Attuning to Clients Using an Impermanent Art Method

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Abstract

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This paper explores the potential application of an impermanent art therapy method as a means to enhance attunement between client and therapist. Inspired by David Read Johnson's (2000) Developmental Transformations (DvT), a drama therapy approach that accentuates encounter through free flowing improvisation, this study explores the theoretical and practical underpinnings required to integrate DvT concepts into an art therapy intervention. Within this paper, therapeutic attunement, interactive art therapy practices, as well as the Buddhist concept of impermanence are reviewed and examined as a means to develop an intervention technique that considers the potential of an improvised and interactive art method.

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Introduction

During my preliminary years of art therapy training I was surprised by the modest amount of literature and education related to interactive art interventions facilitated between client and therapist. I had entered the field with the belief that art therapy's primary function was to facilitate expression through non-verbal means of communication, and thus presumed that both client and therapist could benefit from using art materials to enhance their encounter. Instead, I discovered that the majority of art therapy interventions facilitate a one-way dialogue in which the client actively creates art while the therapist looks on. Understandably, practitioners endorse these autonomous art activities as a means to promote positive *self* prefixes (ie. self-esteem, self-confidence, self-discovery etc.) without getting in the way of the process or weakening the client's sense of agency. Throughout my years of training, I witnessed and personally experienced art's exceptional capacity to facilitate self-regulation and inner exploration; however, I struggled to clearly recognize how these art experiences translated and manifested in real-life encounters.

In the second year of my master's degree, I began regular training in an improvisational drama therapy method called Developmental Transformations (DvT). This therapeutic approach facilitates free flowing play amongst participants without the use of props, objects, scripts or planned exercises. DvT's minimal setting encourages participants to activate their imaginations and use body movement, speech, and sounds to incite action within the space. The resulting spontaneous and dynamic environment strengthens participants' flexibility and expands their range of expression. In my personal experience, the most salient features of DvT are the emphasis of the body and

the encounter with others, which provide a very real *canvas* to work with. Renee

Emunah (1994) explains that, unlike other forms of therapy, drama therapy possesses a

unique ability to emulate real life experiences; "the thin line separating drama and real

life is particularly apparent... the stage becomes a laboratory setting in which real life can

be explored and experimented with safety" (p. 75). Phil Jones (2007) describes this

phenomenon as the "drama-life connection." In continuing to participate in this drama

based process I witnessed a transformation in my daily interactions, and credited these

improvements to the unique opportunity to play out and play with issues amongst

engaged and responsive participants. Through this process, I had experienced the

therapeutic power of intersubjectivity.

During my second year practicum, I worked in a school setting with children

presenting various needs. Having had training in both art therapy and DvT, I offered a

range of expressive options within the art room. Just next to the art tables, I designated a

playspace, a 12ft X 12ft square outlined with masking tape. When children asked me

what the square was, I would tell them it was a place where they could explain something

to me using their body and imagination. While explaining this to them I would place my

foot inside the square and suddenly animate it as though a magical force was sucking me

in. Half of the children would later place their own foot inside the square to test it out for

themselves; the remaining half, however, avoided the space completely and walked

directly towards the art tables.

For this first group of children (the ones intrigued by the playspace), as the year

progressed they began to naturally oscillate between art activities and embodied play. On

closer observation, the playspace functioned as a place to discharge, reenact, and test out

themes occurring in their lives. It was within the playspace that I felt most attuned to these clients. Within the taped square, children engaged me as the play object and thus it became essential for me to synchronize with the slightest shifts in their thought processes and energy. Some instances I shrunk down to the floor as the target for their aggression and other moments I lifted them to the sky as the catalyst of their superpowers.

As for the second group of children (the ones who continued to avoid the playspace), I wondered how I could achieve the heightened connection and trust experienced through interactive play. I questioned if there was a bridge that could smoothly transition the materiality and safety of their artwork to the imaginal realm of the playspace. One day, while watching a child make a drawing on the chalkboard, I thought to myself; "What remains when these marks are erased?" At this moment, it dawned on me that if art products in the therapeutic context were to disappear, all that would remain is the experience. And so, instead of persuading children to cross over the tape on the floor, I began experimenting with impermanent art materials as a means to invite the playspace to them.

This research paper traces my process in developing an art therapy intervention that facilitates improvisation and interactivity through impermanence. The first section of this paper outlines my methodology. Here I state the research question and lay out information related to data collection and analysis. In the next section of the paper, a literature review covers essential terms and theories that support the premise of the proposed intervention. Personal journal entries composed of small vignettes are included to help the reader comprehend various developments and challenges encountered in the process. In the final sections, an intervention manual and discussion are included. The

manual delineates structure and strategies required to facilitate the "Impermanent-Game,"

while the discussion section explains how components of the literature review and

journals came together to form the various stages of the intervention.

Methodology

This qualitative research project uses an intervention methodology to explore the question "how can an impermanent art method be used to enhance attunement within the art therapy context?" Intervention research is primarily based on theoretical research design, which consists of collecting, organizing, and interpreting data drawn from literature and other sources (Gilroy, 2006). Intervention research, however, distinguishes itself from theoretical methodology with its additional research stages that involve the design and pilot testing of an intervention procedure. Rothman and Thomas (1994) outline a six-phase approach to carry out intervention research. As this paper is only intended to provide the conceptual groundwork for the design of an intervention, the study only carries out the first four phases of Rothman and Thomas' approach:

1. Problem analysis and project planning

2. Information gathering and synthesis

3. Design of the intervention

4. Early development and pilot testing

5. Experimental evaluation and advanced development

6. Dissemination

To increase the quality of this research, the study has followed Tracy's (2010) criteria for achieving excellent qualitative research. The remainder of the methodology section explains how this study adheres to Tracy's following measures: worthy topic, significant contribution, sincerity, credibility, and ethical research.

Worthy Topic and Significant Contribution

An intervention research approach was selected to examine this inquiry as a way to develop a practical method that could further generate knowledge and advance current art therapy practices. Fraser and Galinsky (2010) define intervention research as "the systematic study of purposive change strategies" (p. 459). I intend this research to be a 'change strategy' by providing practitioners an initial framework and conceptual basis to further initiate discussion and development of the proposed intervention. Lynn Kapitan (2010) points out that "even a relatively small research study, when precisely focused on an existing need with a demonstrable benefit, may produce outcomes that trigger a whole movement of demands" (p. 243). Following Kapitan's advice, this research aims to focus on a particular need (enhancing attunement between therapist and client) and will propose a possible intervention (impermanent art method).

Credible, Sincere and Ethical Research

According to Fawcett et al. (1994) useful sources of data for intervention research include existing forms of archival information and natural examples of successful practice (p. 32). Following Fawcett et al.'s recommendation, I have collected data from the following sources:

    i) Literature and existing theories

    ii) Clinical and personal explorations

The literature review included in this paper was carried out over the month of November 2013 and the months of March and April 2014. Literature was sourced from relevant psychology textbooks, electronic databases (EBSCO Host, PsychInfo, PubMed) and online search engines (Google Scholar). The review was conducted to examine current

empirical research relevant to concepts included in the inquiry. The following keywords were used to find eligible results: "conversational art therapy," "interactive art therapy," "art therapy relationship," "therapeutic relationship," "attunement," "impermanence," "flow," "improvisation," "Buddhism and psychotherapy." Particular attention was given to David Read Johnson's (2000) DvT, as the underlying philosophy of the practice applies to all of the above concepts. The paper considers DvT from an art therapy perspective and tenets of the practice are adapted into the proposed art intervention.

Clinical data gathered for this research consists of general informal observations made while the Impermanent-Game was being developed. Although this study outlines developments that occurred in a clinical setting, confidentiality of clients is maintained as observations focus strictly on my own processes and do not reveal any identifying or revealing information about participants. Anticipating the multitude of variables and possibilities that unfold during an interactive and improvisational process, trials were approached using a reflexive critique. Kapitan (2010) defines a reflexive critique as "a process of data analysis in action research that formulates new hypotheses as the result of examining actions taken to solve a problem" (p. 276). This approach fostered a cyclical action-reflection process, enabling me to return to the design phase to address and incorporate unforeseen solutions witnessed during previous sessions.

