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**How Group Art Therapy Helps to Improve Mutual Interaction Between**

**Mothers and Their Infants**

**Olga Lipadatova**

**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**

**Montreal, Quebec, Canada**

**June 2002**

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## **Abstract**

The present inquiry investigates how interaction between mothers and their infants in families experiencing gross difficulties in parent-child relations could be improved through a group art therapy. I describe and discuss the group process with the focus on my work with one particular dyad, and the changes in communication, which occurred as a result of the dyad's participation in the art therapy groups.

The review of the literature on various aspects of infant development sets the theoretical frame for an art therapy dyadic work as a form of early prevention of later problematic behaviors and disorders, which begin within the first few years of child's life and could be determined through observations over infant-parent interaction.

The present inquiry examines how, through a consistent frame, an alignment between the therapist and the participant, and pleasant experiences, art therapy helps to develop attunement, responsiveness, and social skills of both mothers and their infants, and in this way increases mutual communications between mothers and their children. It shows some of the advantages of the application of art therapy such as a non-didactic way to educate mothers, allowing them to lessen responses to the intervention.

This study could make a valid contribution in the development of the clinical methods directed at the improvement of interactions between mothers and their infants in families experiencing difficulties in parent-child relations. It could also make a contribution in the development of the treatment of the early signs of different disorders in early childhood. I see as one of the advantages of art therapy its flexibility and relatively low cost comparing to other treatment modalities.

## **Résumé**

Cette étude évalue la contribution potentielle de la thérapie de groupe par les arts à l'amélioration de l'interaction entre mères et enfants dans des familles sujettes à des difficultés majeures au niveau des relations parent-enfant. Je présente le processus à partir de mon travail avec un dyad en particulier, et les changements survenus dans la communication du dyad lors de la thérapie de groupe par les arts.

Une revue de la littérature touchant sur le développement de l'enfant établi un cadre théorique pour la thérapie par les arts en milieu dyadique pour la prévention des comportements et désordres problématiques adultes, lesquels originent au début de la vie d'un enfant et pourraient être identifiés par l'observation des interactions parent-enfant.

Cette étude examine le rôle de la thérapie par les arts dans le développement de l'éveil, l'attention, et les habiletés sociales des mères et de leurs enfants. Cette étude démontre certains des bénéfices liés à l'utilisation de la thérapie par les arts, tel un moyen non-didactique d'éduquer les mères, leur permettant de mieux accepter l'intervention.

Cette étude pourrait apporter une contribution valide au développement des méthodes cliniques visant à l'amélioration des interactions entre mères et enfants dans des familles souffrant de difficultés au niveau des relations parent-enfant. Cette étude pourrait aussi contribuer au développement du traitement des signes avant-coureurs de troubles variés lors de la jeune enfance. J'identifie la flexibilité et un coût relativement bas par rapport aux autres types courants de traitement comme des avantages importants de la thérapie par les arts.

## **Acknowledgements**

I would like to thank all people who contributed to my conducting and writing this research. I wish to express my appreciation to the members of the multimodality team of the infant-parent unit of the Douglas hospital, it's director, child psychiatrist Dr. Suzanne Dongier, my supervisor on the site a clinical social worker and a child psychoanalyst Eithne Taylor, and the other members of the team, who encouraged and supported me in my work. I wish to express my particular gratitude to my supervisor the head of the Art Therapy department at Douglas hospital and a professor of Art Therapy at Concordia University in Montreal, Irene Gericke. I also want to thank all teaching staff of the Creative Therapies program at Concordia University in Montreal, who contributed to my growth as an Art therapist. I also want to thank Dr. Pierre Gregoire, ATR, and psychologist at the Allan Memorial Institute, professor of Art therapy at Concordia University in Montreal, who has been my clinical supervisor during the first year of studies and an advisor for my research paper. Thanks to my fellow students for the contribution during the discussions held during our classes, which contributed to my understanding and processing of the theoretical and clinical material. My very special thanks to the children and the parents who participated in the dyad art therapy groups and contributed the art work in this research.

Finally, I also thank all those who are not mentioned here, but who unknowingly contributed to my conducting and writing this research.

## **Table of Contents**

<b>Chapter I. <i>Introduction</i></b>	1
Purpose of the investigation	1
Objectives and hypothesis	2
Subsidiary questions and limitations	4
Methodology	5
Chapters Summaries	5
<b>Chapter II. <i>Literature review</i></b>	7
Schizophrenia-related literature	7
Difficult patients	9
Infant development and child-parent interactions	12
Art therapy approach and psychodynamic perspective	16
Clinical assessment literature	25
<b>Chapter III. <i>The investigative procedures and participants of the study</i></b>	28
The multidisciplinary team modality	28
Art therapy and assessment process	29
Description of the structure of the group and its participants	32
The method	33
- The study design	33
- The data collection	34
- The data analysis	35
- Method of Recruitment of the Participants	35
- Treatment of the Participants in the Course of the Research	35
A case history and presentation of the course of the art therapy	36
Identification of the dyad	38
- Family and developmental history	38
- Reasons for referral	39
- Mother's complaints	39
- Functioning of the child, interaction	40
- Clinical impressions	40
<b>Chapter IV. <i>Art therapy sessions</i></b>	42
Stage I	42
Stage II	50



Stage III	52
Stage IV	56
Discussion	65
<b>Chapter V. Conclusion</b>	71
<b>References</b>	76
<b>Bibliography</b>	80

### **List of Illustrations**

Figure 1-1 (Materials: play-dough)	45
Figure 1-2 (Materials: play-dough)	45
Figure 1-3 (Materials: play-dough)	47
Figure 1-4 (Materials: play-dough, spaghetti)	47
Figure 1-5 (Materials: play-dough, spaghetti)	49
Figure 1-6 (Materials: paper, finger-paint)	49
Figure 1-7 (Materials: paper, finger-paint)	54
Figure 1-8 (Materials: styrofoam tray, plastic sea shells, rocks, fabric, stickers)	54
Figure 2-1 (Materials: clay, modeling magic, pipe-cleaners)	63
Figure 2-2 (Materials: modeling magic,)	63
Figure 2-3 (Materials: cardboard tray, plasticine, beans, clay, modeling magic, pipe-cleaners, recycling materials)	64

## **Chapter I. Introduction**

In the present chapter I am going to introduce the main tasks and the research questions of my investigation, its participants and modalities of work. I am going to formulate the main hypothesis, and discuss my assumptions and the limitations of the research. I will also give some preliminary definitions of the terms and present the structure of the research paper with a brief summary of the chapters.

### **Purpose of the investigation**

In this study I will investigate how interaction between mothers and their infants in families experiencing gross difficulties in parent-child relations could be improved through group art therapy.

As recent findings in infant development show, many of later problematic behaviors and disorders begin within the first few years of the child's life and could be determined through observations over infant-parent interaction. When the problems manifested in early child-parent relationship can be recognized and resolved, the development of the healthy foundation of the child's mental health becomes more secure. Observations over child-parent relationships have been developed in a variety of clinical assessment procedures. One of them is Crowell's procedure (1988), which is used for assessment of the infant-parent interactions in the families in treatment and serves as a starting point for the work of the multi-treatment team.

The main problem of the communication between the mothers and their children is that the mothers are for some reason not reacting to the important cues which their children send them: they have a certain level of impairment in their own interaction with the world and people around them.

The proposed research is going to study how art therapy could help to develop attunement, responsiveness, and social skills of both mothers and their infants, and in this way increase mutual communications between mothers and their children. One of the advantages of the application of the art therapy with this specific population is that it offers non-didactic ways of educating mothers, allowing them to lessen responses to the intervention. I am going to show how through consistent frame and alignment between the therapist and the participant, pleasant experiences and new patterns of communication between the mothers and the children are created in the art therapy sessions. I am going to follow the stages of the art therapy process, which help to extend the new patterns of communication into the family context, and further that into a wider social context.

For the children in treatment I see as primary goals to help them: a) to compensate the negative effects of the inadequate early communication within the family context; b) to develop learning and social skills. All together it will help the child to be more socially adapted, and therefore will compensate for possible biological vulnerability and help them improve their resilience and resistance to stresses.

#### Objectives and hypothesis

I suggest that group art therapy can have positive effect on the development of constructive, mutually satisfying interaction between mothers and their infants, and that the process of art making develops attunement, responsiveness, and social skills of both mothers and their infants through direct interaction with the art materials, with each other, and with other members of the group.

In this inquiry I will describe and discuss the group process with the focus on my work with one particular dyad, which was the most consistent during the 7-month course

of the art therapy treatment, out of the group of 4 participating dyads. I will describe the individual and the group process, the process of art making, and the changes in communication within the dyad, which occurred as a result of the dyad's participation in the art therapy groups. I will also describe the stages in which the group art therapy process occurred, where I will define the goals as they were stated at the beginning and how they were achieved at the end of each stage.

The described dyad has been seen on a weekly basis by myself, the art therapy intern/researcher. The art therapy has been provided within multi-modality treatment at the outpatient infant-patient unit of the psychiatric hospital.

I am hypothesizing the following: 1) pleasantly experienced group process will change the resistance of the participants, mainly of the mother to the group interventions. 2) As a result of positive and pleasant interaction through the art therapy process: a) both the mother and the child will become more attuned, responsive, and supportive to each other; b) more explorative and creative. 3) The ability of the mother and the child to express themselves verbally and artistically will improve.

I make an assumption that those improvements will manifest themselves in the mother's better ability to reason, make judgments, and take decisions, and in the child's development: his ability to speak, develop explorative play, and interest in communication with others. I will show how following the art therapy process the child gradually develops his ability to express himself symbolically, which also transforms his play and increases his adaptability to change and stress

### Subsidiary questions and limitations

There are secondary lines of questioning following from my primary research question. Question 1: how group dynamic could influence interactions within dyads, and vice versa, will be directly addressed in the discussion on the group process.

Question 2: how the changes achieved through the art therapy sessions, demonstrate themselves through other modalities of the teamwork with the families, will be also partly addressed in the present research. Nevertheless each of the questions mentioned above could become a basis for separate investigation, and they will be discussed only briefly as supplementary to the main research question.

Clinical assessment procedures (the Crowell assessment procedure in the case of my clinical work) could be used for the evaluation of the interaction between the child and the parent (mother) in a standardized way before and after the art therapy intervention, in order to validate the changes observed through the art therapy sessions qualitatively. This subsidiary question could be developed into an independent quantitative/qualitative research, which is beyond the intent of the present research paper.

Another important question--how the group art therapy impact could be different in mother-child interactions between: a) dyads in which the mothers have a diagnosed mental illness and dyads with well mothers; b) normal versus neglected, maltreated children, also calls for a detailed investigation with a possibility of application of the qualitative research methods.

This present investigation presents one case study illustrating art therapy approach in multi-treatment teamwork with dyads, and therefore is limited in terms of its generalisability.

## Methodology

In order to investigate and describe the effects of the group art therapy on mutual interaction between mothers and their infants, I will make use of the qualitative research method, a descriptive case study for my project. The goal of this project is to examine and articulate the qualitative changes in interaction within the selected dyad, and to define how they are influenced by the art therapy. During the sessions I am observing behavioral patterns in infant-parent interactions in a semi-structured environment, which allows for natural and spontaneous behavior. I am observing the mother and the child through their direct involvement in art making process, examining such things as eye and body contact versus avoidance, child's help seeking and maternal responsiveness, ability to cooperate with each other and the other members of the group, playfulness and ability to enjoy the process.

The data for the inquiry was collected during the sessions and written in the form of notes after the groups. Other data was also used in order to evaluate changes in dyadic interactions: the art works produced in the art therapy sessions, the process notes available from the files of the observed dyad, the team discussions and evaluations of the dyad held after the groups. The changes were monitored through the period of 7 months, within which the data collected on various stages of treatment was considered and compared.

## Chapters Summaries

The results of my investigation will be presented in the form of 5 chapters. In Chapter II I will give an overview of the current literature pertinent to my research. As the research developed, I studied the literature of the following categories: art therapy,

psychoanalytic, child development and neurobiology studies, clinical research methods literature. This chapter summarizes and critiques previous investigations, and analyses relevant theories and concepts.

In Chapter III, I will describe in more detail the participants and the investigative procedures of the study. This chapter will discuss the specificity of the participants I was working with in a multidisciplinary team, the modalities of work within this team and the structure of the groups. Particular attention will be given to the issue of the after group team discussions.

The art therapy process is discussed in the Chapter IV. The material naturally falls into two parts congruent to the fall and winter semesters, describing 12 sessions each. In this chapter I am discussing the case material and theory; the tasks and the group process, results and findings regarding primary and subsidiary research questions. All art therapy process follows 4 stages. For stage I, the goals towards which I am working with the participants are: establishing the ability of both the mother and the child to engage in the artistic process; presentation of the art materials to the participants. For stage II - growing of the mother and child's familiarity with art materials and the process, pleasant experience through achievement of the final result. For stage III - achievement of the participants' functioning in the group as a part of this group, creation of the new meaning in their artistic process (esthetically pleasant experiences in work). For stage IV, the goals are: development by the participants of the ability to plan and build art project on their own, using available materials; development of the capacity to explore, invent, and to make decisions. I am concluding the chapter with a brief summary of the results of the findings.

Chapter V, which concludes the present investigation, gives an overview of the results of the research; discusses the results a) regarding the objectives, research questions, and hypothesis stated in Chapter I; b) regarding theory presented in the paper; discusses possibilities for clinical implications of the findings; discusses limitations of the present study and suggestions for future investigations in the chosen area of study.

Each of the chapters also contains a brief introduction of its contents at the beginning and a brief summary.

## **Chapter II. Literature review**

### ***Schizophrenia-related literature***

During the previous year while working with adult patients at the psychiatric hospital, I got acquainted with the literature related to the development and the on-set of schizophrenia, which I find relevant for the present research. At the practicum setting where the present research was conducted, the emphasis was on children, who were coming to the groups with their parents, mostly with their mothers. The families they were coming from experienced significant difficulties in parent-child relations and could be identified as high-risk families with a wide range of the risk factors present. Considering Bronfenbrenner's (1979) model of the child's developmental contexts (biological make-up, immediate environment, social and economic, and cultural contexts) the family environment and the relationship with the primary caregivers is affecting all developmental contexts of the growing child. Growing in the context of the families-at-risk, children could develop a variety of disorders, which schizophrenia is one of the possibilities.



