitive, and creative changes during the therapy process.

2. Photographs of participants' artworks
Qualitative analysis of the artworks was based on a formal analysis of elements, style of expression, selection

and manipulation of art materials. Particular attention was given to the specific aspects of each work and to symbols to which the client attributed meaning, as these pointed to internal processes. Photographs of the participants' artworks were provided by parents as part of the process description and constituted an integral part of the implemented protocols.

3. Supervizion

The art therapists' work in a hospital setting with children and adolescents on long-term treatment carries an emotional burden due to dealing with child suffering, chronic illnesses, uncertain prognoses, and complex family dynamics. Regular supervision provided within the Creative Therapies Study at Josip Juraj Strossmayer University in Osijek, provides the art therapy students with a safe space to reflect on their own emotions and reactions, develop goals and art therapy processes, preserve professional boundaries, and prevent burnout.

Table 1

Activities and Approach of Art Therapy Work in the Children's Hospital Zagreb

	Activity	Short-term treatment (1-3 days)		Long-term treatment				Psycho-therapeutic approach	ETC level	Material used	Short-term therapeutic goal	Long-term therapeutic goal
		Individual	Group	A	B	C	D					
1	Scribble drawing	X	X	X	X	X	X	Psychodynamic (Freudian)	kinesthetic perceptive	Markers, oil pastels	Warm-up, focusing on the present moment	Reduced anxiety
2	Making archetypal masks	X	X	X		X	X	Psychodynamic (Jungian)	perceptive	Oil pastels, markers, laminated paper, coloured pencils	Awareness of the differences between the shadow and the persona; their integration	Reduced anxiety
3	Expressing the dominant emotion (Happiness)			X				Humanistic	affective	Acrylic paint, temperas, markers, coloured pencils, collage, eye shadow, hairspray	Emotional expression	Reduced anxiety
4	Bird's nest				X	X	X	Psychodynamic/ Attachment Theory	symbolic	Oil pastels, markers	Identifying forms of attachment	Reduced anxiety
5	Hand strength			X				Psychodynamic	perceptive	Oil pastels, watercolours, acrylic paint, temperas	Recognising personal strengths and desires	Reduced anxiety
6	Tree of wishes	X	X	X				Psychodynamic	cognitively symbolic	Collage, watercolours, coloured pencils, markers, pencil, oil pastels	Raising awareness of positive aspects, strengths, goals	Reduced anxiety
7	House			X		X		Positive art therapy	kinesthetic	Acrylic paint	Relaxation, stress reduction	SRduced anxiety
8	KFD						X	Humanistic	kinesthetic/symbolic	Oil pastels	Understanding client's self-concept and interpersonal relationships within the family. Family Dynamics	Reduced stress and anxiety
9	Self representation through something you love	X	X	X	X	X	X	Positive art therapy	affective/symbolic	Oil pastels, markers, newspaper cutouts, collage, seashells, birch bark, eyeshadow, nail polish, wool, rope, dry pastels, coloured pencils-watercolours, stickers, temperas	Expressing yourself and your own needs	Reduced stress and anxiety
10	Emotions (How it feels "here-and-now")	X	X	X	X		X	Gestalt	kinesthetic, sensory	Pencil, modelling clay, temperas, acrylic paint, coloured pencils-watercolours, collage	Emotional expression, reduced tension, relaxation	Reduced stress and anxiety
11	Body outline			X			X	Psychodynamic	perceptive / affective	Acrylic paint, coloured pencils, oil pastels, dry pastels	Emotional expression, reduced tension, relaxation	Reduced stress and anxiety
12	Drawing by observation (Gerbera flower)			X				Positive art therapy	perceptive / sensory	Acrylic paint, temperas, fingerpaints	Expressing your own needs and setting goals	Reduced stress and anxiety
13	Labyrinth		X	X		X	X	Psychodynamic/ Jungian	symbolic	Markers, coloured pencils	Encouraging introspection and reflection. Discovering inner wisdom and capacity for problem solving	Reduced stress and anxiety
14	A place of dreams					X		Narrative art therapy	symbolic	Pencil	Encouraging confidence and imagination	Reduced stress and anxiety
15	A gift for a loved one (mom, dad sister, friend)	X	X	X	X	X		Positive art therapy	kinesthetic	Acrylic paint, buttons, cotton wool, pebbles, seashells, newspaper cutouts, collage, temperas, oil pastels, coloured pencils, dry pastels, pencil, watercolours, stickers, glitter, fabric, birch bark, ink, eyeshadow, nail polish	Relaxation and development of emotional regulation through the symbolic act of gift giving, encouraging emotional regulation	Reduced stress and anxiety
16	Favourite animal						X	Jungian	symbolic	Markers, oil pastels, modelling clay	Increasing stability, grounding, relaxation.	Reduced stress and anxiety
17	Superhero on canvas						X	Positive art therapy	symbolic/kinesthetic	Textile, buttons, collage	strengthening identity, expressing emotions	Reduced stress and anxiety
18	A depiction of the inner world (Space)				X			Narrative art therapy	kinesthetic / symbolic	Temperas, acrylic paint	Osvještavanje unutarnjih sadržaja, emocija	Reduced stress and anxiety
19	Dream				X			Jungian	symbolic	Textile, watercolour, acrylic paint	Discovering inner wisdom and capacity for problem solving	Reduced stress and anxiety
20	Crown	X		X				Integrative art therapy	symbolic	Collage, coloured pencils-watercolours, markers, oil pastels, acrylic paint, temperas	Expressing your own needs	Reduced stress and anxiety
21	A new planet	X	X	X	X			Narrative art therapy	symbolic/kinesthetic	Polystyrene, acrylic paint, temperas, watercolours	Reduced tension, relaxation, expressing emotions	Reduced stress and anxiety
22	Emotions of the four seasons			X				Narrative art therapy	affective/symbolic	coloured pencils-watercolours	Emotional expression, reduced tension, relaxation	Reduced stress and anxiety
23	Abstract Fingerpainting (How it feels)			X	X		X	Gestalt	kinesthetic, sensory	Temperas, acrylic paint, fingerpaints	Emotional expression, reduced tension, relaxation	Reduced stress and anxiety
24	Comics		X					Narrative art therapy	perceptive	Pencil	Understanding self-perception in a social context	Reduced stress and anxiety