Considering the modest nature of this study, reliability and validity are founded on maintaining a transparent and reflexive stance. According to Tracy (2010), sincere qualitative research is evidenced by "honesty and transparency about the researcher's biases, goals, and foibles as well as about how these played a role in the methods, joys, and mistakes of the research" (p. 841). With this in consideration, this study weaves

personal reflections within the report as a means to disclose motives and challenges faced

throughout the process. Conclusions drawn from the resulting intervention will rely on

personal accounts and will substantiate these claims by paralleling credible and relevant

theoretical literature. Aware of the limitation of informally validating the resulting

intervention, I hope this preliminary study functions to inspire other researchers to more

thoroughly verify the credibility of the proposed intervention, and the validity of its uses.

Literature Review

Therapeutic Attunement

According to Mitchell Kossak (2009), attunement is a process of "tuning-in" to the client during therapeutic encounters. He explains this phenomenon as "the ability to stay centered, aligned, present, and alert to the moment that helps to create a therapeutic connection…a mutual resonance experienced as connectivity, unity, understanding, support, empathy, and acceptance that can contribute greatly to creating a sense of psychological healing" (p. 13). Patrick Nolan's (2012) book *Therapist and Client: A Relational Approach to Psychotherapy* makes a case that the relationship is the most effective factor in therapy. Drawing on findings from infant research and neuroscience, Nolan argues that intersubjectivity forms our relational foundations from birth and therefore naturally underpins the therapeutic relationship. In attachment theory, intersubjectivity is defined as "the sharing of subjective states with another person through emotional attunement" (Franklin, 2010, p. 160).

Kossak (2009), maintains that the expressive art therapies uniquely support an environment for client and therapist to enter into synchronistic flow through the facilitation of improvisational play activities using materials, sound, space and rhythm. This attunement process can prove useful to growth as "there is a direct correlation between experiencing intimacy and individual development, because it necessitates adaptations to changing needs, anxieties, and stresses that occur in relationships" (p. 15). David Read Johnson's (2011) chapter "The Creative Arts Therapies: Playing in the Space Between," provides a fitting example of how the arts forge intimacy with therapeutic development. Setting the scene, Johnson explains that victims of trauma push aside future demands to accommodate to others due to the lasting impacts of having been

forced to accommodate to the desires of a perpetrator (p. 34). Johnson explains that the creative arts therapies facilitate healing by establishing a unique space where reality and imagination can interpenetrate and the client's thoughts and actions can mix with the therapist's. This form of interaction is a gateway to building a trusting interpersonal environment where reparations of empathy, play and imagination can occur. Donald Winnicott (1971) describes this unique space as the "intermediary area" or "potential space". Giving proper attention to the formation and maintenance of this space, the therapist can form a healthy and safe attachment with the client that resembles the neurobiological relationship between caring adult and child (Steele & Malchiodi, 2012, p. 156). This intimate participation in another's mental and emotional life, according to Daniel Stern (2004) drives therapy forward due to the creative virtues of co-creation. Like the dyadic relationship of mother and infant, Stern contends that therapeutic progress consists of a chain of ruptures and repairs that amount to the client developing healthy coping mechanisms and new means to adapt to interaction.

Art Therapy and the Psychotherapeutic Relationship

In a meta-analysis exploring the significance of the alliance between therapist and client in psychotherapy, Horvath, Del Re, Fluckiger, and Symonds (2011) discovered that two decades of empirical research has consistently linked the quality of the alliance with therapeutic outcome. Within these findings, Horvath et al. specifically identified that the development of an alliance early in therapy is vital for therapeutic success (p. 15). The inclusion of art within the client-therapist dynamic introduces unique possibilities that can lend to establishing early therapeutic alliances. Engaging clients in playful, creative and imaginative activities in the beginning phases of therapy "produces intimacy, trust,

and mutual reciprocal positive feelings that are necessary for the formation of basic, secure attachments, the intimacy of friendships, and the development of a hopefulness that future relationships can be emotionally fulfilling" (Harvey, 2005, p. 248). Cathy Malichiodi (2003) explains that the creation of images in a therapeutic setting "permits expression of feelings and thoughts in a manner that is often less threatening than strictly verbal means, there is a level of comfort and a sense of safety sometimes not found through traditional therapy alone" (p. xii). Shirley Riley (2003), provides an example of why the use of art within therapy helps resistant populations such as adolescents tolerate conversation:

> In most situations we build rapport with another person by a positive attitude and the confirmation of trust by eye contact. This is not successful with teens. They often avoid looking in the eyes of the adult and prefer to keep their distance... By averting the gaze from eye to eye to eye to art, a midplace has been created where the therapist can speculate and 'talk' to the art product, and the teen can respond through the art. (p. 226)

Utilizing art in the therapeutic context provides clients a unique mode of relating to both themselves and to the therapist. Minde (1995) explains that "art work becomes a symbolic language for inner feelings and helps make a bridge between the inner and outer reality" (Jennings & Minde, p. 48). This 'bridge' provides the client and therapist a unique mode of relating that is not commonly accessed in traditional talk therapies. The expression of feelings, thoughts and ideas in a tangible form, introduce a new member to the therapeutic space and results in a triangular relationship between client-image-therapist:
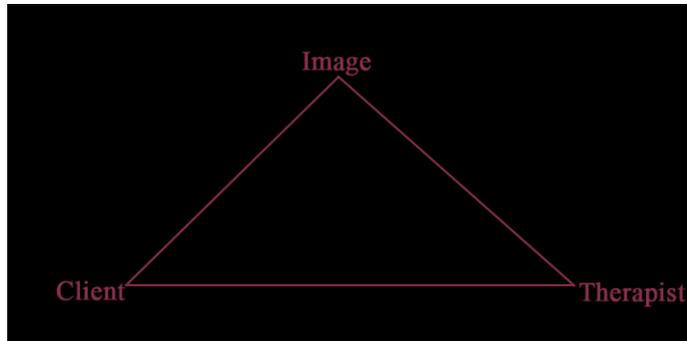
Figure 1. Art therapy triangular relationship.

The triangular relationship, as understood by Joy Schaverien (2000), is a dynamic field that can constellate in different ways depending on the priority given to the image and "whether or not it is treated as the central element within the transference" (p. 60). From this perspective, art therapy can be approached from different angles depending on the therapeutic setting and the needs of the client. For example, an art therapist could set out to enhance a client's understanding of their inner world by emphasizing the **client-image** axis, or alternatively develop the client's interrelation abilities by focusing on the **client-therapist** axis. Recognizing these two approaches in art therapy, Skaife (2000) explains that, "an inevitable tension arises between the art-making process and the verbal therapeutic relationship, but if space is given to both therapeutic tools, this tension may allow for radical, therapeutic possibilities" (p. 115). Schaverien (2000), who contends that transference is the main pivot for therapeutic change, proposes an all-encompassing approach to art therapy entitled "analytical art psychotherapy" where all three points of the triangular relationship are given equal significance. Within this specific mode of art therapy, Schaverien contends that the relationship to the art object sets in motion a gateway to relating to the therapist:

In the form of art therapy which has been designated analytical art psychotherapy, the picture itself may become an object of transference and countertransference. It is the picture which mobilizes affect and so becomes embodied; it then becomes a central factor in influencing the transference to the therapist as a person. (p. 226)

Interactive Art Therapy

Over the past decades many prominent art therapists (including Helen Landgarten, 1983; Edith Kramer, 1986; Bruce Moon, 1999) have utilized interactive, conversational, third-hand and side-by-side art making approaches as a means to enhance the therapeutic relationship. In a recent study, Franklin (2010) uses neurobiological evidence to support the idea of art therapists making art with or alongside their clients. The study explains how techniques such as Edith Kramer's (1986) third-hand method, a process where the therapist functions as an auxiliary ego offering assistance with content and materials, develops empathic resonance "which help clients regulate their emotions and develop interpersonal relatedness" (Franklin, 2010, p. 160).

