Narrating the Silence, a Reflexive Case Study: Art Therapy with a

Latency Aged Girl with Selective Mutism

Heather McˢLaughlin

A Research Paper

in

The Department

of

Art Education and the Creative Arts Therapies

Presented in partial Fulfillment of the Requirements
for the Degree of Master of Arts
Concordia University
Montréal, Québec, Canada

April 2004

Canadä

ACKNOWLEDGEMENTS

Table of Contents

Table of Figures

CHAPTER 1: Introduction

Introduction

This paper is an examination of my therapeutic relationship with Laura, a latency-aged girl diagnosed with selective mutism. Laura and I met on a weekly basis in individual art therapy over a seven month period. My desire to explore this particular relationship in depth was motivated by two factors. Firstly, from an art therapy perspective, I found this to be a particularly interesting relationship. While selective mutism is not frequently discussed in the art therapy literature (likely due to its relative rareness), this appears to be a very appropriate treatment approach. Art was Laura's primary form of communication in therapy, alongside play and nonverbal cues, as she remained completely mute in all of our sessions together. Secondly, this client's experience resonated with some of the themes around communication, voice, and silence that I had been contemplating in both my practice and my external life. This relationship helped broaden and challenge my understanding of these issues. I believe that research of the application of art therapy with non verbal clients is very relevant to the field. It enables us to see the special forms of communication that art entitles in a therapeutic exchange.

Using the case study form, I hope to convey two main themes that stemmed from my initial motivations to write about this client. First, and most importantly, I propose that art therapy offers an effective mode of intervention for the selectively mute client. Through imagery and enactment, an expansive range of expression is possible. Laura's

mutism heightened the art to an essential communication device, for it became the dominant mode through which to express her narratives and emotions.

However, as this relationship is to be shared with an audience, words once again take center stage, and this raises some considerations, especially for the therapist who puts the voice to a nonverbal client's experiences. Here, the second theme emerges, that of voice and its absence or withdrawal. I acknowledge that it is through my voice that I convey the relationship, describe the art (although I also include images), and speculate on Laura's experience. The visual communication form that Laura used in the therapy is translated into a verbal language, and inevitably editorial choices are made, nuances and different perspectives are omitted. Within the therapy, it was also often my words used in our communication, as I asked a multitude of "yes or no" questions to which Laura would nod or shake her head. I suggest that it is important for both the therapist and for the researcher/writer who describes the encounter to be aware of these issues within the therapy sessions. To this end, in this case study I will adopt a reflexive stance. This involves the identification of my own voice and the integration of some of my experience as it pertains to this case. In so doing, I hope to identify my subjectivity within the narrative by sharing insights into my own experiences that frame my perception and expression of Laura's story and of the disorder she experiences.

I will begin with a literature review (Chapter 2) that first defines selective mutism, looking at the etiology and phenomenology of the disorder. Selective mutism, like most disorders, is believed to be caused by a number of factors, which include genetics, learned behaviors, family interactional styles, and underlying dynamic struggles. As these factors cannot all be examined in-depth within the scope of this paper, I will focus

2

primarily on the psychodynamic model; however other paradigms will be integrated when they are relevant. I will then define the reflexive stance, looking to the postmodern theories that inform this approach. In Chapter 3, using the reflexive stance, I will begin to relay some of my own narrative that relates to this case. My narrative will later serve as a reference point as I put forth my understanding of the experience I shared with Laura in therapy. Having laid this groundwork, in Chapter 4 I will introduce Laura and offer an overview of her case history. The art therapy approach and structure will be delimited, before I describe my weekly session with Laura in detail. To conclude, I will provide a discussion of this material, looking at the general themes and my hypothesis about her symptoms that emerged in our work together.

Methodology

This paper will offer a retrospective case study. I decided to write about Laura halfway through our time together. I kept detailed notes of all 26 individual 45 minute sessions, including a description of the art process and product, a discussion of our interactions, as well as hypotheses and insights into my perceptions of what was being experienced by this young girl. All of her artwork was documented through photography or sketches. Only the photographs will be included for the purposes of this paper. Some of the images are slightly digitally altered to remove signatures or other identifying information.

I have adapted the standard case study format to integrate the reflexive element of the paper. The reflexive stance, which I shall define in the literature review, enables me to present my own voice and some of my personal narrative as it relates to this case. The

data for this component of the research are from a journal I kept during the internship. I used it to process different concerns and questions that arose in therapy sessions and generally in my internship placement. The supervisors with whom I worked and the clinical team of which I was a part, offered extremely valuable insight and guidance on my work with Laura. I documented much of their input in my journal as well.

Following the guidelines of the Creative Arts Therapies Department, I have taken precautions to ensure the confidentiality of my client. Her name, as well as the names of all family members, have been changed and all other identifying details have either been changed or excluded. The names of the school and hospital have been omitted. I have received written consent from both of Laura's parents to write this case study.

CHAPTER 2: Literature Review

Selective Mutism

Description

Selective mutism is a relatively rare disorder (Dow, Sonies, Scheib, Moss & Leonard, 1995), affecting less than 1% of the population, although there are no reliable figures on its occurrence to date (Black, Leonard, & Rapoport, 1997; American Psychiatric Association, 2000). Its etiology is not fully understood, however, it is believed to stem from a variety of influences including biological predisposition, psychodynamic conflicts, family relational styles, and behavioral learning. We will look first at the clinical picture of selective mutism, and then briefly explore a few of the theoretical explanations for this disorder.

The main defining feature of selective mutism is the absence of speech in specific contexts although language development and ability are normal. A child with selective mutism most likely talks at home with family, but may not speak in any other social settings, or only in a select few. Black, Leonard, and Rapoport (1997) define the characteristics of selective mutism as "absence of speech or an extreme reluctance to speak in specific social situations in a child who is able to and does speak in other situations" (p. 497). The DMS-IV-TR (American Psychiatric Association, 2000) requires that the symptoms must persist for at least a month for a diagnosis of selective mutism, but not the first month of school, as this generally tends to be a very anxiety provoking time for many children. School is the most common place where children with selective

mutism do not speak, and they are less likely to speak to non-related adults than children or family members (Black & Uhde, 1995). Steinhausen and Juzi (1996), in their analysis of 100 selectively mute cases, found that almost all of the children did not speak at school or to strangers, while about a quarter did not speak to children other than family. They found that the standard onset of this disorder was at preschool age, and according to the DSM-IV-TR, it usually starts before the age of five, and can last months or years. Selective mutism affects more girls than boys (Dow, Sonies, Scheib, Moss & Leonard, 1995; Steinhausen & Juzi, 1996).

Dow, Sonies, Scheib, Moss and Leonard (1995) suggest that there is a range in the degree of both the nonverbal and verbal communication of the child diagnosed with selective mutism. For example, some children do not interact at all in new contexts, while others will communicate nonverbally. While some children will speak occasionally or very softly to people other than family, others, like Laura, do not speak at all outside of their perceived safe environments.

Selective mutism was previously referred to as elective mutism. This was changed because the word "elective" suggests a choice and therefore connotes an oppositional motivation for the silence (Dow, Sonies, Scheib, Moss & Leonard, 1995). Current studies link selective mutism to anxiety, rather than oppositional or other behavioral problems, and it is often classified as an anxiety disorder (Bergmen, Piacentini & McCracken, 2002; Black, Leonard & Rapoport, 1997; Black & Uhde, 1995; Kristensen & Torgersen, 2001). Steinhausen and Juzi's (1996) description of the personality of the children with this disorder stated that the majority was shy and two thirds were anxious. The study also noted a high tendency of separation anxiety and other relational problems to accompany

the selective mutism. Black, Leonard, and Rapoport (1997) note that there is often comorbidity with this disorder and other anxiety disorders. They relate selective mutism to social anxiety and social phobia, stating that all of these disorders show a range of severity across different situations. Further, they observed that the only behavior trait that is shared by individuals with selective mutism (beyond the selective lack of speech) is social anxiety. Black, Leonard, and Rapoport underline that while there are links commonly made between selective mutism and traumatic events, oppositional behavior, or a history of delayed speech, these correlations are not supported by the research. Black and Uhde (1995), in their study of 30 children with the disorder, did not find evidence of psychological trauma as a precursor to the onset of the mutism. They also relate a 97% rate of social anxiety in the cases that they studied. Dow, Sonies, Scheib, Moss, and Leonard (1995) noted an etiological link between children with selective mutism and adults with social phobia. Black and Uhde (1995), however, point out that there is a lack of valid data to support this link. Kristensen and Torgersen (2001), in their study of parental personality traits of children with selective mutism, found that anxiety disorders tend to run in families. The parents tend to be anxious people themselves, and many showed symptoms of avoidant personality disorder and social phobia.

Psychodynamic Perspective

From a psychodynamic perspective, selective mutism is believed to result from conflicts based on dependency and aggressive needs. Weininger (1999), reflecting on his work with a number of children with selective mutism, offers this interpretation of their conflict:

The problem seemed to be an effort to maintain ego-control over aggressive feelings. The conflict was between an inability to express dependency and a basic desire for closeness. So the silence functioned in two ways to maintain a form of ego integrity: If these children did not talk, they did not risk shouting or saying something nasty. At the same time, if they did not talk, the teacher paid more attention to them and demonstrated more concern. Thus, both aggressive and dependency needs were satisfied by not talking. (p. 156)

Through this conceptualization, selective mutism enables there to be a reliance on primary adult figures, without these needs being voiced. It seems that the reluctance to speak stems from a fear of both the rawness of what might be said and of the dependence on the other. Shreeve (1999), in his analysis of a client with selective mutism, suggests the source of the disorder was in the early relationship with significant caregivers, and that this was perpetuated by parental distrust of outsiders. Selective mutism in his young female client, he explains, permitted a heightened connection between herself and her caregivers. He parallels this to the infant-parent bond that enables the infant to have their needs met without verbal exchange.

As we shall see, Laura's mutism onset was at about 2-years-old, following the birth of her sister. This particular age helps us frame the disorder within a developmental framework. Mahler (1972), in her description of the separation-individuation stage, states that this is an important stage of emotional development, entitled the "period of rapprochement." Mahler explains that during this period, the child becomes more verbally and symbolically interactive with the parents and begins to crave more interaction with these attachment figures. Conversely, the parents perceive their child as

increasingly independent and therefore begin to withdraw. A struggle ensues as the child tries to maintain the symbiotic relationship while the parent tries to encourage separation. During this stage, the development of selective mutism can be seen as an attempt to maintain the preverbal symbiotic relationship. While in the home, the child speaks, outside, adult caregivers are required to attune to the nonverbal cues of the child to ensure that his or her needs are met.

To further this examination of development, I will share a brief overview of Freud's psychosexual development theory. In Freud's conceptualization of human development, there are five stages: the oral stage, the anal stage, the phallic stage, the latency stage, and finally the genital stage (Freud, 1938; Brenner, 1974). Each of these stages is focused on a particular area of the body where conflicts arise centering around the theme of gratification. During development, the child may become stuck or "fixated" at one of these stages (Krysanski, 2003). I will focus on the anal stage of development as it is the one that relates most to Laura's therapy and a thorough discussion of this theory is beyond the scope of this paper. This stage normally takes place between one-and-a-half and three years of age and centers on the struggles of toilet training. The anus becomes the child's focus (Freud, 1938). "Pleasurable and unpleasurable sensations are associated with the retention of feces and their expulsion" (Brenner, 1974, p. 24). This stage can be expressed through themes of holding and expulsion. Ferenczi (1969) made parallels between the retention of voice and emotion with the anal stage. The symptoms of Laura's selective mutism appeared right in the middle of this developmental period, and her retaining her voice can be seen as symbolic of the withholding of feces. Toilet training can be seen as a step towards the toddler's autonomy, while the stubborn retention can be

seen as resistance to letting go of the symbiotic relationship with his or her mother. In a similar way Laura's withholding of her voice ensured her continued dependence on her caregiver and keeping a symbiotic quality to her dependence on this person when they were outside of the home.

The psychosexual theory, while helpful to place selective mutism within a developmental framework, does not take into account the environmental and relational factors that may be contributing to this symptom.

Family Theory

The psychodynamic principles can help us to see the potential origins of the conflicts of selective mutism, while through family theories we can see how the role of a selectively mute client might be resulting from and of service to certain family dynamics. There are common family dynamic features of selectively mute children, often including an overall sense of family secrecy (Spasaro, Platt & Schaefer, 1999) and a problematic early infant/mother attachment (Shreeve, 1999). Krysanski (2003), in her review of literature on selective mutism notes that the primary attachment relationships are often intense and ambivalent, and there may be dependency issues within the family. She also states that mutism may serve to protect a secret within the family. Meyers (1999) describes the most common family traits of the child with selective mutism as including:

> parent mutism modeling, family cultural tradition, symbiotic attachment, separation anxiety, and poor marital adjustment. The family constitutes a tightly knit social system where significant emotional exchanges are self-contained and where there is a generalized fear of strangers and the outside world (p. 200).

It is within such families that a child's selective mutism symptoms surface as a way to rigidly preserve an anxious or secretive system.

Other Cases

One concern voiced in the literature is that since selective mutism is a rare disorder, most of the research is in case study format, and is therefore not generalizable (Spasaro, Platt & Schaefer, 1999; Dow, Sonies, Scheib, Moss & Leonard, 1995). While I agree with this concern, I have also found that there are a limited number of case studies on this disorder. This type of research is equally important to help us understand the complexity and different nuances of the disorder, as well as to offer insight into its treatment. In the art therapy literature, I found only two case studies of clients with this disorder. In both of these cases neither client was completely silent. Rubin's (1984) case study about a thirteen year old girl diagnosed with selective mutism discusses a client who did use some verbalizations in the session to express herself, as did Landgarten's (1975) young client. Landgarten's approach was a mostly non-directive approach, with some interventions to look at family dynamics. The approach I chose to adopt with Laura was similar to Landgarten's.

Research Stance

As my stance will be informed by postmodern theory (Burr & Butt, 2000; Zeeman, Poggenpoel, Myburgh & Van der Linde, 2002), I will now offer a brief overview of the philosophies within this larger paradigm. According to Zeeman, Poggenpoel, Myburgh, and Van der Linde (2002), "Postmodernism theory sets about

dismantling most of our normal ways of thinking about meaning interpretation and reality works" (p. 96). Postmodernism is not a unitary school of thought (Bloom, 2002b), however, the varied philosophies that stem from it encourage us to question how we view and understand reality. They dispel the notion of absolutism (Bloom, 2002b), suggesting that there are multiple ways that objects and experiences can be interpreted (Zeeman, Poggenpoel, Myburgh, & Van der Linde, 2002). The philosophies that inform my stance in this research paper are reflexivity, and constructivism, including social constructionism. Both of these philosophies offer ways to consider perception and subjectivity, which I think are crucial considerations for this case study where I am providing the voice for a nonverbal person's experiences.

Constructivism

Constructivism suggests that events and objects do not have an inherent or essential meaning, but rather we construct, create, and invent these meanings and in turn the reality in which we exist (Knapp, 2002; Riley, 1993). Knapp (2002), contrasts constructivism with objectivism. He holds that objectivist thought suggests that events or objects have an essential meaning, while constructivist thought suggests that the meaning is constructed and co-created though interaction. He portrays constructivism as more flexible to new information even if it may be contradictory to the research objective, while objectivism may hold onto constructs that have been negated by findings in the research process. Knapp further states that writings from the objectivist stance tend to be formulated in such a way that the author is not acknowledged and the information is thus relayed as fact. According to Knapp, there are ways of wording a text that denote the

authorial voice, and suggest the presence of interpretation. Included in this, he states that "authors should not only write in their authorship but also in their engagement with opposing arguments" (p. 1045). Of the different kinds of constructive philosophy, it is social constructionism that shall be our focus.

