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Published online: 13 Mar 2015.

To cite this article: Judy Rollins & Ermyn King (2015) Promoting coping for children of hospitalized service members with combat injuries through creative arts engagement, Arts & Health: An International Journal for Research, Policy and Practice, 7:2, 109-122, DOI: 10.1080/17533015.2015.1019707

To link to this article: http://dx.doi.org/10.1080/17533015.2015.1019707

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Promoting coping for children of hospitalized service members with combat injuries through creative arts engagement

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\textit{(Received 31 May 2014; accepted 20 November 2014)}

\textbf{Background:} Over 50,000 US service members have been physically wounded in combat – even more with invisible injuries – since current conflicts began in 2002, creating a crisis of substantial magnitude for their families. A great proportion of injured service members are mothers or fathers as well. A parent’s combat injury can have a profound effect on his or her children. \textit{Methods:} Appreciative inquiry, a qualitative methodology, was used alongside participant observation and document review. \textit{Results:} Findings indicate that the program addressed children’s needs at a number of points in time with six themes that have emerged from the data. These include, visits with the injured parent, self-expression, distraction and respite, parental engagement, normalization and empowerment. \textit{Conclusions:} The findings lend support on ways an artists-in-residence program uses creative arts engagement to promote coping for children of hospitalized wounded service members and to encourage ongoing participation in the arts upon discharge.

\textbf{Keywords:} military; children’s coping; combat injury; arts and health; hospitalization

\section*{Introduction}

Over the course of the twentieth and twenty-first centuries, the USA has sent millions of men and women into harm’s way to defend American interests and to protect US allies and weaker nations. Yet, there have been differences in recent wars. While overall the combat death rate has decreased, increasing numbers of service members return home with severe injuries, some visible, some invisible (Fischer, 2013).

Combat trauma has left one out of every three Iraq and Afghanistan veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or a combination of the two (Tanielian & Jaycox, 2008). More than 1700 Americans have lost an arm or leg in combat in Iraq or Afghanistan, and hundreds have lost multiple limbs (Fischer, 2013). Approximately 16\% of all wounded service members have serious eye injuries, many totally blinded by sniper fire or an improvised explosive device (Department of Defense Armed Forces Health Surveillance Center, 2011).

Sometimes overlooked in the injured service member’s return is the substantial stress and disruption that their families and children experience. The magnitude of their loved one’s physical issues can be overwhelming. With the wounded service member requiring an average of 19 months of intense caregiving following injury (Christensen et al., 2009),

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the journey ahead for family members assuming (or cast into) the role of caregiver can be daunting.

More than 40% of US service members have children, with an average of two children per family (Department of Defense, 2010). Since the current conflicts began in 2002, approximately two million military children have seen a parent deploy into combat at least once, and in some families, multiple times (Department of Defense, 2010). Although the majority of those deployed return home safely, more than 50,000 service members have been physically injured in combat, and even more are later diagnosed with TBI or PTSD (Fischer, 2014).

The wounded service member’s injury recovery trajectory consists of four stages: (1) acute care, (2) medical stabilization, (3) transition to outpatient care and (4) long-term rehabilitation and recovery (Cozza & Guimond, 2011). A core principle of combat injury care at all phases of the injury trajectory is that the focus of service provision needs to be the family, not just the injured service member (Holmes, Rauch, & Cozza, 2013).

This article describes an artists-in-residence program called ArtStream’s Allies in the Arts, and presents approaches the artists in residence use to help service members’ children cope during the second, medical stabilization phase. This phase involves hospitalization for surgery and other medical care in an inpatient military treatment facility. With an understanding of children’s specific needs and how the arts can address them, arts programming can become a standard component of family-centered care for children of hospitalized service members with combat injuries. The skills to support children through creative arts during their parents’ hospitalization can be transferred to their families to encourage lifetime application.