Although Franklin's study provides convincing theoretical evidence in favor of interactive art therapy interventions, these methods are often debated in art therapy literature. Objections related to therapists creating art during sessions include concerns of weakening the client's sense of agency; distracting the clients from their personal content; and therapists serving their own needs (Haesler, 1989; Makin, 1994). Although there are concerns that the therapist's in-session art making can contribute to blurring client/therapist boundaries, several articles contend that it is in-fact this overlapping that contributes to building stronger alliances with clients. Frances Kaplan's (1983) describes

the theoretical underpinnings for the benefit of blending client and therapist's art making. Kaplan explains that the rationale for drawing together is to develop an experience akin to a mother-child relationship as a means to repair past deficient symbiotic experiences:

> Gratification of the wish to merge appears to have therapeutic utility. There are indications that it increases receptivity to treatment, provides corrective experiences, and facilitates continuing psychological growth. It seems to accomplish this through the creation, on an unconscious level, of a positive experience of limited union with a 'good' parent. (p. 84)

Mildred Lachman-Chapin (1983) extends Kaplan's rationale, explaining the benefits of interactive art therapy using D.W. Winnicott's transitional phenomena; "the artist-as-clinician offers patients… an opportunity to 'play' in the space between their inner experiences and the world outside, to create for themselves a bridge of empathic understanding, support and real accomplishment" (p. 22).

The outcomes of sharing the art process between client and therapist have been documented over the past decades and have specifically demonstrated unique effectiveness with populations who present shy, reserved or resistant behaviors. Claman (1980) identifies latency-aged children to be particularly resistant to the direct questioning about problems and feelings in the therapeutic setting. His study found that children in this age group responded well to variations of D.W. Winnicott's (1971) Squiggle Game. Claman explains that the Squiggle Game, a process in which therapist and client draw a series of scribbled lines and then proceed to alternate taking turns finding figures or objects, provided him a means of obtaining significant thematic material while enhancing the communication of the child and the therapist. Helen

Landgarten (1983) attributes the success in fostering a therapeutic alliance with a depressed client through the creation of shared drawings. Eisdell's (2005) narrative research details connecting with a previously unsociable incarcerated patient through the use of Winnicott's Squiggle Game and Hobson's (1985) Party Game (a process in which therapist and client take turns adding to an image, either complimenting or challenging the previous content). These interventions, Eisdell (2005) argues, were key factors in promoting a comfortable atmosphere for her clients to begin playing symbolically and were stepping-stones in the development of self-reflexivity and emotional vocabulary.

Process Vs. Product in Art Therapy

A common trait amongst the previously discussed interactive art methods is their use of image creation for the purpose of communication and connection rather than aesthetic endeavor. In defining the role of the art therapist, Cathy Malchiodi (2003) points out this distinction in describing the therapist's focus as "not specifically being on the aesthetic merits of art making but on the therapeutic needs of the person to express" (p. 1). Natalie Rogers (1999) explains this notion further, as she describes the primary purpose of the expressive arts therapies as letting go and releasing rather than being "concerned about the beauty of the visual art" (p. 115). In Schaverien's (2000) analysis of aesthetics in art therapy, she distinguishes between the "diagrammatic" and the "embodied" image, arguing the difference "reflects the transference that is made to the art work in the process of its creation." (p. 59). She defines the diagrammatic image as having poor aesthetic quality and usually made to communicate something to the therapist, while the embodied image conveys a "feeling state through aesthetics which no other mode of expression can be substituted" (p. 59).

Diagrammatic expression is well summarized in Russell Withers interactive drawing-talking-and-writing technique he developed in the early 1990's called Interactive Drawing Therapy (IDT). The method consists of encouraging clients to create annotated diagrams to aid in expressing their thoughts and feelings. As a means to move the client into deeper material, the therapist actively interrupts and reflects the images back to the client. The page becomes a therapeutic tool as clients shift from presenting information to generating recognition and insight.

> IDT does not focus on producing art products or artistic imagery, pays no attention to the aesthetic or creative structure of the client's expressive work, and does not attend to issues of design intent, or the client's ability to draw… the IDT page is simply a tool, not a product, and is often torn up, cut, burned, buried, or otherwise disposed of. (Withers, 2006, p. 5)

A study conducted by Zhang and Everts (2012) applied the IDT to aid Chinese migrants discuss their gambling problems. Although the researchers claim that the migrants viewed professional help and counseling as shameful, the study concluded that IDT "enhances client openness and involvement in the therapeutic process" (p. 909). Zhang and Everts attribute IDT's success to its non-threatening approach and refer numerous times to the method's primacy of process over product.

Impermanence and the Here-and-Now as Therapeutic Tools

Aside from Interactive Drawing Therapy, there is very limited literature that discusses the function of impermanence in art therapy. In the book *The Revealing Image: Analytical Psychotherapy in Theory and Practice,* Joy Schaverien (1992) expresses the lack of attention placed on disposal of the art product and explains that this feature has

great significance for therapy:

> For too long this aspect of the work in art therapy has been given scant
> attention… I am suggesting that if more credence and attention is given to this
> process, it may yield much understanding for the processes of the life of the
> picture in art therapy. This could enrich the experience of the client in analytical
> art psychotherapy. The recognition of the power which is invested in such
> pictures is essential in the process of disposal. (p. 116)

In a very recent publication, Chang (2014) includes a small vignette that highlights the
therapeutic use of a Buddha Board, a surface that becomes darker when painted on with
water and gradually fades away as the image dries. In the brief case study, Chang
describes her client's use of this product to help in grieving the recent loss of her mother.
The author facilitates this process by encouraging the client to paint a portrait of herself
with her mother and meditate on the fading image. The use of the Buddha Board as
therapeutic tool echoes the philosophy of Wabi Sabi. The ancient Zen Buddhist art form
of Wabi Sabi "offers an aesthetic ideal that uses the uncompromising touch of mortality
to focus the mind on the exquisite transient beauty to be found in all things impermanent"
(Juniper, 2003, p. 2).

Impermanence, one of the essential doctrines in Buddhism, teaches "that even
though we perceive reality and our own very selves as substantial, the truth is that
existence is in constant flux" (Claessens, 2009, p. 111). Thera's (1992) handbook *The
Heart of Buddhist Meditation,* explains that psychological suffering can manifest when
individuals seek permanence where there is no inherent permanence. Within the
teachings of Buddhism, the mindfulness practice promises relief from this form of

suffering by encouraging practitioners to let go of notions of permanent structures of self and reality (Nanda, 2009, p. 150). Mindfulness is typically practiced through the use of meditation exercises. Jon Kavat-Zinn (1994) explains that mindfulness meditation is an activity that involves non-judgmentally paying attention to the unfolding of experience moment by moment. Thompson and Gauntlett-Gilbert (2008) suggest, "that the ability to maintain a more mindful perspective on a day-to-day basis, can result in more flexible, adaptive behavior" (p. 396).

