

Nesting Dolls:
Making Sense of Attachment Theory Through Art-Making
Art Therapy Intervention Research

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A Research Paper
in
The Department
of
Creative Arts Therapies

Concordia University
Montréal, Québec, Canada

September 2014

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CONCORDIA UNIVERSITY
School of Graduate Studies

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Entitled: Nesting Dolls: Making Sense of Attachment Theory Through Art-Making

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts: Creative Art Therapies; Art Therapy

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Abstract

This qualitative study is a preliminary inquiry into a proposed art-therapy intervention for individuals suffering from problems resulting from broken attachment bonds with their primary caregivers. This arts-based Intervention research draws from attachment theories and trauma literature, while exploring the concept of boxes and containment within art therapy. This study explores parallels between the individual as being the container for their emotions physically and metaphorically with the concept of projecting these emotions into a set of physical containers: the nesting dolls. This study is concerned with the exploration of the emotional experience of the relationship between the individual and their primary caregiver across time.

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Chapter 1: Introduction

We are defined by our attachment to others. These attachment bonds are the fundamental necessity that has allowed us to build cultures, societies, and form bonds with one another. Mate (2004) defines attachment: “In the psychological realm, attachment is at the heart of relationships and of social functioning. In the human domain, attachment is the pursuit and preservation of proximity, of closeness and connection: physically, behaviorally, emotionally, and psychologically” (Mate as cited in Neufeld & Mate, 2004, pp. 16- 17). Attachment is also a fragile, time sensitive human experience and when attachment bonds are repeatedly ruptured, trauma may occur. This qualitative research investigates the effects of attachment and trauma during childhood and the impact these have on our development. It will explore the role of nesting dolls as a possible art therapy intervention for young adults dealing with early trauma caused by broken attachment bonds. I propose an art therapy intervention consisting of making plaster nesting dolls with individuals who have experienced an attachment rupture with their primary caregiver. Utilizing preliminary stages of intervention research, I will first describe the role of attachment with the primary caregiver and then the literature on trauma and its impact on individuals. I provide a review of literature on the topics of boxes and containers, which influenced the development of the proposed art therapy intervention. I will describe in detail the intervention proposed, followed by a discussion of the findings.

Research Aim

This paper proposes an art therapy intervention of creating nesting dolls to address trauma-induced attachment issues in young adults and teenagers (13 -25 years old).

Chapter 2: Methodology

This paper relies on the literature on attachment theory, trauma and the therapeutic potential of creating art in containers. The review revealed interesting areas of overlap supporting the goal of identifying areas where the theory of art in containers could potentially apply to trauma and attachment issues. This juxtaposition informed the development of an art therapy intervention with young adult trauma patients.

A search strategy was developed for the literature searches based on a preliminary review of preeminent books on attachment and art therapy. First, primary variables of the literature search were identified, including “art therapy”, “trauma”, “attachment” (and psychoanalytical, behavioural and psychodynamic theories of attachment), “containment”, “container”, “box”, and related variants. Next, searches were carried out in search engines (Google Scholar, Proquest, and Psychinfo) for all available literature on the variables independently and in combination. Third, I reviewed the search results for findings on the physical manifestations of trauma in the brain, the symbolic meaning attributed to containers and boxes in art and art therapy, and the particular exigencies of youth with attachment issues. Finally, I introduce the “nesting-dolls” intervention, and justify its potential in relation to the literature.

This literature review and intervention model is situated in the framework of qualitative intervention research. Qualitative research can be defined as using “a naturalistic approach that seeks to understand phenomena in context specific settings” (Golafshani, 2003, p. 600). Within qualitative research, methodology is thought of as “the bridge that brings our philosophical standpoint (on ontology and epistemology) and method (perspective tool) together” (Hesse-Biber & Leavy, 2001, p. 6). Intervention research “involves the development and testing of practice models, descriptions of change processes, and the

application of models of practice to new populations and contexts” (Gilgun & Sands, as cited in Gilgun & Sands, 2012, p. 349).

Intervention research, as defined by Fraser and Galinsky (2010), is “the systematic study of purposive change strategies” (p. 459). It is characterized by both the design and development of interventions. This paper focuses on the first of two stages of intervention research: the design of an intervention, requiring blending existing research and theory to establish intervention principles and develop action strategies to bring forth change (Fraser & Galinsky, 2010).

Intervention research has the purpose of guiding others in the exchange between “intervention agents and participants” (Fraser & Galinsky, 2010, p. 279). The possibility of informing other professionals in the field and encouraging them to explore this intervention themselves and with their clients was a motivating factor in conducting intervention research. My hope is that this document will generate further research.

The research process

As Hesse-Biber and Leavy (2011) explain, the qualitative researcher attempts to “extract meaning from their data” (p. 3) and the “data analysis and interpretation are interrelated” (p. 301). The purpose is to turn observations into intelligible accounts. Proposed is a model that is based on links made from the review of the literature. Data was collected in an iterative process: through literature, then analyzed by forming links with other research, and continuously searching for more data, collecting it, and continuing to analyze it until a point of saturation was reached. Data was analyzed by interpreting it using personal impressions from observations. In parallel, art within boxes was created as a

response to the literature encountered which became the basis for inspiration in developing the intervention model proposed.

As an art therapy intern working with a population of children diagnosed with attachment disorders I observed that the children seemed to naturally recognize the symbolic aspects of boxes. This experience inspired the potential of a directed and theoretically grounded art therapy intervention involving containers.

Potential Applications for Professionals

This research is tailored for professionals in the field of art psychotherapy or creative arts therapies. The aim of this research is to inform art therapists of the power of containers in their intervention, suggesting the use of the creation of nesting dolls, which can be used with adolescents and young adults who have experienced trauma and broken attachment bonds. The model will provide practitioners with a structured, theoretically grounded intervention that they can experiment with. Therefore, this research will contribute a better understanding of the research question in hopes of contributing knowledge to the growing field of art therapy. The hope is that this will lead to more qualitative research findings, and expand the effective interventions available for attachment loss issues.

Ethical concerns

There are ethical concerns using this methodology because much of the data was revealed through the literature review. The main focus was to think critically about the information found in the literature and to remove perceived bias. This became the primary strategy to strengthen the validity of this research.

Ethical guidelines from the Canadian Art Therapy Association (CATA) also emphasizes the importance of providing appropriate references and recognition as to where

each idea came from, always using references where needed. Throughout this research project, I have provided references for each idea that was originally not my own, using the latest American Psychological Association (APA) guidelines (APA, 2009).

Because the proposed intervention has not been tested with participants, the efficacy and potential harm has not been determined. It is unknown if there are any risks for the participants or if it may hinder the therapeutic process. To minimize potential negative impacts onto vulnerable population, I suggest how professionals in the field can experience this intervention themselves (Please see p. 31 of this document). It would allow firsthand experience of the potential applications of the proposed intervention, and to make their own informed decision as to how to modify its use with their clients.

Hesse-Biber and Leavy (2011) suggest the use of faculty supervision in helping students make ethical decisions in regards to their research. Throughout the completion of this research project, I had meetings with my research supervisor to discuss the intentions of the project and possible focus points. My research supervisor also provided helpful literature suggestions to ensure a robust coverage of existing writings. I provided regular updates on the project and drafts by email, and she responded with critical feedback aimed to ensure that ethical risks were minimized.

Limitations

One of the major limitations of this study is that the proposed intervention has not been tested with participants, and therefore there is no data supporting its effectiveness. Another limitation may be the amount of time this intervention requires. The in-depth exploration as well as the continuity in therapy requires a significant level of commitment from the client and the therapist.