Social constructionism suggests that we create our realities through our dialogues, and our narratives, both internally and relationally (Riley, 1993, 1997; Anderson & Levin, 1998; Burck 1997). These relational interchanges have a bidirectional effect on our perceptions and experiences (Anderson & Levin, 1998; Banister, Burman, Parker, Taylor & Tindall, 1994; Burck, 1997; Chang, 1998). Social constructionism involves the "analysis of 'knowledge' or 'reality' or both as contingent upon social relations, and as made out of continuing human practices" (Honderich, 1995, p. 829). The social constructionist stance emphasizes, in particular, the role of relational discourse, whereas a constructivist point of view would focus more on the individual (Anderson & Levin, 1998). Burck (1997) adds an additional level of dialogues that affect us, societal discourse. Chang (1998) also conceptualizes the narrative functioning at both the macro (societal) and micro (individual relationships) levels, and believes that these both must be addressed. His examples of the macro level include the Western societal discourses that perpetuate our belief in capitalism, our adherence to the scientific method, and our understanding of the nature of childhood. According to Hoffman (1998), language is one of the two essential components of the social construction theory, social interactions being the second. Banister, Burman, Parker, Taylor, and Tindall (1994) explain that through the social constructionist frame, while science plays an explanatory/descriptive role, it also creates the world in which we live. From this stance, nothing is

unidirectional. All relationships change the members involved, and the effects are multidirectional (Brown, 1996).

In Riley's (1997) examination of narrative social constructionism in art therapy, she suggests that social constructionism allows for a conversational, bidirectional approach. She states that from this standpoint the therapist is a nonjudgmental collaborator rather than "expert" working within the culture of the client. Within this culture, it is important to be aware of the many contextual influences that affect the client, including ethnicity, socioeconomic status, family situation, and so forth. She states that this philosophy is essentially about a stance, while being open to other paradigms. I believe Riley's statements about the therapist hold true for the researcher as well.

Constructionism and social constructivism both suggest that reality is constructed. Through dialogue we share our perceptions and these help shape the perceptions of others in an endless reciprocal exchange. While this dialogue is clearly not only a verbal one, the words exchanged do play a main role. In writing, the exchange is then reduced to these words, and it is through them that meaning is constructed by the reader. Both writer and reader, if they are to be empowered, need to remain critical and aware of the biases and lens that frame the content of a written work.

Reflexivity

To acknowledge that the case study narrative is my perception of our relationship, as well as my voice, I will use a reflexive stance. Zeeman, Poggenpoel, Myburgh, and Van der Linde (2002) state that from a social constructionist viewpoint, it is reflexivity that creates meanings. In other words, it is through our memories and experiences that we

make sense of all the information that we take into through our senses and therefore the meanings that we create within our dialogues are derived from reflecting upon these. As Brown (1996) states, "one determines meaning by what one 'knows' from a lifetime of experiences" (p. 17).

Reflexivity in research involves the act of looking at yourself, when researching, so that you may acknowledge the subjectively relevant issues and experiences that are informing your researcher/participant relationship and your interpretation and relaying of the subject (Bloom, 2002a; Robertson 2002; Hertz, 1997). Banister, Burman, Parker, Taylor, and Tindall (1994) suggest that since the researcher plays a leading role in the construction of the information that is to be shared in the public sphere, it is the researcher's responsibility to be transparent about his or her influences. Further, they state that in research our conceptualizations and methodologies affect the outcomes, so we must maintain an awareness of our reflexive and subjective stance. They see subjectivity as a resource rather than an obstacle in the gathering of information. From a feminist perspective, we can see reflexivity as diminishing the hierarchical structure of researcher and subject to a more parallel balance of power. This is done by humanizing the voice of the author, and not elevating him or her to the role of anonymous "expert" (Charma & Mitchel, 1997). However, Wasserfall (1997) raises the important counterargument that "Acknowledging the political agenda of feminism and calling for self-reflexivity and exposing biases does not in itself ease the power difference between the researcher and her informants" (p. 153). Further, Robertson (2002) warns of the risk of egocentrism in reflexivity when we shift the focus onto ourselves and our own experience. Behar (1996), suggests that taking a "vulnerable" stance, in other words

acknowledging elements of one's self within the writing, should be a decision based on its relevance to the research. She underlines that this should not be indulgent self-disclosure.

Bloom (2002a) describes self-reflexivity as "coming clean" as a researcher about how race, class, gender, religion, and personal/social values influence the researcher's understanding of the power dynamics of the research setting, the phenomena under study, and the researcher-respondent relationship" (p. 290). In our diverse culture, it is important to be aware of how our differences from our client may be affecting the research, as well as what we share in common.

Summary

To summarize, selective mutism is a disorder within the larger spectrum of anxiety disorders. While it can be understood according to a number of different theoretical models, the main focus of this paper will be the psychodynamic model. Through this perspective, I suggest that the symptoms of selective mutism are related to a struggle between dependency needs and aggressive urges that arise in response to different family dynamics. This results in a retention of voice that parallels the fecal retention of the anal stage of development. Through this case study, I hope to show how some of these themes surfaced in my work with Laura.

In order to acknowledge my voice as I relay the story of my therapeutic relationship with this non-verbal girl, I have opted to take the reflexive stance. This stance, which is informed by postmodern philosophies, takes into account the presence of the author. I believe that this is an important consideration when I am providing the voice

16

for someone who did not speak. As the author, my personal experience that relates to the research material will be shared, and I will make my voice active in the hope that it will convey my subjectivity and encourage the reader to also actively engage with the reading.

CHAPTER 3: Reflexive Stance

Introduction

There are a number of reasons that I have chosen to take a reflexive stance for this case study. First, since Laura never spoke in our sessions together, I believe that it is important to emphasize that it is my voice telling her story. In so doing, I acknowledge that I am using my subjectivity as a tool to achieve an understanding of this client and our experiences together. At the same time the reader can hopefully keep in mind that this girl's experience is being filtered through my words and therefore my perceptions which are in turn informed by my own experience. Secondly, I found that the more I worked with this girl the more her experiences resonated with some of my childhood experiences. Issues around voice and silence from earlier in my life came to the forefront, while, at the same time, in the therapy I was helping her work with similar themes. Finally, on the psychiatric team that I interned on while working with Laura, there were times when I experienced a loss of my voice. This struggle to understand my silence was helpful in understanding the complexity of selective mutism. These three points will be discussed in further detail.

In case studies of both non-verbal and verbal clients, their experiences are altered by the authorial voice of the writer, and I believe that the author's presence and biases should be made visible. The risks of taking the reflexive stance include the possibility that the writing may become too self indulgent when the author's focus turns inward and that it may stray from the central narrative. As well, it is impossible to include all of the

frames and filters that affect our perception. My hope however, is that acknowledging my

subjectivity can help to activate the reader's critical thinking, encouraging him or her to

also play an active role in the understanding and questioning of the text. In this particular

case, where the client was nonverbal, I think it is important to contextualize my frame of

reference and take responsibility for the voice that conveys the narrative so that it is not

mistaken for Laura's perception or word choices. While I want to underline that the

commonalities and contrasts in our experiences helped me to understand Laura's disorder

better, they also affected my perception of her.

Reflexive Narrative

Like Laura, when I was a young girl I rarely spoke to people outside of my

family. While we shall see that Laura tended to be rather engaging despite her quietness,

I was extremely shy and reluctant to engage others. At home, I felt confident to use my

voice, but at school I dreaded the times when I would be called upon to come forth from

my silent and safe shell. Shyness was likely an inherited trait, as both my parents had

been very shy as children. In adulthood, my father had mostly overcome his shyness, and

my mother was considerably less shy than she had been as a child. I believe that different

elements in the family dynamic perpetuated my quiet and anxious tendencies. Well-

intentioned pushes to try to get me to come out of my shell often backfired, heightening

the anxiety. My father was frequently away on business, coming back jet lagged and

tired. This led to an inconsistency in authority, so I felt that vigilance was required in

order to be aware of the changing rules. My vigilance continued as I entered into the

strict, French immersion classroom, where speaking not only brought forth the fear of

making a mistake, but also the embarrassment of my lack of skill in this second language. Often silence seemed the safest bet to protect myself from the perceived risk of failure or humiliation.

Within this early experience, I believe that there are different factors that contributed to my withholding of voice. Firstly, there is likely an inherited variable to my temperament which led me to be a shy and anxious child. As an already anxious child who was very aware of her environment, I tended to be very vigilant which often made retaining my voice seem like the safest option to "keep off the radar" so to speak. There was the double bind however, of feeling the expectation to speak, yet believing there would be repercussions should I say the wrong thing. As well, in the classroom, once I had established myself as the quiet one in a group, raising my voice would cause attention to shift to me, more so than to those children for whom being vocal was expected.

In more recent years, losing my voice has become a considerably less frequent phenomenon; however I have found it to resurface in very specific incidents. I will discuss one of these, as it helps to contextualize the time at which I was working with Laura. During my internship at the hospital, I was working on a psychiatric team whose core members had been working together for many years. I found that I struggled to speak up in this group of people, to share my cases and offer insights into the families we saw in assessments. At the same time, I found myself quite outspoken in my classes and other contexts. This led me to wonder why I was having such a hard time finding my voice in this setting. The obvious reason was the insecurity of being a student on a team of professionals. However, as this tendency did not alleviate over time, I wondered if

something more was at play. I found this answer within the team dynamics. Exploring my feeling of this particular silence, I realized I experienced it often more as a disconnection and a boundary setting than as shyness, although anxiety was informing this reaction. Over this period of time, there were a few shifts within the hospital and team structure, as result of reorganization in hospital administration, and the change of one of the team's core members. Clearly these changes were leading to a rigidity in the structure as the integrity of long standing rules and hierarchies within this group were being challenged. As I was the newest and least experienced person in the group, I realized that I, like the identified patient in a family, ended up holding and enacting some of the distress of this group. A double bind had emerged that one was expected to speak, however what was said might risk punitive repercussions. This echoed my earlier experience, and the risk-taking and floundering that is involved in the learning process of a student intern did not feel safe in this context. This anxiety was amplified by my being the only student on the team. The safest response was to withdraw my voice.

I wonder if within Laura's family there were family dysfunctions that required her to remain quiet in order for certain patterns to perpetuate. Perhaps Laura's mutism also stemmed from a fear of not being able to achieve some unknown expectation. As we will see, she had perfectionist tendencies, and maybe, this limited the risk taking that would be involved in speaking up.

It was a few months into my work with Laura that I made the link between her selective mutism and my early shyness. I found the delay in making this link striking, for once it surfaced it seemed so obvious. On further reflection, I realized that it was due to the fact that I had rejected this part of myself, placing a very negative value judgment on

21

it. I did not feel this negative judgment towards Laura's mutism, and so did not equate them as a similar response. In a creative process class after finishing this internship, I explored my silence and realized how textured and full this area was, unlike the empty and anxious gap I had originally perceived silence to be. I believe my work with Laura helped me to change my perspective. As well as seeing the silence as a symptom, I think it also serves many positive purposes and needs to be respected. One of my supervisors encouraged me to respect Laura's multilayered expressions that she brought forth through other modes and not to push her to speak. At the same time, while I acknowledged my silence on the team, I also tried to respect the different things it was telling me, and its necessity as a protective reaction to an environment perceived as unsafe. In both cases, this enabled me to absorb all the other information that was available that may have been otherwise overlooked had it been considered less valuable than verbal expression. As we return to Laura, as well as trying to understand her symptom, we will also explore the richness of the exchange that silently took place.

CHAPTER 4: Case Study

Introduction: Laura

I saw Laura in weekly sessions while I was an art therapy intern on a multidisciplinary psychiatric team at a large children's hospital. This team mostly saw youth from latency age to late adolescence, who presented a wide range of disorders and psychosocial issues. Twice a week this team held family assessments, followed by a short meeting where we would discuss the resources and options that we would recommend to the family.

Laura was referred to our team by her pediatrician. Previous to my joining the team, the family had participated in an assessment where individual weekly art therapy was recommended. In the treatment plan, medication was also suggested, but this was declined by her parents, predominantly by her mother. Members of the team also made contact the school, where a behavioral intervention program was suggested. This assessment occurred at the end of the previous art therapy intern's placement, and before my practicum had begun, thus Laura's treatment was put on hold for a few months. She was the first client I saw, and we agreed to meet for 45 minutes, weekly.

Laura is a seven year old girl from a middle class family. English is her first language, however she is fluently bilingual. Laura is the middle child of three girls, her younger sister, Anne, is 5-years-old, while her older sister, Sarah, is 10-years-old. The girls' parents separated over a year ago, and share custody of the children. Ever since this

separation, the parents have each been living at the house on alternate weeks, rather than moving the girls between two different households.

According to her hospital chart, Laura's selective mutism symptoms first appeared following the birth of her younger sister Anne, when she was 2-years-old. At this time, Laura began to regress, wanting to be a baby again. This was a time of other changes in her life, most notably the commencement of daycare. It was at this time that Laura was first diagnosed with selective mutism. When Laura presented to the team, she was not speaking to anyone outside of her family, though both her verbal and written language skills were said to be developmentally normal. She would speak to her parents, her sisters, her biological aunts and uncles (though not their spouses), cousins, and a few friends on her street. Laura would not speak at school or in therapy. She had friends at school, although she did not speak to any of them, even when they came to her house. The assessment notes underlined Laura's ability to effectively communicate nonverbally, and emphasized that her environment tended to adapt to accommodate her needs.

At school, it appeared that Laura's selective mutism had led her to take on a special role. The other students were, for the most part, very protective of this younger looking, silent girl. At the time of our first meeting, the school had begun to implement the behavioral approach recommended by our team. Academic success was important to Laura, so repercussions were given in grade form for the incomplete oral components of her courses. These interventions had not led her to speak in class.

The other concerns that Laura's parents raised at the assessment were her anxiety when playing competitive games or working within a time limit, as well as her resistance to saying "please," "thank you" and "I'm sorry." However, her parents said that they

believed she would feel remorse and regret when she misbehaved. Laura's parents also described her as more stubborn and moody than her sisters, as well as easily frustrated. The parents said that they did not fight in front of the girls during the break up of their marriage, and that it was the mother who had initiated the split. It seemed that there was a lot of unspoken emotion in this family, and that the marital separation had been portrayed as "too perfect." Laura's mother is said in the notes to be the more the disciplinarian figure, while the father described her as a very closed person and similar in demeanor to Laura. The father is characterized as more fun and lenient. He, however, tended to get more frustrated with Laura. In the mother's family there had been a suicide of a close family member, as well as a history of depression in another relative. In our meetings with Laura's parents to discuss her therapy, her mother presented as a friendly though guarded woman, while her father came across as an anxious, busy and talkative man.

Laura first received treatment for her selective mutism at age four. She had individual therapy, which her parents ceased after a few months because they did not see any progress. She also attended two group therapies for short periods of time. Landgarten (1975), in her study of a selectively mute girl, noted that parental resistance to treatment is not uncommon with this disorder. Due to Laura's parents' patterns of premature therapy termination, the psychiatrist on my team emphasized that Laura's parents must commit to the therapy until the end of my internship. He further underlined that the treatment of this disorder is a slow process, and we could not guarantee that her mutism would be alleviated. It is important to note at this point that Laura never did end up speaking in therapy, although a rich relationship emerged that enabled an extensive exploration of the underlying conflicts and issues. While the limited time of my

internship was unfortunately not sufficient for the treatment of such a complex disorder, I believe that we accomplished a lot of important work.

Art Therapy Approach

The degree of Laura's engagement with me varied from week to week, however she was consistently involved in the art making. Her production involved many different art media. Play also served an integral component in our sessions. As I will show, Laura was very prolific and creative in her art productions. In most sessions, she adeptly used nonverbal communication and was very expressive. At other times however, she would withdraw from engagement, seeming very distant and closed-in.

With Laura, my approach was primarily non-directive. I did not subscribe to any one art therapy model, preferring to follow the direction of the child (Axline, 1964). This resulted in an integrative approach that included theoretical influence from different models that have already been described. My primary model was psychodynamic, but I also acknowledged the role of behavioral theory and family systems.