Numerous articles acknowledge psychotherapy's recent increase of incorporating mindfulness-based interventions within its practice. Vago and Silbersweig (2012) explain that over the last two decades the concept of mindfulness as a state, trait, process, and intervention has been successfully adapted in contexts of clinical health and psychology. A growing amount of quantitative research has demonstrated the efficacy of mindfulness-based interventions for a wide range of populations and disorders (Lykins & Baer, 2009). Shapiro, Carlson, Astin, and Freedman (2006), credit the beneficial effects of mindfulness to the ability of clients to *re-perceive*; "to disidentify from the contents of consciousness and to view his or her moment-by-moment experience with greater clarity and objectivity" (p. 377). The therapeutic application of mindfulness as it relates to impermanence is well explained by Nanda (2009):

Acknowledging our experience as it unfolds in the present and neither repudiating or pursuing it, cultivates the attitude of being with it, rather than trying to get rid of it, or change it into what it 'should' be... By cultivating a welcoming stance towards whatever arises for us in the moment, we facilitate acceptance of our experience, aiding integration rather than dissociation. It aids in reducing the

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dissonance between what is being experienced and what we think it should be as maintained by the structured worldview. (p. 156)

Daniel Stern (2004), author of *The Present Moment in Psychotherapy and Everyday Life*, speaks at length about the changing face of psychotherapy and its shift towards prioritizing here-and-now interactions over intrapsychic phenomena. Stern contends that the client's verbal understanding and explanations are not sufficient in and of itself to bring about change, he believes transformation occurs within subjectively shared experiences because these moments are most memorable; "An event must be lived, the feelings and actions taking place in real time, in the real world, with real people, in a moment of presentness" (p. xiii).

Flow and Improvisation in Therapy

Flow, *spontaneity* and *improvisation* are just a few examples of terms that are used interchangeably to describe and facilitate here-and-now presence for both the therapist and the client within the therapeutic space. Moment-to-moment awareness has been recognized as having great value in the therapeutic setting throughout the history of psychotherapy. Sigmund Freud (1912) recommended that analysts maintain an open and even attention when engaged with clients; "The technique, however, is a simple one... it simply consists in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention' (as I have called it) in the face of all that one hears" (p. 110). Donald Winnicott (1958) embraced spontaneity and unpredictability within sessions, stressing the importance of the therapist's role as facilitator rather than knower:

What we become able to do enables us to co-operate with the patient in following

the process, that which in each patient has its own pace and which follows its own

course; all the important features of the process derive from the patient and not

from ourselves as analysts. (p. 278)

Likewise Jacques Lacan (1985/2006) proposed that the therapist embrace a stance of

"not-knowing" in order to allow the client space to grow in new and unexpected

directions. Patrick Nolan (2012) explains that taking a therapeutic stance that is too

preoccupied with diagnoses and plans for the course of therapy tend to supersede what

arises in the present moment. Taking on a stance of not knowing, however, "does not

foreclose on what may be emerging, and instead yields a sense of wonder, moment-to-

moment learning and surprise" (Nolan, p. 60).

When considering the facilitation of here-and-now experiences for the client,

recent literature has focused on the concept of 'flow' (Claessens, 2009; Kossak, 2009;

Chilton, 2013). Flow is a psychological construct developed by Mihaly Csikszentmihalyi

(1990) that describes a state of optimal attention and engagement. Csikszentmihalyi

(1990) describes flow as the merging of action and awareness; "people become so

involved in what they are doing that the activity becomes spontaneous, almost automatic;

they stop being aware of themselves as separate from the actions they are performing" (p.

53). Frances Kaplan (2000) explains that flow states can occur during art activities and

are understood as being beneficial as they "provide the kind of optimal experience that

produces feelings of psychological growth and makes life in general more worth living"

(p. 76). Although these earlier descriptions of flow depict the phenomena as being only

applicable to the client, Kossak (2009) conceives 'flow' as having the potential to be a

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mutual experience, shared by both client and therapist. In his article, Kossak describes how creative arts therapies can facilitate a shared flow state when the therapist and client engage in improvisational activities; "in the therapeutic context… playing improvisationally with material, sound, space, and rhythmic and arrhythmic energies can allow client and therapist to enter into a synchronistic flow, a mutual resonant field or a therapeutic attunement" (p. 17).

Allan Kindler (2010) defines improvisation as a "cooperative effort at keeping play or a creative conversation going forward" (p. 222). He distinguishes the term 'improvisation' from 'spontaneity' explaining that the former is based on the interaction occurring in a relationship while the latter is an individual and subjectively experienced phenomenon. To further explain the differentiation between the terms he provides the following description:

> In the analytic situation, when the improvisational dimension is going well, both participants might become more spontaneous. On the other hand, they may proceed quite cautiously while improvising, always aware of the other person's agenda, sensitivities, needs, and always weighing up their options as to how to move the analytic exchange forward. (A. Kindler, 2010, p. 222)

A number of published articles, including Kindler's, make persuasive parallels between the therapeutic encounter and those that occur in dramatic improvisation (Ringstrom, 2001; Nachmanovitch, 2001; A. Kindler, 2010; R. Kindler & Gray, 2010). For example, Rosalind Kindler and Arthur Gray (2010) explain how both psychotherapy and theatrical improvisation follow the same basic structure:

Both involve the imaginative and creative collaboration of the participants, and

both include the notion of storytelling. Each participant in a dramatic

improvisation has the task of co-creating a story. This story evolves from

moment-to-moment interactions. As the partners in the exercise listen to and

respond to each other, they enhance, develop, and transform the story. (p. 254)

In a seminal paper titled "Cultivating the Improvisational in Psychoanalytic Treatment"

Philip Ringstrom (2001) moves beyond the parallels of improvisation as metaphor for

psychoanalytic practice and insists that therapists harness improvisational skills to

enhance the therapeutic process. In the article, Ringstrom argues that the therapist's

ability to improvise is an essential factor in facilitating genuine psychoanalysis and is a

core therapeutic process; "I am asserting that improvisational moments can ineluctably

communicate to the patient a special instance of authenticity that may well be antidotal to

the crushing and pervasive inauthenticity of the patient's inner life and his life with

respect to others" (p. 749). Nachmanovitch (2001), builds off Ringstrom's article,

suggesting that improvisational skills not only benefit the therapist but should also be

considered the end goal for the client; "I propose that we take this idea even further and

look at the ability to improvise as the desired goal of analysis or therapy- to live one's life

as a free, responsive, and spontaneously expressive person" (p. 771).

Developmental Transformations

Nachmanovitch's (2001) proposition to imbue the client with improvisational

capacity is fulfilled in the creative arts therapy technique entitled DvT. Over the past

decades, David Read Johnson (1991, 2000, 2005) developed DvT as an embodied and

improvisational approach to psychotherapy. The theory of DvT was informed by

numerous post-modern perspectives and is heavily inspired by Buddhist philosophy. Akin to Buddha's three characteristics of existence (impermanence, suffering, and no-self) (Nyanaponika, 1992), the underlying theory of DvT is that life is unstable and that illness is derived from the fear of this instability:

> …specifically the instabilities brought on by being a Body (embodiment), by being in proximity to Others (encounters), and experiencing constant change and impermanence of Form (transformation). These fears lead to conditions such as Withdrawal, Clinging, Rigidity, Confusion, Control, Submission, Violence and Hatred, which cripple the person. (Johnson, 2005, p. 3)

The objective of DvT is to build tolerance for such instability by strengthening our capacity for embodiment, encounter, and transformation within a therapeutic setting. In order to accomplish this goal, DvT engages participants in a regular practice of spontaneous free play where actions and behaviors between therapist and client are representational. Within this 'playspace', therapist and client progress through a flowing *developmental* sequence of movements, sounds, images and scenes. Due to the spontaneous and unpredictable unfolding of events, participants learn to base their actions on here-and-now thoughts and feelings as they are experienced. Similar to meditative practice, clients are encouraged to allow thoughts and feelings to freely make themselves present within these interactions, and to allow for *transformation* of these images as other thoughts and feelings arise. The job of the therapist is to help maintain a state of playful interaction, even if uncomfortable thoughts and feelings emerge for the client. The therapist, actively immersed within the play, mindfully applies techniques that parallel, compliment, diverge and challenge the participant as a means to extend and increase their

engagement. Ultimately, through this mode of improvisation, the client is given opportunities to experiment, adapt and develop trust for living in a receptive, expressive and spontaneous manner.