Defining Attachment

Attachment can be defined as the affectional bond between an infant and their mother figure (Ainsworth, Blehar, Waters, & Wall, 1978) and as being able to form and maintain healthy emotional bonds and relationships throughout one's life (Perry, 2004). This bond is enduring and independent of specific situations (Ainsworth et al., 1978). Attachment can also be defined in terms of a force of attraction that pulls people together (Neufeld & Mate, 2004). Mate explains that physical attachment to our primary caregiver starts in the womb (Mate as cited in Neufeld & Mate, 2004). As young infants are unable to survive on their own, it is crucial for them to depend on a caregiver to provide for certain basic needs, in other words they must attach to an adult to survive. Children also are attached to their parents emotionally until they are able to manage their emotions for themselves, think independently, and make their own choices (Neufeld & Mate, 2004). Bowlby argued that continuity rather than time is the important factor for secure attachment to be established (Bowlby, 2004). Ainsworth et al. (1978) explain that the children organize their behaviours with reference to their attachment figures. Their views on attachment implies the conception of the existence of the attachment figure even when it is absent. This concept of the attachment figure is persistent in space and in time, and moves more or less predictably in a "space-time continuum" (Ainsworth et al., 1978, p. 26). More specifically, Bowlby and Ainsworth described the concept of symbolic availability of the parent: what is important for the infant is not only the physical proximity in terms of literal distance, but more importantly how children perceive their parent's availability.

The Development of True and False Self

One of Winnicott's most well known theoretical contributions to psychoanalysis was the development of the infant's "true self", "false self," implicating the "good enough mother" (Winnicott, 1956). Winnicott explained that with consistent mother's care, the infant begins to exist psychologically and have experiences. Subsequently the infant starts to build a personal ego (p. 64). According to Winnicott (1960), a good enough mother is one who repeatedly meets the omnipotence of the infant and who can make sense of it. In other words, the good-enough mother is one who is able to meet and satisfy her child's needs (both physical and emotional) and who is therefore in-sync with her infant. The true self can consequently begin to form through the mother's implementations of her infant's omnipotent expressions (Winnicott, 1960, p. 145). The mother and the infant both need to delineate their individual identities. As Winnicott (1956) explains, the mother needs to see her baby as created by her and also as "found", meaning that the infant is discovered in terms of his own fundamental unknown individuality (the true self). If the mother is incapable of this, she becomes fused to her infant and the relationship becomes governed by unyielding projective identifications. The infant's true self is at risk for going unrecognized and the development of a false self emerges.

Winnicott (1956) highlights the importance of the mother identifying with her baby to be able to protect him from internal and external intruding experiences. According to Winnicott (1960), if the mother is good enough, the infant starts to believe in the external reality as if it appears and behaves by magic. In this case, the mother's adaptations do not clash with the infant's omnipotence. The child believes he is all-powerful and in control of his environment because the mother responds without delay to his needs; this period is called the *subjective omnipotence* (Mitchell & Black, 1995). This process gives the infant a

moment of illusion, seeing himself or herself as creator of the world: he is hungry, the breast appears, consequently he created the breast to appear. As the child grows and the mother naturally starts to become less responsive to her infant, the infant realizes that there is a gap between desire and satisfaction (an increase between the time the infant feels hungry and gets fed for example). The infant thus realizes that he is relying on his mother's response and consequently feels dependent for the first time, leading to the need to find the desired object, *objective reality* (Mitchell & Black, 1995). In between subjective omnipotence and objective reality, we find the transitional experience and transitional object, where the mother is symbolically replaced, for example by a teddy bear, as this is a common age when the mother and infant may be separated for longer periods of time. It is within the transition experience that Winnicott believed the creative self begins to operate and play a role in our lives (Mitchell & Black, 1995). Hence, with good enough mothering and the development of the infant's true self, the infant's omnipotence is replaced by an illusion of omnipotence through play, creation and imagination. We thus start using creative parts of our brains to make sense of our environment.

Child psychologist, John Bowlby (1979), founder of attachment theory, agreed with Winnicott in terms of explaining that individuals who have not received good-enough mothering develop a false self. Bowlby (1979) explained that the therapist must assist the person in discovering their true self by helping the client "recognize and become possessed of his yearning for love and care and his anger at those who earlier failed to give it to him" (Bowlby, 1979, p. 139).

Thus, good-enough mothering repeatedly meets the infant's omnipotence and helps him develop his sense of true self. Furthermore, the infant develops a creative personality as

his omnipotence is gradually replaced by the illusion of omnipotence. Winnicott describes the relationship between mother-infant as one in which the mother ‘holds’ the infant both physically and figuratively (Winnicott, 1960). Winnicott explains how the infant’s true self is the source of the infant’s gesture giving expression to a spontaneous impulse (Winnicott, 1960) pointing to how the mother physically and metaphorically “holds” her infant can be replicated through metaphoric containment in an art therapy setting.

According to Winnicott (1960), the good-enough mother mirrors her infant, which fosters the development of the self. Infants can see their feelings physically reflected in their mothers’ face and can develop a self-image based on these interactions (Winnicott, 1960; Bettelheim, 1987; Phillips, 1988). Schore (2009) argues that the infant’s secure attachment depends on the mother’s ability to regulate the infant’s internal states of arousal. Through non-verbal communications, attunement and mutual gaze, the infant and mother dance in-sync with each other and consequently modify their behaviours to fit the rhythmic structure of the other (A. N. Schore, 2009; J. R. Schore, 2012). Perry defines this attunement as “being aware of others, recognizing needs, interests, strengths and values of others” (Perry 2004, p. 4). This non-verbal communication activated by the mother is thought to be associated with the development of the right cortex and limbic system, supported by myelination of the neurons in the first year of life (Schore & Schore, 2008; A. N. Schore, 2009, 2012).

Attachment trauma results from repeated broken attachment bonds between the primary caregiver (usually the mother) and the infant impeding the maturation of the limbic system resulting in long-term neurobiological alterations within the brain structures (A. N. Schore, 2009, 2012) and a cascading litany of repercussions.

Early Attachment Trauma Effect on Children

Trauma can be defined as “an experience or pattern of experiences which activate the stress response systems in such an extreme or prolonged fashion as to cause alterations in the regulation and functioning of these systems” (Perry, 2008, p. 94). As a result of recurring trauma, children are hypervigilant, exhibit signs of behavioural impulsivity and have cognitive distortions (Perry, 1997). Pifalo (2007) observes that children who have experienced trauma may experience intrusive thoughts, reliving the event as if it was occurring in the present without fully grasping or understanding what has happened to them. Furthermore, Leydesdorf, Dawson, Burchardt and Ashplant (1999) add that children may experience a long-term decrease in their capacity to speak about the traumatic events due to subsequent protective psychological defense mechanisms.

Attachment trauma can be caused by abuse stemming from domestic violence, physical abuse (Donohue, Hill, & Maier-Paarlberg, 2007) and/or neglect. Neglect is the “absence of an experience or pattern of experiences required to express an underlying genetic potential in a key developing neural system” (Perry, 2008, p. 94). Perry (2008) links neglect during infancy and childhood to attachment disorders. Bowlby (1979) attributes poorly attached children to the first relationship between the infant and their mothers, and claims that these individuals had an attachment figure who:

- 1) Was unresponsive to the needs of their child
- 2) Actively rejected their child
- 3) Lacked continuity and consistency in their parenting styles (perhaps as a result of being hospitalized or institutionalized)
- 4) Threatened the child with the withdrawal of love as a means of control

- 5) Threatened to abandon the child or the family to coerce a spouse
- 6) Threatened to kill the other parent or themselves
- 7) Made the child feel guilty and responsible for a parent's illness or death.

