The use of art in couples and family therapy

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Survol de quelques techniques utilisées en art thérapie avec des couples ou des familles; techniques illustrées par des exemples. Avantages et limites de l'utilisation de l'art en thérapie.

Overview of some techniques used in art therapy; examples provided. Advantages and limitations of the use of art in therapy.

The aim of this paper is to present an overview of the use of art in couples and family therapy, based on a review of family art therapy literature. The paper will first outline the history of art therapy as a therapeutic modality and the history of its use with couples and families. It will then provide an overview of art therapy assessment tools and intervention strategies designed for work with couples and families. Following this, it will describe the specific enhancements that an integration of art therapy may provide those working within a structural, narrative, and attachment framework. The paper will conclude with a summary of the benefits and limitations of this treatment modality and directions for further research. Case examples drawn from the first author's clinical practice with individuals, couples, and families will be provided throughout the text in an effort to illustrate the material presented. All of these examples are situated within the context of the author's private practice with a high-functioning clientele and are based on her graduate training as an Art Therapist and post-graduate training as a Marriage and Family Therapist.

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History of art therapy

Art therapy is an interdisciplinary approach integrating the fields of visual arts and psychotherapy. Art therapy began its formalization as a discipline in the 1930s. In the United States, the first pioneer to bring form and attention to the field was Margaret Naumberg (Vick, 2011). Having been analyzed by both a Jungian and a Freudian analyst, her therapeutic work was deeply informed by the psychodynamic framework, using visual rather than verbal language as a gateway into the unconscious world of her clients (Vick, 2011; Rubin, 2001). Edith Kramer, another prominent name in the early pioneering days, offered a new conceptual paradigm to the field: art as therapy. Also informed by the psychoanalytic field, she chose to focus on the defence of sublimation and the healing benefits of the art process (Vick, 2011). Since these earlier times, art therapists have adopted different psychotherapy models to guide their work, including psychodynamic, humanistic, systemic, and cognitive models (Rubin, 2001). From these varied conceptual bases, art therapists have developed different balances in their work of image analysis, process analysis, and experiential process. Art therapists can be found in settings such as hospitals and outpatient facilities, geriatric facilities, residential

treatment centres, youth centres, shelters, correctional facilities, rehabilitation centres, schools, and community centres across North America.

There is a rich body of qualitative research based primarily on descriptive case studies, which illustrate the efficacy of art therapy when working with individuals, couples, and families (Metzl, 2008). There is also a growing body of quantitative art therapy outcome research (Slayton, D'Archer & Kaplan, 2010). Most of this research has been conducted with individuals and has targeted specific problems such as autism spectrum disorders (Epp, 2008), developmental disabilities (Got & Cheng, 2008), cancer (Bar-Sela, Atid, Danos, Gabay & Epelbaum, 2007), asthma (Beebe, Gelfand & Bender, 2010), Parkinson's disease (Elkis-Abuhoff, Goldblatt, Gaydos & Corrato, 2008), HIV/ AIDS (Rao, Nainis, Williams, Langner, Eisin & Paice, 2009), post-traumatic stress disorder (Gantt & Tinnin, 2007), depression (Bell & Robbins, 2008), and sexual abuse (Pretorius & Pfeifer, 2010). Research on art therapy with families is typically qualitative and dates from the 1970s with Kwiatkowska's (1978) systemic use of art therapy in an in-patient psychiatric setting. The first author has evolved her art therapy practice with families based on this initial work and subsequent practitioners in art therapy (Riley, 1994; Riley & Malchiodi, 2003).

Art-based assessments

A number of art-based assessments have been developed by art therapists working with couples and families. These have been designed to obtain information about individual and family characteristics, encourage the sharing of family members' perceptions of one another, and observe the family working together in the here and now. More recently, assessment tools have also been developed to measure attachment security (Kaiser & Deaver, 2009; Snir & Wiseman, 2010).

The first art-based assessment created specifically for work with families was Kwiatkowska's (1978) family art evaluation, developed within the context of a psychiatric hospital. Rubin (1978) developed a similar art evaluation around the same time within an outpatient setting. Both assessments include free drawings, a family portrait, and a joint family art task. For Rubin (1978), meaning is arrived at through a consideration of both the artwork and the associations made to it by family members. Likewise, Kwiatkowska (1978) cautions that interpretations at this point in the assessment process are likely to be premature.