DvT encapsulates many of the aforementioned topics discussed in this literature review, namely impermanence, interaction, attunement, flow and improvisation. As such, the DvT method provided an ideal model and inspiration for the design of the art therapy intervention proposed in this paper. Coinciding with the writing of this study, Johnson (2013) proposed in the most recent text for practitioners that the DvT method should not be limited to drama therapy and be applied to other creative arts modalities. In the text Johnson provides an example of how DvT could be applied to art therapy:

> In DvT art therapy, the playor and player use one sheet of paper and the player draws what they want and then passes it to the playor, who notices, feels, animates, and expresses themselves by adding to the picture, and then sends it back to the player. The playor notices not only details of the artistic expression on the paper, but also the nonverbal movements and affects of the player in their body... All the techniques of drama DvT can be translated into visual art interventions. (p. 69)

Although Johnson claims that all DvT techniques can be translated into visual art interventions, the conversion would certainly yield different therapeutic experiences as the varied contexts would either heighten or diminish the main facets of DvT; playspace, embodiment, encounter, and transformation. With this premise in mind, the remainder of this study sets out to design a DvT art method that can more accurately facilitate the free flowing and transitional environment that the drama method naturally cultivates.

Observations

This section includes journal entries composed of small vignettes that outline progress and challenges I encountered while trying to develop an interactive art intervention that uses impermanent art materials. Initial inspiration was derived from testing a Buddha Board in a toyshop in the summer of 2013. While painting on the board with water, I was captivated with how marks would magically appear on the board like ink and then slowly fade away. Recognizing that this process was encouraging fluid and uninhibited drawings, I realized that impermanence could be key in facilitating flowing art interactions.

Journal entries consist of personal observations made during practicum sessions and interactions with colleagues between October 2013 and March 2014. Initial journal entries focus on scenarios where clients voluntarily chose to use impermanent art methods, while later entries involve the documentation of playing what I will later define as the *Impermanent-Game*. All names, including identifying information have been altered to maintain anonymity. Each journal entry includes the following subheadings: *Description, Developments, Implemented Strategies* and *Issues/Limitations*. The *Description* section briefly sets up the context of the interaction, names the impermanent material used, and lists any relevant content that emerged. The *Developments* section notes design features and strategies that improved interactions with the participant. The *Implemented Strategies* section lists specific DvT techniques that were incorporated into the art activities to enhance, extend, or disrupt playful interactions (see Appendix A for a list of DvT techniques). The *Issues/Limitations* section notes any remaining concerns or issues to be addressed in future sessions.

I. **October 2013 (Chalkboard with Victoria)**

Description: A client demonstrating resistant behavior and disinterest in art activities, tagged the chalkboard with the message: "Victoria Rules". Using chalk, I playfully placed a number of points on the board and asked her to list her "rules".

Developments: Discovery that chalkboard (impermanent material) was yielding content that was more personal, charged, and relational. During a succession of 5 sessions, Victoria initiated chalkboard interactions. The chalkboard ritual developed into conversations using drawn imagery, writings and enactments.

Implemented Strategies:

-Mirroring/Joining: repeating the same behaviors and marking/writing on chalkboard.

-Defining: Spelling out and circling details of the client's images.

-Intensifying: Exaggerated writing/drawing on board.

Issues/Limitations:

-Playspace was not defined (there were no boundaries/rules agreed upon in the process).

-Erasing content on the board was not a joint or agreed upon process (client would usually leave session with images remaining on the board, most likely assuming I was going to erase the board after the session).

II. **December 2013 (Buddha Board with Jake)**

Description: A closing ritual was developed with a very playful and active client. Prior to leaving sessions I would ask him to "draw an image on the Buddha Board

that you would like to leave behind and not take with you". Client began drawing explicit images depicting sexual acts that were mentioned but not detailed in earlier conversations.

Developments:

-Using the Buddha board (impermanent material) the client was aware that his image would eventually disappear.

-Aesthetics were not an issue; client drew quickly and paid little attention to details.

Implemented Strategies:

-Defining: I would reflect and name content that I saw in the images.

Issues/Limitations:

-This method did not facilitate a collaborative process (Buddha Board was too small).

-This process did not take advantage of transformative function of Buddha board.

III. **January 2014 (Magic Cloth with Ciaran)**

Description: A reserved client demonstrated reluctance to make artwork. After a brief discussion involving minimal eye contact, I brought out two brushes and laid out a "magic-cloth" (a surface three times larger than the Buddha Board that produces the same effect). Curious about the new material, the client drew some lines and proceeded to draw a bird. Accidentally spilling water on the cloth the client showed discouragement, I joined in at this point showing him that he could transform the blotch into an image. After the client defined small painted blobs as "prisoners" escaping from prison, a 40-minute play session evolved. At a certain

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point the narrative transformed into a story involving two strangers attempting to become friends. Overall, the activity revealed an extended range of expression (eye contact, laughter), sustained focus and capabilities to communicate through abstraction.

Developments:

-Larger surface of the "magic-cloth" provided enough space for collaborative drawing.

-Drawing surface lying flat on table encouraged movement around board and increased gestural mark making.

- Comprehending that the image can transform, the client engaged in the process for a long period of time.

Newly Implemented Strategies:

-Intensifying: Exaggerated vocal range and brushstroke speed while playing-out various escapes from the prison.

-Repeating: Provided client opportunities to retry variations of his actions on different portions of the cloth.

-Suspending: slowed and heightened intensity of various actions occurring on the cloth.

Issues/Limitations:

-Questioned my role as too directive/suggestive (recall narrating a lot of action).

IV. **February 2014 (Magic Cloth with Ciaran)**

Description: After demonstrating frustration at completing various pencil drawings, client requested we play the "game" from last session. He began with

the same "prison-game" and after some time, I asked him to define a large black blob that formed in the center of cloth. He identified it as the "bad guy" and assigned me the role. I began engulfing his characters into the blob. He decided to switch roles, and suddenly began painting the whole cloth black, threatening to absorb my character. He stated, "I'm the big bad wolf!" and took the opportunity to play the role of villain.

Developments:

-Client demonstrated more initiative; defining images and initiating transformation.

Issues/Limitations:

-Transformations were few and far between (perhaps as a result of being less directive).

V. **February 2014 (Magic Cloth with Sasha)**

Description: Client became stuck, not knowing what to draw that day. I recommended using the magic cloth. I playfully coined the activity the "Inspiration Station". Transformations happened rapidly as I picked up on client's non-verbal *leakage* (I reflected back to Sasha that she showed slight embarrassment of drawing a heart). She proceeded to transform the heart into a punk biker, then a woman, and finally colored the image completely in. The blob inspired an image of a popular culture villain named "Slender Man."

Developments:

-The possibility of using impermanent method as a means to arrive at an image that could be further explored using traditional art methods.

Newly Implemented Strategies:

-Emergent Rendering: Picked up on body cues and drew attention to them within the process.

Issues/Limitations:

-After image became too saturated client abandoned process.

VI. **February 2014 (Large Buddha Board session with Lee)**

Description: Lee claimed that she has often felt nervous having to draw something. She began with two brushes creating some lines. I asked if she wouldn't mind that I joined her. From this point the following transformations occurred; lines→ animals →breasts→clouds→sad face. The collection of images filled the whole surface. I propped the board up against the wall and asked if she could see anything within the whole image. "A bull." I further defined the image (adding horns). To end the session, I asked her to sit with the image as it faded away.

Developments:

-Entrance and exit were better defined.

-A developmental sequence of transformations occurred (moving from kinesthetic-sensory mark making, to perceptual-affective imagery, to conceptual-symbolic representations).

