Maximizing Potential: Co-Creating the Potential Space in Art Therapy with Children with Autism

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Abstract

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Jazmine Tufford-Singh

This research paper asks the question: What is the role of Winnicott's potential space in the therapeutic relationship in art therapy with children with who have been diagnosed with autism? Using theoretical research methodology, a representative review of the literature was completed for seven topics encapsulated within this question: Winnicott's potential space, the potential space in the therapeutic relationship, art therapy, the potential space in art therapy, autism, autism and the potential space, and finally, autism and art therapy. Based on this information, it has been proposed that due to their challenges in connecting interpersonally with others, children with autism may not have the ability to make effective use of the potential space that is typically experienced with the primary caregiver during infant development. Thus, the co-creation and effective use of the potential space within the therapeutic relationship in art therapy through the art materials and catered support of the art therapist is proposed as a focus of treatment for this population. Positive experience of the potential space within the therapeutic relationship can foster an interpersonal connection, a sense of self, personal agency, awareness of others, and overall improved interpersonal skills in children with autism that can then be generalized to other relationships in their lives.

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Introduction

In interacting with children with autism in various recreational and clinical settings I have often experienced a non-verbal, interpersonal, intersubjective, and somewhat extraordinary connection with these individuals. These have been quiet moments of meeting in trying to connect and attune to each child's unique way of being within the world. This passion to better understand and embrace my interpersonal connection with children with autism is what has inspired this research. Through the theoretical research methodology, this research seeks to explore how this connection can be made through the re-creation of Winnicott's potential space in the therapeutic relationship with children with autism in art therapy. This research asks the question: what is the role of D. W. Winnicott's *potential space* in the therapeutic relationship in art therapy with children who have been diagnosed with autism?

Winnicott (1971) named the potential space as the home of cultural experience and play. Also known as the transitional space, it is described as a transitional phase whereby the child moves from the experience of omnipotence to the capacity for creativity and towards independence (Davis & Wallbridge, 1981). The potential space itself is not a literal space, but a metaphorical, intermediate space between inner life and outer reality (Tuber, 2008). Within this space the infant transitions from an experience of complete omnipotence with all needs being fulfilled by the primary caregiver, to separation from the caregiver, and the realization of an external reality and lack of full control of this reality. The potential space develops when the infant is able to feel confident in the mother-figure's dependability in providing care, to the point whereby this dependability becomes introjected by the infant (Winnicott, 1971, p. 4). Thus, with a

favourable experience of the potential space an infant internalizes the qualities of a good enough caregiver to adapt to the realization of existing as a distinct being within the world.

Although the potential space can be manifest concretely in the physical therapeutic space comprised of a play space, and/or the art materials themselves, the concept refers to a metaphorical space that exists originally in the co-created, intermediate area between the caregiver and infant during development, and that can be recreated in the client-therapist relationship. In this paper I will be referring to the potential space as it exists in the therapeutic relationship.

Within the context of this paper, autism will be defined by its most recent DSM-V diagnostic description as a neurodevelopmental disorder that is characterized by impairment in reciprocal social interaction and communication as well as repetitive, restricted interests, patterns of behaviour and interests (American Psychological Association, 2013). Deficits also include language and nonverbal communication (American Psychological Association, 2013); an individual may experience a lack of speech, limited speech, echoed speech, and or poor comprehension, as well as atypical use of eye contact, facial expressions, and bodily orientation to others (American Psychological Association, 2013). Individuals with autism may also experience intellectual deficits (American Psychological Association, 2013). Due to the broad variation in symptom presentation of the autism diagnosis, it is on a diagnostic spectrum. This research will focus on children in the middle of the autism spectrum, of mid-level functioning with limited verbal communication abilities, some eye contact, self-soothing repetitive behaviours, and limited engagement in social interaction.

Although there is research that outlines Winnicott's potential space, autism, and working with children with autism in art therapy, research gaps exist in the exploration of children with autism's experience of the potential space. There is a need for research of this topic because it is unknown how children with autism experience the potential space during infant development, if they are able to make use of it at all, considering the diagnostic deficits of the disorder. Given that effective realization of the potential space is critical for the development of a sense of self, safety, agency, and exploration of creativity for adaption to one's internal and external environment, further exploration of this topic may prove beneficial for children with autism with the goal of maximizing their potential. This research seeks to connect these topics and aims to explore the ways in which the potential space can be re-created between the art therapist and child with autism in art therapy. As a result of this exploration, I hope to provide art therapists with a way of interacting with children with autism in order to foster connection, establish a positive, attuned therapeutic relationship, and therefore allow this population to experience the benefits of a successful embrace of the potential space in hopes that this could be generalized to the development of other positive socially-attuned connections.

This exploration was pursued through the theoretical research methodology, which has also been known as qualitative synthesis, or bibliographic research, and the paper is comprised primarily of a literature review. The research question was broken down into seven topics and a representative sample of primary source academic data retrieved from books and published journal articles was performed for each topic. The discussion and conclusions arose from a synthesis of the themes that came forth from this

literature review and contribute to a new understanding of the role of the potential space in the art therapeutic relationship with children with autism.

Methodology

A theoretical approach supports the answering of this research question as it is grounded in the concept of potential space, a term that has already been extensively described in the literature by D. W. Winnicott through both theoretical definitions and case examples. A theoretical approach permitted an expansion of the understanding of potential space within the context of art therapy, and with the unique population of children with autism. The components of art therapy and autism are also extensively represented in the literature, thus this research question sought to compile the wide knowledge base surrounding each of these topics in order to thoroughly highlight their theoretical connections, determine their relationship to each other as it is represented in clinical practice, and inform new knowledge and understanding of their combination as framed by the research question. Marshall and Rossman (2011) support this concept in their stated purpose of a literature review as something that serves to refine and redefine the research question by embedding it in larger traditions of inquiry (p. 78).

Elements of the qualitative research synthesis method also support the answering of this research question; qualitative research synthesis addresses the problem of knowledge fragmentation as it requires the connecting of studies and permits the development of a comprehensible knowledge base (Howell Major & Savin-Baden, 2010). It allows for individual lines of research to be viewed as connected lines (Howell Major & Savin-Baden, 2010, p. 13), and in combining different sets of evidence, synthesists, the

people performing this work, can help provide greater illumination of a topic (Howell Major & Savin-Baden, 2010, p. 14).

The type of data that was collected in this theoretical research was primary research, which is pre-existing research and academic sources from various authors that are available within the literature. The components of the research question were broken down thematically and researched individually. These concepts are: 1) Winnicott's potential space (Davis & Wallbridge, 1981; Winnicott, 1971), 2) the potential space in the therapeutic relationship, 3) art therapy, 4) the potential space in art therapy, 5) autism, 6) autism and the potential space, and 7) autism and art therapy. These elements informed keyword searches in discovery of relevant primary sources; data also came from reviewing references from others' primary research. A review of literature covering a representative sample of articles and sources from various books and online databases from the Concordia and other Canadian university libraries was performed. The data came from a variety of disciplines and theoretical perspectives including art therapy, psychotherapy, play therapy, object-relations theory, attachment theory, developmental theory, and behavioural theory.

From this literature review, essential themes were identified and hypotheses about the relationships between them were discussed in order to establish a greater understanding of the phenomena of the role of the potential space in the art therapeutic relationship with children with autism (Gall, Borg, & Gall, 1996). As connecting categories and themes were revealed in the literature review, I discussed integrative interpretations that sought to develop links and bring meaning and coherence to the data supporting the research question (Marshall & Rossman, 2011). Howell Major and Savin-

Baden (2010) support this step in their description of qualitative research synthesis as being from: "...an interpretivist perspective which requires looking at the whole created by the individual parts" (p. 17).

Given that this research did not involve human subjects, the ethical responsibility fell on me as the researcher to perform research that properly credits authors and maintains a critical perspective regarding the validity and reliability of the existing data that is included. This responsibility involved reflexivity, which is the continuous challenging of biases and examination of one's view and perspective throughout the research process in order to interpret data and engage critically (Howell Major & Savin-Baden, 2010).

In terms of limitations, the discussion and conclusions of this research are limited to the documentation that I have researched and considered relevant to the research question. These conclusions can only be extrapolated so far as they do not extend to a formally designed program intervention. This research does however provide theoretical and practical guidance to clinicians, social workers, teachers, and others who may be working with children with autism in the middle of the diagnostic spectrum. I cannot confirm that this research is effective for individuals with autism throughout the spectrum, however many ideas discussed here could be applied to work with various children with autism. Expanding research to include other areas of the autism spectrum was beyond the scope of this paper.

In considering biases, this research was originally inspired by my experiences and guided by my personal theoretical perspective and way of working with individuals with autism both in the clinical and leisure (camp) contexts. It was also influenced by the

freedom I was granted in trying various approaches at these places of work and study, as opposed to being limited to a single theoretical approach. The research was also partially guided by my expectations of finding evidence in support of the moments of interpersonal connection that I perceived to be successful in my work with this clientele. In saying this however, I was also open to discovering new information, finding new connections, and the understanding that what I proposed would not be universally applicable to all child clients with autism.