The family portrait requires each family member to draw a picture of their family including themselves. This provides family members with an opportunity to express how they see their family and to share their perceptions about one another, their roles, and their relationships. Rubin (1978) advises clinicians to take note of the sequence of figures drawn, their relative size and position, and any omissions or elaborations in the drawing, especially of family members. However, she cautions that meanings related to these graphic elements have never been experimentally validated and should be approached by the therapist as hypotheses to be confirmed or rejected by further information given by the family. The following examples serve to demonstrate the use of the family portrait. An adolescent girl from a divorced family presented for individual consultation because of significant relational stressors between her and her mother. When asked to draw her family, she drew all of her family members in a row. Upon questioning about the placement of the figures, it was discovered that she did not draw her parents and four siblings according to birth order but in an unconscious and unintentional reflection of alliances within the family system. Another example is that of a married couple who presented for family consultation to address their children's sibling rivalry. When asked to draw the family, the wife drew herself and her husband on either side of the two children in a conscious attempt to show that her children are at the centre of the family and are protected by the two adults. On further exploration, this woman noted that her children often get in between her and her husband, leaving them little time to focus on their own relationship.

The interactive art task or joint family drawing requires that family members collaborate to create a single artwork. This elicits information about how family members problem solve and

work together, providing the therapist with an opportunity to directly observe the family's non-verbal behaviours, interactional patterns, and boundaries between family members as they work together on the same sheet of paper. These tasks may also be used with couples, revealing patterns of dominance, decision-making, cooperation, sabotage, levels of task involvement, and levels of interpersonal involvement (Wadeson, 1980). To provide an example of the use of interactive art tasks, the reader is asked to recall the family mentioned previously who consulted because of the children's sibling rivalry. This family was asked to create a family mural on a single large sheet of paper. This permitted the first author to observe the two children competing to draw next to the mother and elaborate on her images while the father drew unrelated images in a separate corner of the paper, a moment which illustrated the mother's enmeshment with the children and the father's disengagement from the family.

Art therapy interventions

Through the metaphors found in the family's art products, the therapist learns how each family member views the world and uses this information to join with the family (Riley, 1994). The content of the art products may or may not be consistent with the family's behaviour as observed by the therapist, who can point this out to the family and invite their reactions (Rubin, 1978). The family's help in analyzing and interpreting the pictures is actively solicited by the therapist, who adopts a curious and collaborative stance (Riley, 1994; Rubin, 1978).

Art tasks with families may be directive or non-directive. Some simple, open-ended art directives include asking each family member to illustrate through drawing or collage how their week went (Riley, 1994), or to illustrate their feelings from the week (Riley & Malchiodi, 2003). Once the art task is completed, the therapist can either ask the family to discuss the pictures they made or suggest that each family member take another's drawing and find meaning in it, a process which serves to highlight the family's perceptions, misperceptions, and projections onto one another. A dialogue around the effects of misinterpretation in the family is opened as family members discover that the meaning they find in each other's pictures may have little to do with the intended message (Riley, 1994). To illustrate, a recently immigrated family of four presented for consultation to address relational difficulties between the mother and the eldest son, age ten. During a session composed of only mother and son, the first author asked each to make a drawing to represent their relationship. They were then asked to interpret the other's drawing, which led to the mother's painful discovery that her son perceived himself as the family problem, the "black cloud" that hung over the three flowers in his mother's drawing. This permitted the mother to address her son's perception and begin to take steps to repair his self-concept. This intervention may be extended to an examination of the incongruence between the intentions underlying family members' behaviours and the ways these behaviours are interpreted by others. This is also an effective intervention when used with couples, who often operate under the misconception that they know what the other is thinking and feeling (Riley, 2003).