I always had a wide range of art material available: a variety of paper, collage images, clay, plasticine, a variety of drawing implements, and paint. There were many toys available in the room, as well as a blackboard. Laura had access to her own drawer, always locked with a key that I kept for her, where she could store her three dimensional work and some toys. She usually started making art or playing immediately upon her arrival. I rarely offered directives, with the few exceptions stemming from issues that Laura brought to our session.

It is important to note that in the session I frequently checked in with Laura, and would try different ways of wording things in an attempt to get a precise idea of her experience. However, I would like to underline that my interpretations and links throughout this text are framed as options and possibilities, and not necessarily accurate reflections of Laura's experience.

Sessions

Session 1

My first session with Laura was a short meeting. Her mother met with the team psychiatrist while Laura and I went to the next room. She seemed confident to leave her mother and come next door with me, where she started drawing right away. I was surprised by how easily she joined me, having expected a shy and anxious child from the research I had done on this disorder. While Laura's eye contact was noticeably limited, she would look in my direction and wait for me to follow.

Laura's first image (fig. 1) shows her apple picking, an activity that she had done the year before with her family. I asked Laura many "yes/no" questions in order to glean information about the image. Through this process, I gathered this was an activity she enjoyed a great deal. The cat is a neighbor's pet, and Laura conveyed that it is not threatening, in spite of the large teeth in the drawing. She agreed that the figure in the image is a self portrait, although the shirt on this girl bares the number 36, which was her mother's age at the time. This led me to wonder about Laura's identification with her mother. The paper is only half filled, as she drew only as far as she could reach from her

seat without standing up. She signed her name at the top, and appeared pleased with her

drawing.
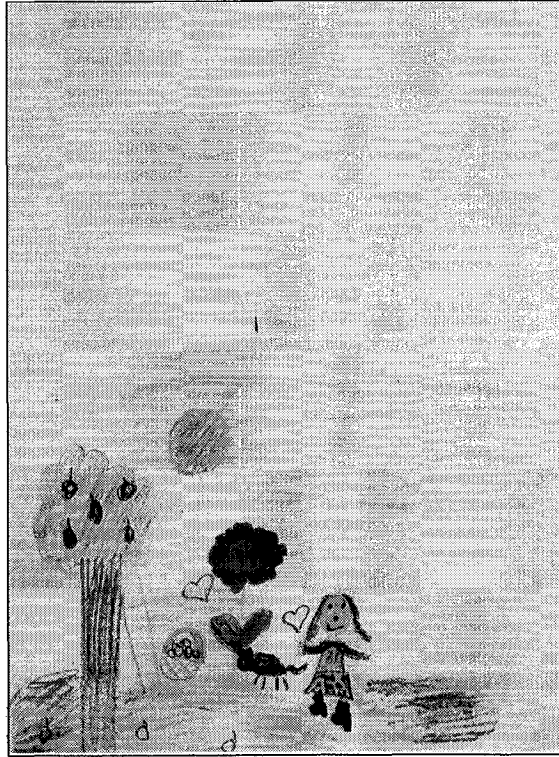
Figure 1. (18" x 24")

At this point in the session, Laura seemed to want to engage me, so I suggested a

game of "I-draw-you-draw" (fig. 2). This drawing game was inspired by Winnicott's

(1971a, 1971b) "squiggle game" that he often used with children, where he and the child

would take turns making an impulsive squiggly line which would be turned into an image

by the other. In this case, I suggested to Laura that we could take turns drawing in order

to make a picture together. She appeared to like this idea. The evolution of the drawing is

as follows. I started the game with a scribble, which she turned into the monster that is

tilting over. She added teeth, and then I added a straw in his teeth. I was aware that I was

diffusing the different struggles that were emerging in her drawing, and I hoped that this

could convey my desire to help her both express and contain her feelings. From this point

in the drawing, Laura became more playful, as we added the top hats to the head of the

monster. Throughout the process she was smiling, however she never made a sound.

Figure 2. (10" x 14")

Following this activity, Laura got up and drew a tic-tac-toe grid on the

chalkboard. She made the first "x", and waited for me to come join her. I let her win,

remembering the note on her frustration tolerance in her chart and aware that our session

was soon coming to a close. She appeared happy with this victory. The need to win and

to be in control would become a prominent theme in our later work together. Although

Laura wanted to continue playing, when I said that we had to rejoin her mother and the psychiatrist, she confidently returned to the other room.

Session 2

Initially, Laura was less engaging in this session than she had been in our first meeting. She seemed shy. I started the session by showing the drawer that would be hers. It was filled with toys and a few art materials, and she was given a key. I wanted to reinforce a sense of containment and safety in the space, and I felt that this drawer could symbolically relay this intention.
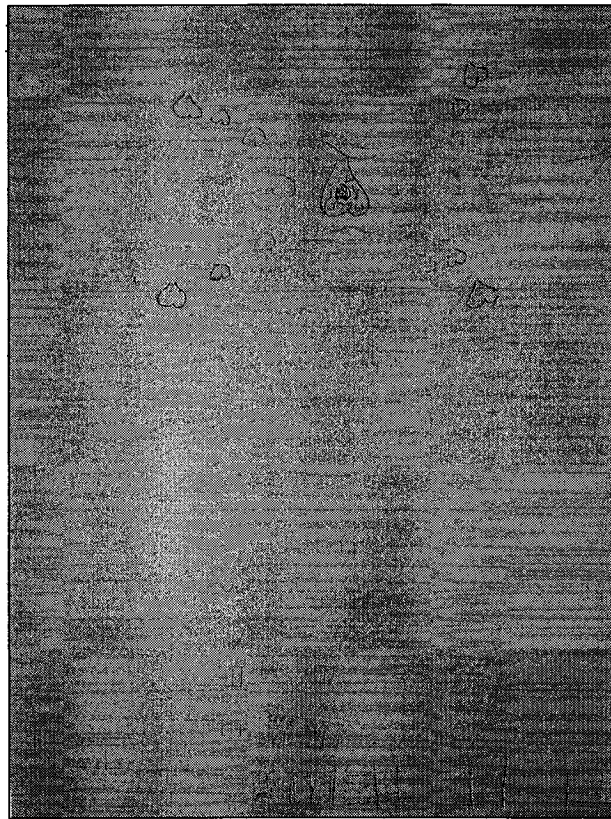

Figure 3. (18" x 24")
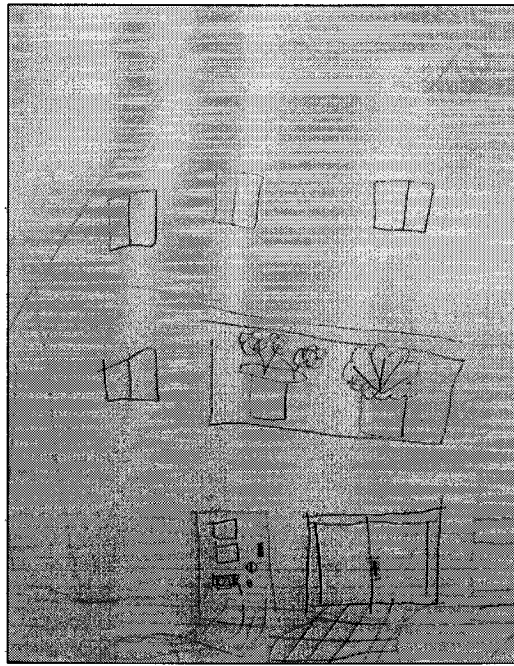
Figure 4. Detail.

Laura made a pencil drawing (fig. 3) on a large sheet of paper. It shows a house with two plants in the window, a door with a letter passing through the letter box (see detail, fig. 4), and a chimney billowing with smoke. This image remains cryptic to me as I wonder who this letter is from and intended for. Is it from her to me, from her father to rest of the family, from herself to her family, or none of these? Regardless it seems to represent a desired communication. There is a fence on either side of the house, three mountains behind the house, and two trees behind the mountains. There is a sun in the sky, but there are also many clouds. As I shall explore later in the paper, literature on the Kinetic Family Drawing (Knoff and Prout, 1991) suggests that a preponderance of clouds can be indicative of anxiety. Through her nodding and head shaking, I derived that this is her house, and that she, her mother and two sisters are inside watching television. After a while, Laura began to grow impatient with my questioning. She took the key to go to her

31

drawer again, and brought back more art supplies as well as some toys. She gave me two male puppets and she put two female puppets on her hands. Initially I talked for my puppets, but then she began to tap the heads of her two puppets against mine. She agreed that they were fighting, and then she had them kiss to make up. I wondered if she might be playing out her parents divorce and a hope on her part for their reconciliation. From here she continued her drawing, flipping it around and drawing hearts connected by wavy lines to make a square. She counted the hearts and wrote down the number 26 four times. I asked if this number was important to her and she nodded, so I asked if it might also be her birthday. She wrote down "Jelykt," which I could not immediately decipher, but realized it was "July," the month that her birthday is in, and she added the number. She folded the drawing and put it in her drawer. Laura moved very quickly between projects and my questions appeared to challenge her patience.

Session 3

Laura came across as even more withdrawn this session. I had made a folder for her work, and I suggested that she decorate it (fig. 5). She immediately chose the liquid tempera, which she poured carefully into a tray. While she was painting, I became very aware of my increasing tendency to meet her needs before she signaled me, as her cues were becoming progressively more subtle. Attempting to encourage more communication on Laura's part, I told her that if she needed anything she should let me know, and I then tried to refrain a bit from jumping in. Although she seemed frustrated at different points during the sessions, she only requested my help once, when her water was too dirty to

wash her brushes. This allowed me to see how the environment had adapted to support

Laura, as well as her resistance to ask for assistance.
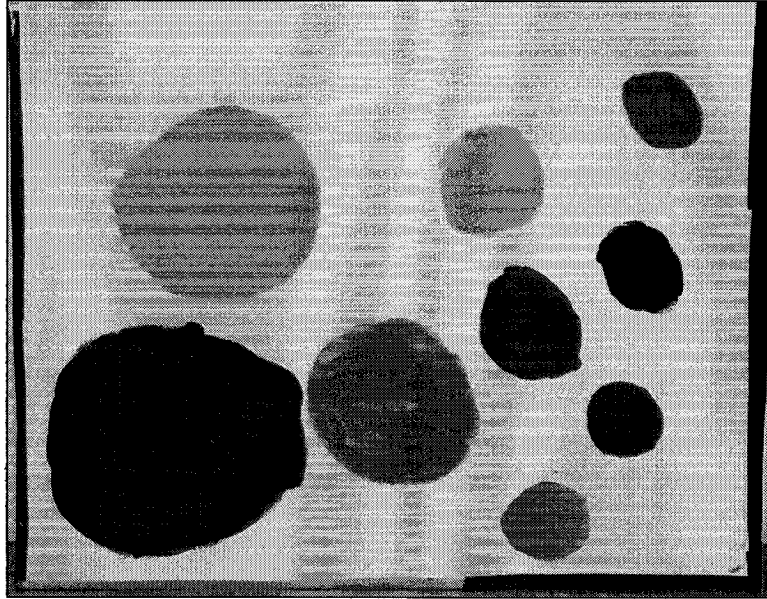
Figure 5. (24" x 30")

Laura began painting her folder with a very laborious and controlled method. She

started with the pure blue central circle and then painted the smaller circles. Between

each colour she would painstakingly wash her brush. She eventually began mixing the

colours, and with the larger circles, she started to mix the paint directly on the Bristol

board. Her method became messier and regressive, although she still had control. As we

were preparing to leave, Laura spilled some paint on the floor. While she was aware of

the mess, she seemed unconcerned. I see this possibly as both a display of anger at my

withholding of assistance, as well as a testing of the therapy boundaries. Even in her

messiness, Laura was very contained, except for the paint on the floor. This, to me,

showed how very vigilant she needed to be of her level of control and containment. From

a Freudian perspective, we could see her contained art process as relating to the anal stage, as she holds in the aggressive impulses that may have come out in the spilling of paint.

Session 4

Laura arrived with her father and was late for this session. She signaled for my keys and went immediately to her drawer and chose some art supplies. She came across as very independent as she marched down the hall to the drawer, yet she would check periodically to ensure that I was close by. Upon returning to the room, Laura very carefully started painting wavy lines to form concentric squares (fig. 6). She then drew, cut, and collaged the smaller images onto the painting: the heart, the circle, and the ellipse. Her gluing technique contrasted with her careful painting. She rubbed the glue with her finger across the back and front of the forms as she stuck them to the larger painting. I noticed the pattern repeating from the previous week where her process was initially very careful, before becoming more tactile and regressive.

I wondered aloud how Laura was feeling, I asked her to draw a face to show me (fig. 7). The face initially had a straight line for a mouth, but she erased this and drew in a toothy grin. "Happy?" I asked, and she nodded, as she cut the face out. She herself looked happy as she proceeded to show me her teeth, proudly showing the spaces where she had lost her baby teeth.
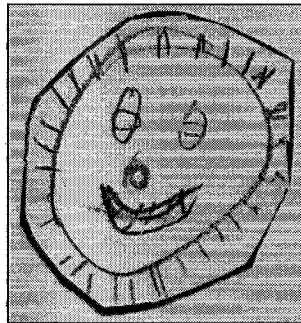
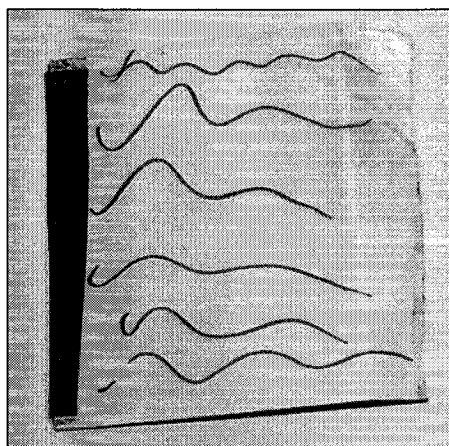*Figure 6.* (6" x 7")

Figure 7. (1" x 1.25")

Figure 8. (4" x 4")

I suggested to Laura that we put her art into her folder, and she looked at me with great concern. I had not given thought to how her tiny "feeling face" would fare in the large Bristol board folder. She very quickly began to make an envelope to hold this face (fig. 8), elaborately folding it, covering it with wavy lines, and taping it shut with the coloured tape. I was impressed by her strategy to take care of this little face. While she made this envelope I realized how carefully she tended to protect her emotions. The concentric wavy lines on her first drawing of this session appeared to echo this theme of holding feelings. In my own association, I felt an anxious tone to this containment, resulting from the wavy lines. I wondered if this might be the feeling she experienced when holding her emotions safe through silence. Weininger (1999) discusses similar tendencies in the drawings of one of his selectively mute clients: "Sue produced a lot of drawings, which included 'covering over' and 'surrounding' of objects or colors. I interpreted her fear that her feelings might get 'loose' and hurt her mommy, and pointed out her attempt to protect her insides from being hurt as well as her feelings from going out" (p. 165).

Session 5

It involved some coaxing to get Laura to leave the chalkboard in the waiting room at the beginning of this session. She had drawn a house in a landscape and would not leave until all the clouds in the sky were drawn. Again I wondered if these clouds were representing a heightened feeling of anxiety. I found that communication with Laura was difficult on this day as her cues and responses were very subtle.
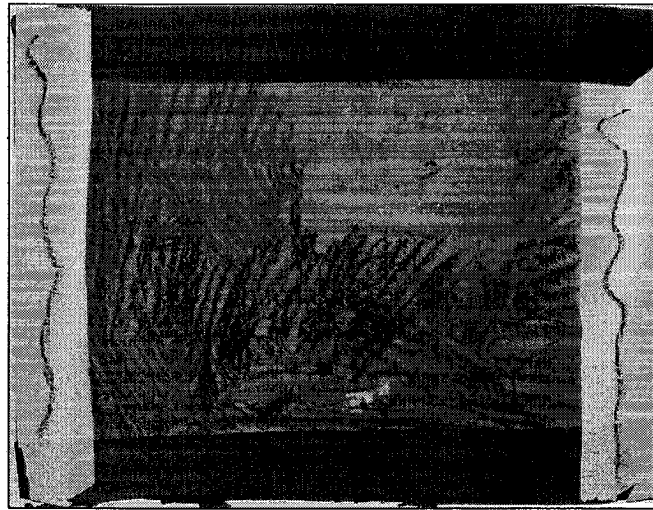
Figure 9. (8.5" x 11")

Laura worked very carefully on her art (fig. 9). In this image there is a fish in blue water that is encompassed by red water. A shark with large teeth is at the bottom of the drawing; two stars of David and a heart sharing the red water. Laura was not very communicative about this image. All that I could decipher from her responses was that all the water was safe, in spite of its being red. She denied that the shark was mean or angry, even though he had very prominent teeth. If we return to Figure 1, we see again the prominent teeth on the cat, another animal that was portrayed as positive. I see the shark and the red water as possibly representing the perceived yet denied badness and aggression that is kept in through the silence. The wavy lines that appeared in other images are repeated here, outlining the frame of the picture. I again wonder if these lines are both anxious and holding in whatever anger or aggression is being silenced.