Process

A more elaborate look into the practice of art therapy at the Children's Hospital Zagreb certainly exceeds the scope of this article. This chapter will therefore summarize key points of practice and present one vignette per format.

Short-Term Art Therapy with Children

Short-term art therapy sometimes consisted of a single session, in which an alliance could not be fully created; however, a supportive, accepting, and tolerant approach allowed space for communication. A hospitalized child is often unable to express himself verbally, either due to an insufficiently developed vocabulary to describe his experiences or because of a need to protect the attending parent from his feelings (Councill, 2012), encouraging free artistic expression therefore provided the child with a channel through which to express *here-and-now* experiences at both personal and environmental levels. When verbal expression was not possible, a child was able to express these experiences visually in ways that were meaningful to him.

Children with chronic illnesses and multiple hospitalizations deserve special attention, as they often exhibit higher levels of worry, anxiety, and fear. In addition to various family challenges, some children face, these children generally demonstrate an increased need for security and af-

firmation under such circumstances. In children with developmental disabilities, an additional need for control and structure was observed. Their work is characterized by speed, minimal verbalization, and rich symbolism.

Encouraging children to express themselves freely often elicited positive emotions, which they then portrayed in their works (e.g., happy moments with family, beautiful landscapes, favorite superheroes, and pets). The combination of different media (materials from nature, textiles, clay, and plasticine) encouraged multisensory processing of experiences, which was particularly effective for younger children, who were eager to experiment and fully engage in their creative process, resulting in the joy of play and relief from the stress of hospitalization. Some children drew with their parents, further strengthening their bond.

Individual Session Process Overview

The patient, a 14-year-old girl, was hospitalized for two days. She is familiar with various artistic techniques and enjoys drawing and creating animations; however, this was the first time she had participated in an art therapy session, which was also the only session conducted during her hospitalization. She is currently going through an emotionally demanding period in both her family and

Figure 1

Scribble drawing



Note. A 9-year-old boy after hospitalization and kidney transplantation. Verbal description of the drawing: "A butterfly that has survived and grown stronger."

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The vignette in the appendix confirms the child's ability to intuitively use the creative process as a means of self-healing (Councill, 2012).

school environments (parents' divorce and peer bullying). At the same time, she demonstrates resilience and a sense of self-worth, together with a need for validation. Initially, she was quiet and uncommunicative, but over time, she opened up spontaneously.