In order to examine family roles and to help reframe the identified patient's dysfunctional behaviour as an attempt to preserve the status quo of his or her family system, the following directive, developed by Riley and Machiodi (2003), can be given within the context of individual or family therapy. The individual is asked to make a family drawing and then provided scissors and told to cut him or herself out of the family. The individual is asked to consider how the remaining family members will relate to one another once he or she is out of the picture. The individual is also asked to consider what they can do now that they are liberated from the family frame (Riley & Malchiodi, 2003). The following example illustrates the use of this intervention. An adult woman presented for individual consultation to address chronic interpersonal and emotional regulation difficulties. The woman reported having been psychologically abused in her family of origin and then cut off by them with no explanation many years ago. She remained preoccupied with wanting to regain contact with her family and harboured feelings of worthlessness that she had internalized as a

result of being treated as the "all bad" child by her mother. When asked to draw her family, she drew her mother as a shark with mouth open, exposing sharp teeth, and herself as a scared, wide-eyed fish in her mother's path. She drew her sister, who had been idealized as "all good" by her mother, as a smiling fish resting on top of the shark's body, indicating the fusion between the two. She depicted her father hiding behind some seaweed to demonstrate his passivity and lack of ability to protect her. When asked to remove herself from the family picture, it became clear that her father would be exposed to her mother's rage should she be gone and we were able speculate whether she had been given the role of scapegoat to preserve the family's homeostasis rather than because of some inherent badness within her.

Another useful tool with which to examine family of origin issues with an individual, couple, or family is the genogram, a diagram used by clinicians to "record information about family members and their relationships over at least three generations" (McGoldrick, Gerson & Petry, 2008, p. 2). The genogram is a graphic framework for mapping and understanding family patterns, which can be elaborated through the use of colour and images (Riley & Malchiodi, 2003). When working with couples, each partner's genogram can be placed next to the other, providing an opportunity to compare and contrast the two and to form hypotheses about the influence of intergenerational patterns that may be affecting the couple.

An intervention that targets the pursue-withdraw dynamic (Johnson, 2004) of intimacy and attachment within the couple requires each partner to make a self-shape out of plasticine and to place these shapes on a designated surface that represents their relationship (Riley, 2003). Each partner is instructed to place their self-shape at a distance from the other that feels comfortable. They are then instructed to move their self-shape closer and further apart, noting and exploring any feelings of discomfort that arise as the figurines move around the tray. The couple is asked to give their self-shape a voice and to engage in a dialogue about their levels of comfort and discomfort in relation to their degrees of closeness to one another. The theme of intimacy and individuality and the extent to which these are negotiated successfully between the partners is also reflected in the joint drawing task, in which the two partners draw together on a shared page (Snir & Wiseman, 2010). The wish to draw closer or to keep a distance is reflected both during the task and in the ensuing discussion around the process and the product. To illustrate, a young couple presented for consultation to address unremitting cycles of conflict and distance in their relationship. After several weeks of working with this couple, it was noted that the woman had a tendency to engage in lengthy monologues during which the man would disconnect and look away. The introduction of plasticine with the directive to "make a map of your relationship" shifted them out of this rigid dynamic and invited them both to be present with one another while providing them with a meta-perspective of their interactional pattern. The couple's pursue-withdraw pattern was highlighted in the man's repeated efforts to relate his plasticine figures to those of his partner and her attempts to push him away and stake her own territory, resulting in the man's eventual withdrawal into his own activity. This mirrored their real life dynamic and could be related to the man's feelings of being shut out and rejected by his partner's monologues.

Art interventions within structural family therapy

Structural family therapy is concerned with the concepts of family structure, subsystems, and boundaries (Minuchin, Baker, Rosman, Liebman, Milman & Todd, 1975). Clear boundaries are considered to be optimal as they enable interaction between subsystems while maintaining their autonomy. The ultimate goal of this model is structural change, achieved by making boundaries firmer or more flexible and realigning subsystems. A general goal for most families is the creation of an effective hierarchical structure. Differentiation of individuals and subsystems is a goal for enmeshed families whereas increased interaction and support is a goal for disengaged families. The role of the therapist is that of an active leader, directing and guiding the family to interact in ways that support the desired structural changes.