Any of these behaviours could lead a child to develop feelings of anxiety later on in life, and a “lower threshold for manifesting attachment behaviours” (Bowlby, 1979, p. 137). Broken attachment bonds may also be attributed to the death or physical separation of the attachment figure, or the attachment figure suffering depression, illness, or certain disabilities that put the child in the role of the caretaker of the sick parent, the other parent who feels a loss, or siblings (Bowlby, 1979).

Parental physical abuse can severely disrupt the maturation of ego functions (Finzi, Har-Even & Weizman, 2003). This in turn hinders the maturation of psychological defense mechanisms and impulse regulations affecting the healthy development of interpersonal relationships (Finzi et al., 2003). When parents physically abuse their children, children cope by resorting to primitive defense mechanisms such as denial, projection, introjection, splitting representations of the self and others, and identification with their aggressor (Greene, 1978; Finzi et al., 2003). Because of the parental violence and abuse, children often need to split their parent's image and project their rage onto others (Greene, 1978). It can also be important for the child to maintain an image of the parent as being “good” and they may prefer to see themselves as being “bad” in order to justify the parental abuse as punitive (Greene, 1978). Physically abused children may blame themselves and believe the maltreatment is their fault (Ney, Moore, McPhee, & Trought, 1986). Thus the child may start behaving badly to justify the abuse, without having been inherently a “bad” child (Finzi et al., 2003).

Children's behaviour changes in response to changes in the behavior of their parents (Sayers, 1991). Both the child and the adult will reflect the world and environment they are raised (Perry 1997). During wartime, children witnessing aggression often turn to destructive tendencies or resort to earlier modes of expression of aggressive tendencies (Freud & Burlingham, 1943). In order to avoid a sense of abandonment by an abusive parent, the child seeks to "preserve the object" (the abusive parent) by acting out and internalizing images of the abuser (Finzi et al., 2003). Hence, by impersonating the aggressor, the child transforms himself from the one who is threatened to the one who imposes threats onto others. The impact of parental abuse on children influences their ego development by causing impairments in affect regulation (causing irritability, anger, passivity, or depression), having lower impulse control, experiencing distortions in reality testing, and in the development of immature defense mechanisms as a way of coping against the abuse (Greene, 1978; Finzi et al., 2003).

Perry (2008) links past trauma to the inability to modulate arousal, a symptom associated with Post Traumatic Stress Disorder (PTSD). Affected individuals may either overreact or shut down. They may also overgeneralize threats and perceive the world as unsafe, and struggle with attention, distractibility, and stimulus discrimination (D'Andrea, Stolbach, Ford, Spinazzola, & van der Kolk, 2012; Van der Kolk & McFarlane, 2007). Finally, they may undergo alterations in defense mechanisms and changes in personal identity (Pifalo, 2007; Van der Kolk & McFarlane, 2007). Co-morbidities such as mood, dissociative and anxiety disorders, substance abuse, personality disorders, Attention Deficit Hyperactive Disorder (ADHD), conduct disorders, oppositional defiant disorders, identity confusion, interpersonal conflicts, and self harm have also been observed in children

suffering from PTSD (D'Andrea et al. 2012; Steele & Malchiodi, 2012; Van der Kolk & McFarlane, 2007).

Children may also live with the consequences of secondary and tertiary effects of the abuse experienced as the “impact of hyper vigilance on academic experiences or of neglect-related attachment problems on social development” (p. 94). According to Perry, these effects can be felt to be as devastating as the primary pathologies (Perry, 2008).

Early Attachment Trauma Effect on Adolescence

Bettelheim (1987) describes adolescence as a developmental stage where the individual still require their parents to provide a safe, loving and secure home so that they can venture and safely explore the world in a more independent way. The adolescent often rebels as a result of fearing their parents will dictate their personalities, therefore it is important for parents to mirror their child and not to create conditions for acceptance and love. In order for a child to be opened to be parented by an adult, he must be attached to that adult (Neufeld & Mate, 2004). Our relationship with our parents change and evolves as we develop from infancy to adulthood: we need our parents in different ways.

As children grow older, they acquire the capacity for understanding situations using reason, the ability to verbalize their desires or exercise the volition to obtain what they want (Freud & Burlingham, 1943). However, this behaviour seems to regress after trauma: “It means that they have returned from the sensible active attitude possible for the growing individual to the helpless and despairing passivity of their infant stage” (Freud & Burlingham, 1943, p. 13). Mate argues that these behaviours can contribute to the way we alter our attachment to our parents during adolescence: more specifically moving prematurely from being attached to our parents towards being attached to our peers (Mate as

cited in Neufeld & Mate, 2004). Since the Second World War, a breakdown of vertical culture transmission (from parents to child) has been observed and was associated with an escalation of antisocial behaviours (Neufeld & Mate, 2004). Young adolescents are more commonly attaching to their peers (horizontal culture transmission) who are immature and do not provide the same potential unconditional love and acceptance as their parents (Neufeld & Mate, 2004, p. 10). Associated with children's attachment to one another is the emergence of what Mate calls a "children's culture" and has been associated with increased crime rates, delinquency, violence, and bullying. Art therapist Hass-Cohen explains:

The neurobiological consequences of childhood physical, emotional, and cognitive abuse and neglects often contribute to enduring states of personal fear that can lead towards perpetuating violence on to others later in life and /or to being adult victims of violence. (Hass-Cohen, 2008, p. 29).

Understanding how children become violent is important in finding a resolution. Based on Bandura's (1977) social learning theory, Spillane-Grieco (2000) argues that violence is learned from the environment, more specifically violence at home. In other words, the environment should be considered and recognized as an important part of children's development. Based on Bandura's (1977) theory, we can argue that through observing, imitating and modeling positive behaviours, the child could change negative behaviours into positive ones.

The brain is malleable to change and continues to develop during adolescence and early adulthood "as the frontal lobes, areas responsible for attention, concentration and sophisticated decision-making, myelinate and reorganize" (Hass-Cohen, 2008, p. 29). This process of change is believed to be responsible for the adolescent social-emotional

turbulence associated with this age group (Hass-Cohen, 2008). Eventually, these changes contribute to the capacity for adults to self-regulate. We acquire higher-cortical functions as our adult frontal cortex continues to develop (Hass-Cohen, 2008). Consequently, our brains continue to change throughout the lifespan in response to social-emotional experiences (Hass-Cohen, 2008).

As we grow into adulthood, the importance of attachment bonds shifts from the primary caregiver to others in the individual's social environment. Ainsworth et al. (1978) argued that attachment to the mother becomes decreasingly important as adulthood approaches. The need for a primary relationship does not disappear but is replaced by another adult partner. Few adults, however, cease to be influenced by their early attachment figures and continue to feel the impact of that relationship on current ones (Ainsworth et al., 1978). How an adult reacts when ill, distressed or afraid can be attributed in part to the "experience he has had with attachment figures earlier in his life" (Bowlby, 1979, p. 129).

Unfortunately the relational trauma of insecure attachment bonds between infants and mothers are often repeated within future generations (Fairberg, Adelson, & Shapiro, 1975), hence the importance of providing therapeutic intervention in hope of breaking the cycle.

Clinical Art Therapy and Trauma

When looking at how the abused child reacted in a therapeutic setting, Greene (1978) noticed that these children appeared detached and guarded. Within the therapeutic setting, they seemed to comply and seek the therapist's approval while avoiding punishment. Once safety had been established, Greene noticed an "enormous object hunger" (1978, p. 97). The therapist is then being projected as the "good parent" (Greene, 1978). However, because of the limits within the therapeutic setting as well as the frustrations that arise within therapy,

the child's rage and disillusionment emerge as the child may project their own rage onto the therapist (Greene, 1978). Greene (1978) sees this as the child provoking the therapist and is therefore testing behaviours. In later work, Greene (1983) advocates the use of psychoanalytically oriented play therapy with abused children in order to strengthen ego functions. The development of a strong therapeutic alliance allows for the child to repair the representation of the self (Greene, 1983).