Activity: Scribble

Materials: White A3 paper, oil pastels

We meet in her hospital room and walk together to the living room, where various art materials were already arranged on the table.

The activity began with hand movements in the air, performed at her own pace. The participant then chose a color and filled the paper using spontaneous movements. After completing this process, she placed the paper on the table and observed it from all sides, then chose the desired orientation of the paper. She then completed the drawing using colors and techniques of her own choice. While observing her work, she identified the image of a dragon, a motif she connected with her personal experience of strength needed to endure another short period of time in an unsupportive environment (symbolized by the clock). She expressed an expectation of change by enrolling in high school and moving to a new, more supportive environment (Figure 2).

The kinesthetic level, present at the beginning of the session, enabled the re-

lease of tension and the activation of the creative process. Using spontaneous and quick strokes, she filled the entire surface of the paper with colorful shapes, gradually attributing meaning to them through personal interpretation. This was followed by processing on the perceptual–affective and cognitive–symbolic levels.

Figure 2

Scribble



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During the creative process, she expressed emotions that she initially found difficult to verbalize. She demonstrated awareness of her own potential, a high level of introspection, and self-understanding. Creative expression helped her cope with negative experiences, and served as a confirmation of her identity.

This example of a one-time art therapy intervention demonstrates the importance of supporting young people in creative expression and providing a safe and sup-

portive environment in which they can freely express themselves, be accepted, and be seen.

Long-Term Individual Art Therapy with Children

Children with health problems who are hospitalized for long periods of time often share similar experiences and needs. Due to poor health and frequent medical appointments, they attend school less regularly and are also exposed to an increased risk of stigma, social exclusion and peer bullying (Watts et al. 2024).

The goals of therapy included reducing stress, emotional regulation, and creating a safe space. Structured protocols that provide a framework without being performance oriented (e.g. “something you love”, “a gift for a loved one” or “your own planet”) leave enough space for free expression, with a variety of materials offered (acrylic paints, felt-tip pens, clay, plasticine, collage, pastels, crayons, tempera and materials from nature). Children use personal and universal themes which provide a sense of security and belonging such as family, home, nature and friends. Depictions of the universe and nature are common, expressing the children’s needs for security, belonging, closeness, and support.

Despite coming home from dialysis, not having eaten since the previous day, or arriving just before preparing for the planned surgery the next day, children

often showed an urge to finish their work. This reflected a marked motivation and a desire to express their inner experiences.

Long-Term Individual Art Therapy Process in Hospital Setting

A ten-year-old girl undergoing long-term hospital treatment participated in seventeen individual art therapy sessions held at the hospital bedside. Due to her poor health, surgeries, and medical examinations, she did not attend school regularly; therefore, the art therapy activities (Table 1) were also designed to support her developmental needs.

Her mother was constantly present and occasionally involved in the work.

The main goals were relaxation, stress reduction, development of fine motor skills and dexterity, which she showed difficulties with (e.g., cutting paper, gluing, writing).

Figure 3
A Gift for My Sister



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The girl showed a preference to experiment with different art materials, particularly collage and shiny textures. Through motifs related to family and other attachments, she expresses nostalgia for home (Figures 3-6).

Using collage, she often shaped hearts, stars, dolls, and elements of nature (Figure 4) to express joy. She sometimes used motifs of the universe, such as a labyrinth with planets as a means of escaping into imaginary space, searching for a way out of complex situations (Figure 7).

Author concludes by saying to her mother, *"You are my greatest wish. May you always be with me."*

At first, she seeks help from an art therapist or her mother. She is withdrawn and verbalizes poorly. Over time, she becomes

Figure 4
Joyful Collage – A Heart



Figure 5

A Tree of Wishes (two hearts together: author and her mom)



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more independent, confident, and communicative. She no longer seeks help, experiments with new materials and starts to verbalize her emotions. She enjoys painting with her fingers and tearing paper to create collages, experiencing these activities as liberating and calming. Joy and the need to play prevail, although anxiety and fear are still present. Her drawings are often expressive and reflect her inner state. Alongside her drawings,

Figure 6

Family



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she often verbalizes: “*I feel happy, joyful*” (Figure 8), “*It’s not easy to be a painter, you work yourself up,*” demonstrating her new, positive self-image and acceptance of the identity of a “painter” instead of a patient.

