Children's Art as a Helpful Index of Anxiety and Self-Esteem with Plastic Surgery

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Children often cannot adequately express their feelings about physical issues that may be affecting them emotionally. Nonverbal communication with art has been a time-tested tool in understanding and interpreting the feelings of children under stress. For 27 years, the author has used art as a helpful index of anxiety and self-esteem in children undergoing plastic surgery for congenital, traumatic, and aesthetic problems. A child psychiatrist and an art therapist evaluated 200 drawings. The evaluations corroborated the need to "listen" to our patients no matter what their size. (*Plast. Reconstr. Surg.* 109: 1777, 2002.)

Sir William Osler said "Listen to your patient, he is trying to tell you what's wrong!"[1] Too often, children are unable to express themselves and adults too unwilling to listen. This failure to communicate can build up barriers that negatively affect self-esteem.

Art is a well-known tool in attempting to have children open up their inner feelings.[2] For over 25 years, I have blended the words of Osler and the ability of art to unlock hidden feelings in children and adolescents.

Patients and Methods

Since 1973, I have encouraged my pediatric patients (aged 4 to 13 years) to provide me with colored drawings before and after their plastic surgical operations (Figs. 1 through 12). Independent art therapists and child psychiatrists analyzed 200 expressions of art in children with congenital, aesthetic, and traumatic deformities.

Results

The drawings could be placed into distinct patterns. Before surgery, the children used exaggerated body parts, faces with tears, dark imagery often with clouds and rain, and visual or written expressions of fear regarding their anxiety and sadness. After the surgery, the drawings were colorful, with frequent use of the sun, and the body parts were normalized. Many of the drawings actually had a subtitle that read, "I am free." Boys tended to use the exaggerated body part image more than girls. Girls tended to draw themselves as sad and isolated.

The evaluations by child psychiatrists and art therapists found clear indications of low self-esteem, isolation, unhappiness, and fear in the presurgical drawings. The postsurgical art was clear in revealing improved self-esteem, happiness, and increased socialization.

Discussion

Plastic surgery is quality-of-life surgery. Intervention is sometimes obvious to all—a cleft lip, microtia, or a burn contracture. Other times it may be clear to the plastic surgeon but not to the pediatrician or even the parents—prominent ears, nasal deformities, or breast asymmetries.

Childhood and adolescence are difficult times, with extraordinary pressures imposed by society to conform to arbitrary standards of external appearance.[3] Studies published in our own literature in 1982, such as "Social and Psychological Considerations in Plastic Surgery,"[4] have documented this.

Although it may be politically correct to say that "beauty is only skin deep" or that it "is in the eye of the beholder," there is evidence to the contrary.[5–7] As early as the nursery and right through the formative years of preschool and elementary school, social attitudes are be-

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FIG. 1. An 11-year-old girl with residual bilateral cleft lip and palate deformity. (*Left*) The child places herself in the rear of the picture and is small, dark, and monochromatic. She views herself as nondescript. The doctor is large, happy, and in the front of the picture representing hope. (*Right*) Same child after surgery to her nose and lip. She is now colorful and large, and the doctor small and nondescript. She has renewed self-esteem and has even greater hope for the future. Her drawing demonstrates her willingness to socialize and her diminishing need for dependence on her surgeon.