VII. **March 2014 (Large Buddha Board session with Lee)**

Description: This was my 3rd opportunity to practice the Impermanent-Game with Lee. Feeling that we had established a comfortable relationship, I set out to integrate more personal *issues* she had brought up in conversation beforehand

(perfectionism, death within family). She started with two brushes again. Noticing some hesitance just prior to making her first lines, I playfully suggested that she makes the "perfect line". She laughed and proceeded to complete one. She commented on how the line was good up to a certain point and awful near the end. I suggested she make an awful line. As she drew it I commented on how good it actually looked; "That's a really great awful line". She asked me if I remember the first drawings I've ever drawn. I flipped the question back to her "Do these remind you of early drawings you've made?" She agreed and proceeded to draw one of the first images she ever recalls making; "I remember it making sense to me but probably no one else appreciated it". I draw a square around it, telling her I will protect it because I think it looks special. The image began to resemble a gift. Arrows were drawn towards it to indicate how special it is. Arrows were then drawn from the image towards her actual chest (off the board) "and I'm sure it's specialness still exists somewhere in there"… She then drew a small heart. I created a heartbeat, dotting a path of spots around the board. She began to chase them.

Soon the board had become almost completely saturated. I recommended that she begin identifying imagery in the negative space rather than the positive space. She spotted a prehistoric dinosaur skull. I reflected that it's really old and no longer alive. I began drawing other skulls and tombstones. I identified a body "still not decomposed". She suggested we cremate the body. She drew a fire. We filled the body in with color. She demanded that we save the organs. I catalogued the organs. Eyes, lungs and heart. She enlarged the heart. I stood the

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board up against the wall. I recommended that she simply watch the images fade. She reported feeling sad and slightly anxious while the images faded as she could "no longer control them". She commented on how the remaining image (of a child) appeared dreamlike. "It's sad cause he's fading…" She sat in silence and watched the image fade away completely.

Developments:

-Process generated regressive type of imagery that lead to discussions about childhood.

-This session felt the most like drama DvT (specifically when the attention was moved off the board in playful manners).

Intervention Manual

Combining the previous clinical observations with data included in the literature review, the current study has developed an art therapy intervention named the *Impermanent-Game.* The following instructions explain how to implement the method, and include vignettes to help illustrate the various goals, stages, and strategies involved in the process.

Objective

The main goal of the Impermanent-Game is to engage the client in a playful and attuned interaction that increases flexibility and here-and-now awareness. The Impermanent-Game can be boiled down to a basic three-step process: beginning (engaging an encounter), middle (maintaining and deepening interaction), and end (transitioning out of the playspace). In this manner, the principle objective of the Impermanent-Game, regardless of the developmental level of the participant, can be simplified to this trajectory: *engage, maintain and disengage synchronistic flow*. The game is highly inspired by David Read Johnson's (2000) core principles of DvT (playspace, embodiment, encounter, transformation). These principles, which were originally developed within a drama-therapeutic context, can be easily understood and/or substituted within an art therapy setting. The following table demonstrates how these principles can be translated within the Impermanent-Game:

Table 1

DvT Core Principles Within the Impermanent Game

DvT	Drama Therapy	Impermanent-Game
Playspace	A mutually agreed upon context (between client and therapist) where actions are playful and restrain from harm.	*Playful* engagement occurring within the borders of the impermanent drawing material.
Embodiment	Physical and energetic body engagement.	*Here and Now* depiction of ideas, thoughts and feelings through mark making.
Encounter	Interactions between participants through physical and proximal connections.	*Attunement* between client and therapist achieved through drawings and physical interactions.
Transformation	Shifts in sounds, movements, images, roles and scenes.	*Flexibility* to adapt to the ever-changing and unstable impermanent art process.

Setup

There are various surfaces the Impermanent-Game can be played on. The following products produce the desired ephemeral effect:

-Buddha Board (see www.buddhaboard.com)

-No Grid Magic Water Writing Fabric (found on www.amazon.com)

These products are made of a special surface that produces a dark ink color when painted with water. As the water evaporates, the strokes disappear from the surface leaving the material blank again. Depending on the saturation of the brush, brushstrokes disappear from the surface in approximately 1-3 minutes. This material was traditionally designed to practice Chinese and Japanese calligraphy without wasting paper. These products can be found at art stores or purchased online.

The larger the drawing-surface used the better. It is possible to purchase a custom

made Buddha Board that is 36" x 24". "The Big Buddha" costs $245 plus shipping and can be ordered by contacting the company directly at info@buddhaboard.com. This solid framed board is ideal for this activity as it allows enough space for two participants to draw freely while allowing the capacity to paint in a broader range of strokes.

The *magic*-surface is preferably placed flat on a table with two bamboo brushes and a container of water placed within arm's reach. Positioning the board flat rather than vertical provides artists' access to the entire board, the ability to engage with content from multiple angles, and opportunities for direct eye contact. In addition to these spatial considerations, the board's horizontal placement minimizes water dripping down the surface obstructing images.

Establishing the Playspace

Have the board set up in the room in a manner that allows the client to access it at any given time during the session. Ideally, try to allow the client to discover the board for themselves. Regardless of age group or cognitive ability, most clients demonstrate an initial fascination with the effect of painting with water on the board. On first encounters with the surface, allow the client to experiment independently for a period of time. While the client paints, wait for them to give a verbal or non-verbal invitation to pair with them. The client may ask how it works, or will perhaps begin to show uncertainty with the process.

> *Example: A child approaches large Buddha board and curiously asks what it is.*
> *Therapist responds that it's a magic board, "Would you like to try it?" Child*
> *begins painting with the available brush and water. Noticing that the marks are*
> *beginning to fade, the child asks; "How long does it take for the images to fade?"*

Therapist picks up brush, "I'm not sure, let's find out." Therapist makes a mark.

Initiating an Encounter

At the point of entry, it is recommended to engage the client in non-representational mark making (drawing lines, squiggles, or shapes), as these basic drawing methods are more abstract and thus less personal and intimidating. A squiggle chase or a mirroring process would be ideal at this stage as it sets a tone of playful interaction and improvisation.

> *Example: Therapist "That's a great line you just made, I wonder if I can make a similar one." Therapist copies line, and begins to mimic client's marks. Cueing in on the therapist's mirroring the child begins moving brush quickly across the board. Therapist begins following closely behind child's brush and a chase ensues.*

Recognizing and Utilizing Embodiment

Embodiment understood within the context of the Impermanent-Game is the depiction of ideas, thoughts and feelings through gestural marks on the board. The goal of embodiment is to encourage the client to express their here-and-now experiences via the brush. If the client is feeling angry, the therapist can encourage them to embody the anger and make aggressive lines with the brush. Embodiment can also be understood as non-verbal cues the client makes in reaction to certain events. These expressions can *leak-out* unintentionally and be utilized by the therapists as motivators for subsequent prompts.

> *Example: Therapist catches up to child's hand and fervently scribbles over the child's line, "Got you!" Child proceeds to slowly reload brush while sneaking*

glances at the therapist's brush. Noticing the child's gaze, the therapist recoils

brush and begins to tremble hand, "Oh no… are you planning to…" (Child

squints eyes and smiles) "…chase me?" Child begins laughing and quickly

returns brush to the board chasing the therapist's squiggle.

Facilitating Transformation

After successfully establishing an embodied encounter, the therapist's main goal

is to maintain playful interaction. Transformation and flexibility are key factors in

extending the duration and depth of the game. If the client is willing to adapt his or her

concept of how the arbitrary interactions proceed, this can be indicative of their capacity

to tolerate change and instability in their daily lives. A common transformation involves

the client naturally beginning to identify images within the random traces left on the

board. If the client does not initiate transformations, the therapist will want to make these

opportunities available.

> *Example: After alternating turns chasing each other's squiggles, child makes eye*
>
> *contact with therapist. Child returns gaze to board looking uncertain as to what*
>
> *will happen next. Therapist leans in, demonstrating interest in the marks left on*
>
> *the board. "Would you look at that? Do you see what I see?" Child leans in*
>
> *curiously, "Yeah… I see a monster."*

Impasse

At certain points during the Impermanent-Game, the client may refuse to play

with specific content or arrive at a point in which they no longer want to play. Johnson

(1982) explains that these disruptions in flow can be recognized by "sudden loss of

energy, people dropping out, resistance, laughter, overt anxiety, distractibility" (p. 188).