Figure 7

Universe – New Planet



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Figure 8

How I feel: Happiness



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Control over the creative process and decision making, initiating activities and choosing materials and topics, helped the girl to shape and explore personal content, as well as to feel seen. Art therapy sessions were important to her, and she looked forward to new creative encounters: “I feel better when I see you,” she would say when she saw the author. Even after a demanding medical treatment, such as dialysis, and despite feeling physically exhausted, she still wanted to draw. Creative expression became her way of coping with both emotional and physical stress.

Over the course of 17 sessions, increasing self-confidence and independence in her work were observed, along with greater accuracy in artistic and verbal expression, a more positive emotional state, stress reduction, and empowerment. She expressed satisfaction and a sense

of accomplishment with her artworks. Before she was discharged from the hospital, the art therapist offered her the theme of going home. The thought of home gave rise to emotional responses, including excitement about reuniting with her family and returning to a familiar and safe place (Figure 9).

Figure 9

Coming Back Home from Hospital



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Group Art Therapy

The open-type art therapy group often consisted of children and adolescents from the same hospital room and of similar age, although there were also cases with significant age differences (ranging from 8 to 17 years old). Regardless of age differences, the children cooperated and encouraged each other, showing empathy for each other. They were expressive and imaginative, intuitive and spontaneous

and initiated cooperation and verbal interaction. They experiment with textures and colors, painted with their fingers and intuitively used unfamiliar art techniques. The rich selection of materials (felt-tip pens, pastels, tempera, acrylic paints, clay, plasticine, collage, ink, and natural materials such as shells, pebbles, wool and birch bark) was in itself an invitation to creative expression. Semi-structured and structured activities further supported emotional regulation, which for some participants had an interventional character. The group provided a space for mutual support, encouraging connection, belonging and friendship.

Adolescents expressed themselves clearly and were articulate and communicative. They often used (black) humor as a defense mechanism to alleviate anxiety and tension related to illness and the hospital environment. Even among more

introverted teenagers, developed introspection and a sense of thematic elaboration were evident, as they clearly conveyed their emotions and inner world through visual language.

A Group Art Therapy Process

Two 14-year-old participants joined the session together from the same hospital room. This was their first encounter with art therapy. The assignment was to create something they love. They spontaneously chose related themes, a unicorn and a horse. A wide variety of materials was available. Participant A decided to make a figure of her favorite horse in plasticine, talking about her love of horses and riding as well as her connection to the horse she regularly grooms. When she started shaping the horse's head, she was unsure how to proceed and consulted Participant B. The session was interrupted when the

Figure 10

How I feel Now



Figure 11

Something I love: A Unicorn



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doctor entered the living room to take Participant A for an examination, which also interrupted her creative process from the very beginning. Participant B drew a blue unicorn (Figure 11).

Finally, she signed the painting, put a plasticine ribbon under her name and gave the work to an art therapist. She enjoyed experimenting with watercolors and the effects they produced on paper by adding water with a brush. She then spontaneously took the initiative and went on to make a horse head for participant A (Picture 12). She was finalizing the head and a mane. When participant

A returned from the test, she asked her what else was missing, so together they added the reins and heystack under the horse's head.

This example shows the interconnectedness of children from the same hospital room and highlights their mutual empowerment, empathy, strong sense of each other and cooperation.

Open Studio

The open studio followed the dynamics of the hospital environment: the unpredictable rhythm of arrivals and departures of the participants, and their different needs with respect to different age groups. In an open-label study of ophthalmologic outpatients, children between the ages of 3 and 17 participated. Most children, upon arrival in the waiting room, immediately approached the drawing table and spontaneously began to draw, while others joined after becoming accustomed to the space. They explored new techniques that they had not previously encountered in their kindergartens or schools. During the session, children collaborated, created together, and complemented each other's work. Younger children often drew with their parents, most often mothers, whose presence supported a sense of security and relaxation while anticipating the examination. Elementary school children draw in smaller groups. The art therapist guides and supports the children throughout the process as needed, providing

Figure 12

Something I love: A Horse



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both technical and emotional support to the children and their parents. Through individual and group approaches, the therapist transforms the waiting room into a creative, social, and positive environment. For children, particularly those with autism spectrum disorders, an open studio provides an opportunity to

communicate, enhance social skills, and express emotions in a pleasant way. The success of the project was reflected in reduced patient anxiety, increased collaboration and thus a potentially more positive outcome of the treatment, which is a common goal of all involved.