Literature Review

This section of theoretical research seeks to provide a representative review of the literature on each of the individual facets extrapolated from the research question: what is the role of D. W. Winnicott's potential space in the therapeutic relationship in art therapy with children diagnosed with autism? The purpose of this is to establish a foundation of knowledge on what is currently known of these topics, discovering links among them, and composing a synthesis of information that contributes to answering the research question in the following discussion section of this paper. The individual topics reviewed are: 1) D. W. Winnicott's potential space, 2) the potential space in the therapeutic relationship, 3) art therapy, 4) the potential space in art therapy, 5) autism, 6) autism and the potential space, and 7) autism and art therapy.

D. W. Winnicott's Potential Space

Winnicott's theoretical focus is upon the infant's development of a subjective sense of reality in the context of the relationship with the mother (Kernberg, 1995, p. 455). He outlines multiple phases of infant development that occur within the infant-

caregiver relationship beginning at birth. In the initial stage of development, the mother maintains the child's state of homeostasis within the context of their relationship:

> Winnicott suggested that the infant's primary experience is an oscillation between integrated and unintegrated affective states and that the protective environment provided by the empathic presence of the "good enough mother" permits the infant to experience a nontraumatic gratification of his or her needs (Kernberg, 1995, p. 455).

Winnicott (1960a) presents that the role of maternal care, or the good enough mother, which serves as the environmental provision for the infant in this initial stage of infant dependence has multiple characteristics. This care must meet physiological needs, be reliable in a manner that expresses the mother's empathy, provide holding of the infant which includes physical holding, a form of loving, as well as physiological protection which considers the baby's visual and skin sensitivity, as well as the child's sensitivity to falling and lack of knowledge of existence of anything beyond the self (Winnicott, 1960a). Winnicott (1960a) distinguishes that this care occurs throughout the day and night, and follows the daily changes of the infant's physical and psychological development.

For the purpose of this paper, I will utilize Winnicott's term of the good enough mother in order to align with his theory, research and remain consistent, but in reality this role may not be filled by a mother but a consistent caregiver such as a father, grandparent, close relative, or other guardian. Winnicott (1953) did distinguish that this role did not necessarily have to be filled by the infant's own mother. Caregivers apart from the mother are just as capable to provide an infant with this good enough care, and

the infant will benefit equally as much regardless of who is providing it. Therefore, the terms good enough mother and mother will be used throughout this paper to directly refer to the caring environment Winnicott describes, however the concept is applicable to any caregiver who provides this environment for an infant.

The mother's ability to contain and hold the infant's needs provides him/her with the fantasy of omnipotence, which is described as the infant's perceived ability to create the reality that is desired for satisfaction, or: "'creating' the needed object at the point of need" (Kernberg, 1995, p. 456). This serves to strengthen the development of the early sense of self and establishes a foundation for development of transitional experience (Kernberg, 1995 p. 456). In further outlining the mother's role, Winnicott (1960b) states: "The good enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly" (p. 145). With the mother's good enough adaptation to her child's needs, the infant begins to believe in the existence of external reality which appears as magic (Winnicott, 1960b). As a result of this: "The infant can now begin to enjoy the *illusion* of omnipotent creating and controlling, and then can gradually come to recognize the illusory element, the fact of playing and imagining" (Winnicott, 1960b, p. 146).

As the infant's tolerance for failure and environmental frustration increases, he or she creates a "transitional object," which is defined as an object that is neither part of the self nor part of the external reality (Kernberg, 1995); it serves as a replication of the child's relationship with the mother in reality and the internal world (Kernberg, 1995). The transitional object is one that serves as a "soother" for the infant, as it stands for the breast or the object of the first relationship, and is a nearly inseparable part of the infant

(Winnicott, 1953). A typical example of this object is a stuffed animal or a blanket, which may be sucked on, clutched, and cuddled by the infant as a way to soothe the self and function as a substitute for the mother (Winnicott, 1953). Through the infant's relation to the transitional object, the infant passes from feeling a sense of omnipotent control to being able to control through manipulation (Winnicott, 1953).

Winnicott (1953) states that the main function of the transitional object and phenomena is to start each individual off with what will always be important to him/her, a: "neutral area of experience which will not be challenged" (Winnicott, 1953). Thus, the infant will never be asked whether he/she created the object or whether it was presented to him/her from the outside, a decision between these is not expected (Winnicott, 1953). The transitional object is an: "intermediate between illusion and reality and creates an intermediate 'space' between internal reality and external reality that will evolve first into the illusional space of play and eventually into the creative areas of art, culture, and religion" (Kernberg, 1995, p. 456). This illusional, transitional space is known as the potential space.

The potential space is a space that exists between mother and baby that encapsulates the infant's transition from this illusion of omnipotence to the outer world of reality (Davis & Wallbridge, 1981; Winnicott, 1971). In discussing Winnicott's conceptualization of the potential space, Tuber (2008) reflects that it has a: "about-to-be-yet-not-quite-being quality" (p. 157); he signifies the link of the potential space with a: "gradual relinquishing of magical control" (p. 157). The potential space is thus defined as a third, intermediate space, between the individual self and the environment, between an individual's internal reality and external life (Davis & Wallbridge, 1981, p. 61).

This space is encased by fluid boundaries and contradictions that co-exist in a transitional state of development. LaMothe (2005) signifies some of these contradictory functions in describing the potential space or "intermediate area of experience" as a place that involves both creating and finding, resurrecting and destroying objects, and a place whereby: "the boundaries between the given and made are fluid and of no immediate concern" (p. 209). Tuber (2008) visually likens Winnicott's intermediate space with a venn diagram, whereby the overlap between the two circles which represent inner and outer reality is the transitional phenomenon which is both part of and distinct from the two worlds of which it is composed (p. 150). Within the potential space between inner and outer reality, when the individual experiences something in the external world he/she both transforms it and allows him/herself to be transformed by it (Jemstedt, 2000, p. 125). The importance of the transitional nature of the potential space is outlined by Jemstedt (2000) who states:

> The transitional phenomena in the potential space make it possible for the child to establish and maintain a dialectical process between union and separateness, between inner and outer, between the symbol and that which it symbolises. This dialectic, this movement, creates mental space (p. 129).

Deri (1978) names the "intermediate transitional space" during the child's stage of playing in development as synonymous with the potential space. The intermediate transitional space in the context of this phase is described as a space created by the mother, which allows her child to play yet also be alone in her presence; in other words, the child is able to play on his/her own, knowing that the responsive mother is available (Deri, 1978 p. 55). Here, the mother still provides a holding environment, albeit by

holding the intermediate space that she has created for her child to play within (Deri, 1978, p. 55).

The potential space arises between the mother and infant when the mother, though she is still present, gradually decreases her adaptability to her infant's needs, and subtly takes a step back (Jemstedt, 2000, p. 128). Thus, the development of the potential space is a dyadic process that occurs between the caregiver and infant, and requires responsiveness from both individuals in order to be established and nourished. A lack of receptivity on the part of the caregiver or infant would negatively affect the development of the potential space and the overall relationship. The successful realization of the healthy potential space is dependent upon the holding environment during the phase of absolute dependence (Davis & Wallbridge, 1981, p. 66). It is achieved when the mother's love can be displayed and is manifest as human reliability, giving the infant a sense of trust in the external environment (Winnicott, 1971). More specifically, Winnicott (1971) presents that the potential space happens in relation to the baby's feeling of confidence: "...confidence related to the dependability of the mother-figure or environmental elements, confidence being the evidence of dependability that is becoming introjected" (p. 135). By providing empathy and a feeling of safety, the mother fosters her child's internalization of these qualities, supporting his/her move from mergence to autonomy (Abram, 1996, p. 325). The baby learns a sense of agency, taught by the mother, and integrates this into the developing self that enters the new external world. Jemstedt (2000) describes this process as the infant's "internal space of its own," whereby the infant takes the mother's holding role into itself (p. 126).

The transition from the infant being merged to being separate from the mother is necessary for the infant to understand the mother as "Not-me," and comprehend the difference between inside and outside (Abram, 1996). Abram (1996) presents Winnicott's paradox which is that while the infant is separating from the mother, he is simultaneously filling the potential space through cultural experience and play (p. 325); thus: "Autonomy...implies the continuation of the experienced union in *fantasy*" (Abram, 1996, p. 325). The result of the realization of potential space is the capacity for the child's experience of play, mutual trust, and shared use of and creation of cultural objects and meanings (LaMothe, 2005, p. 210). Thus, without a holding environment, the experience of confidence and trust, an infant is unable to make use of or play within the potential space (LaMothe, 2005, p. 210).