In the general population, the rate of schizophrenia is 1%, for children with one schizophrenic parent the risk for developing the disorder rises to 3.7% (Farone & Tsuang, 1988), and a combination of the risk factors could increase this possibility (Masten & Coatsworth, 1995). The risk factors contributing to the onset of the disorder could vary and combine and lead to a final common pathway to a disorder. Conversely, the same risk factors could lead to a number of different disorders.

At the same time the presence of the protective factors, which promote healthy development of a child could counteract the effects of the risk factors and even prevent a child from developing the disorder (Masten & Coatsworth, 1995). In his studies Robins (1966, 1978) found that psychiatric problems in adults in general are related to the problems in children, who often show conduct disorders and antisocial tendencies. Robins also discovered that some childhood disorders do not have simple continuity with adult disorders: some could disappear with time, others could transform.

A diathesis-stress model emphasizes that everyone has some degree of biological vulnerability (diathesis) for developing disorders like schizophrenia, and encounters difficulties in life (stress). For people with high biological predisposition relatively little stress is needed to develop the disorder. But the likelihood of the individual to develop a disorder is not fixed at birth. It depends on the amount of cumulative stress the person can tolerate, which depends also on the developmental environment and its quality. The diathesis-stress model was initially developed to understand the development of schizophrenia (Zubin, J., and Spring, B., 1977), and has since been applied to the development of other psychological disorders.

Important contributions to understanding of the development of the mental illness in children have resulted from the intensive studies of the patterns of communication in schizophrenic families. The double bind theory traces the origin of schizophrenia to a vicious pattern of parental communication, which traps children between two negative injunctions (Bateson, 1983). With repeated exposure to the double-binds, the child's thinking becomes disorganized and chaotic. Double-bind communications could therefore increase the risk of schizophrenia, especially in genetically vulnerable individuals. Later researches have broadened the investigation of the family factors in schizophrenia by viewing the family in terms of a system of relationships among the members, identifying stressful factors that may interact with genetic vulnerability and lead to development of the mental disorder.

### ***Difficult patients***

Though, as it was noticed, the children were at the center of our team's work, because of the focus on parent-child interactions, their parents, mainly mothers inevitably had to be given serious attention. Among the parents I worked with there was one mothers diagnosed with schizophrenia, three with clinical depression, and three with borderline personality disorder. In the literature the adult patients presenting pronounced borderline and narcissistic elements in their personalities were addressed as "difficult patients" (Hopper, 2000). In our groups we dealt with the difficult patients themselves and with their children who were put at the risks of developing behavioral and developmental problems. The main causes of those problems were seen as residing and

demonstrating themselves in the family structures and maladaptive types of interactions between parents and their children.

The importance of the issues of counter-transference in the group work with “difficult” patients was stressed in the literature (Klein et al., 1992; Hooper, 2000). The distinguishing feature of difficult patients is their fear of annihilation in response to severe trauma, in terms of helplessness and powerlessness arising from loss, abandonment and damage within the context of the traumatic experience (Hooper, 2000). The fear of death and of trauma itself has a universal quality, but the capacity to cope with the experiences of life is variable (which also corresponds with a diathesis-stress model). The fear of annihilation is closely connected with the fusion with the important object and the fear of separation with it. Separation from an object is likely to be felt as losing a part of one's self, because of the identification with an object which one has lost prematurely. In the case of our participants the loss must have occurred at the phase of un-integration, when it was difficult, if not impossible, to hold representations of the object in the mind.

In the context of the group I have worked with, the adult participants with a particular pattern of anxiety and defense are most likely to personify the roles that are unconsciously constructed in association with the experience of particular traumas and anxieties. Those roles are projected firstly on their own children, and secondarily on the members of the team. Understanding of these processes could be used to obtain an insight and build opportunities to work through fundamental intra-personal and inter-personal conflicts of the participants. The analysis of the process of transference and counter-

transference serves as one of the main tools in unfolding of the personal stories and anxieties of the participants (Kernberg, 1995).

Understanding of the projections of the parental past over their children and working through them becomes possible particularly because the dyads could be observed in their interaction. The history of these mothers is marked by their extremely painful experiences of emotional and physical violence and abandonment. They bring their identification with the aggressor into their relationship with their child, letting the ghosts from the past invade the nursery (Fraiberg, 1980). The mechanism of this identification is examined in particular in Fraiberg's classical work (1980), where she shows that it is based upon the repression of painful affects experienced in the course of the mothers' childhood experiences.

This work also sets the format of multi-modality approach in dealing with mother-child dyads, where infants suffer of very severe disturbances--failure to thrive, neglect, and abuse—often reflecting severe parental psychopathology and family disorder. The specialists of the team concentrate on the development of each child and promote the relationship between parents and child. The successful ways of resolution of the parent-child interaction problems help to solve the baby's developmental problems, and also serve as guidance for the future development of the baby and his family. The theory of transgenerational attachment patterns (Adshead and Bluglass, 2001) offers a useful paradigm for understanding of cues of care-attachment problems, which compliments Fraiberg's approach.

### ***Infant development and child-parent interactions***

Recent findings in infant development and child-parent interactions create a solid basis for the model of early multi-modality intervention in the treatment of a variety of disorders. The concept of infant intersubjectivity--that the newborn infant has an inbuilt receptivity to subjective states in other persons—was put forward about 15 years ago on the basis of observations of infants in the process of natural interaction (face-to-face chat, playing games, etc.) with their mothers (Traverthen & Kenneth, 2001). Striking similarities of timing and expression in the interaction between adult and infant (Bateson, 1979) received statistical confirmation ( Beebe, Jaffe, Feldstein, Mays, & Alson, 1985). The concept of infant intersubjectivity (Traverthen & Kenneth, 2001), based on the research evidence of the emergence and development of active “self-and-other” awareness in infancy, examines its importance to mental health practice with children. Mutual self-other-consciousness is considered to play the leading role in development of the individual’s perception, cooperative intelligence for cultural learning and language.

The studies of the interactions between depressive mothers and their infants are very pertinent for the proposed research. Depressed mothers appear to be much less receptive to a variety of cues present from the earliest stages of life of their infants (Field, 1997). That could endanger the development of the infant’s secure attachment to the mother (Cooper & Murray, 1997), it increases the risk for the child to develop depressive features (Downey & Coyene, 1990), it lessens his receptivity and it endangers normal development, putting him at risk of developing different disorders.

Studies of the factors increasing the negative developmental outcome, such as genetic, familial (violence), socioeconomic (single parenting, poverty), or developmental

(Masten and Coatsworth, 1995), are dealing with the importance and complexity of the contexts of the infants development, which must be considered in assessment of the risk of psychopathology.

In his work *The Developing Mind* (1999) Siegel gives a rich encounter of the integrated developmental approach based on the latest neurobiological data and his own clinical experience as a child, adolescent, adult, and family psychiatrist. His book explores how recent studies of human development and neurobiology open the doors for new understanding of the developing mind, which emerges from the activity of the brain, whose structure and functions are directly shaped by interpersonal experience. His book attempts to synthesize concepts and findings from a range of scientific disciplines, such as child development, attachment, communication, complex systems, emotion, evolution, information processing, memory, narrative, and neurobiology.

The ideas of the framework of the book are organized around three main principles: 1) the human mind emerges from patterns in the flow of energy and information within the brain and between brains; 2) the mind is created within the interaction of internal neuro-physiological processes and interpersonal experiences; 3) the structure and function of the developing brain are determined by how experiences, especially within interpersonal relationships, shape the genetically programmed maturation of the nervous system (Siegel, 1999, p. 2).

Each individual's history, Siegel writes, reflects a blend of how such factors as the environment, random events, the person's temperament contribute to the creation of the experiences in which adaptation and learning recursively shape the development of mind (1999). The inheritance of certain psychiatric disorders, such as schizophrenia, is

under the great influence of “epigenetic factors”—the ways in which experience directly influences how genes are expressed. For the growing brain of a young child, the social world provides the experiences influencing the expression of genes, which determines how neurons connect to each other; the alterations in genetic expression change brain structure and shape the developing mind. The functioning of the mind in turn alters the psychological environment of the brain, and thus itself can produce changes in gene expression. Children having a huge physiological response to even mild environmental changes create their own internal world of stress responses that heighten their brains’ reactivity to novelty (Siegel, 1999, p. 20). Early traumatic experiences and parenting behavior make a large difference for the trajectory of development.

Other recent neurobiological studies demonstrate that such factors as childhood abuse and neglect result in permanent physical changes in the developing human brain, which could cause serious psychological and emotional problems (Coulter, 1986; Hannaford, 1989/90). Normally during the first 15 months of the infant’s development, the interconnections among neurons multiply rapidly, which depends greatly on the experiences the infant has (Hannaford, 1995). At the same time his experiences influence which of the neural pathways die away, and which shape the neural net, after the experiences solder the neural circuits together. Both deficit and overstimulation in one of the areas of senses could cause dysfunction and inability to achieve sensory integration.

Abused children exhibit abnormal development of the left hemisphere of the brain, which may be associated with depression and memory problems. The developing brain of the abused child fails to integrate the functions of the left and right hemispheres, supposedly due to underdevelopment of the corpus callosum - the fibers connecting the

right and left hemispheres. There is a difference between males and females in their response to abuse and neglect: neglect is more likely a factor to reduce the size of the corpus callosum in males, while sexual abuse is associated with a decrease in the size in females. The changes in the limbic system, a part of the brain that controls emotions, caused by abuse and neglect more often result in epileptic seizures, accompanied with a variety of emotions like sadness, embarrassment, anger, intense laughter without feeling happy, serenity, and fear, aggression and self-destructive behavior. The children accounting for ADHD and disruptive behavior problems show decreased functioning of the neo-cortex. The overstressed child has constant arousal of the survival areas of the brain (brain stem and limbic system), and cannot develop deductive reasoning and control (Hannaford, 1995).

The Brain gym technique (Hannaford, 1989/90; Dennison, 1989) places the child with such symptoms into an unthreatening environment, where she will not need to struggle for physical and/or emotional survival. Then through stimulation and development of the sensory-motor skills, coordination, verbal and artistic expression, the further development of the process of myelination and frontal lobe functioning could be achieved. The complex, balanced therapy, fully activating all areas of the brain, brings as a result balanced behavior, ability to self-regulate, to control attention, and increases formal reasoning and learning capability. That changes the child's behavior and the relationship patterns, and allows the child to transmit his "new-grown" experiences onto external life.

Those works give a serious base for validation of the type of intervention which art therapy provides in work with children showing developmental and behavioral



problems and also with individuals showing traits of psychological and psychiatric disorganization. Art therapy offers the therapeutic and communicational context with a certain type of relationship between the patient and the therapist, which becomes an influential factor in the formation of new patterns of communication between the patient and the external world.

### ***Art therapy approach and psychodynamic perspective***

By its nature the art therapy approach combines the knowledge of the language of art and of the artistic process, and the therapeutic application of art (Rubin, 1982). The advantage of the art therapy comparing it with the other types of therapy is that it is much less oriented towards speech expression, but gravitates towards expression through symbol, color and shape, material. Art is a language, which could be used and understood independently from age, gender, education, or state of mind. As Arrington (1996) wrote “all individuals.... communicate their fundamental thoughts and inner feelings through selecting and spontaneously expressing visual constructs” (p.5).

Jung was one of the first to combine deep analyses of symbols with artistic process and qualitative inquiry. Jung emphasized that symbols by nature belong to neither rational, nor irrational, neither real nor unreal, but to the intermediate realm of the subtle, which is both at the same time (1976).

In *Confrontation with the Unconscious* he (1963) gave us a very rich account on the process of his own work with the inner images and issues. Jung wrote that he released a stream of fantasies, which he carefully wrote down, even those which often stroke him as nonsense, and toward which he had strong resistance. Then Jung translated his

emotions into images. By personifying his unconscious contents Jung differentiated himself from them, and at the same time brought them into relationship with his consciousness. That became a decisive factor in the final analysis and permitted Jung (1963) to understand symbolic images on their own terms. Jung (1963) wrote that failure to understand symbols “deprives him [man] of his wholeness and imposes a painful fragmentariness on his life” (p. 193). Understanding of the nature and the meaning of the personal symbols gives us an insight into the depth of the unconscious of each specific individual we are working with, into the development of the inner structures, of the self, which are different in everyone.

In one of his last works Jung wrote:

The history of symbolism shows that everything can assume symbolic significance: natural objects... or man-made things (like houses, boats, or cars), or even abstract forms (like numbers, or the triangle, the square, and the circle). In fact the whole cosmos is a potential symbol. Man with his symbol-making propensity, unconsciously transforms objects or forms into symbols (thereby endowing them with great psychological importance) and expresses them in both his religion and his visual art” (Jung, 1964, p. 232).

After Jung the “significance of the symbolization in the dawn of language and self-awareness” (Hobson, 1985, p. 64) was stressed and explored by many authors.

Hobson (1985) points to the function of symbols to represent the object, which function enables us to form shaped conceptions. In our thinking process we use symbols to create new representations that are “relatively independent of immediate responses to present and past stimuli and events” (Hobson, 1985, p. 66). This possibility is critical for human development and its achievement marks an important hallmark in normal child’s development. The failure creates disturbances in the thinking process, which could take forms of pathologies.

In my inquiry I will show how following the art therapy process consistently, the child gradually develops his ability to express himself symbolically, which also transforms his play and increases his adaptability to change and stress.

In the article *The symbolic attitude*, Siegelman (1990) gives an account of Jung's view of the symbolic and writes about the distortions of the symbolic thinking in schizophrenic patients. As Searles (cited in Siegelman, 1990, p.165) affirms that schizophrenic patients are oblivious to the difference between the concrete and the metaphorical, and in some way the concrete and metaphorical are fused. The pathologies of symbol-making Siegelman (1990) states cause failures in formation of symbolic attitudes, in the ability to play, in the ability to imagine. Siegelman gives an overview of different authors who attribute those pathologies to the developmental failures.

The symbol, as Wilson (1985) puts it, "is a critical link between the world of reality (as stimulus) and human behavior, thought, and fantasy (as response)" (Wilson, 1985, p. 47). It is well known, she writes, that "dysfunction in symbol formation characterizes severe disabilities", the essential element of which is as Beres puts it a "concurrent disturbance of the reality function of the ego" (cited in Wilson, 1985, p.47).