**Background**

Although no literature exists that systematically examines the effect of parental combat injury on their children, research indicates that sudden health-altering events, such as combat injury, may have more profound effects on children than parental illness (Cozza, Chun, & Miller, 2011). Children experience sudden changes in living arrangements, schedules, parenting practices and the amount of time spent with their parents. With very little time to prepare for the consequences of sudden injuries, non-injured parents often must make rapid decisions and might be so preoccupied by the needs of the injured partner that they are too overwhelmed to address the needs of children. Several factors, including individual and family characteristics, affect children’s response to their parent’s combat injury. We discuss two significant factors: the type and severity of the injury(ies) and the child’s developmental stage.

**The injury**

Whether an injury is visible or invisible affects the child’s response (Holmes et al., 2013). Injuries such as amputations, blindness or eye injuries, auditory damage, burns, spinal cord injuries and paralysis are classified as visible and are easily identified by others. TBI and PTSD are classified as invisible injuries because often there is no immediate external bodily indication of trauma; the symptoms appear as changes in cognition, behavior and social functioning. Children, particularly younger ones, typically have an easier time understanding the implications of an injury they can see than one they might only be able to observe through their parent’s behavior, which can be confusing and sometimes frightening.
The severity of the injury also plays a role (Halcomb & Davidson, 2005). Severe visible injuries often require extended treatment and can feature periods of medical stability alternating with periods of instability. Complications can occur, progress might be halted, and additional treatments, such as multiple surgeries, are required. With recurring hospital-based treatments, a family’s living arrangements might change and their connections to their community be disrupted. With multiple injuries or when visible and invisible injuries occur together, treatment becomes more complex. Such long and disruptive recovery is difficult for children, 15% of whom exhibit clinical levels of emotional and behavioral problems several years after their parent’s injury (Cozza, 2011).

Changes in physical function can influence an injured parent’s ability to engage with his or her children. In addition, caring for the injured parent and taking on new responsibilities may mean the uninjured parent, too, is unavailable for the children (Holmes et al., 2013). Thus, at a time of multiple sources of stress, the parent/child relationship is strained, children have fewer resources and their risk for maladaptation increases.

The child’s developmental stage

The child’s developmental stage is a good predictor of how he or she might respond (see Table 1). Today, 44% of children of active service members are under 5 years of age; for reservists, 40% of children are aged 6–12 years (Department of Defense, 2010). Regardless of age, children typically wonder about the personal impact of their parent’s injury (e.g., “Will my injured parent be able to take care of me, play with me?”). Some children may wonder if the injury is punishment for being bad, and need to be reminded that their parent was not doing anything wrong, but that sometimes in times of war, bad things happen to good people (Chun & Lester, 2005). The egocentricity of younger children might have them thinking that they are responsible for the injury—that they did or thought something bad that caused the injury. Also, younger children sometimes are afraid they will “catch” the parent’s injury and need reassurance that the injury is not contagious.

It is important to note that along with these parental-injury-related stressors, children bring with them stressors unrelated to the injury. These stressors, whether typical for their developmental stage (e.g., the adolescent’s rollercoaster of emotions) or unique to the child (e.g., bullying, disability) or family (e.g., divorce, substance abuse, recent death of a grandparent), may at times weigh more heavily on children than their parent’s condition.

Although most pediatric hospitals and units have developed effective ways to engage children and recognize and meet their needs at their developmental level, hospitals and units that provide care to adult populations have been much less effective in planning for the presence of children. Yet identification of and attention to their unique developmental needs is key if engagement with families of combat-injured service members is to be effective (Cozza et al., 2011).

ArtStream’s Allies in the Arts

In 2010, ArtStream, a community-based arts organization in Silver Spring, MD, launched Allies in the Arts for wounded service members, their families, and staff at a Military Treatment Facility (MTF) in the mid-Atlantic USA through a cooperative agreement with the American Red Cross (see Table 2 for program goal and objectives). The MTF is the USA’s largest military medical center and first destination in the continental USA for caring for wounded, ill and injured service members from global conflicts. The program, developed by the first author, brings four artists – practitioners, respectively, in music,
creative writing/poetry, visual arts and improvisational expression (the second author) –
to facilitate arts experiences from 6 to 9 pm every Tuesday and Thursday throughout the
year. This time was chosen because TBI research indicates service members have higher
levels of stress and sadness during the evening hours (National Initiative for Arts & Health
in the Military, 2013). Program funding has been provided by ArtStream’s Deborah Jean
Arts in Hospitals and Hospice Program Fund, foundations and individual contributions.