Winnicott (1971) states that play belongs to the potential space. As the infant comes to realize the delusion of omnipotent control over his/her environment, and transitions from dependence on the mother to independence, the potential space exists as an in between space that softens this painful reality, yet also fosters the capacity for creativity (Davis & Wallbridge, 1981, pp. 63-64). Creativity encompasses the involvement of spontaneous action and satisfying experience within which one has a sense of being personally present, and can exercise the capacity for play (Davis & Wallbridge, 1981, p. 64). Play is the infant's first sense of mastery and autonomy as within this he/she explores real people and objects and instills magical ideas and unconscious processes (McMahon, 1992). Also within the potential space is the beginning of a child's capacity for symbolization (Jemstedt, 2000). A successful

utilization of the potential space in development leads to creative engagement with the world:

> A child that has access to the potential space has been granted the opportunity to experience the world creatively and to take part in life in a creative way. The transitional object is gradually de-cathected and abandoned, but the mode of experiencing that belongs to the intermediate area is preserved and widens out into play, mutual play and gradually into the intense experiencing that appertains to culture, art, religion and creative activity (Jemstedt, 2000, p. 129).

The potential space is also defined as the place whereby meaningful communication occurs (Davis & Wallbridge, 1981). It is described as: "the common ground in affectionate relationships where instinct tension is not a main feature, relationships are made possible by the experience of ego-relatedness in infancy" (Davis & Wallbridge, 1981, p. 65). Further, Davis and Wallbridge (1981) present the significance of shared potential spaces in stating that: "In separate individuals it is in the overlap of potential spaces that mutuality is experienced and expressed" (p. 125).

The Potential Space in the Therapeutic Relationship

In accordance with object-relations theorists, therapy provides a relationship parallel to the infant and the good-enough mother (Nolan, 2012). Nolan (2012) signifies that: "the mutual influence of therapy has its roots in the relating of caregiver and infant and the importance of their bond" (p. 61). Just as the potential space grows from the safety of a good-enough mother's provision of a secure, held base, the potential space in therapy grows from the safety and protection of the therapeutic space (Nolan, 2012). In presenting Winnicott's concept of the good enough mother, Nolan (2012) discusses that

perfection on the part of the mother was not necessary, and that breaks and instinctive repairs within the caregiver-infant relationship are what is necessary for the infant's development (p. 45). Nolan (2012) then aligns this imperfection with the therapeutic relationship, presenting that disruptions and repairs aid a client in increasing his/her sense of self. Thus akin to the good enough mother, the therapist can be a good enough therapist in fostering the development of the potential space.

In describing the role of the potential space within the therapeutic relationship, Nolan (2012) states:

> The individual subjects of therapist and client form an external reality to each other, and a potential space stretches intersubjectively across from one to the other in a joining of their internal and external experience. The resulting co-created experience incorporates both the dynamic of their union and their separateness (p. 56).

Therefore, from the therapist's perspective, utilizing the potential space within therapy means inviting clients to: "contribute to its joint creation as a passage between and out of our individual worlds" (Nolan, 2012, p. 58).

The jointly created potential space is an essential element of the therapeutic relationship as it encapsulates the potential development of creativity, growth and play in clients (Nolan, 2012, p. 54). To foster the emergence of these qualities in a client, therapists focus on intersubjectivity, which is defined as: "what takes shape between us and the client, the reflection of the inner life and uniqueness of each person and the combination of our personalities as they interact" (Nolan, 2012, p. 54-55). The richness of therapeutic work comes from exploring what is generated within the potential space,

and this is described as a: "third relational aspect arising out of the client-therapist duo" (Nolan, 2012, p. 55). Similarly, Winnicott (1971) signifies that psychotherapy is done within the overlap of the patient's and the therapist's play areas, thus establishing the ability to play as essential to the therapeutic relationship and therapy work (p. 72).

Nolan (2012) distinguishes that by "tending" to the therapeutic space, which he refers to as being the elements of therapy including practical arrangement of sessions, ideas about the direction for therapy, and the room itself, the therapist heightens the capacity to develop a potential space between client and therapist. Further, ensuring the safety of the therapeutic space itself allows more risks to be taken by therapist and client in interacting with each other, and therefore an allowance for new experiences, emotions, and change (Nolan, 2012, p. 57).

In order to preserve the potential space for the client in therapy, Nolan (2012) signifies that the therapist needs to maintain a balance between attunement and separateness, and: "stay engaged in a dialogue where we do not hold to objective truth but rather to an openness and a playful attitude to the potential of the moment" (p. 58). This is important as there are risks in interrupting the development of the potential space: "If we are overly concerned with an agenda based on notions of 'curing' our clients, or if we allow labels or theory to dominate our understanding of clients, we inhibit the growth of the potential space" (Nolan, 2012, p. 59). Instead, a therapist must take a stance of *not* knowing, thus allowing interventions to arise from the moment-to-moment interactions between client and therapist, and playing with the possibilities of what may come of the potential space (Nolan, 2012). The potential space must maintain a "fluid formlessness" whereby the client uses the therapist and therapeutic space to create new experience, or

way of relating to others (Nolan, 2012, p. 60). Winnicott presents that as a therapist, facilitating the formlessness of the potential space allows the client to imbue this space with personal meaning (as cited in Nolan, 2012). Similarly, Jemstedt (2000) aligns the movement within the potential space with dancing, in that the question of whether something comes within the individual or from outside is kept suspended (p. 125).

Art Therapy

Art therapy is the marriage of the art and psychology disciplines (Malchiodi, 2007). It involves an exploration of one's inner experience through the expression of images and artwork in order to find personal meaning (Malchiodi, 2007). Art therapy is typically conceptualized in two ways. Art *as* therapy holds that the creative process of art-making can enhance health, personal growth, and be therapeutic (Malchiodi. 2007). Art as means for symbolic communication views artwork or the products as helpful in communicating emotions, issues, and conflicts, from which new understanding and insight can be gained within the context of the therapeutic relationship (Malchiodi, 2007). Art therapy practice can involve the combination of both definitions and be practiced with a broad range of client populations, including adults, children, elderly people, families experiencing difficulty, and individuals experiencing various psychological or physical disorders (Malchiodi, 2007).

The sensory qualities of art-making can provide a way for emotions to be explored and expressed (Malchiodi, 2007). Participation in art therapy can serve to discharge emotions, express what cannot be said in words, evoke a relaxation response, increase self-esteem, and provide opportunity for trying new things and gaining mastery (Malchiodi, 2007).

The Potential Space in Art Therapy

In art therapy, a client forms an alliance with the therapist as well as the creative process and the use of the art materials themselves (Rubin, 1984, p. 54). The art therapist offers both his/her clinical and creative expertise thorough knowledge of the art materials and their potential uses (Rubin, 1984, p. 55). The art therapist must establish a therapeutic framework that fosters feelings of safety, security, and predictability as these are essential in encouraging the client's revealing of private aspects of the self and authentic creation using art media (Rubin, 1984, p. 51). This framework includes the physical therapy space which should have minimal distractions and encourage creativity, therefore have sufficient lighting, seating, working surfaces, a variety of art media, and enough space for the possibility of both closeness and distance, openness and privacy (Rubin, 1984). The establishment of the therapeutic frame also includes the art therapist's personal boundaries (Rubin, 1984). Nolan (2012) presents that the therapeutic frame sets the boundaries for therapy, and provides: "a holding environment with limits that protect both the therapist and client, and enables us to get on with the task of working safely with the issues concerning the client" (p. 171). The therapeutic framework is akin to the holding environment that Davis and Wallbridge (1981) distinguish as being essential to a healthy use of the potential space to foster creativity. The artwork itself also acts as a bridge between the therapist and client, and as a transitional object within this space (Rubin, 1999).

Malchiodi (2007) distinguishes that within the therapeutic relationship, the art therapist may provide an empathic response to the client's artworks, guide the client's exploration of art materials, and help the client to explore the content and meaning of the

images that he/she creates (p. 17). This parallels the creative independence that occurs as a result of a healthy use of the potential space in infancy. Given that the client who creates the artwork determines its meaning (Malchiodi, 2007) the client is supported in his/her autonomous creativity. This unconditional acceptance of art and meaning aligns with Nolan's (2012) description of the co-created potential space: "Co-created potential space does not foreclose on what may be emerging, and instead yields a sense of wonder, moment-to-moment learning and surprise" (p. 60). Ryan (2010) elaborates further in stating that: "Co-creating a culture of play and spontaneity within the analytic relationship fosters exploratory action and interaction as a mode of engagement" (p. 127). Maintaining a willingness to nurture the creative initiatives of clients can foster the development of an "ownership of the art supplies" in a way that increases their "sense of agentic participation" (Ryan, 2010, p. 128).

Autism

Not all individuals exhibit the ability to freely and comfortably engage in interactive play and creativity. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) states that the essential features of autism spectrum disorder (ASD) are: "persistent impairment in reciprocal social communication and social interaction, and restricted, repetitive patterns of behaviour, interests, or activities." In recent years, the prevalence for autism spectrum disorder is 1% of the population across both United States and non-United States countries (American Psychiatric Association, 2013); it is diagnosed four times more often in males than females (American Psychiatric Association, 2013). Autism is diagnosed on a spectrum, as the severity of the condition, the chronological age and developmental

level of the individual with a diagnosis varies greatly (American Psychiatric Association, 2013). Thus individuals with autism spectrum disorder differ greatly amongst the degree/severity of symptom presentations across all areas of the diagnosis, which is one of the most baffling aspects of the disorder (Gabriels, 2003). To solidify this further, a phrase describing the disorder states that once you have met one person with autism, you have only met one person with autism, and this exemplifies the uniqueness of each individual who is diagnosed with the disorder.