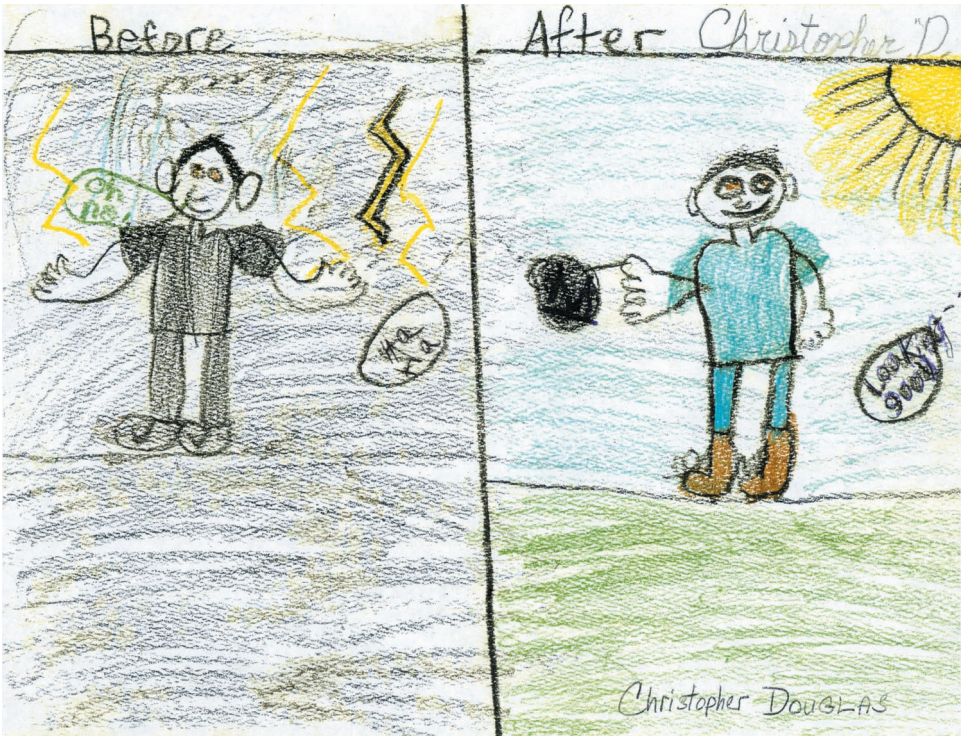

FIG. 2. A 10-year-old boy with prominent ears. (*Left*) Child is in the rear of the picture and is dark. The body part is exaggerated. Clouds and lightning depict his sadness. There is a caption ("Ha Ha") of social isolation. (*Right*) The postsurgical portrait is that of a larger, more colorful child. The sun is out. The body part is normalized. The caption ("looking good") depicts his transition from peer isolation to acceptance.

FIG. 3. A 12-year-old girl with a disproportionately large nose. (*Left*) Sad child with clear evidence of feelings of isolation from her peers. (*Right*) After surgery, her sense of self improves, as she perceives the gain in peer acceptance.

FIG. 4. A 13-year-old boy with prominent ears. (*Left*) Exaggeration of ears, a frown, perceived isolation with peer taunting. ("You're different," "Ear boy," "Do your ears hang low," "Ugly," "Dumbo," and "Ha Ha"). (*Right*) After surgical correction, there is a normalization of ears, a smile, and peer acceptance.

FIG. 5. A 6-year-old boy with prominent ears. (*Left*) The child uses exaggeration of the affected body part and tears and a frown to show the personal magnitude of the problem (he verbalizes unhappiness). (*Right*) After surgical correction, the body part normalizes. The sun is out and the tears are gone and he is smiling (he verbalizes his happiness).