I noticed again in this session that even when Laura would become frustrated with the materials, she would not seek my assistance. She would be very perseverant to find a way. I reflected this tendency back to her, and she nodded in agreement.

Figure 10. (0.5" diameter & 1" diameter)

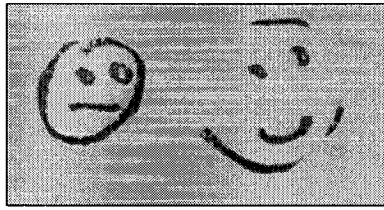I asked Laura to draw faces to show me how her week was (fig. 10). She drew a larger happy face for home and a small straight line-mouth face for school. As I questioned further, her resistance mounted. She got up and went into the supply box and chose some bingo dabbers. She proceeded to draw on the window with them. I let this happen, though in retrospect I question this choice, as she was evidently testing the boundaries. I asked Laura if this was something that she had done at school, and it was. I did let her know that because I had not used the dabbers in this way, we would have to remove the ink before it dried on the window. She appeared irritated by this suggestion and resentfully wiped the ink. Next, she went to the table and started to build an elaborate construction paper box. As she was really struggling, I offered to help, but she declined. She was resistant to close the session, and kept trying to perfect the box. Frustrated, she quickly threw it out on her way out the door. I saw this session as Laura symbolically showing me her concerns that I could not meet her needs as well as portraying the immensity of the frustration that she was struggling with. I believe that she was clearly showing me her anger. According to Winnicott (1971a), if a mother is "good enough," she "starts off with an almost complete adaptation to her infant's needs, and as time proceeds she adapts less and less completely, gradually, according to the infant's growing

38

ability to deal with her failure" (p. 10). He relates this to the child's increasing ability to tolerate frustration. Further, I believe Laura was not only showing her frustration but also her anger.

Session 6

Laura was slightly more engaging during this session. We were in a different room than usual. It had a two way mirror and a microphone hanging from the ceiling. These devices fascinated Laura, and she kept looking at her reflection throughout the session. Laura drew the chalkboard from observation, using wax crayons (fig. 11). She then cut the bendy part of four straws and taped these on the corner of her drawing (these fell off shortly thereafter, hence their absence from the image), reaching out to the viewer. I wondered if this image is trying to silently connect to us, not unlike Laura's other nonverbal connections.

We hung the image on the wall. "Does the chalkboard have anything to say?" I asked. Laura shook her head "no." "A silent chalkboard. Can you draw for me what silence feels like?" She again shook her head "no," and I wondered if I was pushing this subject too hard. Laura proceeded to draw a very elaborate drawing on the chalkboard (fig. 12). There were three trees and two mountains, a house floating above a car without a groundline, and some birds in the sky that I perceived as a bit ominous. Laura was resistant to questions about this image, however we can see how full with content this silence was.
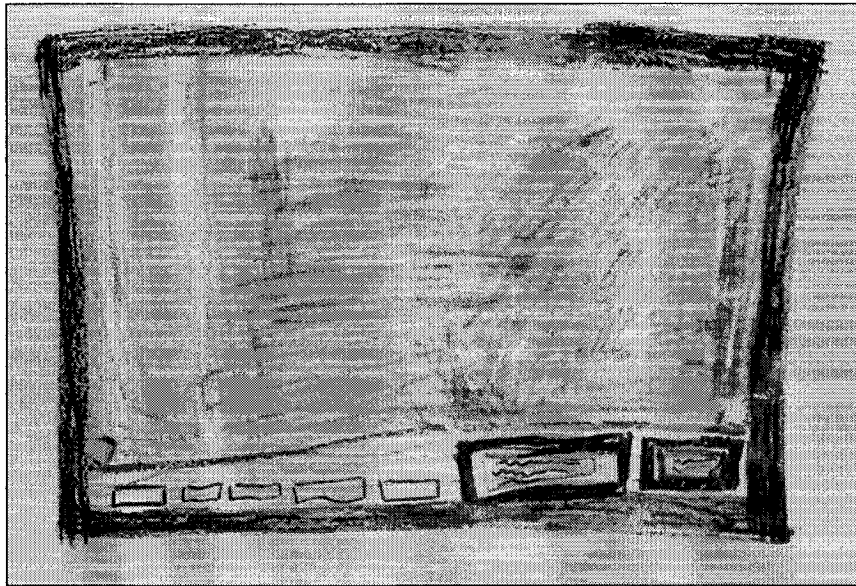
Figure 11. (12" x 18")
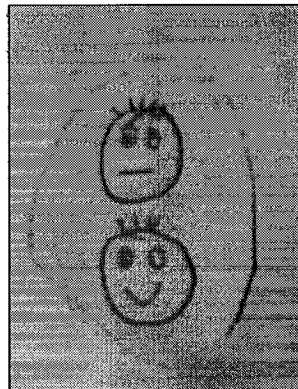
Figure 12. (1.5" x 1")

The two feeling faces that Laura drew this session shared the same small piece of

paper (fig. 12). I inferred that this may show the start of integrating her feelings across

contexts. The lower happy face represents home while the top straight-line-mouth face

represents school. I asked which of these she felt in therapy and she signaled to both of

the faces. I then asked Laura to embody these faces. She first showed a big smile, and

then she tightly closed her mouth and put her finger across to denote the line. I mirrored her, and felt how the fingers sealed our mouths shut. From my own experience as a silent child, I can remember a feeling of having sounds wanting to emerge from your throat while experiencing a barrier of anxiety that keeps them lodged there, and I wondered if this feeling was shared by Laura.

Session 7

Arriving cheerfully for her session, Laura began to draw immediately, as if she already had an idea in mind (fig. 13). Her drawing technique was very methodical. In the row of flowers depicted in the drawing, the purple flower was drawn last. The drawing is covered in acetate and Laura had cut the image after it was drawn to fit the size of the acetate. In this process she cut off a small double flower that had been to the right of the image. This use of acetate as a protective cover for her image furthered the theme of keeping things safe: the envelope for the feeling faces, the concentric wavy line squares, and her drawer. For some reason, I asked Laura which flower would be each of her family members. Initially, Anne was the flower that got cut off, so Laura changed her to another one after. Knowing both the extreme difficulty Laura experienced and the development of her symptomatology following Anne's birth, it is notable that Laura cut Anne off the image. To me, this symbolized Laura's desire to still be the baby of the family. Laura wrote the names of each family member on top, and labeled the purple flower with her name. As this flower was the one that was different from the others, I asked Laura if she feels different in her family, and she nodded "yes." She also nodded that this felt good and special, and shook "no" when I asked if she ever felt lonely or

41

disliked this role. Laura's mother is the flower to the left of the tree, separated from the rest of the family. This is an interesting placement, and I wondered if it corresponded to an emotional distance or a physical distance. Perhaps her mother was busier and less available with the separation, or maybe she is characteristically emotionally withdrawn. This second possibility is also noted in Laura's father's description of her mother in the file. Her father is on the same side of the tree as his daughters, the tree serving as the barrier between the two parents. Sarah is to the right of Laura, and Anne is farther to the right, another distance in the family. From what I could decipher through questioning, the balloon was unwanted by a little girl who let it fly away.
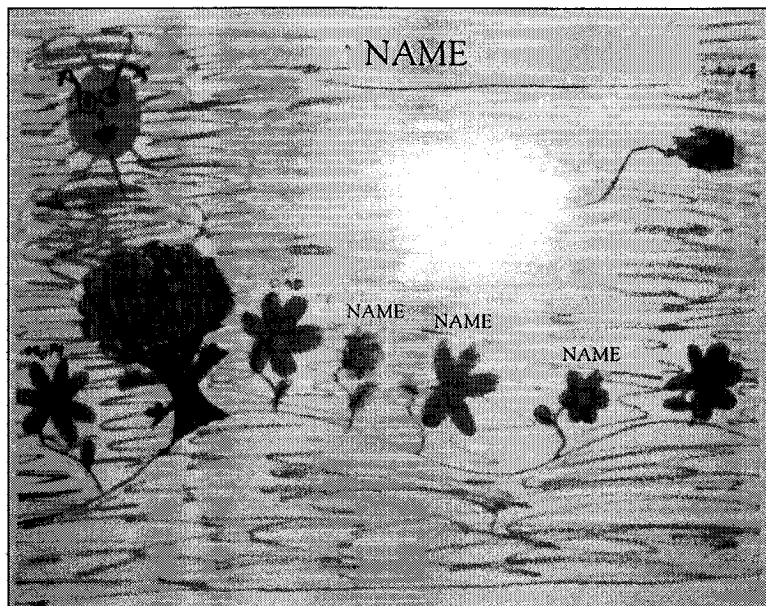
Figure 13. (10" x 12.5")
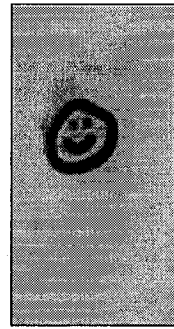
Figure 14. (1.5" x1")   Figure 15. (1.5" x1")

In the clean up, Laura began to throw the small flower away, but I asked that she save it (fig. 14). She flipped it over and drew a happy face on the back (fig. 15) and put it into her envelope. This unwanted object was reclaimed and put in the safe place.

Session 8

Laura arrived with her father for this session. She started to head into the bathroom on her way to the therapy room. At this point, her father quickly placed his cell phone to my ear, catching me off guard. I heard a message that Laura had left for him from school. This apparently was a breakthrough for her to make a call from school, and her father had saved it all week to play for me. I later asked Laura how she felt about her father sharing this message with me, and she responded "fine." I checked again later, and she genuinely seemed unbothered by this occurrence although she seemed more withdrawn this week.

Figure 16. (8" x 8.5")

Laura appeared, like the previous session, to already have an idea in mind for an art project. She produced an image with heart shapes that involved cutting and pasting tissue paper (fig. 16). This was a very trying process, but Laura persisted. One of the hearts kept tearing, but she was relentless in her attempts to piece it back together while her frustration mounted. This image, like figure 9, has a border with somewhat wavy lines containing the image. I do not feel that they have as anxious of a tone as the earlier frame. Like the previous week, she cut acetate to cover this image. This again served a protective purpose, perhaps reinforcing the containment of the frame.

I asked Laura how her week had been and she drew two faces. One had a straight, though slightly down-turned mouth. The other was very sad, with tears. It turned out that she had a very difficult week at school, and that the other children were giving her a hard time. I could feel Laura's sadness although she did not show it on her face. I later saw the torn heart as very symbolic of this emotion, the acetate again protecting her vulnerable

feelings from the outside world. Laura's perseverance with the frustrating process of this

project underlined how persistent she must be to maintain the containment of her

emotional states. As had become the norm in our sessions, I could only ask a few

questions about her feelings and the possible related events before she shut down.

Session 9

Laura arrived with her mother and was reluctant to come into her session until her

chalkboard drawing was finished. For this meeting I decided to be more directive in the

hopes of grasping a clearer understanding of Laura's family dynamics. I chose the

Kinetic Family Drawing (KFD) assessment tool (fig. 17, note that identifying features

have been removed from this image), which requests a drawing of the client and their

family involved in an activity (Knoff & Prout, 1999). Initially, I did not think that Laura

was going to comply with this request, as she immediately started to occupy herself with

other activities. However, at one point in her play she let out a small sigh, got the

supplies, and chose a small sheet of paper and a pencil. As can be seen, she invested a lot

of energy in this image. The interpretation of Laura's drawing is informed by the

guidelines outlined by Knoff and Prout (1991).
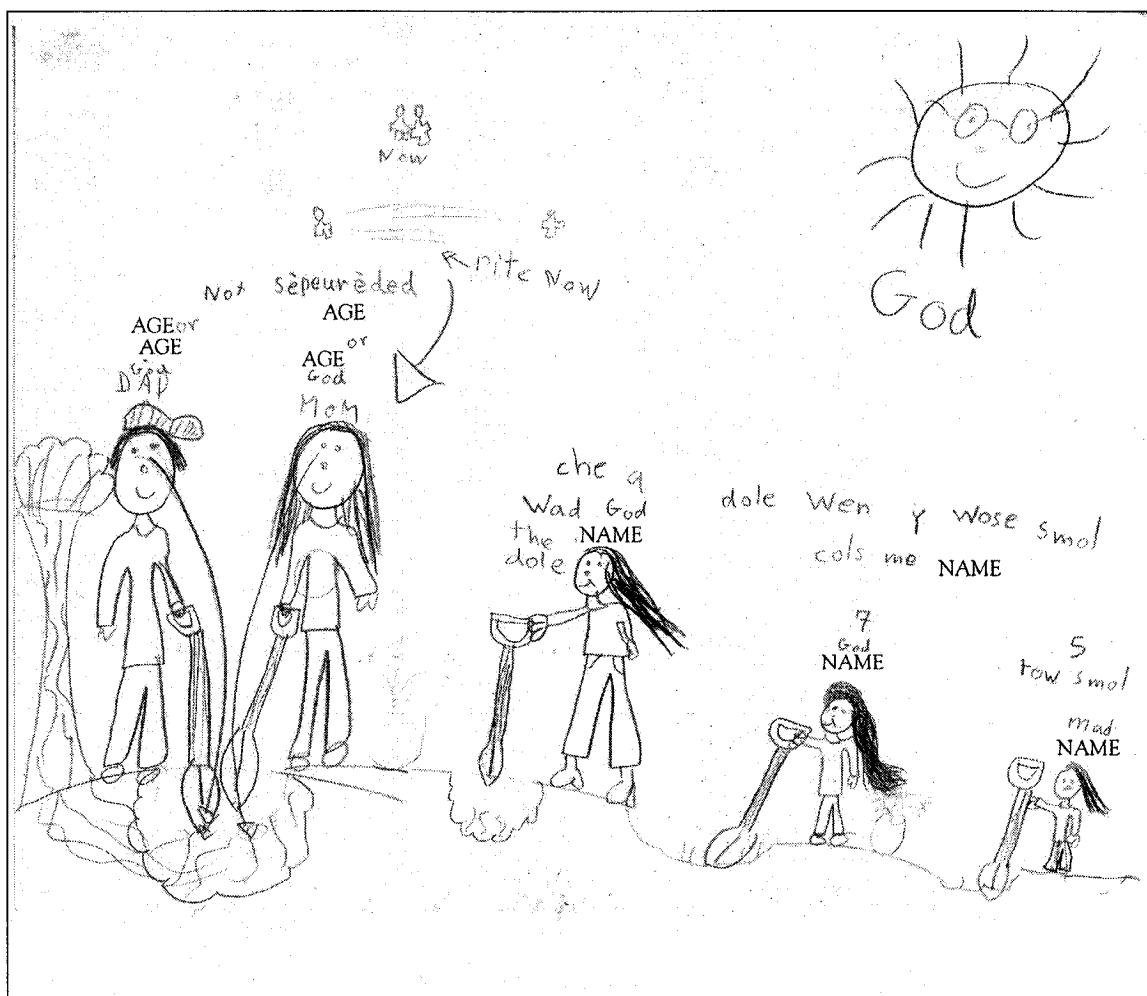
Figure 17. (8.5" x 11")

Laura's KFD includes all five members of her family, chronologically descendant

in relation to age. Each figure has their age listed over top of them. Though this order

may represent importance within the family, chronological listing is the normal response.