Working on the image in art therapy, the patient might not resolve her conflicts *de facto*, but create their visual representations, which allows the "distance to be created between the individual and the conflict" (Wilson, 1985, p.58). And, as Wilson (1985) presumes, it could happen that "the externalization accomplished by making a visual image changed the unconscious state of the referent" (p.58).

Art therapy more and more presents itself as a valuable and unique alternative to traditional treatments. Recent art therapy literature offers a rich variety of publications in

several areas relevant to the proposed research. By nature the art therapy process serves as a mirror for inner processes (Yalom, 1995), and could be a very effective tool in group therapy, which teaches the members of the group (mothers in our case) to become mirrors to their children (Fonaguy, 2002; Heineman, 1992).

Ponteri (2001) offers a study, which was designed to examine the effect of group art therapy on depressed mothers and their babies. The author assumes that group art therapy provides a safe therapeutic environment for women to explore painful issues and also fosters a positive developmental environment for the child. Art therapy offers the therapeutic and communicational context with a certain type of relationship between the patient and the therapist, which becomes an influential factor in the formation of new patterns of communication between the patient and the external world.

I found psychodynamic model helpful to use as a base to apply art therapy in dyadic work. Art therapy could be very helpful to rebuild the balance in intrapsychic structures, which need to be strengthened in order to be able to face the conflicts. The art therapist supports his client's weak ego in the difficult process of inner growth and maturation, in his effort to overcome the deficits of the object-relation patterns, and to rebuild the new ones. This is a long-term process and it also needs understanding and free will to change on the side of the person in therapy.

Freud's followers placed emphasis on interpersonal factors, for example early mother-child relationship, the impairment of which could set a stage for a gradual withdrawal from other people (Sullivan, 1962). In early childhood, anxious or repressed hostile interactions between the child and the parents could lead the child to take refuge in a private fantasy world. The more the child withdraws, the less opportunity there is to

develop trust in others and the social skills necessary to establish intimacy. The weak bonds between the child and others prompt social anxiety and further withdrawal. Faced with an increasing set of demands at school, university or at work, and in intimate relationships, the person could become overwhelmed with anxiety and withdrawn completely from the outside world, which creates the basis for various mental disorders.

Modern psycho dynamically oriented approach more and more encompasses both the baby and his mother with the focus on the baby in treatment, while the predominant direction taking place as far as 15 years ago was focused on parent(s) (Barrows, 2000). Ann Morgan (In Salo & Paul, 2001) offers a rich encounter of several decades of psycho dynamically oriented work in this area. She shares Winnicott's ideas on shifting from pediatrics to psychoanalytic intervention in work with dyads. She emphasizes the necessity of recognizing and acknowledging hate, which is inextricably intertwined in all relationships. Her approach to solve mother-child problems is based on the active work with both the mother and the infant, where the therapist creates a link with each of them, at the same time allowing a gap to be created between the mother and the infant, allowing growth for both of them.

In her study of the *separation-individuation process*, Margaret Mahler defines object relationship as developing on the basis of and with differentiation from the normal mother-infant dual unity, which she simultaneously with other contemporary psychoanalysts has designated as the "*normal phase of human symbiosis*" (1972, p.120). In agreement with works of Winnicott and others Mahler indicates that infant's growth entails a gradual growing away from the normal state of human symbiosis with the mother, which process occurs much slower in the

emotional and psychic area that in the physical one (1972). This transition with the principal psychological achievements takes place in the period from about four or five to thirty or thirty-six months of age, which corresponds with the age of the children participants of our infant-parent group, and goes through the gradual steps of what Mahler terms a *separation-individuation process* (Mahler, 1975, 1972).

This separation-individuation phase, Mahler asserts, establishes a sense of separateness from and relation to reality, particularly in regards to the relationship between one's own body and the primary love object (1972). Separation, defined by Mahler as an intrapsychic achievement, refers to an emergence from symbiotic fusion with the caregiver (mother); individuation refers to the child's assumption of his or her own individual characteristics. Mother may interfere with separation strivings in her infant but may encourage progressive development of cognitive, perceptual, and affective function (1972).

The issue of separation becomes of potential importance throughout the life cycle. Relatively non-traumatic versus traumatic experiences with separation from the other depending on how successful or unsuccessful that other has been in supplying self-object functions, and this is true from early infancy throughout adulthood. Autonomy, too, becomes a lifelong issue, not relegated to any phase or age.

Mahler proposes three phases in development, which lead to establishment of the child's individuality: autistic, symbiotic, and separation-individuation phases (1972). Further she distinguishes subphases of the separation-individuation process: differentiation, practicing, rapprochement, and consolidation of identity and object constancy, which I am referring to in my case example. In the *differentiation* sub-phase

the child starts to distinguish self from others, for which the tactile exploration including the mother's face and body is important. During the *practicing* subphase the child explores the environment actively and attempts to become independent. The child also begins to distinguish between good and bad representations of self and object, and starts to attach intentionally to object. In the *rapprochement* sub phase the child has to confront his separateness from the important object (the mother) and experiences fear of abandonment by the object, fear of losing it. The child's interest in exploration of the environment reduces, his autonomous functioning diminishes, and internalization of the object representation increases. During the subphase of *consolidation of identity and object constancy* the integrity of the self-representations separate from the internalized object representations has to be achieved. Accomplishment of object constancy and ego autonomy has to be achieved in this subphase and marks the completion of the separation-individuation process (Mahler, 1975).

Kohut saw self-object experiences and the possibility of satisfaction of various self-object needs as expression of the normal developmental needs from birth to death of any individual (1966). Fonagy explores further separation-individuation process from the perspective of formation of 'psychic reality' (1995). He derives from Freudian term 'psychic reality', which referred to the equivalence of psychic experience provoked by external and internal events. Fonagy calls this '*actual mode*', and distinguishes it from a '*pretend mode*', a representational mode of psychic functioning. The "theory of mind" (Fonagy, 1995) attempts to explain a qualitatively different understanding of the growing mind, characteristic of the way in which a child of 3 or 4 years old experiences interpersonal reality. In a *pretend mode* the ideas are felt to be representational but their

correspondence with reality is not examined. In an *actual* mode ideas are felt to be rather direct replicas of reality, and considered to be true. By the age five, which corresponds to Mahler's 4th sub phase of the separation-individuation process, the two modes normally become increasingly integrated, and a reflective mode of psychic reality is established. The child begins to understand her own and her object's behavior in terms of mental states (Fonagy, 1975).

Works of Fonagy are contributing to integration of modern developmental research and thought into a psychoanalytic theory of development. The data of the research conducted by Fonagy and Target has clinical significance and shows that both intensive and less intensive treatments prove beneficial for children with emotional disorders (1995). They draw attention to an affective-cognitive processing function—a reflective function—that is absent or deficient in those children, and argue that the development of this capacity in intensive treatment is central for therapeutic intervention.

The development of reflective functioning, or ability to understand another's state of mind as a state of mind (a theory of mind), is a gradual process, which normally develops in the late preschool years. Its precursor occurs in intense communication between the mother and the child roughly by the end of the first year of life (Bretherton, McNew, and Beeghly-Smith, 1981). In the second year of the child's life the growing capacity to understand the state of mind of the other can be seen in her movement from the parallel to cooperative play. The ability to recognize another person's belief, which is not held as her own belief, develops in the third and the fourth year of the child's life. The capacity to understand another's state of mind with regard to the mind of a third person matures by the sixth year (Coates, 1998). This ability is crucial for child's



development, since it allows the child to understand and negotiate the world of emotions and interpersonal relatedness.

One of the important issues frequently raised by the parents-participants of our groups is their children's aggressiveness. In one of the latest works on the notion of aggression in Winnicott, it was noticed that Winnicott reframed aggression as a life force, "as a *potential*, the constitutional element with which a child is born, as distinct from *actual* aggression", which Winnicott perceived as *intentional* (Posner & al., 2001, p. 174). Winnicott points that destruction in the child's behavior becomes intentional only when the integration in the child's psychic reality and ego development is achieved. Only then the child can have a purposive behavior and aggression can be intentional. The *potential* aggression plays a crucial role in the child's normal development; it is "a part of the exercise that can lead to the discovery of the objects that are external" (Posner & al., 2001, p. 177). Then the survival of the object becomes instrumental in the child's ability to use the object and to relate to it.

Lucille Proulx presents a dyad group art therapy intervention with parents and their infants showing communication problems (Proulx, 2000). She uses a structured approach and a variety of traditional and nontraditional materials in her work. The art therapy sessions provide a transitional space containing the dyadic verbal and non-verbal communication, expressing at the same time the emotional stages of relating to each other. Proulx emphasizes that art therapy offers a non-confrontational format, which allows to lessen negativism and defensiveness in the parents' responses to therapy (Proulx, 2000). It also makes it easier to put parents on the child level of thinking and

functioning (Proulx, 2000), which allows better understanding of the ‘other mind’ (Fonagy, 1995).

### ***Clinical assessment literature***

Since the evaluation of the dyads I worked with have been done based on a semi-structured assessment (Crowell’s procedure) I would like to reflect in my review on the clinical assessment literature, which gave me a chance to study what dimensions of the mother (parent)-child interactions were traditionally examined. When working with dyads in art therapy I find it helpful to know what kind of assessment procedures for infants and toddlers emerged from the studies of the normal child development over the past two decades. The need for this developed due to the modern theoretical stance that developmental psychopathology<sup>1</sup> problems in infant development cannot be understood as distinct symptom based disorders residing within the infant, but rather as disorganization in the interrelationship between the infant and its environment (Cicchetti & Cohen, 1995). Examination of the individual infants should be carried out within a general context of what is normal, and then compared and contrasted with that of the infants studied and characterized as normally developed (Zeanah, 2000). Therefore clinical assessments of problematic infants are designed to evaluate behaviors and interactions between the infants and their caregivers, their investment in the interaction through observation within a variety of situations covering a range of the most significant ones close to reality.

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<sup>1</sup> According to Cicchetti there are several problematic aspects. The empirical data on normal development and evolution of behavioral problems in non-clinical population does not permit to define the border between normative behavioral difficulties and true pathology. Then the repertoire of pathological signs and

The intention of the majority of structured and semi-structured assessments<sup>2</sup> is to study some aspects of infant developmental processes and behaviors within laboratory situations. This type of research is useful in the eliciting of what the observed behaviors may suggest for future developmental pathways of the child. The individual assessment of the child has to give information that will assist the clinician in understanding the causes of problem behavior, allowing to foresee the child's developmental trajectory and to plan a pertinent treatment plan.

The *Tool Use Task* served as a basis for a *Clinical Problem-Solving Procedure* which was used in my clinical setting under the name *Crowell's Procedure* (Crowell, Feldman, & Ginsberg, 1988). Changes have been made for clinical research and practical clinical purposes. This assessment is applied to children within the developmental range from 24 to 54 months. The tasks—free play, cleanup time, and four tasks--involve common toys and activities, which are ranked by difficulty, so that a child could be given a series of increasingly difficult tasks—the last two tasks are too difficult for the child to complete independently. The caregivers, usually the mothers, are given more freedom and control over the situation comparing to other assessments, which also raises demand on their part. In the final task, a separation-reunion situation, the mother is assessed on her preparation of the child for separation, her ease of separation, and responsiveness especially after reunion. The child is assessed on anxiety level before and during the

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symptoms in infancy is limited, and they do not point to the specific processes and problems (Cicchetti, 1987).

<sup>2</sup> I am referring to the following assessments: *Neonatal Behavioral Assessment scale* (NBAS; Brazelton, 1973); *The Face-to-Face* procedure (Tronick, Als, Adamson, Wise, & Brazelton, 1978); *The Strange Situation* (Ainsworth, Blehar, Wates, & Wall, 1978); *Attachment Q-sort* for 2- to 5-years-old (Waters, & Deane, 1985); *The Structured Playroom* (Gaensbauer, & Harmon, 1981); *Parent-Child Early Relational Assessment* (Clark, 1985); *Tool Use Task* (Matas, Arend, & Stroufe, 1978).

separation, coping behaviors during the separation, and type of reaction during the reunion.

The test is videotaped and is watched by the members of the team working with dyads. The parents also watch their individual videotapes after the scoring of the results of the test. The behavioral ratings of the mother and the child are based upon the scoring of the *Tool Use Task*. The child is scored for oppositionality, compliance-noncompliance, negativism, frustration, aggressive behavior, whining, help seeking and non-task related behavior. The caregiver is assessed on supportive presence and quality of assistance. Both child and parent are assessed on enthusiasm and positive and negative affect (Crowell, Feldman, & Ginsberg, 1988).

The results of clinical research conducted on two clinic samples with children with intact and delayed development, a matched nonclinic group, have shown differences in behaviors of caregivers and children in the three groups. Nonclinic mothers scored better than clinic mothers in help and support, in separation-reunion behaviors. Patterns of the maternal and child behavior in the tasks and the separation-reunion situation were observed to be related to the type of attachment and level of operational skills of the child (Crowell, Feldman & Ginsberg, 1988).

Through years of clinical administration the *Crowell's Procedure* has proved to be a useful and relatively easy to conduct clinical assessment tool. The procedure has 'real-life' quality within relatively flexible structure. Besides scoring, it includes important observational component. The videotape is also watched together with the caregiver, and is used as a good educational tool, helping the parent to observe herself and the child from the point of more independent observer.

Crowell's assessment is a starting point in the work of the multimodality team I worked with. It gives very important observational material helping to understand how the mother and the child interact. It serves as a basis for a preliminary treatment plan for the assessed dyad worked out by the team.

### **Chapter III. The investigative procedures and participants of the study**

In this chapter, I will introduce the art therapy work within the multidisciplinary team and give more detailed description of the participants, their history and specificity. I will also introduce further the qualitative method I am using, the design, and the time frame of the study.

#### ***The multidisciplinary team modality***

Various specialists of the team work with both children and their parents (or more often one parent), and collaborate towards the shared goal--the benefit of each child and his family. This collaborative work provides insight into the developmental problems of the children referred to the program, and allows working out effective treatment plan. The groups maintain a more or less constant structure, with duration of two hours, and a one-hour discussion held after each group. Those discussions are one of the essential elements of our teamwork, which help to process observations accumulated during the first two hours, counter-transference issues, and pertinent treatment modalities. Art therapy is an important part of the multi-modality treatment.