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DvT teaches that these transitional periods of uncertainty are indications that the client

has reached a psychological border and are thus noted as moments for potential growth.

If an impasse occurs during the Impermanent-Game, the therapist should try to maintain

the playspace by respectably incorporating the restrictive behavior in the play.

> *Example: Holding the brush like a sword the child slashes the image of the*
>
> *monster, "Got you! HaHa! I'm cutting your heart!" The therapist assumes the*
>
> *role of the monster and says in a deep voice "Ouch! Not my heart!" Child begins*
>
> *scribbling on the monsters mid region: "And your privates!" Continuing in a*
>
> *deep voice the therapist responds: "Not my privates!" Child abruptly puts down*
>
> *brush. "I don't want to kill the monster, can we play something else?" Therapist,*
>
> *"Oh, okay… Well, we should put away your sword." Child hands the brush over;*
>
> *the therapist quickly retracts hand "Ouch, that's sharp!" Therapist dips fingers in*
>
> *water and proceeds to drip water on board. Child responds mischievously*
>
> *"You're bleeding!" Child and therapist proceed to fingerpaint on the board.*

Often an impasse occurs when the Buddha Board becomes completely saturated and there

is no longer any space to draw. A very simple directive to reinitiate engagement is to

suggest finding images in the negative-spaces (i.e. the remaining dry space on the

board).

> *Example: Finger marks and handprints quickly fill the board. The child places*
>
> *water on the remaining empty space. Staring at the darkness of the board, the*
>
> *child asks; "What next?" Therapist tilts head examining a spot that is beginning*
>
> *to dry. "Wait a second, I think I see something appearing!" The therapist points*
>
> *at the dry spot, "What is it?" The child leans in, "An egg!"*

Maintaining and deepening Play

      The underlying use of playspace, encounter, embodiment and transformation within the Impermanent-Game is to achieve a synchronistic flow state, which enhances here-and-now awareness, and ultimately increases attunement. Due to the nature of this interactive art process, the therapist is poised in a situation where actions and reactions are anticipated. The following table outlines a selection of DvT techniques that will further encourage and help maintain playful interactions within the Impermanent-Game:

Table 2

DvT Art Techniques

Technique	Definition	Example
Joining	Therapist mirrors or replicates same line quality and/or gestures of client.	Client carefully draws numerous circular shapes. Therapist partners with client drawing similar circles at the same pace.
Defining	Therapist defines what he sees, by narrating gestures or describing the image.	Therapist: "That's a lot of circles!" Client: "They're eggs!"
Repeating	Therapist asks client to try new variations	Client fumbles with brush and creates an odd shape. Therapist encourages client to create another one "Whoa! Can you do that again?"
Intensifying	Therapist exaggerates or minimizes significant elements in the drawing process.	Frustrated, the client crosses out a blotchy egg. Therapist puts a large 'x' across the whole board, "We might as well cross them all out."
Pre-empting	Therapist chooses action or role before the client.	Client begins drawing a long curve. Therapist catches line and completes a large egg shape.
Diverging	Therapist introduces a random, unrelated behavior to disrupt track.	Client begins drawing another large egg. Therapist catches line and creates a zigzag.
Bracketing	Heightening the importance of the situation, without changing what's happening.	Client draws a zigzag through egg, "I think it's going to hatch!" Therapist cups hand over eye pretending to film image. "Somebody needs to document it!"
Suspending	While in the middle of a transformation- slowing down/stopping to discuss options.	Therapist intensifies zigzag within egg image, "It's hatching! Here it comes! It's a…" Therapist puts down brush, "Wait, are you sure you want to find out what it is?"

Ending the Impermanent-Game

So far, the manual has outlined manners to engage and maintain playful interaction, and thus the final and remaining stage is to transition out of the process. An effective and smooth way to exit the game involves taking time to sit back and watch images fade. Placing the brushes aside and propping the board up vertically will help signify to the client that no extra content will be added to the board. As the images fade a review process can be prompted in which both client and therapist take turns remembering images and interactions that emerged during the game.

> *Example: The therapist moves the brushes to the side of the table and props the board up against the wall, "I'm wondering what will hatch from these eggs if we sit back and watch them?" They sit in silence watching the blotches transform. As the edges of the shapes fade the images appear blurry and seem to recede into the distance. The child points at one of the remaining shapes "A baby monster." The therapist gently waves hand towards the board, "Goodbye baby monster." Child joins therapist in waving goodbye. Therapist takes the opportunity to review other imagery that emerged during the game "I recall seeing another monster earlier on... Are there any images you can remember from today?"*

Discussion

Reflecting on the preliminary design of the Impermanent-Game, it appears that there has been significant progress in establishing a feasible and functional interactive art intervention that promotes a similar flowing, playful, and embodied encounter that the drama DvT method facilitates. In addition to reaching this goal, the intervention applies many of the theoretical concepts discussed in the literature review that endorse therapist-client attunement. The following discussion will further examine how theoretical data included in the literature review came together with personal clinical experiences to produce the Impermanent-Game, and will also consider limitations and modifications for future advancements of this study.

My initial motivation to develop this intervention was to find a bridge between art activities and play encounters. Having participated and administered both art and drama therapy techniques within my own art therapy practice, I developed the understanding that both modalities generated different forms of healing as a result of facilitating distinct connections to the world. Generally, I experienced art activities as a medium to facilitate exploration and understanding of one's inner-world using external resources (namely, art materials), while drama activities facilitated opportunities to play out connections with the outer-world using one's own body. In addition to this difference, I noticed that the two modalities provided different ranges of distancing. Art therapy allows more distance from personal issues as the product becomes the center of attention, while drama activities can elicit more vulnerability, as the participant can become the focus of attention. This understanding informed the trajectory of the majority of my treatment plans; utilizing art as a preliminary device to safely ground and begin exploration, and introducing drama-based processes in later stages to connect insight to real-life

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interactions. As I continued implementing these distinct approaches, I wondered if there

was a bridging intervention that could simultaneously facilitate the safety of an art

activity with the interaction and spontaneity present in drama therapy activities. This

inquiry initiated the preliminary stages of my study as I began researching interactive and

conversational art methods.

Having tested various interactive art interventions during my practice, I began to

recognize that these collaborative processes facilitated a distinct connection to the client.

Joy Schaverien (2000) provides a possible reasoning for this distinct connection in

elucidating art therapy's triangular-relationship. Schaverien (2000) explains that various

forms of art therapy can be practiced depending on how the therapist chooses to activate

the triangular relationship. In her account she illustrates how 'art therapy' activates a

client-image interaction as it prioritizes the art process; 'art psychotherapy' emphasizes a

client-therapist interaction as it prioritizes the relationship; and 'analytical art

psychotherapy' facilitates a fully activated triangular relationship as is gives **client-

picture-therapist** equal precedence. Attending to these varied dynamics during my

practice, I observed that the interactions I deemed as *most* therapeutic involved the fully

integrated 'analytical art psychotherapy' approach. In other words, the therapeutic

moments I considered most significant involved the client utilizing the art as a vessel to

augment transference towards the therapist. These realizations became crucial in the

development of the Impermanent-Game as I sought to develop a method that could elicit

this dynamic form of interaction that equally engages the healing potential of art and the

relationship simultaneously.