The family members are all digging holes, and Laura relayed that they were not digging

to plant but rather to uncover. According to Knoff and Prout (1991), dirt themes,

including digging in the dirt, are associated "with bad or negative affects or feelings" (p.

9). Sarah's long and extended arm may represent rejection or threat (Knoff & Prout), and

it is directed towards the mother. Her mother's left arm is also slightly longer, and both

46

Laura and Anne have extended arms, so this theme may be present with all the female members of the family. Anne's lack of feet potentially represents instability. Laura's small size can reflect poor self concept and feelings of inadequacy. Laura and Anne are both depicted as considerably smaller than Sarah, which may represent their lesser importance within the family, or Sarah's closer affiliation with the adult figures.

The parents in this image have uncovered the roots of the tree so that they can see how it grows, according to Laura. There are arrows pointing from her parents' eyes directing their gaze at the roots. Like much of Laura's other artwork, this drawing has a very cryptic quality, which I experienced as a message that is begging to be deciphered. One can see the traces of plants that have been erased. Erasure can connote compulsiveness, insecurity, and possible resistance. Laura's heavy line quality may denote anxiety.

There is a lack of interaction among the figures which can suggest poor relations or communication and the distance between Laura and her parents may denote feeling of isolation or rejection. I asked Laura how each figure was feeling and she wrote the word "god" intending to spell the word "good" over all members except her younger sister. This use of the spelling "g-o-d" for "good" was a frequent occurrence, and as Laura's family appeared to be somewhat active in their religion, this may be significant. For Anne's state, she wrote the word "mad." When I pondered why this was, she wrote "tow small" meaning that she is too small to do the activity. Laura also acknowledged that she and Anne are often mad at each other, while her relationship is good with the other family members. The early resentment towards Anne for taking her role as the baby of the family is clearly unresolved. When asked about her older sister, Laura wrote "cols me

47

lori." It turned out that Lori was the name of her sister's doll when she was a little girl, and this is now the name by which she was calling Laura. This is an interesting comment on their relationship, as it had been suggested on our team that Sarah may do a lot of the talking for Laura. It is also notable that the Sarah figure was originally labeled "mom."

Laura's parents in this image are depicted at a time before their separation. To clarify her image, Laura drew a diagram over top, showing her parents both separated and not. This was the first time that Laura had raised the issue of her parents' separation. Although, she acknowledged that she would prefer that they still be together, she relayed that she knew it was unlikely that they would get back together. From the diagram, we can see that Laura is still experiencing a lot of confusion around the separation.

The drawings of Laura's parents are very distant from her in this image. I was reminded of the drawing of the flowers (fig. 13), where the flower she chose to represent her mother is distant from the rest of the family and cut off by a tree. This led me to wonder what type of attachment pattern she has with her family. Anxiety is believed to stem from early interactional patterns. Dozier, Stovall, and Albus (1999) link resistant attachment and dysfunctional family environments with the development of anxiety disorders. This inspires further inquiry into the family system. I wonder if the KFD is showing Sarah as a parentified child (Byng-Hall, 2002), playing a parental role to Laura. According to Byng-Hall, if the attachment pattern is insecure/ambivalent "the parent is only intermittently emotionally available because he or she is often preoccupied with unresolved emotional issues from the past, but is nevertheless keen to be a good parent" (p. 379), and this can result in a child taking on a parental role to their parents and other siblings. Seeing the ongoing tension between Laura and Anne, I wondered if this is a

48

healthy sibling rivalry, or if it is more serious. Thompson (1999) states that there is more

harmony between siblings who are securely attached to their parents. Berlin and Cassidy

(1999) also note that there are increased conflicts between children who are insecurely

attached. Since the onset of Laura's selective mutism followed Anne's birth I wonder if

she felt anxious in her attachment to her mother and fearful that she would be abandoned

because the birth of this new baby.

Session 10

Laura's father called to say that they would be running 15 minutes late for this

session. When they arrived, Laura's father proudly told me that Laura had talked to a

little girl at a fast food restaurant that week. This exchange is further described in the

recount of our family meeting, where her father retold the story in greater detail.

Figure 18. (12" x 18")

49

Laura started to draw right away using glitter glue (fig. 18). She divided the image in half. On the right side of the page she drew a heart concentrically circled many times. The theme of containment is repeated here. I asked her once again about the theme of keeping feelings safe, referring to the enclosed heart, and she agreed. On the left she drew a tree with four flowers. None of my questions about this side of the picture resonated with her and she offered no clues as to the content. When I asked Laura whether there was a relationship between the two sides of the image, she responded that they were unrelated and that there was no story to connect them. Laura was eager to move onto other activities, so we did not explore the left side of this image.
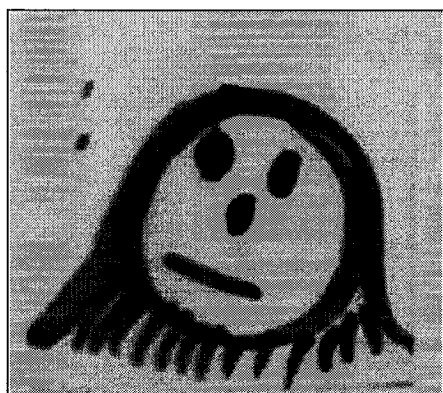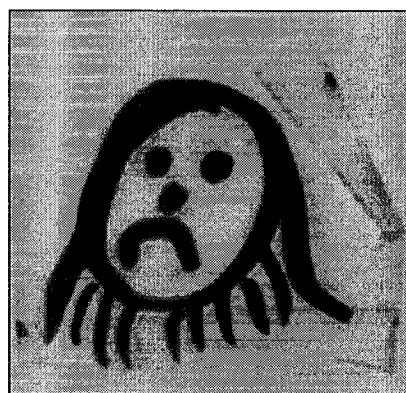
Figure 19. (1.5" x 1.5")   *Figure 20.* (1.5" x 1.5")

When I asked Laura about the different feelings she had experienced during her week she drew two faces on either side of a small piece of paper (fig. 19 and fig. 20). On one side there is a girl with a straight mouth, while on the other the girl has a down-turned mouth. These were the first "feeling faces" that had been drawn with hair, and they both bore hairstyles similar to Laura's. I wondered if this showed that Laura was connecting more with these emotions. Laura expressed that it had been a sad week for

her, yet in spite of my asking many questions I could not discover why this was. Laura then took out the envelope that held all the face drawings and pulled off the tape so that she could see them all. I reminisced about the different sessions during which the faces were drawn and the different feelings that accompanied them, while Laura listened attentively. I saw this as a step towards integrating the range of emotions she experienced.
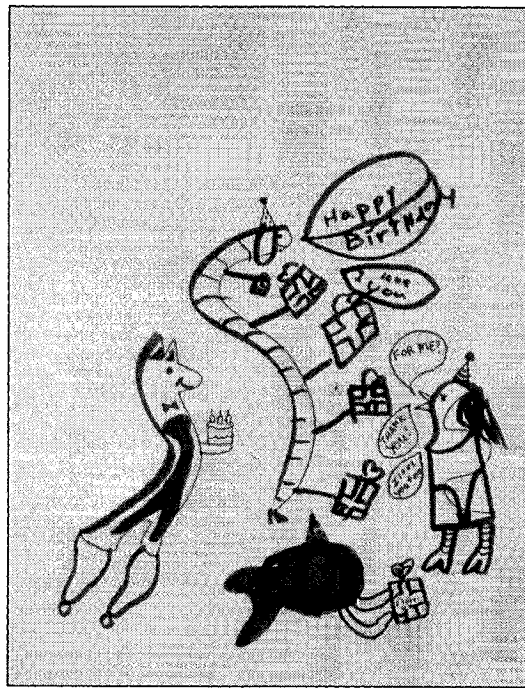
Figure 21. (11" x 14")

Laura then took out the "I draw you-draw" image (fig. 2) from our first session and I asked if she would like to try another one (fig. 21). She appeared pleased with this idea. She drew a central worm-like character bearing gifts, and wrote "I love you" in a speech bubble. I felt a bit unsure of how my character, the bird on the right, should respond. It seemed that the bird should respond with "I love you too," but I was also

aware that as this was symbolically a dialogue between us so I questioned whether it was appropriate for my character to express these words. I decided to follow my first instinct, and allowed my character to respond. I felt a lot of warmth from Laura at this point. There was an exchange of gifts through the image as well. I think Laura wanted to share her feelings of connection and attachment to me and the therapy, and I felt that it was important and authentic to reciprocate.

Session 11

For this session, I suggested the Kinetic School Drawing (Knoff & Prout, 1991), hoping to get a sense of Laura's school dynamics. She appeared very reluctant to comply with this suggestion. However, she went up to the board and cast me an inquisitive look and I agreed that she could make the image on the chalkboard. I believe that she was using the chalkboard as a way to reduce her anxiety as the image would not have to be a permanent product. Laura drew herself and a friend building a snowman. She expressed that while she is happy outside the school, she is not happy to be inside of it. Through her choice of imagery she was also mediating her anxiety about this subject, as she was not, for instance, depicting herself in the classroom. Laura relayed that the other children at school were upsetting her, though I could not get her to elaborate. I asked her to draw what this felt like, and she became downcast and refused. She erased the chalkboard and started a game of tic-tac-toe. By engaging me she had shifted the environment to lessen her tension, again mediating her anxiety and sadness.

Laura experimented with the tic-tac-toe format, using wavy lines, or crooked lines, and we adapted our x's and o's to suit the style of the grid. I asked her to show me

how it felt to win, and she drew a huge happy face. When asked about how it felt to lose she drew a very small sad face. The size of the images made me think that her self esteem as well as her emotions must be greatly affected by winning and losing, and that this likely translated to her experiencing pressures at school and other external situations. This also led me to reflect on her tendency to erase and redraw shapes many times in the attempt to make them perfect, as well as her frustration with the box that she had thrown away several weeks previous after she was unable to perfect it. Further, I considered that with drawing and writing, you are always able to go back and erase and perfect, while with speaking you cannot.

Session 12

I brought a video camera to tape this session for supervision purposes. Laura adapted quickly to the camera. She frequently repositioned it to focus on her, while at other times she filmed me or displayed her drawings. Laura was in a very good mood during this session and as a result she came across as both engaging and confident on the video. She had carried a bag into the session with something inside that she wanted to show me. It turned out to be a ceramic frog with a large mouth. Laura put her hand inside its mouth and agreed that things could be hidden in there.

Following a quick game of tic-tac-toe, Laura started to draw on paper, making a line, and then looking at me expectantly. I did not initially clue in to the game she was initiating, and so she went to her folder and showed me our first "I-draw-you-draw" image. We then started a new one (fig. 22). Laura put three hats on the larger characters and I asked if they were for the three girls in her family. She agreed and pointed out that

the middle one was her. I asked for her approval to put flowers on the hats when it came

to my turn. She gestured that I should only put one on the middle flower, and I reflected

that the theme of her being different and special in her family had recurred.
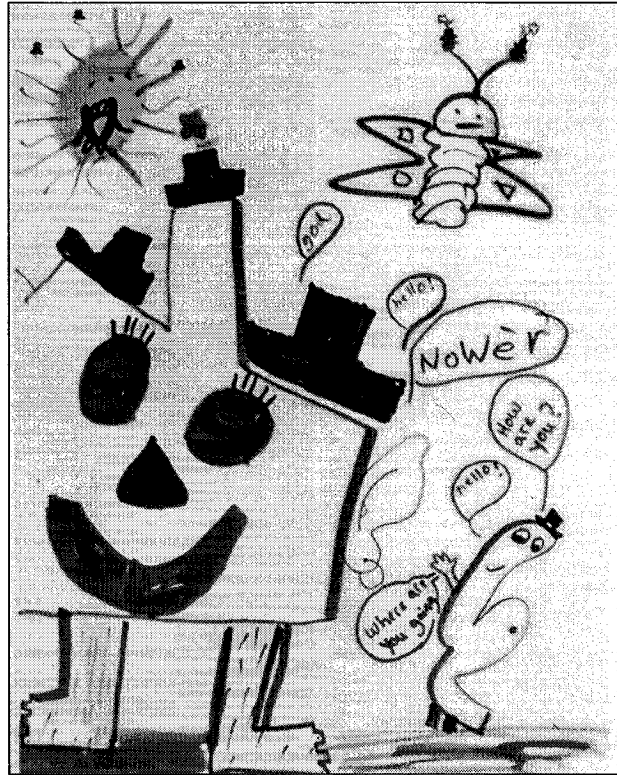
Figure 22. (11" x 14")

Partway through the session, I asked Laura to draw the faces that related to her

feelings that week. She drew three happy faces on one side of a small piece of paper and

labeled them with her, her mother and Sarah's initial (fig. 23). Next she turned the paper

over and drew her father and her younger sister on the other side (fig. 24). This grouping

has Laura paired with the people she seemed to most identify with in her family. I

wondered if her father being placed on the other side of the paper could mean that she

had tension with him as well as with her younger sister, or whether there was some other

identification between Anne and her father. While Laura expressed that something good

had happened that week, she did not give any clues and I was unable to guess what it

was.
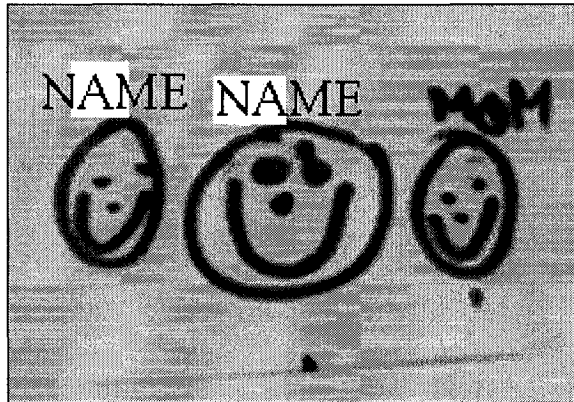
Figure 23. (2.5" x 1")
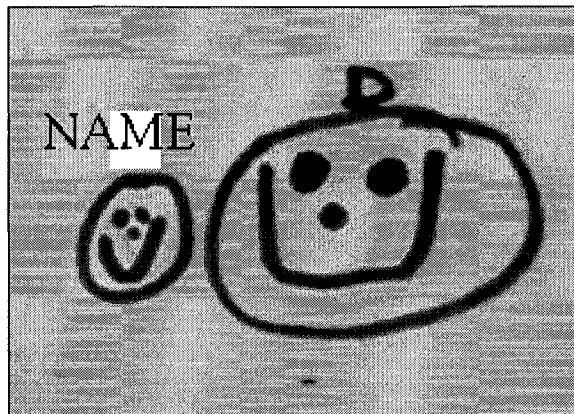
Figure 24. (2.5" x 1")

Later in the session, Laura returned to the chalkboard and drew a star with a "#1"

inside, and wrote "YAY! Laura." This echoed the form of praise that I had used in other

sessions when she won at a game. This gesture underlined the theme of her specialness that had been highlighted in the "I-draw-you-draw" image. While I continue to believe that there are many issues that perpetuated Laura's selective mutism, I believe that the unique role and sense of specialness that this symptom enabled for her definitely reinforced the disorder.

Session 13

Although Laura seemed a bit shy to join me in the waiting room, she became very engaging when she entered the therapy room. She initiated a game of tic-tac-toe on the chalkboard which she clearly wanted to win. It would have been too obvious had I let myself lose, so I won. Laura was not happy with this. I then showed her a technique that would ensure that she would win tic-tac-toe most of the time. I asked her to draw faces on the board after each game, to enable me to track how she was feeling as she won and lost the game. Her losing face was smaller and had a straight line for a mouth. I tried different feeling word for her to name this state, and Laura chose "mad" and "frustrated." I asked about different events and people that made her feel these states and she nodded when I said the name of each family member. Further, I asked Laura if she felt this way with me or with her teacher. She shook her head "no." I asked her if it was not that she did not feel frustrated or mad with us sometimes, but rather that she was unable to show these more negative feelings to us. To this she did not respond.