Within a good therapeutic alliance, the right brain's internal working models for encoding coping strategies for affect regulation are being activated (J. R. Schore, 2012). In other words, implicit communications between the client's and the therapist's right brain system are expressed within the therapeutic alliance (J. R. Schore, 2012). Since the right hemisphere is dominant in treatment for affect communication and regulation, it is important for therapists to be aware of their non-verbal communications whether it is through tone of voice, look and gaze, or mirroring affect (A. N. Schore, 2012). By forming a therapeutic alliance with the client, the therapist has a role analogous to a good parent. The therapist uses empathy and shifts from intersubjective attunement, misattunement, and re-attunement to regulate the arousal states in clients (Franklin, 2010). Attunement helps to rebuild a healthy sense of self that has been affected by early attachment failures (Franklin, 2010).

Art therapy interventions are useful in a diversity of populations. Art therapy can be seen as a less threatening way to express what may be too difficult to put into words (Hass-Cohen, 2008; Malchiodi, 1998; Pifalo, 2007). When dealing with individuals who have experienced trauma, Gantt and Tinnin (2009) support the use of art therapy on the basis that traumatic memories are encoded as non-verbal memories that override verbal thinking. Therefore, art therapy is efficient in accessing, processing, and integrating fragmented

trauma memories (Leydesdorff et al., 1999). Schore (2008) supported working directly with the non-verbal and emotional systems in trauma cases.

Art therapy has been demonstrated to affect our brains in positive ways. Art making, such as drawing, activates the brain's limbic system, the center for emotional and perceptual processes (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001). As previously discussed, early attachment trauma impacts the development of the limbic system. It follows that art is a potential avenue for activating the limbic system and working through relational trauma.

When working with trauma and children, purely verbal therapy may be ineffective in treating a child's anxiety and stress symptoms related to trauma (Chapman et al., 2001; Pifalo, 2007). Adolescents on the other hand are capable of symbolic representations and think of their experiences not only in terms of what is happening to them, but also as their surroundings. Children are not capable of symbolic representations yet, and thus art therapy can facilitate children's understandings of their experiences. Art therapy provides a wider range of resources; it bridges the symbolic language of art with the verbalizing of emotions, which facilitates communication between the child and the therapist (Pifalo, 2007). Children may feel more comfortable drawing out their fears instead of saying them out loud, which may seem too intimidating (Pretorius & Pfeifer, 2010). Malchiodi supports the idea that art therapy interventions are effective for children because they are naturally creative, and often prefer to communicate in ways other than talking (Malchiodi, 1998; Steele & Malchiodi, 2012). Harris (2009) supports the idea that children get the opportunity to represent their feelings through art-making, which also helps them come to a deeper understanding of their inner worlds, and of the traumatic event that has occurred (Harris, 2009; Steele & Malchiodi,

2012). As art-making (as well as play) relaxes and distracts children, they can be asked emotionally challenging questions without feeling judged or pressured to respond. The primary activity seems to be art or play (Pifalo, 2007). Herman (1992) stresses the importance of establishing safety, remembering, and mourning while working through the trauma, and eventually reconnecting with ordinary life. Using these art therapy interventions with adolescents and young adults may help these individuals go back to more primitive ways of expression, which in turn could help to consolidate fragmented memories and feelings. Finally, art therapy provides an external means of expression that helps individuals deal with negative life experiences, and empowers them by instilling a sense of creative intelligence (Malchiodi, 1998).

Neurobiology, Art Therapy and Attachment

Within the art therapy session, the art therapist encourages the client to proactively choose the art mediums, helping him or her to regain a sense of safety and control lost through unresolved psychosocial stressors (Hass-Cohen, 2008). Taking action through art-making provides clients with a sense of pleasurable kinesthetic experience when faced with difficult issues. Making art within a therapeutic setting is believed to trigger afferent nerves which carry sensory information from touching the art materials. This process can elicit emotional reactions like discomfort, distaste, or pleasure (Hass-Cohen, 2008). Such emotional reactions help the art therapist understand the emotional responses within the client (Hass-Cohen, 2008). An affective-sensory experience in art therapy further allows the client to find relief in the expression of emotions and instills a sense of control and mastery (Hass-Cohen, 2008). Furthermore, “in the art therapist’s presence, the artwork is an expression of how the self organizes internally as well as in relationship with others. It is a

visual reiteration of the interplay between the person and their environment” (Hass-Cohen, 2008, p. 21). Therefore, art therapy interventions help the therapist and the client gain a better understanding of the clients’ internal self-representations. Consistent communication with others through art forms and repeatedly practicing art-making may have positive effects on brain plasticity and increase neural activity, factors that can protect against brain trauma and neurogenerative diseases. Hass-Cohen (2008) explains the benefit of art therapy:

Art therapy practices provide a unique opportunity for expression of emotions and practicing the regulation of affect. Colors and textures easily arouse effectively laden limbic memories which purposeful art-making provides a here and now opportunity to express, understand and integrate emotional reactions.
(p. 31)

Waller (2006) describes five fundamental principles of the art making in art therapy. Art making is an important aspect of our learning process; helps to locate feelings that are difficult to put into words; provides a container for strong emotions; provides a communication tool between the child and the therapist; and finally helps bring transference issues to the surface (Waller, 2006, pp. 271- 272).

Boxes and symbolism

A box is defined as “a rigid typically rectangular container with or without a cover” whereas container is defined as “an object (such as a box or can) that can hold something” (Merriam Webster Online, 2014). A box is thus analogous to and interchangeable with containment.

When looking at the box symbolically, Stewart (1996) describes the box as a metaphor for containers. The container represents the female principle, the womb as the primary

container, the source of life (Chevalier & Gheerbrant, 1994; Cirlot; 1971; Petocz, 1999; Stewart, 1996). The function of the container is to hold, and symbolically to hold the contents of life (Petocz, 1999; Stewart, 1996). We can also argue our bodies are a general container of emotions and feelings (Stewart, 1996). Stewart (1996) explains that putting a lid on a container ensures safekeeping. Closed vessels represent the unconscious and the inability to explore it. The container can have either positive or negative functions. For example, in both Judaism and Christianity, Noah's Ark can be seen as a positive symbol: the container that saved man and animal kind. Furthermore, the chalice with a lid is thought to represent the human heart, the heart also being the center of emotions (Stewart, 1996). Rush (1978) agreed that it is through symbolism that we tap into the unconscious. However, he argued that symbols must be used as a discovery of the self rather than as an interpretation and analysis of the symbol (Rush, 1978). Both Rush (1978) and Stewart (1996) use the analogy of the cave as an exploration and representation of our unconscious self. There are similarities to be found between the cave and the container, as the cave can be thought of as a large natural container.

Chevalier and Gheerbrant (1994) draw parallels between the box and Pandora's box, as representing the unconscious, the unexpected, and the cyclical nature of life. Cirlot (1971) also describes the box in terms of containing the unconscious: it represents the unexpected, which can give us hope and the power to realize our heart's desires. Cirlot also argued that the symbolic worth depends on what the box contains (Cirlot, 1971). In his definition of the symbolism of the box, Cirlot also refers to the word "coffer", which holds both life and death in the crib and coffin respectively. Use of the coffer has two symbolic meanings: the act of depositing something within for safekeeping, and the act of opening the coffer as revelation.