The characteristic challenges of reciprocal social communication and interaction exhibited by children with autism are most relevant to the potential space and therapeutic relationship and thus will be the primary focus of this research paper. Although the repetitive patterns of behaviour, interests and activities that are also elements of the autism diagnostic criteria are beyond the focus of this paper, these characteristics do influence the development of the potential space and are addressed where relevant.

Impairment in reciprocal social communication and interaction can be manifest in deficits in social-emotional reciprocity (i.e. reduced sharing of affect, emotions, and lack of initiation or response to interactions with others), non-verbal communicative behaviours used for social interaction (i.e. lack of facial expressions, abnormality in eye contact), and developing, maintaining and understanding relationships (i.e. difficulties participating in imaginative play, making friends, a lack of interest in peers) (American Psychiatric Association, 2013). Similarly, Travis and Sigman (1998) state that the basic building blocks essential for interpersonal relationships, social understanding, communication, and emotional responsiveness, are impaired in individuals with autism (p. 65). Children with autism exhibit a lack of responsiveness to others' emotions and

present a difficulty in understanding emotion (Travis & Sigman, 1998). Digby (2012) presents that individuals with autism are impaired in their immediate, involuntary use of nonverbal communication, which includes recognition of and response to facial expressions, gestures, tone of voice, gaze direction and others (p. 136). Individuals with autism may display a reduced interest in social interaction, which may manifest in the rejection of others, passivity in engaging, or inappropriate approaches to social engagement (American Psychiatric Association, 2013).

Individuals with autism lack a *Theory of Mind* (ToM), which is defined as the ability to attribute mental state to others, thus to know what other people know, feel, want, or believe (Baron-Cohen, 1985). A lack of ToM leads to a disadvantage when needing to predict the behaviour of others in the environment (Baron- Cohen, 1985), as well as a lack of capacity for empathy, which Maiese (2013) describes as being a neurologically-based ability (Maiese, 2013, p. 168). Individuals with autism perceive the workings of the social world in a formal and logical manner, and maintain an "abstract allocentric stance" that is disconnected from embodied interactions (Maiese, 2013, p. 182).

Individuals with autism exhibit an aversion to change and to sensory sensitivities (American Psychiatric Association, 2013). They may experience a hypo or hypersensitivity to sensory stimuli such as textures, smells, or visual fascination with lights, spinning objects (American Psychiatric Association, 2013). Individuals can exhibit motor stereotypic/repetitive behaviours such as hand flapping, repetitive use of objects such as lining up toys or objects (American Psychiatric Association, 2013).

These diagnostic characteristics all influence a child's ability to develop an interpersonal connection with another individual:

> ...the sensory disturbances commonly associated with autism, which are symptomatic of a disruption in embodied emotional consciousness, lead directly to an inability to become attuned to other people (Maiese, 2013, p. 180).

Autism and the Potential Space: Affective Framing, Attunement, Play, and Joint Attention

Due to the reciprocal social communication, interaction, non-verbal communication deficits often exhibited by individuals with autism, which are essential to the development of the potential space, alternative ways of engaging in the development of the therapeutic relationship may be necessary. Further exploration of how these deficits influence these children's experience of shared interactions can bring light to how they experience the potential space.

The ability to empathize involves the exercising of a ToM in attributing mental states to others, as well as the capacity for: "appropriate affective response to another person's mental state" (Maiese, 2013, p. 167). Yet, Maiese (2013) presents that understanding empathy requires a focus on: "the essentially embodied, emotive, enactive interaction process involved in social cognition" (p. 168). She elaborates further in stating that:

> To make sense of the way in which interpersonal understanding and empathy are essentially embodied, I maintain that our ability to interpret other peoples' actions, thoughts, feelings, and expressions largely depends on our capacity for bodily attunement and *affective framing* (Maiese, 2013, p. 168).

An affective frame is described as a lens through which our bodily emotions/feelings influence what we focus on cognitively and where we place our attention (Maiese, 2013); for example, a focus on others' movements, gestures, facial expressions, and posture to gain a sense of what others are feeling and thinking (Maiese, 2013). This framing is nondeliberate and includes bodily fluency, engagement and attunement (Maiese, 2013).

Maiese (2013) claims that in addition to the cognitive components, empathy involves the ability to literally feel the mental states of others by coming into bodily contact with them. The lack of empathy exhibited by individuals with autism thus originates from their impaired capacity for affective framing, in that their bodily feelings are not attuned to others' mental states, and they do not experience a bodily modulation within interpersonal interactions (Maiese, 2013); it is this attunement and affective framing that facilitates the content of interactions between social partners (Maiese, 2013, p. 169). Thus, Maiese (2013) argues that the social cognitive deficits inherent in the characterization of autism should be understood as: "a direct result of impaired affective framing capacities and deficient patterns of bodily attunement" (p. 178).

The over-or under-reactivity to sensory stimuli experienced by individuals with autism affects their opportunity to participate in significant learning experiences which serves to negatively affect their social and emotional development (Maiese, 2013). Maiese (2013) provides the example of a deficit in facial expressions which influences the experience of intersubjectivity and overall social interaction as this affects how the caregiver responds to the child (p. 180). Also, infants with autism between eight months and one year do not use the noises used by typically developing infants to express their feelings and needs (Maiese, 2013). Finally, an individual who is over reactive to stimuli

may cope by tuning out the world, averting his/her gaze from others, which also negatively impacts social development and intersubjective connection (Maiese, 2013). She states her belief that in individuals with autism, sensory disturbances play a direct role in that they are attributable to the inability to enter into a relationship of mutual bodily attunement (Maiese, 2013).

Similarly, Durrani (2014) distinguishes that children with autism process sensorial input from the environment in an atypical way; this unpleasant way of interacting with the environment may cause increased anxiety in the child, and lead the child to withdraw from the environment to limit his/her sensory input (Durrani, 2014, p. 101). This need to self-regulate the sensory discomfort experienced by most children with autism through withdrawal hinders emotional and social development and leads to an impaired interaction with the environment (Durrani, 2014, p. 101). Durrani (2014) hypothesizes that: "the normally rich ground for developing relationships becomes impoverished for the child with autism mainly because of their sensory processing difficulties" (p. 101).

Individuals with autism lack an awareness of themselves and this influences attunement with others. Maiese (2013) states that these individuals lack a sense of the significance and meaning of their own bodily feelings, thus social referencing and shared attention with others will be difficult (p. 181):

> ...because their own bodily experience is attenuated and distorted, such children likely will find it difficult to coordinate their own expressions, gestures, and movements with those of others. If the bridge between self and other is sustained by perceiving and reproducing the expressed bodily feelings of others (smile for smile, frown for frown) and participating in mutual modulation, certainly this will

> be disrupted if one's own bodily feelings lack salience and felt meaning (Maiese, 2013, p. 180).

Maiese (2013) describes the process of interaction as a dance, where the feelings being expressed by one individual are felt by the perceiver, as their own bodily feelings are activated, and thus know how to dance with others. However, for individuals with autism, their lack of expression is met by a lack of expression from the individual they may be interacting with, which leads to a disruption of affective response (Maiese, 2013). In other words, when an individual with autism does not exhibit an emotional expression, the other party may not know how to respond, or may respond with confusion, as opposed to engaging in a shared, reciprocal exchange of expressions. As a result of this diminished ability to affectively interact and connect with others, individuals with autism experience "disembodied" social relationships (Maiese, 2013, p. 182).

The realm of play exhibited by children with autism may also affect their relations with others, including a therapist. Aspects of diversity, creativity and flexibility are visibly absent in children with autism's play, as they typically engage in repetitive play, and rarely spontaneously produce or comprehend imaginative play (Wolfberg, 2009, p. 3). This inhibited imaginative play may be attributable to the conclusion that pretend play is founded on a child's developing ability to conjure and infer other peoples' mental states (Wolfberg, 2009, p. 42), which is an ability that children with autism are often delayed in or lack. However, play provides the opportunity for children with autism to develop their skills in expressive and receptive communication, reciprocity and sensory processing (Mastrangelo, 2009, p. 27).

The opportunity to connect with children with autism is possible through interactive play: "For children with autism, establishing connectedness through interactive play creates a new therapeutic alliance that can become the catalyst for personal and emotional growth" (Seach, 2007, p. 51). The key to the development of playfulness and children's creative and imaginative potential emerges from sharing in their focus of interest and providing opportunities for more authentic communication (Seach, 2007, p. 125). Being together in a play space increases the awareness of the other in that synchronization of thoughts and actions can occur, encouraging attunement of emotions (Seach, 2007, p. 62). Further, it is through the engagement in shared play that helps to establish more secure bonds between the child and play partner, and the child gains confidence and can seek out more ways of connecting (Seach, 2007, p. 51). Here, the elements of the potential space are successfully represented as a method of connecting with children with autism and fostering their relationship with another in the external world; this is especially clear in Seach's (2007) distinction that: "...it is the authenticity of the empathetic relationship that is continuously being co-created through the playful interaction" (p. 74).