Each family in treatment starts the treatment program with the Crowell's assessment, which gives the base and the ground for further work. It helps to assess the

mother on supportive presence and quality of assistance; a child on oppositionality, compliance-noncompliance, negativism, frustration, aggressive behavior, and help seeking; and both of them in a separation-reunion situation. This assessment allows the team members to estimate the potential of each dyad for positive changes and decide on the modalities of treatment. The set of the groups, which follows the initial assessment, corresponds with the main elements of the Crowell's procedure. That allows to see the progress which the dyad makes through the period of time (usually 3 weeks), changes in interaction within the dyad and with other members of the group (social interaction), capability of the dyad to change essential elements of interaction, and helps to modify the treatment plan. If needed the dyad could be recommended to continue treatment (another 12 weeks).

#### ***Art therapy and assessment process***

As it was stated earlier, the main emphasis in our multidisciplinary team is on various dimensions of the interaction between mothers and their children. In observation of the dyad in the Crowell's assessment, the emphasis is on the verbal communication between the mother and the child. But in the hospital setting where the mothers know that they are observed it is even more important to assess not only what is communicated verbally, but also how it is expressed through the body language, and in a vaster variety of situations, especially when the emphasis is taken away from the dyad itself. The art therapy is offering such possibility, where the attention of both the mother and the child shifts into the artistic process, which gives an observer the chance to see a wide range of slight modulations of behaviors and body reactions of both the child and the mother.

Most of the mothers report about serious behavioral and developmental problems they are concerned about. The important part of the message, which the mother is consciously willing to communicate to the team, is the level of her love, competence, and willingness to cooperate in order to overcome the problem occurring with her child. But however loved the baby is, having the baby brings into the life of the parent(s) profound emotional issues, ambivalence, which has to be acknowledged and addressed (Morgan, in Salo & Paul, 2001). The arrival of the baby necessarily brings deprivation of the mother's self, often envy on the part of the father, and a variety of mixed feelings, often with the negative emotional load, depending on the past experiences of the parents (Fraiberg, 1980).

Therefore, in the clinical setting there is a danger to miss or underestimate the second part of the message about those mixed feelings. The child is at the highest risk when the hate is hidden, not acknowledged (Morgan, in Salo & Paul, 2001). Some of the mothers cannot tolerate facing the ambivalence. Trying to overcome their own anxiety, they either constantly avoid facing difficult feeling and get into a trap of constant giving and showing how good they are, or they are frustrated and rough with their children, looking always for an excuse for this kind of behavior, and blaming the child constantly. Whichever scenarios, in the clinical setting the mothers try their best to show their positive mothering capacities. The most effective way to understand the complexity of the mixed feelings, to see the nature of the developing problems is through the body expression of the children and parents when they communicate.

Regarding the above mentioned, I see as the main tasks of the art therapist at the assessment phase the necessity 1) to identify slight modulations of hidden emotions, and

2) to establish trustful framework, allowing gradual exploration and acknowledgement of the threatening feeling by the parent.

Again, I see art therapy as the most advantageous modality to work with this specific population--adults and children together. It is difficult to make a common group format suitable to the interests and capabilities of both adults and children, particularly in the cases when the interaction and the attunement between the parent and the child is impaired. Art therapy allows lessening negativism in the parents' responses to the intervention (Proulx, 2000). Also the non-didactic way of teaching through the artistic process allows taking away *direct confrontation*, which is an essential element of behavior for the parents who are used to be confronted and know only this way to relate to other people and to their own children. The issue of *direct confrontation* is one of the central ones assessed in Crowell's procedure. And it presents dyads in somewhat fixed, linear way, while the assessment through the art therapy process allows to understand the causes and to see possibilities to change.

The neediness of both mothers and children is gradually addressed through the art therapy process, where the therapist can give in a form of art material, art process, and possibility for art expression. Doing that, the art therapist constantly satisfies the need of both parents and their children, takes away the competitiveness between the parents and their children. At the same time it creates consistency in the frame, gradually allowing for the fulfillment of the first tasks.



### ***Description of the structure of the group and its participants***

The multidisciplinary team I have been part of works with an infant-parent group (children of the age 0-3 years old) on a weekly basis. It is composed of a psychiatrist and psychoanalyst, a social worker, an occupational therapist, a nurse, and an art therapist. As an art therapy intern I represented an option of art therapy. My supervisor on the site was also working in this team. She is a clinical social worker and an infant specialist, who also has training in psychoanalytic psychotherapy.

The specificity of the families in treatment made the after group discussions an important element of the team work. The families in treatment experience significant difficulties in parent-child relations. Some of the children have been maltreated and malnourished, and referred to the program by the Youth Protection Services. The multidisciplinary team works with all participants-- children and their mothers (mainly, since the majority of them are single parents and fathers are not present). They could be identified as high-risk families with some of the following risk-factors present: social/financial instability, young parental age and immaturity, substance abuse, potential mental illness, domestic violence, which also puts children in the category of the potentially special need infants. In my literature review I have already addressed "difficult patients" issues, relevant to the adult patients the team works with (Hooper, 2000). In our groups we dealt with the difficult patients themselves and with their children who are put at the risks of developing behavioral and developmental problems, where the main causes of those problems remain in the family structures and show themselves through the disturbances in interactions between parents and their children.

The groups are semi-structured and include elements present in the Crowell's procedure. The first hour is equally divided between a free play, an Art Therapy, and a snack. During this time parents and children are observed in their interaction together, in a big playroom. This frame provides the members of the team with opportunities to observe patterns of communication within and outside the dyads, between the siblings, dynamics in the patterns of object relations and types of attachment.

The members of the team have to become very active observers, listening carefully to what children and parents are expressing both verbally and nonverbally (Egan, 1998). This task is especially demanding because both children and parents are very needy. Many of our participants present mixed messages in their nonverbal behaviors, which make identification of their intrapsychic processes difficult (Ivey & Ivey, 1999). Under those conditions the issues of containment, transference-countertransference, emotional balance and support become essential in the work of the team. The place where those issues are addressed is the after group discussions.

### ***The method***

#### **The study design**

The participating dyads were seen by me, a student/researcher, in a group art therapy during the period of 7 months. Throughout this period the two and three dimensional art projects have been accomplished within the art therapy sessions. A variety of art materials have been used, such as play-dough and other modeling materials, drawing and painting supplies.

During the sessions I was observing behavioral patterns in infant-parent interactions in a semi-structured environment, which allowed for natural and spontaneous behavior. I was observing the dyads through their direct involvement in art making process, examining such dimensions of the mother-child interaction as eye and body contact versus avoidance, child's help seeking and maternal responsiveness, ability to cooperate with each other and the other members of the group, playfulness and ability to enjoy the process. In the case example which I present in my paper I am referring to my observations of the individual and the group process during the sessions, and I also analyze the art works of the chosen dyad in terms of their content and global dimensions, individual details and formal qualities, relationship between elements.

#### The data collection

The observational data for the inquiry was collected during the sessions and written in the form of notes after the groups. Other data was also used in order to evaluate changes in dyadic interactions: the videotape of the Crowell's evaluation of the dyad, the art works produced in the art therapy sessions, the process notes available from the files of the observed dyads, the team discussions and evaluations of the dyads held after the groups by the members of the team. The Crowell's evaluation of the dyad gives the preliminary observational data on various dimensions of the dyadic interaction. The videotape of the procedure, watched by the team members alone and with the mother, accompanied with the discussions, also serves as a source of information on the dyadic interaction and the potential of both the mother and the child.

### The data analysis

In order to investigate and describe how group art therapy could help to improve mutual interaction between mothers and their infants, I am making use of the qualitative research method, a descriptive case study. The goal of this inquiry is to examine and articulate the qualitative changes in interaction within dyads, and to show how these changes were influenced by the art therapy. The behavioral patterns observed during the sessions and the changes in the interaction between mothers and their infants were monitored throughout the period of 7 months, within which the data collected on various stages of treatment was accumulated, considered and compared. The theoretical frame for the research has been identified in the literature review and is based on several basic approaches to art therapy relevant for the present project. The proposed informed consent (authorization) form and the consent letter form are appended to the present research paper.

### Method of Recruitment of the Participants

The mother and the child participants have been referred to me by the staff members and the psychiatrist of the infant-parent group within outpatient unit of the psychiatric hospital. The art therapy was carried as a part of the multidisciplinary teamwork.

### Treatment of the Participants in the Course of the Research

The theoretical and practical approach, and the research method chosen for the present investigation require procedures customary for art therapy sessions. For confidentiality reasons anonymity of the participants and the hospital is maintained, any information that could jeopardize the privacy of the families is excluded. All the

participants of the investigation were informed in verbal and written form that the present investigation would contain the photographs of the art works and case material related to the art therapy sessions. They were also informed that the study will be published as a part of the degree requirement and will be stored in the Concordia University library.

***A case history and presentation of the course of the art therapy***

In the case study which I am going to present I am going to examine the art therapy process that occurred in my work with a dyad, a mother and her son, Shelly and Justin, who were members of an infant-parent group at a psychiatric hospital. Since the focus of the group was on different aspects of communication between parents and their children, I will analyze how the art therapy process influenced communication between the mother and her son. Attention will be given to the analysis of the global dimensions of the artwork and the artistic process (Hammer, 1978), as well as their formal and expressive characteristics as reflective of the personal and dyadic inner processes and overall way of being. An attempt will be made to show how the works of art reveal the participants' core conflicts through a symbolic depiction of their life stories.

I am going to discuss the stages which Shelly and Justin went through in the process of group art therapy. The description of the process will follow the art therapy groups session by session, through the period of 7 months, clustered in 4 stages. Each stage will be analysed from the perspective of individuation-separation process, and the role of aggression in the individual's relation to an object. An account of the sessions will be given with the focus on objectives and the results achieved during each particular stage.

When I first met Shelly and Justin I experienced a strong feeling of anxiety and almost non-existent state in the role of the therapist. The boy was showing helplessness and sadness, and a feeling of being overwhelmed by his mother. The boy looked very unhappy, the mother seemed very angry. I sympathized with the boy, and I think that I identified with him very strongly, while at the same time it was very hard for me to find positive response to the mother's emotional state. It was obvious that the boy was attached to his mother and was unsuccessfully seeking communication with her. Clinically the mother was presenting borderline personality behaviors, and the boy was at risk of developing attachment and developmental problems. Officially Justin was our main concern and our patient, but the problems of the boy could not be resolved separately from his mother's, who was his main caregiver at the moment and the central object for him.

The separation-individuation process is extremely important for the child's future mental development. It has been observed that in the families where the main caregivers, or one caregiver, present behaviors and traits of mental disorder, the risk of developing the same traits for the child becomes extremely high (Sameroff, 1987), since the interaction with the main caregiver(s) defines a primary developmental context for an infant. Through observations over the mother-child communication it is possible to identify various areas of impairment in their interaction which will be indicative of the deficiencies in the child's and the mother's separation-individuation process.

In a separation process, internalization of the object representation and achievement of the object constancy mark achievement of the ego autonomy. Only at that stage, a separation-individuation process could be fulfilled successfully. In my work with

the dyad I have defined the separation-individuation process as a core problem of both the child and the mother. Further I am going to examine it from the perspective of object-relation approach.

### ***Identification of the dyad***

#### **Family and developmental history**

An English speaking dyad is at the focus of this paper: Shelly, 21-year-old unmarried mother and her son Justin, 2,6 years old (the ages are given at the beginning of the treatment). Shelly grew up in another province, far from Montreal. She was the only child in the family, and she stated that she had a good relationship with her mother until age ten. Her parents were divorced and she had little contact with her father. When she was ten her mother found a new boy friend, who was a drug abuser, and both her mother and her mother's boy friend were constantly using drugs. Shelly's grandmother looked after her at this time, until she was 12, when her grandmother died. Shelly referred to her grandmother as the only person who ever really cared about her. At the present moment Shelly's relationship with her mother, who recently stopped using drugs, started to change for the better.

Her son Justin is the eldest of the two children born from different fathers (his brother is 9 month old). His father lives far from Montreal and has no contact with him. Pregnancy with Justin was stressful for Shelly, due to her young age (18 years), lack of support, and the fact that she experienced a great deal of nausea. She consumed two beers a day throughout all pregnancy; labor was long, but uneventful. Justin weighted 8 lbs

2oz. at birth. He was described as a quiet, but irritable by times baby. His developmental milestones were within normal limits.

The family moved to Montreal when Justin was 1,5 years old. At their previous place of residence the family was followed by DYP. After moving the mother was residing with the father of her second child (not born yet), who was abusive towards her and Justin, and had a long-standing history of drug abuse. Justin was neglected and exposed to violence, which was the reason of his first placement for four month (he was 1 year 8 month at that time). Shelly separated with her partner while still being pregnant at that time. After that she reunited with Justin at her cousin's home, which her cousin offered to her as a foster home. There she gave birth to her second child, after which she moved to a women's shelter. Due to the inconsistency of Shelly's care and her low parental skills, three months ago her two children were placed in a foster home (an English speaking family with four other children) for one year with revision of the case in May 2002.

#### Reasons for referral

Initially the family was referred to the program by the DYP services. Shelly stated that she was court-ordered to attend the program, and that she needed help to improve her parenting skills. She also expressed concern that since her second child's father was violent, that may have affected her parenting skills, and Justin who was exposed to violence for most of his life.

#### Mother's complaints

At the moment of admission Shelly stated that Justin was a difficult child to manage. She complained that he tended to be aggressive and frequently hit and beat her.



He refused to eat at mealtimes, and she had a difficult time to get him to go to bed at night. She stated that Justin did not listen to her, and had frequent tantrums, and frustrated her by his inability to do things.

#### Functioning of the child, interaction

At the moment of admission Justin appeared as a curious boy, interested in toys. He would play and frequently make noises in order to get his mother's attention, but this was largely ignored. He attempted to put together puzzles, play with the cars, and enjoyed the attention he got from the other adults. Justin would get upset by times when asked by his mother to do something, which was beyond his capacity. However, he was easy to distract and appeared to engage easily in social contact with others. At the time when I started working in the group, he did not speak yet, but pronounced quite a few words and made many sounds. He started to develop symbolic play and could remain for a long time (up to 10-15 min.) with the same activity, if it was interesting for him.