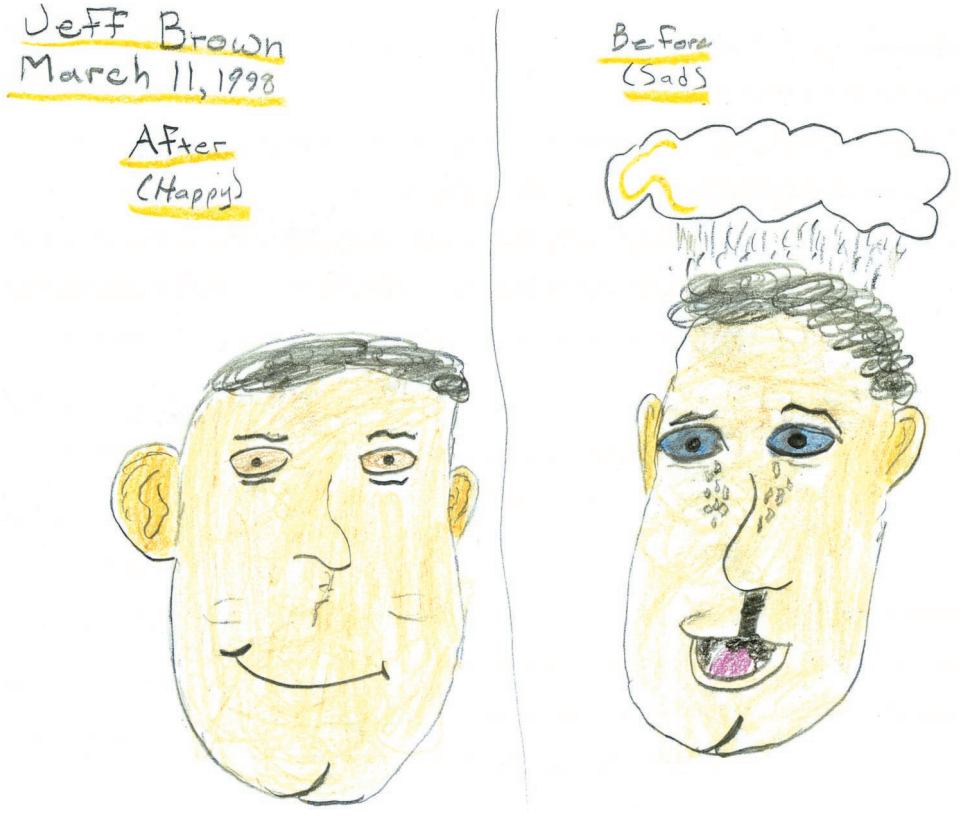

FIG. 6. An 11-year-old boy with residual cleft lip deformity. (*Right*) Exaggerated body part, tears, clouds, and rain depicting unhappiness. (*Left*) Normalized face with a smile after surgery.

FIG. 7. A 5-year-old boy with prominent ears. (*Above*) Dark imagery with exaggerated body parts on a small monochromatic figure. (*Below*) Postoperative drawing has a smiling sun, bright colors, and a figure with normalized body parts.

FIG. 8. A 12-year-old girl with a large congenital hairy nevus to her face. (*Above*) Dark, scary imagery reflecting fear of the unknown. The doctor is perceived as a monster and the patient trapped by her deformity. (*Below*) Bright, cheery imagery with a happy unrestrained patient. The doctor is now a hero who rescued her.

FIG. 9. An 11-year-old girl with a large nevus to her neck. (*Right*) Cognitive dissidence reflected by mixed imagery. There are both sun and clouds. The patient feels trapped by her condition. (*Left*) The doctor is perceived as a wizard who can free her.

ing forged in favor of the more attractive.[8,9] It is imperative that adults understand the social and emotional angst of children and adolescents brought on by physical issues.[10–12]

We as physicians, parents, teachers, and responsible adults should never consider plastic surgery as a panacea for childhood and adolescent social struggles. However, we do need to recognize that there is clear evidence supporting the facts that in certain circumstances plastic surgery can "increase the physical attractiveness and provide concrete social benefits."[13]

Interpretation by Robert Dicker, M.D., and Joan Alpers, M.P.S.

The drawings are significant indicators of marked changes in the self-concept and body image of the children who drew them. Interpretation of any drawing carries along with it an element of subjectivity belonging to both the artist and the interpreter. However, there are enough projective studies[14–16] to draw conclusions that point to the value of nonverbal expression and to the subtle or obvious changes in drawings and their relationship to the emotional and psychological issues of the artist.

From the perspective of a projective evaluator, such as the Karen Machover Draw-A-Person Test,[16] or from a spontaneous picture, there are several indicators that repeatedly appear. These are transformation, encapsulation, exaggeration, and accentuation with words.

Transformation is represented by the elements of clouds and rain expressing the issues of sadness and isolation and is an extension of tears of unhappiness. They appear in Figure 2 and Figures 5 through 8. The postsurgical drawings use colors and elements such as the sun as a transformation to happiness.

Encapsulation refers to the need to draw specific boundaries around oneself, setting the person aside or apart from others. It is often an expression of a need for protection or an expression of fear of social isolation. Encapsulation is seen in the presurgical drawings in Figures 3, 4, and 10. Postoperatively, the visuals represent an achievement in blending in with peers.

Exaggeration of body parts is a very common form of expression designed to call particular attention to an important issue. It is seen in Figures 1 through 7 and Figure 12.