Travis and Sigman (1998) present the two emergent nonverbal forms of communication displayed by infants as when they request help in obtaining objects/events and when they exhibit joint attention in trying to coordinate their attention with others. In comparison to typically developing and developmentally delayed infants, infants with autism display these forms of nonverbal communication less frequently (Travis & Sigman, 1998). These joint attention deficits exhibited by individuals with autism may be one of the key symptoms of the diagnosis, and may have a strong effect on

social relationships and interactions (Travis & Sigman, 1998). For example, they may influence the parent-infant relationship by decreasing opportunities for positive affect to be shared (Travis & Sigman, 1998). Parents may then struggle to engage with their children leading to decreased interactions overall, and/or the focus may shift to jointly achieving instrumental goals as opposed to affect (Travis & Sigman, 1998, p. 66). As a result of this, Travis and Sigman (1998) state that it is unlikely that children with an autism diagnosis can move onto the later stages of the attachment relationship that require a more mutual understanding of one another, thus remaining in less reciprocal and more directive interpersonal interactions (p. 66). The topic of attachment will be touched upon later in the paper for further understanding.

Autism and Art Therapy

The visual art modality is presented as the opportunity for common ground between an individual with autism and a therapist or teacher as art therapy is not dependent on verbal communication or cognitive ways of knowing and provides access to ways of knowing that are derived from creativity (Osborne, 2003). Noble (2001) signifies that art can serve as: "a true grounding, building material" for verbal and nonverbal social interactions with children with autism (p. 91).

Sensory issues can be a negative point of distraction for children with autism, yet when the art materials or activities involve sensory stimulation or the special interests of the child, he/she can engage in social interactions and art-making (Malchiodi, 2012, p. 209); for example, repetitive sensorial art activities can be soothing for a child with autism (Malchiodi, 2012). Durrani (2014) states that art therapy: "has the potential to adapt to the variability of individuals presenting with unique profiles of autism...The

variety of material available for artwork and a range of techniques can be tailored to the needs of the hypo- or hypersensitive child" (p. 103). The use of the art materials offers a rich sensory experience and is a less stressful method to practice sensory regulation as the materials themselves can provide a focus for integrating sensory experiences (Martin, 2009). For example, art materials can be used to assist a child with autism in desensitization to over-stimulating or aversive sensations (Malchiodi, 2012). Gabriels (2003) distinguishes that sensory materials can "entice" children with autism to utilize new materials and engage with other people, yet a therapist must also be aware of the sensory needs of the individual (p. 197).

Art therapy can be offered to improve imagination and abstract thinking skills in individuals with autism (Martin, 2009). Art materials, activities, and tools can be used to engage individuals with autism and improve their strengths in visual-spatial perception and develop art, play, academic, and social skills (Gabriels, 2003). Malchiodi (2012) signifies that the visual foundation of art therapy also aids individuals with autism in fostering their reading and understanding of their own emotional cues and those of others (p. 214). For example, one teenage client with ASD created a 4-point emotional scale, where 1 represented feeling calm and 4 represented feeling agitated (Malchiodi, 2012, pp. 214-215). Each feeling was paired with a representative drawing of a face and coping strategies to calm down, which allowed him to better understand the emotional states that corresponded to his daily events, and put the strategies into practice (Malchiodi, 2012, p. 215). Further, art therapy can help individuals with autism express their emotions in a contained way through the art media (Malchiodi, 2012).

In the context of social interaction for individuals with autism, art, as a co-created, meaningful object can serve as a bridge to others, and provide a means for communication, and shared engagement (Noble, 2001). It becomes: "the potentiator as well as the mediator and facilitator of social reciprocity for these individuals who are easily overwhelmed with direct social interactions" (p. 91). Evans and Dubowski (2001) present that by directing social interaction through art-making, a type of relating can be established that the autistic child can tolerate (p. 100). Similarly, Noble (2001) presents that the images and objects created through art can be used to support social interactions with others and as an agent for reciprocity. Art therapists share the experiential sensations and feeling of art materials with children (Evans & Dubowski, 2001). The process of creating an art object fosters further investment different from that attributed to toys or books, and this meaning can be channeled to motivate meaningful interactions with others and opportunity for social connection (Noble, 2001).

Evans and Dubowski (2001) also discuss the importance of attunement in the development of the therapeutic alliance; this includes the therapist reflecting back, in a slightly exaggerated manner, the child's movements/rhythm to make the child aware of his/her movements. Attuning to the child's experience can make the therapist more aware of maintaining a comfortable pace during a session, and fostering a more relaxed atmosphere that can lead to interactional turn-taking and exchange (Evans & Dubowski, 2001). This higher sensitivity to the child and his/her needs allows the art therapist to refrain from filling in gaps in his/her interaction with the child, which opens the possibilities for creating imaginative play (Evans & Dubowski, 2001, p. 77).

In working with a 7 year old diagnosed with mild autism whose symptoms included an isolated interpersonal style and language development delays, Shore (2013) distinguishes that though her client was willing to engage with the art materials, he did not seek to interact with her and was minimally aware of her presence (p. 40). She describes his experience of the world as being insulated, and compares this to the typically developing infant's autistic phase of development which occurs during 0-2 months, whereby infants exist in an unformed state and relationships with others are primarily one-sided (Shore, 2013, p. 40). Shore (2013) presents that her role as an art therapist was to provide nurturance, structure, and responsiveness to contribute to the therapeutic goals of fostering her client's interpersonal development, increasing his ability to formulate ideas, participate in making choices and engage in meaningful communication (p. 40-42). To extend upon this, while in session with her client, Shore (2013) would sit close to him, maintained eye contact as much as possible, spoke to him as he created artwork, and provided him with pictures to copy, which he enjoyed doing. In this context, the art therapist serves as a provider of physical objects that the child enjoys interacting with, and the therapist also provides his/her own physical presence. This appears to be prior to any intersubjective, emotional, or attuned presence. Also of significance is Shore's (2013) direct comparison of her role as a therapist being similar to a mother caring for a very young infant, despite the client being 7 years of age (p. 40). This supports the following discussion section whereby I propose a focus on the revival and effective use of the potential space within the art therapeutic relationship with children diagnosed with autism, given that they may have not have experienced it's fulfilment in infant development.

Discussion: Co-Creating the Potential Space in Art Therapy with Children Diagnosed with Autism

It appears that children with autism may not have the ability to make use of the potential space in their initial stages of infant development. Thus the child with autism may not experience the sense of trust within the external environment, mutual trust in another individual, shared creativity and play, and a sense of self agency with the internalization of the caregivers' safety and empathy. This research is proposing that a child with autism may benefit from the recreation of the potential space in the context of the therapeutic relationship and therapeutic space in art therapy, in order to achieve a fulfillment of the potential space and a healthy balance between separateness and interpersonal connection.

This discussion proposes that a return to the initial stages of infant development can allow a child with autism to have the opportunity to co-create a potential space within the therapeutic relationship in art therapy. It will begin with information supporting the use of the art therapy modality for developing the potential space to provide a supportive framework. 5 phases in the evolution of the client-therapist relationship are then suggested for art therapists in order to provide a safe, predictable, contained inter and intrapersonal environment for the potential space to be developed and nourished. These phases are then discussed in the context of the art therapeutic relationship, with the addition of the art media to provide a safe space for interpersonal connection, communication, and creative expression. Thus, the art therapy relationship, involving the therapist, client and art media, can be used to work with children with autism to develop a

potential space; the effective use of this co-created space can allow children with autism to catch up on the benefits of intersubjective experience that may have been missed.

In order to enhance this discussion, I have incorporated literature on autism and attachment, given that elements of the attachment relationship appear essential to the development of the potential space. I have also included literature written for parents of children with autism which guides them to promote their relationship with their children. The articles chosen incorporate elements of the potential space without actually naming them as such, and correspond with the elements of the phases proposed for co-creating the potential space with children with autism in art therapy.

The Creation of Art: A Place to Begin

Artwork allows for a shared experience. It is a third object that can be a point of connection between the client and therapist, be it through the therapist mirroring the client, the client mirroring/imitating the therapist, looking together through joint attention, engaging in a reciprocal exchange through the giving and receiving of art materials, and/or art-making together on the same or different art piece. The artwork acts as an ongoing record of the co-creation of the potential space, as the marks made on a page can tell a story of mirroring, imitation, and reciprocity; it provides the opportunity for non-verbal communication, decreasing the pressure for a child with autism to communicate verbally. The art therapist can gradually join in on an individual's world through mirroring his/her actions and/or art-making, allow the client to acknowledge this imitation of his/her own actions as representative of the therapist's presence and validation of the client's inner world. In this way, the child can become accustomed to the therapist's presence without being overwhelmed sensorily. The therapist can begin to

make more unique marks in interacting with the client, share new techniques, or offer new materials, as a way to offer a presence with whom the client can genuinely engage and relate. Thus, through engaging with art materials in the context of the therapeutic relationship, a child client with autism can acknowledge both him/herself and the therapist as distinct individuals and share an interpersonal connection.