Requirements for artists
In addition to being professional artists with general arts in healthcare coursework, an
internship and a minimum of 2 years’ experience working as an artist in residence (AIR) in
a hospital setting, Allies AIRs complete a special orientation for working in military
settings. Topics include (a) overview of military life, (b) deployment, (c) transitioning

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
<th>Response</th>
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<tbody>
<tr>
<td>Infants/toddlers</td>
<td>Have little cognitive capacity to appreciate the parent’s injuries</td>
<td>May respond to:</td>
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<tr>
<td></td>
<td></td>
<td>• Changes in schedules and routines</td>
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<tr>
<td></td>
<td></td>
<td>• Physical and emotional availability of important adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Changes in emotional tenor (anxiety, interpersonal abruptness, irritability) of these important adults</td>
</tr>
<tr>
<td>Preschoolers</td>
<td>Have greater awareness of the actual nature of the injury</td>
<td>May use “magical thinking”:</td>
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<tr>
<td></td>
<td>Understanding likely to be undeveloped and fragile</td>
<td>• An immature cognitive process characterized by egocentric thinking</td>
</tr>
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<td></td>
<td>Cognitive processes become even less reality-based at times of high anxiety</td>
<td>• Child may feel responsible for parent’s injury</td>
</tr>
<tr>
<td>School-agers</td>
<td>More mature cognitive and emotional developmental capacity than younger children</td>
<td>May have fear, a sense of guilt,</td>
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<td></td>
<td>May still harbor similar anxieties to those of younger children</td>
<td>and a desire to take responsible action</td>
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<td></td>
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<td>May be confused about expectations related to their responses to the injured parent:</td>
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<td></td>
<td></td>
<td>• May not understand what is or is not appropriate</td>
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<td></td>
<td></td>
<td>• May feel uneasy bringing up questions</td>
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<tr>
<td>Teenagers</td>
<td>Cognitively able to understand the injury and implications</td>
<td>May shoulder some of the greater demands that result from parental injury:</td>
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<td>Becoming independent and less reliant on family</td>
<td>• Increased chores</td>
</tr>
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<td></td>
<td>Suddenly need to once again be close to and intensely involved with their</td>
<td>• Care of younger siblings</td>
</tr>
<tr>
<td></td>
<td>parents and families</td>
<td>• Assistance in care of injured parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May be:</td>
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<td></td>
<td></td>
<td>• Ambivalent</td>
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<td></td>
<td></td>
<td>• Voice wishes to be with their friends,</td>
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<tr>
<td></td>
<td></td>
<td>rather than spend time with their family or injured parent</td>
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Note: Adapted from Cozza et al. (2011).
All of these training requirements emphasize being careful to work within an AIR’s skill set and respecting the boundaries between AIR practice and that of creative arts therapists. Allies AIRs are also required to complete the American Red Cross orientation and the military hospital’s background security check. Following the terrorist attacks on 11 September 2001, military bases implemented a complex and lengthy approval process, which includes fingerprinting. The hospital also requires a medical clearance, which AIRs must update annually.

All Allies AIRs attend training for and become certified in Mental Health First Aid (Mental Health First Aid, 2013). As mentioned earlier, psychological issues are common in the population Allies AIRs serve. The interactive 12-hour course presents an overview of mental illness and substance use disorders in the USA, and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and reviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a five-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social and self-help care.

**AIRs role and responsibilities**

Allies AIRs work with service members at bedside and with family members, if present. Some activities take place with family members in two small Family Rooms on the Wounded Warrior Unit. Hospital staff, including physicians and nursing service personnel, sometimes refer specific patients to work with AIRs; as their schedules permit, the staff may observe or even participate in AIR sessions. Usually AIRs work on their own, but when funding permits, they work in pairs. At times the pair will plan a collaborative activity, such as making a journal, generating story ideas and creating poetry or other creative or reflective writing to be written within the journal. In other instances, AIRs may work independently, but sometimes they interact spontaneously, such as the music AIR bringing song and instrument accompaniment to a room where a service member is engaged in an activity with the visual arts AIR. Collaborative sessions provide the AIRs with a resource for help with problem solving and mutual support.