Boxes in Art Therapy

Art within boxes have been used throughout history, going back at least to the elaborate and decorative coffins of the Egyptians. Decorative boxes have been found in several religious institutions, used for safekeeping of sacred scrolls, and storage and carrying of valuable objects (Mogelon & Laliberte, 1974). The idea of using a box as a “dream box” or “secret box” holds the function of focusing on the contents of the box and what it serves to protect (Mogelon & Laliberte, 1974, p. 55). The dream or secret box’s purpose is to keep secrets or fantasies stored in our psyche (Mogelon & Laliberte, 1974). Artists such as Baker, Camblin, Danko, Getz, Gillepse, Hedrick, Otness, and Palmer (Mogelon & Laliberte, 1974), among others, have used art within boxes as their creative medium. They have used art in boxes thematically, to create a sense of anticipation or reminiscence, to compartmentalize, and to isolate objects. Boxes have also been used autobiographically, as visual dictionaries of memories, as a time capsule, or as a medium for projecting feelings (Mogelon & Laliberte, 1974). Robert Filliou’s boxes introduce the analogy of the box as the mind, representing the capacity to open our minds or close our minds (Mogelon & Laliberte, 1974).

There is evidence supporting the effectiveness of using art within containers with individuals to deal with and express difficult emotions (Chapman et al., 2001; Harris, 2009; Herman, 1992; Pifalo, 2007). Chapman et al. (2001) emphasize that art making is an opportunity for the child to maintain control over the expression and containment of their intrusive mental images. The boxes or containers used are tangible and do not disappear like words do; it is therefore easier for the child to reflect on emotions expressed artistically over time and record progress (Harris, 2009). Pifalo (2007) argues that containers have an inside/outside component that provides an individual with a concrete medium through which

emotions can be filtered. From working with many children over time, Harris noticed that feelings that are appropriate for sharing with the world are often represented outside the container, while feelings that are meant to be shared only with trusted individuals reside on the inside of the container (Harris, 2009).

Kaufman's (1996) heuristic research explores the use of art within boxes as a way of understanding and finding closure from a traumatic personal experience, the death of her son. Thematically, art served as a container to reconcile opposites into a union: "The artwork is a transitional object that blurs boundaries between internal and external reality" (Kaufman, 1996, p. 242). Kaufman argued the importance of the in-between space as being the one that contains emotions (Kaufman, 1996). Art in response to suffering has the power to memorialize, preserve, and transform and can obtain a status of infinity by creating boundaries within boundaries, in other words containment within containers (Kaufman, 1996).

The box offers a reassuring structure within which individuals can express themselves (Chu, 2010). When working with trauma, some individuals fear that the emotions may get out of control. The box provides an opportunity for expression that can be held and regulated: individuals can physically put a lid on the box to secure its contents (Chu, 2010).

The Therapeutic Function of the Container

Much of the symbolism of boxes can be attributed to containers more generally. There is little research available on the topic of using a physical container as an intervention in art therapy, so its symbolic meaning is an important starting point. The art therapy literature does explore the theme of the therapist's containing function ie: the therapeutic alliance as container. The therapist is thought of as the main container for the client's emotions, and

when a good therapeutic alliance is established, it becomes easier for the client to share difficult emotions and trust that the therapist can hold and contain them. Bion develops the concept of the container-contained and Freud the concept of the container delineated by the body and its openings as early conceptualizations of drive and affect (Rosenbaum & Garfield, 1996). The container is linked to the concepts of identity and the self, forming the boundary between *I* and others, the self and the environment (Rosenbaum & Garfield, 1996). The container is structurally divided into three: the interior, the boundary and the exterior. Each structure is governed by interactions with internal and external forces from the individual or others. These forces can be attracting, resisting, or motivating and affect the relationship between the self and social environment (Rosenbaum & Garfield, 1996).

Our bodies can be thought of as a container where we put things and allow things to emerge. This brings forth and concretizes the idea of boundaries between outer and inner self (Rosenbaum & Garfield, 1996). Our body is not only physical, it also represents our mind and psyche (Rosenbaum & Garfield, 1996). Our desires and need for control, play a role in the forces establishing the boundaries between others and ourselves. Our thoughts are within the container of our minds and therefore the relationship between client-therapist works in opening this container to let out some thoughts into the therapist, who is also a container. However, this may be quite difficult for some individuals to grasp. Projecting our contained feelings into a physical object under our control may be an easier concept for clients to understand.

Laor (1999) explored through a case study the function of containment as a central theme relating to the emotional experience within a framework of short-term therapy. The

analytic setting of therapy also plays a containing function. It acts as an active vessel that influences and is influenced by the contents of therapy (Quindoz, as cited in Laor, 1999).

The container can either be an inert object having no relationship with its content or can be seen as active, having dynamic interactions with its contents making the contents essential to the container and vice versa (Quindoz, as cited in Laor, 1999). “The active container is also essential for the patient, as it allows him to access a new interpersonal world in which unconscious mental mechanisms are beginning to emerge and inner psychic reality is as real as external reality” (Quindoz, as cited in Laor, 1999, p. 514). This quote elicits the imagery of an actual physical container with which a client has the opportunity to project his or her interpersonal world onto and into this container, transforming it from an inert object to an active container.

The relationship between infant and mother can be understood in terms of the mother containing her infant’s emotions early on in life. Emanuel (2012) explains:

Bion’s theory of container-contained (1962a) proposes that the mother/primary caregiver has to make sense of the baby’s experience, which has been evoked in her by a process of ‘reverie’, using a previously internalized mental apparatus, a combined internal object. Over time, this function of the container is internalized and identified with and the baby becomes able to reflect on his own experience and think for himself. This shift, from evacuation of overwhelming sensory data to capacity to investigate his own feelings, is vital for a baby’s emotional and cognitive development. (Bion, as cited in Emanuel, 2012, pp. 269- 270).

This evacuation of overwhelming sensory data continues throughout life. Individuals must develop strategies to cope. However, as emotions are closely tied to experiences with

the primary caregiver, when children grow up unable to create an internal ‘container’ for their emotions, they become overwhelmed. Patterns for coping (or not coping) with emotions are established and continue unto adulthood.

Containing Function: From Container/Box to Nesting Doll

Carl Gustav Jung said: “Every mother contains her daughter in herself and every daughter her mother and every mother extends backwards into her mother and forwards into her daughter” (1941, p. 191). This quote elicits both the image of a nested container, and the embodied concept of attachment and containment and inspired my proposed experiential art therapy intervention. The intervention includes making a series of four plaster dolls increasing in size so that each fit into one another. Each doll is able to be opened and contain the smaller doll. They are physical containers for emotional contents. The dolls can be seen as the containing mother for future generations, but also as different selves that has grow with time. The dolls elicit the concepts of boundaries between entities, of containment, and also of growth and time. The nesting dolls can also be thought of as a timeline illustrating the relationship between the individual and their primary caregiver.

Chapter 4: Art Therapist Experiential: Nesting Dolls

Making Sense of Attachment Theory Through Art-Making

This experiential highlights the symbolic potential of art in containers for art therapists and psychotherapists helping clients with attachment trauma. The following art process draws on theories of attachment, trauma, and containment through the creation of a set of plaster nesting stacking dolls. Each doll represents a part of development in regards to affective attachment. The first doll is the smallest and illustrates how during infancy, with secure attachment, the mother and the infant are one. The infant believes it is omnipotent as

the mother responds to his needs. Consequently, the infant sees his mother as his own reflection and believes he is the creator of the things in his environment (Winnicott, 1960). This doll is solid and does not open, symbolizing the fused relationship between mother and infant.

The next three dolls, each increasing in size, are made of small plaster strips over a balloon form. The metaphoric and physical qualities of plaster have symbolic reparative and healing properties. Think of the wrapping of strips to secure a broken limb with a plaster cast: it can easily be seen and felt as a container for a broken member.