Developing the Potential Space with Children with Autism: 5 Phases

I propose that a goal to work towards in art therapy with children with autism is developing the social reciprocity that blossoms within the potential space, which can then serve as a form of positive reinforcement. Through art therapy, the therapeutic relationship can foster new meaning of interpersonal stimuli for children with autism. I propose the following general steps in the process of successfully developing an interpersonal connection with a child client with autism, and making use of the potential space: 1. Provide a consistent, predictable, safe therapeutic space with a structured time and the client's preferred materials, 2. Meet the child at the level which he/she is comfortable relating to another individual and follow this lead (i.e. if the child does not directly interact with the therapist, the therapist must respect this as the child's current comfort level, match this by not pursuing immediate interaction with the child, and remain a physical, supportive presence within the room), 3. Be a reflection of the child in the external environment by mirroring him/her, 4. Engage the child in reciprocal exchange, 5. As the therapist, distinguish the self as a "not-me," distinct individual within the environment. This final phase of the therapist being distinguished as a distinct individual allows the child with autism to perceive the therapist as one with thoughts and feelings that are separate from the child's. Here, the therapist becomes no longer fused

with the child through mirroring him/her, and the child establishes a distinct sense of self within his/her internal and external world.

In working with a child with autism, establishing a feeling of safety and developing a therapeutic relationship may not be achievable through more typical means such as verbal expressions or relating to each other through creation of artwork and interaction within sessions, given the social and communicative deficits that these individuals typically display. Thus, more time and creative ways of relating to children with autism may need to be invested in to develop a therapeutic relationship. Interestingly, what appears to need development is not for the child to be able to play and create on his/her own while in the presence of the mother, which Deri (1978) outlines as synonymous with the potential space, instead, focus with the child with autism may be on developing an acceptance of union with another, on the union-separateness continuum of the dialectical process inherent in the potential space (Jemstedt, 2000).

A healthy manifestation of the potential space is preceded by the infant's internalization of safety and empathy felt from the mother (Abram, 1996); from here, the infant transitions from mergence with the mother to learning that he/she is "Not-me," and distinguishing the inside and outside (Abram, 1996). Given that children diagnosed with autism lack a sense of the external world, and the recognition of others' points of view and affect as defined by Theory of Mind, it appears that these children may benefit from a re-creation of the potential space, and thus a re-visiting of the stages of infant development as interpreted through the art therapeutic relationship in order to build upon these interpersonal skills and level of connection.

Kernberg (1995) elaborates further in describing that the infant does not experience omnipotence if the mother is not empathic to the child's needs, which results in the infant splitting into a false self, which withdraws internally into a world of fantasy (p. 456). Though it is clear that the autism diagnosis is neurologically-based and not caused by caregivers lacking empathy, it is interesting that children with autism often exhibit a retreat into an inner world, similar to the experience of an infant who did not receive empathic holding during development. Thus, children with autism may not experience the fantasy of omnipotence in relationship to the external environment where their needs are met. This may be an over-stimulating experience for a child with autism, and potentially a foundational experience of the avoidance of interpersonal, social connection with others.

The art therapist can provide an experience similar to the omnipotence felt during development by providing a safe, predictable space. Once the therapist learns of the child's attraction to and enjoyment of specific art materials, he/she can establish this frame of predictability by having the materials prepared and immediately available for each session. This is particularly important given that children with autism find the social environment to be incomprehensible and unpredictable (Baron-Cohen, Leslie, & Frith, 1985, p. 38). Considering that the sensorial nature of the materials can sooth a child with autism, the art media can support an experience of omnipotence by allowing the child to create an object when it is needed, as he/she can seek out this need for soothing in the art therapy space. The child can experience a structured space whereby he/she experiences success, comfort, safety, and fantasy through creative expression.

Baron-Cohen et al. (1985) state that children with autism are often in some sense said to: "treat people and objects alike" (p. 38), thus the therapist must enter into the child's mode of perception and be present as an object for use, matching his or her current way of relating. This stage is about where the therapist can enter and meet his/her child client. The therapist may not be acknowledged at all during this introductory stage, beyond someone who brings the client to therapy and back. The child may relate only to the art materials as the objects within the space. This is supported by Noble's (2001) signification that individuals with autism retreat to a certain degree from the stressful experience of interpersonal interactions with others to the predictability and safety of object relating where they can find opportunities for mastery, and it is this world of objects that functions as a mediator with the outside world (p. 92). The presence of art materials and products as a third element within the therapeutic relationship allows a therapist to meet the client where he/she is in that the materials can be used autonomously, and for non-verbal communication, thus the client is not faced with the discomfort of direct interpersonal communication. The client can begin art therapy by gaining mastery over the materials to establish a feeling of predictability and safety. The presence of the art media allows the opportunity for children to begin by relating comfortably to the art materials as the objects that they are, and the therapist as an objective presence, with less pressure to interact and be overwhelmed by social/interactional stimulation.

Next, I believe that the child with autism needs to begin to see him or herself reflected in the external world; the therapist can provide this through the non-verbal elements of art creation, witnessing, and mirroring. For the purposes of this paper,

mirroring will be defined as a form of imitation, whereby the therapist follows the client's actions, movements, verbal and facial expressions and emulates them, reflecting them back for the client to see and sense. Further, the therapist may mirror the client by translating what the client does through another form of expression. For example, the therapist may sit next to the child and provide a degree of verbal commentary on what the child is doing during his/her art-making or even non-verbal responses through exaggerated and animated facial expressions. The therapist may create art on his/her own paper that mirrors what the child is creating, either directly or indirectly with similar colours and marks. Here, the child with autism would be validated through each mark or gesture, thus developing a sense of ownership and control of not only his/her own immediate space which supports a strengthening of the sense of self, but also the space just next to him/her, within the therapist. This step would allow the child to see her/himself reflected in the immediate environment, just beyond oneself, in acknowledgement of a third, intermediate space between client and therapist. Nolan (2012) states that:

> By serving as a source of self-knowledge, empathic social mirroring gives infants a way of seeking and objectifying their own affects; what they feel inside is projected to the outside and then reflected back to them by the other (pp. 6-7).

This mirroring allows the individual to feel recognized and develop a secure sense of self (Nolan, 2012). This would allow the child with autism to explore his/her own personal boundaries, be reflected and experience the self as an individual within the environment, and gain an overall greater awareness of the self.

This mirroring may be particularly significant across sensory modes: "Matching or mirroring experiences across sensory modes provide a feeling of closeness, of being on the same wavelength, and are basic ways in which one person senses the state of another" (Nolan, 2012, p. 6). Therefore the art therapist can also join the client in exploring new sensorial experiences by first modeling them, and allowing the client to gradually engage. This can also create a shared bond in that the exploration of sensory experiences can invite the potential for a therapeutic connection through touch, which allows the physical exploration of boundaries and space between the self and another. This initial modelling can communicate to the child that the material itself is safe, and can serve as a way for the client to be enticed, but also gradually engage according to his/her sensorial comfort.

Mirroring can also occur on an affective level. The child may need to learn the positive effects of being with another as it is not inherent in many individuals with autism. The greatest positive reinforcement may be laughter, play, and fun with another, and the therapist can facilitate this within the relationship by acting as an embodied model of affect, maintaining this presence for the child. Maiese (2013) distinguishes that interpersonal understanding is embodied in that our ability to interpret others' feelings and thoughts is dependent on the capacity for affective framing and bodily attunement. The affective frame is a lens through which our own bodily emotions direct where we place our attention, and children with autism lack an attunement to others' bodily states and therefore an affective frame (Maiese, 2013). Maiese (2013) proposes that this lack of interpersonal coordination with others is due to a lack of awareness or distortion of their own bodily emotions and sensations, therefore this must be further developed first. The art therapist can facilitate attunement by serving as a reflective, embodied presence of the

child's affect and expressions. It is hoped that through the art therapist's attunement to the child's embodied feeling states, containment of these states so that they are not overwhelming, and mirroring of them back to the child, that he/she can develop a greater, safer and more positive awareness of his/her own bodily expressions. With this acknowledgement, the child can become more active in purposefully performing actions that the therapist can mirror, reinforcing the external presence as well as the client's internal sense of self. Maiese (2013) signifies that the bridge between the self and another is maintained by the perception and reproduction of the feelings of others, thus once the child develops a sense of him/herself in the environment, or in-between space between client and therapist, this opens the doors for the child to begin looking to the therapist for his/her embodied expressions and bridge with the feelings of others.

Depending on the client, the therapist may need to remain within this phase of mirroring and imitation for a longer period of therapy in order to establish safety and a non-threatening presence. Goals within this stage may include expanding the child's repertoire of used art materials through the therapist's presented variations. Within this, the child grows in adjusting to new textures, sensorial experiences, levels of the closeness, and increasing the length of time engaging in an activity or with the therapist. This mirroring stage is about securing the child's safety within the space. The achievement of these smaller goals must be embraced as positive change and acknowledged as the only change a therapist may see in working with a child with autism in the span of therapy.