Accentuation of a drawing with words sug-

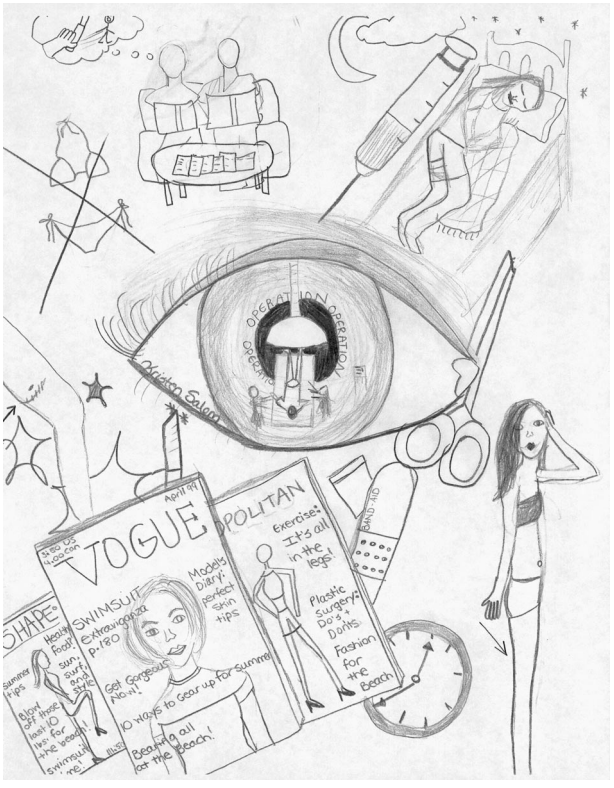

FIG. 10. A 14-year-old girl with a depressed scar deformity to her leg. A complete story in picture form regarding her perceived isolation from her deformity. There is a visual transition from social rejection (crossed-out bathing suit, *above*) to social acceptance (bathing suits and teen magazines, *below*). This picture centers on the surgeon and the operation to correct her problem.

gests that the artist may not trust that the picture alone will convey the message and be completely understood. Figures 2 through 6 and 9 through 11 display this accentuation.

The drawings presented for evaluation revealed some of the crucial elements in nonverbal communication. They bring to our attention the need for careful nurturing of our children and the importance of "listening" to them regarding certain physical issues that may be provoking severe anxiety and social isolation.

CONCLUSIONS

I have used art as a vehicle to help children and adolescents express their feelings regarding their perceived physical flaws. This has bridged the communication gap between doctor and patient and between parent and child and helped to provide realistic treatment plans with positive benefits.

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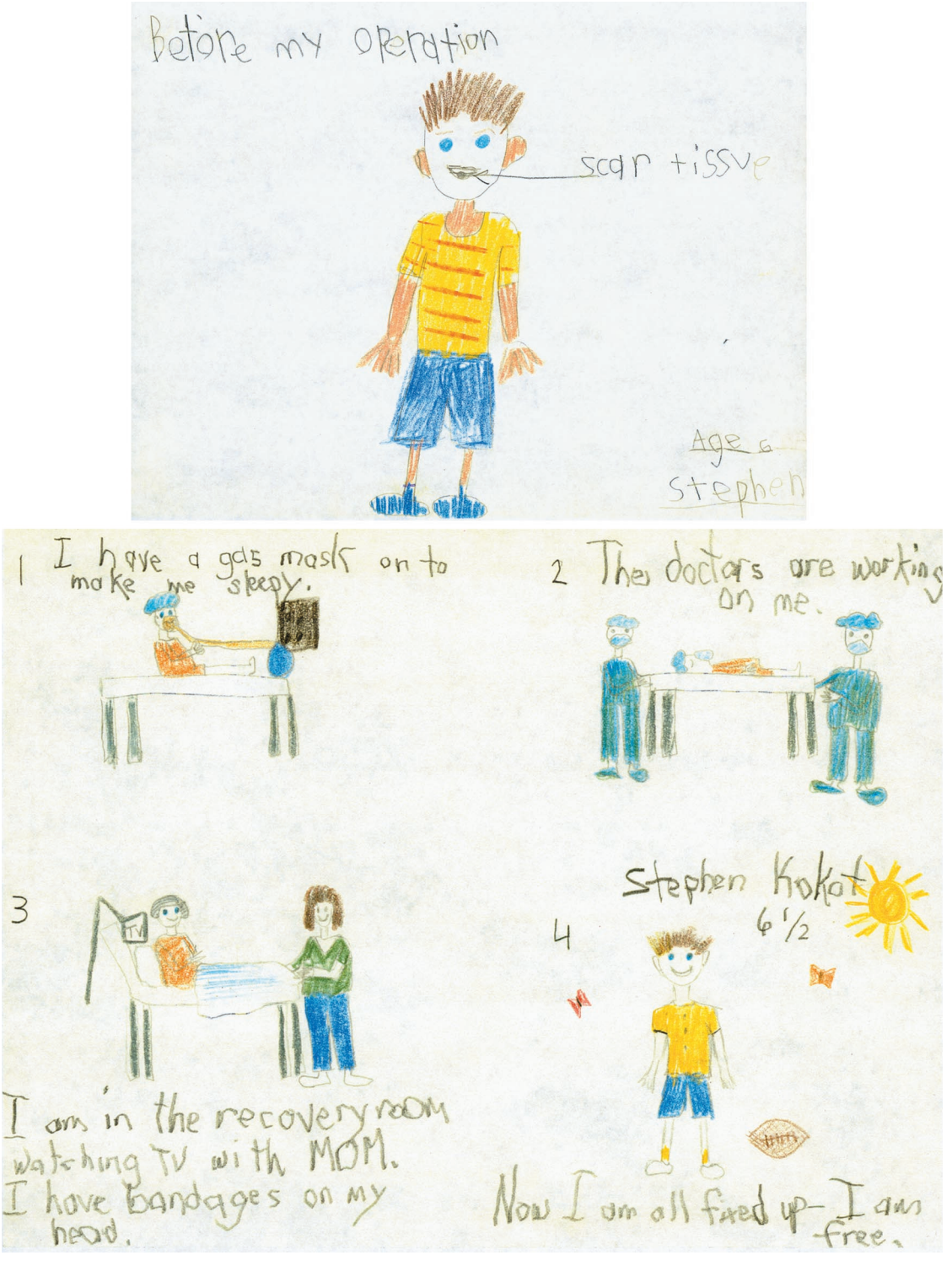