I had drawn a star on the chalkboard after one of her victories and Laura proceeded to try and copy it. She was dissatisfied with the results and persistently erased and retried. Then, without making any gesture to ask permission, she got up to leave the

room to go to the bathroom. Upon her return, she started to look for the calendar that we

had been using to countdown the weeks before the holidays. Laura became increasingly

frustrated, as she could not find the calendar in her folder and I did not know where else

it could be. She then began a new calendar, and after checking the date of her return, took

my daytimer from the desk and wrote her name in big letters on the date that she was

going to return. She then flipped through to another calendar, and also circled that date.

"You want to make sure that I remember our appointment?" I asked, to which she nodded

enthusiastically. In this action, I see Laura showing me the importance of therapy to her

and wanting to ensure our appointments were of importance to me as well. In writing her

own name in my calendar, I wonder if she was trying to set herself apart from the other

children I was seeing, reinforcing the theme of her specialness.

Parental Meeting

At the end of term, the psychiatrist serving as my supervisor and I met with all of

my clients and their parents. Laura's parents each reported small breakthroughs with her.

A week before, at a friend of her mother's house, Laura was asked to go and comfort the

woman's young daughter who was crying. Both mothers heard Laura's voice as she

talked to the little girl. Laura's father brought up another story, which he had shared a

few weeks previous. In the play area of a fast food restaurant, he noticed that Laura had

begun to talk to one of the younger children, even though there was a girl from her school

nearby who could have overheard. The psychiatrist noted that it was interesting that both

of these children were younger than Laura. She forcefully shook her head to disagree

with this statement.

The parents portrayed their co-parenting relationship as very harmonious and without conflict. They said that Laura was able to freely express her emotions at home, and had always been more vocal about her feelings than her sisters. They both seemed patient with the rate of Laura's progress and pleased with our relationship in art therapy. In a discussion preceding the meeting, the psychiatrist and I had decided that he would suggest the addition of medication to Laura's treatment. Laura's mother remained firmly against the idea, while her father said he had given up on trying to convince her.

Session 14

As this session directly followed the meeting with Laura's parents, we had to set up the room together. Laura took out all the supplies that were a novelty, such as ribbons and sparkles, or items that were new and unopened. After arranging this variety of materials, Laura finally decided to work in clay. She started making apples in a basket, a ladder, and a tree. Next, she proceeded to mount apples on her tree, one of which had a small stem. I related this image back to her first drawing with the apple tree and she agreed that there was a connection.

Laura was very communicative during this session. She intermittently took breaks from the art making to write on the chalkboard in to answer my questions. She started writing in English, but as I struggled to decipher her spelling she switched to French. She let me know that in the summer, when her parents would have their proper houses, she would be able to paint her room. Laura shared that she was choosing a pig motif to decorate her room, and wrote that this was so she could keep her room messy like a "pig sty." She seemed very happy about this prospect. As she let me know that her parents like

her to keep things tidy, I wondered if this use of humor might be an attempt to challenge the rules at home.

Laura had a happy week with lots of holiday celebration. I asked about the places in which she was happy this week and she nodded to home, school, therapy, and the family meeting we had just had. The only place she was not happy was in gym class because the teacher was strict and he punished her, which resulted in feelings of sadness. When I asked her which class she was enjoying, she began to proudly write different math equations on the board. She also wrote that she would be having lunch with one of her teachers the next day, and expressed excitement about this plan. As the session drew to a close, Laura became very reluctant to leave, pretended that she was exhausted, and then pretended that she was asleep. She also started going through my bag, and I had to set a limit. It seemed that she was testing the boundaries, to see if they would shift before the holiday, as perhaps they were shifting a bit with this teacher.

Session 15

This was the last session that Laura and I had before the holiday. She came wearing a festive hat, and gave me a small gift with a card that she had made. We opened this gift together and she was very excited during this process. Laura went to the chalkboard and initiated a game of tic-tac-toe, using the trick that I had taught her to win. Whenever she won, she would draw a large happy face for herself and a smaller unhappy face for me. When she lost, she drew a face that appeared to have steam coming out of the ears, with a wavy line for the mouth. After a series of suggestions for what this feeling might be, Laura settled again on "frustrated" and "angry." I suggested that we

stomp our feet together to accompany these feelings, in the hope of beginning to externalize these emotions.

Laura erased the chalkboard and began a game of "hang-man." For the first round of this game, it was my turn to guess, and I figured out the answer early on. When I asked her if she wanted me to guess right or wrong, she made it clear that she preferred that I pretended to not know the answer. For the second round, she continued to choose the word for me to guess. This time, I did guess the answer, her sister's name. Laura playfully shook her head "no," and so I proceeded to guess most of the letters of the alphabet until I lost. Laura then filled the blank squares in with numbers. The theme of control was clearly heightened during this session.

Next, Laura proceeded to go to her drawer to get the clay from the previous week, as well as some new clay. She made a bowl (approx. 6" diameter) and started to write my name inside of it. I found this writing striking in relation to this being our last session before the holiday. Perhaps through writing my name in this bowl and being controlling of me through the session Laura was trying to hold onto me during this time of temporary separation.

Laura seemed to have a vision of how she would like the bowl to be, and became increasingly frustrated as she could not accomplish this. She began to animate this feeling, stomping her feet. I asked her if perhaps we should work together to find a solution. She agreed and the bowl came together. As we packed up to leave, Laura grabbed a small piece of clay and made a miniature version of her bowl very quickly. She refused to wash her hands before returning to her mother. I saw this as both an attempt to take something from the session with her and a way to provoke her mother.

Session 16

Laura had missed an extra week over the holidays because of a school commitment. She was distant during this first session back, and when I asked her how it felt to have returned to therapy she shrugged her shoulders. I suggested that perhaps it was difficult to come back, and she gave a "so-so" sort of gesture. She then began looking around the room, and when I wondered what she was searching for, she wrote "keys" on the chalkboard.

Laura went and got the bowl that she had made the session before the break. She painted it red and blue, and started to mix paint inside the bowl using her fingers. She used different containers and started to make a mixture of paint. I commented to her that it looked like she was cooking, and she appeared happy with this reference. As Laura added more and more supplies to the mixture, I started to put some limits. While Laura poured the paint into her mixture, she also began to line up the paint bottles in a line. I noted that these bottles made a sort of fence between us, and she nodded. I then suggested that it was perhaps hard to come back to therapy after three weeks and so she needed to build a fence to keep a distance between us. She gave another smaller nod. Once her mixture was complete, Laura poured it into a cup and pretended to drink it. "Does it taste good?" I asked and she nodded. I then ask her what she planned to put into her bowl. Laura went to the chalkboard and drew an image of her bowl with the word "money" written on it. I asked her if it was money to spend or to save and she acknowledged that she preferred to spend. This made me think of the way she had poured the supplies into her bowl until a limit was set. This way of consuming seemed to contrast her vigilant and contained side. As we cleaned up, this other side of Laura resurfaced as she carefully and

independently washed the brushes and the sink. I believe that this session begins to depict the conflicts of Freud's anal stage (Brenner 1974, Freud, 1934). Her oscillation between messiness and careful containment represents well this struggle. This theme was to be continued over the next several sessions.

Session 17

Laura started looking around the room in an exaggerated fashion when she arrived. She looked up at the ceiling and under the table. I asked her what she was looking for and she wrote "Bol" on the chalkboard, meaning the bowl that she had made. Once she had her bowl, she took some more clay and began to make several small balls, one of which she covered in glitter glue. I asked Laura if this was "the special one" and she nodded in agreement. Next, she took all the balls of clay and squished them into a single large ball, put this mass into a plastic container, and then emptied the bottle of glitter glue on top. I asked her if she ever did this sort of activity at home and she shook her head very strongly. I noted that she used up all the glue, and asked if she was ever allowed to use all of something at home or if she always had to share. She nodded strongly that she always had to share, rolling her eyes.

Laura started to pour water into the clay and glitter mixture, stirring with her hands and seeming to enjoy the sensation (fig. 25). This stirring went on for quite a while, although Laura wiped her hands off a few times during the process. Eventually, as her hair started to get in her face and her clothes started to get wet, I could tell that she was getting increasingly irritated. She nodded when I named this feeling. Laura tried to clean up and although she did not want help, the process appeared very tedious and

frustrating for her. I asked Laura if writing on the board to communicate also made her feel this way sometimes; to this she nodded enthusiastically.
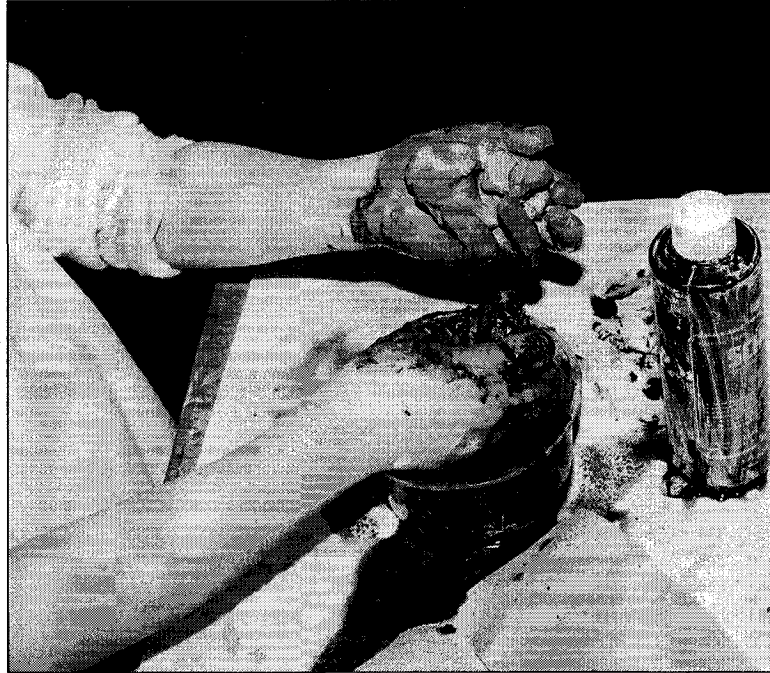
Figure 25.

Self-disclosure is not something I usually practice, however I got a sense in this session that a small amount might be appropriate and useful. I told Laura that when I was young, I also was quiet, and often did not speak, which made it hard to communicate with others. Her interest shifted as I told her this. I decided to proceed, and said that sometimes it felt like the words got stuck in certain parts of my throat, and I asked her if she ever had that feeling. She nodded and pointed to the place in her throat where the words got stuck.

Later, I asked her if there were other areas in her life where she also experienced the frustrated and irritated feeling she had experienced during clean up, and she agreed.

"At school?" I asked, and she shook her head "no." "Home?" she gave a big nod "yes," and quickly ran to the board where she wrote "Sister" in giant letters. When I asked if it was one sister in particular, she wrote the number "2," to denote that it was both sisters. Laura then erased the chalkboard and wrote a paragraph about her older sister, describing an incident where she had not been fair in the sharing of a book. She wrote in French that it felt like her older sister could do whatever she wanted and that the rules were not the same for her.

Laura returned to the mixture and started pouring everything into a single container. As I tried to bring the session to a close she became very resistant, and kept looking for things to do, in order not to leave the room. I believed that this embodied her need for the rules to be different for her, as well as the desire to stay in this "special place" where neither of her sisters was allowed to enter during her session.

Session 18

As Laura walked down the hall to our session, she seemed to be really enjoying the swishy sound of her snowpants. This was striking because as well as remaining verbally mute, Laura rarely made any sound at all. She headed immediately to her drawer, and took out the two containers of paint mixtures from the previous week. As she stirred and mixed these two mixtures together, she pointed out the googly eyes that she had added to the mixture. Laura then quickly got up and went to the chalkboard where she wrote that she needed something small to add to her "potion." We looked through my art supply box together, but nothing seemed to be what she was looking for. She rejected my different suggestions and eventually gave up. I asked her what kind of potion it was,

and she nodded when I asked if it was a witch's potion. While Laura stirred this potion, I began to reflect on her process and then asked if this was like the messy stuff that we stirred up sometimes in therapy. She nodded. Once again she got up and began looking through the art supplies, searching for something to scoop her mixture with. Again, it seemed that nothing was right, however she settled on a cup and a spoon. I wonder if in this searching exercise Laura was trying to show me my limitations and test my ability to exactly meet and adapt to her needs. Her frustration at having to settle for an approximation of what she was looking for is noteworthy. I see this as a negative transference, placing me in the role of the mother who cannot meet her needs.

Laura began to dish her potion into two cups, one for herself, and one for me. As she pretended to drink from her cup, I asked if she wanted me to do likewise. She agreed. After having mimed the consumption of this mixture, Laura fell to the ground with her eyes closed, pretending that the mixture had killed her. Having verified with Laura that she wanted me to follow suit, I also fell to the ground. I saw this as enacting Laura's fear that we would not be able to tolerate the "mess" that risked coming up in therapy. This theme was further enacted in the cleanup when Laura became very frustrated over her lack of control. I focused here on being very containing, especially as she tested the limits of the time of the session.

Session 19

Laura arrived for this session feeling sick, tired and fighting a fever. She took the first part of our session to eat her snack, her eyes downcast. I thought it was very important for her to take this time, considering both her sickness and the challenges of the

previous week. In response I did not make any suggestions about starting and mostly

remained silent with her while she gathered her strength. Having eaten, she perked up a

bit and went to her drawer to get her mixture.

Laura began to stir bits of plasticine into her mixture. Toothpicks that she had

added the previous week began to surface and this surprised her. To me, these sticks had

a bit of an ominous feeling as they emerged from the murky brown liquid. Following this

process, Laura began tearing long strips of masking tape. She would dunk each strip

completely into her mixture, and then she would carefully wipe them off to remove the

excess liquid, staining the tape with a pale purplish brown colour. In turn, she would hand

me each strip to lay to dry on the floor. Having wet all the tape, Laura began looking

through the supplies for other items that she could put into her mixture. In this searching

process, repeated from previous weeks, she increasingly engaged my assistance to find

things. At the same point, she continued to be frustrated when she could not find exactly

what she was looking for. This was often something that she was unable to, or chose not

to communicate to me or something that I simply did not have. I believe Laura was

showing me her inner conflict between not wanting to communicate verbally and not

getting her needs met. Laura's process seemed to always involve eventually settling on

something, and in this instance she settled on string. With the cut lengths of string she

began the same process as the masking tape of dunking, wiping, and leaving them to dry.

I reflected to Laura that it seemed increasingly like she felt comfortable to use the

therapy space freely, to which she agreed. I then asked if she felt this way about the space

at home, to which she shook an emphasized "no." To expand on this, Laura went to the

chalkboard and wrote that her mother did not allow her to get messy. She then erased this

statement, and wrote that her father also did not like mess. This made me think of how her parents presented the breakup of their relationship as a clean split, and how they were likely denying the intense emotions and feelings of loss that they and their children were containing. Further, I thought about her wish to decorate her room like a pig sty once her parents had different homes as perhaps a way to start to acknowledge this different side of her.

Laura initiated the clean up at the end of the session. She methodically tidied and washed her hands, not wanting any help from me. She then wondered where her tape and string might be stored. She pointed to suggest several different possibilities to me: under the doctor's desk, under the couch. Laura insisted that the tape could not be folded, and was not satisfied when I maintained that it had to be kept either in her folder or in the drawer. I explained to her that we had to find a compromise because the length of these strips (approximately a meter each) required one fold for them to fit in either her folder or her drawer. I interpreted this struggle as Laura wanting to be the only child to use this room, for the space to be just for her. Laura settled on folding the tape and string. She then wrote on the board that it was time to go, which it was.

Session 20

Laura arrived wearing new clothes so I made a smock out of a plastic bag to protect her outfit. Laura went to her drawer immediately, and took out her mixture, as well as the string and tape. She tore the tape into a few pieces and used it to attach two plastic spoons together in order to make them stronger. As I began reflecting back on the previous week's session I noted that we had discussed her parents' feelings around mess,

but that we had not had the opportunity to see how she felt about messiness. Laura wrote on the board that she liked things that are slimy. I noted to Laura that when she cleaned up she tended to become anxious and frustrated. I suggested for this session, we would see what it was like for her to not have to clean up. She wrote "COOL" in giant letters on the board.