#### Clinical impressions

At the time of admission Shelly's expectations of Justin were clearly beyond those of his actual age. She tended always to focus on the negatives, did not give him positive feedback or encouragement when he was able to do things well for his age. The dyad was evaluated with Crowell's assessment, which had shown a very low level of the mother's attunement to the child, her emotional unavailability, and inability to read his cues. In separation-reunion situation the boy has shown anxious-resistance attachment to his mother (Ainsworth, 1978). Nevertheless Justin did not appear as a child with behavioral problems, aggressive, or disruptive. He rather looked like an unhappy, timid boy with low self-esteem, insecure and anxious due to the mother's frequent outbursts

and negativity. Physically he was normally developed, but underweight, for which he was followed by a specialist. His speech was a little underdeveloped for his age.

Clinical impressions of the psychiatrist were evaluating Shelly as demonstrating traits of borderline personality in her behavior. The impressions were supported by the observations of the team-members at the program, by Shelly's behavior with her son and with the personnel of the women's shelter where she was residing

Those traits revealed themselves in her inability to create stable, nurturing environment for her children, inconsistency of care, and her emotional unavailability to them. Having been exposed to abuse in her childhood, and experienced severe traumatic events herself, Shelly reproduces the same type of environment for Justin and his younger brother, which could have serious implications for their mental health. She became a mother at a very young age, did not have any support and her parental skills were very low. At the same time the way she related to people prevented her from creating positive experiences in her communication with other people and her own children, and from improving her parental skills, using support offered by the social system.

Being 2,5 years old Justin was hospitalized with severe gastro-intestinal problems and underweight; he also presented anxious attachment characteristics, and some problematic behaviors; he was also very negatively seen by his mother. All together those factors definitely put him into a child-at-risk category. Even though the dyad was admitted to the program because of the presenting problems in Shelly's two children, primarily in Justin, the mother's personality also came into a focus of the work, and was addressed primarily through the infant-parent relationship.

#### **Chapter IV. Art therapy sessions**

I would like to analyze the art therapy sessions as a symbolic representation of the four subphases of the separation-individuation process of Justin. Inevitably it will touch on Shelly's own separation-individuation process. I will follow the art therapy session by session, describing the projects the group worked with and analyzing the process from the perspective of four subphases of separation-individuation process.

The very beginning of the art therapy (sessions 1- 2) could be viewed as *symbiotic phase*. Despite her unresponsiveness and constant negativism towards Justin, at the time when the parents were separated from the children in the group, Shelly always anticipated this event, which was bringing out a painful issue of separation. As we know from the family history, the year before, Justin was separated from his mother for four months. Soon after that he was admitted to the hospital with gastro-intestinal problems and he was seriously underweight. Shelly's own past also revealed history of losses of the important people in her life. Also Shelly was extremely oppositional to the members of the team and their efforts to teach her.

#### ***Stage 1***

The art therapy part of the group offered the dyads a pleasant setup for spending some time together and non-didactic way of teaching parents and children to relate to each other. As a main medium for the first stage of my work I have chosen a non-threatening material: play-dough. As objectives for both parents and children I saw

development of the sense of trust and comfort towards the setting and the therapist, development of the capacity to work together.<sup>3</sup>

During the first session I introduced basic steps in the work with play-dough, going from simple to more complex—the process similar to the child's development. Like other parents in the group Shelly was very skeptical and participated unwillingly, copying some of the shapes, which the occupational therapist, present at the session, and I have shown to the group. She was concentrated on her own process and did not have real consideration about Justin's capabilities and interests. She almost did not communicate with Justin, and there was no physical interaction between them. Justin was trying to explore the material and attract his mother attention unsuccessfully. At the end of the session Shelly made letters and wrote her son's name, trying to make him repeating the letters after her, which was inappropriate. She was also exploring the material (smelled it for ex.) and making negative comments.

The work with play-dough continued through sessions 2 to 5. The range of the colors gradually expanded, and I also used demonstrations to get the participants more interested in the medium. As part of my objectives I wanted the participants to achieve certain freedom in manipulation of the familiar material, within continuation of the development of the sense of trust and comfort in the setting working together with children. I hoped that the process will make parents help their children handling the material, and to attune them to children, bringing them on the level of the child's functioning (Proulx, 2000).

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<sup>3</sup> Since Justin and Shelly have been in the group art therapy, I will refer to the group process in terms of planned and achieved objectives and hallmarks, and sometimes the group process.

During the second session Shelly's behavior and interaction with Justin did not change significantly.

During the third session her growing engagement in the art therapy process demonstrated through her personal ambition in producing work of art. For the session I prepared a demonstration: a basket with a family of mice (mother and two babies), with a piece of cheese, which the mother-mouse brought to feed her babies [Fig. 1-1, p.45]. The intention was to focus on the family issues: mothering, nurturing, family-nest, siblings, sharing. My next objective was to make parents concentrate on the art process within the group (instead of just replacing it by their own). The demonstration made both children and parents more interested and involved in the group process. Children wanted to play with the mice.

Justin seemed very interested, he was repeating the words "baby, mouse" and wanted to touch them. I think that at this time he started trusting the environment enough in order to explore and was ready to pass to the *differentiation*, the first step in separation-individuation process. Shelly did not allow him to do it despite my comments that the exploration and manipulation of the objects and materials was part of the process of the child's development and that it was appropriate for Justin's age. May be she was replicating parental reactions with which she was familiar from her own past, and she also was not ready to be able to trust the environment and me as a therapist yet. Remarkable that she took Justin in her arms in order to prevent him from playing with the mice. In a meantime another child examined the mouse and eventually broke it [Fig.1-2, p45], which I used to generate a discussion about the importance of the encouragement of exploration for children, which breaking objects was a part of.



Figure 1-1

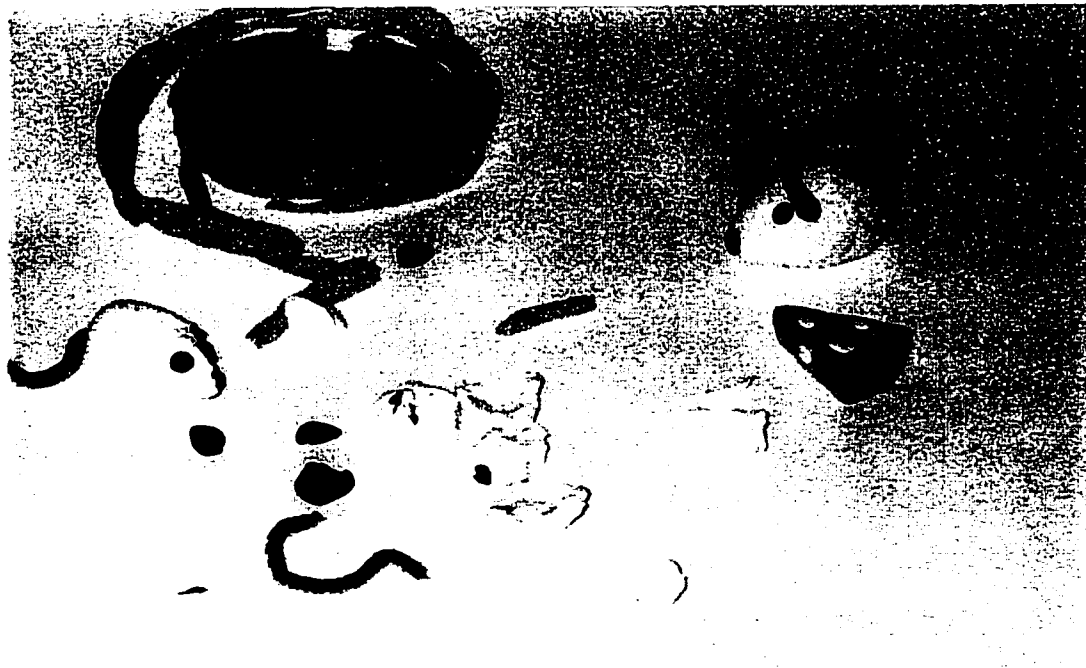


Figure 1-2

The dynamic in the session changed, both parents and children were able to engage in the process. The parents, except Shelly, started using their imagination, making new objects. Shelly replicated the family of mice, which made Justin quite happy even though she did not allow him to touch the objects [Fig. 1-3, p.47]. I was very pleased with the results of the session, on the other hand I was afraid of the possibility of the resistance against growing engagement into the art therapy process on Shelly's part. The following week she missed the fourth session.

For the fifth session I prepared a demonstration: variety of autumn leaves of different colors, a bee, a ladybird, a caterpillar, and a family of hedgehogs [Fig. 1-4, p.47]. I used a variety of bright colors of play-dough and dried spaghetti to make my objects. The intent was to reinforce the participant's engagement in the art therapy process, to explore the familiar from a new perspective. For instance I suggested that the parents could use sweet dough instead of play-dough at home and make cookies, which would make children play and help at the same time. Since all my participants were quite needy, I expected that the possibility to eat the cookies after could make everybody enjoying the process even more.

By the end of this session the adult members of the group finally accepted the working format of the group. They were making comments that the time available for the art therapy was too limited, which did not allow them to explore artistic process fully. This topic gave me a chance to discuss the time frame with the participants of the group, the importance of arriving in time, and the importance of the frame for children, which allows them to have their own expectations. Shelly usually did not participate in the

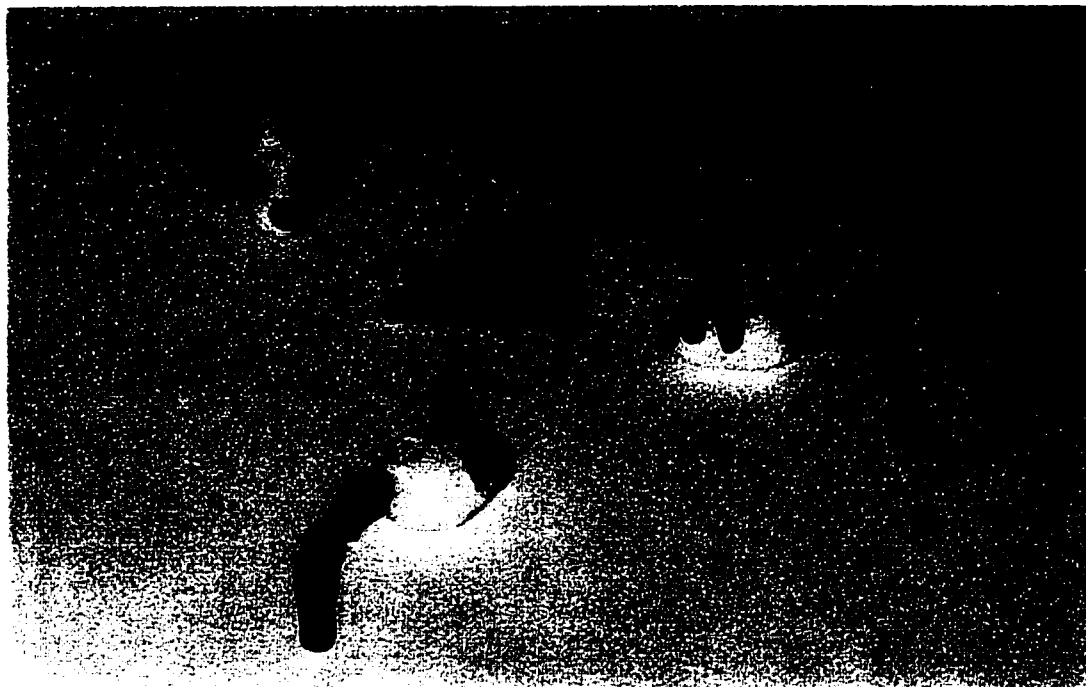


Figure 1-3



Figure 1-4



group discussions, but the later changes in her own behavior demonstrated her attentiveness to the topics brought up by the other members of the group.

During the 5<sup>th</sup> session Shelly continued making objects for herself. She copied a ladybird and a hedgehog and received many compliments [Fig. 1-5, p.49]. That filled her hunger and need for empathy, and allowed her to turn her attention to her son, who was wandering around almost all session, examining the objects brought to the room. As a sensitive child Justin felt that the mother was absorbed in her own process. At the same time she left him without negative comments for some time, which I think allowed Justin to go further in his differentiation subphase: his attention was fully occupied with outside objects for a short period of time. As Mahler explained at this stage the child remains in a close proximity with the mother (1975, p.289). This proximity could be observed in the mother's gesture: she took Justin on her lap, and he was able to concentrate on making his own "tree" out of pieces of play-dough and dried spaghetti, which he destroyed at the end of the session. Shelly allowed him to play this time and had shown some interest in his work. He repeated the word "tree" many times and was proud to show it to the others.

But one thing remained unchanged: Shelly had very flat affect, and her emotional state seemed to be all the time the same, showing no joy or sadness, only flat negativity and sometimes impatient anger. She continued to perceive Justin as an angry and hard to handle child. In the conflictual situations she would very often perceive him as bad intentioned and react outrageously, yelling and screaming at him. She would often tell him to stop being a baby, when he was trying to attract her attention to some of his needs. Justin on his part was trying to escape her anger, but he was reacting more in a withdrawing way, and did not express himself as an aggressive child.

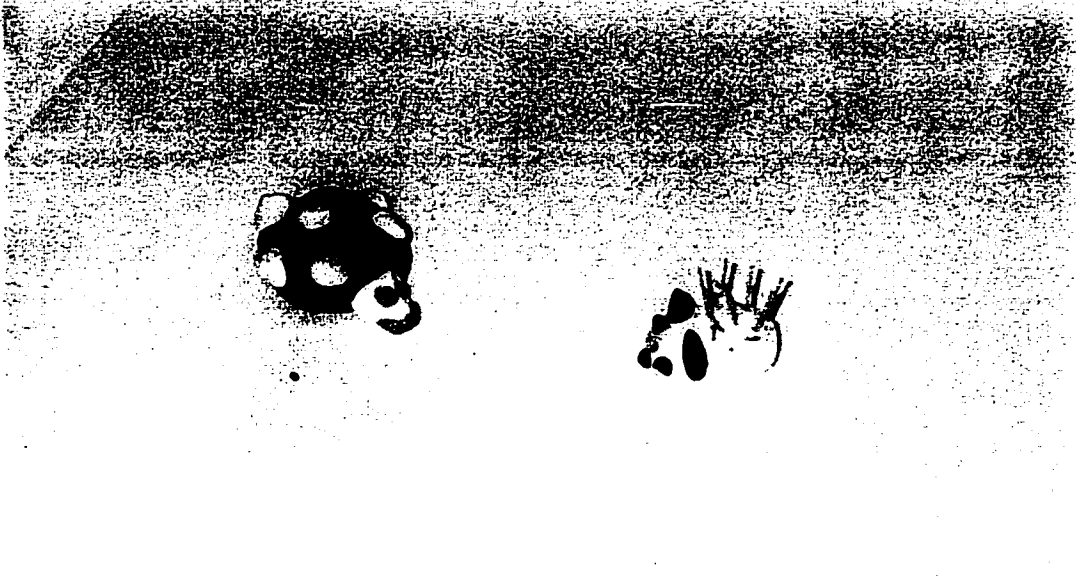


Figure 1-5



Figure 1-6

## ***Stage II***

I found that after the first five sessions the group was ready to face more challenging tasks, which I defined as: introduction of a wider range of materials, increasing self-confidence in dealing with art materials, building further positive experience in interaction between the mothers and the children. During sessions 6 and 7 we made a Halloween project, a mobile, using wire hangers and a variety of materials to make traditional for Halloween figurines. The participation of all members was quite good, and the interaction between the mothers and the children was similar to the previous session, which meant that they felt comfortable in art therapy, despite the change in materials and the task. Both the mothers and children were able to concentrate on the common theme, work together sharing space, time and materials. They also have been interested in completing their work and felt more motivated about it's completion. At the same time they had challenging tasks to fulfill: to tolerate frustrations, find solutions for their ideas. Asking me to assist them was also a challenge, which they gradually started to overcome.