Most of the intervention techniques used in structural family therapy are concrete and

action-oriented, designed to observe and modify the here-and-now interactions of family members as they unfold during the session (Nichols, 1984). For this reason, several art therapists have asserted that art tasks are well suited to use within a structural family therapy framework. Engaging the family in an art task such as a family mural provides an immediate opportunity for the therapist to observe the family in action, form a hypothesis about its structure, and think of interventions that will modify the family's interactions. Therapists can then direct the family to work on art tasks in specific subgroups (Belnick, 1993), for example asking the parents to take a vacation together on one page while the children take a vacation on another (Riley, 1994). The parental subsystem can be further differentiated and strengthened by having parents lead an art task or assume other special responsibilities (Belnick, 1993). In addition to using the art-making process as a source of information about family structure and an opportunity for intervention, the art product can be looked at as a map of the family's structure and an ongoing assessment tool.

Art interventions within narrative family therapy

Narrative family therapy is based on the premise that people structure their experiences across time in the form of narratives, which determine the meaning they give to their experiences and shape the ways in which they interact with one another (White & Epston, 1990). The structuring of experience into a coherent and meaningful narrative requires that certain experiences be left out. Narrative family therapy proposes that therapeutic change occurs as people begin to identify unique outcomes, experiences that contradict the dominant narratives that they or others have about them. Through the location, ascription of meaning to, and performance of unique outcomes, people begin the process of re-authoring their lives, thereby reclaiming a sense of ownership, agency, responsibility, and freedom from oppressive attitudes and life scripts (White & Epston, 1990).

Narrative therapists and art therapists share a common belief in creativity as a powerful resource that, once tapped, enables individuals and families to overcome their difficulties. Both treatment models aim to empower people by discovering and expressing hidden aspects of themselves (Carlson, 1997). The two approaches also advocate a collaborative, curious, non-expert stance on the part of the therapist (Carlson, 1997; Riley, 1994). Families often present with a problem-saturated narrative of family life, in which they feel overwhelmed and defeated. The art therapist can take this opportunity to challenge the family's view of themselves as dysfunctional by reframing them as strong and courageous for engaging in art tasks that are unfamiliar to them (Riley, 1994).

There are a number of art directives that, within the context of individual, couple, and family therapy, can assist clients in engaging with the primary narrative therapy tasks (Carlson, 1997; Riley, 1994). The simple request to "draw the problem" is an act of externalization, whereby the problem is separated from the person or family and related to as an entity in its own right. Once the problem has been separated in this way, the individual or family can visually or verbally consider the influence of the problem on them and their influence on the problem. This is illustrated in the following two examples. A young woman presented for individual consultation to address symptoms of depression and low self-esteem. She said she saw a monster every time she looked in the mirror and was asked to draw the monster she saw. As she looked at the image she made, she began to cry, realizing how terrible her self-concept made her feel. Another young woman with a chronic neuromuscular illness presented for individual consultation to address the intense feelings of anger she experienced in relation to her condition. She was asked to draw her illness in an intervention designed to interrupt the process of identification with the problem that had led her to perceive herself as a "sick cripple." As therapist and clients continue having externalizing conversations over the course of therapy, new drawings are made to illustrate the changing relationship between the problem and the person or family. By sharing the drawings with one another and by reviewing the drawings from beginning to end as a group, family members are given the opportunity to perform and rehearse new stories before an audience, the final task of narrative therapy (Carlson, 1997).

Attachment-based dyadic art therapy

Attachment theory affirms the importance throughout the lifespan of close and secure bonds based on emotional availability and responsiveness (Johnson, 2003). It claims that the infant's first attachment to a primary caregiver may develop as secure or insecure and this attachment style will powerfully influence their lifelong capacity for self-regulation and the cultivation of future emotional bonds. Attachment security develops through the infant's experience of emotional and physical access to the caregiver (Cohen, Muir & Lojkasek, 2003). It requires an initial highly attuned parental response, which only gradually adapts less and less to the infant's needs and gestures in accordance with the infant's growing ability to deal with frustration (Winnicott, 2002/1971). Since caregivers may not be able to give their infants what they themselves did not receive, patterns of attachment insecurity are transmitted intergenerationally. A growing number of family therapists are focusing their interventions on strengthening the attachment bonds within the parent-child dyad to address and prevent a wide range of developmental and behavioural problems in infants and children (Cohen et al, 2003; Parashak, 2008; Proulx, 2003).