Allies AIRs employ a variety of adaptive materials and processes to accommodate injured service members’ disabilities to ensure that all who want to participate in these creative arts experiences will be able to do so. The same principle holds true for the AIRs’ work with the children. Although few children present with physical disabilities, a number

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**Table 2. ArtStream’s Allies in the Arts goal and objectives.**

**Goal:** To extend opportunities for creative arts engagement to hospitalized wounded service personnel, their families and staff.

**Objectives**

1. To enrich the daily lives of wounded service members.
2. To increase self-identity and self-efficacy to help enable wounded service members to cope more effectively with their injuries and hospitalization.
3. To provide opportunities for family members to engage in creative arts experiences as a means of helping them to cope with the stress of their situation and normalizing relationships.
4. To provide opportunities for hospital staff to engage in creative arts experiences to help facilitate coping.

**Website:** [http://www.art-stream.org/content/allies-arts](http://www.art-stream.org/content/allies-arts)
of military children – at the same rate as in the general population (Jensen et al., 1995) – have attention deficit disorder/attention deficit hyperactivity disorder or autism spectrum disorder. Because the four Allies AIRs also have been trained and work as AIRs in a pediatric setting in another hospital, they have a good understanding of accommodations needed to facilitate inclusive arts experiences with children.

An additional role for the Allies AIR is understanding and supporting children in the broader challenges within their world that they face related to their parent’s recovery (e.g., the challenge of difficulty in finishing homework in a timely manner when they need to support their injured loved one at the bedside until late at night; the challenge of moving to a new location, home and school to be near their injured parent; the challenge of experiencing a distinctively different school and regional culture than the one they left behind). Through creative arts engagement, children have the opportunity to express and are helped to cope with these challenges.

The benefits for children participating in the arts are increasingly being documented in the human development literature (Hanna, Patterson, Rollins, & Sherman, 2011) and the arts and health literature (Rollins, 2005, in press). Presented here is a summary of the benefits for military children participating in creative arts engagement when their parent is hospitalized and the approaches Allies in the Arts AIRs have used to help children cope with the stress of their situation, normalize family relationships and promote lifelong engagement in the arts.

Methods
As a means for describing benefits and approaches, the authors reviewed selective evaluation findings from 2011 to 2014. The first author conducts an annual evaluation of ArtStream’s Allies in the Arts program. Part of the evaluation addresses the question, “Did family members use the creative arts engagement experiences to cope with the stress of their situation and as a means to normalize relationships?” The evaluation involves the gathering of qualitative data and examining it for indicators that outcomes were achieved.

Data collection
Three primary methods are used. These include session notes, observation and appreciative inquiry (AI).

Session notes
AIRs are required to complete a session note after each session. They are asked to provide the following information: (1) With whom did you work? (2) What did you do? (3) What were the participants’ responses? (4) Any comments from participants, family members and/or staff? and (5) Any additional comments/concerns?

Observation
The evaluator observes all four AIRs at work throughout the year. Participant and non-participant observations are conducted, as well as informal discussions with staff, AIRs, service members and family members.
Appreciative inquiry

To gather data from the AIRs’ perspective, the program evaluator facilitates an AI session each year. AI is a group process that inquires into, identifies and further develops the best of “what is” in programs in order to create a better one. It is a means for addressing issues, challenges, changes and concerns in ways that build on the successful, effective and energizing experiences of its group members. Rather than focusing on problems and what is not working and why, AI asks members first to discover what is working particularly well, and then to envision what it might be like if “the best of what is” occurred more frequently (Preskill & Catsambas, 2006).

Analysis

Session notes, observation field notes and AI interviews provide several sources of qualitative data for analysis. All qualitative data are coded and reviewed for outcome indicators for themes.

Results

Participant encounters

Because many of the same children participate in subsequent creative arts activities, rather than tracking the number of children, the evaluator tallies the number of participant encounters. Child encounters comprise approximately 10% of participant encounters, which represents about 125–150 child encounters per year. Although occasionally an infant may be visiting, typically children’s ages range from toddlers through teenagers.