Two small balloons are taped together forming the head and body of the doll and subsequently ceremoniously covered in plaster strips. This part of the process can have a calming and soothing effect as it activates our sensory and kinesthetic levels of expressions. Once dried, the form can be carefully cut open horizontally with an exacto knife. This part of the process evokes the discovery of something to be hidden inside. Because the dolls are empty, the shapes can be seen as *tabula rasa*, a blank slate.

Through my own explorations of this medium, the outside of each doll seemed to represent the mother, and the inside represented the relationship between the mother and the child, especially in terms of maternal holding. Each doll represented a different stage of attachment between mother and child. The decision to separate these four plaster dolls came from the idea that attachment during infancy, childhood, adolescence and adulthood continuously changes as individuals grow and mature, illustrating the dynamic relationship between two people.

The dolls are then decorated from the inside out. Using collage and paint, I filled out the interior of the dolls before exploring the outer shell. This creative process helped me

gain a better understanding of the transitions between infancy, childhood, adolescence, and adulthood, and how the mother always has a role of holding, containing, and mirroring. This process illustrates the power of repair and the importance of non-verbal communication to regulate affective emotions. It allows for catharsis and opening the door for deeper exploration to bring forth layers of unconscious material. The process can easily take several weeks.

Creation and expression through art is important in therapy because the art can be seen as an extension of the client. Emotions can be transferred and projected into the dolls. These nesting dolls can become powerful containers for the emotions that emerge from this creative process. Furthermore, the nesting dolls act as a bridge between felt emotions and their verbal communication. This bridge can facilitate communication between client and therapist. Creating the dolls may help both client and therapist understand the impact of affective attachment with loved ones and demonstrate how important this attachment is throughout life.

The emphasis of this project on attachment can help the therapist develop sensitivity towards clients' history with their mother and the impact this has on issues coming forth within the therapy setting. Developing this process helped me gain a better understanding of the significance of non-verbal communication between the therapist and the client, and how this parallels the non-verbal communication and mirroring occurring between infant and mother. The artwork and the therapist can both contain and hold the client through non-verbal communication. The client can start to repair attachment bonds as the therapist symbolically takes on the role of the good mother (Franklin, 2010).

Chapter 5: Nesting Dolls Art Therapy Intervention

I have reviewed the theories on trauma, attachment theories, and the symbolic functions of boxes and containments in art and therapy. I have reviewed the role art therapy has played in treating children and youth with trauma and attachment disorders. Based upon the ideas discussed in the literature review I am proposing an intervention that encompass art therapy approaches with a clientele of adolescents and young adults who experienced trauma from broken attachment bonds. In the following intervention, the therapist helps the client externalize and break down emotions using a physical container in order to reflect on their experiences. This will also enable the clients to become the observer of their therapeutic and creative process. The purpose here is to encourage clients to regain or to develop the capacity to internalize emotions and experiences using new patterns for coping.

This intervention can be planned over a period of several sessions with the purpose of inviting clients, either on an individual basis or within a group, to explore in depth their relationships with their mothers.

It is essential that art therapists try out this intervention on themselves before carrying out with their clients to learn the qualities and reliability of the materials and to minimize potential emotional risks.

Materials for Making the Nesting Dolls:

- Paris Plaster strips (cut into 12 inch x 1 inch strips)
- Scissors
- 8 small graduated in size balloons (two balloons of approximately 2, 4, 8, and 12 inches in height)
- Exacto knife
- Masking tape

- Paintbrushes various sizes (at least one small for details, and one large for bigger surfaces)
- Acrylic or poster paint
- Varnish

Materials for inside/ Outside of the Nesting Dolls:

- Magazines
- Scissors
- Glue (various types)
- Acrylic or poster paint
- Tissue papers
- You may ask clients to bring in personal objects from home, pictures, photocopies of pictures, etc.
- Any other materials available to the art therapist

Ideally, the art therapist can provide an “open closet” for their clients to invite the maximum freedom of creative expression.

Procedure

Week 1: Assessment and Introduction

Introduce the client to the activity in terms of exploring the relationship with his or her mother or primary caregiver as an infant. This can be on an individual basis with a therapist or a group of individuals who share the experience of attachment trauma.

The therapist can ask the clients to reflect on how they view their relationship with their mothers as separated between stages of development. Specifically, what was the relationship like during:

- a) Infancy,
- b) childhood,
- c) adolescence, and
- d) adulthood.

The therapist should remain sensitive if the client's parent is deceased or no longer in the picture and allow the client to approach the dolls in the way they feel compelled, while remaining supportive and empathic. The therapist may invite the client to think of the dolls as containers, spaces for safekeeping of a private dialogue between themselves and their mothers.

During this session, I would suggest the therapist introduce and discuss the activity in terms of taking the time to explore the relationship throughout a process that would last several weeks, so that a sustained and hopefully more profound exploration can take place. Inviting clients to make a spontaneous drawing on what attachment means to them, followed by a discussion may be an appropriate way of introducing the theme and to initiate a bond between therapist and client or clients within a group.

Week 2 & Week 3: Making the Nesting Dolls

The therapist invites the client to blow up two relatively small balloons (each balloon approximately 2 inches in height). The client tapes the balloons together so that the knots that close the balloons touch and mirror each other (Appendix A, figure 1). It is important that the balloons are secured, therefore the therapist should help the client make sure there is enough tape around the structure. The client can then start by covering the balloon structure with small (12 inch long x 1 inch wide) plaster strips that have been dipped in a bowl of water (figure 1). It is important that the balloons are covered in at least three layers of

plaster strips and that the structure is fully covered because the balloons will deflate over time and will lose their shapes (Appendix A, figure 2). It is also best to finish covering the balloons with plaster strips during the first session. Repeat this process to make three other dolls that will each be increasing in size, so that the client ends up with four separate dolls: one tiny, one small, one medium, and one large. The tiny doll is made of two balloons of each 2 inches in height, the small doll is made of two balloons each measuring 4 inches in height, the medium doll is made of two balloons of 8 inches of height each, and the last large dolls is composed of two large balloons measuring each 12 inches in height (Appendix A, Figure 3).

Week 4: Mother-Infant Doll

The purpose of this first and smallest doll is to represent the primary attachment between mother and infant. The client does not necessarily remember having experienced this with their mother, however they may paint and decorate the doll in terms of what they feel about this experience. The client is asked to paint the outside of the doll to reflect the felt sense of the mother-infant relationship between birth and the second year of age. A discussion may emerge around how the client perceived their infancy.

Week 5: Inside the Mother-Child Doll: Client Perspective

The client with assistance if needed, may cut the second small doll horizontally at the midline with an exacto knife (Appendix A, Figure 3). The client is then invited to creatively express the relationship between themselves and their mothers during childhood inside the doll container. A discussion follows each creative process. It is important to respect the client's potential need for silence while the therapist witnesses the client's creative process.

The inside of the dolls may reflect the client's lived and perceived experiences, from their perspective.

Week 6: Inside the Mother-Adolescent Doll: Client Perspective

Repeat what was done during the previous week but this time with the medium plaster doll, where the client is asked to reflect about the parent-child relationship during adolescence.

Week 7: Inside the Mother-Adult Doll: Client Perspective

Repeat what was done during the previous week but this time with the medium plaster doll, where the client is asked to reflect about the parent-child relationship during adulthood. If working with an adolescent, ask them to reflect on what they envision or hope it will be like.

Weeks 8, 9, & 10: The Outside: The Mother's Perspective

Now that the inside of all the dolls have been completed, ask the clients to paint the outside of the dolls in terms of how they think their mothers experienced the relationship at the corresponding time. The outside could look like the mother, a doll, or be abstract.