Observing parent-child interactions in the context of a shared task provides important assessment information including verbal and nonverbal communication skills, parent-child negotiation capacities, emotional relatedness, and attachment style (Gil, 1994). It can promote healthy attachments between parents and children as the non-verbal, action-based dimension of art activities provides them a means of shared communication and, when working with older children, evoke early relational states before words are dominant (Malchiodi, 2003). To illustrate, a married couple and their ten-year old daughter presented for consultation to address the child's explosive behaviour at home. The first author suggested that the family engage with one another in an art task of their choice. The daughter chose to use Play-doh and the three family members sat on the ground and made trees. During the ten-minute period allotted for the task, the first author observed that the father demonstrated attentiveness to his daughter through eye contact, body posture, and supportive comments. The mother, on the other hand, made several comments about how her child's work could be improved and redid a portion of her child's work to make it more realistic without having been asked to. Further information provided by the child in a subsequent session indicated that she turned to her father when emotionally distressed and experienced her mother as intrusive and overpowering. According to Gil (1994), parental failures in making meaningful contact with their children result in numerous parent-child difficulties and may be due to the parents' feelings of inadequacy when playing with their children or their confusion about their children's needs and how to reassure them. Parents may become unresponsive, resentful, avoidant, or, as illustrated in this case, critical and intrusive, and may benefit from therapeutic intervention aimed at developing their capacity and competence in this regard.

The ultimate goal of parent-child dyad art therapy, according to Proulx (2003), is to help the parent acquire the ability to interact with their child in a playful, imaginative, and non-intrusive manner, thereby strengthening the attachment between the two. Art activities serve to assess and to encourage parental attunement to the developmental level of the child. They are designed to incorporate both closeness and separateness in an effort to promote secure attachment. Verbal interpretations are kept to a minimum as the therapist focuses on supporting the parent to sensitively respond to the child's signals. The therapist observes many factors during the art therapy session including the interaction between parent and child, the levels of emotional engagement and communication between them, how the materials are used, the amount of space on the page occupied by each, graphic elements of the pictures such as the amount of colour and movement and whether any family members are included or excluded, how much of the picture becomes the parent's possession and how much the child's, and whether there are any obvious projections by the parent onto the child. The dyadic art therapy session becomes a transitional space for parent and child, in which they learn to play with one

another and through which trust in the relationship is established (Parashak, 2008; Proulx, 2003).

Benefits of using art therapy with couples and families

Art therapists working systemically have identified many benefits to engaging families in art tasks. The first of these is the power of art to elicit the active participation of all family members in treatment, including nonverbal and less articulate family members. It has been noted that young children are often excluded from or ignored during family therapy sessions, despite their being a rich source of information about the family's functioning and underlying concerns (Gil, 1994; Riley, 1994). In addition to eliciting important information of concern to the children, the use of art as a therapeutic tool provides a rare and often novel opportunity for adults and children to communicate with one another on an equal level. This experience serves to destabilize the usual family hierarchy and shift patterns of interacting with one another (Wadeson, 1980). It gives a voice to marginalized and less powerful members, whether they are children or withdrawn, submissive, and avoidant adult family members who may be reluctant to verbally share their opinions and perceptions during family sessions (Riley, 1994; Riley & Malchiodi, 2003; Wadeson, 1980).

Another benefit of the use of art in family therapy is the ability of art tasks to quickly uncover covert family dynamics and make these visible to the therapist and the family so that both can clearly "see" patterns that may have previously been so deeply ingrained as to make them invisible. Family members tend not to be aware that they are exposing their family dynamics through their artwork and are often less defensive than when verbally discussing their problems (Riley, 1994; Riley & Malchiodi, 2003; Rubin, 1978). In addition, by bypassing repetitive and stuck verbal descriptions of the family problem that are often rooted in a linear perspective involving blame, a fresh view into the family system is provided (Riley, 1994; Wadeson, 1980). The family system is revealed through the interplay of three important areas of consideration: the conscious and unconscious symbolic material communicated intentionally and unintentionally in the art products, the here and now interactive art-making process, which includes both verbal and non-verbal behaviour, and the verbal associations made by family members once the art products have been completed (Riley, 1994; Rubin, 1978). The immediacy of the art-making task provides the family with an opportunity to look at their way of relating to one another in the here and now (Wadeson, 1980), while the art products permit the family to observe themselves and their situation from a once-removed vantage point and take a reflective stance (Riley, 1994). This once-removed position combined with the emergence of unintended and unanticipated material in the art products creates the possibility for family members to challenge their assumptions and gain new perspectives of each other and of the family problem (Riley, 1994; Wadeson, 1980). It also provides the distance required for the family to solve problems creatively (Belnick, 1993; Riley & Malchiodi, 2003).