Themes

Findings indicate that the program addresses children’s needs at a number of points in time: preparation, re-engagement and coping. Since 2011, six themes have emerged from the data. These include (1) visits with the injured parent, (2) self-expression, (3) distraction and respite, (4) parental engagement, (5) normalization and (6) empowerment.

Discussion

Visits with the injured parent

Upon arrival, children can quickly become overwhelmed by the hospital’s size and complexity. There are strange sights, sounds and smells. Children are not only exposed to their injured parent’s frightening medical condition, but also the burns, amputations and serious injuries of other service members receiving care. Clinicians report that many children appear anxious, saddened or troubled (Cozza et al., 2011), reflecting greater child distress.

Children typically want information about what is happening to their injured parent and what they can expect when they come to the hospital. Cozza et al. (2011) encourage non-injured parents to prepare their children by gauging the appropriate amount of injury-related information (e.g., presence of bandages, casts, amputations, medical equipment) and mixing the discussion with descriptions of less anxiety-provoking topics, such as the hospital cafeteria, the kind of food that they can eat while in the hospital, or the hotel or living quarters.

Seeing their wounded parent (either the first time or after a change in condition) can be especially difficult for children. Even after explanations, their understanding of the injury and its implications can be limited. Children may experience a broad range of emotional
responses that can be confusing to them, their parents and other important adults in their lives (Holmes et al., 2013). It is not unusual for children to become hesitant and afraid of what they see. They may be reluctant to approach the injured parent and express any affection, which may disappoint or be hurtful to the injured service member. Unfortunately, when this occurs, the uninjured parent or other relatives may be overly forceful in pushing children, especially young ones, to show affection to the injured parent.

Allies AIRs have found that offering creative arts engagement can be useful for children’s visits to and interactions with their wounded parents. Children create some art—a simple drawing, a poem or story, a song, a dance—to present to their injured parent upon entering the hospital room. Having something concrete to do when approaching the parent can “bridge the gap” between entering the room and arriving at bedside. The event becomes an immediate topic of discussion, which typically breaks the ice and puts everyone in the room more at ease.

Medical supplies can be used to help children create art to process what they see. By handling medical supplies, children become more familiar with them, and the items lose some of their mystery and become less scary (Hart & Rollins, 2011). For example, bandages are a common sight on individuals with combat injuries. Making a bandage print takes only about 15 minutes and uses materials that AIRs usually have on hand. It involves simply adhering bandages to a piece of cardboard, rolling on tempera paint with a brayer, covering the cardboard printing plate with paper, and pulling a print.

**Self-expression**

Engaging in a self-expressive activity helps children cope by providing an opportunity for them to work through, reflect upon and find meaning in their experiences (Rollins, 2009). Research has confirmed the benefits of self-expression for children coping with parental illness and grief (Hart & Rollins, 2011).

Although we commonly associate visual art materials (e.g., paint, brushes) with self-expression, natural objects, fabric, dramatic play props, musical instruments and materials to create musical instruments can be made available as well. Exposure to other children creating art can also serve to prompt children to create.

A favorite activity that the Allies improvisational expression AIR facilitates with children involves marbleizing paper using liquid watercolors and shaving cream. After the marbleized paper has dried, children glue it to the inside cover of a die-cut small journal, thereby personalizing the journal (see Figure 1). The Allies creative writing/poetry AIR then works with the children to create six-word memoirs—telling a story in only six words—to write in the journal. Children keep their personalized journals, using them for more self-expression as they wish by adding other creative writing, or drawings to other pages.

Another Allies activity that offers children an ongoing outlet for self-expression is making a ‘talking stick’ (see Figure 2). While decorating their hand-selected stick, children learn about the history of how talking sticks have been passed from person to person in the council circles of varied indigenous cultures, allowing only the stick holder to speak at a given time while others listen without interrupting. Creating and using a talking stick can thus offer a means for enabling children’s voices to be heard when speaking about their experiences.