FIG. 11. A 6-year-old boy with a deformity of the lower lip. (*Above*) Before surgery, child visually demonstrates what bothers him. (*Below*) Description of the procedure ending with a happy person stating, "I am free."

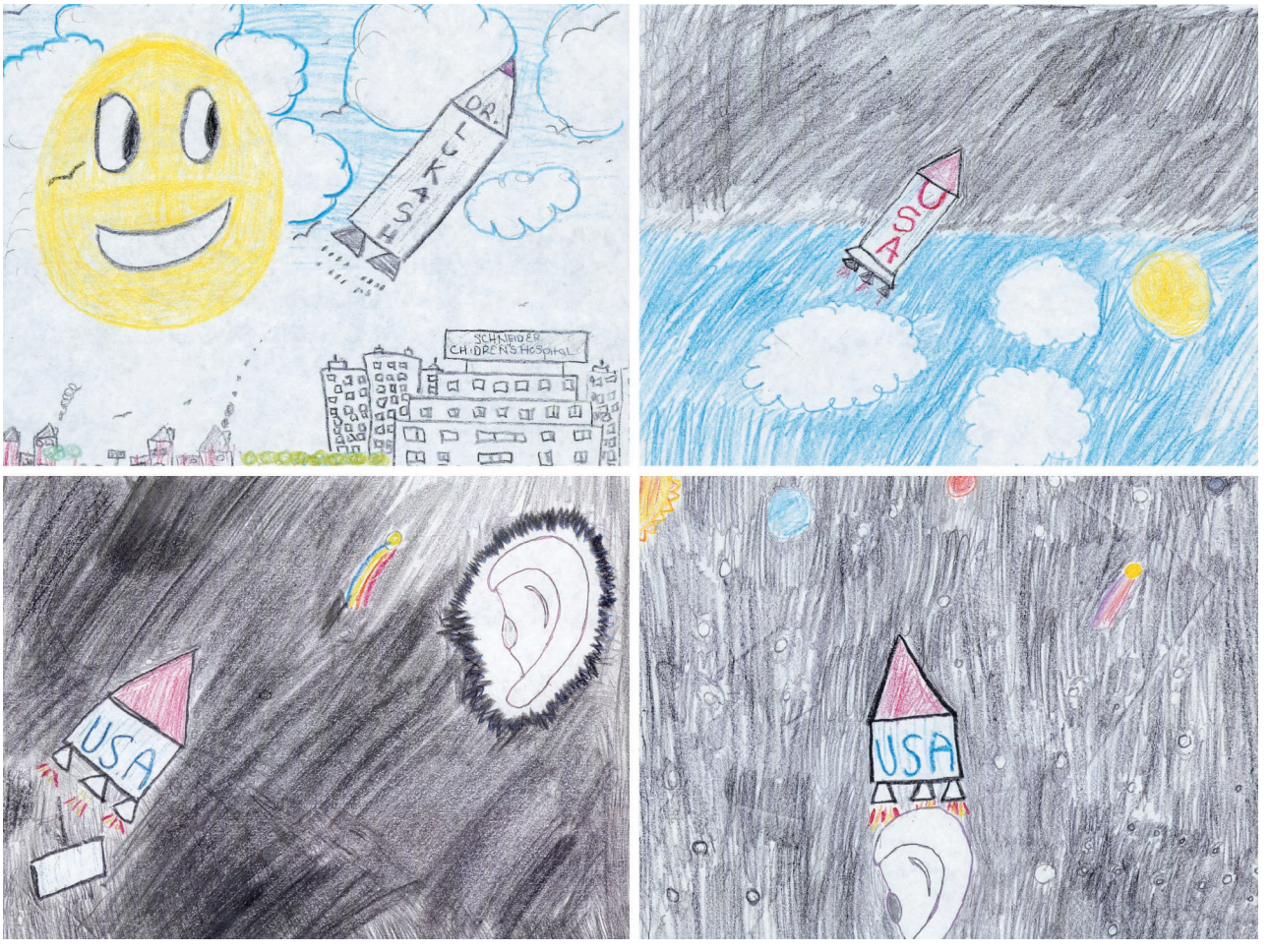

FIG. 12. A 9-year-old boy with bilateral microtias undergoing a staged reconstruction. (*Above*, *left*) The colorful picture represents the start of the journey with all the familiar surroundings. (*Above*, *right*) As the surgical stages progress, the picture changes to dark imagery, reflecting fear of the unknown. (*Below*, *left*) With further progress, the patient can see the goal in sight as represented by the exaggerated body part and the light surrounding the dark. (*Below*, *right*) The final picture shows the relief of completing the reconstruction. The picture is dark because the patient is aware that he needs to go through the operations again for reconstruction of the other ear.

Discussion

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by Frederick N. Lukash, M.D.

Discussion by Robert Coles, M.D.

While I was reading this clearly written, telling, and at times quite moving medical essay, an account of almost three decades of a surgeon's commitment to the inner life of children (even as he has attended their "outer life," that is, the presentation their face makes to the seeing and then responding world of friends, schoolmates, and grownups), I kept remembering conversations I was privileged to have with the child psychoanalyst and biographer Erik H. Erikson. He had started out life aiming to be an artist and had met with considerable success, even attaining the honor of a public exhibition, in which his drawings shared space with those of Max Beckmann. Erikson also taught children (history, geography, science), and so doing, encouraged them to draw and paint pictures, even as he was learning to become a psychoanalyst under the watchful and appreciative guidance of Anna Freud and her distinguished neuropsychiatrist father, who then (1930) was well on his way to entering intellectual and medical history. Later, in America, teaching college students at Harvard and hearing attentively about the work that some of us trained in pediatrics and child psychiatry were doing in Boston hospitals and elsewhere (1960), he was often quick to emphasize the way the mind responds to social customs and family matters—and further, "the accidents of life that come to all of us." In that last regard, he once became quite specific and addressed the thinking and feeling life of boys and girls with whom he had worked psychoanalytically: "Life is not fair, we