Another advantage of the use of art in family therapy is the primacy of the image as a communication tool. Images are systemic – they have an inherent capacity to synthesize and express multiple aspects of a subject or theme in a way that words do not (Riley & Malchiodi, 2003; Wadeson, 1980). Hence the expression "a picture speaks a thousand words". Furthermore, an image is concrete and tangible and can be referenced by the therapist and the family over the course of treatment, acting as a rich source for continued exploration and a "permanent record of change" documenting the family's progress (Wadeson, 1980, p. 284). In addition to these benefits is the capacity of art making to enhance relationships by providing the family with a sense of accomplishment and shared pleasure (Wadeson, 1980). It allows the therapist to observe and encourage the family's ability to play together, thereby strengthening attachment bonds.

Limitations and cautions

In addition to the many benefits that the use of art therapy with couples and families can bring, there are also important limitations to this approach that need to be mentioned. It is the authors' belief that some art therapy techniques can be successfully integrated into the

day-to-day practice of a Social Worker or a Marriage and Family Therapist, just as many other models and techniques can be. However, knowledge of art materials, comfort with the personal process of art making, and psychotherapeutic skills are essential in order to apply these techniques. As the intervention techniques are experiential, the clinician may encounter resistance on the part of certain clients who may not be comfortable with expressing themselves through art, fear being judged for their poor art skills, or fail to see the value in engaging in this type of "alternative" approach. The clinician needs to anticipate this possibility and be prepared to respect or work with any type of resistance that may emerge. In addition, just as art therapy may not be appropriate for every couple or family, it may not be appropriate for every situation. The clinician must use his experience and judgment in this respect. The authors wish to stress that graduate level training in the distinct field of art therapy is required in order to exploit the full richness of this approach. Art Therapy training requires a background in psychology and visual arts and integrates knowledge of art materials, creative process, psychological theory, and psychotherapy technique. There are a number of graduate-level art therapy programs currently offered in the United States. There are also two such training programs in the province of Quebec, one at Concordia University and another at Université du Québec en Abitibi-Témiscamingue (UQAT).

Conclusion

This paper has provided a comprehensive overview of the potential benefits and limitations of integrating art therapy assessment and intervention strategies when working with couples and families. It has surveyed the existing relevant literature and provided supporting case examples from the first author's clinical work. In addition to summarizing the general benefits of using art therapy with couples and families within the context of assessment or as a primary treatment modality, specific examples of the use of art interventions within three different systemic treatment models have been presented. The longstanding presence of art therapists in child protection agencies such as Batshaw and in hospitals such as Ste. Justine and the Montreal Children's Hospital is a testament to the relevance of the practice of art therapy to the social services. These art therapists play an important role working with children who have been abused or who have been diagnosed with cancer or an eating disorder. Art therapy could help facilitate multi-generational interventions, given that art for many adds a degree of accessibility and can enable a collaborative process between people of different developmental stages and mental capacities. The authors hope to see further development of art therapy in these areas as well as others that serve families with children. In addition, further investigation of the use of art therapy assessment and intervention strategies with couples and parent-child dyads within the growing field of attachment research would be an important contribution. It is the authors' sincere hope that they have interested the reader in further exploring this topic in order to enrich their practice with clients who present with relationship issues.

Descripteurs :

Art-thérapie // Arts - Emploi en thérapie // Thérapie familiale // Thérapie conjugale

Art therapy // Arts - Therapeutic use // Family therapy // Marital therapy

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