Laura proceeded to return to her potion-mixture, stirring it with her special spoon. As the liquid began to spill on the table, she continued to stir, and began using her hands to feel the mucky part that had settled at the bottom. As she did so, her finger got stabbed by a toothpick. Laura very carefully removed all the toothpicks from her potion, making it safe for her hands to continue the stirring. She then began to pour the liquid on the table. I suggested that I could make a sort of dam out of paper towels to keep the liquid on the table, and she nodded. Laura proceeded to pour out the entire mixture onto the table, and spent a long period of time spreading it around and enjoying the sensation on her hands. She also began to spread the mixture on her arms, and rubbed some onto the belly of her smock. During this process she seemed much younger than her age. I see this as representing the other side of the anal stage of development, as Laura revels in the mess that she has created, rather than cautiously retaining the order and cleanliness.

As Laura and I headed towards the bathroom for her to clean up, we met up with her mother and sister Anne who were also headed there. Laura signaled to them to come into the art therapy room. I was apprehensive about them coming into the therapy room during our session, however it was too late. They had already come into the room, seeing a table covered in purplish brown muck that was contained by a barricade of paper towels. Laura's mother appeared tense, but she tried not to show any reaction. Anne was

fascinated, and became jealous that she was not able to join this process. She then started to cry, and her mother quickly took her to the waiting room. I asked Laura how she thought her mother felt, and she made a very angry face. I then asked her how she felt and she put on a huge smile. She also showed a sort of smug satisfaction about Anne's feeling left out.

During the cleanup following this session, I experienced some of Laura's frustration that I had seen her struggle with during cleanup. As I tried to scrub off the table, it felt like it would just not come clean no matter how much I worked. I believe that Laura had really wanted me to experience the magnitude of her anxiety and to test whether I would be able to contain it.

Session 21

I found Laura and Anne struggling in the hall as they awaited Laura's appointment. Anne wanted Laura to take her bag with her into the session. As Laura resisted, her mother became increasingly angry with her. I saw this as a continuation of the previous week's struggle, when Anne had wanted to be a part of the session. I wondered if symbolically the bag was a way for her to be in the room, and if this might be leading to Laura's resistance. Finally, Laura conceded and took the bag with her, but she was not happy with this decision.

Figure 26. (24" x 18")

When Laura came into the room, she immediately began pouring paint directly onto the table. As she emptied some of the older bottles, I contemplated where and when the limit should be set. I decided to stay with the previous week's rule of keeping all supplies on the table, and I stated this to Laura. She refused to wear a smock, and since she was wearing older clothes, I did not insist. Laura began writing the word "cool" repeatedly in the paint mixture on the table. I wondered if she wanted to try putting some paper on top of the paint to transfer her designs, and she wrote "cool baby cool" in reverse (I had told her that she would have to write it in reverse on the table for it to transfer this way) and transferred it onto the paper (fig. 26). My intention for this was to have a way to conserve her work, but it may also have stemmed from a need to contain.

Laura was insistent that she do all the clean up at the end of the session. I could see her becoming anxious because the table was not coming clean quickly enough. I mirrored her feelings, and asked if she would like some assistance. She shook her head

"no." We had to finish the session before she managed to finish the cleaning. She was clearly upset, and wanted to stay to finish the job. I emphasized that her work was appreciated, and that I did not mind finishing the cleanup.

Session 22

Laura had missed the previous week due to illness, and arrived with her father for this session. She was somewhat distant, and her nods were more subtle than usual. She went to look in her drawer. Although she took out a few things, she immediately put them back. Laura then returned to the room, and took some clay and cotton balls. She began taking small pieces of clay, and putting them inside the cotton balls. Something about this textural combination gave rise to some countertransferential tensions in my posture. I felt a real discomfort at the mixture of the two textures, and I wondered what feelings Laura might be trying to enact in me. Laura began pouring the liquid paint into the water container. As they were new full bottles, I set a limit as to how much could be used. I started to feel some anger from her, and wondered if my countertransference had been showing me her anger, provoking it, or both.

Laura put the cotton balls into the gray paint mixture and began to stir. She then returned to her drawer, got her bowl, and filled it with this new mixture. She put her hands into the concoction, and began to make handprints on a piece of paper (fig. 27). She then took a brush and completely covered these handprints, and progressed to her painting over her arms. As I reflect on this process, it seems as if this mixture was beginning to consume her in some way. Perhaps the underlying fear of letting this messiness out in the first place was this risk that it would overwhelm. Throughout this

session, Laura cleaned as she went. She remained distant and there was little communication made.

Figure 27. (20" x 22")

Session 23

This session followed a difficult team meeting for me, where many of the team's power dynamics had played out. A lot of anger had surfaced during this meeting. It seemed to me that there was an expectation on this team that everyone should contribute, yet there was an unspoken rule that all that was said had to fit within rigid guidelines that were not made explicit. As a result I had become very quiet and withdrawn. I share this point, as it likely had an impact on my demeanor and interactions with Laura. In this session I made more interpretations than usual, and pushed more than had been my style up until that point. Having lost my voice in the meeting, I think it became overcompensated in my time with Laura.

When I met Laura in the waiting room she was working on a drawing on the chalkboard. Usually she would insist to stay and finish the image, but this time she came without any resistance. She went immediately to her drawer and took out her bowl full of the paint mixture from the previous week. Laura made limited eye contact, however she felt more present than she had the previous week. I reflected on the preceding session, and wondered if she had been feeling anger. I further pondered whether she had been upset by my limit setting. Laura listened, but did not respond, keeping her eyes down as I spoke.

Laura began to take the cotton balls out of her mixture and started tearing them apart. She would squeeze all of the excess liquid from the cotton onto a piece of paper. She then turned over her bowl and began digging at it with a paint brush. I wondered aloud if there was a connection between this digging and the digging depicted in her Kinetic Family Drawing. This link appeared to resonate with Laura, though her response was very subtle. She continued to dig at the bowl, making a line in the clay that she would pour her mixture into. I asked if this ridge that divided her bowl related to the split in her family. Laura did not respond, but continued to dig harder. I noted that if this bowl were to break along the line it would not be able to hold the liquid anymore. Laura nodded, and broke the bowl into two pieces, and then into four. She then took some new clay and began to cut it into many pieces as well, putting all of these pieces, both new and old, into the water. I suggested that all of these different pieces were getting transformed into something new, and that what seemed broken was having a new beginning. In retrospect, I wonder if I was jumping ahead a step, not acknowledging that she was still in this place of transition, and therefore not allowing for the feelings of sadness and loss.

As we ended the session, Laura persistently washed her hands, yet they would not come clean.

Session 24

Laura arrived with her father and sister, Anne, for this session. She immediately took the keys and went to her drawer to get the previous week's clay mixture. She then wrote on the board that she wanted to cover her hands because she had a party to attend after the session. I found some small bags that she could wear as gloves, and she began to immerse her hands, squishing and stirring the mixture. She took her hands out of the bags to ensure that they were clean, and wrote the word "cool" on the board. Laura then took some of the mixture and wiped it onto her shirt. I expressed concern for what I thought was her party outfit and she wrote that she would be going home to change first. I then asked her if dirtying her shirt was a way to show some of the messiness to her father, similar to the way she had shown her mother and Anne the table covered with her paint mixture. Laura nodded and smiled. I asked how she thought her father might respond to this and she put on a serious face followed by an angry one. As she was about to pour some more paint onto her shirt, I stopped her. I acknowledged that she had made a mark for her father to see, however it was important that we contained the mess within the room. I sensed Laura's disapproval with my limit setting and asked if it reminded her of other people in her life. She nodded, and when I went through the list of people, she nodded only when I said her mother. I further asked if these boundaries made her angry and she nodded. I said that it was alright to feel angry and to express it, while at the same time I was going to hold these limits. Laura mixed some blue paint into her mixture, and

began to paint. I asked if this blue made her think of anything, and she wrote "la mer" in

paint, the ocean. I noted that in French this word also meant mother, and she nodded.
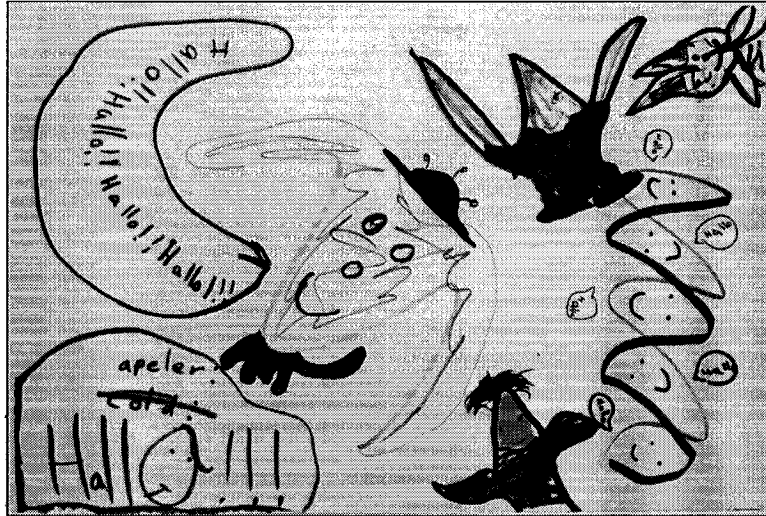
Figure 28. (20" x 14")

After the clean up some time remained, and I suggested we try an "I draw you-

draw" (fig. 28). Laura looked excited and poured out all of the markers onto the floor.

She made the first scribble. We went back and forth for a little bit, and then Laura took

over. I had made the faces on the star shaped characters, and she added nipples and a

navel to the male and breast and pubis for the female. She quickly covered them both

with blue pen and seemed both a bit mischievous and embarrassed. Laura resisted my

questions to explore her intentions in this drawing.

Session 25

As this was our second to last session, I suggested to Laura that we could do a

review of her work. She declined, preferring to do the review the following week. This

session was incredibly full; Laura was very prolific in her art making. She seemed to want to pack as much as possible into the hour. Throughout the session, she seemed to have an agenda, and worked too quickly for me to ask many questions. I decided to play a less active role, opting to rather serve as a witness to her process.

Figure 29. (18" x 14")

For the first picture, Laura started an "I- draw-you-draw" (fig. 29). She drew the first half of the form that turned into the body, and after I completed the second side of the form, she took over and finished the image on her own. Since this session was soon to be proceeded by termination of therapy, I believe that this crying figure relayed some of Laura's sadness about our work coming to end. I see this as an optimistic image, however: while the tears echo the rain clouds in the sky, between these clouds there is a

rainbow, as well as a sun shining to the left. I also find it striking how the mouth, which

can be seen as the origin of Laura's symptom, is highlighted in red. I wonder if this was

intended to symbolize the pain and rawness that persisted while Laura remained mostly

nonverbal.

Figure 30. (8.5" x 11")

Laura took a black piece of paper and wrote the name "Laurie," the nickname that

her father and sisters call her. I asked if she wanted me to also call her this and she

nodded. She then drew silver and gold sunflowers and filled in the sky with different

coloured lines (fig. 30). I asked if these flowers, like the earlier ones she had drawn,

corresponded with people and she shook her head "no." The wavy lines in the sky around

the sunflowers seem to have a very anxious tone, and I believe that they echo the wavy

containing lines that can be seen in many of Laura's images. I wondered if this showed

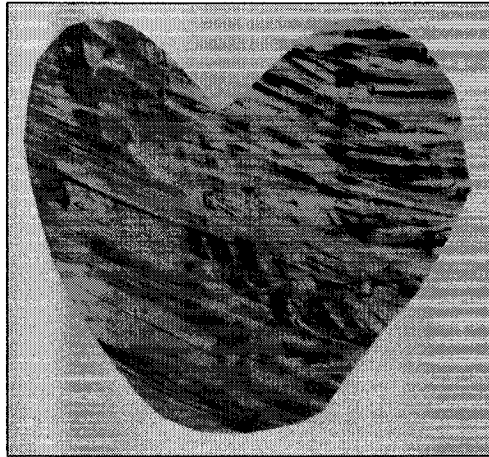her anxiety about ending therapy.
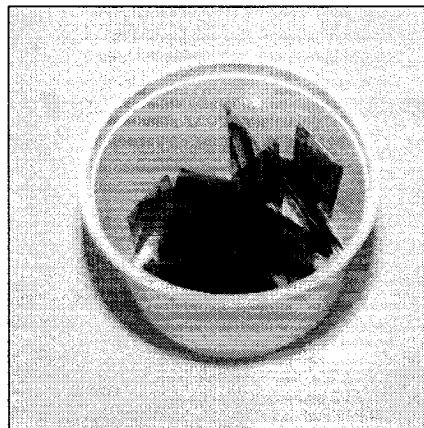

Figure 31. (4" x 4")

Figure 32.

Laura took a piece of acetate and coloured it blue with markers. This sheet was

then cut into a heart shape and put aside (fig. 31). Laura cut the remaining acetate into

small triangles. She looked around the room for the right container to keep these in. I remarked on her recurrent need to keep things safe and that this container appeared to represent this (fig. 32). I found it striking that the acetate that she had used as a cover for some of her images was now standing alone. Also, it was not the heart shape that she wanted to protect in a container, but rather the leftover pieces. This made me think of the flower that represented Anne that she cut off of her drawing (fig. 14). When I had asked her to save this little flower, she had put it in her envelope for safety. Similarly, she had found a safe place for these cut off pieces rather than throwing them away.

Laura then shifted to the chalkboard for a game of tic-tac-toe. When it appeared that I was winning the game, I checked in with her and asked who was going to win. She pointed to herself, and so I let her win. I then drew a star on the board with her name in it, and she copied it, erasing many times to get it as close as possible. It was a challenge to end this session, because Laura did not want to go and tried to keep drawing on the chalkboard.

Looking back on this session I see how much Laura was trying to connect with me and to reflect back all the work we had done during the course of therapy. At the time, while I was aware of this, I also had some regret that I had not been able to get Laura to speak, although this did not overshadow the importance of the work that we had done together. I believe through her prolific and independent art making process, Laura was trying to share with me the depth and breadth of what had been accomplished in therapy. The central themes that surfaced in this session, sadness, anxiety, and safe containment, seemed especially pertinent for our second to last meeting.

Session 26

This last session followed a meeting with Laura's parents. We had recommended that they seek private therapy so that she could have longer term treatment than the hospital could provide. Although medication was again recommended for Laura, her mother remained firm in her decision against this.

For this session, Laura and I laid out all the work that she had made in chronological order. Piece by piece we reflected on the work that she had done. I asked her if there was anything that she wanted to write to go along with this review, but there was not. She drew a face and wrote "happy !!" followed by a heart shape. I had the Dr. Seuss story "Oh the Places You will Go" in the room, and she wrote on the board that she also had this story at home. I read her the story as she flipped the pages for me. As I did with all my young clients at termination, I gave Laura a small gift that I thought represented some of our work together. This comprised a small decorated box and some stickers with different faces and weather symbols. Laura carefully cut the stickers out and put them into the box. While I began to pack her artwork into her folder, she made a tour of the room looking for little things to put into this box: a toothpick, a piece of dried glitter glue and a googly eye. She then began to lift up different supplies wanting to also take them home. I reflected back this feeling of wanting to take everything when you leave so that you will remember. She then seemed satisfied with the souvenirs she had, carefully closed the box and returned easily to her parents who awaited her.