Ideally, the relationship between client and therapist will develop into a more reciprocal one, whereby the therapist can begin to engage the client by making a different

mark on a page than one the child did, to move towards the therapist as being a distinct, interactional agent within the relationship; here there are opportunities for interpersonal exchange. This phase can be aligned with the developmental stage whereby the infant begins to build tolerance for the break in fully omnipotent experience. Here, the art therapist slightly interrupts the child's experience of predictability and confirmation of the self provided through mirroring and imitation. The therapist can very gradually begin to encourage the use of new materials, the client's ability to make choices, and introduce new modes of interaction or elements of the session routine in order to support his/her autonomy and agency both personally and within the art therapy space. The therapist becomes a "not-me" object in the environment, yet one that the child with autism can engage with. This provides these clients with a reason to look, peer into, and eventually seek out stimulation from the external environment, then accept the other as being a part of their internal world. The therapist can then begin to explore this internal world further in sharing it with the client, which opens up the potential for further client-therapist attunement. Nolan (2012) states that: "In therapy, affect attunement typically becomes a sign that the therapist has achieved the required balance of being empathic and separate" (p. 10). Given that this is the goal for children with autism, to negotiate and make use of the transitional space and achieve a balance between separateness and interpersonal connection, the therapist's achievement of attunement with the client, as well as his/her sharing and modeling of this aids in the child's mutual experience of this attunement.

This phase also addresses the importance of regulating the implicit intersubjective field within the client-therapist relationship, which Stern (2004) distinguishes as the prominent task in psychotherapy. This process is described as being dyadic, whereby the

patient and therapist simultaneously read each other nonconsciously (Stern, 2004, p. 120). With regards to this "relational-process agenda," Stern (2004) states that:

> the patient and therapist are no longer standing side by side looking at a third thing. They are either face-to-face looking at each other, even if it is out of the corner of an eye, or they are standing side by side looking at themselves, looking at each other, or alternating between these two positions (p. 121).

This relational-process agenda provides a physical picture of the overall therapeutic goal being presented here. The client with autism no longer relates to the therapist as an object within his/her environment, or strictly relates to the true objects (i.e. toys, art materials), but instead relates more to the therapist as an individual within his/her environment.

The art materials provide this non-verbal relating and evocation of play; the therapist can offer the client new things, show him/her techniques, new materials, evoke wonder in the client, which would ideally lead the client to look to the therapist for connection. This context provides positive stimulation in interacting with another, one that can be contained and regulated within the therapeutic relationship to avoid over-stimulation, and then progress towards the therapist as being a distinct individual who is worth relating to in the child's environment.

Thus, I argue that by first meeting the child where he/she is by entering his/her object-relating world and through mirroring, interpersonal stimuli can be imbued with a more positive meaning, as opposed to being overwhelming for the child. The child can develop a greater awareness of the self physically and affectively. The interpersonal exchange can evolve to be positively reinforcing which can then foster reciprocity, and an

eventual seeking out of social connection. In terms of modifying these general steps in the evolution of the therapeutic relationship with children with autism, the therapist and client may need to remain in one of the phases of interaction for longer than others, depending on the needs and comfort level of the client.

Practical Elements of the Potential Space: Autism, Attachment, and Parental Connection

Attachment is an important topic to introduce here as developing a secure attachment relationship during an infant's development is a process that occurs parallel to the establishment of the potential space, and both processes share features such as attunement, a sense of safety, trust, and security in exploration of the world. Thus, investigating the attachment interactions between children with autism and their parents informs the creation of the potential space in the parent-child and therapeutic relationships, and lends support to the phases that have been proposed.

Attachment is defined as: "an emotional connection to someone, evidenced by proximity seeking, feelings of security in the person's presence, and protest on separation from this attachment figure" (Stroebe & Archer, 2013, p. 29). Bowlby (1988) describes attachment behaviour as an integral aspect of human nature and is considered any type of behaviour that results in an individual attaining proximity to another individual who is known to be better able to cope with the world for the purpose of protection. A secure attachment is when the child experiences confidence that his or her parent/parent figure will be responsive, available, and helpful in the event that he/she experiences frightening or adverse situations (Bowlby, 1988, p. 124). With this secure attachment, the child experiences the caregiver as being a secure base from which to safely explore, and

exhibits normal distress when the caregiver leaves and pleasure upon his/her return (Stroebe & Archer, 2013, p. 29). Thus, this attachment relationship is analogous to maintaining homeostasis between the child and his/her preferred attachment figure (Bowlby, 1988). Given the social impairments exhibited by children with autism, it may be more of a challenge for these children to attune to their caregivers and develop a secure attachment. Rutgers et al. (2007) present that children with autism are able to form secure attachment relationships with their caregivers, however the parent-child relationship is comprised of less sensitive, flexible, and synchronous interactive behaviours due to the social challenges exhibited by children with autism (p. 860).

Durrani (2014) looks specifically at facilitating attachment with children with autism through art therapy in a case study involving Tom, a non-verbal, 12 year old art therapy client with autism. She states that through multisensory art activities and attunement with the art therapist in a safe holding space, art therapy positively affected his self regulation difficulties and sensory dysfunction (Durrani, 2014, p. 100). In decreasing his level of anxiety, Tom may have been more able to form an attachment with the art therapist, which may have provided him with a "substantial human bond" similar to the primary caregiver attachment relationship (Durrani, 2014, p. 100).

Durrani's (2014) initial experiences with Tom in session are representative of the need to meet the child with autism where he or she is in terms of activities of interest and relating to another. In his initial art therapy sessions, Tom engaged in self-stimulating, repetitive behaviours, was unable to remain seated at the art table, and minimally engaged with the therapist (i.e. almost no eye contact). Durrani (2014) accepted this anxiety by not forcing Tom to work with the materials, given that the new routine and

person in his presence may have been threatening. Instead, the therapist made art in front of Tom to: "indirectly familiarize him with the art materials and the process of art-making," and this lasted for a few sessions to establish safety and predictability (Durrani, 2014, p. 105). This also aligns with the initial phase of establishing a safe, predictable therapeutic space for the client. Durrani (2014) describes that Tom slowly began to pay more attention to her as the therapist as he moved closer and she gradually lured him into contact with the art materials. Here, the art therapist followed the pace of the client and provided a safe space by modeling the use of the materials without pressuring him, which allowed Tom to come to her.

Therapy evolved and: "The therapist followed Tom's pace and mirrored his movement and body rhythm just as a mother responds to her child by attuning to her child's cues" (Durrani, 2014, p. 105). This corresponds with the phase of mirroring the child with autism, and Durrani (2014) also likens this to a mother attuning to the child's needs, which supports a return to the early developmental infant-caregiver relationship. Durrani (2014) took Tom's lead and followed him as he poured paint, and sometimes shared the paper with him or worked parallel to him. Durrani (2014) describes this as: "an attempt to attune to Tom's body language and emotional state" (p. 105). These actions also correspond to the third phase of mirroring the child through the use of art materials as well as physical movement and affect.

As Tom's year-long therapy progressed, he actively chose his preferred materials, and his engagement in art making and eye contact with his therapist lengthened (Durrani, 2014). 8 months into therapy, Tom's father followed the therapist's recommendation in setting up an art space for Tom in his home (Durrani, 2014); Tom's fulltime nanny noted

that he appeared to enjoy making art as long as she was seated beside him which may have been evidence of Tom: "connecting his enjoyment with art-making with his conscious experiences of human connection (attachment)" (Durrani, 2014, p. 106). Evidence of this was also displayed when Tom appeared very happy when his parent or nanny was invited in to view and praise his artwork after sessions: "This again suggests that art therapy was scaffolding his wish for human connection" (Durrani, 2014, p. 106). Durrani (2014) concludes that the opportunity for Tom to safely express himself through art, a mode for communication other than verbal, may have decreased his anxiety and allowed him to bond with the therapist. Although the author identifies work with Tom as representative of the facilitation of attachment with a child with autism in art therapy, this therapeutic process that resulted in human connection parallels the five phases that I have proposed and supports the establishment of the potential space within the therapeutic relationship in art therapy.

Features that are essential to the creation of the potential space, yet are also not directly named as such are evident in the literature for parents of children with autism. It is valuable to include components of this literature which guide parents in sharing a connection and relationship with their children with autism, and reinforces the 5 phases that are proposed in this research. The forms of interpersonal interaction and overall way of being suggested by this literature support the establishment of interpersonal skills such as communication, and social-emotional functioning. Given that these are elements of a successful use of the potential space, the consideration of the suggested interactional strategies contributes to a development and positive use of the potential space which can also be applied to the art therapeutic relationship.