The nature of an activity often encourages children to create expressive and thoughtful gifts for their injured parent. The Allies improvisational expression AIR reports:

> The young son worked with passion and perseverance to create what he called (and labeled with hand lettering) his father’s amulet ‘Bag of Recovery.’ He added rivet gems to the bag’s
fringe and placed polished river stones and carefully selected pewter tokens with words such as ‘HEALING’ in the bag. An extremely poignant moment in the evening came when his mother wheeled his wounded warrior dad (who is missing a leg, and has other visible injuries) to the Family Room door to see what his son had made. As family members stood by, the dad’s eyes flowed gently with tears as his son presented him with the ‘Bag of Recovery.’

**Distraction and respite**

Cozza et al. (2011) remind us that children’s activity levels can often prove troublesome for families, leading to frustration and sometimes unnecessary harshness. Children, especially younger ones, can be loud and boisterous. Parents and hospital staff may provide negative feedback, leaving children to feel that they are not wanted. At times they may be viewed as (or actually are) obstacles to care.

Allies AIRs often invite children to the Family Rooms on the Wounded Warrior Unit to engage in arts activities, providing a much-needed respite for parents while helping children find a meaningful way to contribute to their injured parent’s recovery. The Allies visual arts AIR explains:

The 4-year-old had been crying after a long and tiring day at the hospital. Her Mom was happy to have a diversion for her. The other children, in particular, were thrilled to have some art projects to occupy their time, while their Mom visited with their Dad (who was recovering from surgery that day). Most of what they painted went to decorate their Dad’s room.

The Family Rooms offer comfortable seating and small end tables for facilitating art projects. Although small, the room’s carpeted flooring allows its use as a seating and activity area as well. The small size at first may seem to be a negative; however, the warm,

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*Figure 1. Journal with marbleized paper insert.*
comfortable environment creates an intimate setting that can help facilitate meaningful one-on-one creative arts experiences. The Allies improvisational expression AIR reports:

The young artist’s mother, aunt and aunt’s husband were all quite effusive in their praise and appreciation for what the Allies session meant to this young boy. As the youngest – and a very sensitive – member of his family, he may become ‘lost in the shuffle’ and seemed to latch on to the one-on-one arts session in the Family Room with particular zest and commitment. He returned to the Family Room as I was cleaning up, with a handwritten note of thanks stating, ‘Thank you for all the fun artwork tonight. I really had a good time.’

**Parental engagement**

Physical injuries (e.g., amputations, musculoskeletal injuries, burns, eye injuries) produce temporary or permanent loss of function, requiring prosthetic assistance or rehabilitative care. Pre-injury, many young military service members were physically active. For fathers particularly, parenting activities were often physical, ‘hands-on,’ or athletic, which may no longer be possible or require significant modification post-injury (Cozza & Guimond, 2011). This may affect the injured parent’s idea of how to be a good parent, and add to his or her grief regarding bodily changes and loss of function.

The arts can provide many new or renewed opportunities for parent/child engagement to promote re-bonding. Children can work together on an art project with their injured parent or work side by side on individual projects. They may be able to sing together or...
write a story together, perhaps with the child providing illustrations. In this way, the focus becomes what the injured parent CAN do rather than what he or she cannot do, and both the injured parent and child benefit.

The patient rooms on the Wounded Warrior Unit are quite large. As these rooms are able to accommodate a number of family members, friends and other visitors, group activities can be facilitated right in the service member’s room. Although having children around can be a comfort, children often add another layer of stress to an already tense situation. Music can shift the mood and create a memory to be recorded. The Allies music AIR relates the following experience:

A wounded service member with double (leg) amputations coached his five little daughters with percussion instruments as I played them songs. The mom got out her videophone and taped some of the session and then posed the daughters with me for photos.

Meaningful parental engagement can occur whenever injured service members actively observe and encourage their child’s creative activity. AIRs offer parents written instructions for conducting activities and resource lists for where to obtain supplies. They model ways to facilitate activities (e.g., offering the child choices, demonstrating techniques) and answer parents’ (and often grandparents’ or other family members’) questions. The Allies music AIR recommends the kind of musical instrument or instruction he believes the child might enjoy. These interactions plant the seeds for the children’s ongoing engagement in creative expression once their parents’ hospitalization has ended.