Shelly was quite destructed that day due to the complications with the social services, and her art process reflected her inner state. She was making styrofoam figurines, choosing the colors quite inappropriately: a bat was white, ghosts were yellow, and pumpkins were black; she also commented that she just could not get anything right. For the first time I saw her sad, and for the first time she did not yell at Justin during the session at all. Justin was making scribbles sitting next to her. Shelly alone completed the mobile, and decided to bring it to the women's shelter, which was her temporary home at the time. During this 7<sup>th</sup> session Justin was mainly observing what Shelly was doing, he

nevertheless helped her to choose some of the figurines for the mobile, which she silently accepted.

By that time while working through her art projects, Shelly became more patient and able to tolerate frustration, which I saw as an important change in her behavior. There were many different sources of frustration in her life: shortage of money, responsibility for children and very little knowledge, skill and support to handle things. She literally “could not get anything right”. Characteristically of borderline personality she tended to split her perception of the world into good and bad, and choose the person responsible for all bad, who for that period unfortunately was Justin. She projected her own anger on him and could see him only negatively. Working in a non-threatening environment, Shelly could start seeing Justin as a child; helping and encouraging him she could see his positive sides and his dependence on her; handling some little things for him she started to learn that problems could be solved, and that help could be obtained. The art therapy sessions started to work as Winnicott’s *potential space* (Fonagy, 1995, p.40) for both her and her child, in which object relations could be worked through, and higher complexity of the perception of the world could be achieved.

I also see this stage as accomplishment of the *differentiation* step in separation-individuation process of both Shelly and Justin and transition to *the practicing* step. Though for Justin I think it started with the “tree” and was going back and forth, since the mother was not able to accomplish the function of mirror for him, a function extremely important for the process of formation of the function of symbolic representation of the external objects (Heineman, 1992). For both of them this function was provided by the therapist, until later Shelly was able to take over from me.

### ***Stage III***

During the third stage we made a number of projects: painting in sessions 8 and 9, an “aquarium” in session 11, and a Christmas card in session 12. The painting project was aiming to put both child and parent on the same level: the parents had to descend to their children on the floor, where each dyad was supposed to work on a separate sheet of paper, creating a life-size portrait of the child. It was very rich because it touched such important issues as: intimacy, understanding and expression of the attitude to the child; cooperation, experience of enjoyment doing activity together and empowering the child through his image. Creation of the portrait could become a symbolic representation of the child, and also of the parent’s attitude to their relationship.

At the beginning of session 8 only Shelly with Justin were present. Shelly announced right away that she did not “honestly think that Justin would like to go there to deal with paints”, using Justin to express her own feelings. Despite resistance on her part it was very a good experience for them, since I could give them enough time and attention. Shelly actively assisted me in the session, was engaged into the art process, helping Justin and exploring paints with him.

I think both she and Justin were exploring *object consistency* in that session: I was an object for both of them, and primarily for Shelly. I was able to tolerate her and did not change my attitude to her. She was the one who had to learn to do it for her son. Shelly made negative comments about paint, has shown her disgust about using her hands, but eventually felt safe to try it. She also helped Justin to make his handprints [Fig. 1-6, p. 49]. At some moment real closeness between the two of them was achieved. The process was interrupted by another dyad, which arrived at the end of the session. I

had to take the role of the main object for Justin and continued the project, while Shelly withdrew and started talking to the other mother. At the very end of the session I had to give some attention to the other dyad, while Shelly washed Justin's face and hands and helped to clean the room. It seemed that the fact that she was not getting any attention any more made her very upset, which effected her behavior with Justin: she regressed to her old way of treating him in a rough and negativistic manner.

During the next session (9) practicing continued. There were more participants present in the session, but only Shelly and Justin were able to accomplish the life-size portrait of the child [Fig. 1-7, p.54], which was the result of their working together previous time. They have shown better familiarity with the materials; Shelly took time to explain Justin what they were going to do in such a way that he was able to participate. She made an outline of his figure and began to fill it with the paint, starting with the hair and going down to his shoes. At this point he refused to touch paint, which was the result of Shelly's rough behavior with him at the end of the previous session. Instead he tried safe felt-pens, doing scribbles.

The completion of the portrait had a big importance. Justin could see his symbolic representation accomplished by his mother. It was displayed on the board during the snack, so that all group members could see it. Justin and Shelly were complimented for their good job, which was an acknowledgement of Justin's good side for both of them. Projecting her son's image on the paper helped Shelly at the same time to stop projecting her own past experiences on him. Doing that Shelly reproduced the function of mirror for Justin, mirroring him in a very positive way. After that Justin started using symbolic expression very freely, especially when he felt overwhelmed, as we will see further.



Figure 1-7



Figure 1-8

Session 11 aimed to consolidate positive interaction in dyads through positive and pleasant artistic experience. The dyads worked on aquarium project, for which a vast variety of attractive 3-dimensional materials were introduced. For both Justin and Shelly this activity was very fulfilling. They worked collaboratively obviously enjoying the project. The materials looked very attractive and intrigued curiosity. Shelly and Justin actively glued rocks, plants, and chose stickers. Justin was sitting on his mother's lap and they looked very involved in the work. At the end of the session all aquariums were exhibited and received a lot of compliments [Fig. 1-8, p. 54]. Shelly and Justin were proud of their work; they liked the result and took it home with them.

During the following session (12) we made Christmas cards. Justin worked sitting on his mother's lap. Though Shelly was very directive and protective of her work, she nevertheless allowed Justin in her space, and let him choose the stickers, helping to arrange them on the card. The card was made for her mother, which Shelly announced while writing: for Nanny from Justin. She was not yet able to express herself directly; she was still using Justin. This gesture had also shown that the new attitude to her own important object, her mother, started to develop.

These two sessions marked the beginning of the *rapprochement* subphase in the separation-individuation process of both Shelly and Justin. I think it was reinforced by the life circumstances, because during this time Shelly was expecting that both her children would be placed to a foster home. The decision was postponed, which Shelly saw as a second chance. At that time her interaction with Justin significantly changed since the beginning of the program: she used more positive intonations, paid much more attention to the child, was more active in assisting him and less negative. Justin became



much more explorative and lively. At the beginning he would very rarely defend his interests with the other children and almost never with his mother. Now he was doing both, and also started using phrases and play very actively to express himself.

#### ***Stage IV***

Stage IV started after a long Christmas break (session 13) with a huge crisis in Shelly's family: the night before the first session Shelly received news about placement of her children, who were supposed to move during the afternoon on the same day. Shelly was very anxious, she refused to separate the children from each other during the second hour of the group, and was very angry when after the parent discussion she found that they have been in different rooms. Nevertheless the members of the group noticed that Shelly's behavior started to change. One of the contributing factors was the fact that starting with this session she was coming to the group with her boyfriend, who was responsive to children and also took care of her.

Justin was very happy to come back to group. He used it to express his anxiety in anticipating coming separation, which he expressed in his play and in the drawing, which he had done with the occupational therapist. In his play Justin several times represented the events happened at his home during the previous day: the telephone rang, and when his mother picked it up, the 'bad telephone' brought bad news about the separation. In his play Justin was able not only to express his own anxiety, but also the anxiety of his mother, and his love and care about her. At the end of his play Justin had thrown the 'bad telephone' to the garbage, which helped him to express his anger.

There was also a 'good telephone' present in his play, which represented the connection with his mother, becoming a symbol of attachment, binding with her. This symbol was often present in Justin's play after this session. The ability to express himself and the fact that he was understood and supported by adults helped Justin to adapt to the situation and develop the next sub-phase of his separation-individuation process without regressing as a result of traumatic experiences.

I think that at this time we can speak of *rapprochement phase* in Justin's separation-individuation process, which inevitably triggered parallel process in Shelly's further development. In anticipation of separation with each other, Justin faces a dilemma: he has to confront his own separateness, but she also fears the loss of the most important object—his mother. He loses interest in exploration and wants to reunite with the mother. He is also very anxious about the mother herself, because, for the mother separation is very difficult and painful. The telephone becomes an incredibly important symbolic image: two telephones represent split between bad and good, separation and reunion with the mother. Showing aggressiveness towards the "bad" telephone, Justin steps into a role of active protector of himself and his mother. Aggressiveness here is equivalent to the life force, but also a sign of integration in Justin's ego development (Posner & al., 2001).

During the week following placement Shelly's children were sick and they missed session 14. They came to the 15th session, during which we started our final art project – a "House". Each dyad in the group was supposed to build a house for the family, in which both the mothers and the children could have expressed their wishes, dreams, use their imagination in collaborative work. In many ways this project was a continuation of the

previous art therapy projects. The difference was that this was a long-term project, in which the participants had a chance to build it up gradually, plan and take decisions, ask for help and materials if necessary, and learn how to achieve the result. Shelly and Justin became the most consistent participants of the project, and during this period art therapy became Shelly's favorite activity in the group. I must point out that by that time Shelly recommenced her individual visits to an art therapist outside of our program, which she stopped three month before, because she "was not ready to deal with her personal stuff".

At the beginning of the group Shelly was taking pictures of her children and her boyfriend, she looked very exited, she wanted to be very positive and attentive, which felt very forced and often inappropriate. She calmed down during the art therapy session. Justin was sitting on her lap, she was warming plasticine for him, and they started doing a house by covering an ice-cream container with plasticine. Her communication with Justin became very warm, encouraging, and he enjoyed doing the house using plasticine and beans for decoration.

During session 16 similar interactions between Shelly and Justin continued. Shelly was now able to listen to what Justin was saying, who at that time continued to express himself more and more clearly. This was Justin's third week after the placement at the foster home. He and his brother were regularly communicating with Shelly and her boyfriend. Shelly frequently spoke to Justin on the phone. By that time he started feeling more confident about the placement and his "two mommies". It was significant that in this session Justin decided to do his own house. He said that now there were two houses, and he wanted to do his own. Shelly put aside the one she was doing before, and helped Justin during all session.

During the 17th session Shelly concentrated only on helping Justin, asked questions trying to figure out what he wanted. He was speaking more and more, being able to make longer phrases, expressing himself. Now he also wanted to be more independent and repeated on several occasions that he wanted to do things “by himself”.

During this session we were listening to the recordings of the children songs. Shelly listened to the words of the songs, which were: “hair made of spaghetti, eyes of meat balls”. She laughed and said that now after she had heard all words, “now what, we can eat it?” That was the first time I ever heard her joking. She also commented about another song, saying that she really hated that one, because they were listening to it all time in another program. And that was also for the first time that I heard her expressing her feelings directly. Through the whole session she kept communicating with Justin and me, and felt very present. She and Justin kept working on the house and left the tray with the work on a side table intending to show it to “the dad”, Shelly’s boyfriend.

Shelly continued to show signs of positive growth during next sessions. In the 18th session Shelly requested some “green stuff”, saying that she wanted to make her project more alive. Now she fully concentrated on “Justin’s house’, and transformed hers into a garage. She became much more attentive and consistent through all activities in the group, insisted that children follow the rules during snack, which she never did before, was able to listen to some of the comments. Overall she became much less oppositional. At the same time she kept blaming the foster mother for not taking care of her children properly. She became very perceptive in analyzing and picking on details of the foster mother’s parental skills. To some extent it probably forced her to try harder to improve her own parental skills. It also became easier for her to take care of her children since she

did not have full responsibility for them every day and had time for herself. She started to look better, happier. In the parent's discussion Shelly spoke about her mother, their relationship, how she always put Shelly down, how she had stolen the money which Shelly put aside, and used it for drugs. At that time Shelly started to attend her individual art therapy twice a week, coming one time a week with her mother.

I think that in the 19th session (the fifth session of the House project) the *consolidation* sub-phase started. During this phase, integration of different parts and representations of the self has to be achieved, which is necessary for formation of the identity of the child, his autonomy (Mahler, 1975). The complexity of the project, which included representations of the different aspects of Shelly-Justin's family life, but also emphasized the symbolic quality of those representations, helped to create a *pretend* mode (Fonagy, 1995) of the psychic reality of both Justin and Shelly. From the very beginning the "House" was a symbolic representation of their imaginative, *pretending* family life, as it will happen when (and if) the family will reunite again.

The project had very clear boundaries, it was made on a big tray, which helped to establish the boundaries between *pretend* and *actual*. It allowed negotiation over components, play and replay, doing and redoing. While they were building it up, different events and emotional components of the real life were also incorporated into the project, representing the *actual* mode of psychic reality, but in a symbolic form, which helped to keep them from being overwhelming. Through building the project Shelly regained her ability to play, and her psychic reality was becoming increasingly integrated.

Each session we were trying some new materials, like self-hardening clay, or modeling magic. During the 19th session Shelly worked on artificial grass, which I

brought answering Shelly's special request to have "some green" in her garden. She really liked what she did and was very engaged in the art process. That day Justin did not feel well and he was not able to remain interested and participate much in the project. It made Shelly questioning why that was happening. She noticed that it could be related to the fact that he was not feeling well. She became sad, but not frustrated or angry. She continued working, while I was playing with Justin, making birds, nests, different animals out of plasticine for him and telling him stories about those creatures. Then I made a cat and asked Justin if we could bring it beside the house. He agreed and I gave this cat to Shelly. She returned it to Justin, saying "She made a cat for you", which was showing her inability to accept anything for herself. Justin smashed the cat, and while he did it Shelly suddenly became distressed, as if that was a real cat. It was obvious that the cat carried a very significant meaning for Shelly.