Week 11: Writing Phase and Review

During this stage of the process, the therapist invites the client to reflect on the experience with the guidance of Pat Allen's witness writing process (See Appendix B for further reading on the full process) (Allen 1995; 2005; 2013).

1. Sit in front of your art quietly and notice what it looks and feels like.
2. Describe in writing what you see as fully as you can without coming to conclusions.
3. Write down any feelings or thoughts, including judgments that come up for you.

4. Dialogue with the image or a part of the image; write it down as it comes, including any seemingly extraneous thoughts or tangents.

If this process is done within a group format then there is an added step of optionally sharing any portion of the writing in a “no comment zone” format (Allen, 2005).

Following this, I suggest the therapist invite the client to engage in further informal discussion, looking at all the dolls one next to the other, opening and closing them. Here the therapist will listen to the client attempt to understand and express how their relationship with their primary caregiver has evolved over time, what they learned from expressing these relationships and their patterns of attachment, and how the relationships affect them in other areas of their interpersonal worlds with others, perhaps with their own children, their partners, or their friends.

Throughout each stage and each week, it is important to let the clients freely express themselves to allow for free projections onto and into the containers, which will help the clients and the therapist fully communicate and explore the relationships.

Chapter 6: Discussion

This art project is an experimental means of expression to help illustrate and make sense of the primary infant-caregiver relationship, emphasizing the changes that occurred over time while sharing an awareness of a potential grieving process. It helps to visualize what the relationship was like from the child’s perspective by materializing an art project in non-verbal ways in order to get down to the source of the issue, when it happened, and the perceived repercussions. The fact that the dolls are containers and have the capacity to close suggests and implies grieving. Furthermore, the dolls provide a container metaphor for holding, being held and being contained, both through the art and with the therapist.

Creating the dolls was an experiment I did for myself which helped me gain a better understanding of the link between attachment, trauma, and containment. It has been suggested that art therapists go through these steps themselves prior to conducting this intervention with their client(s), in order to understand the personal relationship the dolls can elicit, develop a proficiency with the materials, as well as to understand how to modify the intervention if needed to accommodate their clientele. The creation of the nesting dolls was a conscious exercise, and is an intervention suggested for adolescents and adults who have the maturity and cognitive capacity to, allow for symbolic reflections and further insight.

One of the advantages of art therapy is that it supports individuals to find relief by pairing fear-arousing emotions with positive, new sensory experiences provided by art-making. The intervention I propose slowly dives into the trauma by continuously pairing past-experience explorations with the comforting and cathartic properties of art making, within the continuity and safety of the therapeutic relationship. When thinking about the link between art, attachment and psychotherapy, art therapy helps in the discovery of the self in the presence of the other and with the help of an external medium: “the artist is ‘attached’ to his artifact as though it were a person, but can play and experiment with a relationship that both has a life of its own and is completely under his control” (Holmes, 2001, p. 111). When talking about healing through attachment trauma:

The very act of artistic production creates the container for feelings that may have been lacking in childhood and puts the patient into a state of relatedness to himself and the world that may have been stunted in the traumatic environment in which he grew up. (Holmes, 2001, p. 111).

“Art enables the object to be created in imagination, to be grieved, attacked, separated from or transformed in a way that was impossible in the course of abusive or constrained development” (Holmes, 2001, p.111). In this intervention model, clients are invited through steps of a creative process and given a space to mourn the loss of their good-enough mothers. While providing safety and control, the box serves as a way of memorializing and preserving (Chu, 2010; Kaufman, 1996), which are important aspects of mourning.

As Bowlby (2004) explained, continuity is an important aspect of healthy attachment, and therefore this intervention relies on the principle of providing continuity in the artistic form. We all use projections in the creative process. But how can this projection be useful for our clients? Staying with discomfort for a longer time allows us to go deeper into our therapeutic process. I believe we need to be mindful and consider whether or not our clients are ready to go through the process of exploring in depth the relationship with the attachment figure. Therapy isn't meant to be easy, but I believe in the importance of following, holding and containing our clients in their therapeutic journey. This proposed art-making process allows a certain level of continuity of engagement. It also provides different kinds of therapeutic alliances, not only with the therapist, but also with the creative process and the art itself. Indeed, clients engage with themselves in a journey of self-exploration and hopefully of mourning and repair.

As McNiff (2009) explains, it is normal for us to resist especially when it comes to change. Art therapy has demonstrated, in my experience, a way of breaking down this barrier of resistance, and allows for unconscious material to safely emerge. Through this particular intervention, clients project their feelings onto the inner part of their doll containers allowing the art to physically contain their most fragile unconscious material.

This intervention mirrors layers of development, supporting the client to approach trauma slowly, with control, and in an organized manner, going little-by-little, uncovering one layer at a time. It is thought that a person who experienced trauma may divide the experience into three parts: before, during, and after the trauma (Elliott, Davis, & Skatucj, as cited in Silverman, 2006). The goal of these dolls is to address each of these stages, represented by separate dolls. The clients will know what to expect when they come to the sessions, as they will be taking an active part in guiding the creative process. By building in a certain level of control, we avoid re-traumatization. Chu, when working with a population of Rwanda genocide survivors, found that working within boxes allowed these individuals to “integrate the fragments of their traumatic experiences” (Chu, 2010, p.6). Chu gave them the simple instruction of thinking of the box in term of a symbol of “your self”. Similarly, I propose that the inside of each doll symbolize the self as interdependent on the relationship with the attachment figure.

The materials that I suggest the therapist provide for the interior of the dolls are based on Chu’s argument that “even the most mundane objects, once placed inside a box, could take on an added importance” (Chu, 2010, p.6). For my intervention, clients can bring in objects already meaningful to them, or use other available materials to which they can attribute new meaning.

Clinical Considerations

Reading Stern’s excerpts of *The Present Moment in Psychotherapy and Everyday Life* (2004), I realized how much I value the concept of slowing down, especially within the art therapy setting. The concepts of Kairos and “presentness”, being aware of our client’s readiness, their readiness for change, all help me reflect on the concept of time in therapy

and to realize that a lot can happen even within a moment's time. In my opinion, the mindfulness of time and our client's readiness for self-exploration in therapy are as important as the intervention itself.

The art therapist should be challenged to find a balance between introducing a directive associated with a theme within therapy, as I believe this allows for secure containment, and keeping the exercise as free as possible for expression. This task is not easy, because art therapists are often trained to allow their clients to freely express their thoughts and feelings without strong directions or even suggestions. For example, by providing an explanation of how the container or box can be used, as well as a description of the metaphors of what the container can represent, we are offering the individuals a safe mode of expression. We are allowing them to discover their own symbolic and metaphorical expression within the concrete, visual and containing/holding aspects that the art within the box may provide. Thus the client can project his or her own feelings within the dolls, which acts as a holding agent, representing the symbol of "mother". The client can then hold and see the product and notice what his inner feelings actually look like as those feelings can be safely viewed within firm boundaries. The client controls when the dolls are opened; who is allowed to see what is inside; and can continue to add changes to the inside of the containers as needed. The dolls open and close, so when the stimuli gets overwhelming, the client can close the lid and literally contain the overflowing emotions.

The immersion of the client in this intervention process is meant to parallel the client's attachment relationship within his or her environment. May (1975) speaks of the world in terms of "patterns of meaningful relations" in which we are in constant dialogue with; we cannot separate the world from ourselves or ourselves from our environment (May, 1975, p.

50). The artistic process of expressing our environmental context is the key through which we reveal our place in the world. This invitation can be offered to clients as they begin the intervention. The dolls not only represent the holding mother, but also the environment and context in which the client(s) lived that relationship. We may think of the relationship with the primary caregiver in terms of an environmental context.