Winnicott's (1971) Squiggle Game, became a fundamental inspiration to the Impermanent-Game, as it laid out the foundations of how to collaborate with clients playfully without overshadowing or limiting their personal development. Putting Winnicott's directives into practice (positioning oneself in a state of facilitator rather than knower), ultimately brought into my awareness moments of heightened attunement. I attributed this increased sense of attunement between client and myself to the leveling of power dynamics. A form of mutual dependence was observed while playing the Impermanent-Game, as the improvisational nature of the process relies heavily on being aware of each other's moment-to-moment actions. This unique interaction facilitates an environment that brims with potential as neither therapist or client can predict what will happen next. Nolan (2012) succinctly describes why this form of therapeutic interaction is favorable in his book *Therapist and Client: A Relational Approach to Psychotherapy*:

> When we take a stance of not knowing, and invite our clients to take up and explore the elements generated in the potential space, therapy begins to take on an aspect of play. 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)

Winnicott (1971) was the first to define and explore potential space and transitional phenomena, "a dimension of living that belongs neither to internal nor to external reality" (Abram, 1996, p. 337). Nolan (2012) further describes how transitional phenomena functions in the therapeutic relationship:

> 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)

Some would argue that any work created in the art therapy setting can facilitate a

transitional phenomenon, however I would contend that this is more so when the activity

involves co-creation, as the process becomes relational rather than autonomous. As

described in the literature review, several authors explain that collaborative art processes

such as conversational, third-hand, and side-by-side approaches facilitate experiences

akin to the symbiotic relationship of mother and child and are thus more transitional

(Kaplan, 1983; Lachman-Chapin, 1983). The ephemeral nature of the Impermanent-

Game goes beyond the previously listed co-creation methods, likening it more to

Winnicott's transitional phenomena. This feature of the Impermanent-Game can be

considered a more accurate manifestation of the paradoxical *there* and *not-there* qualities

of the potential-space; "a transitional state of mind that can be experienced within and

between the dyadic relationship" (Abram, 1996, p. 10). To further illustrate this point,

one can imagine the Buddha Board as a skin shared between client and therapist and the

brushstrokes as temporary sensations. In conceptualizing the board in this manner, the

client can use their brushstrokes to caress or destroy the skin, which can simultaneously

represent attacks or repairs on the art object, the client and/or the therapist. In this

manner the Impermanent-Game facilitates a tangible framework whereby clients can

strengthen their capacity to negotiate intermediate space. When the therapist is able to

survive attacks and the material continues to absorb threatening imagery, the client is

given a safe context to explore boundaries and further develop the self. The safety of the

process "allows the therapist and client to take more risks in engaging with each other, which allows new thoughts, emotions, experiences and change to emerge" (Nolan, 2012, p. 57).

The impermanent feature of the proposed intervention also facilitates a unique process-oriented activity that is unlike most other product-oriented art activities. The reason for wanting to find an impermanent method during the initial phases of the intervention design was to establish a process more akin to the fluctuating and fluid play encounters I experienced in DvT. Although I agree with Johnson's claim that DvT techniques can be translated into visual art interventions, I personally felt that the conversion yielded a very different therapeutic experience, specifically in relation to transformation. One of the major drawbacks of applying DvT to traditional art processes is the trail of physical images that get trapped within the material and become frozen in space and time. In my experience, the most attractive aspect of drama DvT was the practice of animating and expressing internal impulses/thoughts/ideas outwardly in a free-flowing manner. The practice of noticing, feeling, animating and expressing is a sequence Johnson (2005) terms the "recursive cycle." The recursive cycle initiates a process akin to meditation in which internal experiences are observed and ultimately let go. Unfortunately, with traditional art materials the recursive cycle becomes stuck in a feedback loop, in which the artist expresses the idea on paper, but rather than letting go of it, the image remains in the artist's periphery, consistently cycling back into their consciousness. Within the DvT playspace there is no script, assigned roles or physical objects to get trapped within. DvT's minimal environment encourages participants to rely on their own imaginative capacity lending to a more spontaneous and unpredictable

string of events. The inherent ephemeral quality of the Buddha Board makes this transitional environment possible in the art context. Due to the constrictions of how long the image lasts on the board, participants attention becomes focused on what *is* on the board rather than what *can* be perfected/altered/ edited/corrected/erased/replaced. This unique quality encourages the client to make use of their moment-to-moment reactions and facilitates a process of strengthening and tolerating unpredictability. In this manner, with the exception of minor adjustments made in the development stages, I feel the intervention has arrived at a point where all of the major tenets of DvT (playspace, encounter, embodiment and transformation) can now be translated more accurately within the art context.

Understanding that my conclusions are derived from a highly subjective standpoint, the main limitations of this study center on the capacity for my personal biases to inform the results of the study. In obtaining data from both informal observations and theoretical literature I am aware that, although the Impermanent-Game successfully demonstrated the promotion of attunement within my own clinical experiences, the intervention requires further examination to determine if the method produces the same results for other therapists. As mentioned in the methodology section, the preliminary goal of the research was not to prove the Impermanent-Game's validity, but instead to layout theoretical groundwork to act as a catalyst for other researchers and therapists to expand and more thoroughly verify its use.

In focusing on the limitations of the resulting intervention manual, the most apparent issue resides on the open-endedness of the Impermanent-Game's methodology. The manual is intentionally designed in this manner, as playful and spontaneous

interactions will lead the game to unfold in unpredictable ways on each play. The directions in the manual clearly lay out the materials, the framework and provide ways in which the therapist can incite playful interaction, however, the Impermanent-Game relies heavily on the therapist's own capacity to react, maintain and immerse oneself in play. The use of the Impermanent-Game can result in a complex interaction that involves the therapist working on many levels at once. It is a process that should be used with caution and awareness on the therapist's part. In commenting of the role of the therapist who delves into playful encounters, Stern (1998) warns that the therapist must be able to tolerate the weird and the unexpected. Likewise, Nolan (2012) cautions that opportunities for play in therapy can be risky and require spontaneity; "The therapist needs to develop an intuitive sensibility informed by clinical expertise and conscious, logical consideration on the spot with the client" (p. 76). Nolan provides further details as to the kind of perceptive responsiveness the therapist is required to maintain when engaging with clients in play:

> We need to be both spontaneous and finely tuned to play in therapy, sensitive to the timing – not playing before the client is ready and not in a manner that ignores or interrupts the client's process. Our playfulness needs to be in response to the client, not offered to be clever or amusing. (p. 82)

Keeping these warning in mind, I hope that, regardless of the reader's play skills, they are inclined to try the Impermanent-Game with the confidence that the design of the intervention, including its own inherent capacities to elicit spontaneity, will be adequate enough to contribute and maintain playful encounters.

Conclusion

Using theoretical literature and personal experience, this research developed an intervention that utilizes impermanence to facilitate attuned encounters within the art therapy context. In covering topics such as attunement, the therapeutic relationship, interactive art therapy, product vs. process, impermanence, here-and-now, improvisation, flow and DvT, the study built a line of reasoning to support the use of interaction and play in the therapeutic setting. Using these findings in conjunction with personal clinical observations, the study outlined the development of an interactive art intervention. The resulting intervention (included in a manual) consists of explanations and vignettes to describe various stages of the game and strategies to enhance the method.

In reflection of this process, the study came to the realization that attunement was highly contingent on the unique intermediate space that this intervention facilitates. The paper went on to further argue that intermediate space, specifically potential space, is heightened when activities of co-creation and 'not-knowing' are experienced between both therapist and client. The unpredictable scenarios elicited during the Impermanent-Game bring the therapist and client into the present moment, and by actively cohabiting these very moments they can then more accurately attune.

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Appendix A

Selected list of DvT techniques from Johnson's (2005) *Text for Practitioners*

Joining-   Within a scene becoming a character similar to that of the client taking on the same attitude or behaviors.

Defining-   Taking time to spell out the details of an image by focusing on it with the client.

Repeating-   Playing previously developed scenes, roles or images in order for the client to try new variations.

Intensifying-   Exaggerating or minimizing a dramatic element.

Pre-Empting-   Choosing an action or role often taken by the client, before they do, in order to encourage them to make another choice.

Diverging-   Introducing a random, unrelated behavior or dramatic element into the play in order to disturb the track of the client.

Bracketing-   Transforming the scene into some form of theatrical production such as a play, movie, book, or rehearsal, without changing what is happening.

Suspending-   While in the middle of a transformation, slowing down and transforming to the here-and-now to discuss with the client the options for selecting roles in the emerging scene.