Open Studio at the Ophthalmology Department of the Children's Hospital Zagreb

Figure 13

Open Studio



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Twelve children were welcomed by two 80 x 100 cm white papers, oil pastels, and paints, as they arrived in the waiting

room. They approached the colors spontaneously and during the activity were engaged and in a good mood. The children

transfer

showed respect for each other's work, adding to it, rather than drawing over it, allowing the shared drawing to expand and grow richer.

A 14-year-old teenager, who joined the group of children while waiting for her brother, created a symbolic drawing "Heart Tree", which she connected to the drawings of the other children. At some point, one boy with the elevated energy level began to scribble in black color over the work of other children, so he was

offered a lighter pastel and additional drawing paper in order to mitigate the effect of his strong energy on the group work.

The children were pleased with their drawings, laughed, and went back to drawing after the examination.

The head of the ophthalmology department, the children, and their parents were satisfied with the activities in the open studio as a safe space for the creative expression of the children in the group.

Figure 14

Open Studio



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The positive response and collaboration of all those involved (children, parents, carers and hospital staff) demonstrates the value of such activities within the hospital system.

Results

Art therapy at the Children's Hospital Zagreb contributed to children's empowerment, emotional expression, the representation of personal interests and recognition of goals and personal strengths. Creative and spontaneous expression enabled children to express experiences of hospitalization, including fear, pain, discomfort, anxiety, and a sense of loss of control, and to communicate inner experiences to the outside world, including unconscious states, often explored through metaphor. During the course of the therapeutic process, even within a single session, a reduction in the anxiety and fear associated with hospitalization was observed.

In long-term hospitalized patients, the creative process addressed deeper personal issues, and stronger emotional regulation was established. The children gradually developed a greater sense of self-confidence and security in expressing themselves, both artistically and verbally, while simultaneously reducing tension and anxiety. Structured therapeutic interventions and protocols provided children on long-term treatment with a

sense of security, stability, and control, reducing their sense of helplessness. Children were able to express and process emotions they could not verbalize, resulting in emotional relief. The children were introduced to tools for dealing with difficult situations, and used them by choosing specific colors and symbols that gave them a sense of security and control. Kinaesthetic activities and fluid media (finger painting, working with clay, plasticine and clay) reduced emotional tension by tactile interaction (pushing, stroking, crushing, punching). Narrative art therapy (comics, dreams) has often been a channel for creatively depicting complex family dynamics; while labyrinth and bird nest have symbolically aimed at working through various difficulties in family relationships.

Findings from studies involving children indicate that art therapy enables children and adolescents to experience:

- **Relaxation, stress and anxiety reduction, and emotional regulation.** Participation in creative activities helps children to express emotional burdens and restores a sense of control. Through creativity and imagination, they can explore their identity and inner sources of healing (Stuckey and Nobel, 2010).
- **Motivation for the treatment process and co-operation with staff,** which can contribute to improved treatment effectiveness.

- **Reduced use of mobile phones.** Children are focused on creative activities and interaction with materials and other children.
- **Socializing.** Collaborative creative work allows children to socialize and cooperate, which is especially important for children who are often isolated due to long hospital stays. Opening up about illness and disability fosters empathy among children and enables inclusion.
- **Parental involvement.** Parents often feel helpless during a child's hospitalization. Actively participating in creative activities with their children helps to reduce stress and provides meaningful shared time.
- **Positive memories.** The artworks that children create often become precious memories that they give to one another, further strengthening friendships.

Discussion

Group and individual art therapy, as well as the open studio conducted at the Children's Hospital Zagreb, demonstrate that art therapy is a valuable tool for emotional expression, social connection and inner empowerment in children and adolescence through the hospitalization period. As a form of emotional support,

art therapy develops self-reliance (Snyder, 2021), facilitates relaxation and attention redirection during treatment (Abdulah and Abdulla, 2018; Snyder, 2021), and provides a space for alternative expression of experiences and needs (Snyder, 2021).

During the artistic creation, patients entered a space in which the disease did not define them and could experience something beyond their diagnosis (Malchiodi, 2013; Miller, 2016), an altered state of consciousness, frequently described as "flow", which provides relief from suffering and can transform the experience and narrative of the disease (Miller, 2016).