Medical stabilization typically occurs in a facility far from the family’s home. According to a report from the President’s Commission on Care for America’s Returning Wounded Warriors (2007), about 33% of injured active-duty service members and 22% of Guard and Reserve have family members who relocate temporarily to spend time with the injured service member while hospitalized. In interviews with spouses of combat-injured service members, Cozza et al. (2010) found that two-thirds of children lived away from their parents. Thus, although children will likely visit the hospital at some point during their parent’s hospitalization, the majority will be spending considerable time separated from their injured parent.

AIRs can be sensitive to the need for parental engagement in these circumstances, too. They help injured service members create age-appropriate reassuring gifts and other items to send to their children. The Allies improvisational expression AIR describes her experience with an injured service member, the father of a preschooler:

I put together a ‘kit’ for him to use in making a card for his young son, to assure the child of his love and that he was thinking of and missed him. I also ensured that he had developmentally appropriate, beautifully illustrated and written (and therefore artful) ZERO TO THREE books tailored to the needs of young children from military families to read to his son (via Skype, by telephone and/or when they next saw each other in person).

Normalization

When children are uprooted to join parents at the hospital, it can be unsettling, particularly for young children, with resultant disruptions of routines and relationships. A family’s living arrangements, schedules, parenting practices and time together is disrupted. The desire for life to be back to what it used to be is a common theme. The Allies creative writing/poetry AIR comments about a writing session with a teenaged boy:

He was tired from finals week at school but once engaged was eager to talk about his hopes for a family Christmas at Quantico where a family friend lives, and for a real tree, not the small artificial one in the Family Room. He said they would find out soon if his father would be able
to be moved for the celebration. I was very touched by his wish for a real tree. He never talked about tangible things he wanted, only his hope to be in a home with a tree and together with his whole family.

Creative arts engagement activities can offer something familiar to children, and provide families with the opportunity to do something together, the way other families do and perhaps the way their family did before the injury. For example, families can decorate the room for a special holiday or event. Even though the injured service member might not be able to actively participate in the activity, he or she can still be a part of it as an observer. When a service member’s teenaged daughter suggested moving her painting activity to the Family Room to allow her father to rest, her father said:

Please stay here. I love to watch you do your art.

**Empowerment**

Teenagers often are called upon and eager to assist in their injured parent’s care. Younger children sometimes want to be able to contribute to their parent’s recovery, too, but in the complexity of a hospital setting, they may see little opportunity. The arts can empower children to take on a developmentally appropriate role in this regard. For example, an Allies AIR might conduct a visual arts activity in the Family Room and then encourage the child to demonstrate the process to the injured parent or other family members. Children can decorate the patient room with items they make (e.g., prayer flags, wind chimes, nature mobiles, miniature healing gardens) to create a healing environment (see Figure 3).

Engaging in such meaningful activities involving the hands may result in direct benefits for the child. Meaningful hand use is defined as activity that is both something the person enjoys and something that is purposeful or linked to someone the person cares about (Barron & Barron, 2012). Lambert (2008) tells us that when individuals do meaningful work with their hands, a neurochemical feedback floods the brain with the feel-good chemicals dopamine and serotonin.

![Figure 3. Healing garden with newly planted seeds.](image-url)
Children who make talking sticks (illustrated in Figure 2) can also demonstrate their use in a family setting. Family storytelling contributes to the development of a strong sense of intergenerational self (Fivush, Bohanek, & Duke, 2008). The strength and guidance that seem to derive from this intergenerational self are associated with children’s increased resilience, better adjustment and improved likelihood of overcoming challenges.

Conclusion
An injured parent is a challenge for even the most resilient military family. A parent’s combat injury can profoundly affect the life of a son or daughter, particularly when it leads to long-term or permanent changes in the injured service member, or deterioration in his or her functioning. Research indicates that families with high pre-injury deployment-related family distress and high family disruption post-injury were more likely to report high child distress post-injury (Cozza et al., 2010). Artists in residence with appropriate training have an opportunity to join members of military treatment facilities’ teams in the post-injury phase to help children prepare for hospital visits, re-engage with the injured parent, effectively communicate their needs and continue to find joy in art as they begin their journey from the hospital to new lives and new communities.

Note
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References