Mahoney and Perales (2003) present the relationship-focused (RF) intervention as a developmental approach that: "encourages parents to use responsive interactive strategies such as taking one turn and waiting to follow the child's lead during routine interactions with their children" (p. 77). This way of interaction provides more opportunities for children to learn and adopt the behaviours needed to achieve higher levels of social-emotional and developmental functioning (Mahoney & Perales, 2003, p. 78). Mahoney and Perales (2003) utilized *Responsive Teaching* (RT), an RF curriculum that focuses on teaching parents to address their children's individual developmental needs through responsive interaction strategies (p. 78). This quasi-experimental study involved 20 children with autism, who displayed severe social-emotional and developmental problems, and their families (Mahoney & Perales, 2003). After the families attended an average of 31 one-hour RT intervention sessions, 80% of parents became more responsive to their children (Mahoney & Perales, 2003); the children displayed significant improvements in their social-emotional functioning, which was evident in decreases in problem areas of detachment, self-regulation, underactivity, and increases in social competence (Mahoney & Perales, 2003). It was concluded that the improvement in social-emotional functioning in the children with autism was associated with relationship-focused intervention provided by parents (Mahoney & Perales, 2003).

Siller and Sigman (2002) explored the effects of a similar way of interaction, with a focus on shared attention during play. Siller and Sigman (2002) hypothesized that caregivers of children with autism who spend a higher amount of the play with their children targeting objects that are already within the focus of the child's attention, thus trying to maintain the child's ongoing activity, will have children with superior

communication skills later in life (p. 79). Their results displayed a significant association between caregivers of children with autism who displayed higher levels of synchronization during initial play interactions with their children, and children who developed superior communication skills over 1, 10, and 16 years compared to those whose caregivers displayed lower levels of initial synchronization (Siller & Sigman, 2002, p. 85).

The strongest predictor of the increase found in nonverbal communication skills was found to be the caregiver's ability to initiate joint attention in a synchronized way, thus the caregiver points, shows, or offers an object that the child with autism is already focused on (Siller & Sigman, 2002). Siller and Sigman (2002) suggest that children with autism may learn by modeling if what is modelled is already within their focus of attention. This parallels the first phase in meeting the child where he or she is, given the difficulty in engaging in joint attention and entering a relationship with the child on their present terms of relating and following his/her lead. This also supports the second phase in the art therapist's role in synchronizing with and validating the child's sense of self by mirroring their existing way of being.

The strongest predictor found in the increase in language skills was the caregivers' verbal, synchronized, undemanding utterances made when engaging in play with the child (Siller & Sigman, 2002). Siller and Sigman (2002) present that this finding may be a result of undemanding utterances being matched to both the toy that a child is playing with, as well as toy-directed activity that the child is engaged in, whereas demanding utterances demand an activity that differs from the child's activity.

> If we think of the child's focus of attention as a 'focus on a certain activity with an object' rather than just a 'visual focus on a certain object,' the match between caregiver utterance and the child's focus of attention is better for undemanding synchronized utterances than it is for demanding synchronized utterances (pp. 85-86).

Thus Siller and Sigman (2002) present that it may be easier for children with autism to process utterances that do not include interpersonal demands. This statement also supports meeting the child where he or she is as in this case the art therapist does not impose anything on the child, but joins in on what the child is already exploring or experiencing without overwhelming him/her with over-stimulating interpersonal stimuli. Further, the art therapist is engaging in the synchronized, verbal, and undemanding utterances when he/she provides occasional commentary on the child's actions during art-making which contributes to the child being reflected in the external environment.

Siller and Sigman (2002) go further to discuss possible reasons for why it may be important for caregivers of children with autism to be sensitive to their focus of attention:

> From a social-cognitive point of view, the shared intentional state toward an external object between caregiver and child might help the child to acquire the understanding that other persons attend to and have intentions about external objects or events, and understanding thought to be the basis for the development of joint attention and language (p. 87).

Siller and Sigman (2002) also distinguish that children with autism who have difficulties in interacting with others may find communicative interactions to be unsuccessful and frustrating; thus: "an interactive partner who is sensitive to the child's interests might

provide the child with the experience that interacting and sharing an interest with another person are fun and motivating in and of themselves" (p. 87). This parallels the proposed goal of working toward the re-experiencing of interpersonal stimuli as positive, as opposed to being overwhelming, frustrating, or aversive.

Koren-Karie et al. (2009) further explored the topic of sensitivity in interacting with children with autism when they assessed links between maternal sensitivity of mothers of children with ASD and secure attachment. Koren-Karie et al. (2009) found a significant association that displayed mothers of children with autism who had a secure attachment showed more sensitivity toward their children during play interactions in comparison to mothers of children with insecure-organized and insecure-disorganized attachments. These results were found despite controlling for children's level of functioning, their specific ASD diagnosis, and responsiveness to their mothers (Koren-Karie et al., 2009). Given that maternal sensitivity was not associated with a child with autism's functioning or severity of diagnosis, these results show that sensitive parenting is possible and effective even when interacting with children with social skills impairments (Koren-Karie et al., 2009); further, they broaden attachment theory to include not only typically developing children, but also those with autism (Koren-Karie et al., 2009). This support for increased sensitivity in interacting with children with autism reinforces the proposed phases which acknowledge that children with autism experience interpersonal interaction differently and thus require additional sensitivity in catering to their unique needs in order to effectively establish, make use of the potential space in art therapy and extend these skills to other social relationships.

Conclusion

This research sought to explore the question: What is the role of D. W. Winnicott's potential space in the therapeutic relationship in art therapy with children diagnosed with autism? This was chosen for the purpose of filling gaps within the literature, to explore how children with autism experience the potential space, and to provide art therapists with a positive way of being with their child clients with autism. Through the theoretical research methodology, a representative review of the literature was done for the topics inherent in the research question. From the resulting research it was proposed that children with autism may not have had the capability to effectively make use of the potential space during early development as a result of their difficulty in relating interpersonally to others. Thus, a return to establishing and making use of the potential space with the art therapist in the therapeutic relationship was proposed to provide child clients with a sense of self, safety, connection to others and creative agency within their world.

In order to develop the potential space, this research proposes 5 general phases to guide the course of art therapy. These involve providing a consistent, predictable therapeutic space for the client, allowing the child to relate to the therapist in whatever way he/she is comfortable, mirroring the child's movement, affect, art-making, and finally, as the therapist, distinguishing oneself as a distinct individual by making unique bids for interaction and engaging in an exchange with the child. These phases were generated from themes and conclusions derived from the literature, and many of their elements are reinforced by literature on developing an attachment with children with

autism and interventions suggested for parents in interacting with their children with ASD.

Upon reflection, I found Maiese's (2013) conceptualization of the social cognitive challenges experienced by children with autism as being a result of impairment in affective and bodily attunement with others to be particularly striking; I wonder as to how the therapist truly acts as a person embodied enough for both people in the therapy room and what skills or actions are essential to establishing and maintaining this embodiment. Further, it appears that connecting with children with autism may be generated from authentic engagement in what he/she is already focused on as opposed to directing the interaction in any way. For example, if a child is engaged in rolling a car through paint onto paper, an art therapist may initiate car noises instead of encouraging a cognitive-focused interaction by questioning where the car is going or its speed. This parallels Seach's (2007) signification that the key to developing the imaginative potential of children with autism is to share in their focus of interest, as well as literature on autism and joint attention that has been discussed above (Siller & Sigman, 2002). Further, this resonates with my personal way of being with children with autism, and the genuine connections I feel I have experienced. As therapists we request our child clients with autism to share and exercise their creativity in an uncertain, in-between space, thus we must ask the same of ourselves to truly meet, mirror, and join them.

I believe that further research is required to investigate how a therapist knows when to move on from each phase of interaction proposed above.

I believe that further research is needed to investigate how the process of developing the potential space in therapy is affected by the length of therapy, the types of

therapeutic goals prescribed for treatment, and the unique symptom presentation of each child with autism. For example, would all children with ASD benefit from the therapeutic goal of establishing and making use of the potential space within their course of treatment regardless of their symptom presentation (as opposed to the more prominent behavioural or cognitive therapy)? And is long-term therapy required for the co-creation of the potential space to be considered an effective avenue for intervention, or can some of the earlier phases be usefully achieved in shorter-term therapy? Durrani (2014) distinguishes that most therapies for children with autism are focused on the behavioural and cognitive aspects of the disorder with lesser focus on the psychological implications for development (p. 103); therefore research surrounding emotional and social development is limited (Durrani, 2014, p. 103), and further research is required. Consideration of how a focus on the co-creation of the potential space could be combined with other types of therapeutic techniques or treatments should also be given attention. It should also be noted that the topic of attachment was briefly introduced as it was needed and further research on developing an attachment with children with autism in art therapy is also suggested.

This paper may be useful for individuals interacting with children with autism in any capacity, whether this is as a parent, relative, social worker, teacher, or therapist. Readers can acquire a general way of being with these children that strongly considers their challenges, honours them, and seeks to establish connection as is the goal with any other clientele or human interaction. One can gain a deeper understanding and informed perspective as to why it may be difficult for children with autism to connect interpersonally with others, and practically apply the strategies that are proposed.

In conclusion, I believe that D. W. Winnicott's potential space can be re-created within the therapeutic relationship in art therapy with children with autism to allow them to experience a safe, predictable, interpersonal space, within which they can explore their creativity, positive social connections, experience a more embodied, secure self, and establish a sense of trust in their environment and others within it. I believe that a clinical focus on co-creating a potential space within the therapeutic relationship in art therapy can foster authentic, playful, and magical moments of connection which may be the first for a child with autism.

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