Ironically, we can discover order, through following the pull towards disorder that is inherent in life (Levine, 2009). Through my creative process, a transitional space opened to establish a place in which order could be teased out of chaos. Furthermore, as Langer (1989) states, the “ability to transcend context is the essence of mindfulness and central to creativity in any field” (Langer, 1989, p. 131). It may be hard at times to break down lived experiences and think of them in terms of felt emotions or to find order in chaotic relationships. The proposed intervention’s purpose is to sort out order through emotional turmoil caused by unstable relationships with the primary caregiver (either in the forms of abuse or neglect).

As therapists, we are often in a place of not knowing. Langer’s (1989) article on creative uncertainty had a great impact on the way I perceive therapy. When we jump to interpretations with our clients we block and hinder the possibility for the unknown to emerge. It is advisable to stay longer with the unknown and be mindful of our inner states as therapists. I believe we should welcome what our clients bring out, and through creative process safely guide them into deeper analysis. Our openness to welcome whatever emerges allows for deeper exploration into the unconscious, into the unknown, the new, so that we can make sense of the old, the known, and the conscious. When faced with novel creative or therapeutic material, we should ask our clients “what could this be”, “where could this come

from”, instead of jumping to an interpretive statement, such as, “Is this perhaps your relationship with your mother”. I believe staying with the unknown is the key both for therapists as well as clients. The therapist dives into this journey alongside the client, who will be contained by both the artwork and the therapist. We accompany clients in the unknown, we hold their hands in their discomfort, we empathize and we feel what they feel through the witnessing process. Effectiveness of the creative process depends on “the capacity to suspend ego control, to risk ‘not knowing’ and ‘not controlling’ and to make oneself available to a possible experience of ‘sacred awe’” (Gordon, 1975, p. 8). It is necessary for both the therapist and the client to move between control and surrender, between the conscious and unconscious. It is our vocation as creative art therapists to be connected to the voice of the art and not to move away by rushing to our own interpretations.

Chapter 7: Conclusion

Broken attachment bonds due to trauma in early childhood can have severe repercussions later on in life and can be generalized to relationships beyond the parent-child. Early relational trauma has the power to change brain development, causing a cascading number of mental disorders and affecting the quality of life. It is however possible to repair trauma with appropriate interventions such as art therapy (Malchiodi, 2003). “[A]rt as therapy activities have the potential to activate neural pathways related to tactile and kinesthetic sensations associated with the primary somatosensory cortex” (Hass-Cohen, 2008, p. 35).

Art therapy can be seen as a way to materialize one’s emotions, to contain the emotions, both literally and figuratively with art. It allows the individual to go back and reflect, as their materialized artwork is not as volatile as words. It supports one to grieve.

The artwork produced in therapy can elicit complex emotions in the individual such as a sense of authorship, pride, shame, anger, sadness, joy, and relief (Hass-Cohen, 2008).

I have proposed an intervention using nesting dolls to provide a way to make sense of the attachment relationship for clients who suffer from ruptured attachment bonds. This proposal is draws on and synthesizes on the literature of attachment, trauma, boxes, containment, and art therapy. The potential of the nesting doll intervention lies within the multiple layers of meaning and intuitive symbolism. It captures the mother as the symbol for holding and containing emotions. The nesting dolls serve as a tool for projection of the client's emotions in regards to that relationship into physical boundaries. The client maintains the power of containment and in turn a measure of privacy, interaction, control, and safekeeping. This intervention facilitates communication with therapist as the artwork bridges verbal and emotional aspects and become a shared visual tool between the client and the therapist. Indeed, the intervention must first be experimented and refined by art therapist or psychotherapists and second, must be explored with participants and evaluated for effectiveness. It is my hope that this proposal provides art therapists with a starting point to begin unlocking the potential of art therapy and containment, as a means of addressing attachment trauma.

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Appendix A



Figure 1: Plaster bands and water bowl ready to cover the surface of the taped balloons



Figure 2: Nesting doll covered in plaster strips



Figure 3: Plaster Nesting doll cut horizontally on the midline



Figure 4: Example of Nesting Dolls stacked up

Appendix B

THE PARDES STUDIO PROCESS: Allen, P.B. (2013). Studio Pardes, Retrieved from: <http://www.patballen.com/pages/process.html>

The art and writing tasks of the Studio Process access the unlimited potential of the Creative Source, support healing change and clarify life situations. Simple engagement with drawing, painting and sculpture serve as a technology of the sacred, available to anyone at any point in life, with any level of art experience.

Studio Process consists of forming an intention as a guide to art making, creating from a place of freedom and experimentation, allowing the image to lead by following its energy, and writing and reading a witness to the art alone or in a safe group environment.

The core Studio Process can be combined with a group or community intention to explore common issues such as our perception of others, visioning community solutions or creating community celebrations or rituals. We can explore and be guided in our personal lives as well as in our actions in the world. Pat's present work involves engaging with nature using the principles of the Studio Process.

Intention: This is a statement of what you would like to receive from the Creative Source at this particular moment. An intention should be made in writing before each art making time. Prior to writing it is helpful to become quiet, focus on the breath, and relax, allowing the intention to rise up and make itself known. Intention should be worded clearly, in present tense, without using the word 'want'. For example: 'I explore my creativity' not 'I want to explore my creativity'. Intention can take several forms:

1. Inquiry: 'I receive information about:' I explore possibilities about'

2. Engagement: 'I commit to learning-', 'I am guided in my relationship to..', 'I place myself in service to the Creative Source'

3. Celebration: 'I give thanks for..' 'I remember' 'I honor' 'I mourn' Ultimately, all intention is about coming into alignment with our deepest purpose. To do this we must be in agreement in body, mind and spirit in order to manifest our unique truth.

Art Making: Use any simple materials that you enjoy, follow the marks you make and your sense of pleasure until you feel a sense of completion. Simple art materials and tasks are described in Art as a way of knowing.

Witness: The witness is your chance to actualize your intention by turning your attention and full consciousness to what you have received in your art making. The steps are as follows:

1. Sit in front of your art quietly and just notice what it looks and feels like.
2. Describe in writing what you see as fully as you can without coming to conclusions.
3. Write down any feelings or thoughts, including judgments that come up for you.
4. Dialogue with the image or a part of the image; write it down as it comes, including any seemingly extraneous thoughts or tangents.
5. Check in with your intention; ask your image what it has to do with your intention.

Key Concepts:

Creative Source: The life energy that is the birthright of every person. It is a vast unending, incomprehensible source of potential. It is called the Void, chi, ki, inner wisdom, the One, ein sof or God depending on the tradition. Art and writing are a means to tap into Source. Other means include prayer, meditation, music and movement.

Safe Group Environment: This is created when each person present is fully engaged in his or her own art process without interfering in the process of others. The no comment rule has proved very effective in ensuring safety.

No Comment Rule: It is important to refrain from commentary when we engage in Studio Practice with others, particularly when the group reads witness writing aloud. We allow ourselves to be touched by the words of another. Sometimes the Creative Source speaks to us through the words and images of others. We make no comment so each person speaking can hear the truth of his or her own words. We hold the space for one another with compassion and respect. We are the embodiment of witness consciousness when we do so. We do not deny any judgments or conflicting feelings, we simply do not speak them aloud. Such responses can be invited into our art and witness practice to reveal their meaning to us.

Witness Consciousness: This is the state one seeks to enter in any form of meditation, when judgments fall away, our awareness clears, our minds quiet and we are in a state of oneness with the Source. Witness consciousness is the reality that exists beyond the rising and falling of our thoughts and emotions, holding them without judgment.