On the other hand the cat also had a symbolic meaning for Justin. It seemed that this was his way to express his frustration with his mother's frequent rejection of him and of what he was doing. It was very important at that moment that Shelly could survive the destruction and could contain her son. I wanted to bring her back on the level of symbolic and interpreted Justin's actions as manipulation of the material, which could be his way to express himself and also could be seen as a symbolic transformation of the cat into something more meaningful for Justin. Shelly observed Justin's actions for some time, interpreted Justin's gesture," Is it a rock?" and placed it near the house. The most important was that Shelly did not interpret his actions as aggressive, but started seeing his intentions in different way. Another important result was that during that session she was

able to tolerate Justin withdrawing from activity and coming back, which she also did not see as a bad intention any more.

Shelly and Justin missed the 20th and came to the 21st session. There were some other participant in the session. For the first time Shelly went directly to the cart, took out her project and stated working with it. Justin became very involved in the process of making “fireworks” which was his own idea [Fig. 2-1, p. 63] and which resembled the tree from his earlier work (“spaghetti tree”). Shelly continued to communicate with him ensuring that he had all what he needed. She was also communicating with another mother with whom they tended to switch to socialization instead of the artistic process in the past. But now her interaction was only related to the project, its different elements or materials. At the end of the session Shelly praised Justin for his fireworks, and made his 3-D representation using magic modeling [Fig. 2-2, p. 63]. A little figure strikingly resembled Justin’s life-size portrait [Fig. 1-7, p. 54]. The whole project was becoming more decorative and elaborate. There were flowers and trees in the garden, a dog, for which Shelly made a plate to feed her, and a car.

In the 22nd session Shelly and Justin finished the project [Fig. 2-3, p.64]. They added a swimming pool with fishes, a cat, and a rabbit, and each of those objects deserves a special comment. A pool was my suggestion, which before would have been either not noticed or rejected. When I offered Justin blue magic modeling he was riding a car, but he wanted to do a pool. Shelly asked him to sit down at the table since the rules allowed using art materials only as a table activity. Justin came and sat with her. He made a pool with Shelly’s help, and I helped him to make fishes. Then I offered Shelly another cat, which she took, noticed that she liked it, and asked whether she could paint the cat. I

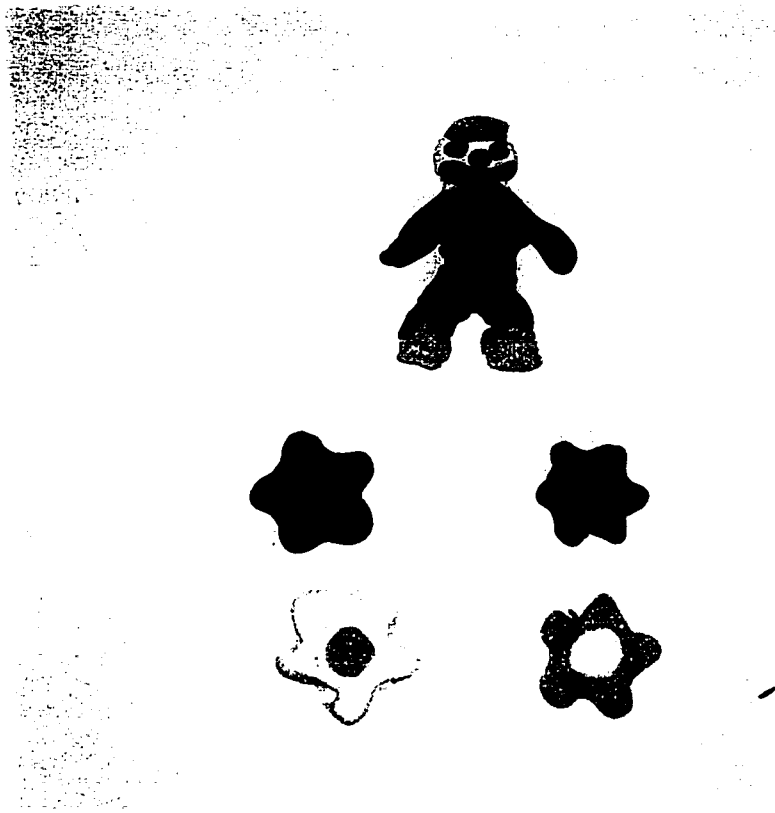


Figure 2-1

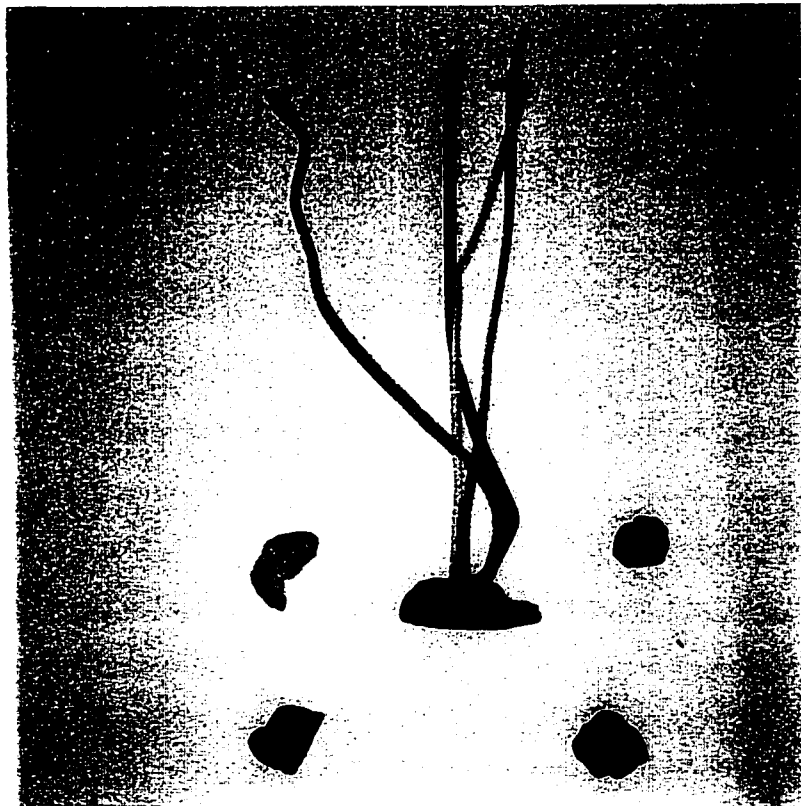


Figure 2-2



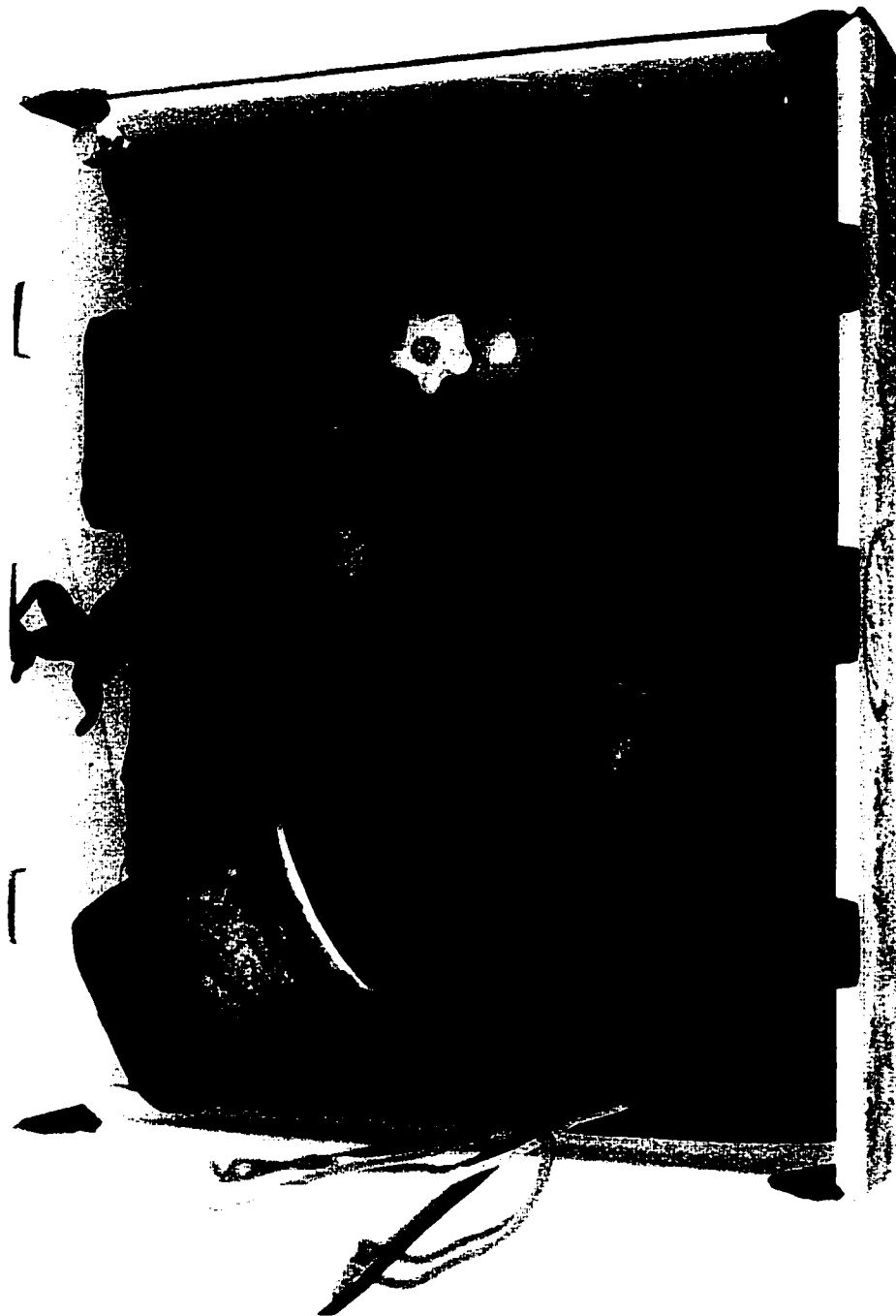


Figure 2-3

said that she could do whatever she felt like doing with it, and she added some face features and a few spots on the cats back. Justin was watching her and I offered him a rabbit (there were different demonstrational objects which I was giving away to my participants if they wanted to have them). Justin took the rabbit, and Shelly made a huge clay fence surrounding the corner in the garden to keep the rabbit.

Shelly and Justin looked very proud when we were showing the finished project to the other participants and the team-members. Shelly answered questions, explaining how she used various materials to make different objects. The integration was achieved.

Shelly took the project home two weeks later, when she came for a feedback.

### ***Discussion***

In the present inquiry I was following the case of the mother and the child who had a severe impairment in their interaction at the time of admission to the program, and who made an enormous progress in their communication and understanding of each other. The improvement first started to show in art therapy sessions and gradually extended on other types of activities in the infant-parent group.

The mother presented a range of borderline personality traits. She also had a lot of complaints about her child. After observation in the group setting, it became obvious that those complaints referred to herself rather than to the child. Shelly was presenting a range of behaviors, which corresponded with different age, but she was not able to recognize it. At the same time she was projecting these behaviors on her child, and in her relationship with her child she was reviving her own personal story. As Selma Fraiberg wrote her

child became “the representative of figures within the parental past, or a representative of an aspect of the parental self that is repudiated or negated.” (Fraiberg, 1980, p. 61).

Both Shelly and Justin have been extremely needy. Shelly wanted me to be more involved, wanted me to feed them, at the same time she was rejecting my direct assistance. I used the advantages of the art therapy to feel this neediness and to overcome the rejection, so that both the mother and the child were able to accept that positive, whatever it may be, in order to learn, satisfy their needs, and to build their personalities. My approach with this dyad was based first of all on my inner feeling: at the beginning I was trying to be more “educating” and more active verbally. I felt such a tremendous rejection and resistance, that it became clear to me that I had to work on the issues of containment first of all--containment and acceptance. Having become an active listener and observer, I have been at the same time available and responsive to both the mother and the child.

In my relationship with Shelly she often behaved in a way as if I was abandoning her. This feeling of abandonment is one of the key feelings in understanding of this dyad. Demonstrating traits of borderline personality Shelly had problem tolerating being alone, which was related to feelings of abandonment (Gunderson, 1996). Fear of abandonment was deeply rooted in her developmental history. The separation-individuation process never was accomplished for Shelly. She was stuck in her fusion with her mother characteristic for borderline personality. Her split was representative of her immature inner world, which had a quality of the small child’s psychic reality with its dual character: a *pretend* mode and an *actual* mode (Fonagy, 1995). In a *pretend* mode the ideas are felt to be representational but their correspondence with reality is not examined.

In an *actual* mode ideas are not felt to be representations but are rather direct replicas of reality, and are felt like always true (Fonagy, 1995, p. 41). We could have observed it in a way Shelly interacted with Justin at the beginning: she related to him as to a sibling of the same age group.

In the child's development at the age between four and five years old the two modes become increasingly integrated, establishing reflective mode of psychic reality, allowing the child to distinguish between his internal world – thoughts, and not-his external world – reality in a new way. It allows the child to understand his own and his object's behavior in terms of mental states. This phase is possible only when the separation-individuation process is successfully accomplished. The parent, who had not undergone this process, is not capable of allowing different pattern of separation-individuation process and formation of integrated mode of psychic reality for her child. Her own pattern in a way transmits to the next generation, putting the child at a risk of developing similar pattern.

Shelly had to be put into an area of potential space, in order to be able to explore her object relations again. This was hard to do since Shelly was to a great extent detached from reality, she could not play, could not explore. This space was created in the art therapy sessions, where one of the main functions of the therapist was a function of containment (Proulx, 2000). For Shelly, the issues of containment became very pertinent: she was never contained appropriately by her own mother and she was not able to offer herself as a good-enough container for her child. As a therapist, I was the one who had to accomplish the function of the balanced container for both and each of them, where the

perception of both the child and the mother had to be that the new object (I) is capable of containing and dealing with their intolerable issues (Segal, 1975).