Parents of Patients in Need of Regulation

The presence of parents played an important role in the therapeutic process, most often mothers, who sometimes actively participated or created their own artworks alongside their children. Mothers who stay with their child during long-term treatment are under great stress due to the uncertainty of the child's medical condition and may sometimes develop post-traumatic stress reactions as a result of witnessing their child's suffering. Hospitalization further complicates their daily lives as they balance family life, work commitments, and childcare (Loreskär, 2024). For this reason, one of the important roles of the art therapist is to provide support to the parents (Liebmann, 2015). During one

therapy session, the mother was more engaged in the creative work than the child, who, by observing the mother, mirrored her artistic work. Through the art therapy process, parents and children eventually created a new artwork together. Cases like this indicate a need for parental support and attention in balancing long- and short-term therapeutic goals. Involving parents in sessions provides them with informal support. While the child is engaged in creative work, parents are offered the opportunity for a break from the hospital environment.

Parents generally show respect for their child's artwork and self-expression, patiently waiting for the child to finish. They take pride in their children's creations, encourage them to show or share as a gift their artworks, and foster a sense of accomplishment in the child. Positive feedback and support from art therapists, parents, and nurses contribute to the development of competence and social inclusion in children, which in turn positively affects their self-esteem, self-perception, and mental health (Loreskär, 2024). Parents who participate in the process often have a need for verbal ventilation, which can influence the course of the art therapy process with the child. Although this factor has not yet been systematically studied, it provides an interesting perspective on the parent-child relationship in crisis situations.

Art Therapist in a Hospital Setting. Relationships in the Team.

Working in hospital settings requires art therapists, in addition to flexibility, kindness, empathy, a motivational and positive attitude, and curiosity (Robb, 2022), to possess physical readiness and psychological and emotional resilience to the stressful work conditions, the ability to react and make decisions quickly, and a high level of responsibility.

Within a dynamic hospital schedule, the art therapist also assists with the management of art supplies and communication with the multidisciplinary medical staff in the department: the coordinator, the occupational therapist, and the social worker. Complex hospital conditions require adaptation of the therapy space and creativity in providing a safe environment where children can express themselves and feel seen and empowered.

Art therapy is organized according to the visiting hours, doctor's visits, school, and the child's individual capabilities. Sometimes, art therapy is conducted simultaneously with other professionals and activities. For example, when religious studies and art therapy overlapped, even though school subjects were prioritized, a collaborative model was implemented in which the teacher linked the content of religious studies to the children's drawings. One boy, after a kidney transplant, drew a view from his hospital room of the peaks of the Alps (Figure 15)

and shared his experience during the operation, which he described as: "I saw God." This opened up a new symbolic interpretation of his experience of the operation and treatment. Occasionally, The Red Noses, medical clowns, came into the hospital room, playing and joking with the children, and making up stories inspired by their artworks. During these

Figure 15

A view from the hospital room



Image is used with permission.

moments, the art therapist makes a short break so that the children can participate in a fun interaction with the clowns.

The rich experience of various forms of interaction, such as visits from St. Nicholas and Santa Claus during the holidays, is certainly positive for children. However, these events can present challenges for the therapeutic process, which becomes fragmented and the therapeutic space compromised, requiring constant balancing between set goals and spontaneous events.

Conclusion

A total of 314 children and adolescents, aged 3 to 17 years, undergoing short-term or long-term treatment for various medical diagnoses, participated in individual and group art therapy. Children attending ophthalmological examinations also participated in the open studio. Art therapy proved to be an effective method for relaxation, reducing stress and anxiety, and facilitating adaptation to hospitalization. It facilitated social interaction, strengthened self-confidence, and created positive memories of the hospital stay. Children were focused on creative activities, interacting with materials and other children, which also led to a reduction in cell phone use.

Parents actively participated in creative activities with their children in the open studio, which further helped reduce stress and enabled quality time spent together.

Art therapy provided a safe space for creative expression, emotional relief, introspection, and psychological support for children going through the hardships of illness, separation from parents, school life, and familiar surroundings.

Art therapy continues to be successfully carried out, though on a voluntary basis, at the Children's Hospital Zagreb, under the highly demanding and restrictive conditions of hospital treatment. Its success relies on close coordination with the medical team, teachers, and parents, as well as on flexibility in accordance with the children's current condition and evolving needs.

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