CHAPTER 5: Discussion

As we have seen, Laura's investment in therapy and her prolific art making enabled a very rich view into her world. The predominant themes that were expressed in her work centered on holding, containing, and hiding. This sense of containment can be seen in her art with the wavy line concentric squares that often held a form, the use of acetate to cover and protect images, and the envelope that Laura made to hold her feeling faces (fig. 8). Through her use of meticulous art making processes and silence, Laura vigilantly held her feelings of vulnerability and aggressivity within. She expressed that there was rigidity in the home environment, and I believe she internalized this structure through her withholding of voice. As a result, she ensured that all aggressive and vulnerable feelings were kept in. The theme of "holding in" echoed in some ways the anal stage of development with its conflict around retention and expulsion. The frustration that Laura felt when I put limits, especially in the messier play, also alludes to this stage. She was very cautious and almost obsessive in some of her work and in her tidying of the therapy room, however this gave way to some regression as she became able to let herself be fluid and messy in her process. Gradually I was able to contain this, while helping to reflect on the frustration and anger that she felt as a result of this limit setting. I think that Laura's folder (fig. 5) exemplifies a number of the themes that showed up in her therapy. Its role as a safe and consistent container was evident as she cautiously put her art inside, was pleased to see it in the same place every week, and was very

careful to ensure that the tape that kept it together was firmly in place. The painting on it was initially colourful and rigid, but became messy and muddied as she worked.

Within the therapeutic space, Laura was able to express her issues with her family and with school. Her problems with Anne continued while her desire to still be the youngest child was apparent in her behavior and her art. The possibility that her older sister played a maternal role to her also emerged, as well as a sense of ambivalence towards her mother. On the one hand there were occasions where it appeared that Laura identified with her mother, while at other times she portrayed her mother as disconnected and rigid. In two instances Laura drew animals that she expressed were pleasant although they clearly had sharp teeth (fig. 1 and fig. 9). I believe that this shows the possibility that she had been denying her hate, distrust, resentment, and anger towards important figures in her environment. In figure 9, she also denied that the red water was unsafe although it looked rather foreboding as it encircled the fish above. It was hard to understand Laura's relationship with her father. She seemed close to him, and untroubled by his expectations for her to speak. In the art, there was one instance where the father was not in the house with Laura, her mother, and her sisters. In another instance she depicted her father on the reverse side of a feeling face (fig. 24) with Anne, while she, her mother and Sarah were on the other side (fig. 23). I was unable to determine whether this related to the parents' separation or emotional distance. What was apparent was Laura's sadness over her parents' separation. She had a wish for them to repair their marriage, although she acknowledged that this would not happen. Though the parents portrayed their separation as a very clean process, I wondered if the girls were given adequate space to mourn this loss, and I hoped that in therapy this process was at least begun for Laura.

At school and at home, Laura continued in the role of the "special one" due to her selective mutism. This clearly served as reinforcement for the symptom as she shared time and again her enjoyment of this role. Laura began to share that she also experienced sadness at school. This remained a difficult topic for her to explore, as she mostly expressed the things she enjoyed, most notably math class and friends. While she avoided the more difficult areas, it did come across that some children were starting to tease her, and she was becoming angry at the teachers who pressured her speak.

In our sessions together, it became quickly apparent how Laura had learned to make her environment adapt to her needs. I too began to meet her needs, responding to ever more subtle clues, until I began to request that she express her needs as they arose. Landreth (1991), in his recount of play therapy of a selectively mute child, notes how the "child easily controls the interaction with silence, thus also controlling development of the relationship with the counselor" (p. 313). It is ironic how through Laura's silence, she was able to achieve extra attention and more control.

There is a striking shift in the work that Laura and I did before the holiday and after she came back. In sessions from our first meeting up until the break she mostly worked on drawings, both on paper and on the chalkboard. Her work was colourful and pictorial with consideration for neatness and a finished product. When she returned from the holiday her work became very process oriented. Mixing, stirring, and pouring brought her pleasure, as she reveled in the messiness of the art process. This also enabled some of her anger to surface, as she occasionally showed resentment to my limit setting, and a fear that she would be overwhelmed by the mess. Laura also revealed a desire to provoke her parents, as she tried to share the mess that she created, both to her mother in the therapy

room and to her father on her clothing. I believe that in both instances she was trying to show them the messiness they were denying, which would naturally accompany a marital separation. I think that through her process Laura was able to deal with her anal stage issues as she became more able to tolerate her fear of being overwhelmed by the mess, and her anger towards my limit setting.

The feeling faces that Laura drew were interesting markers of how she was relating to her emotions. The first face she drew (fig. 7) looks like a happy sun. She made great efforts to keep this face safe within the envelope she made (fig. 8). The next faces were people faces and (fig. 10) showed two different emotions, happiness and anger, and I believe here she was broadening the emotions that she was feeling comfortable sharing. In Figure 12, she made two faces on the same piece of paper and I saw this as a step towards integrating different feelings. When she cut off the flower that represented Anne (fig. 14) from her drawing, she put a happy face on it, which I took as a mark of appreciation that I wanted her to keep it, and again put in the safe place of the envelope. The last faces she drew (fig. 19 and 20) bore her hairstyle. I interpreted this as showing her beginning to feel comfortable owning her emotions, and neither of the two faces was happy.

In my therapeutic interventions, my hope was to provide a safe sense of containment and enable expression through a range of creative means. In the therapy I would reflect on feelings and tried to help Laura with the range of confusing and ambivalent feelings she experienced. I also wanted to help her increase her frustration tolerance, while acknowledging the anger that surfaced as a result. My hope was to show her that she could feel angry towards me and that I would survive and not leave. I wanted

to help Laura broaden her range of communication and increase her expression of needs,

while also giving value to the greatly invested art that she made.

Conclusion

Over our 26 sessions together, Laura explored many different themes through artwork and play. Initially she presented as a very contained and vigilant young girl, while also being very engaging and expressive. Laura's mutism was not "cured" during the course of our sessions; there were progresses made although tentative. I do feel, however, that this was a successful therapy considering the limited amount of time we were able to work together. Laura found very creative ways to communicate, became freer in the expression of her emotions, shared some of her family and school issues, and responded both to the freedom and the containment of our sessions. I believe that we addressed some of the underlying dynamic issues and I feel optimistic that other shifts would take place in the near future, should she have continued support and encouragement.

At the same time, I must acknowledge I had some feelings of failure. Had Laura begun to speak, this would have been perceived as a huge breakthrough. During the therapy, I tried to deny this wish and it only really surface after the therapy had finished. The more I thought about this however, the more I realized how much that wish was about me, and my need as an intern to have my work validated. In reality, Laura had used the sessions the way she needed to and to work on what was important to her. To limit success to talking is to devalue the extremely rich and significant work that she did.

As there is limited research on selective mutism, there are many areas that merit further exploration. Art therapy works well to help the client express their feelings and to

explore the dynamics underlying the symptoms of selective mutism, and it enables a rich communication device for the client. At the same point, other therapies, such as behavioral (Rye & Ullman, 1999) and psychopharmacological (Anstendig, 1999; Lehman, 2002; Stein, Rapin & Yapko, 2001) approaches have shown greater success in the research in alleviating symptoms. Perhaps the best approach is an integrative one that helps to alleviate the symptoms, while also addressing the underlying emotions and issues, and validating other means of expression.

References

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: American Psychiatric Association.

Anderson, H., & Levin, S. (1998). Generative conversations: A postmodern approach to conceptualizing and working with human systems. In M. Hoyt (Ed.), *The handbook of constructivist therapies: Innovative approaches from leading practitioners* (pp. 46-67). San Francisco, CA: Jossey-Bass Publishers.

Anstendig, K. D. (1999). Is selective mutism an anxiety disorder? Rethinking its DSM-IV classification. *Journal of Anxiety Disorders, 13*(4), 417-434.

Axline, V. (1964). *Dibs in search of self.* NY: Ballantine Books.

Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychology: A research guide.* Buckingham, UK: Open University Press.

Behar, R. (1996). *The vulnerable observer.* Boston: Beacon Press.

Bergman, R., Piacentini, J., & McCracken, J. (2002). Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*(8), 938-946.

Black, B., Leonard, H., & Rapoport, J. (1997). Specific phobia, panic disorder, social phobia, and selective mutism. In J. Wiener (Ed.), *Textbook of child and adolescent psychiatry* (2nd ed.). Washington, DC: American Psychiatric Press.

Black, B., & Uhde, T. (1995). Psychiatric characteristics of children with selective

    mutism: A pilot study. *Journal of the American Academy of Child and Adolescent*

    Psychiatry, 34(7), 847-856.

Bloom, L. R. (2002a). Stories of one's own: Nonunitary subjectivity in narrative

    representation. In. S. B. Merriam (Ed.) *Qualitative research in practice:*

    Examples for discussion and analysis (pp. 289-309). San Francisco, CA: Jossey-

    Bass.

Bloom, L. R. (2002b). From self to society: Reflections on the power of narrative inquiry.

    In. S. B. Merriam (Ed.) *Qualitative research in practice: Examples for discussion*

    and analysis (pp. 310-131). San Francisco, CA: Jossey-Bass.

Brenner, C. (1974). *An elementary textbook of psychoanalysis.* New York: Doubleday.

Brown, J. R. (1996). *The I in science: Training to utilize subjectivity in research.* Oslo,

    Norway: Scandinavian University Press.

Burck, C. (1997). Language and narrative: Learning from bilingualism. In R. K.

    Papadopoulos, & J. Byng-Hall (Eds.), *Multiple voices: Narrative in systematic*

    family therapy (pp. 64-85). London, UK: Gerald Duckworth & Co.

Burr, V., & Butt., T. (2000). Psychological distress and postmodern thought. In D. Fee

    (Ed.), *Pathology and the postmodern: Mental Illness as discourse and experience*

    (pp. 186-206). London: SAGE Publications.

Byng-Hall, J. (2002). Relieving parentified children's burdens in families with insecure

    attachment patterns. *Family Process, 41*(3), 375-88.

Chang, J. (1998). Children's stories, children's solutions: Social constructionist therapy

for children and their families. In M. Hoyt (Ed.), *The handbook of constructivist*

therapies: Innovative approaches from leading practitioners (pp. 251-275). San

Francisco, CA: Jossey-Bass Publishers.

Charma, K. & Mitchel, R. G. (1997). The myth of silent authorship: Self, substance, and

style in ethnographic writing. In R. Hertz (Ed.), *Reflexivity and voice* (pp. 193-

215). Thousand Oaks, CA: SAGE Publications.

Dow, S., Sonies, B., Scheib, D., Moss, S., & Leonard, H. (1995). Practical guidelines for

the assessment and treatment of selective mutism. *Journal of the American*

Academy of Child and Adolescent Psychiatry, 34(7), 836-846.

Ferenczi, S. (1969). *Further contributions to the theory and technique of psychoanalysis.*

(J. I. Suttie, Trans.) New York: Basic Books. (Original work published 1926)

Freud, S. (1938). *The basic writings of Sigmund Freud.* (A. A. Brill, Trans. and Ed.) New

York: The Modern Library.

Hertz, R. (1997).Introduction: Reflexivity and voice. In R. Hertz (Ed.), *Reflexivity and*

voice (pp. vii-xviii). Thousand Oaks, CA: SAGE Publications.

Hoffman, L. (1998). Setting aside the model in family therapy. In M. Hoyt (Ed.), *The*

handbook of constructivist therapies: Innovative approaches from leading

practitioners (pp. 100-115). San Francisco, CA: Jossey-Bass Publishers.

Honderich, T. (Ed.). (1995). *The Oxford companion to philosophy.* Oxford, UK: Oxford

University Press.

Knapp, S. (2002). Authorizing family science: An analysis of the objectifying practices

of family science discourse. *Journal of Marriage and Family, 64*(4), 1038-1048.

Kristensen, H., & Torgersen, S. (2001). MCMI-II personality traits and symptom traits in

parents of children with selective mutism: A case-control study. *Journal of*

Abnormal Psychology, 110(4), 648-652.

Krysanski, V. L. (2003). A brief review of selective mutism literature. *The Journal of*

Psychology, 137 (1), 29-41.

Landreth, G. L. (1991). *Play therapy: The art of the relationship.* Bristol, PA:

Accelerated Development.

Landgarten, H. (1975). Art therapy as primary mode of treatment for an elective mute.

American Journal of Art Therapy, 14, 121-125.

Lehman, R. B. (2002). Rapid resolution of social anxiety disorder, selective mutism, and

separation anxiety with paroxetine in an 8-year-old girl. *Journal of Psychiatry*

and Neuroscience, 27(2), 124.

Mahler, M. (1972). *On the first three subphases of the separation-individuation process.*

International Journal of Psychoanalysis (53), 333-338.

Meyers, S. V. (1999). Elective mutism in children: A family systems approach. In S. A.

Spasaro, & C. E. Schaefer (Eds.), *Refusal to speak: Treatment of selective mutism*

in children (pp 195-208). Northvale, NJ: Jason Aronson.

Riley, S. (1993). Illustrating the family story: Art therapy, a lens for viewing the family's

reality. *The Arts in Psychotherapy, 20*, 253-264.

Riley, S. (1997). Social constructionism: The narrative approach and clinical art therapy.

Art Therapy, 14(4),282-284.

Robertson, J. (2002). Reflexivity redux: A pithy polemic on "positionality."

Anthropological Quarterly, 75(4), 785-792.

Rubin, J. A. (1984). *Child Art Therapy* (2nd ed.). New York: John Wiley and Sons.

Shreeve, D. F. (1999). Elective mutism: Origins in stranger anxiety and selective

attention. In S. A. Spasaro, & C. E. Schaefer (Eds.), *Refusal to speak: Treatment*

of selective mutism in children (pp. 133-152). Northvale, NJ: Jason Aronson.

Spasaro, S. A., Platt, & Schaefer, C. E. (1999). An introduction to the treatment of

selective mutism. In S. A. Spasaro, & C. E. Schaefer (Eds.), *Refusal to speak:*

Treatment of selective mutism in children (pp. 1-18). Northvale, NJ: Jason

Aronson.

Stein, M. T., Rapin, I., Yapko, D. (2001). Selective mutism. *Pediatrics, 107*(4), 926-929.

Steinhausen, H., & Juzi, C. (1996). Elective Mutism: An analysis of 100 cases. *Journal of*

the American Academy of Child and Adolescent Psychiatry, 35(5), 606-614.

Wasserfall, R. R. (1997). Reflexivity, feminism, and difference. In R. Hertz (Ed.),

Reflexivity and voice (pp. 150-168). Thousand Oaks, CA: SAGE Publications.

Weininger, O. (1999). Electively mute children: A therapeutic approach. In S. A. Spasaro

& C. E. Schaefer (Eds.) *Refusal to speak: Treatment of selective mutism in*

children (pp. 153-174). Northvale, NJ: Jason Aronson.

Winnicott, D. W. (1971a). *Playing and Reality*. London: Tavistock Publications.

Winnicott, D. W. (1971b). *Therapeutic consultations in child psychiatry*. London:

Hogarth Press

Zeeman, L., Poggenpoel, M., Myburgh, C., & Van der Linde, N. (2002). An introduction

to a postmodern approach to educational research: Discourse analysis. *Education,*

123(1), 96-102.

APPENDIX

Consent Information

Art Therapy Student   Heather McLaughlin
Master's in Art Therapy Program
Concordia University

Practicum Supervisors   Louise Lacroix, MA, ATR
Master's in Art Therapy Program
Concordia University

Dr. Martin Gauthier, MD
Department of Psychiatry
Montreal Children's Hospital

I, _____, give permission to Heather McLaughlin, Art Therapy Intern at the Montreal Children's Hospital, to use the photographs of the art work produced by my daughter _____ during her art therapy sessions, in a research project. This research project is to be published, and a bound copy will be kept at Concordia University's library, as part of the requirements of the Master's in Art Therapy program. I also give permission to consult my daughter's medical file for a period of one year.

I understand that both my child's identity and the setting where the art therapy sessions take place will be kept strictly anonymous, and that no identifying information will be given. I understand that agreement to this request is voluntary and that I can refuse with out effect on my daughter's treatment and involvement in art therapy. I also understand that I may withdraw my consent at any time before the research paper is completed, without explanation, simply by contacting Heather McLaughlin. This decision will have no affect whatsoever on my daughter's art therapy.

I have had an opportunity to ask questions about the implications of this consent, and am satisfied with the answers I received.

        I have read and understood the contents of this form and give my consent as described above.

        Signature: _____

        Date: _____

        Witness: _____

        Date: _____