all know—and some children discover that to be true for themselves. Their eyes or ears do not work as well as they should, or they have what's called by adults (and eventually by children) a 'deformity.' They look different, and end up feeling different. I so remember a boy of ten telling me once that he wished he did not have a mole on his face—it 'controlled' him, he said. I was concerned, obviously (worried), and I right away asked what he meant by 'controlled'—the facial mole 'controlling' him. He gave me an answer I'll long remember: 'Oh, I'm all the time seeing people notice that mole. I haven't figured out how to get them to pay attention to something else—so I'll try to talk, or I'll point my finger, so they stop staring at the mole and me, and react to *me*, to what *I* said, or told them to see that's nearby.'"

Professor Erikson in his own inimitable way (he was a careful observer who spoke lyrically) called on his young patient as a teacher and used that boy's words to give doctors a memorable insight: "There it was, a child's vivid way of putting things: 'the mole and me.' A young patient had learned to tell his doctors that a kind of facial disfiguration was a constant psychological presence in his day-to-day (minute-to-minute) life." Surely, Dr. Fredrick Lukash well understands what some of us gathered back then from Erik Erikson, and he conveys it to us with knowing sensitivity and thoughtfulness—a surgeon who has learned not only how to address the appearance of children but to attend closely to their inner spells of anxiety, fear, self-doubt, and even despair (the mind's way of expressing to itself, and others, a felt sense of loss, vulnerability, and difference). As

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we learn in this essay, and as some of us learn in our hospital work and in our clinical practice, children are eager to affirm out loud what occurs to them but sometimes, for various reasons, are inclined to be silent with respect to sharing their thoughts through spoken words, yet they can be quite explicit with crayons or pencils or paint brushes, their drawings and paintings a vehicle for self-expression. Great artists (one thinks, naturally, of Rembrandt, Van Gogh, and Gauguin) have told us so much not only of what they saw happening, but also of what they felt about such events. The artist is an observer with a personal message to offer, and so too are children, as Dr. Lukash through drawings and comments helps us to appreciate and understand, a surgeon's sensitive and stirring nod to art as a means of human communication.

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