I think that the “House” project allowed Shelly and Justin to use the advantages offered by art therapy to the full extent. The episode with the cat was showing an enormous change occurring in both the child and the mother, and in their interaction. The cat represented a significant episode from the mother’s past. Shelly told in the parents group that she had a cat, which she loved, and it was killed. It was a very painful memory, and Shelly’s flat affect, rejection of the symbolic object, were allowing her to deny this memory. Justin was expressing his own frustration through destruction of the cat in front of the mother (the act which Justin was not able to perform before, since there was nobody to contain it). The act is triggering this very painful memory, and Shelly turns for support to the therapist, who is able to tolerate the act, and to contain both the child smashing the object, and the mother, who suddenly becomes vulnerable and fragile. In addition to the therapist, the frame of the project was reinforcing the function of containment. (The project was gradually built in a tray and by that time represented a quite solid construction, symbolically representing the family’s imaginative household). A remarkable episode resulted from the previous work. In the last session I offered Shelly one more model of a cat, and she was able to accept it and to include into the image of her future house, future life.

The expression of anger and frustration in Justin and Shelly’s behavior is significant in this episode. In the process of normal development, the child must achieve a state when the object, an important caregiver, could be objectively perceived and belongs to the shared reality. In the way he relates to an object, according to Winnicott, a

child follows three stages: “After subject relates to object” comes “subject destroys object”: and then comes “object survives destruction by the subject” (1968, p.222). In this stage the object survives destruction and does not change in quality or attitude. When the child accomplishes this stage, he starts to relate to the object in a healthy way, which means to acknowledge it’s separate existence and to be able to use it.

Shelly was not able to accomplish the third stage in her development. The art therapy has provided her with transitional (or potential) space in which the third stage could have been accomplished. Partly it became possible because the process of transference between Shelly and me, her therapist, was not too intense. At least at the final stage I have been perceived by Shelly only as a positive side of the object (mother) figure: offering, nurturing, accepting, holding. The negative part of the transference was projected on the other member of the team, who was much closer to the real mother figure in Shelly’s perception: she was older, made critical comments, or made suggestions which were threatening for Shelly, and also possessed some “power”, since she was the one in direct communication with Shelly’s social worker. I think that here the split typical for a borderline personality had a chance to be lived through within the transitional space of the group.

The structure of the groups and the group approach allowed to create the effects of ‘collective mind’ and containing environment for our participants. The members of the group constituted for the wholeness of the important object for Shelly, the object that could survive and remain unchanged. Another important function of the group modality was that altogether it provided a consistent frame with possibilities for growth and exploration. In Winnicott’s terms it was functioning as a transitional space: a space

enabling transitional experiences through object relating and object usage (Posner, & al., 2001, p. 179).

Splitting of the object into all good and all bad, characteristic to a borderline personality makes it very difficult for the subject (Shelly) to achieve balance in relating to and using the object. It seems that the structure of the groups allowed naturally not to force the process of integration of those two sides, and allowed exploration of both of them. Within a bigger transitional space there was a smaller more intimate one, which was created in the art therapy sessions. This space holds visual, metaphorical language, allowing sublimation and exploration at the same time.

Now I would like to write a few words in regard to aggression. At the beginning of the group Shelly was complaining about her child's aggression, which in fact was hardly present in his behavior at that time. Shelly at the same time presented herself as a very angry person. As it was mentioned before, in one of the works on the notion of aggression in Winnicott, it was noticed that Winnicott reframed aggression as a life force, "as a *potential*, the constitutional element with which a child is born, as distinct from *actual* aggression", which is perceived as *intentional* (Posner & al., 2001, p. 174).

Winnicott was connecting appetite to aggression, and disturbances in appetite he considered indicative of development going awry. As we remember Justin was presenting a range of eating problems prior to admission to the program for which he was hospitalized. He was underweight and had poor appetite, which slowly was changing, and Justin started gaining weight and show interest to food. At the same time, very little "instinctual" or *primary* aggression was present in his behavior. The reason for that was in his mother's inability to tolerate it, and each time the child was showing his *primary*

aggression as a striving for love, for food, for life, she always interpreted it as “intentional” or *actual* aggression, e.g. in the way she experienced it. But the nature of her own aggression was different, it was mainly caused by frustration, by inability “to get anything right”.

### **Chapter V. Conclusion**

In the present paper I was following the case of the mother and the child who had severe difficulties in their interaction at the time of their admission to the program. Both the mother and the child made an enormous progress in their communication and understanding of each other. The improvement first started to show in the art therapy sessions and gradually extended on the other types of activities in the infant-parent group.

The mother was presenting a range of behaviors, which corresponded with different age. She had a lot of complaints about her child, which referred to herself rather than to the child, and which were representative of her own past and development.

In the art therapy work with this dyad I used the advantages of the art therapy to feel the neediness of the mother and the child, and to support the growth of their personalities. I defined the process of separation-individuation as the core problem of the personal development of both the mother and the child. That brought the issues of containment and acceptance into the focus of my therapeutic frame.

The separation–individuation process is extremely important for the child’s future mental development. The separation-individuation process was never accomplished for Shelly. She was stuck in her fusion with her own mother characteristic for borderline personality. That demonstrated itself in her fear of abandonment, which was deeply



rooted in Shelly's developmental history, and was addressed in the art therapy sessions. Her immature inner world had a quality of a small child's psychic reality with its dual character of a *pretend* mode and an *actual* mode (Fonagy, 1995).

In the art therapy sessions Shelly was positioned in the area of potential space, where she was able to explore her object relations again and undergo the separation-individuation process. Shelly was never contained appropriately by her own mother and she was not able to offer herself as a good-enough container for her child. As a therapist, I had to accomplish the function of the balanced container, capable of containing and dealing with their intolerable issues (Segal, 1975) for both of them.

A succeeding series of projects followed with the "House" project allowed Shelly and Justin to use the advantages offered by art therapy to the full extent. The enormous change occurred in both the child and the mother, and in their interaction. Gradually Shelly was able to turn for support to the therapist, she herself learned to tolerate and to contain her child in both constructive and destructive states of his existence. It is important to mention that the therapeutic frame was reinforced in the other parts of the multi-treatment group work.

Through the art therapy sessions Justin and Shelly achieved a state when the object, an important caregiver, could be objectively perceived as belonging to shared reality. In correspondence with Winnicott's theory the child follows three stages in the way he relates to an object (1968). Following art therapy sessions Shelly was able to accomplish the third stage, when the object survives destruction and does not change in his quality or attitude to the subject. In personal development this marks the stage when the child starts to relate to the object in a healthy way and is able to use it. The art

therapy has provided her with transitional (or potential) space in which the third stage could have been accomplished.

In respect to the process of transference between Shelly and me, it has to be noticed that the team approach allowed it to be not too intense. It also allowed me to be perceived by Shelly only as a positive side of the object (mother) figure: offering, nurturing, accepting, holding, which helped to build therapeutic alliance and trust. The structure of the group and the role of the group approach played an important role in regard to creating the effects of 'collective mind' and containing environment, which was functioning as a transitional space—space enabling transitional experiences through object relating and object usage (Posner, & al., 2001, p. 179). At the same time within a bigger transitional space there was a smaller one, which was an art therapy space, holding metaphorical language and allowing sublimation and exploration at the same time.

In the process of art therapy work it appeared that Shelly's complains about her child's aggression and her behavior presented herself as a very angry person. At the same time, very little "instinctual" or *primary* aggression was present in the behavior of Justin. His mother was not able to tolerate any of the facets of his *primary* aggression. Justin's striving for love, for food, for life were always interpreted by Shelly as "intentional" or *actual* aggression in accordance with the way she experienced it. But the nature of her own aggression was rooted in the history of her development, and was caused by life frustration, by inability "to get anything right".

The art therapy sessions helped Shelly to realize the real causes of her frustration and have taught her some ways out. She also learned to see her son in a different way,

which allowed his life force to grow stronger and his development to take a healthier path. Her own internal development has undergone changes as well.

Nevertheless there is still some doubt about how much Shelly will be able to stick to this new mode of communication with her child and expand it from the art therapy sessions to the other spheres of life. At the time when I finished working with the group, the team members had doubts about whether she would be able to maintain the same level of understanding and support of her two children to an extent that she would be able to become their permanent and main caregiver. In Justin's case, he seemed to be out of danger at that moment. Lately he had shown himself to be a normally developing child, who was able to express himself and get the best from what his environment is offering him.

I think that Shelly has undergone dramatic changes in her inner development in our program. But it would have been important for her to continue working in the same direction. Shelly was going to continue to come to the groups after a two-week break. And my recommendation was for her to be seen with her son in art-therapy, since it was very effective for both of them. I would further concentrate on consistency, continuity, and reinforcement of the positive frame and balanced containment for both of them. In regards to her capability to become a main caregiver for her children, I believe that with support, Shelly will be able to internalize positive patterns of interactions with her own children and with other people, and will be able to transfer them on the other spheres of her life.

I suggest that further study in the area of dyadic work should be conducted including more participating dyads. Also I suggest that a qualitative element could be

introduced as a possibility to measure changes occurring in infant-parent interactions in the process of art therapy intervention. For that purpose I suggest administration of the Crowell's procedure before, through the phases, and at the end of art therapy. That could allow observing the changes in more dyads, and characterizing those changes not only qualitatively, but also quantitatively, which could allow higher level of generalisability.

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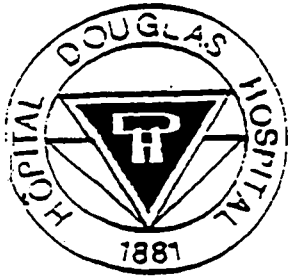
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# AUTHORIZATION FOR AUDIO-VISUAL RECORDS

I, the undersigned, authorize Douglas Hospital Centre to make photographs, films, tape recordings or video tapes as described hereunder.

Type of record: \_\_\_\_\_

(e.g. video recording, audio recording, photographs, etc.): \_\_\_\_\_

to be made (date): \_\_\_\_\_ at (location or event) \_\_\_\_\_

I authorize that copies may be made of the material

YES \_\_\_\_\_ NO \_\_\_\_\_

I consent that the material may be shown to the following:

YES NO

The public ..... \_\_\_\_\_

Health Care Professionals only ..... \_\_\_\_\_

Douglas Hospital Professionals only ..... \_\_\_\_\_

Single use (specify) ..... \_\_\_\_\_

\_\_\_\_\_

(For single use only) I further direct that after use, the audio-visual material:

a) may be archived (stored) \_\_\_\_\_

b) should be erased or destroyed \_\_\_\_\_

I understand that this consent may be changed or withdrawn at anytime, by myself or by my legal representative.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Authorization form**

For making, audio-visual recordings, photographs, and slides related to art therapy

I, the undersigned \_\_\_\_\_

authorize \_\_\_\_\_

to make records of the art works and activities related to art therapy, made with me and/or my child

(children) \_\_\_\_\_

(the name of the child (children))

These records may be acquired during the period of time extending from \_\_\_\_\_

to \_\_\_\_\_ and they may be of the following types:

	YES	NO
audio recordings	_____	_____
video recordings	_____	_____
photographs/slides	_____	_____

I consent that the material may be shown:

to Health Care Professionals	_____	_____
for educational purposes	_____	_____
for case-study (program requirements)	_____	_____

I further direct that the audio-visual material may be archived (stored) as follows:

art work—at the hospital	_____	_____
photographs, slides—at the Art therapy intern's archive	_____	_____
the audio-visual recordings should be erased or destroyed after use	_____	_____

I understand that agreement to give this authorization is voluntary and that it may be changed or withdrawn at anytime, by myself or by my legal representative with no effect on the quality of the art therapy provided to me and/or my child (children). I also understand that anonymity and confidentiality will be respected under any circumstances.

\_\_\_\_\_  
Name of the parent (guardian)      Name of the child (children)      Witness

\_\_\_\_\_  
Signature      Signature      Signature

\_\_\_\_\_  
Date      Date      Date

**Consent letter**

Date:

From: Olga Lipadatova  
Art therapy intern  
Concordia University  
1455, Maisonneuve Blvd. West  
Montreal, Qc.

Re: Authorization form

Dear Parent/s,

As you have been notified in September 2001, I am a Creative Therapies student at Concordia University. The art therapy sessions, which I am conducting within the infant-parent group at the Infant-Parent unit of the Douglas Hospital, are part of the practicum in the Art Therapy Masters program held during the period from September 2001 until April 2002. The purpose of this letter is to ensure that you fully understand the nature of the art therapy work conducted with you and your child within the infant-parent group, and to explain the requirements of my practicum and of the program.

Art therapy is a part of the multi-modality treatment, carried within two-hour groups with parents and their children on a weekly basis. The objective of the art therapy sessions is to help to improve infant-parent interactions through positive experiences in art therapy. Various art materials are used in order to attain this goal.

The sessions and their results are regularly discussed by the members of the team in one hour discussions after each group, they are also discussed between me and my two supervisors, for the benefit of the participants and for my professional growth as an art therapist.

Another part of the requirements for the completion of the Masters degree in Art Therapy is the writing of a clinical/theoretical paper, examining one or more aspects of art therapy practice. This helps me as an art therapy student to learn how to become a professional. The purpose of this requirement is to increase the art therapy student's

theoretical and practical knowledge, and clinical skills in providing art therapy services to a variety of populations.

My paper will focus on how group art therapy influences the infant-parent interactions in the families showing difficulties in those areas. The paper is going to include a review of the literature related to the area of investigation, a theoretical discussion on the topic, and there are going to be some of the examples of the artwork made by the participants of the group, and some case material included into the text. This paper is going to be published and put in the Concordia University library.

I would like to ask for your authorization to include some of your and your child's (children's) artwork and participation in the abovementioned paper. I am reassuring you that confidentiality will be fully maintained. The name of the hospital, your name and your child's names will not be mentioned. None of the information that could compromise your privacy will be mentioned in the paper either.

Attached to the consent letter is an authorization form, which specifies the types of the materials produced in art therapy sessions, which could be photographed/recorded, how they are supposed to be used and stored/erased. I also take this opportunity to remind you that the agreement to give this authorization is voluntary and that it may be changed or withdrawn at anytime, by yourself or by your legal representative with no effect on the quality of the art therapy provided to you and/or your child (children).

Should you have any questions or concerns, please do not hesitate to get in touch with me, from Tuesday to Friday, at (514) 761-6131, ext. 2010, or with my supervisor on the site Eithne Taylor, at (514) 761-6131, ext. 2027.

Olga Lipadatova  
Art Therapy intern.